

ATOL: Art Therapy OnLine

Welcome Speech

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Firstly, a very big welcome to everyone! It is about 30 years since we had a gathering of arts therapists like this one, in this very lecture theatre and of course during that time there have been huge developments in the discipline and in the profession as we can see from the representation of so many different countries signed up for what promises to be an extremely lively, exciting and indeed challenging week. I know from the many communications I get from colleagues abroad that art therapy is now well established in many countries, taught in universities and practised in a wide range of centres, including in hospitals, units for drug and alcohol treatment, with people suffering the effects of war, with older people who have experienced stroke and who are living with progressive illness such as dementia, to name a few.

You will probably know that in the UK (England, Wales, Scotland and Northern Ireland) we are fortunate in having statutory regulation for art, drama and music therapy. This happened in 1997 after a very long and often contentious 'debate' with the Department of Health. Under the then Act of Parliament, arts therapists were required to establish a Board under the old Council for Professions Supplementary to Medicine umbrella. This was a 1950s Act with a 1950s title, but we knew that the Act was to be repealed and indeed it was replaced by the Health Act of 2000, after which the multi-professional Health Professions Council was set up (now the Health and

Care Professions Council after taking on social workers in 2012 as a result of the government closing their previous regulator, the Social Care Council). So our small professions, numbering in total around 3000, sit alongside 15 others including psychologists, paramedics, clinical scientists, occupational therapists. We are not the smallest, though, being third in line after orthotists and orthoptists! We would have been sharing the table, so to speak, with psychotherapists and counsellors, as the previous government's White Paper of 2008 intended them to be regulated by HCPC. However, the incoming Coalition government put a stop to the negotiations and all further regulation of health related professions, which also affected the dance movement psychotherapists who were waiting patiently to join their colleagues. In the new Health and Social Care Bill the government decided that voluntary regulation would be sufficient for psychotherapists and counsellors and dance movement psychotherapists 'unless there was evidence of risk to the public'. Any new professions wanting to be regulated will have to provide evidence of their 'risk' to public health. Opinion is divided on this, but as far as UK arts therapists are concerned – in my view, statutory regulation has been essential for the arts therapists given the ever-increasing threats to psychological services throughout the NHS and elsewhere. We might have disappeared, whereas we are able to confirm to employers our commitment to good practice, engagement of service users, ethical standards and all the other requirements for being regulated.

I don't intend to deliver a lecture about professions and regulation, but I've given a little background because I often get asked by colleagues abroad, How do we get art therapy recognised in.....? It is such a complicated question and indeed in many countries, despite having trainings delivered at university level, the profession is still regarded as 'less than' some others. The definition of art therapy varies, although organisations such as ECARTE (European Consortium for Arts Therapies Educators) have done excellent work in supporting training, setting standards and bringing people together through general meetings and annual conferences. ECARTE is increasingly encouraging research, again through conferences and publications. Arts therapists abroad are still often employed under different titles, on an ad hoc basis, so it is hard for people who commit themselves to an often expensive training to find properly paid work. In the USA for example, art therapists may work privately but I understand they may call themselves 'counsellors' so clients can get fees paid through insurance. Conditions can vary from state to state, and that is despite USA having one of the oldest professional associations of art therapy.

One essential, of course, is a strong professional body for each of the arts therapies and liaison between those bodies. Or it might be that one body serves each Arts Therapy depending on the local need. What is not helpful is to have dozens of associations each claiming to represent the profession! Or dozens of training programmes where people are in competition and do not speak to each other let alone work towards common standards. Another essential is to have powerful allies and in most places this means working with colleagues from medicine and psychology, or with other regulated professions. If any kind of government recognition is sought, it is imperative that they can deal with as few organisations as possible. As far as Europe is concerned, each EU country has to have its own system for recognition and employment of professionals so there is not one set of standards that applies across the EU. Nevertheless, it makes sense to share information and experience in the interests of best practice. Conferences like this one are very important places for learning from each other and discovering what might be possible. Unfortunately, given all the serious problems across our globe, the training and professional development of arts therapists is unlikely to be very high on most government agendas. But work can still be done especially in terms of developing sound training and research. Again, linking with other experienced researchers from different professions, even on small pilot projects, is a good way to get art therapy noticed.

As to the UK at the moment, we are living in a period when there is another economic crisis, one which has rocked Europe. Our colleagues in Greece, Spain and Portugal are suffering in ways that should be unimaginable at this time. We are constantly reminded about 'tightening belts' (and goodness how tight those belts must be now, having heard this phrase since I started at Goldsmiths so long ago!) It is, though, precisely in these times of great anxiety that art therapy can be so helpful. I think that we should continue to take our work out into the wider community, to offer services for example, to those suffering depression and anxiety as a result of unemployment, from post-traumatic stress, to those who have fled from torture and threats of death, to people who have had to leave their country for economic reasons. Art therapy in the UK has radical roots, with art therapists often acting as advocates for people in long stay psychiatric hospitals, ensuring they had a voice through their art. Now that many patients live in the 'community', such an ill-defined concept, we can continue to offer them our work.

I would like to think that we can all bear in mind these roots and work to offer a service which enables our clients to feel that they matter, that they are entitled to be heard and seen. My feeling is that this is what drives us to want to see art therapy as a strong and effective profession, wherever we live.

I hope you have an excellent week – and enjoy the excellent programme that the organising committee have prepared. Thanks to all of them, and to yourselves for participating. Very best wishes.