

# **Equity global scoping review of factors related to poor mental health and wellbeing within the performing arts sectors**

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# Forward

A unionised workplace is a safer and healthier workplace. Since its very beginning, the union movement has been at the forefront of making people's working lives safer and healthier: that's as true when it comes to mental health as it is physical health.

The role of trade unions is especially vital as systemic issues, such as austerity, COVID-19 and the cost-of-living crisis, have all contributed to ever-increasing levels of work stress and mental ill health. Ensuring that poor workplaces do not lead to or exacerbate poor mental health is critical – but so too is ensuring that our industry is accessible to those with pre-existing mental health problems. Our workplaces must be places where they can tell their stories.

Equity's members have long reported concerns about how the performing arts and entertainment industries impact their mental health. The urge for action, however has led to disparate research, reinvented wheels, and a tendency for those who are in control to push responsibility to individuals.

To tackle this, Equity commissioned leading academic Dr Lucie Clements to undertake a landmark study of existing academic literature and critically analyse the key themes that have emerged from the perspective of the workforce, not the bosses. Her work has confirmed a clear trend for increased mental health concern across the performing arts and entertainment industries - as well as demonstrating the complexity of the issue, with significant contributing factors including the precarious nature of freelance work, antisocial working hours, time away from home and financial fears.

This is a context which needs an immediate and direct response - a response which the NHS is struggling, and the bosses are unwilling, to make. Against this backdrop, Equity will continue to fund access to counselling services for our members. This service will be provided through our long-standing partnership with the British Association for Performing Art Medicine and its UK-wide network of practitioners.

But this service is not enough - only government provision of robust, well funded mental health services, and systemic change in the behaviour of producers and engagers can stem this tide. As trade unionists we must use our collective power so that producers, engagers, and the government can no longer ignore this collective crisis.

Equity is determined to change the conversation from one about 'personal resilience' within a bad system to one of 'collective resistance' to its unnecessary precarity.

Our **Mental Health Charter** sets out five demands for the creative workforce, which will be at the heart of our approach to bargaining and campaigning as we move into a time of unprecedented economic uncertainty. They set Equity's primary goal of material improvements to terms and conditions in a very human context: transforming the world of work for the better, so every artist has the right to a dignified working life.



1. Producers and engagers must address the harmful impacts of precarious work by improving pay and improving work-life balance. This is central for enabling good mental health and maintaining healthy, safe workplaces.
2. Producers and engagers must adopt relevant safeguards in the workplace, such as mental health risk assessments, safe spaces policies and consultation on organisational change. Equal attention should be paid to the mental health needs of all performers and creative workers.
3. Producers and engagers must not exclude historically marginalised groups, such as ethnically diverse and LGBTQIA+ communities, from policies and practices designed for promoting safe, inclusive workplaces. These workers face multiplier effects of low pay, precarious work and discrimination upon their mental health and their welfare and rights should be championed.
4. Education providers must ensure that every young person undertaking education or training is inspired to expect dignity and respect in work. Young workers preparing to enter the industry should be encouraged to reject any form of abusive or discriminatory behaviour, and understand that doing so is intrinsic to maintaining good mental health.
5. The Government must invest in our mental health services to reverse a decade of underfunding and reform the outdated Mental Health Act.

**Paul W Fleming**  
**GENERAL SECRETARY**

# Introduction

This scoping review was commissioned by Equity to explore the current research and information regarding the possible factors related to poor mental health and wellbeing within the performing arts sectors. This is part of a strategic programme of work looking at how the union can safeguard performers and creative practitioners' mental health and wellbeing in the workplace, and bring about deep-rooted structural change for the industry.

The World Health Organisation (2004) defines mental health as "a state of well-being in which the individual realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". Poor mental health can result in a variety of problems including diagnoses of anxiety and depression.

In recent years, a growing body of evidence relating to the prevalence of poor mental health in the sector has been published. A variety of international reports highlight concerning statistics. In 2015, ArtsMinds, in collaboration with The Stage, Equity and Spotlight found that 46% of performing artists self-reported poor or average mental health. One in five of the 5,000 survey respondents was seeking help for their mental health.

In 2016, a survey of 2904 people working in the Australian entertainment industry (across an extensive number of roles within dance, music, acting, presenting, entertaining, producing, directing, managing, technicians, operating and roadies) was published (van den Eynde et al., 2016). 41% of performers, 38% of people in a support role, and 31% of technicians/crew had received a diagnosis of a mental illness, with depression being by far the most common diagnosis. Serious issues related to depression were also

observed, with suicidal ideation six times greater, suicidal planning more than four times greater, and suicidal attempts more than double the occurrence in the general population (van den Eynde et al., 2016)

More recent reports have continued to echo high prevalence of poor mental health in the performing arts industry. In 2019, The Record Union reported that 73% of independent music makers had experienced stress, anxiety, or depression concerning their role as a music creator. While a survey of 5000 individuals working in the film, TV, and cinema industry revealed that 87% of individuals had experienced a mental health problem (Wilkes et al., 2020). Emerging evidence shows the impact of the COVID-19 pandemic on an industry already at risk for poor mental health. Rusak et al. (2021) report that 63.5% of Australian performing artists rated their current mental health as worse than pre-COVID-19 pandemic. Heightened levels of depression, stress and anxiety compared to previous data demonstrating already high levels in performing artists were also seen.

Published reports have tended to explore rates of poor mental health, with a lesser focus on the causes or factors which relate to poor mental health in the performing arts sector. The report by van den Eynde et al. (2016) sheds light on a variety of possible factors related to poor mental health in the Australian Entertainment Industry.

However, this scoping review explores the entirety of the existing global literature. The review was written by Dr Lucie Clements. The research commenced on 21 January 2022 and was completed on 05 April 2022.

# Scoping Review Overview

## What is a Scoping Review?

This scoping review presents factors related to poor mental health within the performing arts sectors. A scoping review was selected as the most appropriate form of review, since it aims to map the existing literature within a given area and is effective where the topic is either complex or heterogeneous (Arksey & O'Malley, 2005). Notably, unlike systematic literature reviews, the scoping review process does not aim to assess the quality of included studies, but rather to identify the entirety of published literature within the chosen area (Arksey & O'Malley, 2005). As such, the scoping review is not guided by one focussed research question, but includes all literature that discusses the chosen topic. As author familiarity with the literature increases through the process of the review, the author may redefine their search terms.

