CREATIVE OPPORTUNITIES
REPORT ON THE ASIA PACIFIC ART AND MENTAL HEALTH SYMPOSIUM 9 NOVEMBER 2011
CREATIVE OPPORTUNITIES

Report on the Asia Pacific Art and Mental Health Symposium 9 November 2011
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As hosts of the first Asia Pacific Art and Mental Health Symposium, we are particularly proud to present this report of our collaborative program held in Melbourne in November 2011.

The symposium and workshop provided a significant opportunity for people working with art and mental health across nine countries in our region, to present best practice activities and initiatives occurring in their countries.

The Asia Pacific Art and Mental Health Symposium was held in conjunction with AAMH’s Asia Pacific Community Mental Health Development Project (APCMHDP) Network meeting. The connection with the APCMHDP provided a unique opportunity for people working in art and mental health to showcase their work to mental health government and professional leaders both from their own countries and more broadly across the region.
We hope this publication will be the beginning of a long and fruitful partnership between all countries in the Asia Pacific. We see this happening through the development of a network of leaders in the art and mental health area, who can share knowledge and develop collaborations to improve the mental health of communities around the region through art.

We would like to thank the Sidney Myer Fund for generously supporting our first step in this ambitious project. In particular, we would like to thank its Chairman Mr. Carrillo Gantner AO, for his vision and personal commitment to the area.

Most importantly we would like to extend our congratulations and warm wishes to the participants in the symposium, both from Australia and the region. Your energy, respectful dialogue, and enthusiasm for the project are inspirational, and we look forward to ongoing collaboration.

Yours sincerely,

Dr Eugen Koh
Director
The Dax Centre

Dr Tadashi Takeshima
Director
National Centre of Neurology and Psychiatry, Japan

Associate Professor Chee Ng
Co-Director
Asia Australia Mental Health

Julia Fraser
Co-Director
Asia Australia Mental Health
The Asia Pacific Art and Mental Health Symposium was held for two reasons: to bring together art and mental health leaders from the Asia Pacific region to share experiences and ideas about the role art can play in the promotion of mental health; and to provide the foundations for the establishment of an Asia Pacific Art and Mental Health Network, which will inspire and facilitate cross-cultural engagement, dialogue and exchange between art and mental health services and their respective communities.

Initiated by The Dax Centre and Asia Australia Mental Health (AAMH), the idea for the symposium builds on the Asia Pacific Community Mental Health Development Project (APCMHDP) Network, which has been working collaboratively with mental health leaders from 18 countries to promote the building of community mental health in the region over the past six years. The development of a distinct network of art and mental health leaders was considered a valuable adjunct to the existing network, providing a broader means through which approaches to community mental health could be explored.

Consequently, the inaugural Asia Pacific Art and Mental Health Symposium was organised to coincide with the APCMHDp Network’s 2011 conference in Melbourne, bringing together local and international mental health government officials, chief psychiatrists, researchers, art and mental health practitioners and organisations. Presentations included:

- Australia: Keynote lecture: Art in mental health – opportunities for mental health promotion and overcoming stigma, Dr Eugen Koh, Director, The Dax Centre
- China: Predicament of the raw art of people with mental illness in China, Mr Guo Haiping, Director, Nanjing Natural Art Centre
India: Art and mental health: the different interfaces, Dr Debasis Bhattacharya, Consultant Psychiatrist

Indonesia: Indonesia community care for schizophrenia – art activities, Mr Bagus Utomo, Chairman, Komunitas Peduli Skizofrenia Indonesia

Japan: Japan’s Activities for Mental Health Promotion using Art, Dr Tadashi Takeshima, Director, National Centre of Neurology and Psychiatry, Japan

Korea: Art and mental health, Professor Yoo, Mee, Professor of Art Therapy, Gyeonggi Provincial Mental Health Centre

Taiwan: Art therapy in Taiwan, Ms Shujen Lu, Art Therapist, University of Taitung Counseling Centre

Thailand: Art in mental health in Thailand, Mr Anupan Pluckpakhajee, Director, Therapeutikum Thailand

Where the use of art in the context of mental health was more widely recognised in some countries than others, a common thread that ran through all of the presentations was that art, as a visual medium, has the potential to transcend many boundaries, not least the stigma that often surrounds mental illness.

The success of the symposium can be measured by the enthusiasm expressed by the international delegates at the ensuing workshop, and across the remaining two days of the APCMHDP Network conference. There was overwhelming recognition of the potential for art to be incorporated as part of a more holistic approach to community mental health. Its ability to help break down stigma and provide a platform for understanding and educating about mental health issues was also widely acknowledged. The support of key stakeholders and policy makers such as doctors, allied health workers, patients, artists and art therapists and government officials would be essential, however, for such a model of practice to be successful.

