

# Developing Evidence-Based Policy and Practice in Psychosocial Health in the Performing Arts

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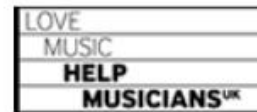
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## British Association for Performing Arts Medicine

- Charity delivering specialist healthcare to performing artists in the UK
- @200 specialist clinicians
- Training in health promotion

Funded by industry  
licensing bodies, charities  
and unions

GENEROUSLY SUPPORTED BY



# Focus on mental health

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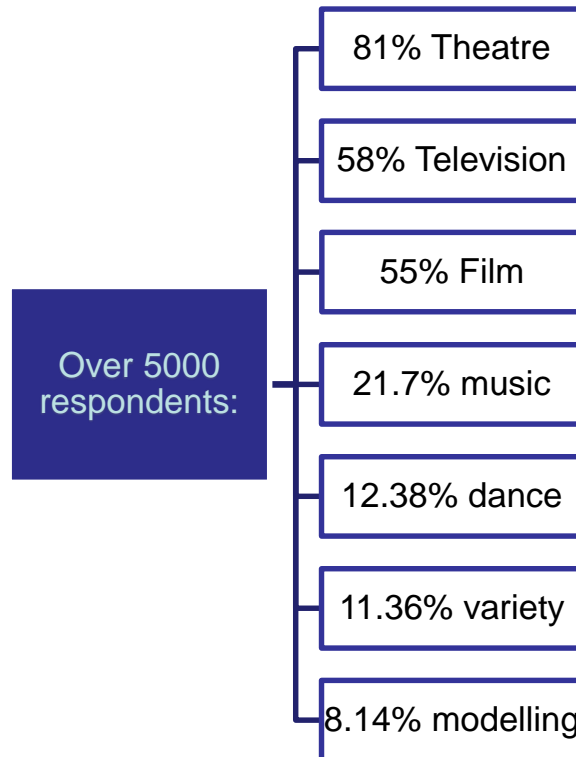
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- High prevalence of mental health problems in performing artists
  - Suicide rates are well above the national average
  - Mainstream providers not always aware of the performing arts' context
    - Performance anxiety
    - Professional persona vs self
  - Need for services to fit with performance schedules
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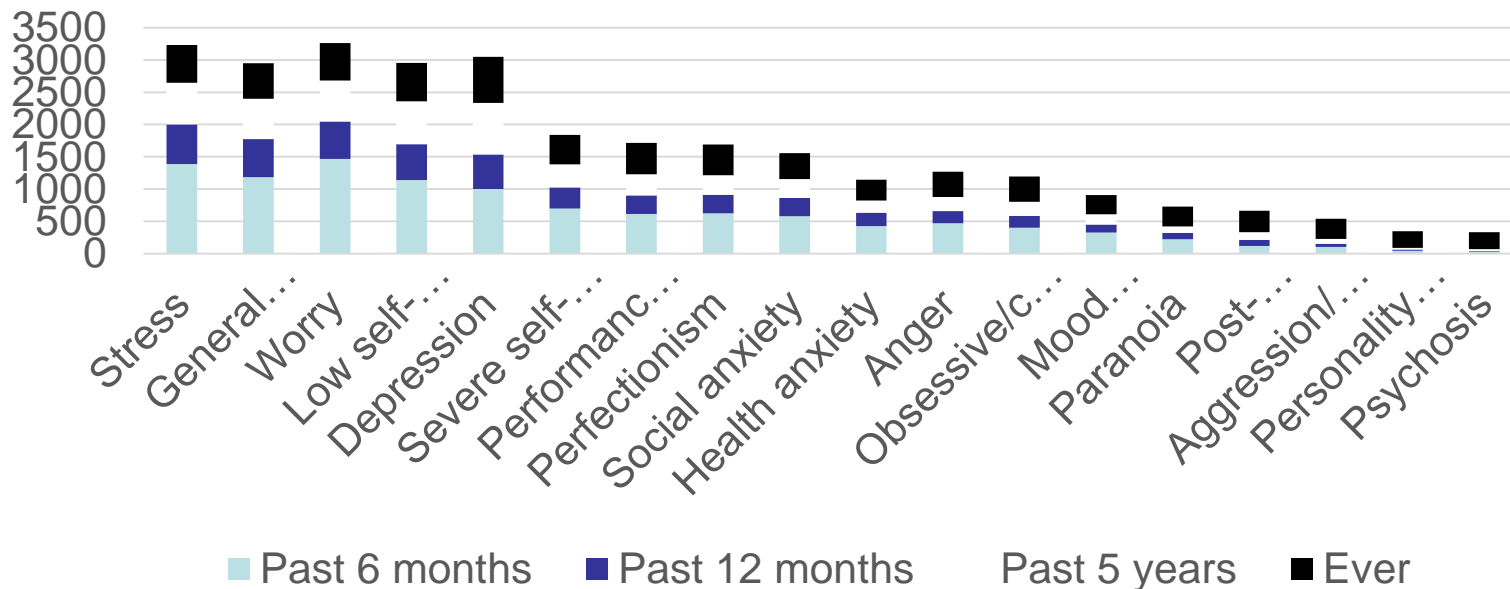
# Arts Minds Survey

