

Fórum Cultura Report
Mental Health in Performing Arts

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Fórum Cultura Report Mental Health in Performing Arts

In this edition of Fórum Cultura we tackled the topic of mental health in performing arts with the aim of raising awareness about the importance of promoting good practices and initiating a more consistent debate on the community's needs, vulnerabilities and associated challenges.

The environment and working conditions in arts and culture create a specific set of challenges for developing professional identities, creating a sense of career and managing work-life balance. Academic research consistently reveals that cultural professionals are a vulnerable population in relation to mental health issues.

What are the main challenges and difficulties? What contextual and professional factors create vulnerabilities? What changes are needed? What myths are present and potentiate symptoms and problems? And we also want to discuss some answers and proposals: what are spaces that promote mental health? What practices should be adopted?

Fórum Cultura Mental Health in Performing Arts was moderated by Luísa Saraiva with the participation of Ana Bispo Ramires, Elisabete Paiva, Margarida David Cardoso and Rita Soeiro.

PISTA is programme of workshops and public debates that provides opportunities for art workers to gain or update skills, share best practices, and have open discussions about issues that are key to their professional development. PISTA is co-organised by Alkantara and Polo Cultural Gaivotas | Boavista/Loja Lisboa Cultura.

Participants:

Ana Bispo Ramires (Sports/Performance Psychologist); Elisabete Paiva (Artistic Director of Materiais Diversos); Margarida David Cardoso (Journalist, co-author of Fumaça group of journalists); Rita Soeiro (Clinical Psychologist, in agreement with GDA).

Introduction and Background

The choice of this theme for this edition of the Fórum Cultura is related to the need to initiate, broaden and deepen the debate on the issues, challenges and needs related to the promotion of mental health in performing arts. This topic has gained increased visibility since 2020, following the COVID-19 pandemic. The dramatic changes in the ways and contexts in which performing arts professionals work during the pandemic have exacerbated symptoms and alerted us to the need to raise awareness and promote more consistent support. However, there is still little research on the impact of performing arts working conditions and culture on mental health, and few measures in place to develop good practices.

For this reason, we sought to bring together for this discussion professionals from different areas who work with/or research mental health issues and the relationship between working conditions and mental health. The aim was to give an overview of the policies and care that exist in Portugal, access to mental health services, as well as the most pressing needs and issues in the performing arts sector and its articulation with civil society. It also sought to address the challenges associated with performing organisational, directorial and managerial functions in artistic structures. Through a format of debate and discussion, it was possible to contrast perspectives and practices, identify the main needs and formulate recommendations for measures to be adopted and implemented.

Ana Bispo Ramires is a trained psychologist who has worked in the field of performance and sport for over 25 years, training emotional skills and promoting well-being and quality of life in high-performance professionals. Rita Soeiro is a clinical psychologist with training in psychodrama and a degree in dance. She has worked in artistic educational contexts and is the mental health professional with an agreement with the GDA Foundation for clinical care. Margarida Cardoso is a journalist of the Fumaça group of journalists and is also the co-author of an investigative series on mental illness and health in Portugal entitled "Desassossego". Elisabete Paiva is the artistic director of Materiais Diversos and has an extensive career as a cultural manager in the field of artistic production and education. This report attempts to summarise the main topics of discussion and debate in a schematic way, so as to give an account of the main contributions and conclusions, including some excerpts from direct transcriptions of the speakers' speeches. The report is therefore organised into the following sections:

1. A review of literature on mental health in the performing arts
2. Definitions of mental health and mental health in the National Health Plan
3. Issues, difficulties and challenges in psychological intervention in the sector
 - a. Combatting the idea of arts exceptionalism
 - b. Suffering and the artistic process - main mistakes and problems

- c. Early intervention and territorial cohesion
- 4. Recommendations, practices and measures to be adopted:
 - a. Good practices in the context of civil society
 - b. Art education
 - c. Work contexts
 - d. Diversity and inclusion
 - e. Situations of abuse and discrimination
 - f. Access to specialised psychological support throughout the country
- 5. Useful links

The main conclusions of the debate relate to the need for political action to: promote decent working conditions; develop early and ongoing psychological intervention in the context of arts education (from primary to higher education) that promotes transversal, socio-emotional skills, empathy and responsibility, and the management of anxiety and stress associated with performance contexts; and the need to define and implement good working practices and redirect institutional resources towards ongoing mental health support projects.

