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**‘Their story is a hard road to hoe’: How art-making tackles stigma and builds wellbeing in young people living regionally.**

**Abstract**

Remote and regional Australia have comparatively fewer mental health services than their urban counterparts, what is more, mental health remains profoundly stigmatised.

**Aim:** to understand how, if at all, the process of group art-making then publically displaying the artworks can contribute to stigma reduction for young people experiencing mental health challenges in regional Australia.

**Method:** interviews with six young artists who use regional mental health services, and 25 people who viewed their displayed art utilising a thematic analysis of the coded interview data.

**Findings:** demonstrated how art-making as a process increased self-esteem, social interaction and artistic expression; whilst the viewers experienced an emotional connection to the art. The viewer’s response enhanced young people’s confidence in their abilities.

**Conclusion:** Incorporating art-making and exhibiting the art in public spaces could be incorporated into young people’s mental health services to support wellbeing and inform the perception the general public hold of mental health, thus reducing stigma.

**Introduction**

Increasing recognition of mental illness, most notably anxiety and depression, as a major public health issue has led national and international public policies to place greater emphasis on improving the population’s mental health status, particularly amongst young people (YP). The actions taken in response to this change in focus increasingly relies on a public health approach to tackling the determinants of health and in particular the stigma surrounding mental illness. The consequences of feeling stigmatised are well documented, and include, limiting a person’s ability to attain and keep a job or safe place to live, reducing a person’s desire to seek treatment and support, fears of not being accepted by family and friends or the larger community, and avoiding relationships and social activities (Stangl, Earnshaw, Logie, van Brakel, Simbayi, Barré, & Dovidio, 2019). Stigma offers real challenges when supporting those YP with a mental illness both as part of the YP’s journey of recovery and promoting good mental health and wellbeing in the wider community.

## Background to the study

Responding to the breadth of mental health needs of YP (aged 12-25) in regional Australia is challenging the capacity of both government and non-government sectors (Ivancic, Cairns, Shuttleworth, & Welland, 2018). Access to mental health professionals decreases in line with remoteness while the prevalence of mental health issues is unchanged between urban, regional and rural settings (National rural health alliance 2017). Unsurprisingly given the comparative lack of resources those services that are offered are often narrow in their focus with very high rates of prescribed psychiatric medications across all age groups. Nearly 12% of the 15-24 year age group received a mental health related prescription in 2017-18 (Australian Institute of Health and Welfare 2019), despite often having unconfirmed diagnosis due to their age, with overall prescribing rates being highest in service deprived regional Australia (Australian Institute of Health and Welfare, 2018). Nationally, antipsychotic prescriptions for those under 17 years increased a further 8% in 2016-17 from pre-existing high levels (The Australian Commission on Safety and Quality in Health, 2017) suggesting upward trending of this treatment option for YP. Equally so the range of talk-based therapy options are also arguably narrow in regional Australia. Affordable Government funded therapies are overwhelmingly delivered within a mono-discipline paradigm of psychology (Australian Government, 2019) predominantly aligned to Cognitive Behavioural Approaches (CBT) approaches and operating out of office spaces traditionally tailored for older adults rather than YP.

The need to add to this range of therapeutic inputs to regional YP is highlighted through understanding the complex interplay of social, developmental and psychological factors that figure prominently as active determinants of mental wellbeing for YP (Australian Institute of Health and Welfare, 2018). Very high regional youth unemployment (Brotherhood of St Laurence, 2018) low rates of high school completion and a low drive for

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10 upward social momentum have influential relationships with the young person's emergent  
11 identities (Breen, van de Werfhorst, & Jæger, 2014) and how they view their worth and  
12 efficacy as a novice adult entering an adult world.  
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14 Low self-efficacy, self-worth and a reluctance to enter a mental health system that is  
15 socially constructed as having inherent stigma all act as significant impediments for  
16  
17 unsupported YP to seek the help they require to have mental health assessment and input.  
18  
19 Junge (2019) explained how social distancing or othering, creates stigma which manifests in  
20 loneliness and anti-social behaviour for those who feel stigmatised. In regional and rural  
21 context this stigma is worsened given the lower chances of anonymity offered in such sized  
22 communities and additional pressures to conform to social norms (National rural health  
23 alliance, 2017).  
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### 26 **Art -making in response to stigma**

