

MICHAELA ŠUĽOVÁ

## ART THERAPY IN SOCIAL WORK WITH MENTALLY ILL PEOPLE IN SLOVAKIA

**A b s t r a c t.** The paper introduces the situation of mental health in Slovakia, as well as social services that focus on helping mentally ill people. Further it presents organizations offering art therapy education. It also describes the specific aspects of art therapy with mentally ill people as well as specific art therapy techniques focused on mentally ill people.

**Key words:** art therapy; mental illness; social work.

### INTRODUCTION

Currently the number of mentally ill people is increasing. Also, in social services there is a growing number of mentally ill clients, whereby this does not necessarily have to be their primary diagnosis. Mental disability adversely affects thinking, communication or behavior of a person. Mental disorders include a wide variety of diagnoses such as anxiety, depression, bipolar disorder, schizophrenia, suicide tendencies, mental retardation, dementia, behavioral and personality disorders, emotional disorders, etc. Work with mentally ill people requires specific social requirements from the workers.

Art therapy is one of the ways to help mentally ill people. It uses art as means of personal expression of the client. Art therapy has developed the

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PhDr. MICHAELA ŠUĽOVÁ, PhD – Catholic University in Ružomberok Faculty of Theology Department of the Social Sciences; address: Hlavná 89, Košice, Slovakia; e-mail: michaela.sulova@ku.sk

most and is developing in the field of mental health and especially in mental health facilities. The development of art therapy was of great benefit to the mentally ill clients (Liebmann, 2010).

## 1. MENTAL HEALTH IN SLOVAKIA

In 2001, there were c. 200,000 people with a mental disorder in Slovakia and their number is increasing. While in 1992 there were 58,119 new cases of people with a mental disorder, in 2000 it was 66,346 and in 2002 the number of new cases grew to 76,915 ([http://www.ruvzzh.sk/oddelenia/OPZ/Clanky/032/dusevne\\_zdravie.htm](http://www.ruvzzh.sk/oddelenia/OPZ/Clanky/032/dusevne_zdravie.htm), 14.02.2018).

In 2017 there were 45,792 people hospitalized for a mental and/or a behavioral disorder in Slovakia. In 2016 it was 46,360. In 2015 it was 45,877. In 2014 it was 46,219 hospitalizations (National Health Information Center, 2018). In 2007 48,000 Slovaks have been hospitalized for a mental and/or a behavioral disorder, which was 3.9% of all the hospitalized patients. Most commonly, patients were hospitalized due to the F10 diagnosis (mental and behavioral disorders caused by alcohol), followed by diagnoses F20-F29 (schizophrenia, schizotypal disorders and delusional disorders), followed by F00-F09 (organic mental disorders including symptomatic), followed by F30-F39 (affective disorders) (<http://www.unipo.sk/public/media/17467/Ochrana%20a%20podpora%20duševného%20zdravie%20v%20SR.pdf>, 14.02.2018).

According to statistical data 506 people died of suicide (9.3 per 100,000 inhabitants) in 2017 in Slovakia and 841 people attempted suicide (15.5 per 100,000 inhabitants). Suicides were committed primarily by people aged 50-59 (men 21.0%, women 24.0%), followed by 40-49 year olds (men 17.8%, women 21.9%) and 60-69 year olds (men 16.1%, women 18.8%). Three children younger than 14 years died of suicide (all of them were girls) as well as 14 juveniles aged 15-19 (13 of which were boys). There were most suicide attempts in the age group of 20-29 year olds (27.9%) and 30-39 year old men (27.3%) and in 40-49 year olds (18.2%) and 15-19 year old women (17.2%). Children under the age of 14 attempted suicide 35 times and juveniles aged 15-19 94 times. The share of suicides and suicide attempts of children and juveniles of the total number has been increasing in recent years. In 2013 the 0-19 year olds represented 2.3 % of suicides and 8.0% of suicide attempts. The cause of suicide attempts were dominated by conflicts and family issues (41.4%), followed by internal personal conflicts and problems (14.5%) and existential problems (8.3%). For children and juveniles

