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Perspective of Indian Mental Health Professionals on Expressive Art Therapy for Adolescents: A Mixed-method Study

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Expressive Art Therapy (EAT) is an emerging field of psychotherapy in India. The current study aimed to gather opinions on the efficacy of EAT from the point of view of practicing EAT professionals and traditional Mental Health Professionals (MHPs); and to understand the application of EAT for adolescents. A total of 45 MHPs from various fields participated in a recorded telephonic interview (15) and an online survey (30). Snowball sampling and convenience sampling were employed to access the participants. The thematic analysis of the interviews generated four major themes: therapeutic essence of EAT, EAT and adolescent's well-being, limitations of EAT, and application of EAT on psychological conditions. The online survey indicated that 29 MHPs were aware of EAT and substantiated the acceptance of EAT among the MHPs in India. The MHPs confirm the effectiveness of EAT for adolescents' well-being and other psychological conditions. The therapeutic benefits of EAT were confirmed overpowering the usage of therapy merely for inner expression. Nevertheless, the findings also highlight the limitations of this therapy. The current study also calls for further research with a larger sample size to gain an in-depth insight into EAT from MHP's point of view in India.

Keywords: adolescents, expressive art therapy, intervention, India, mental health professional

India, holding the status of the world's second-most populous country, is home to approximately 1.3 billion children and adolescents, the highest number globally (UNICEF, 2013). The burgeoning youth demographic presents a pivotal opportunity for national development, contingent upon the equal prioritization of their physical and mental well-being. The World Health Organization (2014) delineates mental health as a state wherein individuals realize their potential, cope with normal life stresses, work productively, and contribute to their community. Current national policies extensively address the physical aspects of child health, such as nutrition and immunization, yet conspicuously underemphasize Child and Adolescent Mental Health (CAMH) services (Ministry of Health & Welfare India, 2005). Notably, approximately 50 million Indian children are afflicted with mental health conditions at any given time, a figure that is rising, with the majority of cases going unreported (Bansal & Barman, 2011). The National Mental Health Survey of India (2015-2016) reported a 7.3% prevalence of psychiatric disorders among adolescents aged 13-17 years (Murthy, 2017) underscoring a significant gap between mental health needs and the availability of trained mental health professionals (Patel et al., 2008; Math et al., 2019).

Expressive Art Therapy (EAT) is considerably new to the field of psychotherapeutic intervention (Ahessy, 2013; Bucharova et al., 2020). Art Therapy (AT), Writing Therapy (WT), Dance Movement Therapy (DMT), Storytelling, and Music Therapy (MT) are different forms of EAT. Although each method has its distinguished characteristics, all the forms of EAT are similar in stimulating senses, creating a secure atmosphere for self-exploration, and encouraging self-expression, creativity, and imagination (Lo et al., 2019). EAT as compared to other psychotherapies does not only focus on the cognitive and behavioural aspects but also emphasizes mind-body coordination (Lusebrink, 2004). EAT as a therapy postulates that every individual has the potential to express their emotions in a creative way to promote healing (Eaton et al., 2007). However, the focus is on the emotional expression and not on the aesthetics of the art or creativity (Vaartio et al., 2021).

EAT deviates from the traditional methods in terms of its nature being more flexible and playful, as a result of which this therapy could positively work for the children. This therapy has been used to treat a range of mental health conditions in the global context (Slayton et al., 2010; Grocke et al., 2014; Levine & Land, 2016; Hanevik et al., 2013; Dawson et al., 2021; Chegeni & Chegeni, 2018). Studies highlighted its efficacy in improving emotion and behaviour among female trauma survivors (Sharma & Dhawan, 2021) and children (Isik, 2016). Other EAT studies highlighted the improvement in subjective well-being, mood, affect, and body image (Koch et al., 2014) and better emotion regulation (Travagin et al., 2015). DMT has shown a positive impact on children and adolescents in areas of self-trust, body image, self-esteem, self-expression, and dance-related self-efficacy (Schwender et al., 2018). Yet, the use of EAT as a psychological intervention is relatively a new phenomenon in the Indian context (IANS, 2021).

