



Short communication

Reimagining communities of care in the performing arts: A call for a community-based task-sharing approach to address the mental health needs of performing artists

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ABSTRACT

Performing artists are known for playing a critical role in the cultural and intellectual richness and wellbeing of society. Additionally, whereas engaging in art and performance can offer a myriad of mental health benefits, mental health and substance abuse disorders are common in this industry yet significant barriers, such as stigma, financial constraints, and lack of relevant training, appear to negatively impact access to mental healthcare. Moreover, the profound changes and uncertainty in the performing arts sector throughout the COVID-19 pandemic highlighted the need to enhance systems of mental health support in this community. Although changing perceptions around mental health and increasing access to care are complex and multi-faceted, approaches from global mental health may offer novel solutions to promote greater access and equity to mental healthcare for performing artists. In particular, capacity building strategies, such as task-sharing, may help to facilitate both the identification of individuals in need of care, and the delivery of basic forms of support, through training of individuals working in the performing arts community. If adopted, task-sharing approaches in the performing arts, could lead to the introduction of new roles that performers can adopt, which in turn, may lead to new job categories within this industry, while still contributing to the sociocultural fabric of the arts. Efforts to engage performing artists in the co-design and adaptation of materials and intervention strategies will play a critical role in the translation of current evidence-based and evidence-informed interventions to contexts and cultures within the arts. Importantly, while certain aspects of the entertainment industry have long been associated with poor mental health, movements among artists and performers are calling for a change in culture. Integrating scalable mental health strategies into the spaces in which the performing arts take place, may offer a critical framework for reimagining mental health support within the arts community.

Performing artists are known for their substantial contributions to the cultural wealth of societies. From mainstream consumption such as musical recordings, television shows or movies, to socioculturally bound engagements in commemorations, worship, live performances or celebrations— the performing arts are at the heart of the balance and wellbeing of many aspects of human experience. In times of adversity, many people turn to viewing, making, and sharing different forms of art as a medium of connection for healing and wellbeing (Gupta, 2020), and both creators and audiences, have been found to experience mental health benefits from the arts in the face of distress (Fancourt and Finn, 2019).

Although there may not be precise numbers on how many people

identify as performing artists, in the U.S., the *National Endowment for the Arts* reported there were over 5 million professionals employed in the art and cultural industry in 2017 (*Artists and Other Cultural Workers: A Statistical Portrait*, 2019). However, unfortunately, there is no shortage of highly visible cases in which performing artists struggled with mental health and substance abuse issues, in many instances, leading to hospitalizations, reckless financial and interpersonal behaviors, imprisonment, overdoses, and, in too many cases, premature death. There are countless performing artists whose lives were not as publicly documented, but nevertheless, struggled with mental health issues due to a series of professional, identity-based and sociocultural stressors common in the field (Curtis, 2019; Elmes and Knox, 2022). A study in

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Australia found that performers are 6 times more likely to experience suicidal ideation and suicide planning is reported as more than 4 times greater than in the general population (van den Eynde et al., 2016). It has been argued that mental health concerns and substance use are closely linked with enhanced creativity (Jamison, 1993), nonetheless, decades of research now indicate that unaddressed mental health concerns will more likely lead to impairments in functioning across a wide range of interpersonal personal, health, and occupational domains, including creative thinking (el-Guebaly et al., 2007; Jaracz et al., 2012).

