Developing a national arts and health policy framework

Deborah Mills
Arts and Health Foundation

“The health sector needs to engage systematically across government and with other sectors to address the health and well-being dimensions of their activities. The health sector can support other arms of government by actively assisting their policy development and goal attainment.”
(World Health Organisation)

“Essential ingredients for the health of individuals living within communities are a creative life and a vibrant civil, social and community life.” (Professor Fran Baum, Professor of Public Health, Flinders University, Director, South Australian Community Health Research Unit, Flinders University, Director Southgate Institute of Health, Society and Equity, Former Commissioner, Social Determinants of Health, World Health Organization, 2005-08)

“Frankly, the arts play a critical role in people’s sense of wellbeing, their connection with each other and the behaviours they engage in which will be health promoting.” (Professor Ian Hickie AM, Executive Director, Brain and Mind Research Institute, University of Sydney, The Institute for Creative Health Ambassador)

“There is enough documentation now for us to understand that the arts have a proven and positive influence on our state of health.” (Robyn Archer AO, Artist, Singer, Writer, Artistic Director of National and International Arts Festivals, The Institute for Creative Health Ambassador)

I would like to invite you to come on a journey with me today.

A journey which covers the following territory:

- how the idea for a Australian arts and health policy framework was seeded and grew
- why this idea is important
- what we can learn from our own and others attempts to establish national policies on arts and health
- how those of us working in arts and health need to move nimbly, jointly and severally if we are to influence the status and recognition given to arts and health practice in Australia.

For over thirty years, many thousands of Australian arts practitioners, clinicians and other workers in the health sector have understood that unlocking the creativity within people provides tremendous power to improve individual and community health and wellbeing.

This work has been taking place in a range of health and community settings right around our country, and is generally described under the banner of arts and health. It has evolved from practice in the field, which has been led by skilled and passionate artists and arts workers and not from policy or government imperatives. All forms of art are being used to enhance health and wellbeing across a broad spectrum of health services. This includes communication on health issues, prevention, treatment and management of illness and rehabilitation and palliative care.

This work often takes place with the support of committed health workers, often with Australia Council support, sometimes with philanthropic backing and only rarely with the institutional support of health agencies. For this reason, despite a strong evidence base that quantifies both the impact and the potential cost savings to health budgets, arts and health is somewhat untested in terms of government commitment and levels of support.
How our eyes have been opened

So what is the story behind the decision by the Government’s Standing Council on Health—subsequently supported by Federal and State Cultural Ministers—to develop a national framework for arts and health?

Well, it began with an epiphany.

Some years ago, the South Australia’s Minister for Arts and Health at that time, John Hill, was walking through the corridors of the Flinders Medical Centre. There, he saw an artist dressed as a bride who was painting a 14 metre long artwork. A young woman in a wheelchair, was participating in its creation. He made inquiries and learned that the young woman was critically ill and had not been responding to treatment or to the love and care of her family. However, she became animated when wheeled past the artist at work and personally became involved in the process.

John’s epiphany was that our understanding of health as being solely an absence of disease is wrong. His experience also reconfirmed his view that creativity is not something external to the human spirit and merely a commodity for sale. In that moment—in the hospital corridor—he witnessed firsthand how creativity is essential to the human spirit. He understood that the physical, psychological and spiritual health and wellbeing of all Australians can be strengthened by connecting individuals and communities with arts experiences. He also understood that the quality of health care can be improved when the arts are integrated into its delivery. Years later, John was able to convince his Ministerial colleagues in the Standing Council of Health to agree with him.

At about the same time that John Hill was experiencing his epiphany, another prominent public figure, Simon Crean—former President of the ACTU, MP and, until recently, Federal Minister for the Arts—was having an epiphany of his own.

In his opening address to the National Arts and Health Policy Forum held in Parliament House, Canberra, in June 2012, Simon told a story about how he came to understand that the arts have an important part to play in health care. The story was about an old comrade of his, Col, who was in palliative care in the Royal Melbourne Hospital. He didn’t have long to go. While showing enormous courage, he discovered self-expression through song, something he had never done before. The Music Therapy and Clinician Manager of the Hospital, Emma O’Brien, worked with Col to help him compose a song which was later sung at his funeral service and to which Simon still listens today.

On our website, you will find hundreds of stories like the ones I have just told you. They are stories that map the breadth and depth of arts and health practice taking place in Australia.