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28 Talking therapies use words as their primary means to structure and make sense of  
29 lived experience, yet words can often feel inadequate to convey depth of emotions. Edwards  
30 (2014) described how profoundly traumatic experiences and emotional states go beyond  
31 words, thus requires alternative modes of expression. 'Art as therapy' focuses on the act of  
32 art-making itself, where an immersion in the creative process is considered enough to support  
33 wellbeing (Kramer & Gerity, 2000).  
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36 The area in which this research took place has a plethora of arts-based festivals,  
37 galleries and public art that demonstrate the diversity and creativity in the region. *Creative*  
38 *Communities in Australia* (McDonald & Mason, 2015), highlighted how the creative arts can  
39 provide a bridge to belonging for populations in regional areas. A sense of belonging is  
40 essential in supporting the formation of social connections (Gentle, 2018), and can combat  
41 isolation and anti-social behaviours associated with mental health challenges (Junge, 2019).  
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10 Bolwerk, Mack-Andrick, Lang, Dörfler, and Maihöfner (2014) MRI study findings  
11 implied there is a correlation between art-making and resilience, or stress resistance, both  
12 important in reducing the impact of stigma. Art programs for YP have long been linked with  
13 improved motivation, self-image, hope for the future and self-esteem (Venable, 2005).  
14  
15 Furthermore, art programs have been described by WHO (2017) as one of the key building  
16  
17 blocks towards sustainable, resilient communities. This was demonstrated in the work of  
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19 Quinlan, Schweitzer, Khawaja, and Griffin (2016) where the process of art-making was  
20  
21 found to decrease challenging behaviours and improve emotional responses in young  
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23 refugees. Research by Duran Diaz (2018) found that art-making with young immigrants  
24  
25 facilitated both social and cultural inclusion. As Jensen (2011) and Birhane (2017)  
26  
27 highlighted, the social is an essential aspect of identity, which Corrigan (2014) has shown,  
28  
29 can have a positive effect on combatting stigma.  
30

31 The process of art-making has been shown to improve the mental health and  
32  
33 wellbeing of YP through personal and social gain. This paper asks if both the process in ‘art  
34  
35 as therapy’ projects, and the public showing of the art can reduce stigma and increase  
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37 wellbeing for YP utilising mental health services in regional Australia.  
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#### 40 **Materials and Methods**

41 The overarching aim of the project was to explore the impact, if any, of art to  
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43 decrease self- and public stigma of YP with pre-emergent and emerging mental health  
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45 challenges in order to promote help-seeking behaviours that underpin enhanced  
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47 psychological safety. To achieve this aim the study initially utilised peer group based  
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49 therapeutic art creation to enable reduction of self-stigma, and to build social networks for  
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51 YP. The study then sought to build empathy and strength-based perceptions in the local  
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10 community towards this population of YP by publicly displaying the art created by YP.

11 Positive public feedback was then communicated back to the young artists.

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13 The overarching research questions guiding the study were:

- 14  
15 1. What therapeutic gains, if any, were reported by YP as being experienced through the  
16  
17 process of creating art in a peer group context?  
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19 2. What were the experiences of viewers of the publicly displayed art toward the worth  
20  
21 and value of YP in their community?  
22  
23 3. How did YP respond to the public's feedback on their displayed art works?  
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#### 25 Ethics

26 Ethics was approved by the Southern Cross University School of Health and Human  
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28 Sciences Human Research Committee in 2018. The primary ethical issues were those  
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30 pertaining to undertaking research with vulnerable populations, in this case YP with pre-  
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32 emergent or emergent mental health issues. Separate participant information sheets were  
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34 approved for YP and participating adults to ensure consent was fully informed for all. Parents  
35  
36 or guardians approved consent for those too young to do so and data was de-identified for all  
37  
38 study participants to ensure confidentiality (Kapitan, 2017).

