

## Creative approaches to supporting student mental health and wellbeing in higher education: An arts therapies perspective

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### ABSTRACT

This paper critically analyses current mental health support provision within UK higher education institutions (HEIs), taking into account the near tripling of self-reported mental health conditions among students between the 2016-17 and 2022-23 academic years; the current debate around a statutory duty of care for UK Universities; and the influence of social factors, such as rising financial concerns and the impact of the coronavirus pandemic. It investigates the limitations of existing support, utilising a mixed-method approach, combining a review of current literature, with autoethnographic research drawn from personal experience as a specialist mental health mentor in an HEI. The literature confirms rising mental health struggles amongst students, placing increasing pressure on wellbeing teams within HEIs, local authorities, and the National Health Service (NHS) whilst supporting the efficacy of art therapy-based interventions within UK universities. This paper explores the core tenets of art therapy and their applicability across diverse disciplines, culminating in specific suggestions for their application within HEI settings. By advocating for creative interventions, this paper aims to improve student mental health and alleviate pressure on existing support structures.

**Keywords:** art therapy, higher education, university students, mentoring, mental health

### Introduction

The landscape of higher education in the UK is increasingly marked by a concerning rise in the mental health challenges facing students. Most embark on their university careers in the pursuit of academic success but, increasingly, academic pressures, social anxiety, isolation and financial hardship take a significant toll on the wellbeing of students in higher education institutions (HEIs) in the UK (Royal College of Psychiatrists, 2021; Frampton et al., 2024, Neves et al., 2024); making for a dangerous situation when coupled with pre-existing mental health problems. Universities face a significant challenge in responding to the growing need for mental health support, complicated by the transient nature of students, and the lack of a statutory duty of care (Frampton et al., 2024; Lewis & Stiebahl, 2024). Between the academic years 2016-17 and 2022-23, the instances of university students in the UK reporting mental health difficulties have almost tripled, rising from 6% to 16% (Sanders, 2023). Along with the increase in the prevalence of students disclosing mental health issues, the UK has also seen a worrying increase in the number of student suicides and the amount of students dropping out of university. The Institute for Public Policy Research (2017) reported that between 2007 and 2015, student suicides increased by a troubling 79%, although, the most recent statistics relating to 2020 show a fall in the suicide rates amongst students (Office for National Statistics, 2022). It is important to note that there is a lack of up-to-date statistics due to the way that deaths are reported, and the lower rate in 2020 could be due to delays in reporting due to COVID-19. There has also been a reported record number of dropouts, with a 28% rise between the 2018/19 and the 2022/23 academic years (Bryson, 2023), with many students citing financial difficulty as a reason for dropping out. These concerning statistics form part of the wider picture of student mental health in HEIs

and alongside ever-increasing National Health Service (NHS) waiting lists, highlight the increasing demand upon student support services within HEIs. This surge in demand has placed immense strain on already struggling support services, leading to students facing long waiting lists, limited resources and ultimately a disconnect between their needs and the support offered.

This paper aims to critically examine the current offers of support within HEIs in the UK and explore the potential for art therapy and creative approaches to enhance the available wellbeing provision. By delving into the available literature surrounding student mental health in HEIs, alongside autoethnographic reflections drawn from my own experiences as an art psychotherapist and specialist mental health mentor within a university setting, this paper aims to bridge the gap between theory and practice. This mixed methodology will provide a nuanced understanding of the challenges faced not only by students, but also university support staff, whilst simultaneously illuminating the unique influences an art-therapy informed approach can offer.

Ultimately, this paper advocates for universities to combine more traditional counselling and talking therapy models with art-therapy theory and principles to embrace a more creative and holistic approach to supporting the mental health of our students.