In turn, there was overwhelming support for the development of an Asia Pacific Art and Mental Health Network, particularly from those countries where the use of art in mental health is not widely recognised and/or supported. Such a network would help forge relationships between those already working in the field of art and mental health, and provide support and information for those trying to get established. The development of an online resource, such as a website, was noted as a valuable communication tool which could link individuals and organisations across the region and provide a virtual space for debate, discussion and the sharing of research, ideas and experiences. It was felt that the development of both online and traveling exhibitions could also serve as valuable educational resources, and that an annual symposium, again in conjunction with the APCMHDP Network conference, would be of benefit to all.

It is now anticipated that the growth and development of this network will be best facilitated by a series of meetings and conferences that will occur as satellite meetings alongside the established APCMHDP Network meetings, which occur annually around the region. These meetings, and other administrative aspects of this network, will be managed by a small secretariat based at The Dax Centre and will be directed by a steering committee consisting of representatives of AAMH, The Dax Centre and representatives of participating Asia Pacific countries. It is hoped that by establishing this network it will be much easier for communities within the region to learn more about this area, and that discussion and outcomes from the forums will make a significant contribution to Australian policy and practice in the area of art programs in mental health.
Art and mental health: opportunities for mental health promotion and overcoming stigma

Dr. Eric Cunningham Dax was one of the first to see the opportunities for art in mental health. In 1946, he initiated art programs as part of mainstream psychiatric treatment and employed Edward Adamson, a professional artist, to facilitate art programs at Netherne Hospital, England, where he was the Superintendent. Adamson later founded the British Association of Art Therapists, which was the first professional association of art therapists. In 1950, research into the effectiveness of art in providing insight into the experience of mental illness and other therapeutic values convinced the British National Health Service to employ artists to facilitate art programs in hospitals.

From 1946, Dr. Dax collected artworks of his patients to educate the staff of psychiatric hospitals about the experiences of mental illness. Later, these artworks were used to demystify mental illness by the general public. Dax believed that the stigma of mental illness was mainly a result of ignorance. He argued that the development of community mental health would not succeed if the problem of the stigma of mental illness is not addressed.

Theartworks now form the basis of the Cunningham Dax Collection.

Exhibitions as a platform for mental health promotion

Theoretically, and from the experience of The Dax Centre over the past 60 years, art collections and exhibitions of this kind have been found to create a safe, non-threatening, non-stigmatising environment for the discussion of mental health, and such exhibitions can be an interesting and accessible way for the general community to be educated about mental illness. These artworks now form the basis of the Cunningham Dax Collection.
in which people can reflect on challenging emotional issues. For example, independent evaluation of programs at The Dax Centre, by the Centre for Program Evaluation at the University of Melbourne, found a total of 92.34% of visitors agreed or strongly agreed with the statement: “The works of the Collection have helped me to gain a better understanding of the nature of mental illness.”

Opportunities for community partnerships and development

The Dax Centre’s programs demonstrate the many ways in which art can promote mental health and social inclusion, and counter the stigma of mental illness. Both onsite and touring exhibitions offer a platform for mental health services, local government, non-government organizations (NGOs), schools and community groups to come together to launch public mental health education programs and explore a range of mental health issues affecting their communities.

While The Dax Centre focuses on exhibitions and education, local organisations and programs such as NEAMI Splash Art Studio, Prahran Mission’s Stables and Second Story, and the Artful Dodgers Studios, encourage people with experience of mental illness to make art and develop their careers as artists. This helps individuals gain a sense of competency, purpose and identity, and reminds them and others within the community of their innate creativity and abilities.

The Dax Centre

The Dax Centre is a multifaceted, not-for-profit organisation whose mission is to promote mental health and wellbeing by fostering a greater understanding of the mind, mental illness and trauma through art and creativity. The Centre has grown out of and now incorporates the Cunningham Dax Collection, which comprises some 15,000 artworks by people with experience of mental illness and/or trauma. These works are exhibited in specially curated onsite and touring exhibitions, which are attended by a growing audience of more than 17,000 people each year. It has a very successful education program for secondary school students, particularly those studying psychology, and tertiary health care students. It offers innovative programs such as “Enhancing Emotional Literacy through Visual Art” for primary school students, and trains teachers in mental health education. It has a professional development program for health professionals such as doctors, nurses, psychologists and allied health workers. More recently, it has begun an art therapy program.

“Exhibitions of art by people with mental illness provide a bridge, a common space for the community, mental health services and hospitals to come together.”
China is in its initial stages for using art to promote mental health.