EAT creates an interactive, non-judgmental, and safe environment with the help of different modalities (e.g., art, movement, writing, storytelling, drama, etc.). We believe, EAT

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experts hold first-hand information on the utility and de-merits of the therapy in real-time application. And the other MHPs' opinions could give us a wider perspective on the same. Hence, it would be insightful to seek the opinions of the experts of EAT therapists and MHPs to gauge the application of EAT for Indian adolescents. Therefore, the aims of this study and its objectives are articulated accordingly. To achieve our aims, we employed a mixed-method research design (qualitative semi-structured interview & self-developed online survey) with a social constructivist worldview. The aim of the study is twofold: first, to understand the efficacy of EAT from the point of view of practicing EAT professionals and traditional mental health professionals; and second, to understand the effectiveness of EAT for adolescents. Based on the aim, the following objectives were developed:

Objectives of the Study

- To seek opinions of various Mental Health Professionals (MHPs) on their awareness and therapeutic benefits of EAT in the Indian context.
- To understand the effectiveness of EAT for mental health conditions among adolescents from the MHP's perspective.

Method

Study Context

The current mixed-method study was conducted on telephonic and online modes covering practicing Expressive Art Therapists and traditional MHPs based in different parts of the country such as Delhi, Bangalore, Chennai, Goa, etc. Due to the current crisis of COVID-19, an in-person face-to-face interview was avoided. The study is part of a larger study that was conducted to explore the effectiveness of EAT on adolescents in Goa. At the beginning of the study, we got ethical clearance from the institute ethics board (HEC BITS Goa-2020-3).

Participant's Characteristics

A total of 45 professionals participated in this study out of which, 15 participants consented to a semi-structured telephonic interview recorded digitally, and the rest 30 took part in the online survey. The majority of the participants were female (93%). The participants belonged to various mental health professions such as psychologists, psychiatrists, counsellors, psychotherapists, Expressive art therapists and other practitioners working in the field of mental health for varying age groups such as children, adolescents and adults. The mean age of the professionals was 28 years with a minimum experience of 3 years. Demographic details of both the Interviewee and survey participants are depicted in Tables 1 and 2.

Accessing the Participants

The first author, also a certified EAT therapist and Masters in Counselling Psychology, conducted the interview and survey. She was professionally acquainted with the interviewees, thereby snowball sampling and convenience-based purposive sampling were employed. The inclusion-exclusion criteria for the study include: MHPs with desired qualification and degree or registered with the Rehabilitation Council of India (RCI) were included for the online survey, whereas certified/ licensed Expressive art-based therapists practicing for a minimum of one year in any field of Expressive art therapy participated in the interview. MHPs and EAT therapists without any professional qualification, certification, diploma, or degree were excluded. Due to pandemic-imposed work overload, many MHPs refused to participate in the interview and survey; which also restricted us from carrying out any follow-up interviews as well as member checking.

Data Collection

Data collection was carried out in two parts, phase one, semi-structured interviews with the EAT practitioners, began in February 2021 and continued until June 2021. Both authors were actively involved in developing the interview guide focusing on research objectives and available literature. All interviews were scheduled at the participants' convenience. Also, to make the data collection self-reflexive, the first author along with the consultation of the second author documented and discussed their biases. At the beginning of the interview, a brief description of the study, a self-developed demographic data sheet, and informed consent were provided to the participants. On agreeing, the participants were requested to give a brief introduction about themselves, followed by a semi-structured interview. All the interviews were conducted in English with an average duration of 20-25 minutes where the first author noted the observations. In order to ensure a smooth interview, the author initiated a telephonic conversation with the participants prior to the interview which aided in rapport building. Also, during the telephonic interview, the researcher ensured confidentiality by requesting the participants to be alone.