## Literature review

### The state of student mental health and limitations of current support

UK higher education students struggling with their mental health is not a new concept, but there has been growing concern around the prevalence of mental health difficulties in recent years (Office for Students, 2023; TASO, 2023; Lewis & Stiebahl, 2024). This has only been intensified by recent cases wherein coroners have raised concerns; universities were implicated in at least nine 'Preventing Future Deaths Reports' searched for through the Courts and Tribunals Judiciary (n.d) using the key terms 'university', 'university student' and 'education'. These reports all involve concerns raised around the quality of support and risk management offered to students by universities and multiple occurred in student accommodation (both private and university owned). The wider picture of suicide statistics shows that the level of suicides in students is much lower than that of the general population, with student suicides 2.7 times lower between academic years 2018-19 to 2019-20 (the most recent data available)(Lewis & Stiebahl, 2024). Whilst any occurrence of suicide is a tragedy, and student suicide rates are lower than in the general population, the statistics underscore the critical need for enhanced mental health provision within universities, a place where students should have access to more support as an advertised part of their education provision (UCAS, 2018). This section delves into the available literature and aims to provide a comprehensive overview of the current state of mental health in higher education students and examine the efficacy of the current support systems in place.

#### *A generation under pressure*

Many studies over recent years highlight the alarming rates of anxiety, depression and other mental health challenges facing university students in the UK. A 2018 study from The Insight Network (Pereira et al., 2019) found that 42.8% of students reported being often or always worried and a staggering 87.7% reported that they had struggled with feelings of anxiety. The study also found that depression was the most common disclosed pre-existing mental health condition (12%) and that 56.5% of students surveyed reported having some thoughts of self-harm. A more recent study by Student Minds in partnership with Alterline (2023)

found that 30% of students believed that their mental wellbeing had worsened whilst at university. These statistics are echoed by other literature, such as a call to action by the British Psychological Society (2020), the Student Academic Experiences Survey (2024), a report by the Royal College of Psychiatrists (2021) and the Not by Degrees summary (Thorley, 2017), which all point towards a student population struggling to cope with the demands of academic pressure, financial hardship, social isolation, anxiety, and the transition into adult life.

#### *Barriers to access and engagement*

Most, if not all, UK universities offer some form of mental health support by way of mentoring, counselling, workshops, student union support and dedicated student wellbeing officers (UCAS, 2018). Unfortunately, there are still significant barriers that prevent students from accessing and engaging with this support. Research identifies several possible barriers to accessing support including fear of stigmatisation, not being aware of the support offered or how to access it, not disclosing mental health concerns to the university, long waiting lists, and feeling that their issues are not severe enough to access help (Pereira et al., 2019; Student Minds & Alterline, 2023; Thorley, 2017). Furthermore, research from the Universities and Colleges Admissions Service (UCAS) (2021) also suggests that there are issues surrounding the accessibility of support for certain groups such as international students, black and ethnic minority students, students from lower income backgrounds and LGBTQ+ students (Pereira et al., 2019) as they may face cultural differences, fear of religious or familial shame or discrimination. In my experience as a specialist mentor, there was also a significant barrier to support in the sheer number of students struggling with neurodiversity related concerns, whether diagnosed or not. In the UK, it is much harder for students to access support at university if they do not have disabled student's allowance (DSA) and this proves to be a significant barrier when you consider the lengthy process of application and long waiting lists for assessment and diagnosis.

#### *Strain on support systems*

The exponential increase in student mental health challenges has placed a huge amount of pressure on HEI wellbeing teams and the wider mental health system, with the coronavirus pandemic only adding to the pressure faced by UK universities (Frampton et al., 2021). Research conducted by the House of Commons petitions committee (2023) indicates that university support services are understaffed and underfunded, resulting in long waiting times, upwards of 12 weeks, and limited availability of appointments. It is important to note that this committee was formed in response to a petition started by bereaved families of students for universities to hold a statutory duty of care and is therefore, subject to some bias in the response, though the information was gathered from respondents outside of the families. The lack of resources is only exacerbated by the complexity and severity of some student mental health presentations leading to many students needing more specialised support outside of the wellbeing team's capabilities. The Not by Degrees report (Thorley, 2017) states that 23% of universities do not work closely with specialist secondary NHS services, along with 67% not providing any access to specialist NHS practitioners who can deliver interventions onsite, despite the other 33% proving that this method of working is achievable. The strain on existing support services demonstrates the need for an innovative and preventative approach to combat the growing student mental health crisis.