## Conducting the Scoping Review

### Step 1: Identifying the research question

The first stage of the review was to identify the research question. The initial question defined by Equity was focussed on causes, but was refined, resulting in the question: "What factors are related to poor mental health and wellbeing within the performing arts sectors?". Here, the performing arts sectors include students and professionals from the industries which Equity supports (i.e. actors, singers, dancers, designers, directors, stage managers, puppeteers, comedians, voice artists, and variety performers). There are a variety of terms which may be used within mental health literature to indicate poor mental health and wellbeing, so the initial search focussed broadly on "mental health", "mental wellbeing" and "psychological wellbeing", before also searching for "depression", "anxiety" and "stress". There is substantial evidence regarding the role of acting, singing, dancing, designing, comedy and performance on mental health (e.g., Aliberti & Raoula, 2021; Daykin et al., 2008; McGrath & Stevens, 2019; Schwenke et al., 2021; Sheppard & Broughton, 2020). However, this body of literature is predominantly focussed on investigating the potential for using the performing arts as an intervention for mental health (e.g. Williams et al., 2018), for promoting the role of the performing arts in educational contexts (e.g. Sowden et al., 2015), or for supporting mental health in contexts such as bereavement (e.g. Fancourt et al., 2019). These studies were excluded from the scoping review.

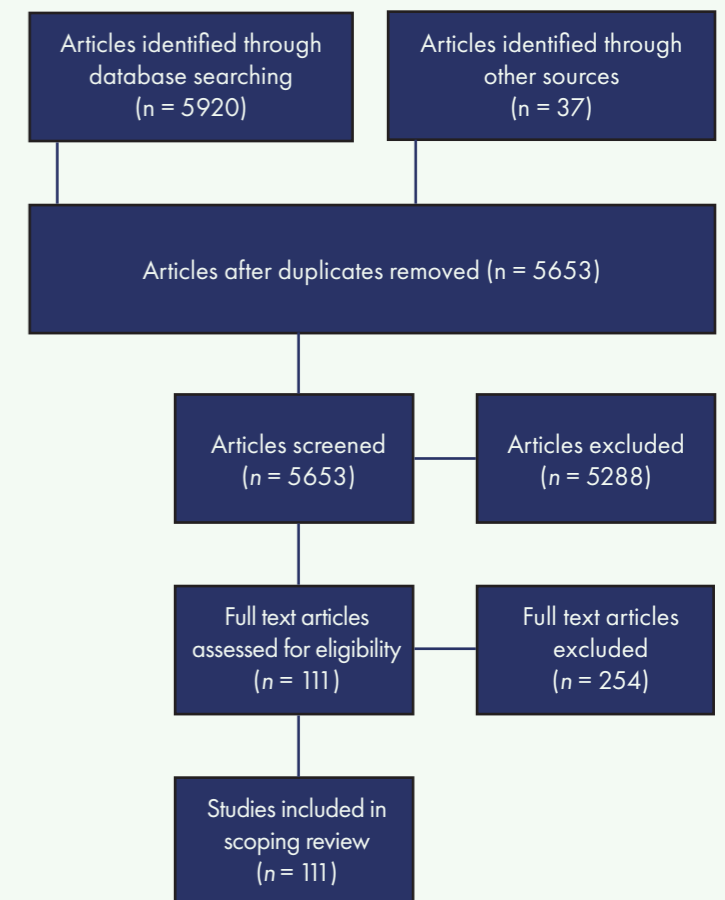
### Step 2: Identifying relevant literature

A comprehensive search of databases yielded research that was published between 1953- 2022. An additional snowballing strategy was used, during which attention was paid to a) citations within the literature which appeared to be relevant to the scoping review, and b) the reference lists of any other published literature reviews (Jaskiewicz &

Tulenko, 2012). Finally, specific journals that address the health of performing artists were searched (e.g., Psychology of Music, Journal of Dance Medicine & Science and Medical Problems of Performing Artists), until saturation was reached (Arksey & O'Malley, 2005). Towards the end of the writing, a brief additional review was completed to ensure any research that had been published in 2022 was also included. All citations were imported into Mendeley.

### Step 3: Study selection

Abstracts of each article were scanned to ensure fit with the research question, and 5288 studies were excluded. Exclusion criteria were a) studies that referred to a term such as "actor/performance" in an unrelated capacity, b) studies using the performing arts as a mental health and wellbeing intervention and c) full texts not available in English. On reading of the full article, a further 254 studies were removed for failure to address the research question, resulting in 111 studies for inclusion in the scoping review.



### Step 4: Charting the data

111 articles were included, and a summary was made based on the following criteria:

- Author(s)
- Year of publication
- Study location

- Study populations
- Aims of the study
- Methodology
- Sample Size
- Operationalisation of Mental Health
- Outcome measures (if relevant)
- Important results.

#### Step 5: Collating and summarizing the results

The results of the scoping review were collated and summarised and are reported below using a narrative synthesis. The scoping review aims to present an overview of everything collected, while acknowledging that some areas were better represented than others.

## Notes on Interpreting the Findings of the Scoping Review

In interpreting the results of the scoping review, an important consideration for the reader is the operationalisation, or means of measuring, the terms “Mental Health/Illness”. A large variety of strategies are used in the literature presented in the scoping review. Some methods used qualitative measures, which inherently rely on the individual’s interpretation of the term mental health, as well as the researcher’s interpretations of the participants words. However, most studies use one of a broad range of quantitative methods, which may vary in reliability and validity. These include:

- Self-reported Yes/No responses to questions about experiences of mental health, without a requirement for a diagnosis (i.e., “Yes/No I do not feel anxious/depressed)
- Self-reported Yes/No responses to questions about experiences of mental health, with a requirement for a diagnosis (i.e., “Yes/No I have received a diagnosis of anxiety/depression)
- Self-reported current states (i.e., “In the present moment...”)
- Self-reported recent experiences (i.e., “In the last few weeks...”)
- Use of clinical questionnaires to determine whether participants meet a clinical cut off, which may have been otherwise undiagnosed.
- Diagnosed mental illnesses.

