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An investigation into the mental health provision in vocational musical theatre colleges in London

A dissertation submitted in fulfilment of the requirements for the degree

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<u>Abstract</u>

This study is designed to investigate the mental health issues faced by performing arts students training for the musical theatre industry, and the provision available in vocational colleges to support them. The investigation was undertaken through interviews with faculty members and students in a small number of vocational performing arts colleges in London.

Discussions with members of the faculty revealed how successful they feel the provision in place is in supporting the students and reducing the impact their symptoms have on their training. Opinions were gathered on how mental health issues have changed over recent years, and the factors that may have contributed to that, with a view to devising strategies for better understanding current students and being better able to support them in the future. Students discussed the challenges they face as musical theatre students, how successfully they feel the provision at college supports them, and their views on the ethos surrounding mental health in the college.

The analysis investigates the factors specific to musical theatre training as compared to other undergraduate studies, and the capability of a small number of performing arts colleges to understand and meet the students' needs. It is hoped that the study may assist other vocational performing arts institutes in understanding the particular mental health needs of their students and the provision that could be put in place to support them.

INTRODUCTION

As an ex-professional musical theatre performer, trained at a London conservatoire at the end of the last millennium, and having worked in the industry as a professional performer and subsequently as a teacher and head of department in a wide range of musical theatre conservatoires over the last twenty years, I have long held an interest in the mental health of musical theatre students and professionals. My interest stemmed originally from my own experience with severe audition anxiety, and later in my position of responsibility over students who struggled to balance the demands of a musical theatre training against mental health difficulties, sometimes failing to complete the course as a result. Additionally, having seen many professional performers struggle with their mental health and at times leave the profession as a result, I believe there to be the need for an industry-wide awareness of the problem, and an investigation into the appropriate level of provision for performing arts students to support them through their training, and help them build strategies to manage their mental health once out in the profession. This need was acknowledged by Julie van den Eynde in a 2016 study into mental wellness in the performing arts industry in Australia[1], where she described the entertainment and cultural industry as being in 'severe distress', and recognised the urgent need for early prevention and intervention in order to reduce the impact of health and wellbeing problems, and to prevent their recurrence.

In researching this dissertation, I discovered a fair amount of research into performance anxiety in professional and student musicians[2], and the mental health of university students in general, but limited research into mental health in the performing arts. That which is available proved relevant and informative, some bearing direct relevance to training establishments. An example of this is the 'Guidelines on Supporting Students with

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[1] Julie van den Eynde, 'Working in the Australian Entertainment Industry – Final Report', Victoria University, Melbourne,

[2] Examples: 'Relationships between psychological well-being, happiness, and educational satisfaction in a group of university music students', *Academic Journals,* 10 (15) (2015), 2198-2206; 'Perceived Enablers and Barriers to Optimal Health among Music Students: A Qualitative Study in the Music Conservatoire Setting', *Frontiers in Psychology,* 8 (968), (2017); 'Performance anxiety in professional musicians: a systematic review on prevalence, risk factors and clinical treatment effects', *Psychological Medicine,* 49 (2019), 2287–2306.

Mental Health Difficulties' published by the Conservatoire for Dance and Drama in 2015. This paper acknowledges, in summary of the situation I wish to explore:

> Performing arts training can present particular challenges for students who are mostly in the vulnerable age group of 18 to 25 (or 16 in the case of some of our dance affiliates). Not only is the training we offer physically rigorous and demanding, but achieving the high level of artistry and creativity we seek can release many emotional and psychological issues for our students. In a busy schedule there is sometimes little time or space for quiet reflection. Much of their work is collaborative and failures for a performing artist or stage practitioner are always public.[3]

In July 2019, the British Association for Performing Arts Medicine (BAPAM) published a consultation paper which saw clinicians and performing arts organisations join forces to explore the challenges to the mental health of those working in the industry. This paper opens with the statement 'The prevalence of mental health problems is considerably higher in the performing arts community than in the general population, and suicide rates are well above the national average.' Referencing the van den Eynde study, the paper also acknowledges the 18-24 age category, at which students train professionally, as rating 'significantly higher in anxiety symptoms than the older groups.' These factors combined may explain why 'practitioners working in the field commonly report that performing artists often start struggling with their mental health whilst in a performing arts higher education programme.'[4]

The CDD guidelines also recognise that this period in a person's life can be very difficult, during which it is 'not uncommon to see the gradual onset of severe mental illness.' The importance of systems being in place to recognise warning signs is stressed, along with the recommendation that 'an appropriate, supportive response is put in place as soon as possible.'[5] BAPAM recommends that this response system is able to recognise the level of

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[3] Conservatoire for Dance and Drama, 'Guidelines on Supporting Students with Mental Health Difficulties', (2015), (p. 11).
[4] British Association for Performing Arts Medicine, *'Mental Health and Wellbeing Services for Performing Artists, Guidance for the Performing Arts Sector – A Consultation Paper',* <http://bapam.org.uk/news/wp-content/uploads/2019/07/Consultation-Supporting-Mental-Health-in-the-Performing-Arts-Sector-Guidance.pdf>, 30th July 2019 [accessed January 2020], (p.2-3).
[5] 'Guidelines on Supporting Students with Mental Health Difficulties', (p. 13).

mental health problems in the student and staff population and provide them with 'opportunities to develop skills and techniques in emotional resilience as well as enabling them to access appropriate assessment and care if required.'[6]

Historically, mental health provision has often not been a priority in performing arts institutes, and indeed recognising the need to do so is a new development; even ten years ago the need for dedicated provision was not widely recognised within the sector. With the above studies being in agreement, an exploration of the support currently available in training establishments to address student issues while in their care, and help them to cope once facing the challenges of the industry without the structure of an educational establishment around them, seems very important.

While the aforementioned papers offer comprehensive research and guidance on supporting mental health in the performing arts, very little research was found specifically investigating musical theatre training and mental health, the only one being an Australian study conducted in 2019 by Joel Nicholas Curtis. This was recognised by Curtis himself, who stated that 'current research specific to tertiary musical theatre programmes is sparse.'[7]

Curtis describes musical theatre training as 'a uniquely varied, demanding and time-intensive endeavour' which, crucially, 'represents the intersection of the undergraduate university environment and the performing arts disciplines of singing, dancing and acting.'[8] Preparation for the musical theatre profession involves years of intense training in a multitude of disciplines, which for many proves a challenging journey requiring very high levels of determination, resilience, dedication and grit. These students must prepare for a highly competitive industry which comprises many stressful factors including the precarious nature of a portfolio career, high exposure to rejection, and long-term financial insecurity, while simultaneously adapting to university life. This was recognised by Goodstein, Lapin and

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[6] BAPAM Consultation Paper, (p.6).

[7] Joel Nicholas Curtis, 'The Mental Health of Musical Theatre Students in Tertiary Education: A Pilot Study', *Studies in Musical Theatre,* 13 (3), (2019), 333-348 (p. 334).

[8] Ibid., (p. 333).

McCurdy in their 2017 study, which agrees that performance graduates 'will become sole-practitioners in a challenging work environment' needing to 'juggle multiple jobs; including a few paid performances (if they are lucky) and teaching, while maintaining time to practice and develop their own projects.'[9] They advise training establishments to acknowledge that their students are also likely to have a part-time job while training in order to meet their financial obligations.

My hope is that this study can help to bridge the gap in research with a focus on tertiary-level vocational musical theatre training in the UK, with the objective of providing further clarity on the optimal level of mental health provision in vocational colleges. I believe that research into mental health within the musical theatre industry in London - one of the world's two main cultural hubs for musical theatre - is important. I wish to use this study to bring together related and relevant research in the field, interrogate the experience of those currently working in the vocational performing arts training sector in London, and my own experience, to further examine this particular area, and explore the impact of the development of mental health awareness. The aim is to provide clear insight into students' needs, to support colleges in making well-informed choices regarding the provision they offer.

<div align="center">METHODOLOGY</div>

This research was conducted through a series of interviews with current musical theatre students and staff. The research method of interviewing was selected for this study as interviews are particularly suited to better understanding and exploring participants' views, and they are able to provide in-depth information, particularly when they are semi-structured

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[9] Goodstein, Rick E., Lapin, Eric J. and McCurdy, Ron C., 'The Future of Arts Performance in Higher Education', *College Music Symposium*, 57, (2017) , (p. 2).

or use open-ended questions, as was the case in this study. Each interviewee, or group of interviewees, was asked the same set of initial questions, with the allowance for them to take the conversation in whatever way they saw fit from there, i.e. semi-structured. Although there were areas of exploration I was interested to guide the interviewees along, it was important to allow the information to emerge organically if the study was to yield rich results, and to minimise bias.

As I have 20 years of my own relevant experience in the field, I believe my background can enrich the study, and as such my own experience will be referred to at times during the discussion. However, I remained aware at all times of my position within the study, so endeavoured to remain impartial both while conducting the interviews and during their analysis, in order to allow space for the study to surprise and enlighten me.

Two institutions were selected for the study, chosen for key similarities and differences that were of particular interest to the research, most notably their differing size and approach to mental health provision, and their similar location and type of training available. For the purposes of reference, they will hereby be referred to as Colleges A and B. Unplanned at the start of the study, a third college became involved in the interview process, which will be referred to as College C.

All colleges are located in London, the epicentre of the theatre industry in the UK. They all offer full time vocational musical theatre training, with contact hours in excess of 30 hours a week, and many more at certain times of the year when show rehearsals and performances extend into the evenings.