#### 39 40 *Data collection*

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42 This was a three-stage qualitative study. Stage 1 occurred at two artist-lead art groups  
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44 within mental health services attended by 12 YP interested in art-making in regional  
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46 Australia where youth suicide, youth unemployment and need for youth services are all high  
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48 (Social Atlas, 2016; South, 2006). In Stage 2 the art the YP created was displayed at a major  
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50 retail outlet and community building alongside de-identified stories of recovery. Stage 3 was  
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52 feeding back the experiences of the public who had been interviewed about the artworks to  
the YP. At each stage one-to-one semi-structured 10- 40 minute interviews were conducted

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10 and recorded to elicit in-depth personal experiences. The interviews were transcribed and  
11 then subjected to thematic analysis. Stage One data was collected at the culmination of one  
12 holiday and one term-time art project where six artists agreed to be  
13 interviewed. Data collection for Stage 2 was held over two days outside a major retail outlet  
14 and at a community centre. Passers-by were asked if they would like to view and comment  
15 on artwork made by YP with mental health challenges (n=25). Stage 3 data was collected  
16 from two of the participating artists three months after the exhibition as no other artists were  
17 available- those that were declined to be interviewed. See table 1 below  
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### 23 *Data Analysis*

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25  
26 Braun and Clarke (2006) approach to thematic analysis was used in the management  
27 and interpretation of the different data sets. In keeping with this approach, the researchers  
28 independently engaged in repeated immersive listening of the audio recorded semi structured  
29 interviews to identify meaningful experiences within the words and narratives of the research  
30 participants. It was not possible nor desirable to establish categorical distinctions at the onset  
31 of the analysis owing to the nature of the research. This not only allowed the researchers the  
32 freedom to be sensitive to emerging issues and key themes, it also increased the  
33 trustworthiness of the findings by reducing any potential biases that the researchers might  
34 have been harbouring. Initial qualitative codes were constructed from these with the  
35 researchers then searching for shared meaning between emergent codes to form themes of  
36 lived experiences in relation to the focus and aim of the study. The three researchers then  
37 convened to collectively determine mutually agreed themes in order to further strengthen the  
38 trustworthiness of the findings (Korstjens & Moser, 2018).  
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### 48 **Findings**

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50 Inevitably, there was some overlap between the stages of the study. To avoid  
51 repetition findings have only been included once, even if they have relevance to more than  
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10 one of the stages. Presenting the themes in this way, it is argued here, offers the reader a  
11 better insight into the experience of those that took part and helps forms a coherent narrative  
12 account.  
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#### 14 *Stage 1*

##### 15 Theme 1: Forming a community of practice

16  
17 This study shows that accessing art programs can support feelings of empowerment  
18 for YP through the forming of communities of practice, where members were treated as equals  
19 regardless of ability:  
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22 *I could be freer- not a big deal, didn't over think because others helped make*  
23 *decisions. Our facilitator made it so it wasn't teacher-student but more like a mentor-*  
24 *but not a mentor- we all just came into one. Learning was informal rather than*  
25 *formal. We felt equally expert...we meshed (A1).*  
26

##### 27 Theme 2: Agency and self-esteem

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29 Agency and self-esteem grew as the participants engaged with the painting and  
30 drawing:  
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32 \_\_\_\_\_ *"I could make a mistake and be comfortable with it"* then added: *I didn't*  
33 *think this was something I could do. Coming out with other people was big for me. I was*  
34 *afraid and did it anyway. The art enabled a change- work with others come to the group.*  
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37 This was reiterated by A2: *I could be freer- not a big deal, didn't over think because others*  
38 *helped make decisions.* This showed how agency and self-esteem are related to social ease.  
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##### 40 Theme 3: Social ease

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42 Each artist had described how socialising was not easy for them but that having the art  
43 to focus on had helped. They explained that the process of art-making had made conversation  
44 flow more readily which had pleasantly surprised them.  
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46 *'it's given me a bit more insight on working with other people- I'm not used to it'.*  
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10 *I learnt how to do new stuff and heard people's stories of the people in the group.*  
11 *Stories of everyday life whilst we made art. Felt like normal friends just chatting*  
12 *about stuff. The art helped- it's a good conversation starter- making art and chatting"*  
13 *(A2).*

14 Stage 2

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16 Theme 1: Previous lived experiences of mental illness.