Mr Guo Haiping, a Chinese artist, visited the Nanjing Zutangshan Mental Hospital and Changzhou Heping Mental Hospital to explore the art of mentally ill patients and to offer free assistance to help patients make art for themselves. The first aim was to show patients that art can be a language to communicate and express themselves, as well as assisting in integrating them back into the community. The second aim was to educate the psychiatrists and the public about the power of art as an insight into the inner world of their patients by learning about their artworks. The third aim was to help the public understand and respect mentally ill patients and to address public misconceptions by publicising and educating the community about the artworks.

To realise these goals, in 2007 Guo and a psychiatrist co-wrote a book, *Demented Art, Report on Chinese Mental Patients’ Art*, which is the first book in China to introduce the artworks of Chinese mentally ill artists. In the same year, a show of Art of the Chinese Mentally Ill was held in Beijing. In 2010 Guo secured funds to establish a not-for-profit organisation for promoting the art of the mentally ill. This initiative, however, is struggling with ongoing funding issues. In 2010 Guo also organised an International Exhibition of Artworks of the Mentally Ill, in Nanjing. The Chinese public is starting to develop awareness of this work, particularly due to increased media focus.

The number of collected artworks by the mentally ill is still very limited because this area of work and the value placed on it by society has only just started to emerge in China. There are few collectors that focus on this type of art. However, with the aim of a pub-
lic gallery space, the Nanjing Natural Art Centre has started to especially collect works of patients since 2010, including works from countries outside China.

The key priority of the Nanjing Natural Art Centre is to continue working with more hospitals to discover artists and to offer them opportunities to develop their skills. It is hoped that with this assistance they will return more quickly to their families and communities. There will be significant challenges in achieving this goal due to ongoing issues of stigma, the lack of mental health law that protects the legal rights of the mentally ill, and the lack of acceptance of the benefits of art to families and patients.

ZHANG YUBAO
Born in 1975, graduated from middle school, street peddler with experience of schizophrenia, now living in Nanjing Zutangshan Mental Hospital. In 2006, Guo discovered his talent for painting and encouraged him to be an artist. With increasing attention from the media, his works – Roar, Struggle, Half man, Flag and Dreamer have become well known. Guo has visited him often over the last five years. Mr Zhang’s expectation is to leave hospital and to paint.

WANG JUN
Born in 1958, graduated from primary school, peasant, with an experience of schizophrenia, living in Nanjing Zutangshan Mental Hospital. In 2006, Guo met him in hospital and found that his works feature the view of looking down from sky.
Broadly speaking, India has good infrastructure and networks of health units and primary health care centres, which provide primary health care through field workers and social welfare officers. At least in our eastern region of West Bengal, mental health care programs are in the process of becoming more integrated into preventive medicine. Numerous studies have also found that large sections of the rural population, with their traditional belief systems, show a more holistic attitude towards health problems and exhibit less stigma.

In the urban sector, professionals in institutions, universities and art galleries are practicing music therapy, dance therapy and creative writing. Art therapy, however, is yet to be adopted. There is also evidence of such therapy occurring in the eastern region of India, especially activities in the city of Kolkata.

Our country has faced ongoing challenges to minimise social inequality, and to reduce the gap between different linguistic and cultural groups. Perhaps this is what has led many NGO workers to use and introduce art materials, art activities, creative writing, dance and music as a form of social therapy. These groups have also arranged exhibitions of artworks by children and teenagers with an experience of mental illness.

There is a broad need to spread the concept and facilities of art therapy, befitting our socio-cultural context. We recently conducted a meeting on these issues at DANA, an NGO in Kolkata, and were fortunate to engage a professional art therapist who had worked previously in the United Kingdom and Mumbai. We now have plans to integrate and synthesise art therapy with other non-drug therapies, and to apply the method after evaluating the individual needs and scope of each client. This will be just the starting point of our journey, which we hope will be enriched by the development of an Asia Pacific Art and Mental Health Network.

ART AND MENTAL HEALTH IN INDIA

Dr Debasis Bhattacharya, Consultant Psychiatrist
Ms Paramita Meheta
No title, 2012

Ms Leena Roychoudhury
No title, 2012
Komunitas Peduli Skizofrenia Indonesia is a community care organisation for families affected by schizophrenia. The group, founded by the current Chairman Bagus Utomo, is based on his experience caring for his brother who experienced schizophrenia. Bagus was terribly frustrated that he had no one to share his burden with while his family was falling apart. It seemed like an endless problem.

Almost on the edge, he finally saw some hope after a decade when he read an article about how to deal with people with schizophrenia. It prompted him to start an online mailing list in 2001 using yahoogroups.com.