What we are doing

The Institute for Creative Health (formerly known as the Arts and Health Foundation) is a non-profit organisation with a mission to demonstrate that the arts, in their many guises, are essential to health and wellbeing. It draws support from the health and arts sectors and works to:

- develop policies to promote individual and community wellbeing
- sponsor research to demonstrate how the arts contribute to good health
- provide a community platform to enable the sharing of information.

The Institute for Creative Health is led by a national Board which brings together a unique set of high profile individuals from business, science, research, the arts, academe and health to provide expert, non-partisan and evidence-based strategic advice which informs our work. We also work closely with like-minded organisations, such as the National Rural Health Alliance.
One of the significant barriers to arts and health practice in Australia receiving government recognition and support is a belief that this practice is not supported by evidence. The evidence base is developing, but it is inaccessible to many stakeholders. We are making this research and its implications more accessible.

We commissioned Dr Christine Putland from Flinders University to provide the Standing Council of Health Ministers with a summary of research examining the effects of the arts across the spectrum of health and wellbeing determinants.4 The Australian Hospitals and Health Services Association has also commissioned work from the Health Policy Research Institute to evaluate the compelling evidence for using the arts in health care. This report has also been submitted to the Standing Council of Health Ministers.5

There is a need to collate and promote the existing evidence base for arts and health to communicate the value of arts and wellbeing to a broader Australian community and to government.6

**Considerable progress has been made towards adopting a national framework for arts and health**

A draft framework was released last year, and AHF subsequently co-ordinated feedback to governments. Last month, the National Cultural Policy was released which included a commitment based on a recommendation put forward by AHF that the Federal Government work with their state and territory counterparts to recognise the health benefits of arts and culture and to provide an agenda for activity.

The Institute for Creative Health has played a key role in providing information to Governments on the scope of arts and health practice in Australia and on the evidence of the impact of the arts on individual and community health and wellbeing. We also have been encouraged by Governments and the diverse arts and health sector to act as a conduit for advice and information as the National Framework is rolled out.

We convened the National Arts and Health Policy Forum in Parliament House Canberra in June 2012, bringing together more than 70 representatives from both sectors. The Forum arose from an invitation to facilitate national consultation on the draft National Framework initiated by the Australian Governments’ Standing Committee on Health and endorsed by the Cultural Ministers Council. We continue to lead consultation on the draft National Framework.

The Framework will go before the meeting of arts and cultural ministers at the end of this week (Friday April 12). It was to have gone before the Standing Council of Health Ministers on April 19, but has been withdrawn from that agenda by the sponsoring state, South Australia. The reasons for this are not clear, as no money was being sought.

The Institute for Creative Health is determined to continue to lobby for this Framework’s adoption by the Standing Council of Health Ministers and I will take a moment to explain why we think this national framework is worth fighting for.

**So why do we think that a national policy on arts and health is important?**

There are many great people, and some of you are here today, doing wonderful things in arts and health.

A national framework will ensure that you are not working in isolation. You will see that you are playing an important role in a much bigger picture. A national framework, endorsed by the Australian Minister for Health, the Australian Minister for the Arts and their counterparts in the States and Territories, signals what we are trying to do in arts and health as a nation.

A national framework will show how arts and health can be further developed, and set out ways of judging if we are making progress. A national framework will also indicate how to get the most out
of what we are doing in arts and health. It will provide a guide on how to make the most sensible investments in this sector.

There are significant shifts in health and social policy happening in Australia at the moment, and they present an opportunity for arts and health. But there is a risk that an already marginalised arts and health sector may stay on the sidelines.

Paradoxically, the push for a national arts and health policy is taking place in the context of rising demands and costs for health care which is pushing governments towards health promotion and preventative measures. There is growing government interest in addressing the social and economic determinants of ill health and in improving value for money. In order to exploit this opportunity to integrate arts, Australia needs an authoritative national voice on arts and health. The Framework can be a tool to help develop this national voice.

**How will a National Arts and Health Framework align with other national policy priorities?**

The following national policies would be complemented and supported by a joined up policy approach to arts, health and wellbeing:

- The **COAG reform agenda** identifies five strategic themes for reform. Those dealing with economic and social participation, better health services and a more sustainable health system and Closing the Gap are all addressed in current arts and health practice.

- The **National Health Priority Areas Initiative** identifies a range of chronic diseases requiring special attention. Many of these disease states are addressed in current arts and health practice.

