



The Roles of Performing Arts in Depression Care at KATH: Towards a Culturally Sensitive Model

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Abstract: In most developing countries like Ghana, very little attention is paid to depression due to the lack of mental health education, which has resulted in the high levels of stigmatization faced by persons living with cognitive conditions. Coupled with the negative perceptions about the condition, the few mental health facilities in the country are under-resourced. This study aimed to identify the existing depression treatment models at Komfo Anokye Teaching Hospital (KATH) and examine the roles of selected performing arts in depression care to guide the creation of a culturally sensitive depression treatment model. Primary data for this qualitative phenomenological study were gathered from five persons with depression, five mental healthcare professionals of the KATH Psychiatry Unit, and two cultural experts from the Centre for National Culture, Kumasi. Findings in this research indicated that a culturally sensitive model at KATH, employing performing arts, could enhance the moods of persons with depression, improve their outcomes, and reduce their hospital stay, boost their self-esteem and social interaction. Incorporating a culturally sensitive model into depression care at KATH to augment the existing treatment models has been established to be a revolutionary development in mental healthcare delivery at KATH.

Keywords: cultural-based approach; depression care; mental health; performing arts; stigma

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INTRODUCTION

The understanding of mental health from the middle of the twentieth century until now has evolved significantly, redefining determinants and acknowledging its global impact. The World Health Organization (WHO) recently described mental health as enabling individuals to cope with life stresses, realize their abilities, and contribute to communities (Auerbach et al., 2016). Research has posited that traumatic experiences such as gender-based violence, child abuse, heavy alcohol consumption, and the lack of social support, such as imperilments for depression, are taken into consideration when drafting policies and interventions for depression (Asante & Andoh-Arthur, 2015). Interventions for mental health conditions like depression must focus on eliminating barriers that promote well-being and adopting non-traditional initiatives such as education, income generation, and reduction of stigma in and among the family and community (Mahomed, 2020). Therefore, thorough knowledge of depression and its related determinants is important in establishing interventions and policies aimed at reducing the prevalence of depression (Asante & Andoh-Arthur, 2015).

According to Sheppard and Broughton (2020), the evaluation of the impact of art on mental health care requires collaboration among artists, health professionals, policymakers, economists, and researchers. Each group brings unique perspectives, methodologies, and approaches to the table. While artists are proficient in their creative domains, they often face challenges navigating the evaluation landscape. The language and frameworks required for rigorous evaluation might not align with their artistic expertise. Kwong and Huang (2019) opine that art enables individuals to express thoughts and emotions that might be challenging to articulate verbally. In the context of mental health, this expressive freedom can be transformative.

Art-related activities have been recorded to be comprehensive, non-medical, and economical interventions for advancing general mental health and good health (Jensen & Bonde, 2018). Arts and culture-based experiences like performances can positively change the acceptance levels of the participants or audiences and enable them to express their experiences (Hand & Golden, 2018). The conceptual nature of performance arts creates deeper connections and meaning-making to the body on display and encourages the development of empathy through the comprehension of the performer's experiences (Constantine, 2023). Therefore, this art form places the body in a disposition of prominence and depends on perceptibility to create spectatorship. The purpose of this study is to explore and enhance depression care at KATH by identifying and analyzing existing treatment models, assessing the potential role of performing arts as a therapeutic tool, and developing a culturally sensitive framework that integrates performing arts into mental health care. By examining current

practices and the impact of creative interventions, this research aims to provide a structured approach to improving depression management, ultimately contributing to more effective and culturally relevant mental health support at KATH.

METHODS

To achieve the objectives of this research, the researcher adopted a qualitative research design to give them an in-depth understanding of the experiences, culture, and beliefs of people with depression. Qualitative researchers employ an array of interpretively interconnected practices to make meaning from the sample population's lived experiences, world views, and perceptions (Johnson et al., 2020). It was, however, imperative that this study, which brought together people with depression and mental healthcare professionals under investigation, employed the qualitative research design. To subjectively appreciate the participants' experiences of this study and investigate how they interpret, discern, and make meaning of life, an interpretative phenomenological approach was adopted. According to Hales et al. (2022), this individualized approach helps the researcher to explore their mental imagery critically, what it means to them, and how it makes them feel and behave.