**Online/offline**

Indonesia is a country with a population of around 235 million, with approximately 17,500 islands that span thousands of kilometres. The introduction of social media tools, particularly Facebook and Twitter, has meant groups such as KPSI have been able to connect online and provide a network of support. In 2009, KPSI moved the group to Facebook where it has grown rapidly to include 5000 members.

The first public gathering was held at a park in central Jakarta, with only nine people. In only two years, this has grown to include local networks in seven cities, including Jakarta, Yogyakarta, Malang, Bandung, Surabaya, Solo and Medan. Local groups in Yogyakarta, Malang, and Surabaya already hold regular meetings every three months.

Sessions involve the sharing of information and experiences about mental health. KPSI uses art activities, such as painting, tie-dye and other handicraft. The results have proved excellent. In the beginning it was not easy for participants to express their feelings through art, however, after several sessions, the participants were more comfortable. Now, regular art activates are held in a secretariat twice a month. Support for activities is received from Jakarta State University and students.
Programs in Indonesia

In Indonesia, art and cultural programs are used in hospitals as part of daycare services. Currently these are not necessarily regarded as psychotherapy tools, but rather as a way to stay active. Families are asked to pay for this service.

Artwork by people with mental illness is not currently collected and displayed in a structured manner in Indonesia. In the 1990s, an exhibition held in Taman Ismail Marzuki and organised by the Ministry of Health, received a very positive response from the general public. However, since then, very few art activities for promoting the understanding of mental health have occurred.

The experience at Taman Ismail Marzuki shows us that art activities can play an important role in therapeutic outcomes, as well as being a strong promotional tool for educating the general public about mental health issues. With over 300 ethnic groups and over 700 different dialects and languages, art will be a very significant and important tool to bridge the divide between the community and the mentally ill. Art is a language that can translate across these huge differences in Indonesia.

Connecting with community – World Mental Health Day

On World Mental Health Day 2010, KPSI held an exhibition called “Touch with Your Truly Heart”. The exhibition was a joint collaboration with the Ministry of Health. Participating artists came from several psychiatric hospitals and private rehabilitation centres in Java. At the same event, we also held a fun painting session for patients from several mental hospitals, which took place in Soeharto Heerdjan mental hospital in West Jakarta. Patients painted together on 130 metres of canvas.

On World Mental Health Day 2011, KPSI held a painting exhibition called Hospital Without Wall, which was part of the biggest art and cultural event in Indonesia, Jakarta Biennale XIV. For the opening of this exhibition, we held painting events for about 100 mental patients from several hospitals around Jakarta. These activities were positively received by the media and community.
“Peace for Hearts”

“Peace for Hearts” is a small organisation that aims to promote better understanding of people with mental illness through supporting their art. One of its first activities was to produce a calendar using the art of people with mental illness. Since 1998, this has helped in supporting their art activities.

“Peace for Hearts” began to run exhibitions in 2002 with displays of around 500 rarely exhibited pieces of art. The exhibit was included as part of the 18th Scientific Meeting of the World Association for Social Psychiatry in Kobe City, Japan.

“Peace for Hearts” has held seven exhibitions since 2002, each in a different location, including a public gallery, a radio station and a former bank building. Artworks include photographs, works on paper and paintings.

Attitudes of the Japanese public

In 2008 a collaborative project was developed between "Peace for Hearts" and the "Liaison Council for Mental Health Promotion", funded by the Ministry of Health, Labour and Welfare. The collaboration resulted in a study on the attitudes of the Japanese public towards creative artworks by people with mental illness. The qualitative study, based on public responses to an exhibition held in Japan, found that there was a generally positive attitude towards the works, with a significant number of participants reporting they felt strongly or fairly impressed by the creative art. The evidence provided by the study has given a leverage point for art to become a greater tool in mental health promotion.
Transitions and future activities

Mental health service delivery in Japan has moved through three stages, from treatment of the mentally ill in the hospital, to high-quality treatment in the community. Japan is now transitioning from there to the third stage of integrating community mental health services into society, where services are provided to families and the whole community.

To promote this transition a strong partnership with society needs to be developed. To achieve this, a community mental health promotion strategy needs to be implemented. Currently we are proposing the establishment of a mental health promotion centre, a collaboration between the National Centre of Neurology and Psychiatry, and other organisations. This will act as a hub for mental health promotion in Japan.

Collections of Art in Japan

Seinan Hospital was founded in 1959. Under the direction of the first president, Dr Gen Chiba, the hospital started its occupational therapy program in 1966. Until Dr Chiba’s death in 1983 a large number of works had been collected. However, unfortunately since that time, there has been little focus on this area and a number of the artworks have been lost. There are still a lot of artworks including Jomon pottery, textiles, paintings, and metal carvings.