1. A review of literature on mental health in the performing arts

Main conclusions:

- There is a great lack of studies on the mental health of cultural professionals, and in particular self-employed workers (who are the majority of workers)
- There are no studies exploring the relationship between social class and mental health in performing arts professionals
- There are no studies on the mental health of disabled artists
- There are no studies on the mental health of ethnic minority artists
- The review of the existing literature shows a clear trend towards increased concerns about mental health in the performing arts
- Performing arts professionals were collectively more likely to report depression and anxiety than the general population (in the area of dance one can add eating disorders)
- Most artists are willing to seek help, but find it difficult to find adequate psychological support

In 2015, a joint study by ArtsMinds, in collaboration with The Stage, Equity and Spotlight, found that 46 per cent of performing artists said they perceived their mental health as poor or average. One out of five of the 5,000 people surveyed seek help in the field of mental health.

The performing arts culture has an impact on mental health

The unstable work culture - working hours, time away from home and financial fears - was the biggest cause of reported stress, with an impact on the artists' mental health. There is a relationship between these occupational factors and an increased risk of depression and anxiety. The work culture in performing arts has an impact on mental health, which is exacerbated by the lack of regulation in the sector, both in terms of working conditions and mental health issues.

There are a number of contextual, professional and personal factors that act as predictors of risk and vulnerability. It is at the intersection of these different factors that we need to intervene:

Contextual/situational factors:

- Labour instability and precariousness
- Financial pressure
- Relations with managers, trustees and directors
- Aesthetic ideals
- Lack of preparation and shortcomings in education for work in the sector
- Access to specialised mental health services

- Performance pressure
- Injury and illness (COVID-19)

Personal factors:

- Gender
- Ethnicity
- Class
- Disability
- Professional status
- Coping strategies and resilience
- Experiences of abuse/trauma
- Neurodiversity
- Generalised joint hypermobility

Recommendations for intervention:

1. Systematically address the precariousness of work, the associated financial pressures, power imbalances and the culture of fear around job loss, and support artists and cultural workers to promote mental health during periods of work and when they are off work.
2. Address the specific mental health needs of underrepresented people, including those from LGBTQIA+ and ethnically diverse communities, and ensure that mental health services are accessible, especially to people from low-income households or in poverty.
3. Address the prevalence of mental health and the associated causes in unresearched sectors of the performing arts.
4. Provide artists and people working in the performing arts with early and ongoing educational support to develop skills in career management and mental health management:
 - a. Managing the demands of freelance work and managing different professional roles
 - b. Managing the demands of the performance/audition/tour
 - c. Managing injury and illness requirements
 - d. Managing interpersonal relationships with colleagues/managers/directors
 - e. Recovery from the COVID-19 pandemic
 - f. Developing coping skills and strategies
 - g. How to access mental health support
5. Improving access to mental health services in the sector, through measures such as:
 - a. Improving the mental health literacy of all people who receive training and work in the cultural sector, regardless of their role
 - b. Normalising open discussion/communication about mental health and use of mental health services
 - c. Developing sector-specific mental health services
 - d. Addressing financial barriers to mental health services

- e. Working with managers/HR services to educate about signposting to mental health services.
- f. The government must invest in mental health services to reverse the culture of underfunding and reform the Mental Health Act.

Full text of the study:

<https://www.equity.org.uk/media/hwignp3cu/mental-health-report.pdf>

More information about the union's mental health resources:

<https://www.equity.org.uk/advice-and-support/dignity-at-work/mental-health-support#if-your-workplace-is-affecting-your-mental-or-physical-health>

BAPAM (British Association for Performing Arts Medicine) website:

<https://www.bapam.org.uk/>

2. Definitions of mental health

World Health Organisation

The World Health Organisation (WHO) defines mental health as a state of well-being in which each person is able to use their skills, cope with the stresses of everyday life, be productive and contribute to their community. Mental health implies much more than the absence of mental illness.