According to Zhao et al. (2013), a well-defined study population is quintessential for assessing the effectiveness of a novel treatment comparatively regulated in randomized clinical research. Due to the laborious nature of the population, the researcher narrowed their population size to a determined one. Therefore, the specific population for this study included five clinically diagnosed people with depression at the KATH, five mental healthcare professionals at KATH, and two cultural experts from the Performing Arts Department of the Centre for National Culture in the Kumasi Metropolis of Ghana. This study had a relatively small sample of 12 participants. However, the total number of participants involved in this study was qualified under the guiding principles of phenomenological studies (Peoples, 2020, as cited in Weber, 2023).

Table 1. Respondents of the study

Respondents	Number
Mental healthcare professionals	5
People with depression	5
Cultural experts	2
Total	12

For this study, the interviews were conducted with clinically diagnosed people with depression, mental healthcare professionals, and cultural experts. Interviews in phenomenological studies allow the researcher to structure their interviews to permit them to conduct in-depth investigations (Bevan, 2014). Incipiently, the researcher acquired an introductory letter from the university for submission to the Psychiatry Unit of KATH to permit the researcher to conduct the study. As an institutional requirement of KATH, an application was made to register with the Research and Development R & D) Unit after submitting a proposal for the study to the unit. The researcher then applied to KATH's Institutional Review Board (IRB) for ethical clearance to proceed with the research. After filling out an electronic application form, the researcher attached the required documents and submitted them to the review board for consideration. The evidence of Ethics Approval from the KATH-IRB was then sent to the KATH Psychiatry Unit to enable the researcher to conduct the study.

Data analysis for phenomenological studies is traditionally reflective; thus, the initial reflection and primary interpretation of a participant sharing their lived experience cannot be separated. Hence, meaning is derived from the experience through thematization (Bevan, 2014). Data for this study was analyzed thematically based on the objectives and questions of this research. The ethical consideration of research refers to the conduct and reflection of values and moral principles by the researcher in ensuring that the dignity of the participants is protected and that their confidentiality is safeguarded (Johnson et al., 2020). The nature of this research, which investigated participants' lived experiences on a sensitive topic such as depression, required the researcher to acknowledge the legal, moral, and emotional rights of both the respondents and the researcher. An informed consent was obtained to protect the privacy and anonymity of the respondents.

RESULT AND DISCUSSION

As a qualitative phenomenological study, this research sought to understand the lived experiences of people with depression receiving treatment at KATH, as well as mental healthcare professionals providing care for these patients. The interviews of mental healthcare professionals pointed out the existing depression treatment models at KATH and exposed the roles of performing arts in depression care. The people with depression, however, presented the roles of performing arts in their respective treatments and how these activities can be included in their treatment using a culturally sensitive model. Through the semi-structured

interviews, cultural experts advised developing a culturally sensitive model. To ensure the anonymity of all participants, pseudonyms were used to represent every individual. Tables I – III below represent the sociodemographic data of the study's respondents.

Four of the clinically diagnosed persons with depression who participated in the study identified themselves as females, while only one of them identified as male. In percentage terms, they represent 80% of the respondents in this study. All but one of these participants were married. Their respective ethnicities were representative of three administrative regions of Ghana. One participant is a Frafra from the Northern Region, another is an Akuapem from the Eastern region of Ghana, and the remaining three are Asantes from the Ashanti Region of Ghana. Two of these people with depression had tertiary educational qualifications, two had their highest level of education being form four, while one of them was a Senior High School (SHS) graduate. Three of the people with depression were actively working to earn a living: a nurse, a beautician, and a construction worker, respectively. One of them is a retired teacher, whereas the other is incapable of working due to the severity of her condition. Interviews were conducted with these persons with depression to ascertain their lived experiences with their condition concerning performing arts engagements and their impact on their mental health. Participants reported that their sociodemographic data is detailed in Table 2.