Another collection is at the Ureshino Onsen Hospital. This hospital, under the direction of then-president Dr Yasutaka Nakagawa, has been undertaking art therapy since 1965, and boasts a collection of tens of thousands of artworks as a result of the art therapy classes. A lot of these are displayed in the Art Therapy Museum established by Dr Nakagawa in the hospital. In 1969, he founded a society for psychopathology of expression and art therapy. Dr Nakagawa has inspired and encouraged this work until his death in 2002.
In Korea, the main art and mental health activities that exist are art, music, dance and drama therapy. These programs are primarily funded by the government for low-income families, people from North Korea, and people with mental illness. Art programs are also used in various hospitals and increasingly in private mental health services. A lack of government funding, however, means that volunteers are needed for the public sector.

The main purpose of these programs is to help improve each patient’s quality of life, regardless of their background or situation. For the last 15 years I have been researching patients with an experience of mental illness, and making art with them. Through my therapy experience, I have discovered similarities between a patient’s symptoms and their art. Most patients’ artworks show their emotions and perceptions much more creatively and uniquely than those without mental health issues. I have found that we can communicate with patients through their artworks, which has played a significant role in helping us gain a greater understanding of mental illness and work towards abolishing society’s prejudices against people with mental health issues.

Korea has various mental health care institutions, local mental health care centres and schools for handicapped children that use these kinds of approaches and therapy quite actively. Research shows that the therapy reduces their stress, increases self-confidence, encourages self-expression and a sense of a belonging, increases their energy, and helps them improve their quality of life. Occasionally art therapy even inspires vocational rehabilitation. For example, one patient who was admitted for a prolonged period with schizophrenia is now an artist and working for a company which hires professional artists who have had an experience of mental illness.
Both collections and exhibitions of art that deal with mental health exist in Korea. Some people with an interest in, and understanding of mental illness, have started to form collections. The Gyeonggi-province Mental Health Service Support Centre has been running the Mental Health Art Exhibition, which is one of the most significant public art exhibitions in the province, for the last four years. Similarly, my own organisation and others regularly deliver exhibitions throughout Korea.

Today, mental health issues, such as depression and suicide, are recognised as social problems. To help prevent them, art therapy and counseling are provided for free to public services at schools, local health centres and social welfare organisations. Despite this development, there are still several issues that need to be overcome: the strong stigma associated with mental illness; lack of financial support for mental health care in the community; and the poor conditions of mental health institutions.

The various branches of mental health care must come together to solve these issues. From my 15 years of experience as a professor and therapist, I think art has a significant role to play in the care of mental health patients and I believe it could be used in a more proactive rather than reactive way, to prevent more people from struggling with mental illness.

On a positive note, the Korean Government is increasing its budget and support for cultural welfare, including mental health. I hope that through this increased funding and support for mental health care that more improvements and activities will occur. The global exchange and sharing of experiences of art in mental health will also enable us to move forward and build better mental health care.

B.Y.K (Korea)
Happiness, 2011
oil on masoline
39 x 54 cm

This artist learned to paint from another artist during her hospitalization. After being discharged, she would visit the local cultural centre for painting. She has never married since experiencing manic-depressive illness. She dreams of falling in love and being close to somebody one day. She got the 1st prize at an art festival in Gyeonggi Province this year.
ART AND MENTAL HEALTH IN MONGOLIA

Ms Khongorzul Amarsanaa
Counselling Psychologist,
Centre for Human Rights and Development

Mongolia is a country with a population of around 2.8 million, with a significant nomadic culture across a large rural population and land area. Significant challenges exist in delivering mental health services and education to such a population, however there are optimistic and inspiring examples of projects in Mongolia that are responding to these challenges in the community.

While still in its early stages of development, the use of art in mental health is starting to find a more substantial role in the Mongolian mental health system. This momentum is being driven by a commitment to bridging the gap between the community and people living with mental illness in Mongolia.

Art and mental health activities in Mongolia

Art and mental health activities are generally run through existing occupational therapy sessions held in the hospitals and community. One example of programs currently being run in Mongolia is the Art Education Programme, which operates for children with mental illnesses and disabilities. This is run through the Art Council of Mongolia, and involves activities in performance art (dancing) and visual art. This program is aimed at teaching
Challenges ahead

Huge challenges exist for people with mental illness and their families in Mongolia. Stigma against mental health patients is widespread among both the health care professionals and the community. Mental health promotion in the community is sparse and infrequent, and currently the only time there are any campaigns for mental health in Mongolia is on International Mental Health Day, which is covered by the major media outlets. As such, there is a strong need for art and mental health campaigns in Mongolia. Art and mental health in Mongolia can be used as a public awareness and promotion tool, while also being a tool for patients to express themselves and overcome their fears.

