

DRAW ON YOUR EMOTIONS: CREATIVE ARTS GROUPWORK WITH ADOLESCENTS ATTENDING A MENTAL HEALTH SERVICE

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Michelle Butler and Sharon Devenney have both worked as Senior Social Workers in Child and Adolescent Mental Health Services (CAMHS) for several years. In 2010-2012, both authors completed an Advanced Diploma at the Institute of Arts in Therapy in Education (IATE), London in association with the Centre for Child Mental Health and the London Metropolitan University. This training focused specifically on how to use seven creative arts forms to process emotions in therapy (including Art, Drama/Poetry, Clay, Poetry, Sandplay, Music and Dance/Movement). Keen to share this training as part of their CAMHS work, they developed and facilitated groups. Sharon also completed the Diploma in Humanistic and Integrative Psychotherapy in Dublin in 2008. We're keen to hear of any similar work completed and its outcomes please email us (addresses above)



Abstract:

This article reviews a creative arts group intervention offered in a Child and Adolescent Mental Health Service (CAMHS) clinical setting. Two therapeutic group programmes were facilitated including a total of 15 adolescents already attending CAMHS. The goals were to promote positive mental health by allowing the young people creatively express their thoughts and emotions and reduce mental health stigma. Activities utilised creative arts materials such as storytelling, mask making, painting, bodywork and music. The theoretical approaches include Gestalt and creative arts therapy. Throughout young people were supported to express their emotions and maintain a positive recovery focus. Qualitative and quantitative evaluations indicated the group met their goals and significantly positive improvements in their mental health. Highest improvements were in relation to identity & self-esteem,

managing mental health, living skills and reducing addictive behaviour. Thus, we conclude this creative art groupwork was an effective therapeutic intervention for the young people involved.

Keywords: Creative arts, groupwork, positive mental health, gestalt therapy, therapeutic intervention, Child and Adolescent Mental Health Service (CAMHS).

Introduction:

This article describes two creative arts group interventions completed in a CAMHS clinic. Both authors work in the rewarding yet busy and challenging field of adolescent mental health. Following specialist training, we wanted to explore if groupwork using creative arts experiences could support young people attending CAMHS to make discoveries about their own well-being and promote positive mental health. The research results support positive qualitative and quantitative outcomes. We used writing this article as a means to summarise our learning and collate wider research on related topics.

Child and Adolescent Mental Health Setting

Mental health is defined as 'a state of wellbeing in which the individual realises his or her own potential, (and) can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community' (Department of Health and Children, 2015:72). Twenty percent of adolescents will experience mental health problems, most commonly depression and anxiety (World Health Organisation, 2010:345). One in four people in Ireland suffer from mental health problems at some stage in their life and 75% of the first onset of poor mental health occurs under the age of 25 (Government of Ireland, 2014:3). In September 2014, there were over 18,866 active cases of young people (0-18 years) attending HSE CAMHS in Ireland (Department of Health and Children, 2015:6). CAMHS work with young people who experience complex, severe and pervasive mental health difficulties/ disorders i.e. psychological, emotional or behavioral. CAMHS provide a range of mental health assessments and interventions, which include individual, family work and liaison with other services etc. The creative arts groups were developed as an innovative therapeutic option for young people already attending our teams for intervention.

Creative Arts Therapy in Mental Health

Creative Arts Therapy is a mental health profession that uses the creative process of art making to improve and enhance the physical, mental and emotional well-being of individuals of all ages. It is based on the belief that the process of creating, individually or together, to express oneself and shape an artistic work helps people to resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness and achieve insight. Expressive Arts Therapy integrates the fields of human and self-development, visual art (drama, movement, storytelling, painting, sculpture and other art forms) and

the creative process with psychology (Irish Association of Creative Arts Therapists, 2014:1).

There is documented evidence that using creative arts in mental health therapy can have a positive impact on people's emotional wellbeing. Sunderland (2000) explains that often a teenager's natural way to express feelings is creatively such as via image, music or metaphor rather than using language in traditional talking therapies. The UK National Institute for Health and Care Excellence (2011 and 2014) NICE Guidelines specifically support creative arts therapy for people with psychosis and group therapy for young people who have self-harmed. A Cochrane Review highlighted the effectiveness of music therapy intervention to reduce depression symptoms and a meta-analysis in controlling the symptoms of psychosis (Maratos et. al., 2009 and Silverman, 2003 in Ahessy, 2013). The WHO (2005) also outlines how social relationships and networks can enhance recovery from mental disorders.