## Equity, Spotlight, the Stage



# Mental Health

**73% had experienced a mental health problem,  
 40% said it had impacted on their career  
 13% had been prevented from working as a result  
 85% had worked within the last 6 months**



# Can Music Make You Sick?

## Help Musicians UK

- 2200 musicians
- 71.1% of respondents believed they had experienced incidences of anxiety and panic attacks
- 68.5% of respondents experienced incidences of depression

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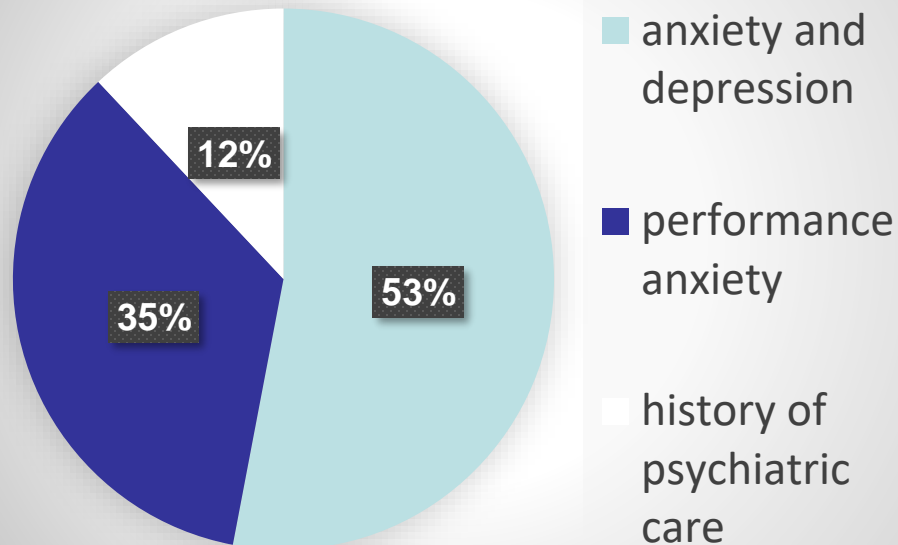
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**SO WHAT CAN  
THE INDUSTRY  
DO?**

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## BAPAM Clinic Record



240 records from  
2017/18

No “one-size fits all”  
solution

**BAPAM patient data:  
Spectrum of need**



## A national psychosocial working group

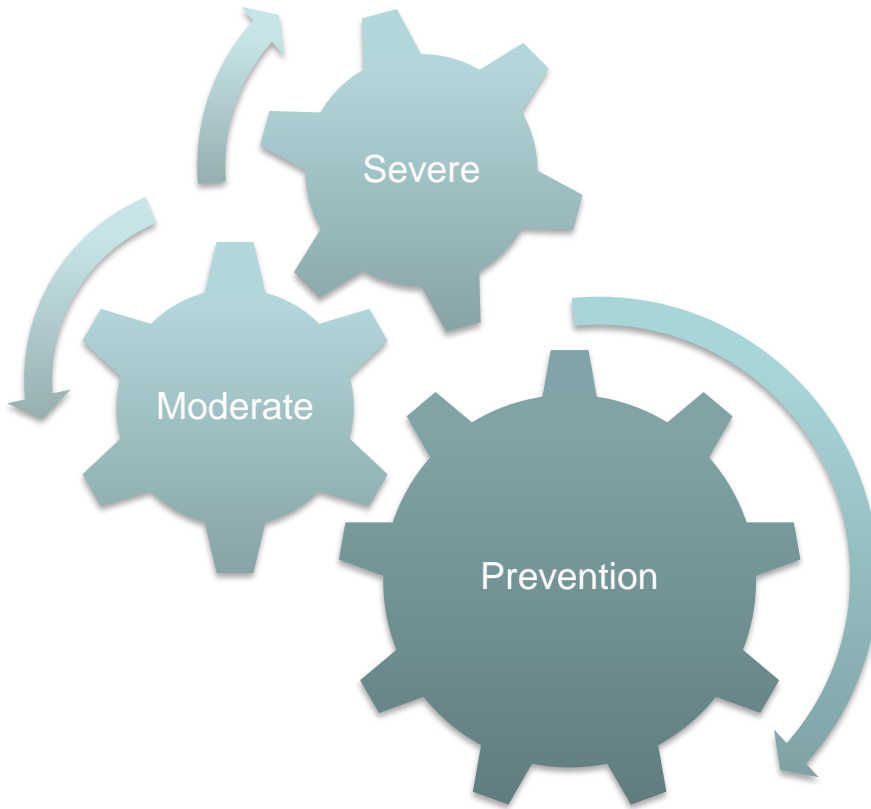
**Purpose:** to review findings,  
clinical evidence recommend best  
practice