The second phase, an online survey, was conducted to gather the opinions of various mental health professionals on the efficacy of using expressive art therapy for adolescents. The survey questions were driven by the objective of the study. At the beginning of the survey informed consent and demographic details were collected, followed by questions pertaining to their opinion on EAT were sorted. The participants were allowed to withhold any kind of personal identification.

Data Analysis

All the responses generated through semi-structured interviews were analysed using thematic analysis. We conducted the analysis using six stages: familiarization, coding, theme generation, reviewing themes, defining and naming themes, and writing up (Braun & Clarke, 2006). Beginning with transcribing the interview recordings and followed by coding stages. In order to generate codes, the first author read and re-read transcripts and identified a pool of codes. On repeating this process, a basic coding scheme was established which was then used across the rest of the transcriptions. The second author reviewed the existing codes to produce sub-categories without compromising the diversity of the initial codes and is also a trained qualitative researcher in Mental health. In the last stage, developing the main categories were developed on the basis of the similarities and differences in the sub-categories. Final categories were developed through discussion with the second author, which generated four major categories discussed in the next section. Whereas, the survey data responses were tabulated using descriptive statistics such as percentages and frequency. Both the analyses were carried out manually using Microsoft Excel.

Results

The findings of the study are discussed in two sub-sections. The first section highlights the findings of the thematic analysis of the interview, the major categories, and their respective sub-categories. The second section describes the findings from the online survey.

The Thematic Analysis of the Interviews

Four main categories were developed from the thematic analysis: therapeutic essence of EAT, EAT and adolescent's well-being, limitations of EAT, and application of EAT on psychological conditions. Details of the same are depicted in Table 3.

• *Therapeutic Essence of EAT*

The majority of mental health professionals confirmed the therapeutic benefits of EAT, irrespective of the age group. However, professionals have indicated different aspects of the therapy to establish their claim that EAT is therapeutic. The following sub-categories provide evidence of the therapeutic aspects of EAT from the MHP's point of view.

In Comparison to Other Psychotherapies. Most of the professionals have highlighted the relevance of this therapy for various mental health issues but they have also indicated the increasing effectiveness of this therapy when accompanied by other traditional psychotherapies. Other professionals specified how this particular therapy deviates from standard talk therapies through the use of different modalities of the therapy such as art, dance, music, writing, play, storytelling, etc. One of the therapists mentioned that -

> "Only through CBT it was not possible to go beyond you know in the past of their lives but when they are drawing, when they are expressing their emotions through colours, they could relate the things to their childhood as well."

Another therapist said

> "Conventional methods have a certain structure to it; in this therapy, you can completely experiment with the additional power of experimenting according to different clients. Only you are changing your flow and change the modalities with time"

Art Reflects Self. Many professionals emphasized the ability of art to reflect the inner self. They have also described their journey of pursuing EAT as an outcome of their inclination towards different art forms. The process of creativity also provides space for the uninterrupted expression of oneself, this thought appeared in many of the narratives.

According to a therapist-

> "You know you tend to become conscious talking to this therapist. People think that you know they are going to analyse you, in other kinds of psychotherapy, it is more of an interrogative feeling."

Also, other therapists stated that-

> "Because I think we human beings have very limited vocabulary compared to what we see so many times. So many things are going on in our mind but we don't have the vocabulary to put it out. So, then I realized that maybe dance, maybe drama could help…"
>
> "Within the modalities or the concept of art therapy, I feel that the individual gets a very different perspective or a very different way to express himself or herself."

Key Aspects of Effectiveness. Almost all professionals specified that an effective therapy session needed a great deal of care and attention to certain key aspects. The professionals emphasized the need for a qualified EAT therapist, flexibility in the usage of various modalities, and the understanding of the client's requirements as some of the key contributors to an effective therapy session. An EAT mentioned that-

> "So, you have to find out what is the vulnerability in what is the area, put them in separate groups first, then mingle them up and create certain movements which make them work both at ground level."

Similarly, another therapist stated that

> "You're not bound by the rules and regulations of a therapy. You can modify it. Experiment with it as well, so why not?"