Creative Arts and Emotional Wellbeing Groups Facilitated in CAMHS

Two *Creative Arts and Emotional Wellbeing Group* programmes were facilitated in 2013 for eight weeks each for a total of 15 young people. They were experiential rather than didactic. This means rather than a lecture format, participants were invited to explore their experiences as fully as possible. We emphasised it was not about doing beautiful artwork or learning particular skills. The purpose is to explore emotions while doing the creative activities. In therapy terms, by projecting difficult feelings into art forms they can be externalised with the possibility of release.

The referred participants experienced a broad range of mental health difficulties including: social anxiety and peer difficulties, depression, emotional regulation difficulties, self-harming, previous suicidal ideation and attempts, school attendance and performing issues, familial issues, obsessive compulsive disorder, attention and concentration issues. We met them all individually to build therapeutic rapport and to identify their goals and fears attending the group. Their goals were thematically analysed in four themes of: self-esteem/ confidence; social skills; managing mental health and emotions; using creative expression. Also, before and after both programmes, a parent information evening was held regarding content, purpose, safety, confidentiality etc. Clear safety procedures were agreed if anyone needed extra support.

Starting each group, we facilitated creative fun warm up activities to create a relaxed and non-judgemental atmosphere. A vital part of our facilitators' role was creating a safe therapeutic environment and maintaining boundaries in the activities. Initially we facilitated them to brainstorm and agree group rules. Each week, as facilitators we introduced a creative arts material and emotional wellbeing topic that we will summarise.

Group week number	Creative Arts Material	Emotional Wellbeing Topic
1	Introduction/ Painting	Connecting arts and emotions
2	Storytelling	Expressing yourself
3	Relaxation	Self- nurturing & self-care
4	Mask making	Exploring parts of your personality
5	Music	Relationships: being heard and hearing others
6	Puppetry	Exploring sides of our personality & inner conflict
7	Dream board	Positive feedback and future planning
8	Closure/ Choice of ritual ending	Dealing with endings & generalising the learning

Table 1: Creative Arts And Emotional Wellbeing Group Content

We introduced that art materials or colours can have connotations with different emotions and that it can vary for each person. We suggested each participant choose any two colours and paint with each on a different page. We encouraged them to use their hands and become aware any thoughts, feelings or idea's arising. Together they brainstormed all the connotations (emotions, memories, things) associated with each colour. For example, in relation to the colour *green* they said envy, army uniforms, nature, happiness, calm etc. We discussed how art and colours can evoke different meaning, thus cautioned against trying to interpret others art. The purpose of this programme is to connect with their own emotions, try channeling them into art forms and sharing them with the group.

We used storytelling to encourage participants to express themselves and overcome limitations. In the warm up exercise, the adolescents wrote words on a large poster in the middle of the room while moving around 1) words they like and are comfortable to say 2) words they do not like 3) taboo or unacceptable words that they might hold back from saying. Then they collectively called out three word sequences from what was on the poster in a random fashion. The next exercise involved them creating a collective story using their imagination while lying on the floor with their heads in a circle. They each contributed a word/sentence to a free flow story. We witnessed the silent pauses, the uproars of laughter, hearing some quieter people start to join in and speak. They spoke of a greater shared collective identity after these exercises and it appeared to strengthen the group cohesion and intimacy.

We introduced relaxation and mindfulness concepts. We facilitated a progressive muscle body scan relaxation and practice a relaxation exercise. We explored how to become more aware of early warning signs of stress.

We spoke about the value of self-care and brainstormed ways they each can look after themselves better.

We used mask making to explore parts of their personality that they like or dislike and struggle with. The facilitators introduced this concept and normalised 'everyday masks' that are ways each person may daily present to the world i.e. 'I smile most days irrespective of how I'm feeling inside'. They discussed with peers what their own 'everyday mask' might be. Then each person made a mask exploring a particular part of their personality that they struggled with or wanted more of in their life. Some adolescents spoke of struggling with being depressed, suicidal, anxious and others spoke of wanting more creativity, strength and hope. They externalised this part of themselves via the masks and were given questions to consider on behalf of the mask. They each shared what their mask meant to them with the group. Many reported deeper insight aspects of their personality. When ending, it was important to debrief and let go of difficult feelings. This was a powerful and poignant exercise, which many of the adolescents identified as both particularly enjoyable and helpful.