younger than 19 years of age, the main cause was also conflicts and family issues as well (43.4%). School problems represented 16.3%. The most common method of suicide was hanging, strangling and asphyxiation, and jump from a height. Male suicide attempts were done mostly using sharp objects (31.8%). 21.0% of men tried to poison themselves using prescription drugs, which was the most method of intentional self-harming of women (48.8%). This method of suicide attempts was prevailing in children and juveniles younger than 19 years of age (28.7%), followed by 22.5% who harmed themselves using a sharp object. Alcohol or an addictive substance was present in 40.5 % of suicides and 42.2% of suicidal attempts (National Health Information Center, 2018).

## 2. SOCIAL SERVICES FACILITIES FOR MENTALLY ILL PEOPLE IN SLOVAKIA

The Law on Social Services No. 448/2008 Coll. (§ 34, 37, 38, 39) defines several types of social services and facilities for people with severe disabilities. Some of the can apply also to people with mental disorders. These include especially:

### – **Rehabilitation center**

In a rehabilitation center, social service is provided to a person dependent on assistance of another person, or a shortsighted person, or a deaf person, or has severe duplex hearing loss.

Provided services include: social rehabilitation, social counseling, assistance for a dependent person, and in case of a residential form, accommodation, meals, laundry, cleaning, ironing and clothing maintenance.

### – **Supported housing facility**

In a supported housing facility, social service is provided to a person younger than 16 years of age if this person is dependent on assistance of another person and on supervision, under which he or she is able to lead his or her independent life.

Provided services include: supervision, accommodation, social counseling, assistance in executing rights and legally protected interests, conditions for food preparation and social rehabilitation.

### – **Specialized facility**

In a specialized facility, social service is provided to a person, who is dependent on the assistance of another person, his or her level of dependence is at least V. and he or she has a disability, such as Parkinson, Alzheimer,

sclerosis multiplex, schizophrenia, dementia, deaf-blindness, AIDS or an organic psychodrone of severe degree.

Provided services include: assistance in dependence on another person, social counseling, social rehabilitation, accommodation, meals, laundry, cleaning, ironing and clothing maintenance, personal equipment, work therapy and interest activities, conditions for education and storage of valuable things.

– **Social services home**

In a social services home, social service is provided in the form of a weekly residential or outpatient social service to a person up to the retirement age, if this person is dependent on assistance of another person, his or her level of dependence is at least V., or the person is blind or practically blind or the level of dependence of the person is at least III.

Provided services include: assistance in dependence on another person, social counseling, social rehabilitation, accommodation, meals, laundry, cleaning, ironing and clothing maintenance, personal equipment, work therapy and interest activities, conditions for education and storage of valuable things. In addition to social services facilities there are several **civil associations and self-help groups** in Slovakia, which are focused on helping people with mental disorders. Civil associations include Happiness, View, Sanare, You are Luck, Healthy Soul, Primrose, Greeting, Mosaic, etc.

### 3. ART THERAPY EDUCATION IN SLOVAKIA

Only a few organizations focus on art therapy education in Slovakia:

**The Institute of Art Therapy Education under the Terra Therapeutica Civil Association**

It offers the *Intervention through art – art therapy in the process of socialization, reeducation, education and treatment* accredited course. The extent of the course is 260 hours, it consists of 5 weekend meetings and two 5 day meetings (<http://www.terratherapeutica.sk/site/?p=1298>, 14.02.2018).

**The Institute of Further Education of Social Workers**

It offers the *Art Therapy* accredited educational program. The extent of education is 70 hours. The goal is to provide basic knowledge about art therapy and art therapy techniques. The program includes practical exercises focused on the possibilities of effectively using the art therapy in counseling and residential care of a client with social issues (<http://www.ivsp.sk/Ponuka-vzdelavacich-programov-IVSP-na-1-polrok-2018>, 14.02.2018).