Directorate-General for Health

<https://www.dgs.pt/paginas-de-sistema/saude-de-a-a-z/programa-nacional-pa-ra-a-saude-mental/perguntase-respostas.aspx>

- Ability to adapt to new life circumstances/changes
- Overcoming crises and resolving emotional losses and conflicts; Being able to recognise limits and signs of malaise
- Having a critical sense and a sense of reality, but also humour, creativity and the ability to dream
- Establishing satisfactory relationships with other members of the community
- Having life projects and, above all, discovering a meaning to life

A definition that immediately excludes all of us, because none of us fit in here, and it's important to realise this... None of the people in this room have the necessary skills to deal with the stress factors we have in our lives today, full stop. Why is that? Because school doesn't teach it, colleges don't teach it, there are no specific learning contexts and so, yes,

the last strongholds are the psychologists' offices.

Ana Bispo Ramires

Mental Health in the National Health Plan 2030

https://pns.dgs.pt/files/2022/12/PNS2021-2030_FINAL-para-Edicao.pdf

Reducing the burden of disease and disability associated with mental and behavioural disorders, especially depression and anxiety, but also alcohol dependence is one of the health needs identified in Portugal.

Margarida David Cardoso comments on public mental health care in Portugal

As part of the series Desassossego, Fumaça carried out an investigation into mental health care and the National Mental Health Plan in Portugal.

Main conclusions:

- The National Health Plan, created in 2007 and renewed in 2016 and 2020, remains largely unapplied and unimplemented
- Access to mental health care is very unequal across Portugal, with sharp differences between regions and between urban and rural centres
- There is a lot of difficulty in accessing psychiatric and psychotherapeutic care in public hospitals and health centres: high waiting lists; sessions are shorter than necessary or expected; long between sessions
- There is a lack of primary care and early intervention, of timely and adequate responses
- There is a lack of psychologists and social workers in health centres
- Community projects and measures are still very sporadic and ad hoc

The National Health Plan proposes an investment/transition of psychiatric care from the hospital setting to care within communities, facilitating follow-up close to users' areas of residence, but also early intervention and identification of needs.

Link to the series:

<https://fumaca.pt/desassossego-investigacao-sobre-saude-e-doenca-mental/>

3. Issues, difficulties and challenges in psychological intervention in the sector

- Fragile sector from a labour and political point of view (most workers are self-employed)
- Lack of responses adapted to the sector

- High incidence of anxiety, depression, uncertainty about the future and little hope of improvement in the sector, inherent in precarious working conditions and financial difficulties
- Lack of regulation and social protection
- Lack of direct access to health professionals: most people only seek psychological support when the psychopathology is already in place or in a crisis situation
- Professions with high levels of self-demand, responsibility and pressure
- Constant performance pressure
- Little margin for error and failure (direct consequences on access to labour and financial resources)
- Solitary position of people/professionals in leadership positions (artistic directors, cultural programme professionals, choreographers, directors)
- Conflicting relationships between work roles; spillover between work and family life
- Being a woman or having a feminine gender expression and identity is a risk factor
- Parenthood in the performing arts: lack of regulation and support

I didn't feel sad thinking about work, I felt nauseous. I realised I was starting to smoke at 9:30 in the morning, I was getting cold sweats, it was taking me ages to reply to an email, I was getting palpitations, I was having trouble making decisions.

Elisabete Paiva

a) Combatting the idea of arts exceptionalism

Despite the particularities of the performing arts labour context, it is necessary to combat the idea of the "exceptionalism" of the arts. The main challenges in intervention are those common to psychotherapy, establishing a therapeutic relationship and empathy.