- The **Cultural Ministers Council’s National Arts and Disability Strategy (2009)** provides a framework to support, encourage and promote access and participation in the arts by people living with a disability.

- The Australia Council for the Arts’ **Cultural Engagement Framework and in particular its Creative Communities Strategy** refers to arts and health as a priority area.

- The principles in the **National Social Inclusion Agenda** are to reduce disadvantage and increase social, civic and economic participation. The connections between social and economic disadvantage and ill health have been well documented, as have the efficacy of arts and health programs in increasing social, civic and economic participation. The synergies between the National Social Inclusion Agenda and arts and health are clear.

- The **Tasmania Government’s health and wellbeing strategy** sees arts activities as having an important role in improving health literacy. In the research and consultation undertaken for this paper the significance of the **National Arts Curriculum** initiative was emphasised as critical to the health and wellbeing of young Australians.

- The Federal Government’s **Closing the Gap** policy also has strong synergies with arts and health initiatives. The participation of Aboriginal and Torres Strait Islander Australians in arts and cultural activity can lead to broader social and economic outcomes.

**What can we learn from other attempts to create arts and health policy?**

In 2007, the UK Department of Health carried out a review of arts and health activity throughout the UK to assess its importance and investigate the practical ways in which best practice could be encouraged and developed. The resulting report was published in April 2007 and concluded:

“...the messages are clear—that arts and health have a clear contribution to make and offer major opportunities in the delivery of better health, wellbeing and improved experience for patients, service users and staff alike”. Department of Health
Later the same year, the Department of Health and Arts Council England published a joint prospectus for arts and health, which stemmed from the recommendations of the Review of Arts and Health Working Group.\(^{14}\)

While arts and health practice is well established in Great Britain, and these joint initiatives of the Department of Health and Arts Council England appeared promising in their potential to provide a stronger policy base for this practice, this momentum appears to have been compromised by weak national leadership and extensive funding cuts in both the arts and health sectors.\(^{15}\)

While funding is critical to arts practice in Australia, including arts and health practice, the lesson to be learned from the English policy experience is the need to leverage existing investment to generate greater awareness, understanding and resonance across policy portfolios and jurisdictions and the critical role of strong and consistent national leadership in leveraging these advances.

**Arts and health policy in Australia**

In Australia there has been little specific arts and health policy development federally, despite over thirty years of practice. Although some may argue that the recent *National Arts and Disability Policy* is an arts and health policy, it could equally be argued that it is primarily an access and equity policy.

The **Australia Council for the Arts**, through its Community Cultural Development Board and its successor Community Partnerships, has supported much of the work for the arts and health sector for over thirty years. In 2003/04 the Board commissioned the publication *Art and Wellbeing: a guide*', which was the first comprehensive attempt in Australia to chart the policy connections between community arts practice and individual and community wellbeing. Community Partnerships continues to support arts and health initiatives through its funding for key community cultural development organisations and through specific project grants.

**Tasmania has launched** *Healthy Tasmania*\(^{16}\), which establishes strategic directions for Tasmanian Health policy and makes specific reference to the role of the arts in health and wellbeing.

Within State jurisdictions the development of the *Victorian Mental Health Strategy 2009–2019*\(^{17}\) is a well-targeted approach to improving population outcomes, focusing on social inclusion as a driver of mental health reform. This Strategy, in effect, provides policy support for the work of VicHealth in its use of the arts to support population outcomes in mental health, but without specifically sanctioning arts and health policy. VicHealth is a world leader in utilising creative activity as a means to promote health and community wellbeing, has a strong commitment to research in this area.\(^{18}\)

**Victoria**\(^{19}\) and **Tasmania** have produced policy frameworks and plans on health and wellbeing.

**Federally** there is some evidence that arts activity is becoming recognised in mental health and home and community care funding, although this support is not enshrined in policy.

**Federally** there is also some evidence that arts activity is supported, particularly in work with Aboriginal and Torres Strait Islander communities, through grants from the Department of Families, Housing, Community Services and Indigenous Affairs.

At a State level, **South Australia** has produced an innovative partnership agreement between arts and health departments. This partnership is predominantly realised through the embedding of creative places and spaces within the built environment of health facilities.