Table 2. Sociodemographic data of people with depression

Participant	Gender	Age	Marital Status	Ethnicity	Level of Education	Profession	Length of treatment at KATH
Mensah	Male	48	Married	Asante	Form 4	Construction	3 months
Addobea	Female	78	Married	Akuapem	Tertiary	Teacher (retired)	6 years
Adwubi	Female	51	Married	Asante	Form 4	Caterer	3 months
Fosua	Female	32	Married	Asante	Tertiary	Nursing	13 years
Talata	Female	29	Single	Frafra	SHS	Beautician	6 years

Three mental healthcare professionals who participated in this study were identified as males, while the other two were identified as females. Their fields of work cut across most sections in the Psychiatry Unit. One of the participants was from the Occupational Therapy section, one from the Art Therapy section, one from the Sobriety School or Addiction section, and the remaining two were psychiatric nurses. The age range of these professionals is from 31 years to 40 years. Their years of experience as healthcare professionals also range from 3 years to 11 years, while their working experiences as mental healthcare professionals are from 1 year to 6 years. It is worth noting that some of these professionals have practiced general nursing before specializing in mental health, while others have been practicing mental health from the onset. It is also worth noting that some of these mental healthcare professionals have worked in different psychiatric hospitals before joining KATH's Psychiatry Unit. The views expressed by this group were shaped by their general experiences as healthcare workers, their experiences as mental health workers at KATH, their experiences from other facilities, and their knowledge-based ideal situations. The ethnic backgrounds of these professionals span five different ethnic groups in Ghana: Asante, Ahafo, Fante, Ga, and Krobo. Table 3 presents sociodemographic data reports by these participants.

Table 3. Sociodemographic data of mental healthcare professionals

Participant	Gender	Age	Marital Status	Ethnicity	Years of experience	Section
Atswee	Female	35	Married	Ga	6	Art therapy
Korkor	Female	36	Married	Krobo	11	Addiction
Onyina	Male	40	Married	Asante	6	Psychiatry
Donkor	Male	31	Married	Fante	8	Occupational Therapy
Donkor	Male	31	Single	Ahafo	3	Psychiatry

Lastly, all two cultural experts involved in the study identified as males. Both are staff of the Centre for National Culture, Kumasi, under the National Commission on Culture. Both participants are of the Asante ethnic group. According to these participants, their years of experience in the performing arts space span from 15 to 22 years. Their specific years of experience with their current institution, the Centre for National Culture, are 3 years respectively. These two participants hold influential positions at the Performing Arts Department of the Centre for National Culture. While one of the participants specializes in theatre, the other specializes in music and dance. Their inputs to the study were influenced by their rich knowledge of culture and performing arts, their exposure to Western practices of the adoption of performing arts in mental health care, and their roles in the COVID-19 community sensitizations using the Theatre for Development model. Table 4 gives detailed reported sociodemographic data of the cultural experts.

Table 4. Sociodemographic data of cultural experts

Participant	Gender	Age	Marital Status	Ethnicity	Years of experience	Specialty under performing arts
Korang	Male	35	Single	Asante	15	Theatre
Owusu	Male	36	Married	Asante	22	Music and dance

Table 5. Depression Treatment models at KATH

Treatment Model	Description
Electroconvulsive Therapy (ECT)	It involves the application of tiny bits of electric current to a person's brain (Deng et al., 2024).
Medical Treatment	This is a common medical practice for managing most depression conditions with antidepressants (Bonilla-Jaime et al., 2022).
Psychological and Behavioral Treatments	Psychotherapy treatment involves engaging the person with depression in a conversation and allowing the patient to express their thoughts. In behavioral treatment, the input of the depressed person is involved to ascertain their depression-triggering factors.
Model of Standard Occupation	This model aims at helping patients to gain healthy psychological functioning as a basis for motivation (Greene, 2017).