College A has an intake of around 150 into each year, thus as the training is 3 years in length, there are around 450 students overall. College B offers one- and two-year courses, with an intake of around 18 each year; the student body is around 36-40 overall. College A offers a degree or diploma pathway, meaning the students graduate with an internationally recognised qualification, whereas College B does not run an accredited programme, the focus

instead being on a purely practical training for the industry. The fees for the degree programme at College A approach £10,000 in line with UK universities, and it is eligible for the student loan scheme, whereas their diploma programmes are almost £15,000 and rely on private funding. At College B, the course fees are in excess of £15,000 per year and rely on private funding, but the courses are one or two years in length as opposed to three. At College A, from second year onwards the students specialise towards a particular route in their career: triple threat (an equal focus on dance, singing and acting), dance, or singer/actor. College B has one route through the training and has several campuses in different countries around the world. College A was founded in the 1970s, College B within the last decade.

College C became of interest due to the combination of factors that provide a crossover between Colleges A and B – College C is of the same size, length of training, and purely vocational (with no accreditation or formal qualification) as college B, but values mental health provision to a similar extent to college A. College C is also in London, and like College B costs in excess of £15,000 over two years of training.

Participants

The participants of the study were faculty members and students. The faculty members approached have a direct connection to, or hold the responsibility for, the pastoral care provision within the college. Two participated from College A, three from College B. It was possible only to speak with the Principal of College C, so the data collected was not as comprehensive as the others. All work on the full-time faculty of the colleges; some have teaching responsibilities, but not all. The faculty members were approached by email, detailing information about the study and requesting consent by way of a signed form.

The students selected in College A form a focus group for mental health within the college, of which there are 11 in total, and from which 6 participated in the study. The students volunteered to adopt this role, and in doing so, have undertaken Mental Health

Awareness and Mental Health First Aid training to Level 3, known as Supervisor level, authorising them to teach mental health skills to others. They were approached by email by the head of the pastoral care department and sent the information sheet to ensure their consent to participate. In College B, three students were selected by the faculty to represent the other students, but they do not hold an official role within the college such as Student Representatives or have any particular awareness of mental health over others. All students interviewed are aged between 18-23, with one exception exceeding the upper limit of this age range.

Due to the lockdown restrictions of the COVID-19 pandemic, the interviews were conducted over Zoom.

Interview process

The faculty members were interviewed individually, whereas the meetings with students were held in groups. The initial questions were designed to extract specific data regarding the mental health provision available, and to open a conversation which allowed for the interviewees' views, perspectives and experiences to reveal themselves. The main questions asked to all participants were:

- What provision and processes does the college have in place for supporting students experiencing mental health difficulties?

- What is your view about the role of the college in providing support for students who experience mental health difficulties?

- What do you perceive to be the challenges and the enablers to providing adequate mental health support in the college?

- What do you think are the particular risks to the mental health of the students in your institution?

- Have you seen a difference in the mental health of students in the past compared to now, and what are your views are on this? (this was asked only to faculty members)
- How do you think this may evolve in the next few years into the future?

Dependent on the answers given to these questions, further questions were asked to seek more specific clarification, or development, of the answers given, with an avoidance of sensitive or triggering lines of conversation at all times. Examples of the types of follow-on questions that emerged from the initial questions include:

- Do you think the size of the college has an impact on mental health?
- What do you feel is the ethos surrounding mental health in the college?
- What do you think are the biggest risks to the mental health of young people at this time?

The interviews were recorded and transcribed, then a thematic analysis was conducted on the responses. From the transcripts, first-order themes were collated, bringing together the responses into a collection of 12 themes, which emerged organically; for example, a comment made about anxiety experienced when singing relates specifically to issues pertaining to performing arts training, whereas comments regarding the stresses surrounding working in a part time job, or living away from home, could pertain to all university students.

Having worked through the first interview and assigned titles to the types of comment made, it became clear that these themes were reflected across the spectrum of interviews, with new theme titles emerging at times in the other interviews, which were added to the list when recognised. The themes were then re-assembled into a separate document per theme, coded to identify the participants, and further analysed to identify sub-topics such as resilience,

entitlement, specific impactful factors within performing arts training, and relevant social and cultural influences on the lives of young adults at this time.

Ethical considerations

The study was constructed in such a way as to avoid involving any vulnerable subjects. Questions in the study were designed with any potential sensitivities in mind, and to avoid provoking emotional responses. The subjects were selected for their existing involvement in mental health support, and therefore were deemed to have a pre-existing level of awareness and conscious choice to make a difference in this area. With this in mind, ethical approval was granted by Queen Mary University without obstacles, with approval reference number QMERC2397.

RESULTS

The results will be presented as a detailed report on the responses given in the interviews, arranged into the themes allocated to them after analysis, and reported as spoken by the interviewees. Titles and positions have been referred to in such a way as to protect the participants' anonymity.

The themes identified were as follows:

Current provision – what mental health or pastoral care support currently exists in the college?

The ethos of mental health in the college – does the college recognise mental health as an important part of the fabric of the institution?

Changes in mental health awareness over the years – has the recognition of mental health issues changed over time?

Changes in the prevalence of mental health issues – are colleges experiencing a change in the number of students presenting with mental health issues?

Issues faced by young adults of this generation – which factors contribute specifically to the mental health of young adults at the current time?

Issues faced by all university students – issues which may be faced by any university student studying any subject

Issues specific to performing arts training – issues which pertain specifically to training professionally for the performing arts

Impact of in-house provision (or lack of) – the difference made by having mental health support available within the college, or of not having it

Impact of the size of the college – how does the size of the college contribute to the provision for, or prevalence of, mental health issues?

The difference made by the provision – how successful has the provision available been?

Challenges to providing mental health support – what stands in the way of offering the ideal level of provision?

What could be improved? – what more could be done in addition to the support currently available?

Current provision

College A

College A has a Pastoral Care department, run by a non-teaching faculty member who is a qualified mindset and mindfulness coach and, prior to joining this college, worked extensively in the theatre industry as a therapist and coach. This person provides support to any student with documented mental health difficulties or concerns, or if they suffer from issues which require a high level of support. If a student faces issues requiring more specialised care, such as bipolar disorder, eating disorders or suicidal thoughts, they are referred to an external specialist, and that relationship is monitored by the college.

This person has trained the entire full-time faculty at the college to Level 3 in Mental Health First Aid and Mental Health Awareness and set all freelance staff the deadline of achieving the First Aid qualification within the next year. Underneath this staff member are 6

full time faculty members who officially form part of the pastoral care team. If a student does not have a statemented mental health diagnosis, they must see another member of the pastoral care team first to assess the severity of the issue, which allows them to determine if it is a matter of concern or a 'normal gripe'.

A second faculty member holds the ultimate safeguarding responsibility for the college, and weekly meetings are held between these two faculty members to discuss the provision and any issues which need attention.

Additionally, within the last year, they have set up the student group, who are designed to be the link between the students and the pastoral care department. As they are trained in mental health awareness, they are able to pick up on issues that may be missed by staff while concentrating on a large class, or while students are not under teacher supervision.

The provision also incorporates an initiative called Wellness Wednesdays, where time is set aside for mindfulness practice, wellness assemblies, guest speakers to talk about topics such as working in the industry with anxiety and depression, nutrition for dancers, yoga for dancers, and workshops on mental health and social media, confidence and self-esteem, and operating in the theatre industry.

College B

College B has a full-time faculty member who is, in name, in charge of the pastoral care provision. This person holds a qualification in co-active coaching, but is not based at the college's London campus, nor in the UK, and the students at the London college do not know her personally. Within the school itself, an 'open door policy' operates, where the students can approach any of the teachers at any time to ask for support, with the focus being on this service being provided by the full-time faculty, of which there are five members. These staff members have not undertaken mental health training, and if a matter occurs beyond the knowledge or experience of the faculty, the student is recommended to seek outside help by

visiting their GP to be referred to a counsellor or therapist. One member of staff explained that having suffered with anxiety herself, she is able to use the advice and strategies she herself has been given to help students suffering with anxiety or panic attacks, but she has not been professionally trained to do so.

All conversations held with students about their mental health concerns are logged in a database which is visible to all full-time faculty members.

The ethos of mental health in the college

The staff member responsible for the pastoral care provision at College A says the intention has been to foster an ethos where a student should be 'delighted to come to her office' to have the chance to learn more about themselves, and to 'smash the stigma of mental health'. This has created an ethos that mental health is a real priority within the college, and this is echoed by the students. Another faculty member agrees that the ethos of mental health is 'definitely felt in the college as it is celebrated and introduced right from the beginning during induction week'.

At College B, all participants described the ethos as being focused on the work and preparation for the industry, stating that support for mental health is provided if required, rather than being part of the general conversation in the college.

Changes in mental health awareness over the years

This topic came up only with two of the participants, both in the role of Head of Dance. Both feel that mental health issues have always been in existence within vocational performing arts education, but until recently there has not been the freedom to talk about it. Both referred to the climate within vocational training around 20 years ago as one where you were expected to 'shut up and get on with it', and that as of the last 6 or 7 years, it has become

a more open discussion in the industry; that it is now more acceptable to speak out about issues you might be facing without fear of judgement or discrimination. One suggested that although the issues were always there, a large part is that issues are much worse now than in the past, as outlined in the presentation of the topic 'Issues faced by young adults of this generation'.