• *EAT and Adolescent's Well-being*

The therapeutic benefits of this therapy, specifically on adolescents were highlighted by all the professionals. They also mentioned a range of issues that could be addressed with the use of this therapy like emotional and behavioural problems, self-concept, self-identity crisis, self-harm, vulnerable and traumatized adolescents and inability to express vocally. The following sub-categories substantiate the main category.

The therapists mentioned

> "Building awareness in their body, building confidence coordinate their bodies better."
>
> "You know there's a lot of identity formation that happens in that stage and a lot of hormonal changes also so it's easier for them to, you know, … explore what they are feeling through art so in art therapy there's other modalities as well so … like there's clay therapy, there's craft and all these things, you know, help rewire the brain."

Similarly, a therapist said-

> "So, it was beautiful in the sense that sometimes it's using one of these tools, you know, and doing an exercise with them wherein it was just the way of having to connect with them, letting them be. You know it was not forced; it would just come out so organically."

Outcomes of EAT for Adolescents. The professionals revealed the effortless ability of this therapy to connect and build rapport with adolescents. This yields active participation and thereby, promotes effective healing. Some professionals have also mentioned that EAT promotes a healthy sense of self, a coping mechanism that provides clarity about untapped thoughts and emotions, understanding issues, and acceptance of oneself. One professional has also highlighted the ability of EAT therapy to achieve a sense of completeness as an outcome of creativity. According to one of the therapists -

> "We allow the person to explore who they are, you know, so we ask them to may be… it's done through a lot of things, either make a collage or make, or draw yourself, write about who you are, you know, all these things are seen would help with a lot of self-awareness."
>
> "It's more about letting yourself out more supposed to be like balanced than perfect. That is OK if it is not perfect, we don't have to get it perfect."

Creativity Replaces Verbal Expression. The professionals have exclusively mentioned the therapies' ability to provide adolescents with a platform to express themselves non-verbally through art rather than verbal expression, which causes discomfort among adolescents. Some of the professionals have also mentioned the non-judgmental and non-interference qualities of the therapy to initiate smooth expression of feelings among adolescents.

Following are the statements by two professionals-

> "You know you tend to become conscious talking to this therapist. People think that you know they're going to analyse you, in other kinds of psychotherapy, it's more of an interrogative feeling."
>
> "They don't know a lot of things. They don't get a lot of things, so creativity is one thing that connects us to the adolescent age. Much more open with the creativity, with dance, with art with music."

• *Limitations of EAT*

Similar to the therapeutic benefits and other advantages, the therapist also expressed the drawbacks, disadvantages, or limitations of the therapy. The opinions were mainly based on the experience of practicing the therapy for clients.

Lack of Standardization. Most of the professionals had a clear opinion on the lack of evidence and structure being one of the major drawbacks of the therapy. On which a professional stated that-

> "That it may not have as many as much quantitative support as compared to others. You know, uh, other evidence-based therapies that will produce might have."

> "You know, as a therapist you get to decide the flow, but you know that could be hazardous too. Like I say the preparation before the session is mandatory, and if you deviate from your plan, it can be seriously damaging"

Fear of Creativity. Almost all the professionals mentioned the hesitance of working with modalities of the therapy created among their clients. They believed that identification of the client's comfort with the modality such as art, writing, dance, and music is crucial to allow a free flow of expression. Moreover, the idea of creating perfect art often interferes in the way of projecting the real self or situation was also highlighted by a few of the professionals.

One of the professionals mentioned that

> "For example, movement sometimes does not come so easily to everyone, children are or tend to get blank they don't want to express themselves in any other way, but just having to be heard they feel like they're not heard, or they're not understood."

In a similar context, another professional expressed that-

> "Still less awareness of this therapy. A lot of people do not know about this therapy, and even if they know they have trust issues what these creative arts do to me? How much is it useful or how? Or maybe you know what is the process?"