- Existence of prejudices in the arts about working with psychology and training interpersonal, performance and socio-emotional management skills: the data from the sports and arts populations are not necessarily different from the general population, the specificity is common to all professional contexts with very high performance demands
- Performance is any performance in which there are expectations of success, which means that you need to define metrics and objectives
- Performance experiences involve some kind of judgement and therefore have the potential to generate trauma
- A person in the position of artistic director needs leadership skills, to be a facilitator and promoter of human development, just like any professional in a position of team leader (coach, manager)
- Artistic work is not separate or excluded from civil society and labour struggles: caring for others, reflecting on working conditions and practices as part of involvement in society as a citizen

At the start of my career [25 years ago] there was clearly a prejudice among people in the arts about working with psychology and working on skills, because “we” aren’t in sport, we’re in the arts... and I always used to reply that we work with people (...) there was only a demand for psychology as a citizen when there was already a crisis and when psychological suffering or psychopathy was already in place. (...) The data on anxiety and depression is the same in the general population, the issue is that we have [in this area] people who work in contexts where performance is more demanding. We have some very worrying data on young managers in companies in their 30s, 35% are experiencing burn out. (...) I think it all starts not at the health centre, but in education that takes place at home and at school, with the training that is given to teachers. For me a choreographer is a coach, they have to have leadership skills, they are a facilitator and promoter of human development and they have to know about people (...) and not just [dance].

When a coach says to me, “I want an athlete who has grit,” I ask: but what is grit? What does grit mean? What do I have to look at behaviourally? To be able to work, I need to understand which behaviours I want to develop and which I want to reduce.

Ana Bispo Ramires

b) Suffering and the artistic process - main mistakes and problems

- Romanticisation of suffering: the view that suffering and psychopathology feed the artistic process
- In the artistic sector there is greater creativity in materialising suffering, however working with suffering in the arts brings the possibility of retraumatising or generating trauma
- The dangerous vision of the naturalisation of the suffering in an artist’s life begins in art education
- Lack of care and training for teachers to give them tools to deal with suffering and negative experiences
- Harmful and abusive practices in art education are perpetuated in work contexts: lack of training and pedagogical responsibility on the part of teachers to give them the tools to deal with the socio-emotional challenges of the profession
- The exploitation and even instrumentalisation of suffering in parallel with the difficulty of dealing with uncertainty, living with or even accepting vulnerabilities: negative, dysfunctional emotions and psychological suffering are part of life, they need to be experienced and dealt with in order to achieve healthy emotional regulation
- Difficulty in resisting the seduction of diagnosis: wanting to name and categorise experience in order to normalise suffering with a psychopathology without dealing with complexity and uncertainty

I attended three higher education art schools (...) and there are cases of [professors] who clearly naturalise creative suffering, but then don’t give you the tools to come back from diving into deep waters (...) this is extremely damaging and a solution must be publicly

demanded.

Elisabete Paiva

c) Early intervention and territorial cohesion

There is no policy of early, continuous, quality mental health intervention and promotion targeted at the sector.

- Lack of mental health professionals in primary care, integrated into health centres so that they can be consulted directly
- Counselling functions mainly as a remedial response and in crisis situations.
- Access to mental health professionals needs to be standardised
- It is necessary to educate and give tools to build resilience and emotional literacy (starting in the early formative years) and to educate to activate mechanisms for seeking support and knowledge
- It is necessary to reprioritise and direct resources in arts towards the promotion of care and mental health, to do long-term projects that are not focused on immediate results
- Working on career sustainability and lifelong satisfaction

Suffering is part of the human experience. But we need mechanisms to identify our own suffering and that of others at an early stage. And often the first call is to the family doctor. And that's what makes me squirm in my chair a bit, because here too we see the fact that mental health, psychology and psychiatry are not yet normalised and the first request is not immediately directed (...) specifically to a professional in the field.

Rita Soeiro

4. Recommendations, practices and measures to be adopted

I believe in permanent and structural responses (...) Facing mental health as something political, with the pandemic it's back in the political discourse (...) in a rather electioneering way (...) but mental health is also a demand for labour rights and dignity at work. Guaranteeing labour rights and dignity are measures to promote mental health. In the face of poverty, we can't demand resilience or entrepreneurship. (...) Measures for decent work are measures for mental health (...) Nobody sees a demonstration of people with [demands about] mental health (...) People aren't listened to, there's a lot of stigma, there's difficulty in organising, there's the difficulty of family, friends supporting and understanding, it's hard to be a family member of someone with mental illness, it's hard to understand and put up with all the time - who looks after the carers? And without this there is no visibility (...) We must demand concrete measures and concrete responses to social problems in order to change forms of treatment and promote resilience in situations of serious mental illness.