“Art and mental health in Mongolia can be used as a public awareness and promotion tool, while also being a tool for patients to express themselves and overcome their fears.”
I studied art therapy in the United States for seven years. After I returned to Taiwan I was eager to go back to the field of fine art. I have always loved art, and being an artist has always been my first choice in life. I have been working, however, as an art therapist in Taiwan for 12 years now. The reason being that there is a real need for art therapy here, and its power and beauty is undeniable.

The greatest difficulty in my work is to get support from other professions. I have become more of an art therapy educator, than an art therapist, which is not what I originally set out to do. As an art therapist I aim to educate those professionals who are most likely to promote art therapy in Taiwan. I also find that most of these individuals are exhausted, even burnt out without even realising it, and that art therapy offers them a way to help themselves.

In terms of art and mental health exhibitions, I don’t think public art exhibitions are ever used in Taiwan to promote understanding of mental illness and the fight against stigma. Art therapy is still very new in Taiwan, and there is still a lot of stigma associated with mental illness. We, therefore, still have a long way to go before art exhibitions will be used in this way.
“I believe one of the primary ways in which the role of art can be used in mental health today in Taiwan is in the support of caregivers, such as patients’ family members, social workers, school teachers and doctors.”

Case study
I once worked with a doctor who strongly refuted the effect of art therapy on patients because of the lack of scientific evidence in this new field. I, therefore, asked him to join a group of patients’ family members as an observer. Gradually he became more and more interested in art, so I invited him to do art with me individually, to which he agreed. Through working with the doctor it became evident that he was constantly in pursuit of perfection in his daily life, and that he placed a lot of pressure on himself. He would not let himself do anything wrong, even in his art. In his art therapy sessions, whenever he was not satisfied with his work, I allowed him to correct it until finally he released this desire and changed.
The beginning of art and mental health

Anthroposophic* art therapy was initiated by a number of psychiatrists who believed in working side by side with art therapists. Since 2006, this therapy has been delivered to many children and adolescent patients dealing with emotional problems at Samitivej Srinakarin Hospital. After their stay, patients are seen in privately owned psychiatric hospitals, or a child and adolescent psychiatric clinic located in the outskirts of Bangkok. In Thailand, patients are referred to art therapists by psychiatrists for a period of up to six months, however some complex cases can take longer.

The growth of art and mental health

After the initial stages of development of art therapy in Thailand, an association of different kinds of art therapy branches was established in 2010. This was established through an agreement organised by the art therapist association, who met at the Asian Art Therapy Symposium in Hong Kong in 2009. The first academic meeting, titled “Art Therapy in Outboundary”, was held soon after this by art therapists from private hospitals. Two international art therapists, Mr Jordan Potash from the United States and Ms Debra Kalmanowitz from the United Kingdom, were invited to join the meeting.

In Thailand there are five different branches of art therapy, including: anthroposophic art therapy, art psychotherapy, dance movement psychotherapy, drama psychotherapy, and drama therapy. In each branch there is at least one therapist. These therapists work in privately owned psychiatric hospitals, clinics, and women’s shelters (emergency

* A formal educational, therapeutic and creative system established by Rudolf Steiner that seeks to use mainly natural means to optimise physical and mental health and wellbeing.
homes). The main objective of the program is to heal the patient collaboratively with psychiatrists. The program is also supported by the Thai Mental Health Department in the Ministry of Public Health.

These therapists have often been invited to share their knowledge and experience as guest speakers in seminars hosted by the Ministry of Public Health. They also work closely with the Department of Public Health to promote the concept of art therapy to other public health organisations that are interested in learning about the different forms of art therapy. For example, they share knowledge and experience in working with children and adolescents who have psychiatric problems, children with special needs, and people affected by drugs and alcohol.

**Art exhibitions in Thailand**

Patients’ artworks are kept confidential by the art therapists or are returned to the patients when each part of the rehabilitation is done. However, some patients’ works are collected and presented in exhibitions across Thailand. This enables the public to become more aware of both the process of art therapy, as well as understand mental illness more deeply. The exhibitions also build a broader audience for art therapy in Thailand.

Art therapy in Thailand is widely accepted, well supported and publicised by many organisations, both public and private. The challenge is how to apply current knowledge in order to deal with the rapid growth of modern and complex illnesses that have spread throughout Thai society.
Facilitated by Professor Deoki Nandan, Director, National Institute of Health and Family Welfare India, and Ms Julia Fraser, Co-Director, Asia Australia Mental Health, this session provided an opportunity to respond to the issues that emerged during the morning presentations and panel sessions.