In addition, where questionnaires were used, these varied substantially. For example, anxiety was sometimes assessed using the Sport Anxiety Scale (SAS; Smith et al., 1990), the Generalised Anxiety Disorder Assessment (GAD-7; Spitzer et al., 2006) and the Depression Anxiety and Stress Scale (DASS; Lovibond & Lovibond, 2005). Meanwhile, depression was measured using the Patient Health Questionnaire (PHQ-9; Kroenke & Spitzer, 2001), the Beck Depression Inventory (BDI; Beck et al., 1987) and the Depression Anxiety and Stress Scale (DASS, Lovibond & Lovibond 2005). In some international samples, country specific commonly used diagnostics were used. Furthermore, psychological stress was sometimes referred to as psychological distress or psychological strain. It is important to note that these methods of reporting mental health have different degrees of sensitivity and validity, so the variability in the data presented below may be affected by the researcher’s choice of measurement of mental health.

# Findings from the Scoping Review

The findings from the scoping review include 111 studies that explored factors related to poor mental health in both students and professionals within the performing arts. Willis et al. (2019) indicates a **general lack of research in mental health in the performing arts**, and it is important to note that many of the studies below did not explicitly set out to explore factors related to mental health. Instead, many of the studies reported data regarding mental health as a secondary aspect of a research question.

**Most of the published literature within the area of mental health and the performing arts focuses on music and dance** (Robb et al., 2018; Visser et al., 2019; Willis et al., 2019). Individuals within music and dance are more likely to be employed on a permanent basis (for example, in orchestras or classical ballet companies) rather than as freelancers. This means that **less literature was found which explicitly explored factors related to mental health in freelance performing artists**.

While a fair amount of data was found regarding dancers and singers within music contexts, the other roles which Equity supports are underrepresented in the literature review (Martin & Battaglini, 2019). There does appear to be recent growth in research within acting (e.g., Burgoyne et al., 1999; Maxwell et al., 2015) and circus arts (e.g. van Rens & Heritage, 2021). In musical theatre, for example, a small number of papers were found (Curtis, 2019; Sherman et al., 2021; Wanke et al., 2012) and importantly there some areas which Equity work with are entirely under researched (e.g. supporting artists, variety performers, puppeteers, comedians).

Another clear area of concern regarding the results of the scoping review is the **failure to acknowledge and explore key issues related to diversity and mental health**. For example, it is well known that low socio-economic status, gender and ethnicity are key predictors of mental health risk, engagement and outcomes (Halvosrud et al., 2018; Miranda-Mendizabal et al., 2019; Proto & Quintana-Domeque, 2021; Reiss, 2013; Tello et al., 2005, Valentine & Shipherd, 2021). However, these issues have not been addressed in the literature outlined below.

The following sections explore firstly the prevalence of mental health problems followed by the three key areas of factors related to poor mental health.

## Prevalence of Mental Health Problems

Reported rates of mental illness with the general population vary, depending on the method used, and the time frame over which individuals are asked to report. Mind (2020) report that each year, 25% of people experience a mental health problem, while a report by the Mental Health Foundation (McManus et al., 2016) showed that 17% of individuals experienced a challenge with their mental health in each week. Their data also showed that 43% of adults think they have had a diagnosable mental health condition in their lifetime, but 36% of these people

received a diagnosis by a professional (McManus et al., 2016). Mental health rates are likely to have been affected by the COVID-19 pandemic (Chandola et al., 2020; Chen & Luccock, 2022; Johnson et al., 2021)

**Findings regarding the prevalence of mental health concern from the 111 papers vary greatly both between and within each industry.** The literature search yielded data on the prevalence of mental health concerns within dance, acting, musicians and circus artists. Apart from van den Eynde et al. (2016) no papers were found which addressed rates of mental health in designers, directors, stage managers, puppeteers, comedians, voice artists, and variety performers. Importantly, few of the papers included in this section were designed to specifically explore the prevalence but reported statistics as part of another research question. Therefore, sample sizes in most studies are small (in some cases approximately 20 participants).

Most papers tended to explore either depression or anxiety, but some shared results regarding broader mental health. Like findings from Mind (2020) and McManus et al. (2016), rates of current mental health diagnoses in music students (including, but not only, vocalists) were 23%, while 36% had had a diagnosis at some point in their life (Koops & Kuebel, 2021). Rates within Musical Theatre students appeared to be high, where significantly poorer mental health than normative data was observed (i.e., similarly aged students), and 54% of students reporting a level that met the rate for diagnosis of mental disorder (Curtis, 2019). Stubbe et al. (2018) note that 5% of all recorded health problems in circus students in an academic year were psychological. Demonstrating the long-term effects of mental health concern, in an expansive examination of the death records of over 13,000 popular musicians who died between 1950 and 2014, Kenny and Asher (2016) showed that suicide was two to seven times more likely in country, metal, and rock musicians compared to the general population. However, Fujiwara and Lawton (2016) found that performing artists have higher subjective wellbeing than those employed in a non-creative industry.

### Prevalence of depression

24% of women and 13% of men in England are diagnosed with depression in their lifetime (Craig et al., 2015), while 3% of individuals are thought to be experiencing depression in any given week (McManus et al., 2016). In the scoping review, a variety of approaches to concluding whether performing artists were at higher risk of depression than the population. A common method was to compare to normative data, which compares rates within an age and gender matched group. The earliest paper by Marchant-Haycox and Wilson (1992) reported that dancer, actors and musicians were collectively more likely to self-report depression, but no type of performer was more likely to experience depression than any other. Increased risk of depression was also found in musicians including singers (Kapsetaki & Easmon, 2019) and student dancers (Scheper et al., 2013). Vaag et al. (2021) report

that the combined prevalence of anxiety and depression was 7% higher in music and performing arts students than general student population. Two papers showed depression to be twice as likely in performers than the general population - one in actors (Maxwell et al., 2015) and one in ballet dancers (Ravaldi et al., 2003). In circus performers, Donohue et al (2020) found similar levels of depression in students as the normative data, while lower levels of depression were found in professionals than the normative data.