Changes in the prevalence of mental health issues

Exact facts on the changes are difficult to quantify, as statistics have not long been collected, and the exact numbers were not accessible at the time of the study due to the Covid-19 lockdown preventing access to the files containing specific numbers. However, both colleges report that there has been an upturn in the last five years in the number of students with statemented mental health issues upon enrolment. In the latest cohort at College A, 40 out of 150 new first year students had diagnosed mental illness and were on medication at enrolment, and College B documents 50% of 80 students across the four worldwide campuses with a clinical diagnosis. In line with these statistics, College C reports an 'average of between 35-40% of students having diagnosed mental illnesses; the main ones being depression, anxiety, eating disorders and bipolar disorder', and that 90% of their students take up the college's mental health support.

It became apparent through this part of the interviews that in Colleges A and C, where there is significant mental health provision and support, the issues the students present with are more severe and require medical intervention through medication and/or counselling. In College B, where there is less support, the faculty report that the issues faced are generally minor struggles with the day-to-day life of being a performing arts student or a young adult, and these are usually handled with a supportive conversation. For this reason, those faculty members suggest that an in-house mental health specialist is not required as there is insufficient demand.   However, the faculty's impressions of the issues being faced by the

students are incongruous with the figures given for the number of diagnosed conditions registered at enrolment.

Issues faced by young adults of this generation

In this section, three sub-topics emerged – the risks involved with social media, the faculties' sense that the students are becoming more entitled, and the decline of students' resilience.

Social media

Every participant, faculty members and students alike, when asked about the risks to the mental health of young people at this time, spoke of the dangers of social media. The students at College B described this as being 'constantly bombarded with judgement from everywhere' and that 'eating disorders and anxiety come from being bombarded with images of beautiful and successful people' and say that they feel they don't match up. One said 'Before [social media], we were not depending on people's judgement, certainly not people we don't know, as we didn't have access to them. This is really dangerous for young minds; it shapes them to be much more sensitive to a lot of issues. You give a lot of importance to meaningless things, but [young people] have grown up with it so it's just a part of their lives', while the students from College A felt 'constantly judged and critiqued, seeing everyone's 'perfect' lives, having to subscribe to a certain image, and social media is so important, we have to always use it.'

Entitlement

Faculty members from all colleges spoke of the entitlement displayed by young people of this generation, with one faculty member describing the millennial generation as

'mollycoddled and treated with a blanket wrapped round them', which another agrees with, describing them as 'the X Factor generation who expect instant gratification', and continuing to say: 'Young people now don't have basic human respect for others as they haven't learnt it - they don't fear anyone or anything, there's no punishment. They have no resilience because the parents don't have time to teach life lessons. Everything is instantaneous. They were given everything they wanted as a child, so they expect it and did not have to earn it. There is no punishment when they do wrong, so they are not scared of anything – they learn no fear or respect for adults.' However, the students at College A suggest this may be an unfair appraisal: 'Because the previous generation went through so much (the War, terrible economy etc), the younger generation feels they have something to prove, as it looks like we have it so easy. We feel we have to prove that we don't. As Millennials we feel like we are seen as ungrateful.'

The matters of resilience, entitlement, instant gratification, and 'having it so easy' may well be redressed by the impact of the Covid-19 pandemic, which a faculty member believes 'was necessary for this generation of children and parents.'

Resilience

Several faculty members across all colleges mentioned that students are now lacking resilience, citing 'lack of punishment in schools and the education overhaul of around a decade ago meaning children are never told no, and do not face rejection or disappointment in their school environment' as the cause. This has caused young people to become 'very fragile, and to become extremely emotional, doubtful and fearful - depression happens so quickly.'

A student from College A observed that people from older generations, who did not talk about mental health or have the awareness the younger generations now have, do not

know how to discuss these matters, leaving young people unsure where to go for help and feeling isolated or lost. This student feels grateful to be part of the first generation to truly adopt mental health as an important aspect of wellbeing and to work to remove the stigma from it, but feels they lack the support from the caregivers they may usually turn to, who have not been exposed to such education or awareness.

Upon being asked about the mental health issues faced by the students, responses were able to be divided into issues which could pertain to all university students, and some which pertained only to issues related to performing arts training.

Issues faced by all university students

Financial pressures

All mentioned the pressures of managing finances, which often involves working part time jobs to fund living costs and course fees. A faculty member at College B explains that this causes the students to be tired which impacts on their performance at college and their attendance, and they are not as emotionally equipped to cope with issues that arise. Students from both colleges mentioned that it is particularly expensive to live in London, so either the students are working extremely hard to survive, or relying on parental support which adds extra emotional strain, as they feel a huge amount of pressure not to let down their family who have invested so much in their training.

Student life

Other issues mentioned include homesickness, making new friends, trying to establish themselves as a young adult beyond school, and for international students the complications

of living in a different country, navigating language issues, and being far from your friends and family.

Past trauma

Only mentioned by faculty members from College A were deeper issues surrounding teenage trauma. The faculty members at this college recognise that past trauma that has not been acknowledged comes out once the student is away from their family and previous lives, and explain that family trauma is a big issue among their students. One explains that:

> All mental health is a continuum. It depends on the individual. If they have trauma in childhood, such as sexual abuse, the child doesn't know it is wrong, but once they enter teen life, they realise the enormity of the trauma they were put through. It is then, with the pressures added by being unable to cope with everyday life that the continuum starts – it could be financial, then criticism from teachers, then feeling not good enough, then it all combines, and you reach a level of serious mental health issues.

She continued to explain that many of the students at College A 'carry very heavy burdens', citing rape, childhood abuse and alcoholic parents among the most prevalent causes of mental ill-health, before anxiety issues related to training for the performing arts, but added that these background issues tend to be the underlying causes of students who suffer with performance anxiety.

It is of note that this level of trauma and severity of mental illness was mentioned by faculty members at College A and not College B, but to further explore this it may be of use to recognise that College C, which also offers a high level of support for mental ill-health, also experiences a high level of severe mental illness requiring medical intervention.

Attendance

At College A, all cases of poor attendance are sent to the pastoral care department. It is felt that all attendance issues are indicative of underlying problems such as drug use, sleep

disturbance, overwork due to financial pressures, or some level of mental distress. The therapy offered at this college helps the students to deal with these issues, such as assisting them in finding employment that does not interfere with their ability to cope with the training or helping them deal with addictions. However, a faculty member at College B suggests that some students are simply lazy and do not work hard enough, using mental health as an excuse for poor attendance, where checks on social media reveal that in fact they are out socialising and not attending as a result.

Issues specific to performing arts training

This theme generated the greatest amount of data within the study, and several sub-topics emerged within.

The faculty of College A state that there is much more demand for mental health support from the students specialising as actor/singers. They report very little demand from the triple threat students (those following a path with equal focus on all three disciplines) and relatively little from the dancers. However, the faculty at College B, which has no streaming system, state that the students seem to feel most vulnerable, and most likely to compare themselves unfavourably to others, in dance classes, though they do state that students very often cry in singing classes where they must perform solo in front of the class, citing frustration at their inability to meet their own expectations, or negative comparisons against others as the usual reasons for this.

Comparison to others

Every participant interviewed stated that comparison with others is a huge problem in performing arts training, which was articulated by a faculty member at College B as being

'almost always to do with lack of self-confidence, comparing themselves to other students, feeling not good enough or not ready.' She believes that 'the reason this gets them down so much is that there's no measure, they can't ever 'arrive', because there's no 'finish line' in performing arts', an opinion echoed by another faculty member who said that 'what's difficult is that it's not black and white - there's no right or wrong. It's completely subjective. They're confronted with lots of different opinions, sometimes opposing, and that's difficult for people who are looking for black and white answers as to how to succeed in this career. They constantly question if they're good enough.'

Prestige

A staff member at College B mentioned, with regards to the issue of feeling 'not good enough', that the incidence of this problem may depend on the kudos attached to the college. She mentioned the name of a college currently considered by many as the top school for musical theatre training in the country, and suggested that the level of confidence is very different there to a student at College B. This could cause insecurity that attending a smaller and lesser known college, perhaps due to unsuccessfully auditioning at other schools, may lead students to wonder if they are good enough to succeed in the industry.

Physical appearance

College A students spoke of the expectations of the performing arts industry, one stating her concern about 'being hired for how you look rather than your talent. You have to look in the mirror and analyse yourself all day every day. In other areas you don't have to analyse the way you look, or the way you sound, it's just your knowledge.' The question of body image in the performing arts is an important one, as much of casting comes down to your physical appearance, as well as your physical skills, and the expectation to conform to certain physical stereotypes.

Expectations

In conversation with the students of College A regarding the subject areas most likely to elicit stress and anxiety responses, one said 'It's very difficult to be in your weakest subject because you feel exposed, you feel like everyone is looking at you and thinking you're not good enough.', whereas another contradicted this, replying 'but it's also difficult with the subject that is your strongest area as it brings out aspects of perfectionism and meeting others' high expectations of you (and yours of yourself).' This feeling was echoed by another who stated that in Ballet, she puts no pressure on herself because she knows she is not a strong dancer, but she becomes very anxious in Singing, where she is strongest, as she feels she is expected to be excellent, but once again this was contested by a student who is most anxious in Tap, as he believes he is 'awful at it' and can see that he is doing a 'very bad job', and although he tries his hardest, becomes extremely stressed. This dichotomy is an example of the complicated forms performance anxiety takes in musical theatre performance.

Passion vs. reality

One College B student shared the perspective that 'When performing arts is your hobby, which you really love and then becomes your profession, it is your whole life, so you're in a bubble, and when something is difficult, it feels like your whole life, whereas if you're studying a 'normal' subject, you can go to do a hobby and have a release from it, but there is no break when your hobby becomes your work.' This point is echoed by my previous work with Mind Fitness[10], a performance anxiety coaching company, who state that by far the most severe cases of performance anxiety they encounter are those for whom performing is their entire life, their only passion and the only thing they care about.