**Tasmania, Victoria, South Australia, Western Australia** and, until recently Queensland, state policies support the allocation of a percentage of the capital expenditure on infrastructure, including health facilities, to the commissioning of art as an integral part of the design.
Western Australia, Victoria and Tasmania, through their health promotion agencies, also supports creative activity as a means of promoting health and wellbeing. Some hospitals in Queensland and NSW have arts and health programs which have been operating for some years.

A partnership between DCA and the Disability Commission in Western Australia is aimed at creating opportunities for people with disabilities and their carers to participate in everyday arts and cultural activities.20

**Some ideas on how a national arts and health policy framework could strengthen the capacity of the arts to contribute to health and wellbeing**

The introduction of Medicare Locals could create an opportunity to more widely promote the work of some innovative Divisions of General Practice.

**Case study:** The Southern General Practice Network partnered with the South East Arts Region in NSW to develop a way in which a group of pregnant and parenting teenagers in Cooma could share information about health issues and communicate with other young people. Working with filmmaker Rewa Nolan they told their stories in film, stores they hoped would help other teenagers and community members understand their point of view and make better decisions. Over 2,000 school students have seen the film and many GPs have requested copies of the film for their young patients to view. Local community groups including Rotary, View, Lions and APEX have hosted presentations to discuss how to provide more support to the group.

The Key action areas outlined in the National Preventive Health Strategy are mirrored in arts and health programs which have been well established in these areas for some time.

The National Partnership Agreement on Preventive Health provides another opportunity for the arts to play an important role in helping individuals and communities address some of the economic and social determinants of health.

**Case study:** Community singing is part of Aboriginal and Torres Strait Islander culture and has long been associated with social gatherings, ceremonies, and festivals. In research conducted by Griffith University on the impact of Aboriginal and Torres Strait Islanders participation in choirs in regional Queensland improvements in cardiovascular health, self-esteem and a sense of social connectedness between participants were all recorded.21

Managing the increasing rates in some chronic illnesses is another significant challenge facing the health sector. Australian Aboriginal people are diagnosed with renal disease four times as often as non-Aboriginal people and in some areas the rate is as much as 30 times higher. Type 2 Diabetes is a major risk factor for renal failure in this population which has the fourth highest rate of type 2 Diabetes in the world.22

**Case Study:** 'The Western Desert Kidney Health Project uses community arts as the vehicle for community engagements, motivation, education, exercise, stress relief and so the voice of the community can be heard locally, nationally and internationally. Through a combined medical and community arts Aboriginal communities in the Western Desert are assisted to develop strategies to reduce the prevalence of these diseases and assist prevention'.23

**Art and wellbeing in acute care settings**

Introducing art and culture into the life and fabric of health services is now regarded as best practice in health care internationally. There are many demonstrated benefits for health and wellbeing: from clinical outcomes for patients, support for staff in providing high quality care, to the creation of welcoming and therapeutic physical and cultural environments for all.24

**Case study:** Arts in Health at FMC based at Flinders Medial Centre in South Australia is one of the most ambitious and long-running programs of its kind in Australia. Since its inception in 1996 it has grown
into a comprehensive program encompassing exhibitions, performances, workshops, art-base therapies, environmental and public art works.25

**Local government** provides a large number of arts services and health services to their communities, with the varying nature of municipalities governing the extent and range of services provided to individual communities.

Councils have a broad role in health promotion, the provision of health services (for example, immunisation, early childhood and home and community care services) and arts services (which can include the operation of public libraries, theatres, art galleries, museums, public art programs, arts centres, festivals, community arts projects and placemaking projects and activities).

Local government is ideally placed to develop, lead and implement local policies to influence many determinants of health. These policies include actions in areas such as transport, roads, parks, waste, land use, housing and urban planning, recreation and cultural activities, and creating safe public places.

**Case study:** A ground-breaking partnership between Orange Health Service and Orange Regional Gallery in NSW is making an extensive range of original artworks available within a health setting. The Gallery is exhibiting works from its permanent collection throughout the General Hospital and Bloomfield Psychiatric Hospital, bringing the collection to over 300,000 people per year.