A variety of methods were used to report depression symptoms. Rates varied, with data reporting 12% in acting students (Searl et al., 2019), 15% in opera singers and 15% of dancers (Thomson & Jaque, 2016b), 24% in non-classical musicians (Chesky et al., 2002), 38% in dancers (Alimena & Air, 2016), 36% in popular musicians (Berg et al., 2022) and 44% in actors (Werner et al., 1991; Brodsky, 2001). Highlighting the challenges of the various methods of reporting depression, Buckley et al. (2021) found that 15% of performing arts professionals had received a clinical diagnosis of depression, but 30% of scored above the clinically significant cut-off point for depression, indicating that only half had been diagnosed. Contrastingly, using a screening tool, Nascimento et al. (2012) report that none of their participants reached the clinical cut off for depression.

#### Prevalence of anxiety

Six percent of individuals are thought to be experiencing anxiety in any given week (McManus et al., 2016). In the scoping review, a variety of approaches to concluding whether performing artists were at higher risk of anxiety than the population. A common method was to compare to normative data, which compares rates within an age and gender matched group. Increased risk of anxiety was observed in musicians, including singers (Kapsetaki & Easmon, 2019), student dancers (Scheper et al., 2013), circus students (Donohue et al., 2020) and professional actors (Maxwell et al., 2015). Professional circus performers had similar levels of anxiety to the normative sample (Donohue et al., 2020)

A variety of methods were used to report anxiety symptoms. Rates varied, with data reporting 24% in dancers, 32% in opera singers (Thomson & Jaque, 2016b), 52% in acting students (Searl et al., 2019) 60% in actors (Brodsky, 2001), 90% of rock musicians (Raeburn, 1987). One study showed that 3% of performing arts professionals reported having been clinically diagnosed with anxiety, but 26% of the participation scored above the clinically significant cut off point for anxiety (Buckley, 2021).

While a variety of methods were used, ranging from ticking a Yes/No box to clinical diagnostic tools, **a clear trend for increased mental health concern is seen across the performing arts.** The following section explores the role of the performing arts culture in mental health.

# Factors related to Mental Health in the Performing Arts Sectors

## The socio-cultural context of the performing arts sectors

It is well understood that work that is insecure can have negative effects on mental health (László et al., 2010). Work in the Performing Arts is characterised by antisocial working hours (often on evenings and weekends), job instability and periods away on tour, coupled with often low income. **The culture of unstable work, antisocial working hours, time away from home and financial fears was the most discussed cause of stress and mental health concern in performing artists,** and King et al. (2019) showed a relationship between these occupational factors and increased risk of depression and anxiety. **The cultural impacts of the performing arts on mental health are exacerbated by both a lack of industry regulation of working conditions and industry regulation about mental health** (Visser et al., 2021).

#### The portfolio career and job precarity

In the performing arts sectors, approximately 71% of the industry are freelance (Wan, 2020), with some 200,000 freelancers currently working in the areas (Big Freelancer Report, 2021). This means an individual may have short term work opportunities, which come with “minimum obligation on both sides” (Wallis & van Raalte, 2020, pp.3). Freelance work often constitutes irregular hours of employment, coupled with an expectation to be flexible and available when work does arise (Bennett, 2009; Throsby & Zednik, 2011). This is known as a ‘portfolio career’, whereby a performer’s work encompasses several roles, which may be related (e.g., performer/creative/teacher/director) or unrelated (e.g. having a ‘day job’ to support the performance career (Bennett, 2009; Maxwell et al., 2018; Raeburn et al., 2003). This may impact on mental health through a demand to fulfil multiple and sometimes competing roles, while expecting a broad skillset for these multiple roles as well as strong time management skills (Lebler & Hodges, 2017).

**The scoping review yielded a vast and significant variety of aspects related to the portfolio career which were related to increased psychological stress or poor mental health.** These were predominantly related to the precarity of freelance working, and subsequent power imbalances, whereby producers and engagers may hold power over freelancers. Mental health risk factors related to precarity of work spanned several areas, including perceptions of low levels of job security (Blevins et al., 2019), needing to manage erratic employment (Chen & Jagtiani, 2021), fear of losing work or being replaced (Robb et al., 2018), and the ever-present awareness of the shortness of a career in performance (Verulava et al., 2021). A key risk is also irregular working schedules, where a performer may work very little and then have large periods of time away from their home (van den Eynde et al.,

2016; Hamilton et al. 1989). This is described as transitioning between work overload and work underload (Cooper & Willis, 1989). Returning home from a tour or completed job can negatively impact on mental health, since an individual’s emotions are likely to shift from high to low, in line with the shift from work overload to underload (Heyman et al., 2019). Tuisku et al. (2016) report greater wellbeing in theatre artists with regular working hours, secure employment, and personal control over workload.

Numerous further aspects of the lifestyle of a performance career were identified as impacting on mental health. These included antisocial working hours and late-night performances (Verulava et al., 2021), meaning disruption to sleep or inconsistent sleep routines, a known risk factor for mental health (Alvaro et al., 2013). The inconsistency of touring and pressures of time travelling (Heyman et al., 2019), erratic working schedules (including evenings and weekend performance; Cooper & Willis, 1989) and chunks of time working away mean a lack of time for loved ones, family or social life (Cooper & Willis, 1989; van den Eynde et al., 2016). Musicians, for example spoke of going months without seeing their children (Vaag et al., 2014). This is important since support from loved ones is known to be one of the most significant protective factors for mental health (Gariépy et al., 2016; Tough et al., 2017; Wang et al., 2018). As an example of the protective factor of social support, Donohue et al. (2020) also report that lower symptoms of depression are related to greater levels of social support.