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[10] www.mindfitness.training

Another student pointed out that this is further exacerbated if you are an international student, as your training is your only focus in that country, and you may not have a support network beyond the college, or a range of activities outside the world of your training.

The pitfalls of actor training

One faculty member highlighted an advantage of acting training for those who suffer with poor mental health, saying 'I think people go into the arts to escape from their own lives and their own minds. Life is very hard for people with mental illness, so why would you not want to be someone else and live with someone else's thoughts for a while?' However, several participants across the interviews mentioned the types of mental health complications that may come from training as an actor, as acting training 'forces you to explore painful memories and uncover things you may not be ready to uncover.' It was pointed out that acting teachers may not be trained in mental health, or have the necessary experience or knowledge to deal with the fallout if a student struggles with the consequences of an acting exercise, or playing a role, and therefore it may be inappropriate for them to draw these memories out of the students at a vulnerable and impressionable age.

Pressurised schedules

Another student mentioned that training for musical theatre requires an intense study of a wide range of skills and disciplines, explaining that 'there are so many things to achieve and think about all the time, it can feel very overwhelming and you sometimes spiral as there are too many things to think about. Also, with so many disciplines, there will be one area where you are weak, and those classes make you anxious.' This student went on to point out that 'the timetable is extremely full and the contact hours and time in the building is exhausting.' Each class demands a very high level of physical and mental exertion, each teacher demanding the highest level of application at all times. This puts a lot of pressure on

the students, especially in comparison to the average university programme which may involve some 9 hours of lectures a week.

Career prospects

Regarding the industry the students are training for, much was mentioned – by all participants – about the level of stress attributed to worries about the industry itself, and their readiness for it. Many of the comments centred around the knowledge that 'they will hear 'no' 90% of the time' and this breeds insecurity and the sense of wanting to give up rather than face that level of rejection. One faculty member spoke of the level of worry that there is not a clear path through a career as a performer, saying that it is not enough simply to train with the necessary skills, there is never any guarantee of work or security in your career. This exacerbates the level of anxiety experienced while training, as any suggestion a student might not be good enough will compound the worry that they may not be successful in their future career. Because vocational performing arts colleges seek to use the training to emulate the profession, students will often hear feedback during training that causes them to question their abilities and their likelihood of success in an extremely competitive industry.

Fitness to train

One faculty member at College B feels that it is wrong to allow students with mental health difficulties to train for the profession, partly because they are not in good enough health to withstand the rigours of the training, and partly because the industry does not make allowances for mental illness so it is irresponsible to prepare the students for an industry in which they will not be catered to. This person suggested that it should not be the decision of the student as to whether they are in good enough health to train, as they 'might not be of sound enough mind to make the decision', and that the college should be able to decide whether to insist that the student withdraws from the programme until such time as they have

recovered sufficiently well to cope with the training, as if they cannot progress due to their mental health they are wasting their time and money. This person repeatedly questioned 'the tipping point between manageable and unmanageable mental illness while training', stating that they do have students who train successfully with clinically diagnosed depression or anxiety, but with more serious mental illness, it would be unwise to allow them to continue.

Impact of in-house provision

Following on from the previous point, the aforementioned faculty member expressed concern that if in-house mental health provision is introduced, it would 'normalise' training with mental health conditions, meaning that if mental health concerns were so serious and so prevalent as to require a dedicated member of staff on the faculty, it would be because students were being accepted who are not fit to train. It could therefore be considered 'unjust to take people's money to flounder and allow them to struggle through a course', and that it would 'do them a disservice to push them into an industry that doesn't cater to looking after them or caring about their issues.' Echoing part of this sentiment, another faculty member at this college believes in-house provision not to be necessary, as serious issues are not common in their student body, and there may not be sufficient demand to warrant a dedicated position, which again does not accurately reflect the severity of the students' issues as per the number of documented diagnoses.

Conversely, the students and faculty at College A believe having in-house specialist support makes a marked difference to the success of the provision. Prior to the appointment of the current head of the pastoral care department, students were 'outsourced' to external therapists. Now, all but 10% of students are able to be treated through the in-house provision, avoiding NHS waiting lists; because the in-house provision gives the advantage of specialised knowledge within the building, serious issues are identified much more quickly and those who need specialist care referred much sooner through early diagnosis. The students report

feeling much safer as a result, and also feel very comfortable knowing that trained students are among them in the role of designated mental health advisors.

Impact of the size of the college

Within College A, a teaching faculty member stated that being a very large college does not impact negatively on the students as the class sizes are small and all the staff know the students individually. However, another faculty member on the pastoral care team expressly stated that 'one of the biggest problems [at this college] is that the classes are too big and people go unnoticed', continuing to say that students are frequently in tears as a result. When asked if the size of the college has an impact on the students' mental health, the answer was 'yes, absolutely. It's too big. The self-esteem issue alone is on comparability. The 'I'm not good enough' problem wouldn't be such an issue in a smaller college, but 150 in a year is very tough.' It was of note that two members of the same faculty had such opposing perspectives on this issue.

The students themselves seemed able to see both sides of the situation. One said that it could be 'hard to hone your own skill and discover yourself in such a large college with so many others to compare to, but also you can use that to learn from others and as motivation to improve, using others as inspiration. It can be toxic but with the provided guidance you can change your mindset to see this as a positive.' Another spoke of the dangers of coming from being a 'big fish in a small pond' in their previous training environment, but has turned this into a positive, saying that 'you can believe that even if you're not a 'favourite' you can work really hard. You may not be the best but you can work to be your own best.' These students had found ways to see the positives in being in a large student body, rather than being of detriment to their mental health. This, however, may be an indication of their involvement with mental health training to improve their mindset.

At College B, all participants stated that being a small college was a 'massive help' in caring for the students' mental health. A faculty member mentioned that as it is a smaller school the students get more attention in and out of class, although they also mentioned that with such small year groups, if they do not get on well with their classmates, this can cause problems, whereas in a larger school there are more people to mix with. One student commented that it is a 'very good thing that the school is so small, as you feel like an individual, the teachers know who you are, and your individuality is celebrated.'

The difference made by the provision

Direct mentions of the success of the provision came only from interviewees from College A, where all volunteered the opinion that the support available is 'outstanding', and that the difference made by the specialist provision has been 'massive' – a word used by all interviewees independently of each other. Faculty members feel that staff are now more knowledgeable and aware, and the students feel comfortable to ask for help with issues they may never have admitted being a problem in the past, stating that 'now there is specialist care you don't have to worry that you might make a bad impression if you admit to mental health difficulties. Introducing it from the start makes it more acceptable, and people bounce back much quicker. People don't worry that this would put them at a disadvantage.'

Whereas ten years ago, behaviour and attendance were a huge problem at this college, there has been tremendous improvement in these areas by being helped to uncover the underlying causes rather than being dealt punishments or admonishments. The head of the pastoral care department states that while pastoral care is 'just providing a listening ear', her specialist knowledge means that the students can be given a bespoke toolbox for their mental health needs throughout their training and onwards into the profession, by 'helping the individual understand their mindset and cognitive skills, so when life events happen in the future they know what to do, and they don't go back to their old trauma responses.' The

students are aware that 'in the industry you're told to suck it up' but recognise that 'people will have less need to do this if they have been helped, as they will have their own strategies in place.'

Undertaking the mental health training themselves has been a huge help to these student ambassadors. They feel that now they understand their own mental health far better, they are much more comfortable to seek help when needed, and to support others they recognise as needing assistance.

Challenges to providing mental health support

The challenges identified by the interviewees in College A were not about the provision itself, but about the ability to engage some faculty members in its importance. One stated that there is a 'generational divide with older staff' who find it more difficult to accept that this is important and give it the attention it deserves. This results in teachers lacking awareness and understanding, and many more issues going unnoticed than should do, partly because of the size of the classes, and partly because of a lack of training. It is for this reason that the pastoral care department are enforcing mental health awareness training among the faculty and implementing the student ambassadors to give an extra level of alertness within the teaching environment. However, currently only the full-time faculty have undertaken this skills training, hence the complaint from the head of pastoral care that out of 100 freelance teachers, only 5 emails were received in the last year flagging mental health concerns, and complaints from students that teachers do not notice they are struggling because there are too many students and they do not have the necessary understanding. The demand that all staff must hold a Mental Health First Aid qualification in the next year may improve this situation.

Students from both colleges commented that pastoral care being provided by members of the teaching faculty presents obstacles to their will to speak out about their problems, as it may produce an uncomfortable situation in class. At College A this is somewhat alleviated by

having a dedicated, non-teaching head of pastoral care, but the problem remains that this is only one person for a student body of 450. Also, the students may find that if their issue is more of a pastoral care concern than a matter of mental health, they may not be passed on to this person from the pastoral care team, some of whom are teachers.

The same applies to the faculty members at College B, all of whom comment on the problems with blurring the lines between teaching and pastoral care, and state that while they are happy to provide the support, the extra time demands placed on their already intense workloads by having this additional responsibility is a great pressure. One mentioned that he would like to not be trying to find time to fit this in around his many other commitments, as it is very important. The students feel that having to speak to a teacher with whom you will then be in class may lead to you feeling uncomfortable to be open about your problems.

All faculty members commented that the main obstacle standing between the college and the ideal level of provision was financial limitations.

What could be improved?