- Working group chaired by Professor Jane Ginsborg, RNCM
- Membership: General practitioners, clinical psychologists, psychotherapists, counsellors and charities/membership organisations with a specialist interest in performing artist and mental health

# Mapping services available and what is needed

<b>Step 5</b>	<b>Risk to Life, Severe Symptoms/Need</b>	<b>Medication, combined treatments, ECT</b>
<b>Step 4</b>	<b>Complex/Enduring Symptoms/Need</b>	<b>Medication, Complex Psychological interventions, combined treatment</b>
<b>Step 3</b>	<b>Moderate or Severe Symptoms/Need</b>	<b>Further psychological interventions (CBT), possible medication, social support</b>
<b>Step 2</b>	<b>Mild Symptoms/Need</b>	<b>Brief psychological Interventions</b>
<b>Step 1</b>	<b>Recognition</b>	<b>Seek support</b>
<b>Step 0</b>	<b>Prevention</b>	<b>Performance coach, training and education, improved working environment</b>

# Cyclical not linear



50% self managing after early intervention

Lifelong condition for many

23% had associated physical problem

50% already consulted a mainstream provider

# Gaps in the performing arts

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- Guidance for the sector
- Continuing professional and career development for practitioners
- Access to mental health specialists for advice
- Brief intervention



# Developing Guidance

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**Purpose:** a high level set of recommendations on best practice, complementing existing clinical guidance and signposting existing services for:

- Organisations commissioning services
- Service provider
- Performers

<http://www.bapam.org.uk/documents/Supporting-Mental-Health-in-the-Performing-Arts-Sector-BAPAM-Guidance.pdf>

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# 7 Recommendations



Organising for mental wellbeing



Early clinical assessment



Initial brief intervention



Peer support



Ensure links with NHS/main healthcare provider



Multi-disciplinary team



Managing a crisis

# 1. Organising for mental wellbeing

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- Reducing incidence
- Performers understanding how to keep mentally well
- Industry stakeholders ensuring an environment which supports performers to keep well



## 2. Early clinical assessment

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- Helplines are there for an artist to speak to and can help signpost
- Early assessment by a clinically-trained professional can lead to a quicker diagnosis and a more effective plan





### 3. Initial brief intervention

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- Ideally delivered by a practitioner who understands performing artists
- Should address performance anxiety



## 4. Peer support

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- Practising healthy behaviours needs discipline and commitment
- Peer support can help support performers to keep to plans
- Performers needing peer support will need to meet with others outside their current performance community



## 5. Ensure links with mainstream health providers (NHS in UK)

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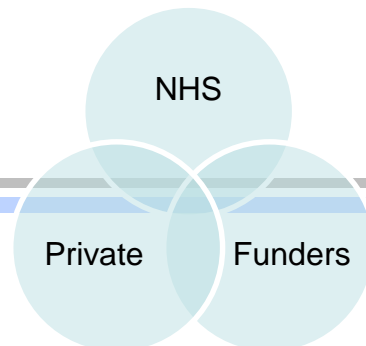
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- Keep in touch with patient's other care providers – with consent
- Other clinicians may be prescribing and managing crises
- Clinicians need to have a full picture of the care pathway



## 6. Multidisciplinary team approach

- Patient needs can change over time and may need referrals for additional assessments and further treatment
- Independent therapists should have agreements with psychiatrists and clinical/counselling psychologists for support and onward referral
- This requires clear clinical governance boundary agreements



## 7. Managing a crisis

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- Quick action is required to access an Emergency Department
- Planning a strategy in advance can be very helpful
- Follow up to check how the patient is doing



# An organising framework

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- For agencies to plan for services to improve performer's mental health
- For providers to offer services to meet need
- For commissioners to fund appropriate services



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**THANK YOU  
AND  
QUESTIONS?**

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