Existing models for depression care at KATH

Electroconvulsive Therapy (ECT)

Electroconvulsive Therapy, also known as ECT is a major depression treatment used for managing severe symptoms, even though it can be used in managing other mental health conditions. It involves the application of tiny bits of electric current to a person's brain. These are electric currents aimed at inducing convulsive seizures (Deng et al., 2024) to correct brain abnormalities in a patient. The ECT is however, used as a first resort or an emergency treatment to severe depression cases or in cases where mental healthcare professionals are running out of time to manage the severity of the condition, predominantly, in situations where the patient can cause harm to oneself, people around them or their immediate environment. This therapy brings immediate stability to the patient's condition before other therapies are possibly introduced. For instance, in a severe postpartum depression case, mental healthcare professionals will not have the luxury of time to introduce medications or other forms of treatments that may take some time to see results. After this level of calmness has been restored to the patient using the ECT, other treatment models can then be applied to manage their condition. The cost associated with staying at the psychiatry wards for longer days is also considered in applying the ECT. From the above, ECT has been established as an integral part of treating severe depression. This immediate remedial process is succeeded by one or more of the other depression treatment models discussed below. However, to improve mental health outcomes, this study exposes the roles a culturally sensitive model for depression care as a potential addition to the treatment models. This cultural-based approach explores an individualized approach to treatment, where parts of the treatment is embedded in cultural engagements for the persons with depression.

Medical Treatment

Medical treatment involves the administering of medications for oral ingesting or through injection. The chemical component of these medications averts any imbalances in the mood of the patient. Preliminary medical procedures are run to ensure that all other possible medical conditions are ruled out before subjecting the patient to psychiatric treatment. In cases where a patient presents depression without psychotic symptoms, an antidepressant is administered to the patient to uplift their mood. Thus, as established by Bonilla-Jaime et al. (2022), the use of antidepressants is a common medical practice for managing most depression conditions. On the other hand, where a depressed patient also has psychotic symptoms, an antipsychotic may be administered to the patient to truncate their repetitive thoughts and their corresponding abnormal behaviors. These medical treatments are applied along with other forms of therapy such as psychotherapy.

Psychological and Behavioral Treatments

Psychotherapy, like medical treatment, is a long-term treatment process. After the patient has undertaken medical technological procedures and an assessment of the patient's condition has been done, the psychiatrist may refer the patient to a psychologist. Adoption of psychotherapy, including psychodynamic therapy, interpersonal therapy, and cognitive behavioral therapy (CBT), is a common psychotherapeutic intervention (Fonagy et al., 2020). The psychotherapy treatment model involves the psychologist engaging the patient in a conversation and allowing them to express their thoughts. To maximize results, depression treatment models must be customized based on factors such as age and gender (Hyde and Mezulis, 2020). Individuals receive effective and culturally sensitive care when considering a personalized approach, including individual preferences, comorbidities, and developmental stages. This therapy is usually introduced after a

patient has been subjected to ECT treatment. In consonance with Padmore (2018), a combination of these medical psychological, and behavioral treatments is an effective approach to managing depression conditions. This is because, after the ECT, the patient becomes conscious of themselves and aware of their immediate environment and are able to express their thoughts. Performing arts interventions all adhere to similar therapeutic tenets (Vaartio-Rajalin et al., 2021). Thus, a comprehensive strategy for treating depression can be achieved by combining interventions using speech, performing arts, and visual art.

Model of Standard Occupation

The Model of Standard Occupation is a model used by the occupational therapists at the Psychiatry Unit of KATH. This model encompasses the motivation of patients to engage in activities and be able to interact with their immediate environment. The foundation of this type of psychotherapy is the notion that gaining healthy psychological functioning is a natural motivation for human beings (Greene, 2017). The therapist plays a non-directive role in therapy, with the client—who is seen as the expert in their own life—setting the overall course. In many cases, depression causes people to lose interest in engaging in activities, and that is where the Model of Standard Occupation comes into play. The therapist ensures that the patients excel in the activities they partake in, to boost their confidence to continue engaging in the activities. This exercise goes over person-centered therapy and emphasizes how the interprofessional team may help patients receiving person-centered therapy receive better care (Murphy and Joseph, 2016). Occupational Therapists recommended that for a holistic therapeutic outcome, there must be some outdoor activities to assist in improving some core functional skills like the ability to negotiate, improving their social interactions, and ability to initiate a project and complete it successfully, among others.

The determination of selected performing arts was based on the individual interests of people with depression, the experiences of mental healthcare professionals in relating to and caring for people with depression, and inputs from cultural experts. Based on the above premise, music, dance, and theatre were centered in this study. These selected performing arts aligned with [Adjepong and Obeng](#) (2018) that traditional performing arts in Ghana, especially music, dance, and drama, are executed concurrently in one performance.