The boundaries of the responsibility of HEIs to provide mental health support for its students remain a subject of ongoing debate. Whilst there is a clear duty of care to foster a safe and supportive learning environment, the extent of the obligation to intervene in complex mental health needs is less clearly defined (Lewis & Stiebahl, 2024). Universities typically offer a range of services, including counselling,

wellbeing workshops, and signposting to external resources (UCAS, 2018). However, as they are not equipped to provide the same level of specialised care as the NHS, this often leads to a complex interplay between university provision and NHS services, often leaving students without any care (UK Government, 2022). Students with long standing mental health conditions often require support from both systems, and are then faced with navigating waiting lists, eligibility criteria, and differing approaches to care. The handoff between these systems can be particularly challenging, with the potential for gaps in communication and a lack of coordinated care. This can leave students feeling lost and unsupported, highlighting the need for clearer protocols, stronger multi-agency collaboration, and a more integrated approach to student mental health that bridges the gap between university and NHS provision (Office for Students [OFS], 2022). The Office for Students has pledged to direct money to the pursuit of bridging the gap which is positive, though no update on this is found (OFS, 2022). Furthermore, preventative measures and early interventions within universities could potentially reduce the demand for specialist NHS services, emphasising the importance of HEIs playing a proactive role in promoting student wellbeing.

#### *The promise of a more creative approach*

Amidst the challenges faced by UK HEIs in the support of student mental health, there is a growing global recognition for the potential that lies in creative approaches such as art therapy, to improve and support student wellbeing (Golden et al., 2024; Hongtao, 2021; Ramirez, 2013; Beerse et al., 2019; Wilson, 2021). Art therapy, as defined by the British Association of Art Therapists (2015), is a therapy that utilises art making as its primary mode of expression, this allows, in some instances, for a fully non-verbal intervention. Whilst limited and often small in sample size, the research pool suggests that art therapy is an effective way to reduce anxiety, improve mood and enhance coping skills amongst a wide variety of populations (Braito et al., 2021; Hartz & Thick, 2024; Heenan, 2006; Lyshak-Stelzer et al., 2007). More quantitative research would be beneficial in assessing the effectiveness of art therapy on mental wellbeing, though, there is a wealth of qualitative research that proves, even anecdotally, that art therapy can be incredibly beneficial for those involved. The opportunity for art therapy to be non-verbal and process-oriented in nature is of particular benefit to students who struggle to articulate their thoughts or feelings and as such, can be extremely beneficial in cases of neurodivergence (Wang, 2023; Woolhiser Stallings, 2022). Moreover, art therapy can provide a safe, accessible space for self-expression, personal growth, fostering resilience, empathetic listening, and can empower students to navigate the challenges of their university life.

This section has provided a critical overview of the current picture of mental health support services in UK universities, highlighting the urgent need for innovative and accessible support mechanisms. The following section will delve into the theoretical underpinnings of art therapy and explore the core principles and the therapeutic mechanisms that may prove useful to enhance the current support offer within UK HEIs.

## **Theoretical Foundations**

### **The therapeutic potential of art**

As mentioned above, art therapy is a distinct form of psychotherapy that harnesses the inherent human capacity for creative expression, through use of various art materials, and which can foster healing and promote mental wellbeing. This section delves into the theoretical foundations of art therapy, examining core principles and therapeutic mechanisms to understand the potential for use in HEIs to support student mental health.