We introduced music as means to communicate without words. We explored the strong connection that songs and music can have to stir up emotions, thoughts and memories. We offered instruments that made a range of sounds from quiet to loud i.e. percussion and melodic instruments, drums, guitar etc. Each person selected an instrument and made a rhythm noise, which the others repeated back to them from their own instruments. Then as an emotion was named (i.e. happy, sad, fearful, tired) they each played their instrument to the way that emotion might sound. For the quieter members, this appeared to be a less demanding way to interact and seemed to build their confidence.

We invited them to each choose a puppet and give it a personality and character. We created a park bench and spontaneously two people could take a seat and allow the puppets to interact. They then selected a puppet to represent a part of themselves or a person they didn't like and talk with others puppets. We encouraged them to challenge any fixed ideas they may have of themselves. While some really enjoyed and engaged in this free flowing activity, some quieter members appeared to struggle to engage in it.

Each young person created their own 'Dream Board' poster using magazines and art materials. We encouraged them to let go of obstacles or limitations and to project an image of their highest positive dreams. The young people then shared their poster and its meaning. The hope was to broaden their perceptions of their futures possibilities. The next exercise encouraged them to write positive feedback for other participants. The intention was for them to get feedback on their strengths, qualities and have positive messages to take away. This peer validation and positive encouragement appeared to be affirming.

In the final group they choose creative art materials to share their own collective celebration of the process ending. This included doing face painting, singing, playing guitar and one group all wore matching outfits. The creative ritual ending also included reflecting on the group experience.

'Creative Time' gave the opportunity for two individuals 10 minutes each week to creatively share something about themselves with the group. The facilitators helped them identify their choice (if needed) and support them. We encouraged the young people to express themselves honestly to have more real and honest experiences. Some found this challenging, others got emotional and for others it was brief and light hearted. They used this *Creative Time* in a broad range of ways that included: showing makeup which related to her life goal of becoming a make-up artist, playing a recorded song and talking about what it meant to him, writing a song and sing it with guitar, teaching others origami Japanese art which linked with his goal to travel to Japan, reading a poem about friendship and talking about the impact of a family bereavement. They appeared to gain strong encouragement and validation from their peers' responses to their *Creative Time*.

Theoretical Approach of the Creative Arts and Emotional Wellbeing Groups

This section will outline the main theoretical approaches underpinning the programme of Gestalt psychotherapy and creative arts therapy. We will give an overview of each of how the young people were supported to creatively express and regulate their emotions with a positive recovery focus.

The main theory underpinning the programme was gestalt psychotherapy. This encourages individuals to focus on the 'here and now' present moment and to experience all their senses fully including physical, emotional, spiritual and cognitive. Using creative arts promotes this focus providing sensory art material. The focus is not on doing the activity but slowing down the process to allow space for being aware of their emotions and resistances during it. They were supported to identify difficult emotions or imbalances in their lives. In gestalt terms, this is to identify unfinished business or interruptions to a gestalt cycle of experience, which cause 'dis-ease' and repeated negative patterns of behaviour. Such blocks are defined

in gestalt therapy as projection, introjection, retroflection, deflection and confluence (Polster and Polster, 1973). Often, the focus of therapy is for people to become more aware of their own particular difficulties or blocks and learn how to overcome them. The young people tended to describe themselves in terms of one extreme i.e. totally depressed or completely worthless. A central value in gestalt therapy, is exploring different possibilities, polarities or extremes in order to find balance for overall wellness. As facilitators, we used gestalt theory to reflect on each person's presentation and experience in the group, however it was not explicitly taught to the young people.

Throughout activities everyone was encouraged to be creative and playful. Winnicott (1971:73) stated 'it is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self'. The benefits of creative arts being non-verbal mean people can process emotions without having to articulate them, which may be less challenging. Winnicott (1971) also wrote about how people present their True Self and a False Self. The True Self is a sense of being genuine, authentic spontaneous and unforced feelings in one's mind and body. The False Self is a defense, like a mask of behaviour that complies with others expectations. Some young people spoke of hiding difficult emotions such as being depressed, suicidal or anxious. Using the masks and puppets, they externalised these parts of themselves often then seeing them from a new perspective. Others spoke of wanting more creativity, strength and hope and using the creative arts allowed them to connect with and rehearse this possibility. As facilitators, we encouraged self-insight and supported individuals on their own particular blocks. Creative arts used therapeutically can promote a deep level of self-awareness. Play and spontaneity at times posed a challenge for some of the young people and they were supported to trying to adapt to this challenge.