Figure 1. The roles of performing arts in depression care at KATH

Mental healthcare professionals have attributed the causes of depression to genetics or biological factors, the influence of life stresses, as well as hormonal imbalances resulting from taking some medications. Biologically, like there are hormones that control pregnancy and other reproductive functions in both males and females, there also exist hormones that control a person's moods, sadness, and happiness. As already established by [Cutler et al.](#) (2023), the dopamine hormone controls happiness, while the serotonin hormone controls sadness. Thus, an imbalance of these hormones affects a person's mood. Beyond these predisposing biological factors, depression is caused by life stresses such as the loss of a loved one, divorce, academic disappointments, traumatic situations, and loss of finances. However, it is evident from the stories of these people with depression that various stressful situations affect their mood and impact their depressive conditions. For these patients, engaging in performing arts activities of interest to them takes their minds off everything that makes them unhappy. [Seyi-Gbangbayau](#) (2022) describes the importance of art in mental healthcare as an emotion-sustaining and therapeutic means, not only through the pleasure gained in observing the creation or already created art but also through the satisfaction in creating or contributing to the creation of the art itself. The enhancement of mood using performing arts is given a biblical allusion where King Saul's depression condition was ameliorated with the playing of a harp by David in 1 Samuel 16: 14 – 23 (NLT):

"Now the Spirit of the LORD had left Saul, and the LORD sent a tormenting spirit that filled him with depression and fear. Some of Saul's servants said to him, "A tormenting spirit from God is troubling you. Let us find a good musician to play the harp whenever the tormenting spirit troubles you. He will play soothing music, and you will soon be well again." "All right," Saul said. "Find me someone who plays well, and bring him here." One of the servants said to Saul, "One of Jesse's sons from Bethlehem is a talented harp player. Not only that—he is a brave warrior, a man of war, and has good judgment. He is also a fine-looking young man, and the LORD is with him." So Saul sent messengers to Jesse to say,

"Send me your son David, the shepherd." Jesse responded by sending David to Saul, along with a young goat, a donkey loaded with bread, and a wineskin full of wine. So David went to Saul and began serving him. Saul loved David very much, and David became his armor bearer. Then Saul sent word to Jesse, asking, "Please let David remain in my service, for I am very pleased with him." And whenever the tormenting spirit from God troubled Saul, David would play the harp. Then Saul would feel better, and the tormenting spirit would go away."

It is evident from this premise, however, that the approach of using performing arts in depression care has been in existence for centuries. Therefore, performing is an integral part of every culture and cannot be overlooked when selecting treatment options for people with depression. Thus, a combination of performing arts and other treatment options will ensure holistic care for people with depression. Most people with depression tend to isolate and keep to themselves, which is a symptom of the condition. These patients avoid social interactions to stay away from specific triggers or to try to evade stigmatization from people, which ultimately affects their self-esteem. Mental healthcare professionals, however, believe that putting people with depression in a group and engaging them in therapeutic activities like performing arts presents a suitable platform for these patients to interact among themselves and motivate themselves, hence developing a sense of belonging. This agrees with [Hand and Golden \(2018\)](#), who believe that cultural-based performing arts activities help participants and audiences to express their experiences and positively impact their sense of belonging. Mental healthcare professionals reported, however, that these patients mostly give audiences to themselves and can influence or convince themselves of positive conduct to improve their mental health. In addition to people with depression gaining a sense of belonging, empathy, and sympathy from engaging in performing arts, cultural experts are of the view that such engagements will also help them to be empowered. As ascertained by [Jensen and Bundesen \(2023\)](#), engaging in cultural activities provides a creative community for these patients, serving as a fundamental human factor in their treatment. Engaging in music, dance, and theatre performances, specific roles will be designated to these patients for a particular activity to be executed. Executing individual roles towards a common target brings about healthy interactions.