#### Finances

Income in the performing arts is often limited, due in part, to the precarity of work. An Equity member survey in Summer 2018 indicated that members earn on average £10k from their work in the industry per annum. Financial stress or difficulties are known to be a key factor in mental health in the general population (e.g. Hughes, Kiecolt & Keith, 2014; Richardson et al., 2017;) and also in performing artists (e.g. Berg et al., 2022), with some reports that individuals may be living close to poverty (Molloy, 2005). **Irregularity and unstable pay appeared to be a key concern for mental health in performing artists** (Maxwell et al., 2018). Musical Theatre students cited financial pressures as one of the top five biggest influences on poor mental health (Curtis, 2019). Creech et al. (2008) argue that the transition from student to professional may be the hardest time financially, meaning that early support regarding finances and mental health is warranted. Maxwell et al. (2015) report that 83% of actors found financial stress to be an issue at least ‘sometimes’, with 30% experiencing financial stress as a constant issue. Low levels of control over money and struggling to cope with fluctuating income month to month also created stress (Raeburn, 1987). Stack (2009) hypothesises that the combined pressures on mental health of financial restrictions and the need to hold down many jobs could lead to suicide.

Low income within the arts may mean that performing artist may rely on state support, which may increase the likelihood of negative mental health and further unemployment (Dwyer et al., 2020; Plotner et al., 2020). There is particularly strong evidence that reliance on Universal Credit to supplement income can increase risk of depression (Wickham et al., 2020). These issues and the implications on mental health have been exacerbated by increased economic precarity because of the COVID-19 pandemic, the effects of which are discussed in depth later in the scoping review.

#### Relationships with managers and directors

Issues related to working relationships may play a key role in performing artists' mental health. Mental health concern was thought to relate to demanding or unsupportive managers and supervisors (Hamilton & Kella, 1992; Heyman et al., 2019). Psychological strain may be exacerbated when touring and living with authoritarian managers (Cahalan & O'Sullivan, 2013). Robb et al. (2018) explore the role of power in these relationships, whereby the actor experiences helplessness at being at the mercy of a director, while the need to please ballet masters to secure roles is also identified as a stressor (Verulova et al., 2021).

#### Aesthetic ideals in the performing arts sector

A further cultural pressure perceived to impact on mental health was a pressure to conform to aesthetic ideals, such as for female actors (Robb et al., 2016) and dancers (Blevins, 2020; Noh et al., 2009) to be slender to "fit in". This constitutes a significant pressure within ballet (Wainwright & Turner, 2004). Weight pressures and eating disorder risk were directly related to both depression and anxiety in dancers (Estanol et al., 2013). Kapsetaki and Easmon (2019) notes that anxiety, depression, and stress were all correlated with disordered eating in musicians, including vocalists.

#### Lack of preparation for the sector

One means of supporting mental health is through preventative education, teaching on topics such how to manage money or the demands of the career or one's mental health. **Many papers argued that education providers rarely provide such support and have a duty to better prepare graduates; students are predominantly underprepared in education for how to look after their psychological wellbeing once in the industry.** A call for access to better support for self-development and mental health once in the industry was found in dance, musical theatre, and circus arts (e.g., Curtis, 2019; Menard & Halle, 2014; van Staden et al., 2009). Not only may performers be ill prepared for the pressures of the industry, but some also perceive a lack of follow up support from education providers post training, instead feeling they have been left alone to survive in the industry (Buckley et al., 2021). Cahalan and O'Sullivan (2013) highlight a lack of psychological preparedness for long tours living with colleagues in Irish Dance, and only 39% of actors had received any training in psychological wellbeing during their education (Maxwell et al., 2015). Cardinal (2009) reported that 100% of dancers had no access to psychology or mental health education, but by 2020, 62% of dancers were

offered psychology or mental health education. This was only a required element in 28% of respondents, with the remainder of individuals taking electives (Cardinal et al., 2020). It is important that student performers are offered education that prepares them for the reality of the industry and provides them with awareness of skills to support their own mental health (Curtis, 2019).

**At particular risk, however, are performers who have not been through a formalised performance education, so preventative education must also be offered to those working professionally.**

#### Access to mental health services in the sector

Accessible and responsive mental health services can reduce negative mental health consequences (Wahlbeck et al., 2012). In line with this, Donohue et al. (2020) suggest that low levels of depression observed in circus performers were related to perceptions of mental health informational support (the perception of the presence of someone to provide information and advice), coupled with access to specialized assistance from psychologists. Sherman et al. (2021) call for the same provision to become standardised in Musical Theatre. **While some studies show positive trends regarding performing artists' access to, and use of, mental health services, several key barriers in lack of access, financial restrictions, and the lack of cultural openness to mental health support were also discussed.**

Vaag et al (2016b) found musicians (including singers) to be three times more likely to use psychotherapy and 50% more likely to use psychotropic medication than the general workforce. Increased use of psychotherapy was also seen in performing arts students compared to the general student population (Vaag et al., 2021). Berg et al (2018) reported that 87% of popular musicians had received counselling and 32% had received psychiatric medication treatment. Maxwell et al. (2015) report that many actors took measures to protect themselves from the physical or psychological effects of being an actor, with 21% reported using counselling or psychotherapy.

Satisfaction with mental health services received varied, with a large survey of the Australian entertainment industry reporting low overall satisfaction (van den Eynde et al., 2016). Approximately 60% of respondents had sought support from mental health services, but satisfaction varied depending on the provider, with satisfaction/strong satisfaction rates of 22% for psychiatrist, 47% for a psychologist, 31% for a counsellor and only 9% with a social worker. Gross and Musgrave (2016) identify too, that 55% of users perceived gaps in the provision of available services. A review of popular musicians' access to therapy concludes that musicians are, in general, open and responsive to medication and psychotherapy, but the most effective support would be specifically tailored to the performance context (Visser et al., 2019). Where individuals sought access from a counselling provider with industry expertise, satisfaction rates were 99% (Berg et al., 2018). **It seems then those performers may be more receptive to support from individuals with an understanding of the performing arts industry** (e.g. van den Eynde et al., 2016).

Several studies indicated a lack of access to mental health services. Alimena and Air (2016) report that 289% of dancers

would be interested in psychological counselling, while Raeburn et al (2003) also show that 72% of popular musicians would consider seeing a psychotherapist. Buckley (2021) also found that performing artists are open to mental health support but may not know where to go. Heyman et al. (2019) echo that popular musicians want support but are unclear how to access health or wellbeing support services. Gross and Musgrave (2016) found that over half of all respondents had difficulty accessing mental health care. It appears fundamental then, that information about how to access support is shared with performing artists.