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18 18 of those interviewed had a lived experience of family members who had  
19  
20 or continue to have mental health challenges. Those who approached the art display or agreed  
21 to view the art and be interviewed spoke of their experiences, overtly communicating  
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23 empathy and positive constructions of YP:

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25 *The purple one with tree - everyone is in darkness, living in the shadows of*  
26 *other people and nobody is taking much notice of them. My daughter has*  
27 *mental health and a drug problem so you take her to mental health and they*  
28 *say it's a drug issues so you take them to the Drugs & Alcohol people and*  
29 *they say its mental health problem. They all have wonderful gifts, beautiful*  
30 *gifts and make a contribution in their own right as we all have. They have a*  
31 *kind soul but are just lost... We judge first before we even accept them (V5).*

32 This artwork is shown in Figure 1 below.

33 Theme 2: Experiences of emotional connection.

34 The majority of the participants interpreted the art, they spoke of experiencing an emotional  
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36 connection to the art and the artists through one or more of the publicly displayed works:

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38 *... had me really sucked in, the one with the purple skull... the one with the rainbow*  
39 *face and the closed off mouth as I think that is how YP often feel, that they don't have*  
40 *a voice and one with the lady in pyjamas drinking coffee, she just looks like the*  
41 *perfect epiphany of someone who is relaxed but actually she is perplexed on the*  
42 *inside...I said 'wow'. It's fantastic, , in my experience I found that people with mental*  
43 *health issues are probably more creative and can bring emotion to paper and pen*  
44 *better than those who are not having things go on in their minds (V6)*

45  
46 Other viewers comments indicated understanding through emotional connection: "*Distinct*  
47 *differences of the two artworks- one more disturbed- they must be more distressed in their*  
48 *suffering compared to other that does not represent distress so much (V22). V23 stated:*  
49 *Wonderful they want to contribute. I feel more empathy for them, I can see their sadness*  
50 *(V23). Another responded with: Yes, the story is a hard rd to hoe. They are younger. Difficult*  
51 *to -looks like its self-loathing- or part of the artist- she is trying to decipher (V24)*

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53 Theme 3: Breaking down stigma.

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11 The stigma experienced by YP with mental illness can be countered by their art as V6  
12 noted:

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14 *It gives an insight to what the person is going through. So rather than just seeing an*  
15 *itinerate person with scratches up their arm, cigarette hanging out their mouth*  
16 *hanging out the front of the mall if they saw what they were creating and what they*  
17 *were feeling on the inside, visually, in a visual summary I suppose, it gives you a*  
18 *different picture.. .Stigma is still well and truly alive. As much as we say we are*  
19 *fighting stigma it is still out there. It is slowly getting better but it is still there*  
20 *especially with older people. So for YP to reach out for help it's generally to an adult*  
21 *person and they still have stigma to mental health. The views of adults can be a*  
22 *barrier to YP reaching out for help.*

23 And,

24 V7 and V9 felt strongly about the medium and the stigma YPs feel:

25  
26 *I can't get over the talent of YP in this area... I think it really depicts, in a visual way*  
27 *what mental illness is like for YP. If we can work as a community to make YP feel*  
28 *heard and wanted, I think there is a lot of 'not wanted'. I feel if we can make that*  
29 *sense of community come back again perhaps that would have a good impact on YP.*  
30 *If we can change the general idea of YP within the media and the general idea of*  
31 *what a young person is, that they're just scary delinquents, it becomes a self-fulfilling*  
32 *prophecy for them... they have so much potential but they just can't see it. The sense*  
33 *of achievement these YP would have coming down here and seeing their art work on*  
34 *display that would be just so amazing for them. It would be like 'wow, I did that and*  
35 *all these people are looking at it.*

36 V23 commented: “ [I have] Admiration for the skills of the artists, beautiful work- represents

37 the unknown. V 24 said: “The stories are very helpful in understanding the YP journey. Can

38 identify with [their] journeys. Reminds that we have to talk about mental health and illness”.