A faculty member in College A spoke of their desire for a 'Zen Den' with plants and music for students to unwind when required, but cited lack of space and resources as the obstacle to this. The students of this college would like to see more dedicated specialist members of staff without teaching responsibilities, and more awareness among the teaching staff.

All interviewees, both staff and students, of College B would like to see a dedicated external support provider connected to the college to whom the students could be referred with mental health problems. Most do not see the need for a full time member of staff within the faculty to be in place, but that an affiliation to a specialist who is enlisted by the college to provide all mental health support beyond pastoral care, and retains communication with the college as to the students' progress, would be highly beneficial.

DISCUSSION

This research set out to assess the experience of mental health of the students and faculty members currently in London musical theatre colleges and explore whether enough is being done to understand and address their needs. The responses from the interviews reflect the conclusion of the BAPAM Consultation Paper that 'a wide spectrum of support is required to meet performing artists' needs, which are extensive and can be complex'[11], and correlate very closely with the findings of Curtis' Australian study[12], thereby suggesting that the issues are not specific to a country or location, but may be widely experienced across the sector.

The interviews show that all participants recognise that some level of mental health provision for the students is required, which in itself reflects a change when compared to the virtual non-existence of any provision twenty, or even ten years ago. In terms of the existing provision, the responses highlight the importance of the level of expertise of the faculty members providing the support, the need to cater to a wide range of needs and differing severity of issues, and suggest that the level of priority given to the matter may affect the attitudes of the students towards addressing their concerns.

This discussion will seek to draw together the information gathered from the interviews with existing related research and my own experience to more deeply explore the issues at hand.

The importance of addressing mental health in universities

University students in general are a high-risk category for mental distress. As identified, the 18-24 age group are particularly vulnerable, and the research publications to be found on this topic all seem to agree that provision needs to be in place to support students at

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[11] BAPAM Consultation Paper, (p. 2).
[12] 'The mental health of musical theatre students in tertiary education'

this age, as exemplified by Macaskill (2012) in a study into the mental health of university students in the UK:

> Age is undoubtedly an important factor in explaining the increase in students with severe mental health problems attending university counselling as the peak onset for mental health problems is before the age of 24 years, so university students are a high-risk group. During this time, the developmental challenge of transition to adulthood occurs. The stresses associated with the transition to university add additional risk. This frequently involves living away from home for the first time, having to make new friends, handle finances, adjusting to new learning regimes, and creating a new identity as a student.[13]

Hunt and Eisenberg (2010) in turn recognise that:

> The college years represent a developmentally challenging transition to adulthood, and untreated mental illness may have significant implications for academic success. […] If students are experiencing psychological problems, they are unlikely to achieve their full potential, and universities need to have appropriate support systems in place.[14]

One of the results to come out of the interviews was that in College A where there is dedicated mental health provision, and mental health awareness is considered extremely important, the issues faced by the students are often severe, and they are less likely to present with issues such as performance anxiety, or subject-related stress or overwhelm. However in College B where there is no specialist provision and mental health awareness is not placed with such high importance, the faculty stated that the majority of students present with minor complaints such as upset within a class setting, through disappointment or failure to meet expectations, and are able to work through these issues with a teacher and continue with their day. When directly asked whether the students' issues were mostly generalised pastoral care concerns, one faculty member replied 'yes, absolutely', another stated that 'serious issues don't come up that often', another reporting that 'usually [the students] just want to offload about small issues and then get on with things.' That same person compiles the database of

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[13] Ann Macaskill, 'The Mental Health of University Students in the United Kingdom', *British Journal of Guidance and Counselling*, 41 (2012), 426-441, (p. 428).

[14] Justin Hunt and Daniel Eisenberg, 'Mental Health Problems and Help-Seeking Behavior Among College Students', *Journal of Adolescent Health,* 46 (2010), 3-10 (p. 3).

all mental health issues within the college and gave the statistic of 50% of students having a medical diagnosis. If 50% of the students declare a medical diagnosis of mental health conditions, why are the staff only aware of minor issues day to day? Could it be that the students are so successfully managing their conditions that they do not suffer symptoms while in training, or do they perhaps feel that there is not the understanding or provision available within the college to support their issues, and therefore they keep them hidden? It could be indicative of a lack of communication of statistics within the staff body, though the student pastoral care files are visible to all staff. More likely, it could be an indication that a more prominent ethos regarding mental health is required. A 2019 paper on collaborating with students on their mental health points out:

> Many students firstly seek support from a personal tutor or academic advisor and most academic staff either feel inadequately trained or do not feel it is part of their job to do so. As such, an unhelpful narrative of mental health difficulty being 'special' or 'not normal' is implicitly communicated; however, mental health difficulty is very common and often completely normal for anyone experiencing massive change over a short period of time. Therefore, universities need to create environments in which stigma associated with mental health is reduced and where staff and students alike feel comfortable discussing mental health with each other.[15]

The staff at this college indeed commented that they felt inadequately trained, and that the extra pressure placed on them by performing this role on top of their other responsibilities was suboptimal, as echoed by the CDD guidelines:

> Because affiliate schools are educational institutions rather than health providers, it is not reasonable to expect schools to identify and assess mental health problems with the expertise of a hospital.[16]

Therefore, the incongruity in reporting of student statistics may be an indication that the students do not feel comfortable discussing their more serious issues, or they are insufficiently

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[15] Dawn Querstret, 'Collaborating with students to support mental health and student wellbeing.' in S. Lygo-Baker, I. Kinchin, & N. Winstone (Eds.). *Engaging Student Voices in Higher Education*, (London: Palgrave Macmillan, 2019, (p. 4).

[16] 'Guidelines on Supporting Students with Mental Health Difficulties', (p. 11).

clear on, or confident in, the expertise available in the college to support them. As stated by the BAPAM paper, 'the sector can help by creating an environment that helps performers to be proactive about their mental health and prevent or mitigate problems'[17], agreed by the CDD which suggests that 'schools need to develop a climate of trust where students feel confident about disclosing a mental health condition and are reassured that there is no stigma attached to a request for help.'[18]

The responses suggest that when mental health awareness is brought to the forefront, and seeking help is both encouraged and de-stigmatised, many more people will seek help for the issues they are facing, and conversely where this is not the case, students may be unwilling to discuss their troubles, as 'university students describe a sense of social isolation associated with the stigma of mental illness and are often unwilling to seek help because of the perceived stigma'[19]; also recognised by the CDD guidelines:

> Students who are showing signs of mental distress do not always express problems directly or ask for help, even where there are clear signs that they are having difficulties. The stigma surrounding mental health issues is still strong in our society and sometimes students feel embarrassed or are concerned about the consequences of telling someone.[20]

As identified in the interviews, some hold the perspective that mental health issues in performing arts training have always been a problem but were not enabled to rise to the surface twenty years ago. All agree that there was no-one with whom to speak about such matters, but moreover that as mental resilience and toughness was clearly so highly valued, students would not have wished to appear weak or unable to cope, and thus struggled on without seeking support.

The uptake of the pastoral care provision in College A, and in College C where 90% of students take advantage of the service, suggests that the changed perception of mental health

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[17] BAPAM Consultation Paper, (p. 6).

[18] 'Guidelines on Supporting Students with Mental Health Difficulties', (p. 21).

[19] Kim Storrie, Kathy Ahern, Anthony Tuckett, 'A systematic review: Students with mental health problems—A growing problem', *International Journal of Nursing Practice*, 16 (2010), 1–6 (p. 1).

[20] 'Guidelines on Supporting Students with Mental Health Difficulties', (p. 13).

in the wider population has allowed students to feel able to seek help without fear of judgement or disadvantage. This raises an interesting question in itself, however. Could it be that the increased acceptance has weakened resilience and diminished students' ability to build strength by working through their situations and discovering their own solutions, thus increasing the prevalence of low-level stress within the training environment? The examples given of students crying at the slightest frustration or disappointment perhaps supports this hypothesis. If the environment were less supportive of low-level distress, students would be less likely to express their emotions and through the training become stronger and more able to cope with their personal frustrations; a level of resilience to frustration and disappointment which arguably needs to be built whilst training in order to cope with a high level of potential rejection in their future careers. This point juxtaposes somewhat uncomfortably with the proven success of adding high levels of mental health support to performing arts college provision in preventing 90% of onwards referrals to external clinical service. Perhaps the success of this provision, when administered by those with professional training, lies in actively helping students to strengthen their resilience and imparting coping strategies that allow them to cope with the rigours of training, and beyond. Additionally, as recognised by a College A faculty member, the Covid-19 pandemic may impact – positively or negatively - on the resilience of young people. The mental health impact of the pandemic will form a very important new angle of research and should be explored in future studies on the mental health of students and theatre professionals as the effect on young people, and the theatre industry, evolves.

As suggested by a faculty member at College B, perhaps the most important consideration is the severity of the mental health issues at play. Perhaps different levels of mental health provision need to be in place, for example general pastoral care support to help students cope with the everyday stresses of a performing arts training, which could ostensibly be sufficiently catered to by a faculty experienced enough in the industry to advise them and

help them to realise they are strong enough to cope, and another level of specialist care to ensure that more serious mental illness can be treated within the establishment.

This is the situation at College A, but necessarily so due to the size of the student body. With 450 students, a wide variety of issues are more likely to present themselves, requiring a higher level of experienced provision, which is less likely to occur in a much smaller school.