While the pressures of finances may directly contribute to poor mental health in performing artists, having a low income may also prevent access to mental health support, such as ongoing psychotherapy (e.g., Mangalor et al., 2007). These barriers are exacerbated for those living in poverty (Santiago et al., 2013). Indeed, Gross and Musgrave (2016) reported that musicians perceived the cost of accessing mental health services in the UK may act as a barrier to seeking mental health support. Buckley (2021) also note in their interview themes that performing artists found mental health support to be financially inaccessible.

Beyond these access barriers, the culture of the performing arts also prevented engagement with mental health support. Robb et al. (2016) report fears about accessing mental health support due to the "leave it at the door culture". Individuals' concerns about being seen as difficult to work with prevented them from seeking help (Robb et al., 2016). Echoing this, only 16% of freelancers agreed they would let a producer or line manager know about a negative experience for fear of being seen as difficult (Big Freelancer Report, 2020).

## **Situational factors related to poor mental health**

Beyond the socio-cultural context of the performing arts sectors, two key situations that arise in the performing arts were considered factors in mental health: exposure to various demands of performance and experiences of injury and illness. In addition, the COVID-19 pandemic also impacted on mental health of individuals in the performing arts sectors.

#### Performance

**Simply engaging in performance via auditions and shows may contribute to poor mental health.** Exposure to regular performance can exacerbate stress (Gratto, 1998; Kenny et al., 2004; Noh et al., 2009), to levels beyond those seen in rehearsal periods (Kerr et al., 1999). Ballrooms dancers' secretion of cortisol (a stress hormone) was higher on competition days than control days, likely due to increased socio-evaluative threat, a form of stress that occurs when there is potential for negative evaluation or rejection by others (Rohleder et al., 2007). Vaag et al. (2016) note higher levels of anxiety and depression in soloists than ensemble singers, suggesting that greater exposure on stage may impact on mental health. Stress may stem from others' opinions as well as from competition with and comparison to other dancers (Blevins et al., 2020; Vaswani, 2018). Popular music singers and dancers have report high levels of competition with those around them (Heyman et al., 2019; Lee, 1998). Poor performance or dissatisfaction with performance may also cause stress (Blevins et al., 2020).

Expectations to portray a range of emotions on stage may contribute to poor mental health, too (Pecen et al., 2018). Robb and Due (2017) highlight the risks associated with portraying emotional vulnerability in front of audiences every day, often on subject matter that pushes an actor outside of personal comfort zones. Actors are chronically exposed to topics such as suicide, grief, murder, and rape, which they are likely to take home after work (Burgoyne et al., 1999; Robb et al., 2018). The same may also be cause for concern in comedians (Hargrave, 2020). Singers, actors and musical theatre performers may struggle to let go emotionally after a performance (Bodner & Bensimon, 2008; Sherman et al., 2021), which has been referred to as post-dramatic stress (Seton, 2010). So, they must be supported to manage these emotions more effectively. It is particularly important to address this issue for child actors (Anderson, 2011).

#### Injury & Illness

A significant number of studies have noted a link between injury and stress in the performing arts, especially within dance and circus arts (see Mainwaring & Finney, 2017 for a systematic review). In one of few longitudinal studies, van Winden et al (2021) tracked monthly stress levels and found that injured dancers were more stressed than non-injured dancers for three of the nine months. Several studies report a relationship between current injury and feelings of anxiety or depression (e.g., Cahalan et al., 2015; Drury, 2019; Macchi & Crosby, 1996), while Air (2013) found that 60% of injured modern dancers met criteria for referral to a clinical psychologist or psychiatrist based on depression scores. The relationship between injury and mental health is complicated, as changes in mental health may be related to time off or absence due to injury (Adam et al., 2004), or fear of muscle mass loss or weight gain (Drury, 2019) but experiences of anxiety or depression can also exacerbate the injury recovery process (Hamilton, 1997). Dancers may also question whether to report an injury due to fear of potential loss of roles and financial implications (Fauntroy et al., 2020).

In addition to injury, some studies also highlighted stress from fear of vocal illness in opera singers, particularly in relation to how others would view the quality of performance (Sandgren, 2002). Searl et al. (2021) reported that 50% of acting students had experienced anxiety over the health of their voice in the last two weeks.

#### COVID-19

The 2020 COVID-19 pandemic has had a global impact on mental health. Spiro et al. (2021) report data on the impact of the 2020 lockdown on the UK performing arts workforce. They report that 96% of respondents were spending less time performing, 90% less time conducting/directing or producing, 73% less time teaching/coaching/mentoring, 50% less time composing/choreographing/making/designing/writing. These changes resulted in loss of work and uncertainty of income, many challenges of working at home and feelings of threat and loss. Subsequently, performing artists felt lonelier (63%) and more anxious (85%), and 69% of the sample met the cut-off for depression. A further study of artists (including, but not exclusively performing artists) indicated that the pandemic moderately had affected mental health in 44% while 12% reported it affected them severely (Arts & Health Hub, 2020),

with 42% losing at least half of their income. Burgess Walsh and Hanna (2021) report that 39% of individuals had a mental health condition during the pandemic, but 85% of them already had that same mental health condition. Specific areas of concern included anxiety about returning to work, and fear of inadequate support for the return to work.

Stubbe et al. (2021) tracked health in performing arts students prior to and during the COVID-19 pandemic and showed that mental health complaints were higher during the COVID-19 than the months prior. The degree of mental ill health increased from March to April 2020, and then again from April to May 2020. However, stress levels decreased during the lockdown period. **There is a need to support performing artists in their recovery from the pandemic and return to performance**, with proposed solutions including groups education, one to one meetings and educational materials (Stuckey et al., 2021).

## Personal factors related to poor mental health

A variety of personal factors are known to increase likelihood of diagnosis with a mental health concern. These known factors are outlined below.

### Gender

Within the general public, there are well documented differences between men and women with regards to mental health frequency (e.g. Campbell et al., 2018). The one in six mental health statistic becomes one in five women and one in eight men, with women being diagnosed more frequently with both anxiety and depression (Mind, 2016). While these statistics seem to indicate a greater risk for women than men, it may simply be that women are more likely to self-report and/or seek a diagnosis for a mental health concern. Supporting this view, 66% of referrals to talking therapy on the NHS are for women, and men are three times more likely to die by suicide than women.