• *Application of EAT on Psychological Conditions*

The MHPs and EAT practitioners disclosed some of their work experience of using EAT to intervene in mental health conditions both in clinical and non-clinical cases.

EAT for Clinical Cases. Few of the professionals specified the use of EAT for clinical conditions such as depression, body image issues, and behavioural problems however, they specified EAT alone was not advisory and should be accompanied by other psychotherapies such as CBT, Psychoanalysis, REBT, etc. One professional also revealed her plan of using EAT for patients with schizophrenia, if required. A professional explained the use of EAT with an example of one of the cases she handled-

> "You know, she was a victim of bullying. She started self-harming. And this was a very sensitive case. She also, you know, tried suicide. But with Art therapy, there was a gradual change in her approach. (EAT-8)"

EAT for Non-Clinical Cases. Many of the professionals have revealed their personal experience of using this therapy for non-clinical settings such as schools, NGOs, shelter homes, juvenile homes, and other social groups. Another practitioner shared their opinion with the following statements-

> "Children of sex workers maybe? Yeah, and mostly we worked a lot on just building awareness in their body, building confidence. Uhm, getting them to coordinate their bodies better so that they can move better." (EAT-6).

Table 1

Demographic Data of Interviewee

SR. No	Gender	Age (Years)	Years of Experience as an EAT	Profession	Location
1	F	36	3 years	Career counselor + EAT therapist	Chennai
2	F	46	5 years	Alternative healing medicine + EAT therapist	Delhi
3	F	23	3 years	Certified EAT therapist	Delhi
4	F	29	6 years	Applied Psychologist +Certified EAT therapist	Delhi
5	F	24	3 years	Certified EAT therapist	Delhi
6	F	28	5 years	Certified EAT therapist	Delhi
7	F	25	3 years	Certified EAT therapist	Delhi
8	F	34	3 years	Certified EAT therapist	Pune
9	F	24	2 years	Counselor + Certified EAT therapist	Delhi
10	F	28	7 years	Counselor + Licensed DMT	Delhi
11	F	62	33 years	EAT+ Movement therapist	Mumbai
12	F	30	8 years	Certified EAT therapist	Delhi
13	F	23	3 years	Certified EAT therapist	Mumbai
14	F	55	31 years	Movement therapist	Bangalore
15	M	27	2 years	Certified EAT therapist	Delhi

• *Findings from the Online Survey*

The online survey was conducted using a self-developed questionnaire posted through Google Forms which was answered by 30 MHPs. The professionals mostly belonged to the 20-30 years age range and 93% were females. Most participants were from Delhi. The majority of responses were from practicing psychologists, psychotherapists, and counsellors. Other professions include doctoral students, art therapy practitioners, researchers, and academicians. Almost 50% had at least 1 to 3 years of experience. The demographic details of the participants are described in Table 2.

Table 2

Demographic Data and Responses of Online Survey Participants

Demographic Variable	Categories	Total Number	Percentage (%)
Gender	Male	2	6.7
	Female	28	93.3
Age group (Years)	20-25	8	26.7
	26-30	8	26.7
	31-35	5	16.6
	36-40	4	13.3
	41-45	1	3.3
	46 & above	4	13.3
Profession	Psychologist	10	33.3
	Psychotherapist	5	16.7
	Counselor	4	13.3
	Others *(psychiatrist -2, Doctoral students-7, academicians-2)	11	36.7
Years of Experience	1-3	14	46.7
	4-6	8	26.7
	7-10	5	16.7
	11 & above	3	10
Awareness of EAT	Yes	29	96.7
	No	1	3.3
Effectiveness of EAT for Adolescents	Yes	23	76.6
Mental health concerns	No	7	23.4

Note. *The professionals specified under "others" are also MHPs

Table 3

Some Representative Quotes, Sub-categories and Categories Developed through Thematic Analysis of Semi-Structured Interviews