**KEY THEMES**

**Art as a bridge**

One of the key points that was highlighted throughout the panel discussion was that art is a safe, fundamental way of connecting people. Art is a tool to reduce the stigma of mental illness. This is done through developing a greater understanding and providing narratives of the various illnesses to families and the community.

Art helps people see beyond the illness – that there is a person suffering – a human being with a story, a family, and a life.

"Art is a safe channel to reduce conflicts between patients and community and doctors", Mr Guo Haiping, Director, Nanjing Natural Art Centre.

"Art makes it easier to be accepted by the community", Ms Shujen Lu, Art Therapist, Taiwan.

**Stages of development**

"Art is already there in our culture..." says Bagus Uto-mo, Founder and Chairman of Komunitas Peduli Skizofrenia Indonesia, “the members are really happy about having these art activities.” While art is ingrained in the cultures of the Asia Pacific region, many noted that they were at different stages of development in the use of art and mental health.

A number of countries have formalised art therapy and education programs, including Korea, Japan and Aus-
Australia. In Korea, Professor Lee, Young Moon noted that there is a two-year program to become an art therapist. However, in places such as Fiji and Solomon Islands, there are few resources for formal programs. Fiji has one psychiatric facility with no art therapist, however there are a variety of smaller activities as part of an overall occupational therapy (OT) approach. The Solomon Islands has merged their art therapy into OT as well, but it is carried out in a very informal manner. Both countries noted their interest in developing materials and guidelines, and recognised art as a positive way to engage with the community on issues of mental health.

Dr Bernardino Vicente, Director, National Centre for Mental Health, Philippines commented that their programs are delivered through OTs, and they “commonly use it in disaster work for children”. A lot of programs are happening in the Philippines, however, there is little documentation of the models or what is happening. “While the activities in art are still happening, it would help us to know if it is effective,” Dr Vicente said.

The art of word

Dr Takeshima, Director, National Centre of Neurology and Psychiatry, Japan, spoke about the recent changes in Japan, with a new word for schizophrenia adopted recently as a way to combat stigma. The previous word referred to schizophrenia as “mind defragmentation” that had a very negative stereotype. Dr Takeshima felt that not only should we change the word for schizophrenia, but we needed to change the attitudes of psychiatrists and society.

Dr Chhit Sophal, Deputy Director, Hospital Service, Ministry of Health from Cambodia also thought that reducing stigma required not changing the word, but rather a concerted effort in educating on the nature of the illness in the community.

Alliances

Professor Lee, Young Moon felt very strongly the need to build partnerships and an alliance for this kind of work.
At the conclusion of the Asia Pacific Art and Mental Health Symposium, a workshop was held to address the following two questions: what have you learned from today’s symposium? And how can this network of people support the increase in profile and use of art and mental health in your country? Delegates were divided into six workshop groups and then asked to present their responses to the rest of the group for discussion.

WORKSHOP SUMMARY

Some of the responses are listed below.

What have you learned from today’s symposium?

The definition of art is very broad.

Art is a form of therapy and has a valuable role to play in mental health.

Art is more universal than verbal language; it transcends cultural boundaries.

Art can help to bridge understanding of mental health for individuals and the community.

The use of art in mental health is widely used in some countries and quite new for others.

There is value in applying a more holistic approach that includes art, to community mental health. Building bridges across paradigms, however, poses challenges.

Key stakeholders, such as doctors, allied health workers, patients, artists, art therapists and government officials all need to be in support of an art and mental health approach if it is to be successful.

The practice of art and art therapy itself can be one of the strongest communicating channels for changing the mindset of stakeholders.

Art and art exhibitions are valuable and effective means for educating and decreasing stigma within the community.
Social media and networking are effective tools for educating about mental health and developing connections between consumers, practitioners and the community.

Across the Asia Pacific region, we all share similar challenges such as funding, a lack of resources, a lack of expertise.

Funding sources for art and mental health are hard to navigate. Does it fall under culture? Health? Community? Education? It crosses departments but is not necessarily the priority of any.

Psychiatrists and doctors have an important role to play in advocating for the importance and recognition of the role art can play in mental health.

There is a need for research, evidence, data, evaluation and reports on the value of art in mental health.

Partnerships between institutions can provide opportunities for research and education.

How can this network of people support the increase in profile and use of art and mental health in your country?

Develop an Art and Mental Health Network with Secretariat and Advisory Committee.

Continue to share cross-cultural experiences, practices and processes through annual conferences and traveling art exhibitions.

Record, document and replicate art and mental health models from other countries.

Develop a user guide for establishing art and mental health programs based on the models presented at this symposium.

Support and engage with local art and mental health organisations.