Some studies in the performing arts aligned with this, for example Barrell and Terry (2003) reported marginally higher trait anxiety in women than men, while Vaag et al. (2016) also report higher levels of depression and anxiety in women. Air (2013) found that there was no effect of gender on depression scores. A number of studies report higher levels of stress in males than females (e.g. Hamilton & Kella, 1992; Liiv et al., 2012) and male dancers experienced more stress than males in the general population (Hamilton et al., 1989).

Transgender and gender nonconforming individuals may be up to four times as likely to experience a mental health concern, due to a variety of factors including physical and verbal abuse, exposure to discrimination, social isolation (Anderssen et al., 2020; Tankersley et al., 2021; Wanta et al., 2019). van Rens and Heritage (2021) include an analysis of transgender and gender diverse participants, noting higher levels of depression than in female circus artists. Burgess Walsh and Hanna (2021) also found higher rates of mental health prevalence during the COVID-19 pandemic in those who identified as 'Other'.

### Ethnicity

Individuals from ethnically diverse communities may be at greater risk of mental health concern, due to a number of factors including discrimination, socio-economic disadvantage and increased risk of poverty and unemployment (Wallace et al., 2016). Further still, poor treatment outcomes have been reported for ethnically diverse groups (Williams et al., 2006). While some studies within the scoping review did report ethnicity break down, **no research explicitly explored mental health in ethnically diverse performers.**

### Class

People in the lowest 20% income bracket in Great Britain are two to three times more likely to develop mental health problems (László et al., 2010), with 26% of women and 23% of men experiencing a mental health problem (MacInnes et al., 2015). Data shows several disadvantages, for example those on lower incomes are less likely to be offered talking therapies and more likely to be prescribed medication when presenting with mental health issues. **Despite these known risk factors, no research explicitly explored class and mental health in performers.**

### Disability

Individuals with physical disability are at greater risk of mental health problems (Turner et al., 2006). One study found that 54% of people with a learning disability have a mental health problem (Cooper et al., 2007). Despite these known risk factors, **no research explicitly explored disability and mental health in performers.**

### Student/Professional Status

Students and young people are at increased risk of mental health problems, with three in four individuals experiencing the onset of mental health concern before the age of 25 (Mind, 2016). 45% of contemporary dancers reported a mental health problem in one academic year, with the most common concerns being general anxiety and stress (van Winden et al., 2020). In line with known pressures in students, Curtis (2019) notes that musical theatre students deemed the amount of student assessments, the pressure during the lead up to assessments and finances to have the most deleterious effects on mental health.

If student mental health goes unsupported or unaided, this may lead to increased levels in professionals. Baena-Chicón et al. (2021) found no significant difference between rumination or catastrophizing (common thinking styles in anxiety and depression) between student and professional Flamenco dancers. Similarly, Donohue et al. (2020) found no significant differences in anxiety and depression between training and professional circus performers. Meanwhile, Barrell and Terry (2003) showed that ballet students reported marginally higher trait anxiety scores than professionals. By contrast, in injured dancers, Air (2013) reports that professionals had higher numbers of clinically referable symptoms compared to students.

### Neurodiversity

Buckley et al. (2021) reported a link between autism and both anxiety (GAD-7 scores) and depression (PHQ-8 scores) in performing artists. No other studies explored neurodiversity in performing artists.

### Generalized Joint Hypermobility

Scheper et al. (2013) report that psychological distress, anxiety, and depression were all higher in dance students with generalized joint hypermobility compared to those without, while a second study also showed that ballet dancers with generalized joint hypermobility had higher levels of anxiety (Sanchez et al., 2015).

### Childhood Experiences

Fladmo and Hertlein (2017) report on one of few studies to explore the lives of performers outside of the performance context. Performers raised in divorced families reported more depression, more anxiety, and lower levels of self-esteem than those who were raised in intact families. Those who were raised in neutral to positive divorced families reported less depression, less anxiety, and higher levels of self-esteem than did those stemming from negatively divorced families. Thomson and Jaque (2018a; 2018b) also note that childhood experiences of adversity, including abuse and neglect had a direct effect on anxiety in adult pre-professional and professional dancers.

### Coping Strategies

Coping style can impact on mental health. Barrell and Terry (2003) report that anxious dancers tended to use self-blame, suppression of competing activities, venting of emotions, wishful thinking, and denial. By contrast, low trait-anxious dancers were more likely to use problem-focused coping strategies, including effort, active coping, planning, and seeking support for instrumental reasons. Noh et al. (2009) highlight a lack of effective coping skills for stress, with dancers tending to employ behavioural rather than psychological skills.

Several behavioural aspects are known to relate to better or worse mental health. Curtis (2019) showed that anxiety and depression were related to low sleep duration, low breakfast consumption and high alcohol consumption. Regularity of cigarette, drug and alcohol use for stress management was identified in a variety of other studies across musical theatre, acting, singing and dancing (Berg et al., 2022; Heyman et al., 2019; Schluger, 2010; Raeburn, 1987; Robb et al., 2018; van den Eynde et al., 2016;). Maxwell et al. (2015) report that 36.7% of actors use alcohol and 19.6% of actors use painkillers for coping with the stress of acting. Szabó et al (2020) report that alcohol use was often in an effort to manage work stress, but also related to poorer psychological wellbeing.

### Confidence and Resilience

Blevins et al. (2020) note that low confidence can lead to stress, while Shinde et al (2016) found that increased stress was related to low self-efficacy and low psychological hardiness. Van Rens and Heritage (2021) also found that lower resilience was associated with greater levels of stress, depression and anxiety in circus artists. Vaag et al. (2013) also argue that psychological

flexibility is an important characteristic for managing the stresses of the performance career.

# Conclusion and Limitations

Several possible factors related to poor mental health in the performing arts sector were found in the published literature, across a variety of socio-cultural, situational, and personal factors. In some cases, these were underpinned by a few studies, while other factors were supported by many studies. While these are presented as discrete causes, it is important to note that there is an interplay between factors and any individual may be at greater risk through the presence of multiple factors (Hernandez, 2012). For example, financial status and class are inherently related to access to mental health support, injury, and coping strategies. It is fundamental that each of these factors related to poor mental health is addressed, due to the known outcomes of poor mental health for long term mental illness, performance, wellbeing, and injury.