Historically, although performance can be an enriching and meaningful profession, there are also longstanding known social determinants in the industry that may contribute to mental health concerns. Exact pathways between these determinants and mental health outcomes in this population need to be characterized in future research. However, poor working conditions, substance use, sexual violence, economic disparities, or body image pressure, are examples of risk factors well known to influence mental health outcomes, and that have been identified as existing stressors in the performing arts sector at a systemic level (Robb et al., 2018; Rospenda et al., 2009; Kapsetaki and Easmon, 2017). Particularly, precarity of work has been found to be a predominant determinant in risk for mental health disorders in dancers (Blevins et al., 2019) and other performing disciplines (Bennett, 2009). In addition, the significant growth of social media platforms has placed many performers in the position of important media role models (Arias, 2019). On one hand, these platforms offer an interesting opportunity for performers for content dissemination, promotion, and income, but on the other hand, given previous work documenting the association between social media use and negative mental health outcomes (Bashir and Bhat, 2017), it might be expected that high levels of social media engagement in this community may have direct and indirect effects on their mental health. Particularly, navigating the ins and outs of their personal self-identity, the sense of publicness, a mediatic culture exacerbating self-esteem and body image struggles may serve as a significant risk factor for mental health disorders in performers (Heiland et al., 2008). Moreover, some stressors may be somewhat unique to this community including the ways in which performers may rely on their bodily abilities for employment or the complexities around the psychology of embodying storytelling or character personalities. Additionally, throughout history, artists from different genres and disciplines have catalyzed their mediums for social justice, and played critical roles as activists and changemakers in political, social and cultural movements (Spanos, 2021; Lara-Guerrero and Rojon, 2022). Studies have found that those engaged in activism and human rights work may be at high-risk of concerns like PTSD, depression, burnout, and moral injury (Pfeffer et al., 2022; Joscelyne et al., 2015).

Further, a burgeoning body of research suggests that the COVID-19 pandemic may have impacted factors associated with mental health concerns among performing artists. Loss of work and income due to shifts away from indoor events, increased rates of loneliness, and uncertainty are some of the challenges the performing arts workforce have documented during different phases of the pandemic (Rusak et al., 2020). As a result, in the context of the performing arts, common concerns, such as anxiety and depression as well as more severe forms of mental illness, have been exacerbated (Clements, 2022); with students and young professionals being potentially the most vulnerable (Stubbe et al., 2021). Considering intersectionality, there is a dearth of research examining intersectional issues on mental health and identity in performing artists. It is well known that factors like socioeconomic status, race and ethnicity, sexual orientation, and gender intersect with mental health outcomes (Villatoro et al., 2018; Williams et al., 1997), which in turn are likely to directly and indirectly compound the aforementioned challenges faced by performing artists holding such identities.

The need for addressing the mental health concerns among performers must be considered alongside significant barriers to accessing and receiving quality mental health support. For instance, unpredictable working hours and income, stigma, not knowing where to seek support,

and identity-based discrimination (Heyman et al., 2019; Cooper and Wills, 1989) have been indicated to reduce engagement in mental healthcare. However, extant studies reveal high levels of interest in receiving care, with 72% of musicians being interested in counseling services (Raeburn et al., 2003). Although performers have shown overall positive rates of use of mental health services, results show satisfaction rates of 31% for counseling and about 47% for psychologists (van den Eynde et al., 2016). Nevertheless, one study found that when the provider could offer performing arts industry expertise, satisfaction rates rose up to 99% (Berg et al., 2022). Importantly, performers are more likely to seek and receive successful mental health support when the service is provided by someone in their community with first-hand knowledge of their lived-experiences (van den Eynde et al., 2016).

Aligned with the recommendations encompassed in the scoping review on performing artists and mental health needs conducted by Clements (2022), addressing this public health concern in the performing arts will necessitate a multi-level and multi-disciplinary approach with a focus on intersectionality, educating specialized mental healthcare in the needs of performers, and community-based approaches enhancing psychoeducation and access to care. On the one hand, it is important to consider providing specialists, such as psychologists, social workers, and counselors, with greater training and awareness around the unique challenges performers face. Building a broader mental health workforce of specialists who may be more familiar with the contexts and experiences of performers is critical. A study showed the potential of engaged dialogue between artists and therapists where perspectives from creatives and performers as well as engagement in artistic activities, increased awareness, understanding and empathy for human concerns and therapeutic competence (Farber, 2017). Moreover, efforts may be made to recruit performers to consider careers within behavioral health, which may include building partnerships and curricula between mental health training programs and arts departments in universities.