Lobby local government officials.

Help expand the use of art in community mental health within one’s country.

Establish a shared website and engage with social media. Encourage online debate, discussion and collaboration.

Collect a list/guidelines of best practice.

Develop a group of trainers in each country.

Establish cross-cultural study and training programs for nurses, occupational therapists, mental health workers, doctors and art therapists.

Promote a greater understanding of mental illness through the development of art exhibitions, which can also travel throughout the region.

Consider expanding to include other art forms and creative pursuits such as the performing arts.

Start by changing ourselves.
Since the inaugural Asia Pacific Art and Mental Health Symposium in November 2011, it has been inspiring to see the flow on effects across the region.

In Mongolia, Ms Khongorzul Amarsanaa has been actively conducting information sessions about what she learned at the Symposium and Workshop, and the valuable role art can play in the treatment of mental illness and trauma. She has shared her experiences with social workers and psychologists from the National Centre Against Violence (NCAV), students from the Department of Psychiatry at the National University of Mongolia and practitioners working with child victims of sexual abuse. Accordingly, she has said that there is a pronounced interest for more information regarding both the theory behind and therapeutic application of art in the treatment and promotion of mental health.

In India, a seminar on Art and Mental Health was organised by the Diagnostic and Applied Neuropsychological Association (DANA) in Kolkata on 20th
April 2012. The interactive seminar was attended by eminent neuro-psychiatrists, psychologists, mental health professionals, art therapists, social workers, artists and teachers from Kolkata, Delhi, Santiniketan (India) and Dhaka (Bangladesh). Dr Debasish Bhattacharya chaired the technical session, and was noted as having attended the Asia Pacific Art and Mental Health Symposium the year before. In a similar vein to the Melbourne meeting, there was strong support for the establishment of regular meetings to discuss, debate and exchange ideas about art and mental health in India.

In Australia, NEAMI Splash Art Studio has been actively circulating its Journal Project: a collaborative art project, which provides an opportunity for consumers to interact, share and possibly create a dialogue amongst friends or strangers. Contributors are encouraged to either create their own work within the Journal, or respond visually/creatively to other artists’ ideas and gestures. There are now eight journals in circulation. They have travelled nationally to various arts organisations, and since the Asia Pacific Art and Mental Health Symposium, relationships have been forged with international contributors. So far a number of Indonesian artists have contributed to the project, and Splash is currently arranging for several Journals to be sent to Taiwan, Mongolia and Korea.

In many ways, the Journal Project may be seen as a metaphor for what the Asia Pacific Art and Mental Health Symposium set out to achieve, and what the network hopes to become: a synergy of ideas, dialogue and creative expression. There is still much to be learnt from each other. Although research, programs and activities continue to evolve in isolation, it is evident that so much more could be achieved through collaboration in our endeavors to explore the potential for art to heal, educate and bring individuals and communities together.
## PARTICIPANTS

### International Delegates

<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Position and Affiliation</th>
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<tbody>
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<td></td>
<td>H.E Prof Sea Huong, Under-Secretary of State</td>
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<td>Ms Phallyka Chou, Assistant</td>
<td>National Mental Health Program, Ministry of Health</td>
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<td>Mr Guo Haiping, Director</td>
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<td>Prof He Lun, Professor</td>
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<td>JAPAN</td>
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<td>Prof Yoo, Mee</td>
<td>Board Member and Professor of Art Therapy</td>
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San Leenstra
Chris Reynolds
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Jack Quilter
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Artful Dodgers Studio
Artful Dodgers Studio
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Neami Splash Art Studio
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Neami Splash Art Studio
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Bendigo Health
Artist

Asia Australia Mental Health and The Dax Centre

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Ms Brigid Ryan, Manager, AAMH (St Vincent’s)
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Ms Lisa Gluck, Curatorial Officer, The Dax Centre
Ms Clare Diamond, Curatorial Officer, The Dax Centre
Ms Anna Zagala, Communications Officer, The Dax Centre
Ms Victoria Schnaedelbach, Art Therapist, The Dax Centre
Cover images:

1. Isabella Duncan
   *Margaret’s Dove*, 2005
   acrylic on board
   65 x 79.5 cm

2. Artist with schizophrenia in his 30s
   No title, undated
   markers on paper
   90 x 75 cm

3. Anupan Pluckpakhajee
   *Butterflies are free*, 2011
   acrylic on canvas
   100 x 140 cm

4. Wang Jun
   *Three Mountains*, 2006
   marker pen on paper
   80 x 54 cm

5. Ms Leena Roychoudhury
   No title, 2012

6. B.Y.K (Korea)
   *Happiness*, 2011
   oil on masoline
   39 x 54 cm