Central to therapeutic work is the containing bond that develops between the facilitators and the young people. It was important for facilitators to balance the freestyle fun of creativity while simultaneously holding the boundaries of safe containment. Attachment Theory also informed how we considered the young people in the context of their life experiences and relationships. It was important for the facilitators to provide a secure base for them to explore creative arts and their emotions. This is essential for people who experience emotional regulation difficulties. Many of the adolescents had difficulty with emotional regulation, which was having significant impact in their lives. Schore (2003) describes healthy regulation as intimately knowing ourselves (cognitively and emotionally), being free to express ourselves and consequently knowing others. A vital aspect was supporting the young people learn to identify emotional difficulties and regulate themselves within the group, with the hope of them being able to generalise this to their daily lives. For example, one girl arrived the first week but

couldn't join as anxiety overwhelmed her. The second week she returned with support and by the third week she spoke to others. She then portrayed her anxiety in her mask rather than becoming overwhelmed by those anxious feelings. In emotional regulation terms, she was aware of the anxious physical sensations, emotions and thoughts and yet continued to participate.

The National Mental Health Policy for Ireland A Vision for Change (2006) explicitly promotes a recovery model as a key cornerstone. The recovery model principles underpinned the ethos of our groupwork. We aimed to promote a non-judgemental person-centered approach in an environment of supportive peer relationships. Specific examples were promoting positive experiences and as using Dream Boards and *Creative Time*. We encouraged a focus on resilience and psychological strengths that counters the stigmatising discourse of enduring mental illness as helpless or limiting. Positive peer interactions normalising emotional difficulties challenged mental health stigma. We also used tools of the Recovery Star and Goal forms, which are self rated in keeping with this framework. For example, in an early warm up exercise, several people were reluctant to do an exercise saying they felt 'awkward'. We paused the activity and encouraged them to talk about their 'awkward' feelings. This required facilitation and therapeutic skill to be with the group, many of whom were feeling intense anxiety. One girl articulated her fear of stigma so eloquently '*I know I'm weird but if I do this activity the other people might know I'm weird then too, and I'm afraid of other people thinking that*'. Other teenagers then said that they related to her and encouraged each other to overcome their own awkward feelings to continue. After a short time, they spoke of the safety of the group to share their individual '*uniqueness*' and to '*feel the fear and do it anyway*'.

Evidence Based Research for Creative Arts Therapy in Mental Health Work

There is a wealth of research evidence that using creative arts in mental health therapy can have a positive impact on people's emotional wellbeing. Since the late 1990s the Arts Council of Ireland has advocated the value of the arts within healthcare practice (www.artsandhealth.ie). One Irish study, *The Creative Well Arts 12-week workshops for adults in Kildare (2011-2012)* had significantly positive outcomes for adult's mental health (Arts Council, 2009). Meta-analysis of support group interventions in CAMHS highlighted that peer support is associated with reductions in hospitalizations for mental health problems, reductions in symptom distress, improvements in social support and improvements in people's quality of life (Drapeau and Kronish, 2007:4). *Arts In-Reach*, a creative group psychotherapy project in an inpatient unit in the UK (over 2 years, n=11 qualitative interviews) showed benefits for participants to include: increased social interactions, opportunity for self-expression, thinking about the future and restoring a sense of hope which is a quality imperative for recovery

(Stickley and Hui, 2012). In *Painting a Path to Wellness* a creative activity group in a psychiatric setting over a five year period (n= 403) there were significant improvements in the mental health of participants with moderate to strong mean effect sizes (Caddy et al., 2012). The *Catching Life* project (2007) examined how arts projects in mental health may facilitate some key elements of a recovery approach including: improvements in a sense of purpose and meaning, motivation and inspiration, reduction in self-harming, using arts as a tool to cope with mental health difficulties, self-expression, social support and social inclusion.