Based on the challenge of limited bed capacity facing the current state of mental healthcare delivery at the KATH Psychiatry Unit, it is indispensable to adopt a functional approach to reducing the duration of their stay at the facility and improve the quality of care, hence, the need for incorporating performing arts in treatment. The integration of performing arts into existing treatment models will help improve the diagnosis of people with depression, as their engagement in performing arts will help mental healthcare professionals understand a patient's phenomenon better. As an expressive activity, engagements in performing arts help patients express how they feel about the art. Performance patterns and context can be analyzed to ascertain the reason or motivation for choosing a particular art or action. The behaviors, attitudes, and perceptions of mental health of people with depression are a product of their cultural contexts, and an understanding of their cultural philosophies aids significantly in the diagnosis of their condition ([Chevance et al., 2020](#)). A culturally sensitive approach, therefore, improves the timeframe of thorough diagnostics for mental healthcare professionals as well as the depression management timeframe for the patient. A reduction in hospital stay for the patient translates to a reduction in cost for the patient. This, however, confirms [Jensen and Bonde \(2018\)](#) that cultural-related activities are non-medical yet comprehensively economic interventions for mental health.

As established by [De Vos \(2022\)](#), cultural learning as an ongoing process helps to reform perceptions, behaviors, and attitudes of a group of people and influences their approach to dealing with issues about mental health. Advocacy and public education are vital in ensuring depression literacy among Ghanaians. Depression knowledge ensures that traditional and religious myths surrounding depression are debunked. Debunking these myths will ensure that stigma against persons suffering from depression is reduced ([Fournier, 2011](#)). Hence, many people will be encouraged to seek early medical attention when they are faced with psychiatric conditions—a lack of education on depression results in late detection of the condition. Hence, comprehensive patient education and education for their support networks, such as friends and families, is relevant to the quality of care ([Dames et al., 2022](#)). Music, dance, and theatre are undoubtedly performing arts disciplines used as effective tools for public education and sensitization. Cultural experts have pointed out that a message conveyed through music or theatre for development programs sinks deeper with their consumers and appeals to their emotions than talking to them directly. Having established a positive relationship between incorporating creative activities in educational curricula and enhanced academic performance among students, some researchers have proposed artistic activities to relieve students' academic stress ([Osei, 2013](#)).

A roadmap for creating a culturally sensitive model using performing arts for depression care at KATH

This section presents a roadmap for developing a culturally sensitive model with the application of music, dance, and theatre for depression care at the KATH Psychiatry Unit. The cultural adaptation framework by [Fendt-newlin et al. \(2020\)](#), which was adopted for this study, proposed three stages for implementing cultural interventions to address mental health treatment gaps in lower-middle-income countries like Ghana. This study

explored the first stage of the cultural adaptation framework, thus, a study to ascertain the workability of a performing arts-based culturally sensitive model for depression care at KATH.