### **The Artea Civil Association**

Usually it offers short-term weekend courses and one-day seminars. It also opens a self-help art therapy group two times a year, in the extent of 9 two-hour meetings ([www.arte-terapia.sk](http://www.arte-terapia.sk), 14.02.2018).

One of the offers is the single-day *How do I better understand emotions through art therapy* seminar. The theoretical part of the seminar contains information on the benefits of art therapy in work with emotions and an explanation of what's happening in the brain during art therapy. In the experience part the participants search for inspiration in symbols and stories and learn how to transition from artwork to verbalization and how to creatively process their unprocessed emotions in drawing ([www.arte-terapia.sk](http://www.arte-terapia.sk), 14.02.2018).

## 4. SPECIFICS OF ART THERAPY WITH PEOPLE WITH MENTAL DISORDERS

Modern interdisciplinary understood art therapy heals the person in his or her entirety of the body, soul and the spirit. The goal is to help the client to be happy, creative and fulfilled with a purpose. Experiencing negative and positive emotions sometimes cannot be expressed in such complex and plastic words, as is possible through painting (Šicková, 2006).

Individual goals of art therapy include relaxation, self-experience and self-perception, visual and verbal organization of experiences, knowing own abilities, fair self-appraisal, growth of personal freedom and motivation, expressing emotions, developing fantasy and overall personality growth. Social goals of art therapy include the perception and acceptance of other people, recognizing their value, making a contact, participating in a group and cooperation, communication, joint solving of a problem, the experience that others have similar experience and feelings and creating social support. The goals of art therapy with clients with mental disorders include especially giving opportunities to sublimate negative experiences, allowing for correction of inappropriate conclusions and events, which lead to confused thinking and behavior, provide a realistic view of own illness, a vision of change, understand the events and also provide a hope for treatment. Art therapy with client with mental disorders aims to help these people, through artwork, to reflect upon their own problems – depression, anger, chaos, fear, frustration – and integrate them as part of themselves. Oftentimes the clients are unable to explain their own anger, but when they draw it, they are able

to comment on it. Artistic self-reflection acts as a bridge between the client's internal experience and him or herself to better understand his or her situation. Art therapy serves to map the problem of the client, to find a way to help him or her, to rectify to find a specific solution (Šicková-Fabrici, 2008).

The creativity of people with mental disorders is untouched by the pathological process, quite the contrary, sometimes it is overexposed. There are examples in the history of art when extraordinary artists suffered from a mental disorder, e.g. Van Gogh or E. Munch (Šicková, 2006).

Paintings of mentally ill people oftentimes oscillate between two poles: one is an expressively rich artwork, the other is an austere almost empty visual reflection. One of the symptoms of people suffering from these disorders is the feeling of loneliness, alienation and emptiness, which they oftentimes depict in their paintings. Emptiness and poorness of expressions in paintings of people with mental disorders and on the other hand a number of fascinating artifacts with different shapes of ornamental or geometric character are the two poles of disorder manifestations (Šicková-Fabrici, 2008).

Now we will look at the specific aspects of art therapy with clients suffering schizophrenia, bipolar disorder and alcohol addiction.

**Schizophrenia.** Visual expression is the most natural expression for people suffering from schizophrenia, oftentimes it is their only means of communication, because their verbal expression is not structured and it is incomprehensible. Schizophrenia is considered a disintegration of the mind. In acute psychosis, it is metaphorically similar to when an earthquake shatters a house. Its parts become disintegrated, although they still exist. Psychotic patients are returning to less adult stages of development of their personality. They then produce artwork similar to that of a child (transparency, return to archaic shapes). There are certain symptoms that manifest themselves during the process of personality disintegration. This includes especially the inability to differentiate between fantasy and reality, regress in thinking and in painting, disruption of thinking, inability of abstract thinking, but most importantly disturbance of body image – the body image and the associated change of motoric behavior. Behavior is discontinuous, rigid. The inability to distinguish what is reality and what is fantasy that arises as a consequence of hallucinations causes that the clients are withdrawing from reality into their own world, because they are not capable to bear their real problems. This is visible in paintings of schizophrenics, in their fusion, in the incompatible coalition full of contradictions. It is common that in their works, the head grows from a different part of the body than the neck, people have animal bodies, the bodies are disorganized, as if they were put together at random.