Evaluation of the Creative Arts and Emotional Wellbeing Programme in CAMHS

Mixed methodology was used to evaluate outcomes of our programme. Quantitative feedback was gathered using two outcome measures. The Mental Health Recovery Star is a multifaceted 10-item scale covering different aspects of their life and wellbeing (MacKeith and Burns, 2010). Each person created his/ her own goals on an Individual Goal and Review Form with a Likert psychometric scale (0-10). Both measures were self-rated by each person in an individual appointment before and after the programme.

The results indicated that the programme had a significantly positive improvement on their emotional wellbeing and mental health. The attendance was overall consistently high (total of 79%) and 14 of the 15 participants completed the programme. The Goal and Review Forms rated after the programme indicated overall positive improvements on their individual goals on themes of self esteem, social skills, managing mental health and using creative expression. The total goal ratings improved by 19% (total score from 156 to 229) for the first group and 27% (total score from 76 to 130) for the second group. There were significant positive changes on the Mental Health Recovery Star on each scale and the overall rating improved by 25% (total score from 716 to 895). The young people rated biggest improvements in relation to identity & self-esteem (improved by 63%), managing mental health (improved by 56%), reducing addictive behaviour (improved by 46%) and living skills (improved by 25%).

	Before	After	Difference	% Change
Identity & self-esteem	47	77	30	63%
Managing mental health	59	92	33	56%
Addictive behavior	53	78	25	46%
Living skills	72	90	18	25%
Relationships (family)	77	92	15	19%
Trust and hope	69	81	12	17%
school/ Work	79	90	11	14%
Social networks	79	90	11	14%

Health & Self-care	92	104	13	14%
Responsibilities	90	102	12	13%
Total	716	895	179	25%

Table 2: Total Recovery Star Ratings of Both Groups

Qualitative feedback was sought from the young people and their parents verbally and written in a group and individual settings. Overall, they reported strong positive experiences of the group such as: *'fun; enjoyed peer support; became easier to talk about feeling sad; I felt accepted by the group'*. They reported a range of benefits of the group including: *'more confidence; don't feel judged; more comfortable; safe to confide; safe to be who you are; sharing and acceptance within the group'*. They particularly liked activities of mask making, painting, telling stories together, Dream Board and *Creative Time*. Some didn't like the music or puppets. Both groups requested for it to continue for longer. Several constructive suggestions were made (i.e. longer 2 hour duration, more participants). Overall, the parents reported strong satisfaction and observed significantly positive changes for their teenagers: *'very expressive; enjoyment; helped my daughter express her feelings; my son made new friends; my daughter is more settled'*.

Conclusion

Reflecting on the positive qualitative and quantitative results, we believe this therapeutic creative art intervention was beneficial for the participants involved. Overall, we believe the goals of promoting positive mental health were met through allowing the young people creatively express their thoughts and emotions. The contained therapeutic settings allowed them gain and provide peer support that helped reduce mental health stigma. While it positively impacted their mental health, they also seemed to really enjoy the experience.

The research on our intervention was consistent with the growing national and international research evidence that using creative arts in mental health therapy can have a positive impact on people's emotional wellbeing. The results cannot be generalised due to the small number of participants (n=15), lack of control group and external factors that could also have impacted on the young people. This highlights the need for further research so we would encourage similar groups and further review regarding its effectiveness. We suggest building this evidence base with ongoing detailed research of national and international therapeutic creative arts work and its use in CAMHS. Since completion, we have presented it to several CAMHS teams, which resulted in keen interest and enthusiasm for continuing this type of work in CAMHS. Also, we would suggest that clinicians could consider incorporating creative arts in individual therapeutic work with young people. Based on the young people's feedback and desire to extend the group, further consideration could be given to running them over a longer time period.

Therapeutic groupwork requires significant clinical time commitments and can be a challenge to balance this with other clinical demands (i.e. waitlist demands, urgent risk assessments and ongoing therapeutic work). From our experience, this type of work needs to have facilitators with some training in the area of and using creative arts and/or clinical therapy with young people in a mental health setting. Due to the demands of the type of work, we feel it's important to have sufficient training, supervision and team support to do this type of therapeutic work. Its essential to carefully consider the young people referred and appropriate timing for them to engage in this work.

In conclusion, as clinicians, we found this work very rewarding and a beneficial experience for the young people so would encourage others considering this type of work.

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