*Beyond words: The language of art therapy*

At its core, art therapy recognises the profound communicative and healing potential of creativity and art making (Stuckey & Nobel, 2010; Schaverian, 2011). Art therapists understand that visual imagery, symbolic meaning, and the nature of the process can provide a powerful vehicle for self-expression, allowing clients to make sense of their experiences and feelings (Hinz, 2019; Malchiodi, 2012). For students with anxiety, depression or other challenges, art therapy recognises the value in non-verbal expression (Stevenson & Orr, 2013; Piliere, 2018). As mentioned earlier, for many students struggling with their mental health, a main barrier to accessing help is fear of judgement or stigma (Pereira et al., 2019; Student Minds & Alterline, 2023; Thorley, 2017) and this unique aspect of art therapy offers a method of communication that transcends the limitations of verbal expression allowing more people to access support where they may not have been able to before.

*The process of artmaking and embracing the journey*

Unlike traditional fine art forms, art therapy focuses on the process of making and not solely the final product (Schaverian, 2011; Vaartio-Rajalin et al., 2020). The act of engaging with art making, experimenting with different mediums, unlocking the haptic and sensory qualities of different materials to externalise inner thoughts and emotions is, for many art therapists, considered the primary therapeutic instrument with the product becoming a secondary element to analyse through joint attention and interrogation (Hinz, 2019). This process focussed approach encourages self-awareness, mindfulness and can facilitate emotional regulation (Malchiodi, 2012; Schaverian, 2011). For students struggling with their mental health, art therapy allows a space for them to step away from the pressures of academic performance and demands of productivity and engage in a process that is not only non-judgemental but values the process, exploration and experimentation without expectation of a perfect *or any* final product.

*Establishing safety*

One key tenet of art therapy is the concept of the triangular relationship (Schaverian, 2011). This conceptualises the therapeutic relationship as one that exists not only between the therapist and the client, but also between therapist, client, *and* the artwork produced. The creation of visual imagery can allow the client to explore their inner world, communicate their emotions and explore their experiences all whilst offering a buffer, allowing focus to be drawn away from the client. This may sound antithetical to the very concept of therapy, but it allows for joint attention to be placed upon the image - a physical manifestation of the client's internal world. This allows the client's emotions to be explored but can relieve the pressure felt by some when the exchange is merely between client and therapist. There is an age-old stereotype of therapy consisting of an emotionally exposed client sitting parallel, unable to escape the gaze of the therapist. The triangular nature of the art therapy relationship allows for this gaze to be shifted from the client, allowing anxious clients to open up and be *included* in the therapeutic process, not merely *subjected* to it. This can help students to feel a sense of agency in their mental health support and can foster self-enquiry while offering a safe space for them to communicate their concerns. Another key theoretical principle in art therapy, and indeed in many therapeutic modalities, is containment (Bion, 1965). Think of containment as a symbolic vessel that can hold distress and emotions without breaking or overflowing. This creates a safe holding environment, both physically and psychologically, which is key in supporting students as their isolation, alongside academic pressures, can mean that uncontained distress can quickly become overwhelming. The principle of containment is something that can be utilised by many disciplines even without specialist training and this will be touched upon in a later section.

*Evidence Based Practice*

The subjective and process-oriented nature of art therapy can make gathering quantitative evidence to assess its efficacy challenging, art therapy is an often-unstructured intervention that relies upon the therapeutic relationship and inherent rewards of the process (Berberian, 2019). Despite the challenges and limited quantitative evidence, there is a solid and ever-growing evidence base that supports the therapeutic benefits of art therapy.

A meta-analysis conducted by Zhang et al. (2024) found that engaging in art therapy significantly reduced anxiety in children and adolescents which supports the idea that art therapy is an effective way of managing anxious feelings, even in younger populations. Furthermore, a study by Curry and Kasser (2005) examined the effect of a structured intervention consisting of colouring a preprinted mandala or a plaid design and found that both activities lowered anxiety significantly more than a free flowing colouring activity following an 'anxiety induction procedure' prior to the intervention and both pre and post intervention psychometric testing. This study is particularly useful as the sample group consisted of undergraduate students, providing direct proof of the efficacy with the proposed client group.