This being the case, the discussion seems to lean towards the impact of the size of the college. College A being of such a large size brings problems of its own, namely students' upset at feeling unnoticed, a high level of comparison to others which can, for some, be negative, and a difficulty for teaching staff to monitor all students in a class. However, a combination of the need to provide for a large student body, the prioritisation by the leadership team of the need for mental health provision, and a sufficiently large budget to allow for this to exist, has enabled a suitable level of care to be put in place to meet the students' needs.

Conversely, all participants at College B comment that the small size of the college is very beneficial to the pastoral care of the students, as they receive a great deal of individual attention, are well known to the staff individually, and suffer less with negative comparisons. However, it means budget restrictions are an obstacle to specialised mental health provision, and the faculty feel that it is not required for a college of such a small size, although as previously stated, the enrolment figures suggest this not to be the case.

All participants at College B stated that a connection with an outside expert could alleviate this issue. Recommendations from a 2009 review of mental health problems among university students included:

> (i) providing better links between the university and external mental health providers, and (ii) increasing students' awareness of existing support services within and external to the university. As it is unrealistic to expect all academic staff to have the expertise required to deal with students with emotional problems,

it is also recommended that (iii) policies and personnel with expertise in mental health are available to provide guidance for staff.[21]

This being the case, it may well be the ideal solution for a college of this size to establish a connection with a specific external specialist, so as to enable close contact between this provision and the college, and to improve clarity of what is available to the students. Regarding point (ii) of the above recommendations, this would definitely benefit from improvement as the students seemed very unclear as to what provision was actually in place, and some were not aware that a pastoral care manager was available to them in a different location.

Is it, however, the duty of the vocational performing arts college to provide mental health care?   As the students are mostly over the age of 18, could it be conceived that the college's duty is to provide vocational training, and if there are obstacles to that in the form of mental ill-health, it is the duty of the young adult to seek appropriate support?   Mackaskill (2012) believes not:

> Universities owe their students a duty of pastoral care. They need to make the well-being of their students a priority and ensure that the support services provided are sufficient to deal with the increased student numbers. Students need to be psychologically healthy if they are to get the most out of their education and move confidently into employment.[22]

If this is felt to be the case in universities, then vocational performing arts schools should perhaps be even more mindful of the need for provision. However, these schools are far smaller than universities, with even the largest holding up to 500 students as opposed to many thousands at a mainstream university, and lack of budget is stated to be the greatest obstacle.

One consideration may be BAPAM's observation that:

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[21] 'A systematic review: Students with mental health problems—A growing problem', (p. 1).
[22] 'The Mental Health of University Students in the United Kingdom', (p. 18).

According to evidence from the research cited above, performing artists do not typically access health services, when they need them, sufficiently early. If a problem is identified, accessible help should be sought as soon as possible. Early assessment by a clinically trained professional is important so that a diagnosis can be made, and a plan put into place; long waiting times are unhelpful.[23]

College A's ability to diagnose from the in-house provision and, at times, bypass the need to be referred externally, counteracts those two cited concerns; early intervention, and the avoidance of long waiting times for referrals, combined, improve the prognosis for the sufferer. While it could be argued that mental health support goes beyond the remit of the training provider, Curtis' study concluded that:

Musical theatre students scored significantly more poorly on all subscales of the MHI[24] than the general population normative data. Furthermore, Australian musical theatre students scored more poorly than the available general tertiary student population data on measures of overall mental health and psychological wellbeing. […] The low mental health scores of musical theatre students across all domains indicate that this group is at greater risk of mental health problems than the general population and other tertiary student populations.[25]

This being the case, it would seem that recognition of this, and adequate provision for it, would seem worthy of consideration as a duty of care by any college mindful of what might be required by its students to succeed throughout their training and into the profession.

Musical Theatre training

The question one might ostensibly ask is why musical theatre training, and working in the profession, poses such a disproportionate risk to the students as compared to the general population, or tertiary students of other subjects. In fact, when van den Eynde's research confirmed that 'for creative artists and performers, inner personal qualities of persistence and passion were reported to be the most important intrinsic factors motivating their creative work

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[23] BAPAM Consultation Paper, (p. 6).
[24] Mental Health Index.
[25]'The Mental Health of Musical Theatre Students in Tertiary Education', (p. 341).

and advancing their careers'[26] and uncovered that 'a major theme emerging from the research is the industry workers expressing their overwhelming passion for their creative work'[27], how could following this adored path prove so troublesome for the participant?

As previously stated, musical theatre requires a multi-skill training to expert level in the disciplines of acting, singing and dance. While enjoyable pursuits for most people, when studied under the pressure of achieving sufficient expertise to succeed in the industry, they can become anxiety-inducing and troublesome for the mental health of young people.

Singing

Singing can be a joyful activity for many, and when conducted in groups, tends to improve wellbeing:

> '…many studies have shown that singing, particularly in a group, can be beneficial to an individual's mental wellbeing – increasing self-belief, engendering positive emotions like joy while countering the negative effects of stress and anxiety.'[28]

An earlier 2017 study recognised that 'principal benefits from group singing, identified from the earliest studies, are a more positive mood and increase in psychological and social wellbeing'[29], supported by the findings of that study and by Morrison and Clift in their 2012 guide 'Singing and Mental Health'[30].

This being the case, it is necessary to explore why it should be that, in College A, there is a much higher rate of support sought from the students following a singer/actor route, and why College B's students are very prone to crying when singing in class. A perhaps-obvious answer, as stated by a College A student, is that 'you have all eyes on you in an individual

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[26] Working in the Australian Entertainment Industry', (p. 9).

[27] Ibid., (p. 2).

[28] 'The Mental Health of Musical Theatre Students in Tertiary Education', (p. 335).

[29] Stephen Clift, Sharon Manship and Lizzie Stephens, 'Further evidence that singing fosters mental health and wellbeing: The West Kent and Medway project', *Mental Health and Social Inclusion*, 21 (1), (2017), 53-62 (p. 53).

[30] Ian Morrison and Stephen Clift, *Singing and Mental Health,* September 2012, <https://www.canterbury.ac.uk/health-and-wellbeing/sidney-de-haan-research-centre/documents/singing-an-mental-health.pdf> [accessed 8th August 2020].

class, whereas in an ensemble singing class for example, no-one is particularly looking at you.' This puts a lot of pressure on a student with a lack of self-confidence in this area, but the contradictory perspective of the student commenting on perfectionism and the need to meet others' high expectations shows the response is not clear-cut.

In my experience the problem is predominantly experienced when the student lacks confidence, which may explain the situation at College B. If the student already carries doubts about their ability to meet the expectations of an extremely competitive industry, perhaps due to not having secured a place at a 'top' establishment, then any suggestion that they are not succeeding may be overwhelmingly frustrating. Returning to College B faculty member's point of comparison against the UK's top-rated conservatoire, and having myself taught at the college in question until relatively recently, and I can attest that in my experience, she is correct in her estimation; the students at that college are, in general, supremely confident and most seem not to visibly suffer with performance anxiety or self-doubt. Additionally, in my experience of working at smaller, newer, less renowned colleges such as College B, students may indeed be prone to worrying about their comparative abilities when eventually auditioning against graduates from higher-profile schools.

If a student carries the mindset that they must be 'perfect' at every step of the journey, and does not appreciate that training is a long process which must involve a fair degree of failure, then they will suffer a great deal of stress and self-doubt, as 'related research with college students has found that self-oriented and socially prescribed perfectionism are associated with fear of failure.'[31] This means that any moment the student fails to reach the standard they expect of themselves, they will project this forward to a fear of failing in the industry in the future, and anxiety may develop.

A faculty member at College A pointed out that 'singing is bespoke to the individual, and any appraisal of it is to some extent subjective; a selection of singing teachers might all

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[31] Shulamit Mor, Hy I. Day, Gordon L. Flett and Paul L. Hewitt, 'Perfectionism, Control and Components of Performance Anxiety in Professional Artists', *Cognitive Therapy and Research*, 19 (2), (1995), 207-225 (p. 208).

assess the same voice differently. Singers are more fearful, as it is unknown whether others will like what you do.' Additionally, unlike with the use of your body in dance, emotions come through the voice, as she continued to explain: 'If you are suffering with mental health issues, you are likely to have vocal trouble.' It is not uncommon for no physiological symptoms to be found through vocal massage or ENT[32], but the problem is uncovered in therapy, such as emotional trauma and a fear-based mindset, concerns about not being good enough, paranoia, perfectionism or performance anxiety: 'In singers these issues are far more apparent, as vulnerability, nervousness, weakness and fear come out through the voice and cannot be hidden.' In this way, it is clear that solo singing, when under pressure of perfectionism or fear of failure, is a very exposing endeavour and unless one feels very confident in this area, problems may develop.

Dance

The other issue mentioned by all participants was the anxiety provoked by dance classes among those who consider themselves singer/actors, as was found in Curtis' study, which found that 'singers and actors were more likely to find dance classes distressing.'[33] As identified in my own study's interviews, these students often find it challenging to be exposed in their weakest area. College A has a long-held reputation for the strength of its dance training, and often accepts students with an extremely high standard of dance on entry. However, it has more recently established a much stronger musical theatre focus and now also accepts students with extremely high levels of singing but lower dance standard, with a view to taking the singer/actor route. In the first year, all students train together, which may induce feelings of insufficiency in students who have less background in dance than their peers. College B states that the majority of students at intake have some experience of singing, but

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[32] Ear, Nose and Throat.

[33] 'The Mental Health of Musical Theatre Students in Tertiary Education', (p. 343).

many are lower in experience and ability in dance, which may cause feelings of stress and inadequacy in class, especially compared to more competent classmates.