Nevertheless, some of the barriers to mental health support identified among performing artists may also be addressed through brief scalable mental health and psychosocial support interventions (MHPSS) that can be delivered by non-specialist providers from within the community. This approach is often referred to as task-sharing and has been primarily implemented in low and middle-income countries and humanitarian and emergency settings showing remarkable effectiveness at increasing access to mental healthcare and in building task force capacity (Dickson and Bandpan, 2018; Hoeft et al., 2018). More recently, studies are taking place in high-income countries where the needs of other underserved communities (e.g. BIPOC, refugees, LGBTQ+) are being addressed (de Graaff et al., 2020; McBride et al., 2021). Concretely, task-sharing approaches in mental health refer to the training of non-mental health specialists as supervised lay providers of MHPSS interventions to provide support within their communities as a strategy to build capacity, address barriers to accessing care, and promote a stepped-model to mental healthcare (Fulton et al., 2011).

In particular, there is a growing number of manualized brief evidenced-based or evidence-informed interventions, developed by the World Health Organization (WHO) and other international agencies, some include Problem Management Plus (PM+) (Problem Management Plus, 2016) or its group version, Group PM+ (Group Problem Management Plus, 2020; Self-Help Plus (SH+) (WHO, 2021), and Psychological First Aid (PFA) (WHO, 2011; Hansen, 2018; A Guide to Psychological First Aid - Psychosocial Support, 2018). These interventions provide important opportunities to build capacities within the performing arts that can aid in the identification and delivery of support from members within the community. In addition, the implementation of such strategies by and for those working in performing arts may help to ameliorate some of the documented barriers to care in this community, such as stigma, lack of trust, and financial burdens (van den Eynde et al., 2016; Clements, 2022). Although there is a growing evidence base in support of a number of non-specialist delivered MHPSS interventions, given

existing gaps in research identifying specific mental health needs of performing artists in intersection with different identity groups and settings, future work in this community would necessitate a formative and participatory phase, where concrete cultural and contextual adaptations are implemented to reflect local experiences and faced challenges. In fact, as seen in other studies that have explored MHPSS task-sharing interventions in diverse settings (Sangraula, 2021; Jordans et al., 2021), enhancing cultural competence and contextual sensitivity, in this case with regard to important elements of the performing arts ecosystem, both in specialist providers working with performers and in those community members who may become MHPSS facilitators, is crucial in ensuring effectiveness of lay provider delivered interventions. Furthermore, implementation strategies should consider how to connect such MHPSS interventions with other services or agencies in allied sectors that may be of high relevance to performers, such as housing, or childcare.

In some ways, the performing arts community represents an ideal context to examine ways in which task-sharing strategies can be integrated into the workforce and may even provide an important step in MHPSS research for documenting new forms of engagement that can complement existing roles. The work of many performers is often categorized as a 'portfolio career', characterized by the need for one's career to encompass multiple roles, to have a related or unrelated day job, and irregular work schedules (Clements, 2022). The unpredictability of employment means there are significant transitions from work overload to work underload (Cooper and Wills, 1989), which also carry wide emotional shifts that have been associated with negative impacts on mental health (Heyman et al., 2019). Overall, the precarity of work, the need to manage the irregularity of employment, and the urgency around the brevity of performance careers, pose outstanding risk factors around mental health (Clements, 2022). Although not a panacea to the ebbs and flows of job security within the arts, one can imagine that some performers may be interested in trainings that could provide greater flexibility and employment consistency.