39 He added: “[It is] therapeutic to make art and for the people who look who can identify-

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*'that's just how I felt' I'm not alone- key to mental illness not feeling alone and not being*  
*blinkerred (V25)*

Stage 3

Themes: Agency, self-esteem, connecting

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10 When the art was displayed to the general public the artists had been amazed by the  
11 responses: *feels great having people looking at it. Feels really good to have someone looking*  
12 *at my art (A2)* and another reiterated that it had *pushed them further with [their] art (A1)*. A1  
13 had been surprised: *It's good, makes me feel a bit better about what I'm doing [...] things*  
14 *that are a bit different*. Confidence in their skills as artists had increased. A1 said *Family*  
15 *always say that's lovely but you think is that what they are just saying or do they just want to*  
16 *make you feel a bit better? So hearing that is really good, it's really good (soft voice), makes*  
17 *me feel like it's actually good*. The agency in what they represented of themselves was  
18 captured by A2 when she recognised that through the artwork *People don't know who we are*  
19 *except what we allow them to know of ourselves*. This had provided a sense of power and  
20 control on others perceptions of them.

21  
22 In conclusion, findings from the 1<sup>st</sup> stage included the themes 'forming a community  
23 of practice', 'agency and self-esteem' and 'social ease'. Findings from the 2<sup>nd</sup> stage included  
24 the themes, 'Previous lived experiences of mental illness, experiences of emotional  
25 connection and 'breaking down stigma'. Themes from the 3<sup>rd</sup> stage included, agency self-  
26 esteem, connecting. These are illustrated in Figure 2 below

## 27 Discussion

28  
29 Stage 1 findings highlighted how the act of art-making increased YP self- esteem, and  
30 identity that increases resilience. This potentially counteracts the stigma associated with  
31 mental health which could encourage help-seeking behaviours. The art-making experience  
32 supported social connection (Gentle, 2018), combatting loneliness and isolation; which  
33 Corrigan (2014) demonstrated can minimise stigma. Thus in response to the first question of  
34 the study, art-making arguably has considerable therapeutic value. Additionally, the study  
35 showed in Stage 2 how the viewers also found an emotional connection through observing  
36 the artworks which helped them understand better the experiences of the YP and value their  
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10 artistic abilities. This can also contribute to counteract the loneliness and anti-social  
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12 behaviour associated with mental health as described by Junge (2019). The feedback reported  
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14 back to three of the artists in Stage 3 increased their confidence as artists and contributed to  
15 their sense of self-worth as demonstrated in their positive reactions. This supports the work of  
16  
17 McDonald and Mason (2015) that identified the arts as a means to belonging. Figure 2 below  
18  
19 shows the findings that demonstrate the therapeutic aspect of art-making in this study.

20  
21 Some of the therapeutic gains reported enhanced self-concept and artist identity that  
22 is described in the work of Fletcher and Lawrence (2018); Gentle (2018); & Rubin (2008).  
23  
24 These findings also complement research where art-making increased self-efficacy , self-  
25  
26 worth , and self-expression (Gentle, 2018). These outcomes can help to increase resilience  
27  
28 (Bolwerk et al., 2014), thereby reducing the impact of  
29  
30 stigma.

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32 With an emphasis on self-expression, creativity, enjoyment and social inclusion the  
33  
34 arts are receiving increasing attention as a means of promoting health and mental health  
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36 (Davies, Knuiman, & Rosenberg, 2015). The importance of creative art in contributing to the  
37  
38 YP's mental wellbeing is beginning to be understood and pursued as part of public health  
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40 initiatives and interventions which aim to reduce stigma and promote recovery. The findings  
41  
42 demonstrated some of the core principles of recovery and the use of art in tackling stigma.