The benefits of art therapy for improving self-esteem are widely reported, through case study and anecdotally. For example, Wadeson (2010) discusses how art therapy can lead to people developing a sense of mastery in relation to artmaking and thus enhance their self-esteem. She also discusses the fact that some facilities host exhibitions of the work created by art therapy participants and suggests that this may lead to admiration from others, in turn building self-belief and fostering pride. Furthermore, Buchalter (2014) presents case studies illustrating targeted art therapy interventions that frequently end in a marked and demonstrative improvement in the self-esteem and positivity of the client. According to Swami (2017), participating in life-drawing sessions can also significantly improve a person's body image, this is directly linked to self-esteem and is a prevalent issue in the student population, with the highest prevalence of anorexia and bulimia being in the 15-19 and 20-24 age category respectively (Student Minds, n.d).

Specifically, within student populations, art therapy has been linked to improved stress management and improved coping skills, as evidenced in a study by Yin and Ko (2024) that art therapy can enhance students' coping skills and resources and lower their stress generally. A study by Henderson et al. (2007) examined the efficacy of mandala drawing as a therapeutic art intervention in the healing of trauma. The sample group included undergraduate students that had been screened for trauma history and symptoms and found that the mandala drawing had a statistically significant effect upon trauma symptom severity. Furthermore, Petrillo and Winner (2005) found that in a group of undergraduate students, participating in artmaking showed a marked improvement in the mood of participants. Conversely, a study by Pizarro (2004) suggested that 'write-therapy' had a positive impact upon mental health outcomes in the future, yet 'art-therapy' did not yield such results. This study is unreliable as the 'art-therapy' offered was not facilitated by an art psychotherapist and the author notes that there was an immediate negative effect of the 'write-therapy' but a future positive effect, and suggests that there was no positive effect of the 'art-therapy'. This lack of positive effect is likely due to the participants being asked to draw or write about a significant trauma and being encouraged to delve into their deepest emotions without the appropriate input and containment offered by a qualified art psychotherapist. The activity suggested and offered is not typical of art therapy, which is usually non-directive in nature, with clients being supported to access their traumatic experiences only when they are ready to do so and feel sufficient psychological safety. Finally, a study by Hongtao (2021) relays the benefits of painting in art therapy in several facets of student life such as emotional functioning, social functioning, self-efficacy and physical health symptoms.

Assessing the comparative efficacy of art therapy versus other established therapies like Cognitive Behavioral Therapy (CBT) or counselling is difficult. While detailed meta-analyses (Tolin, 2010; Cuijpers et al., 2013; Hofmann et al., 2014; Cuijpers et al., 2023) support the effectiveness of CBT for various mental health conditions, research on art therapy, while promising, is still developing. A large proportion of the current art psychotherapy research relies upon qualitative findings, and this cannot be reliably compared to studies in which there is quantitative data. A meta-analysis by Slayton et al. (2010) is one of the most comprehensive reviews of the literature available, though now outdated, the data shows both qualitative and statistically significant quantitative evidence to prove the efficacy of art psychotherapy in the treatment of a wide range of presentations. The literature is lacking in studies comparing art therapy to any other treatment modalities, but the review of the literature has aimed to explore the ways in which art therapy could enhance the existing support offer in UK HEIs, such as the strength of the non-verbal and experiential approach (Hinz, 2019; Malchiodi, 2012). In the current climate of escalating student mental health needs, and stretched resources, investing in art therapy approaches requires nuanced cost-benefit analysis, whether that be formal art psychotherapy interventions or training for existing university staff in how to incorporate certain elements of art psychotherapy into other interventions. My recommendation of using a model such as utilising art therapy students on placement may go some way to offer a cost-effective method of implementation.

This snapshot of the evidence base, coupled with the theoretical underpinnings discussed above, provides a strong rationale for the application of art therapy within UK HEIs.