Some Representative Quotes	Sub-Categories	Categories
- "You're not actually bound by the rules and regulations of a therapy. You can modify it. Experiment with it as well, so why not?"	Art as self	Therapeutic essence of EAT
- "Within the modalities or the concept of art therapy is, I feel that the individual gets a very different perspective or a very different way to express himself or herself." (EAT-10)	Comparison to other Psychotherapies	
- "Conventional methods have certain structure to it; in this therapy you can completely experiment with additional power of experimenting according to different client. Only you are changing your flow and change the modalities with time"	Key aspects of effectiveness	
- "It's more about letting yourself out more supposed to be like balanced than perfect. That is OK if it is not perfect, we don't have to get it perfect"	Outcomes of EAT for adolescents	EAT & Adolescent's well-being
- "They don't know a lot of things. They don't get a lot of things, then creativity is one thing that connects us to the adolescent age. Much more open with the creativity, with dance, with art with music."	Creativity replaces verbal expression	
- "That it may not have as many as much quantitative support as compared to other. You know, uh, other evidence-based therapies that will produce might have."	Lack of standardization	Limitations of EAT
- "So, if there's willingness… if there's willingness it can work out, if there's less willingness and less opening up to the modes then it cannot."	Fear of creativity	
- "She also, you know, tried suiciding. But with Art therapy there was a gradual change in her approach"	EAT for clinical cases	Application of EAT for Psychological conditions
- "Children of sex workers maybe? Yeah, and mostly we worked a lot on just building awareness in their body" building confidence. Uhm, getting them to coordinate their bodies better so that they can move better."	EAT for non-clinical cases	

Amongst them 53.3% heard about EAT during their academic life (Masters, graduation, coursework) whereas 46.7% reported knowing about it through courses conducted online, internships, or webinars. About 80% have reported the advantages of EAT as, being very easy to connect to clients, helping in rapport building, helping the clients express their thoughts, emotions, and feelings, having positive effects on mood, cognition, and behaviour, and having wilful participation considering that it's a leisure activity. The remaining 20% have mentioned that it helps in healing, works with the Attention-deficit hyperactivity disorder (ADHD) population, enhances coping mechanisms, and creative and rejuvenating form. On the contrary, the professionals have specified some of the

disadvantages of the therapy. According to 63.3% of them, the unstructured nature of the therapy draws attention to the improper assessments and feedback, 20.3% also mentioned the hesitance of creating art among adults and one professional had the same opinion for the adolescent age group and around 13.3% emphasized the importance of a trained and certified expressive art therapist heading the session and the failure of which could be a major drawback. However, a majority of 76.6% confirmed EAT as an effective tool to intervene in mental health conditions in adolescents.

Discussion

The current study aimed to gather opinions on using EAT for adolescents from mental health professionals in India. The analysis of the interview generated four major categories: therapeutic essence of EAT, EAT and adolescents' well-being, limitations of EAT, and application of EAT on psychological conditions. In the first category, professionals have drawn attention to EAT in comparison to other traditional psychotherapies and have stated the use of creative modalities which makes this therapy unique and effective. The process of creating art, the use of colours, and moving through emotions are some of the techniques that are used in this therapy as compared to talk therapy. At times, aspects of the self that are portrayed visually may cause a confrontation with oneself and the client's pathology may become self-evident. According to Perryman et al. (2019), EAT provides a unique platform for the brain's two hemispheres to interact and communicate in a way that can be grounding for persons who have mental health issues. Similarly, the current findings of the study indicated that art has the ability to reflect the inner self and allows for a free flow of expression.