#### 43 **Recommendations for practice**

44  
45 Arguably, findings here offer data to support the wider adoption of art based therapeutic  
46  
47 activities to at least supplement or offer alternatives to medication and CBT aligned  
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49 approaches. This is particularly important for rural and regional settings where service  
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51 options are comparatively limited (Ivancic et al., 2018). Further research in the field that  
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53 compares 'art as therapy' with an art therapy approach will help understand the differences  
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55 and similarities in their approaches. This could support mental health services in providing  
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10 relevant therapeutic interventions that offer alternatives or complimentary approaches. This is  
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12 timely because the current use of medication (Blow, 2017) and CBT (James, James,  
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14 Cowdrey, & Soler, 2015) that has not been shown to have the much anticipated therapeutic  
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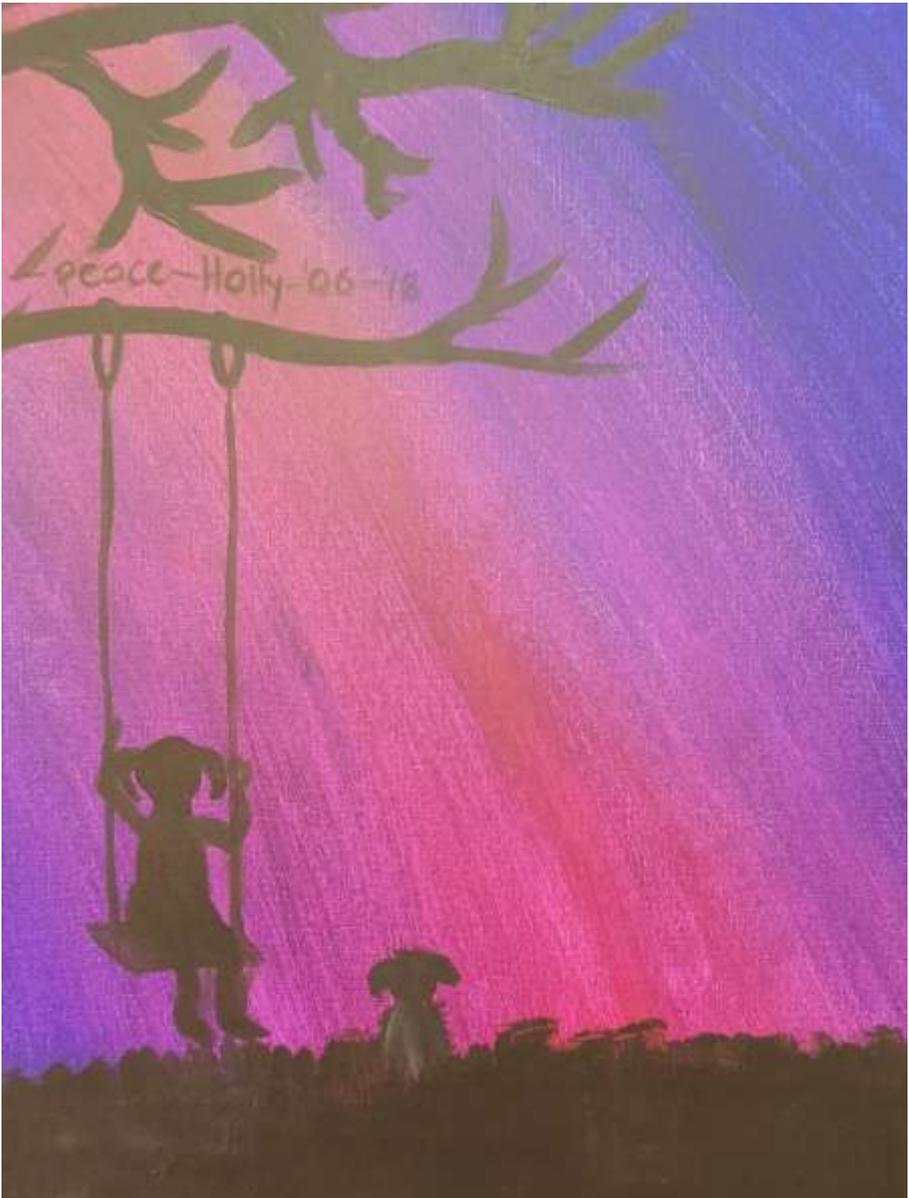
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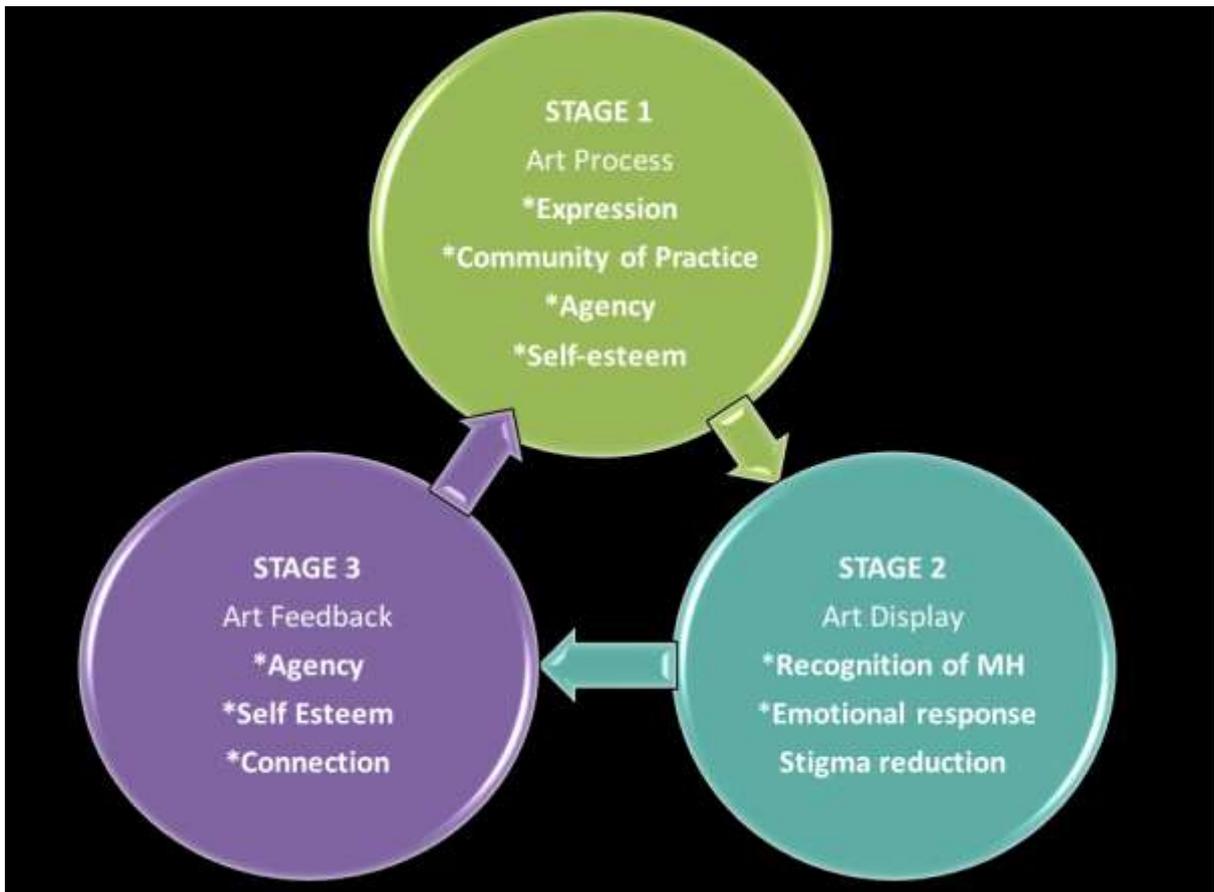
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## Artist and viewer demographics

<b>Stages</b>	<b>Key</b>	<b>70+</b>	<b>60 - 70</b>	<b>50- 59</b>	<b>40- 49</b>	<b>30- 39</b>	<b>20- 29</b>	<b>- 20</b>	<b>Previous exposure to mental health</b>	<b>F= M =</b>	<b>N= =</b>	
<b>1 (Artists)</b>	A1,A2, A3 etc.						2	4		6	0	<b>6</b>
<b>2 (Viewers)</b>	V1, V2,V3 etc.	5	12	1	2	2	1	2	18	16	9	<b>25</b>
<b>3 (Artists)</b>	A1,A2,A3 etc.						1	1		3		<b>2</b>

*Table 1: Key and demographics of participants*