Curtis suggests further reasons for their struggles:

> Firstly, dancers may have developed a better set of skills for coping with the rigour of musical theatre training, including a strong sense of discipline and an affinity with routine. Secondly, it is possible that dancers are more aware of the benefits of nutrition and exercise and display a higher level of fitness than singers and actors, all of which have been shown to have a protective effect against mental health problems. Thirdly, singers and actors may find dance classes to be disproportionately distressing. […] Dancers are likely to feel more comfortable in this environment due to their more developed skill base and familiarity with this teaching style, whereas other students may be confronted by it.[34]

College A's faculty presents another perspective, suggesting that the lesson length could be a factor, as in a dance class one performs throughout a whole session, exposed for an hour and a half in their weakest skill, but for a dancer who feels less confident in singing, they are exposed for only three minutes per class, or potentially not sing at all. However, Curtis also suggests that 'generally, participants that reported dance as their best triple threat skill were more likely to have a positive reaction to classes in any discipline.'[35]

These findings are balanced against the students' enjoyment of one-to-one singing lessons and group singing classes, which are found to be positive experiences for all students, especially in one-to-one lessons where it has been found 'that the one-to-one context allows for the development of a unique relationship between student and teacher that extends beyond musical instruction to professional and personal mentorship.' This allows teachers to 'foster positive personal skills like resilience, while also guiding students in connecting their conservatoire learning to real-world contexts and professional pathways.'[36] Crucially, in response to College A's recognition that large class sizes mean issues may be overlooked, 'the

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[34] Ibid. (p. 343-4).
[35] Ibid. (p. 343).
[36] Ibid. (p. 343).

individualized attention afforded in this context allows teachers to monitor student wellbeing more closely than in larger classes.'[37]

Beyond the limitations of this study are more specific complications of training as a dancer, including negative body image and body dysmorphia, eating disorders, perfectionism-induced anxiety, exhaustion, and the impact of physical injuries, all of which can have a severe impact on mental health, and should be carefully considered in further studies into mental health provision for performing arts students.

Acting

Acting training may, as established, provoke emotional challenges for the students when uncovering traumatic experiences: 'Acting training has been shown to carry inherent psychological risk, as it can often blur the boundaries between character and self and asks students to be emotionally vulnerable.'[38] A problem with this is that teachers may not be trained to deal with the consequences of emotional distress. Training the teachers to recognise mental health issues may address the problem to some degree, but as early as 1999 a study concluded that 'although teachers may understand that acting can have psychological side-effects, our interviews reveal that young actors may be unaware of that possibility until they have an emotionally distressing experience.' Even then, this study states 'on the basis of the theory emerging from this study, we suggest that the theatre profession address boundary management as an aspect of acting pedagogy.'[39] While this can be taught in an acting class, as it cannot be a requirement for all acting teachers to be trained psychotherapists, some provision may need to be on hand to deal with any trauma that may emerge from such an experience.

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[37] Ibid. (p. 343).
[38] Ibid. (p. 334).
[39] Suzanne Burgoyne, Karen Poulin, and Ashley Rearden, 'The Impact of Acting on Student Actors: Boundary Blurring, Growth and Emotional Distress', *Theatre Topics*, 9 (2), (1999), 157-171 (p. 158).

Time pressures

Another factor particular to the musical theatre student experience is the very heavy time commitment required. Curtis observes that:

> The time pressures associated with undertaking tertiary musical theatre study may influence lifestyle choices that are less conducive to positive psychological wellbeing. These time pressures may also make it difficult to undertake sufficient employment and contribute to a financial situation that most participants viewed as stressful.[40]

These observations were echoed by students and faculty members from all colleges, all acknowledging that 'contact hours in a musical theatre course are greater than those experienced by a typical tertiary student.'[41] A programme leader building a timetable must bear in mind the necessity for high-intensity training to yield the necessary results, the intrinsic risks to the students' mental health in doing so, and balance this also against the passion, enthusiasm and determination of students highly committed to their practice, and wishing to make the most of their very expensive investment. In my experience of running musical theatre degree programmes, if the students are not pushed to their limits and their timetable as full as possible, they will complain that they are not doing enough and wish to fill every corner of their time.

Are mental health problems increasing among college students?

Focusing on the general student population in America, Hunt and Eisenberg's 2010 study recognised that 'the proportion reporting to have ever been diagnosed with depression has increased from 10%–15%'[42] in the previous ten year period, but questions whether students are actually more psychologically disturbed today than they were in the past:

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[40] 'The Mental Health of Musical Theatre Students in Tertiary Education', (p. 344).
[41] Ibid. (p. 342).
[42] 'Mental Health Problems and Help-Seeking Behavior Among College Students', (p. 4).

'…the near unanimity by which college mental health personnel report increasing numbers of serious mental health problems leaves little doubt that more of these students than ever are coming into contact with campus health services. These reports may, however, represent an increase in help-seeking behavior rather than a true increase in prevalence. […] The apparent changes on college campuses may represent, at least to a large extent, an increased willingness of students to seek help for their psychiatric symptoms instead of a true prevalence among students.[43]

The chapter goes on to recognise that the increase could reflect factors in society, or changes in the ethos surrounding mental health in the colleges. If this was the case in the ten-year period up to 2010, it could be argued that mental health awareness and de-stigmatisation has moved on greatly in the ten-year period since then. The public narrative on mental health is far more open, and there is much more support available, with organisations such as Mind and Rethink Mental Illness working to reduce the stigma and discrimination around mental health, while many organisations exist for the purpose of supporting students, such as Student Minds, Nightline, Students Against Depression and the Alliance for Student-Led Wellbeing.[44] Many notable names in the public eye have spoken out about their mental health struggles in the past few years, and general awareness and discussion on the topic has improved enormously. Therefore, one might conclude that the current climate reveals not an increase in cases but a greater willingness for students to seek help for their symptoms.

However, a conflicting perspective was raised by one faculty member, who suggested that the increase in mental health diagnoses may actually derive from students 'jumping on the bandwagon' for a diagnosis when their symptoms are merely normal struggles faced by young people at a formative age and a challenging time in their development. It is certainly very normal for young people to feel stressed and anxious when under pressure, such as at a time of examinations or assessments, or to find it very challenging to receive criticism, even if it is constructive. Perhaps an increased awareness of mental illness is causing young people

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[43] Ibid., (p. 5).
[44] Source: 'Collaborating with students to support mental health and student wellbeing'.

to seek help for problems which are simply aspects of growing up, and doctors may be too quick to assign the symptoms to a diagnosis of mental ill-health and prescribe medication unnecessarily.

College A's faculty believe that medication masks the problem and does not get to the root cause. However, College C's faculty believes that it can enable students to make the most of talking therapies and make them more effective. Being given the 'label' of a mental health diagnosis can be helpful to a person by allowing access to the support they need, and to help them to understand why they are facing their issues. But a potentially unnecessary diagnosis, resulting in a medical prescription, could be problematic, especially if side effects are experienced, or withdrawal proves difficult, and some argue that over-diagnosis is becoming worrisome.[45]

Mental health conditions are diagnosed using the Diagnostic and Statistical Manual of Mental Disorders compiled by the American Psychiatric Association, currently on version 5 (DSM-5). The problem with diagnosis of mental health conditions is that it is language-dependent – there are no specific tests to diagnose psychiatric conditions. Diagnoses rely entirely on what the patient has to say about their experience, which is then given a label, and which gives the impression it is definable and treatable, as stated by Maria Grazia Turri, lecturer in Creative Arts and Mental Health at Queen Mary University, in a lecture on *'Diagnosis and Classification in Contemporary Psychiatry'* in 2019. If a young person feels overwhelmed with the normal pressures of transitioning to adult life, or their studies, goes to the doctor to ask for help to feel better, and describes symptoms which fit a diagnosis in the DSM, they may be given a label for their symptoms, and perhaps prescribed medication, which could be problematic for young people who may simply need to learn to overcome the challenges of life.

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[45] Grohol, John M., 'Overdiagnosis, Mental Disorders and the DSM-5', *Psych Central*, (July 2018), <https://psychcentral.com/blog/overdiagnosis-mental-disorders-and-the-dsm-5/> [accessed 2nd August 2020].

In summary, if the change in the ethos in society surrounding mental health means that young people increasingly feel able to discuss their problems and seek help for what they consider may be a mental health concern, the opportunity increases for their symptoms to be matched to a diagnosis, and therefore the prevalence of mental illness rises. However, serious mental conditions such as bipolar disorder, eating disorders or suicidal thoughts require expert care, and medical intervention would be critical in identifying these matters and guiding the student towards appropriate treatment.

The nature of this study is not designed to form any concrete answers about this. However, it would seem preferable that the provision available within the college environment is sufficiently specialised as to be able to help students work through their issues and determine whether the problem is manageable through pastoral care guidance, or whether the severity of the symptoms suggests medical intervention may be advisable. This would then help address the concern that students suffering serious mental ill-health may be unfit to train and could benefit from withdrawing from the programme until such time as they are healthy enough to continue and gain the most from their training, by combining the expertise of the faculty and the medical professionals to best support the student in reaching the appropriate conclusion based on the severity of their issues.

CONCLUSION

Combining the related resources, the interviews in this study, and my own experience in conservatoire settings and the industry, I wish to draw the following conclusions. It is clear that mental health within the performing arts is a matter of concern, and when combined with the pressures of being at an age of heightened prevalence of mental ill-health, and of becoming a university student, the availability of a support network within vocational colleges seems vital. The structure and amount of provision available may best be determined by the size of the college. In a large college with a wide student demographic, the placement of in-

house provision seems highly advisable, in order to be able to deal with serious issues quickly and to attempt to alleviate the problem of there being too many students for teaching staff to be able to notice or identify problems within the class setting. The larger budgets usually afforded by having a larger student body should make this possible if prioritised, and this would help students to manage the complications of being one of a large number by ensuring they feel safe and supported within a college whose ethos promotes and celebrates mental health and wellbeing.