### Autoethnographic Reflection

#### Reflections on supporting student mental health

Working as a specialist mental health mentor within a university in England offered valuable insight into the complexities of mental health challenges faced by higher education students and the limitations of current support models. This section offers autoethnographic reflections, incorporating my own reflective journaling and response artmaking (Boyle, 2024), on my practice as a mentor. It is important to acknowledge that whilst autoethnographic research methods provide valuable insights to many topics but as they are shaped by personal experience and the writer's own interpretation, there is inherent bias and they may not provide a fully objective or generalizable perspective. Aiming to highlight instances in which creative approaches informed by my art psychotherapy training, offered or could have offered deeper engagement and more effective support. In order to be ethically sound and protect identity, I have generalised information and fully anonymised all experiences in this section alongside using gender neutral pronouns.

Whilst in post as a specialist mental health mentor, I was a qualified art psychotherapist, though I was offering more generalised support, not formal art therapy sessions. My work was therapeutic in nature, but my role was not to help students delve into their traumatic experiences or psyche, I was there to offer support and guidance informed by my chosen therapeutic modality to support students in their studies. I often found it hard working with students who would disclose traumatic material or internal conflict not to slip into a more traditional therapeutic process (Boyle, 2024) and I did find that using art therapy interventions worked its way into my practice as a mentor and thus, this paper was conceived.

One recurrent experience I encountered was the struggle many students face in articulating their struggles. I found working with one student, that the process of attending mentoring sessions resulted in them feeling exposed and presenting with high anxiety, leading to a breakdown in communication. Often this student would ask me not to look at them and to face my computer screen whilst we were discussing their issues. After a few weeks of this interaction repeating, I offered the student the chance to engage in art making-offering some blank paper and pens and a template for a mandala drawing. The student was keen to engage in a drawing activity and for the first time, sat alongside me at the desk in the space. This highlights the benefits of the triangular relationship as mentioned above (Schaverian, 2011) and allowed the student and I to build more of a rapport. The student engaged in this activity in subsequent sessions, and this fostered more open communication, allowing us to tackle issues without the concern of the therapist's gaze becoming intolerable.

In another instance, I supported a student that was struggling with physical health concerns alongside complex mental health difficulties and in our early sessions, they would often communicate using only body language and non-verbal cues. Often the student struggled with high anxiety and was hyper-vigilant to any noise, movement or outside commotion. Unfortunately, I was unable to continue working with this student due to leaving my post to go to a new position, but on reflection, I recognise the potential for art therapy to have provided a non-verbal vehicle for communication. This may have reduced anxiety in the student and provided a grounding effect, allowing them to feel safer in their environment in turn resulting in them being able to communicate their needs without becoming dysregulated. Engaging with clay or another tactile material for example, may have provided haptic feedback that allowed this student to ground themselves in the space and regulate their polyvagal response enough to engage in conversations surrounding their struggles (Hinz, 2019; Elbrecht & Antcliff, 2014).

Throughout my practice as a specialist mentor, I found that I encountered multiple situations in which a creative art therapy informed approach could have enhanced the support that I could offer. Many students use visual and creative means of expressing themselves outside of their university studies, such as journaling, creating music, poetry or drawing, yet these creative pursuits are rarely integrated into formal support structures. I recall one student that showed me their personalised stationery that they had painstakingly created themselves using handmade vinyl stickers of their initials and subject, using this to create a visually beautiful system by which to organise their studies. This offered insight and facilitated a conversation surrounding some obsessive-compulsive behaviours that the student struggled with and allowed us to explore ways to support the student in embracing the need for organisation to access their studies and manage the symptoms of OCD.

Beyond specific therapeutic interventions, my reflections have emphasised the importance of the therapeutic relationship in fostering a sense of safety and trust. Art therapy, with its non-judgemental approach and emphasis on empathetic witnessing, can create a powerful container, allowing students to explore their inner world whilst addressing how to remain in education and make the most of their experience. Whilst I recognise that I was not engaged to provide art therapy interventions, I found that through my commitment to support students as comprehensively as possible, my art therapy practice worked its way into my mentoring practice. I recognise the unique power of art therapy to deepen the therapeutic relationship and empower students on their healing journey. The key takeaway from this, is that I was not functioning as an art psychotherapist in this role and therefore, it would be possible to incorporate various core tenets of art therapy into the mentoring process without having to build a whole



new therapy modality into HEIs. This highlights the potential for art therapy informed approaches to address the unmet needs of students within the existing support structures.