While the studies published are predominantly from the year 2000 onwards, and the literature review shows exponential growth in research with the area, it must be acknowledged that these causes remain in today's performing arts sectors and are likely to be exacerbated by the longer-term impacts of the COVID-19 pandemic on the sectors. This raises cause for concern given the impact of the COVID-19 pandemic on mental health (e.g., Stuckey et al., 2021; Rusak et al., 2021).

An area with significant impact on mental health is the **socio-cultural context of the performing arts sectors**. Many studies cited concerns regarding elements of job precarity, including erratic and short employment, work over and underload and time away from loved ones. Coupled with low levels of pay, this means that a vast number of performing artists are exposed to daily and fluctuating stressors on their mental health. In addition, negative relationships with others in positions of power in the workplace, who were undemanding, unsupportive or authoritarian also created stress. Some performers may also be at risk of poor mental health due to the aesthetic ideals portrayed. Not only are these elements of the cultural context ever present, but it appears that performers are underprepared for this socio-cultural context, and few receive appropriate preparatory education to help them manage these demands on their mental health. Once in the sector, engagement with mental health support varies, but barriers include lack of access, financial restrictions, low satisfaction with services and fear of being seen as difficult to work with. It is important to highlight that trade unions may play an important role in employee wellbeing, with some studies showing that industries with lower levels of unionization are associated with lower employee wellbeing (Bryson et al., 2021).

A variety of **situational factors within the performing arts sectors** impacted on poor mental health. The first of these was performance, due to exposure to evaluation, competition and comparison with others, and expectations to manage emotions on and off stage. Injury and illness are also related to mental health, which these are common occurrences in the industry. Finally, COVID-19 and the associated changes in work, negative impact on finances and loss of performance opportunities have also impacted on mental health.

Several **personal factors** were also shown to be related to poor mental health. These included demographic factors, neurodiversity, joint hypermobility, experiences during childhood, low levels of coping skills, engaging in unhealthy behaviors and personality aspects including confidence and resilience. It is possible that a number of these outcomes could be reduced by addressing the socio-cultural elements of the sector, through early education about effective coping skills and through facilitating clearer access to mental health support.

It is fundamental that future research and practice acknowledges individuals at greater risk including individuals from gender minority, racial minority, and sexual minority groups, and recognises that the intersection of these groups may increase risk further still (Seng et al., 2012; Vargas et al., 2020). When implementing changes within the industry, care must be taken to acknowledge that mental health diagnostics and services are predominantly designed and run by white middle-class individuals. This can result in an invalidating or alienating experience for people from minority groups, which can increase disengagement and exacerbate social inequality.

A further area of consideration for future research and practice relates to violence and harassment in the performing arts. It is well understood workplace harassment increases likelihood of mental health concerns (e.g., Rospenda et al., 2008), especially for those from minority groups. Although the scoping review did not reveal any published literature from the performing arts that discussed violence or harassment and mental health, but the well documented experiences seen in the media of harassment are also reflected in literature (e.g. Hennekam & Bennett, 2017; Liinamaa & Rogers, 2020).

Published research has focussed on narrow definitions of performers, with a biased towards classical performers employed in companies. There is clearly a paucity of literature in the area, with both acting and circus arts only in the early stages of research, and much of this is not UK specific. It is promising to see, however, that work is underway regarding mental health in the UK regarding actors (e.g., Playing Sane) and dancers (e.g., One Dance UK). The literature review also revealed recently completed doctoral research in areas that include stunt performers (Hite, 2015) actors (Kumar, 2019) and comedians (Viña, 2021) indicating that research in the area is growing. Researchers must focus their efforts to understand the causes of poor mental health within underrepresented roles within the industry such as stage crew and supporting artists, which may be subject to other factors not shown in this scoping review. Clearly being a freelancer or having a portfolio career may place performers at risk, so research must also endeavour to focus specifically on these individuals. Curtis (2019) argues that musical theatre performers may be at the greatest risk for mental health concern given the combined "triple threat" demands. There are other factors that may also be relevant which are not explored in depth in the literature, such as casting and auditioning.

Mental health is a heterogeneous research area, where poor mental health can be interchangeably referred to by a variety of terms including mental illbeing, mental illness, mental health problems and mental health concerns. The clarity of the findings from the scoping review is hampered by the use of broad research methods with varying degrees of reliability, and imprecise terms, both for describing risk factors and mental health outcomes. In addition, much of the published research uses small sample sizes and many studies are cross sectional, meaning that data is collected at only one point. To truly understand the impact of the performing arts sector on mental health, longitudinal data is needed, which tracks individuals across multiple time points.

To improve mental health in the performing arts, literature indicates a need for the sectors to:

- 1) Systemically address the precarity of work, associated financial pressures, power imbalances and culture of fear around loss of work, and support performing artists and creative workers with mental health throughout periods of work and when without work.
- 2) Address the specific mental health needs of underrepresented individuals including those from LGBTQIA+ and ethnically diverse communities and ensure that mental health services are made accessible to all individuals, especially those from low-income households or experiencing poverty.
- 3) Address mental health prevalence and associated causes within unresearched sectors within the performing arts, in particular: designers, directors, stage managers, puppeteers, comedians, voice artists, and variety performers.
- 4) Provide performing artists and creative workers with both early and ongoing educational support to develop skills in managing a career in the sector and managing mental health. Individuals need support with areas including:
  - a. Managing the demands of freelance working and the portfolio career.
  - b. Managing the demands of performance/audition/touring
  - c. Managing the demands of injury and illness
  - d. Managing interpersonal relationships with colleagues/managers/directors
  - e. Recovery from the COVID-19 Pandemic
  - f. Developing effective coping skills
  - g. How to access mental health support
- 5) Improve access to mental health services in the sectors, through steps such as:
  - a. Improving mental health literacy of all individuals training and working in the sectors, regardless of role
  - b. Normalization of discussion/open communication about mental health and use of mental health services
  - c. Development of sector specific mental health services
  - d. Addressing financial barriers to mental health services
  - e. Working with managers/HR services to educate regarding signposting to mental health services.



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