In a smaller college, it may not be necessary to have a full-time member of staff in-house, as there may be too few cases to warrant that level of provision. However, having greater mental health awareness among the faculty, and dedicated access to a specialist to whom the students can be referred at speed when required, seems crucial. This would improve the students' sense of wellbeing as they would feel more confident in the provision available, there would be a clear line of communication to the appropriate level of support, and the staff would feel better equipped to manage the issues they are presented with.

The key point, I believe, is to have the ability to provide both pastoral care *and* specialist mental health care, and to recognise that they are not the same. Pastoral care can be provided by teaching or support staff who have the relevant knowledge and experience to advise on the more common issues faced by a young person in performing arts training. But awareness to the extent where more serious issues can be noticed, acknowledged and passed on to specialist care at speed is vital. All staff with pastoral care responsibilities having mental health awareness training would mean that they would recognise when student issues are 'everyday' stresses, and when a more concerning issue could be present, be cognisant of the correct path to follow to connect them with appropriate support networks. Even better, all full-time faculty members, and preferably as many part-time members of staff as possible, should be trained in Mental Health Awareness and Mental Health First Aid to equip them to notice when issues may need addressing. Ideally, a dedicated member of staff should hold the

responsibility for the pastoral care provision, so that it does not fall on the shoulders of a teaching staff member and therefore be considered an afterthought or additional burden on their workload. The role of this person, and the structures and procedures surrounding the support available should be made explicitly clear to the students from the beginning of their training. If this person holds other responsibilities within the college, dedicated time should be set aside to fulfil this important aspect of the role, so there is clarity for the students as to when they can seek this support, and the obligations of the role are given time for their due care and attention. Additionally, the college should foster an ethos of mental health awareness, so as to allow those struggling to feel safe to seek the support they need.

Limitations of the study

The intention of this study is to spotlight key issues in order to assist colleges in potentially designing better support structures, but its limitations must be acknowledged.

The interviews were held with staff members from only three colleges, and the students of only two. Other information has been added through my own experience of working in many other colleges over twenty years, but the level of understanding is from my perspective, and that which students and colleagues have chosen to share only.

Conducting this study through the Covid-19 lockdown meant that access to detailed data was not available, so a level of exactness was missed in the reporting. Similarly, conducting the interviews via Zoom meant that the only body language that could be read was via facial expression, although I do not believe this to have had a significant impact on the research. The lockdown also meant that access to libraries was not possible, so research was restricted to resources that were available online. I chose, for this reason, to dialogue most intensively with a small number of the most closely related resources throughout.

There is a need for far more research to be conducted into the mental health implications of a career in musical theatre, and especially into the particular issues faced by

its students, in order to fully understand and cater to the demands. This study aimed to give

an overview to the situation and reach some broad conclusions, but opportunities for future

in-depth research into the complexities of the issue should be sought.

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Huge thanks are due to the faculty and students of the colleges with whom I worked, for openly and honestly sharing their experience and showing such enthusiasm for the study, and for the ongoing developments in mental health awareness in the performing arts. They will be the change they wish to see in the world.

I also wish to acknowledge my amazing classmates, who have shown remarkable resilience and solidarity through this time and provided a supportive ear whenever it has been needed. It has been an honour and a privilege to study alongside you all this year.

Finally, the world of thanks to my father for being patient enough to listen to my daily updates and encourage me to the bitter end, and to my late grandfather, without whose legacy I would not have been able to live in London or undertake this course at all. My biggest champions, I am forever grateful.

Appendix I – Ethics Approval Letter

![Queen Mary University of London logo]

Queen Mary, University of London
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Queen Mary Ethics of Research Committee
Hazel Covill
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c/o Dr Maria Turri
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Mile End Road
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04 May 2020

To Whom It May Concern:

Re: QMERC2397 - Investigating the mental health provision in vocational performing arts colleges in London

I can confirm that Nikki Laurence has completed a Research Ethics Questionnaire with regard to the above study.

The result of which was the conclusion that the proposed work does not present any ethical concerns; is extremely low risk; and thus does not require the scrutiny of the full Research Ethics Committee.

Yours faithfully

Research Ethics Facilitator

Patron: Her Majesty the Queen
Incorporated by Royal Charter as Queen and Westfield College
University of London

Appendix II – Information Sheet

Queen Mary
University of London

Information sheet

Research study: An institutional analysis of the mental health provision of vocational performing arts colleges in London

We would like to invite you to be part of this research project. If you choose not to take part, there will be no disadvantages for you, and you will hear no more about it.

Please read the following information carefully before you decide to take part; this will tell you why the research is being done and what you will be asked to do if you take part. Please ask if there is anything that is not clear or if you would like more information.

If you decide to take part, you will be asked to sign the attached form to say that you agree.

You are still free to withdraw at any time until during the interview and without giving a reason. Once the interview transcript has been edited and anonymized, you will not be able to withdraw the data from the study any longer.

Details of study:

This forms part of my MSc in Creative Arts and Mental Health at Queen Mary University of London. The intention of the research is to investigate how institutions training vocational performing arts students for the musical theatre industry can best meet the mental health needs faced by them. This will to the creation of a template, of sorts, that can be considered by vocational performing arts institutes to understand the particular mental health needs of their students and the provision that could be put in place to support them. It is also hoped that by participating in the study, further discoveries will be made within the participating institutions which will help develop their own mental health provision.

In line with the current restrictions of the Covid-19 pandemic, the study will involve a number of online interviews and discussions, via a platform such as Zoom or Skype. I will be looking to meet with members of the faculty who have direct relation to the mental health provision, such as Student Welfare Officers, Student Support Services or Programme Leaders, to discuss the provision the college has in place, and how successful they feel that provision is proving in supporting the students and reducing the impact their symptoms have on their training and their general wellbeing. I will be looking to collect information and data to analyse how mental health issues in performing arts training have changed over recent years, and investigate the factors that may have contributed to that, with a view to devising strategies for understanding current students better and being better able to support them in the future.

I will also aim to meet with appropriate students, either Student Representatives or Mental Health Advocates within the student body, to ask how successfully they feel the provision at college supports them and discuss their views on the ethos surrounding mental health in the

college. I will not be looking to meet with or work with vulnerable adults who may be triggered by the study.

In addition to one-to-one interviews, I may look to hold a focus group discussion, which may involve faculty members and students. Participation in the focus group discussion will not be obligatory if you choose to take part in the study. Discussions in the focus group would take place after individual interviews have been completed and analysed, as an opportunity for the researcher to feed back themes from these interviews and for participants to explore them for further development. Anything reported back from the interviews in the focus group would be spoken of as generic themes and would be in no way identifiable to the individual who stated it. Focus group discussions would also take place online due to current restrictions during the Covid-19 pandemic.

The online interviews and focus groups will be recorded on my personal computer, which is password protected. The audio files will be transcribed and edited to anonymise any personal information that may have been disclosed at interview and to remove any sensitive information if present. The audio files will be deleted from my computer immediately after transcription. Transcriptions will be kept in password-protected files on my computer until I have submitted the dissertation, after which I will delete them from my personal devices.

The study will be anonymous, and names of institutions, individuals and other identifiable information (such as job descriptions) will not be included. Your responses will be treated with full confidentiality and anyone who takes part in the research will be identified only by code numbers or false names.

The information gained from this research will be used as part of my MSc dissertation. It may also be presented at scientific meetings and/or be published in scientific publications. No research participant will be identifiable from any publications. This study has been reviewed and approved by the Research Ethics Committee at Queen Mary University of London.

Queen Mary University of London is the sponsor for this study based in the United Kingdom. We will be using information from you in order to undertake this study and will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly. Queen Mary University of London will keep identifiable information about you for 3 years after the study has finished.

Your rights to access change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the information about you that we have already obtained. To safeguard your rights, we will use the minimum personally-identifiable information possible.

You can find out more about how we use your information at http://www.jrmo.org.uk/

If you have any questions or concerns about the manner in which the study was conducted please, in the first instance, contact the researcher responsible for the study. If this is unsuccessful, or not appropriate, please contact the Secretary at the Queen Mary Ethics of Research Committee, Room W104, Queen's Building, Mile End Campus, Mile End Road, London or research-ethics@qmul.ac.uk.

Sincerely,

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Appendix III – Consent Form

Consent form

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of Study: An institutional analysis of the mental health provision of two vocational performing arts colleges in London

Queen Mary Ethics of Research Committee Ref: **QMERC2397**

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part.

If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

• *I understand that if I decide at any other time during the research that I no longer wish to participate in this project, I can notify the researchers involved and be withdrawn from it immediately, up until the point that the data will be transcribed and analysed.*

• *I consent to the processing of my personal information for the purposes of this research study. I understand that such information will be treated as strictly confidential and handled in accordance with the provisions of the Data Protection Act 1998.*

Participant's Statement:

I _____ agree that the research project named above has been explained to me to my satisfaction and I agree to take part in the study. I have read both the notes written above and the Information Sheet about the project and understand what the research study involves.

Signed: Date:

Investigator's Statement:

I __Nikki Laurence_____ confirm that I have carefully explained the nature, demands and any foreseeable risks (where applicable) of the proposed research to the volunteer