Margarida David Cardoso

a) Good practices in the context of civil society

- Multidisciplinary community teams working outside hospitals with horizontal hierarchies between health professionals (doctors, social workers, psychologists, peer educators)
- Promoting the figure of “peer educator” (nothing about us without us): integrating people with mental illness into intervention projects and the institutional response
- Pilot project at Júlio de Matos Hospital: training people with mental illness for part-time jobs as peer educators on leaving hospital (reintegration into the family and professional context)

Unfortunately, many of these projects depend on the individual will and activism of an individual person. Structural problems need structural answers.

Excerpt from a speech by Margarida David Cardoso

b) Art education

- Intervention is still one-off and sporadic, there is a need to improve the ratio between the number of psychologists and the number of students
- Consistent individual and group intervention (anxiety and stress management, injuries, demotivation)
- Creation of multidisciplinary teams to promote development, health and quality of life
- Training and empowerment of teachers: mechanisms for early identification of psychological distress and malaise, knowing how to recognise, act and refer; development of emotional literacy (managing and talking about emotions in the context of art education)
- Rethinking school curricula so that they not only enhance technical and cognitive skills, but also socio-emotional transversal skills.

The first step is to give the person space to understand themselves, for me to really understand what is happening to me, where the different manifestations (...) and symptoms come from. Giving the person space to get to know these symptoms, to identify the causes and manifestations from a behavioural, cognitive and emotional point of view and then, yes, by being able to distinguish and talk about them, I can communicate (...) what I need. It involves developing assertive communication, communicating what I need and how. It's essential to train teachers, to enable them to identify psychological distress and to know how to act and provide counselling. (...) I, as a teacher, have to know how to talk about emotions in the context of art education. [To promote] teaching that also works on socio-emotional competences as well as skills. We're still moving very slowly.

Rita Soeiro

c) Work contexts

- Promoting an environment of dialogue, safety and trust
- Promoting an environment in which the leader listens and proposes instead of imposing
- Giving more positive feedback than negative
- Communicating clearly and pass on information in an unambiguous way about expectations, objectives, responsibilities in the work context
- Promoting assertive communication, interpersonal and emotional skills, empathy and responsible decision-making
- Defining clear metrics for professional profiles and the needs of different work contexts, reducing ambiguity in expectations and ways of working
- Training leaders in institutions in mental health and transversal competences
- Improving planning and risk anticipation: we work in an area where risks have to be taken, so we need to anticipate various scenarios and put into practice ways of dealing with uncertainty (for example, those who programme have to take risks, they have to support creation without knowing what the end result will be)
- Giving room to fail and rethink projects and practices (for example, in partnership situations, it is important to identify risk situations and difficulties and put methods in place to be able to reassess or reformulate projects)
- Cutting toxic and abusive relationships: we can choose not to prolong non-functional relationships, which protects the mental health of teams slowing down: valuing people and processes over objects and products
- Budgeting projects realistically: including preparation, research and investigation, the non-visible components of projects that guarantee their sustainability over time and enhance all dimensions of the work
- Need for sustainable, permanent and structural projects (many projects still depend on individual effort and change when people change) on mental health and care
- Seeing mental health as something political, associated with guaranteeing labour rights
- The importance of integrating the promotion of mental health into the work of trade unions and performing arts associations
- The pandemic has brought a lot of visibility to anxiety and depression disorders and it is necessary to normalise and talk about other mental health issues, promoting empathy, solidarity and adequate, accessible and timely responses
- Improving mental health literacy: learning to distinguish activation from anxiety, identifying stress factors and building a network of support and resources to deal with challenges
- Promoting spaces of openness and trust and that it is possible to communicate mental health issues: giving the person space to understand themselves, to know and understand the symptoms (emotional, cognitive and behavioural manifestations) in order to be able to communicate needs

Redirecting institutional resources to ongoing mental health projects

How does someone who has the responsibility of leading a team create a good working environment? A safe environment is an environment in which you're trusted. [In the performing arts] we often do things [in projects] that we haven't done before, or that we haven't done before. And if we haven't done it before. (...) The person in charge has responsibility, but also, as colleagues, we have a responsibility towards each other to make the other person feel that there is trust, regardless of where they are [in the team].