The following section will bridge the gap between theory and practice, proposing concrete ways to integrate art therapy principles into the existing HEI wellbeing support offer, drawing upon both the literature reviewed and my own personal insights.

## Art therapy informed approaches for HEIs

### Bridging the gap between theory and practice

The growing crisis of student mental health within HEIs in the UK demands innovative and accessible approaches to support. Building upon the literature reviewed and my own autoethnographic reflections, this section proposes concrete ways to incorporate art therapy principles and practice into the existing support structures within UK universities. These recommendations aim to enhance the offer of support and in turn the wellbeing of students through providing diverse approaches for expression, developing coping skills and processing emotions.

#### *Embedding art therapy principles into wellbeing teams*

Universities should first consider the possibility of hiring art psychotherapists alongside counsellors and psychotherapists in order to offer a diverse support network for students. With the increasing prevalence of neurodiverse presentations, HEIs could reallocate some of the budget already used to hire talking therapy practitioners to hiring art therapy practitioners. Considerations would need to be made, through consultation with a qualified art psychotherapist, to ensure that only appropriately qualified and registered art therapists are hired to ensure parity of process with talking therapy practitioners and safety of students. A dedicated art therapy provision would be at minimal extra cost to the university, as the existing offer of counselling already provides the necessary structure and budget for such. The only cost to factor into this would be the cost of appropriate art materials and appropriate space to facilitate the sessions. Ethical considerations would need to be made in relation to appropriate storage of artwork and the process for what happens to that artwork when students leave the university. Art therapists can also offer an alternative viewpoint and unique approach to the supervision of other wellbeing staff in the department.

#### *Collaboration with UK art therapy training programmes*

Universities would do well to consider the possibility of collaborating with art therapy programmes in the UK to maximise cost-effectiveness. Art therapy students in the UK are required to undertake placements to prove their competency to satisfy the healthcare professionals council's (HCPC) regulations on safe practice. This is a mutually beneficial arrangement by which art therapy students gain crucial experience needed to qualify but also allows for universities to get quality art therapy interventions at little to no cost to them.

#### *Incorporating art therapy principles into existing support offers*

One way to incorporate and embed art therapy principles into existing support practices is to offer a creative outlet for students to explore their mental health and to promote a sense of community. One suggestion is to hold creative workshops and groups. Offering workshops and group sessions that incorporate art therapy informed activities such as mindful drawing, mandala drawing, colouring, clay work, and painting would allow students to have a safe space to explore their feelings whilst connecting with

others and fostering a sense of community (Ajayi, 2023). A wellbeing practitioner should be present to facilitate any management of risk or dysregulation that may arise.

#### *Training for wellbeing staff*

HEIs could offer training to existing wellbeing support staff to equip them with a basic knowledge of art therapy principles and techniques. This can encourage staff to use more creative approaches within their own practice and diversify their approach in supporting students. Activities could include things such as creating a 'container' for worries, using a box or a journal that can be used to write down or draw worries and inner conflicts and then contain them- externalising the problem and offering a safe place for it to sit until it can be addressed. The triangular relationship is also something that can be utilised and adapted by various other disciplines, by inviting a third object for joint attention. This could be something such as a colouring sheet, an artwork, a piece of academic work, a fidget toy or other relevant object that could reduce feelings of being exposed. This training could be sourced from an external art therapist and could be allocated funding from the wellbeing team training budget that will already be in existence. If a university has an art therapist already on staff, as I was in my role, this could be provided at no extra cost to them. I provided a workshop on creative approaches to mental health support whilst working as a specialist mentor and this was well received by staff in the wellbeing team (Boyle, 2024).

#### *Creative drop-in sessions*

Much like the workshops and groups, universities could offer creative drop-in sessions where students can engage in creative wellbeing activities with trained staff. This offers a low barrier entry point for students to access support if they are struggling and may also allow students to connect with support services where they may not have before.