It reminds of child's play when one painter draws the head, the torso is drawn by another author and the legs by the third. This results in bizarre shapes, some kind of animal people (Šicková, 2006). Typical signs in the painting reflection of schizophrenics include poor choice of motives, rigid figures and frequent symbols of death. Sometimes the motives are suicide, suffering and grief. The paintings don't make a lot of sense. They include symbols, bizarre or rigid faces, warped body parts, geometric shapes, written texts, partially assembled figures, unusual color intensity, distorted spatial organization, unbalanced composition and too elaborate details. There is also a regression of artistic expressions and return to infantile expression means (Šicková-Fabrici, 2008).

**Bipolar disorder.** Typical characteristics of visual reflection of people with a bipolar disorder include in mania: the clients create sexual symbols and euphoric themes. The style is wild, the clients use wild colors, the composition is austere, careless, the lines are not organized, there is an obvious freedom of style, full of movement, there is obvious discomfort, the paper is full and there is a frequent so called phenomenon of fear of the void. In depression: the clients use dark colors, there is an obvious lack of details, indication of control, self-control, few colors and there is an evident minimum of energy input (Šicková-Fabrici, 2008).

**Alcohol addiction.** If the client is engaged by art therapy techniques, it's easier for him or her to maintain motivation for activity at the necessary level and therefore it's easier for the therapist to work with this person. Art therapy techniques create access to unconscious intrapsychic conflicts, motifs and emotional and traumatic experiences, which otherwise would remain suppressed. Through goal-oriented work the therapist helps the individual to acknowledge them and name them. The addicted person thus has an opportunity to look at him or herself from the outside, which is often time very difficult for a user of a psychoactive substance (Holubová, 2009). Nevšímal describes how during the art therapy treatment the visual expression of an addict changes. He noticed that in the initial stages of the treatment these people often times opt for colored pencils and a limited color scale, as if it would tell about their black and white view of the world and anxious effort of precision and simplicity, because they are fearful of complexity and intersection. Only at a later time there is courage to experiment both technically and colorfully. Oftentimes the clients depict relationships to their environment and their survival. If they start to use water or oil paints and mix them in their paintings, it points to openness and continuing progress of change. Individuals gradually find their own style (Nevšímal, 2003). Wadeson pre-

sents ideas for eight art therapy meetings with addicts, who suffer from an additional mental illness. Specifically: How your addiction began; family portrait involving addiction and mental illness; self-portrait using the collage technique; what's it like to be under the influence of drugs or be intoxicated; what's it like to be sober; how your substance addiction affects your health; what can you do to solve your addiction and mental illness problems; what was it like for you to draw and talking about it (Wadeson, 2000; Jurčovičová, 2011). Art therapy using clay proved to be especially successful for alcohol addicts, because it offers them safe space to vent their feelings, such as anger, tension, frustration or aggression. When working with clay, the clients won't harm anyone physically and the feel more relaxed (Jurčovičová, 2011).