It is not hard to conceive of MHPSS programs engaging a wide range of performing artists, whose perspectives and positions within their field may lend themselves to being impactful as MHPSS facilitators or trainers; such as early career performers, professionals seeking to increase their workload, or retired performing artists who may be looking to move towards more educational forms of work. Furthermore, training students at the university level in such interventions may help to aid in shifting some of the more negative aspects of performing arts culture by increasing the literacy and technical capacity for self-care, identification of distress, and delivery of support. In that manner, a new role within the industry can emerge and in turn may help to stave off some of the negative mental health and substance abuse outcomes too common in this industry. This approach will not solve everything and its aim is not to turn performers into mental health specialists. In fact, previous work has found that non-specialists can serve as a critical pathway for referring those presenting with higher levels of distress to specialist providers (Naslund et al., 2019). Bidirectionally, training artists in task-sharing mental health interventions could also bring important innovation to MHPSS programs beyond the arts community. The inclusion of performing artists from diverse backgrounds and lived experiences may contribute to the broadening of existing interventions by incorporating mind-body approaches, creativity, and artistry into present strategies, which can be shared out more widely in other contexts and communities. For example, studies have found that dance-movement therapy or theater have played a critical role in fostering healing from trauma in refugee populations and COVID-19 hotline workers. (Dieterich-Hartwell et al., 2020; Serlin, 2021). The performing arts have deepened and enriched MHPSS strategies (United Nations, 2011; Gavron et al., 2022); furthermore, the benefits of directly involving performing artists as potential MHPSS facilitators and trainers of these interventions may be formally explored and documented.

The uptake and support for scalable mental health strategies, such as

task-sharing, may be bolstered by movements already taking place within the industry. Many performing professionals have been increasingly speaking up about the need to build a culture of care. Movements like Tarana Bourke's 'Me Too', and social media phenomena like #MeToo in the film industry, uncovered a culture of harm (Garcia, 2017), and led to the creation and expansion of roles like intimacy directors or coordinators, who work to ensure the safety and wellbeing of actors in hyper-exposed scenes involving some form of nudity, intimate physical touch or simulated sex (Sørensen, 2022). Bringing in new approaches to addressing mental wellbeing in performing professions through a public health lens, begins to acknowledge that there are neglectful histories and legacies around caring for performers' wellbeing, and that harm has been done in the process of making art.

While the known historically constructed harmful features in the industry present barriers to any community-oriented approach, there are a growing number of feminist-led initiatives like the *Journal for Consent-based Performance* (Villarreal, 2022), diversity, equity and inclusion considerations like the 2016 *Americans for the Arts Statement* regarding cultural equity (Arts Cultural Equity, 2018), or the restructuring of the Grammy Awards to eliminate gendered categories (Sisario, 2011). These initiatives, among others, have been actively engaged in creating new models of training and performance, and their experiences would be crucial in the adaptation of materials and training practices. Critically, performers holding identities historically marginalized should be at the epicenter of the adaptation and implementation process of any new initiative. Specifically, leveraging existing trainings, such as intimacy coordination programs, that already address disarming power dynamics, oppression, and taboos (Percy, 2020), could be a useful context to bring task-sharing concepts and approaches.

There is growing evidence in support of scalable mental health interventions in which non-specialists are delivering care within their community, to help overcome structural and contextual barriers to care. Nevertheless, further data collection and research is needed to understand the adaptation and implementation science of such interventions for the performing arts. Collaboration between academics, performing arts stakeholders, mental and public health specialists, as well as funding agencies and other relevant stakeholders, is crucial in its potential to succeed. Narratives of care and healing should not be separate from the expectations and demands of the performing arts. Scalable interventions offer exciting opportunities to provide industry-informed, accessible and effective care in the performing arts industry in addition to attaining large numbers of people, and promoting a far-reaching culture of wellbeing directly woven into the performing arts. This shall urge a redefinition of what being an artist entails, and to collectively reimagine what it means to be a performer in a way that is healthy and sustainable.

CRedit authorship contribution statement

Alejandra Cid-Vega: Conceptualization, Writing – original draft.
Adam D. Brown: Conceptualization, Writing – original draft.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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