#### *Integrating creative support approaches into the wider university*

UK HEIs may find it helpful to offer stress-reducing workshops incorporating creative expression. These workshops could be focused around times of increased stress, such as exam periods and dissertation submission points. These can offer students healthy outlets to express anxiety, reduce isolation and increase coping skills. Universities can also incorporate dedicated creative wellness spaces into the university environment. These could include things such as art studios, sensory spaces, wellbeing gardens or quiet rooms where art materials and other sensory inputs such as fidget toys can be provided. This can foster the understanding that wellbeing is something that should be incorporated into everyday life and encourages students to take a break in times of academic stress.

Fostering a collaborative relationship between the arts departments and the wellbeing team can lead to innovative programmes, exhibitions and events that can promote mental wellbeing, mental health awareness and foster creative expression within the university.

In terms of addressing potential barriers, it is important for HEIs to promote the validity of art therapy as a valuable form of wellbeing support to reduce stigma and encourage student engagement with potential offers of art therapy and art therapy informed approaches. Accessibility is a crucial component of any wellbeing offer, and any interventions or workshops should be accessible to all students with particular attention paid to ensuring accessibility for students with physical disabilities, neurodivergence or mental health related disabilities or students from diverse backgrounds. Wood (2023), an art therapist in a Marie Curie hospice, explains how art therapy can be accessible for all. This is key in fostering trust and ensuring parity of process and the wellbeing offer. If universities pilot art therapy or art therapy informed

approaches, they should ensure that ongoing research and evaluation is undertaken to ensure that the effectiveness and impact of creative approaches is known and to inform future directions and development for the wellbeing offer and wider team.

## Conclusion

This paper has explored the pressing issue of student mental health in higher education in the UK, highlighting the limitations of current support models and advocating for the development of creative approaches and integration of art therapy informed care. Through literature review and autoethnographic reflections, a compelling case has been made for embracing creative expression as a crucial component of supporting student wellbeing.

The evidence presented underscores the urgent need for innovative and accessible approaches to supporting student mental health that ensure the diverse needs of students are addressed. Art therapy with its emphasis on non-verbal communication, emotional exploration and self-discovery provides a crucial tool for addressing the complex challenges faced by students in today's demanding academic climate. By providing dedicated art therapy services, infusing art therapy principles into existing support, and fostering a culture that values creative expression, HEIs can create a more supportive, accessible and inclusive environment for all students.

Implementing these recommendations, however, means a commitment to overcoming potential barriers such as a reduction of stigma, ensuring accessibility and investing in ongoing research and evaluation. It necessitates a collaborative approach between university wellbeing teams, art therapy programmes, arts departments and the wider higher education community.

Ultimately, prioritising the improvement of student mental health is not merely about providing adequate care and support structures; it is about fostering a culture of care that recognises the interconnectedness of emotional and mental wellbeing, academic success and personal development (El Ansari & Stock, 2010; Chu et al., 2022). Embracing art therapy informed creative approaches to supporting student mental health represents a crucial step towards creating a landscape of higher education that recognises that students need to be empowered to navigate challenges, learn crucial coping skills, express themselves authentically, and encouraged to thrive both academically and personally.

This is a call to action for UK higher education establishments and associated professionals to move beyond traditional models and embrace collaboration with creative modalities such as art therapy, utilising the transformative potential that it offers. The exponentially rising student mental health crisis in the UK necessitates a change in approach and through investing in appropriate creative solutions, universities can cultivate a generation of self-aware, resilient, empowered and mentally well individuals ready to face the complex challenges of adult life with courage and creativity.

## Biography

*Caitlin Boyle* is an art psychotherapist currently working at an independent school in West Yorkshire, prior to that she worked as a specialist mental health mentor at Leeds Beckett University. She trained as an art psychotherapist in Derby and has worked in multiple education establishments, specialising in neurodiversity. Email: [caitlin-lizabeth@live.co.uk](mailto:caitlin-lizabeth@live.co.uk) Instagram: @caitlin\_boyle\_creative

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