Art as an expressive language allows easy rapport building by tapping into their creativity and providing a non-threatening mode of communication over which the adolescent has control (Riley, 2001). In the current study, the effectiveness of EAT for adolescents was one of the major findings of the study. The practitioners elaborated on the elements of the therapy which make it adolescent-friendly such as materials used, creative expression, non-judgmental approach, and ease of connect. Very similar findings were also reported in the online survey. Along with this, their professional experience of using this therapy for adolescents and its effectiveness in treating mental health concerns was also expressed. However, on the contrary, the overall limitations of this therapy also gained attention, like lack of evidence and structured procedure were highlighted as some of the major flaws of using this technique by the professionals. For instance, Patezuk and colleagues (2016) have raised the concern of activating psychotic symptoms in the process of healing through art therapy in the case of patients with schizophrenia. To avoid the aforementioned scenario, the MHPs have also recommended the use of multimedia along with art therapy for better outcomes. Likewise, the professionals have emphasised on the liberty of using different modalities as per the patient's requirement and comfort, designing the activities, and providing that space for creative exploration are some of the key features of this therapy.

Furthermore, the therapeutic benefits of EAT for clinical and non-clinical populations have been highlighted by other scholars. Hu et al. (2021) confirmed that EAT has been utilised as a non-pharmacological medical supplemental and alternative therapy for several mental health problems. After a comprehensive review, they discovered that art therapy has been steadily and effectively utilised for patients with mental problems with favourable effects, namely lessening suffering from symptoms in patients with depression and anxiety disorders, cognitive impairment and dementias, Alzheimer's disease, schizophrenia, and autism. Likewise, the effectiveness of EAT for clinical conditions such as body image issues, PTSD, social anxiety, lowered self-esteem or self-concept, and depression has been specified in the current findings. Also, various other studies confirm the positive effects of EAT for such clinical conditions (Chimm, 2021; Lyshak et al., 2007; Savidaki, 2020; Facchin, 2014). An intervention study conducted on 61 children (9-12 years), who suffered from high levels of anxiety, highlighted the effectiveness of using both art therapy and Cognitive Behavioural Therapy (CBT) reported a decrease in anxiety through changing thoughts, beliefs, emotions, and behaviour which improved their mental health (Ahmadi et al., 2017). A similar opinion was expressed by a few MHPs in the current study; they recommended a more eclectic approach to treating patients with psychosis.

The findings from the online survey have also substantiated the findings of the thematic analysis of the interviews. The online survey consisted of 30 participants, out of which the majority (96.7%) of them were aware of EAT through various mediums such as academics, internships, workshops, online content, etc. This survey also highlighted the advantages of EAT as easy to build rapport, non-verbal expression, easy for emotional revelations, initiates active participation, and eclectic nature. Disadvantages were reported as the discomfort with creativity, experts for qualitative analysis, misinterpretation of the art, requires considerable space and time. Most therapists (76.6%) believed that EAT was an effective therapy for the children and adolescent population, and the remaining few reported uncertainty on the same.

Conclusion and Implications of the Study

EAT has a unique way of dealing with a range of mental health issues. The other mental health professionals in the field have emphasized the effectiveness of this therapy not only for children and adolescents but also for some clinical populations. This study has illustrated the acceptance of EAT as an effective tool for children and adolescents by MHPs in India. However, some of the limitations of this study were, one -the study was the limited sample size of the online survey. Secondly, the telephonic interviews conducted were majorly dependent on the stable network connection, and a noise-free environment, which were not favourable in a few of the interviews. Thirdly, due to pandemic induced workload, many participants were unavailable, as a consequence, we did not reach data saturation for qualitative interviews. Despite these limitations, these results suggest that EAT is an emerging field in the world of mental health in India. It confirms that EAT could be used as an alternative therapy which could be used in treating psychological conditions in children and adolescents. EAT could be used in group or community settings which is evidence of its effectiveness (Brabender et al., 2004; Ezhumalai et al., 2018), especially for children and adolescents (Myerber et al., 2018). Schools in India, now attempt to cater to the mental health needs of their students. Hence, EAT could be ideal as it allows a space for assessment along with the therapeutic benefits by setting a safe environment; marking a reform in the current educational policy. In terms of future research, a study could be conducted with a larger population to gain an in-depth insight into the opinions of MHPs in India. The present research, therefore, contributes to the growing body of evidence on the effectiveness of EAT for children and adolescents about the Indian context directly from the practitioner's perspective.

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