Art therapy has a lot of benefits for people with mental disorders. The importance of painting is especially in its naturalness and easiness. Everyone, regardless of his or her health disability, is capable to create an artwork. Its importance is also in active engagement. Drawing requires active engagement of the client in the creative process. Creativity stimulates human senses, creates experiences and interconnects the client's inner and outer world. Through the picture, the client can understand him or herself and his or her mental illness (Campellová, 1998). Another important benefit is the venting of emotions, cares and conflicts. Creative activity can trigger different memories and feelings the client vents through expression, thereby bringing relief and supports self-healing processes. As clients describe pictures, a lot of unsolved conflicts, suppressed emotions and difficult to control emotions emerge. At home, these problems can cause anger, arguments and doubt, whether these emotions are justified. In group therapy, where the clients can share and discuss question, they can experience a liberating situation, specifically that they are not alone, who experiences such emotions. They can also experience acceptance through members of the group (Liebmann, 2010). When working with an artifact and its symbolism, there is a change in the client's perspective on the problem and relief of tension. Mitigation of mental burden and anxiety also affects somatic difficulties (Lhotová, 2010). Another benefit is the area of non-verbal communication. The product of visual expression includes in it different messages and it allow the client to palpably express the deepest thoughts and feelings (Šicková-Fabrics, 2008). Painting can be understood as an "unconscious production of meanings." Unlike verbal communication, where we share information consciously and deliberately, through expressive production we also express unconscious information. During art therapy there is an interconnection of what the creator feels and what he or she creates. In the end, this interconnection can reveal the true face of



the person, which was hidden to him or her thus far, and this gives him new knowledge of him or herself. By creating contact with the unconscious elements of his or her spiritual life, the client has the ability to communicate with his or her interior, to better understand him or herself and to learn how to deal with his or her difficulties (Slávik, 2000). Art therapy enables diagnostics, determining the client's position in the family or society, know the emotional side of the client, it is possible to correct different pathologies through targeted visually creative-methodical leadership, it is possible to also work on changing the client's self-understanding and on his or her inclusion in the society and it also enables to safely work on processing traumatic experiences (Kopta, 2014).

Based on research conducted in 2015, in 24 healthcare and social facilities for people with mental disorders, the benefits of art therapy (respondents could have selected several answers) include the development or improvement of communication skills (100%), relaxation of emotional tension (69.6%), strengthening relationships in the group (65.2%), new experience (82.6%), development of drawing skills and creativity (100%), self-awareness and self-knowledge (43.5%), source of activation (100%), motivation for meaningfully using free time (52.2%), support and feeling of sense of belonging (39.1%), making new relationships (52.2%), providing a real view of the disease (21.7%), creating new desired behavioral patterns (43.5%), improving attention (52.2%), improving fine motor skills (43.5%), improving special perception (26.1%) and assistance in socialization or re-socialization (34.8%) (Čejková, 2016).

## 5. ART THERAPY TECHNIQUES

In this section we offer a selection of some of the art therapy techniques suitable for people with mental disorders.

**Cup.** The client has to draw a cup and mark, how much of it is full. The empty part of the cup expresses his or her inner emptiness. On the left side of the paper he or she has to write down what is taking the life "essence" from his or her cup, on the right side he or she has to write what gives him or her strength and gives him or her lust for life. By seeing these factors, which take away strength and also give strength, the client has the option to perceive the shift from weakness to strength and also to acknowledge that he or she can help him or herself by "pouring" new experiences into one's self (Kubinová, 2015).

**Life line.** The client draws a line on the paper that represents his or her life. He or she then notes significant life events on this line, both positive and negative.

**Important objects.** The client draws an object that is important to him or her; and why this object is of such importance for him or her?

**Making masks.** The client creates a mask that will depict his inner self. What does this mask depict? (Campbell, 1998).

**Exploring colors.** Using only a single color and white paper the client has to explore what given color means to him. He or she draws lines, shapes, objects, etc. using this color. What does he or she associate with this color?

**Every day details.** The client has to draw things, situations or people from everyday life, such as food, clothing, favorite activities, leisure time, etc. He or she can focus on details or he or she can talk about them.

**Four seasons.** Art therapy technique suitable for group work. We give 4 pieces of paper of different color to the clients and ask them, to select one of these colors for each season. The group then cuts' different pictures from magazines and sticks them to individual seasons.