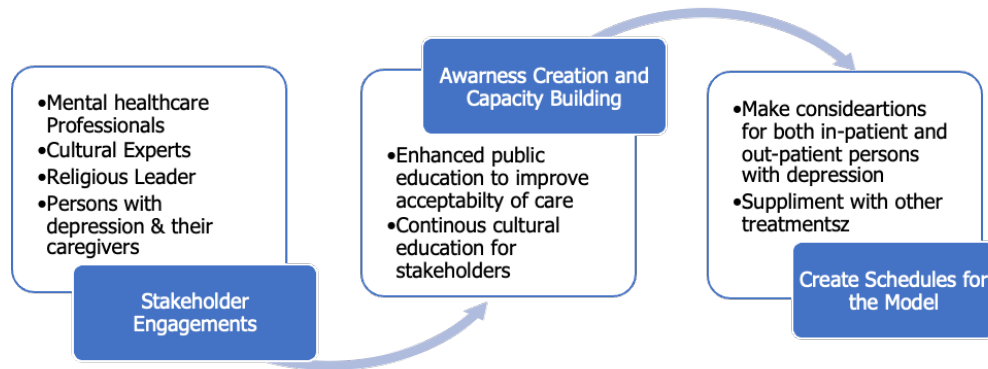


Figure 2. Roadmap for creating a Culturally Sensitive Model

The first step to incorporating a culturally sensitive model employing performing arts in depression care is to involve all professionals and agencies who directly and indirectly play a role in the treatment process. Innovative developments in science and technology, as well as in culture and medical sciences, have laid a foundation for productive collaborations between performing arts and mental health (Seyi-Gbangbayau, 2022). Mental healthcare professionals and cultural experts who took part in this study have touted the importance of a multi-disciplinary approach to depression care. The multi-disciplinary approach ensures holistic care for people with depression. Thus, quality health goes beyond the physiological needs or the absence of impairment but the holistic functioning of an individual, including proper social functioning. The predominant social actors in depression care are the family and caregivers of the people with depression. People with depression involved in this study revealed that they only talk to their close relatives about their conditions because they understand what they go through and do not stigmatize them. Following Russell et al. (2023), the cultural beliefs of a people fundamentally influence their attitude of stigmatizing people with depressive conditions. Hence, mental healthcare professionals significantly involve relatives of people with depression in the treatment.

Another notable social stakeholder in depression care is the religious institutions. Many people perceive mental illnesses as spiritual attacks or being possessed by their spiritual beings. Spiritual leaders of these religious institutions are revered by their followers, who heed strictly their instructions. These leaders serve as inspiration for their members and, in most cases, influence the treatment choices of these people with depression. Even though some of these patients seek orthodox treatment for their depression conditions, they are also members of religious bodies, hence finding it challenging to create a synergy between the two. For people with depression to return to their pre-hospitalization roles, educational institutions and workplaces of these patients are engaged to assist in the recovery of these patients. For students who are hospitalized due to their depressive conditions, their schools or instructors are involved in their rehabilitation to prepare them to return to school or attain their school functioning skills.

Creating awareness of the culturally sensitive model to the general public, especially people with depression and their families, and building the capacity of mental healthcare professionals and allied professionals within the treatment process aims at fostering the acceptability of the model to all the relevant stakeholders. The ability of a patient to eloquently relay or share their experiences in life awards them the consciousness of their role as the main agent in their healing process. This offers them the opportunity to reflect on positive coping mechanisms they embraced in managing interpersonal experiences that are detrimental to their mental health (Irrázaval, 2018). The patient's understanding of the culturally sensitive model yields acceptability and ensures a smooth implementation. It has, however, been established that the process of creating art yields a Positive Affect (PA) for a person with depression as their participation in these creative endeavors results in a positive mood and happiness for the said patient (Seyi-Gbangbayau, 2022). These client-centered cultural sessions will help the therapist to identify the performing art activity the patient wants to engage in. Hence, to ensure the model's efficacy, the patient must be allowed to choose the activity they want to engage. Consistent with Kalibatseva and Leong (2014), continuous training of these mental healthcare professionals to build their competencies in cultural sensitivity enables these service providers to be abreast with the cultural dynamism of their patients and inform them of the appropriate treatments for them. Since the performing arts discipline may be new to some mental health professionals, such training will help them appreciate the aspects of the arts that impact the mental health of the patients.

People with depression employed in this study expressed very high interest in enrolling in the culturally sensitive model using performing arts as an additional therapy for managing or ameliorating their condition. In agreement with the Oh Happy Day Class (OHDC) intervention for depression care, the culturally sensitive model

can be tested and piloted with some patients to determine the pre and post-intervention trial outcomes (Ward & Brown, 2015). Mental healthcare professionals believe that since the model will positively impact the mental health of these patients, engaging them frequently will be an ideal situation. Some mental healthcare professionals suggested that the model be enrolled as an additional session for people with depression who visit the facility to have either occupational Therapy, art therapy, psychotherapy, or sobriety school. Meanwhile, others were of the position that new therapy sessions be created for performing arts where people with depression are engaged at least twice every week. Some mental healthcare professionals recommended that people with depression be engaged in performing arts as part of their treatment at their remission stages. At the remission stage, a depression patient can communicate and be conscious of themselves. For his group of mental healthcare professionals, medications should be administered to people with depression at the onset of treatment for their conditions to be stabilized before the model is introduced.

CONCLUSION

The study has established that the therapeutic role of music, dance, and theatre in depression care cannot be underrated. The ability of patients to express their moods through engagement in performing arts helps mental healthcare professionals detect specific behaviors or psychological barriers that hitherto would not be spoken about by the depressed patient, thus aiding diagnosis for people with depression. The rippling effect of improved depression diagnosis through the use of a culturally sensitive model results in an improved patient outcome and shortens the length of stay of people with depression at the mental health facility.

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