Elisabete Paiva

d) Diversity and inclusion

How can we respond to the specific mental health needs of LGBTQIA+ communities, ethnic minorities and non-normative bodies? How can we reflect critically on the place we occupy and represent?

- Importance of supervision and interaction with colleagues, recognising personal limitations as a therapist
- Working as a team, integrating people from these communities in thinking about needs
- Recognising the increased vulnerabilities of these populations in terms of access to resources and care
- Promoting inclusion by guaranteeing fair working conditions in projects and institutions, which means changing practices, methods and expectations
- Promoting participatory projects with the community that continue over time, favouring processes rather than presentations or final objectives, and defining fair criteria for participation that respect the characteristics of communities and artistic objectives

We have always gracefully rejected the idea of a final object [in our work with the school group]. We work with those teenagers through processes (...) they are artistic workshops that focus above all, from the point of view of practices and themes (...) on a space for self-knowledge, a search for expression, respect and awareness of diversity. Yesterday I had a conversation about these workshops, and one of the 7th graders said that [she realised] that it's not just other people who are different, I'm different too! (...) in a context where we clearly detect, in very young children, aged 10, 11, not only classic sexism but also very early expressions of xenophobia and racism. These workshops can contribute, if we focus on the processes and the working time, to [changing] values and the listening space.

Elisabete Paiva

e) Situations of abuse and discrimination

- Prevention: setting limits, learning to refuse, reporting and seeking help
- Starting at an early age to develop socio-emotional skills, empathy and responsible decision-making
- Promoting the creation of reporting lines and the definition of “safety/trust figures” within projects and institutions (remedial action)
- Promoting horizontal working environments, with fewer hierarchies and power imbalances, with space and respect for different roles, with more space for solidarity
- Building codes of ethics and conduct, which define anonymous and accessible reporting channels
- Building good practice manuals to promote mental health
- Ensuring that complaints lead to clear consequences

f) Access to specialised psychological support throughout the territory

Rita Soeiro is currently the only psychologist with an agreement with the GDA Foundation, which allows access to reimbursed consultations for artists. The protocol began on Rita’s initiative during the pandemic, when she contacted the GDA to set up a telephone helpline to respond to the emergence of many problems and psychological distress.

It is essential to create a list of mental health professionals throughout the country to guarantee artists easy territorial and financial access to this resource.

Link:

<https://www.fundacaogda.pt/convencoes-e-protocolos/>

5. Useful links

Access Culture

<https://acessocultura.org/>

Loja Lisboa Cultura

<https://informacoeseservicos.lisboa.pt/contactos/diretorio-da-cidade/loja-lisboa-cultura>

Union of Entertainment, Audiovisual and Music Workers

<http://www.cena-ste.org/>

[Authority for Working Conditions](#)

<https://portal.act.gov.pt/Pages/Home.aspx>

Aris da Planície

<https://arisdaplanicie.org/>

Familiarmente, Federation of Associations of Families of People Experiencing Mental Illness

<https://familiarmente.pt/>

Incorpora Programme, for professional integration and the promotion of good practices in institutions and companies (promoted by the La Caixa Foundation, has several professionals with extensive experience in promoting safe places for people with mental illness)

<https://incorpora.fundacaolacaixa.pt/>

“How to (Make) Dance in Berlin - A Toolbox for a Better Work Culture in the Independent Dance Scene” by AG Work Culture and Guests - a bottom-up initiative operating within Zeitgenössischer Tanz Berlin e. V.

<https://online.fliphtml5.com/twvnx/wmhl/>