**Positive qualities.** The art therapist creates a set of cards with names of different positive qualities, such as friendly, patient, sacrificial, etc. Then he places the cards face down and asks each group member to select three cards and paint pictures from his or her life when he or she experienced these qualities.

**Emotions as beings.** The client has to image emotions such as depression, anger or happiness turned into good or bad beings. If depression were a character, how would it look? The client draws emotions as characters and can comment, what these characters would talk about between themselves.

**Wish.** The client has to draw three wishes – what he or she desires and needs. Subsequently the art therapist discusses this with the client.

**Family.** The client has to draw his or her family and his or her role in the family. He or she can draw an usual day in the family or how a free day with the family looks like (Liebmann, 2010).

**Enchanted family.** Art therapy technique suitable for a child client. The client has to “cast a spell over” each member of the family to transform him or her into an animal. Using symbolism of artwork the art therapist can get valuable information on mutual relationships in the family. After making the drawing, the child is asked to describe why he or she chose specific animal for a given family member, because the adult's concept of given animal can be different and the child can have an individual negative or positive relationship to given animal. The art therapist then looks at the position of indi-

vidual animals, their position against each other, their expression, size, color, etc. Subsequently he or she discusses possible changes with the child: “Is there something you would change between these animals? Could any animal behave differently?” (Zakouřilová, 2014; Mihalovičová, 2013).

**Group painting of home.** This technique is suitable for group work with children. Each child selects a colored pencil of different color – the color he or she likes the best. Subsequently the children draw home together on one big paper. During the drawing, the art therapist observes how the children select the color, which color they chose, who is engaged more and who less, how much of given color is on the paper and which is dominating, who drew what and how they understand the notion of home, etc.

**Collage.** The task of the clients is to make a composition on given topic using cut outs from color magazines. The clients then stick prepared motifs on the underlying paper (Hádlíková, 2006).

## CONCLUSION

Art therapy is an effective treatment for clients with mental disabilities. It is implemented in psychiatric facilities, in hospitals, educational and training facilities and rehabilitation centers or social services facilities. There are many art therapy techniques that the art therapists can use with respect to the individual needs of the clients. Art therapy has significant benefits that can help clients to live a more meaningful life.

It is important for the social workers to be able to work effectively with mentally ill clients. This requires quality training that develops their professional competences and skills. Graduating from education in art therapy and subsequent implementation of art therapy is one of the ways how to help clients with mental disorders also in social services facilities.

Using art therapy in social work is natural, the social worker can, in the context of his or her interactive work, support the positive change of a client with social issues.

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## ARTETERAPIA V SOCIÁLNEJ PRÁCI S DUŠEVNE CHORÝMI OSOBAMI NA SLOVENSKU

### A b s t r a k t

Príspevok približuje situáciu duševného zdravia na Slovensku a tiež sociálne služby, ktoré sa zameriavajú na pomoc duševne chorým osobám. Ďalej predstavuje organizácie, ktoré ponúkajú vzdelávanie v arteterapii. Tiež opisuje špecifiká arteterapie s duševne chorými osobami a predstavuje konkrétne arteterapeutické techniky zamerané na duševne choré osoby.

**Kľúčové slová:** Arteterapia; Duševná choroba; Sociálna práca.

## ARTETERAPIA W PRACY SOCJALNEJ Z OSOBAMI CHORYMI PSYCHICZNIE NA SŁOWACJI

### S t r e s z c z e n i e

Artykuł przedstawia sytuację zdrowia psychicznego na Słowacji, a także usługi społeczne, które koncentrują się na pomocy osobom chorym psychicznie. Ponadto prezentuje organizacje oferujące edukację w zakresie arteterapii. Opisuje także specyficzne aspekty arteterapii z osobami chorymi psychicznie, a także konkretne techniki arteterapii skierowane do osób chorych psychicznie.

**Słowa kluczowe:** arteterapia; choroba umysłowa; praca społeczna.