Exploring the collection provides a change in focus for visitors and staff. Regular art tours are conducted by the curator for staff and the general public as well as tailored sessions for Bloomfield Psychiatric Hospital residents.26

**How will we know that the National Framework for Arts and Health will work?**

We would expect to see the following changes during the first 5 years:

- Widespread understanding and acknowledgement of and support for the benefits of arts and health to the general wellbeing of the community by governments, a diverse range of government agencies, philanthropy and the corporate sector.
- New pathways bringing arts and health services together more effectively.
- An action plan with achievable and measurable objectives and time lines to support the acknowledgement and development of this practice.
- People and agencies working in arts and health feeling connected in a meaningful way and seeing their place in our nation’s aspirations and efforts in this area.
- Investment in practice based on a suite of appropriate evidence and research methodologies.

**So what can we learn from Australia’s own attempts to create a national arts and health policy?**

- That having an individually powerful and supportive sponsor for an arts and health project within a health setting does not make that project sustainable, regardless of the proof of its impact on individual and community health and wellbeing.
- That the sustained support of individual politicians driven by a deep personal awareness and conviction for arts and health may not be transferred across a change of political leadership.
- That these new challenges require inspired, strong and consistent leadership. It also requires that the message be outspoken so that people hear.
- That this leadership needs to leverage existing investment in arts and health in order to generate greater awareness, understanding and resonance across policy portfolios and across jurisdictions.
That the most important advocates for change are the people working in arts and health and the individuals and communities who have benefited from those experiences. Until they have the means to express their support in a way that politicians respect and understand, then arts and health practice in this country will continue to rely on the patronage and support of an enlightened few artists, health workers and individual politicians. The Institute for Creative Health has created a platform for the arts and health sector to have a voice; somewhere where every participant can feel they have a place.

**What remains to be done here in Australia?**

Considerable progress has been made at national, state and territory level during the past year to develop a draft policy framework for arts and health. There is an imperative now, however, to maintain that momentum in the face of shifting government policy initiatives and the upcoming Federal Election.

The Framework will go before the meeting of arts and cultural ministers at the end of this week (Friday April 12) and the National Cultural Policy includes a commitment to develop a National Arts and Health Framework. As I mentioned earlier, it was to have gone before the Standing Council of Health Ministers on April 19, but has been withdrawn from that agenda by the sponsoring state, South Australia. The reasons for this are not clear.

We are not asking governments for money to fund this very important work, even though we know that health budgets will significantly benefit by introducing evidence-based arts projects throughout the health sector. We simply want formal recognition that the arts in its many forms stimulate a broad range of positive health outcomes. Until now, we have been greatly encouraged by government responses, but we need to ensure that this opportunity does not slip away.

In recent weeks we have held a number of direct meetings with Federal and State parliamentarians to win their support for this policy agenda. This advocacy will continue in coming months.

The Institute for Creative Health is determined to continue to lobby for this Framework’s adoption by the Standing Council of Health Ministers.

**Recommendation**

Join us in reaching out to the leadership of all political parties in the build up to the Federal election to impress upon them why arts and health is important to you, and why they need to pledge their support for a national arts and health framework to be adopted by the Federal and all State/Territory governments.

Three things you can do:

- Upload your story to our website: http://www.instituteforcreativehealth.org.au/

- Email the Federal Ministers and Opposition spokespersons for Arts and Health and your State/Territory arts and health Ministers to tell them why a National Arts and Health Framework is necessary. There is a guide to the issues relating to the Framework and contact names and addresses for key politicians on our website.

- Arrange a meeting with your local State and Federal candidates to tell them why a National Arts and Health Framework is necessary. There is a guide to the issues relating to the Framework on our website.

**References**


3. Ibid, Preface

4. Please go to our website for a copy of this publication: http://www.instituteforcreativehealth.org.au

5. Please go to our website for a copy of this publication

6. An overview of some of the research and evidence of the impact of arts on individual and community health and wellbeing can be found in Mills, Deborah (October 2011), Joining the policy dots: Strengthening the contribution of the arts to individual and community health and wellbeing a Submission on the National Cultural Policy Discussion Paper—see Institute for Creative Health website: http://www.instituteforcreativehealth.org.au


11. See A Healthy Tasmania, ibid, pages 17 and 26


16. See *A Healthy Tasmania: setting new directions for health and wellbeing*, Department of Health and Human Services, Tasmania, September 2011


23. Ibid

24. This text is a paraphrase of the information appearing on Arts in Health at FMC website: [www.flinders.sa.gov.au/artsinhealth](http://www.flinders.sa.gov.au/artsinhealth)

25. This text is a paraphrase of the information appearing on Arts in Health at FMC website: [www.flinders.sa.gov.au/artsinhealth](http://www.flinders.sa.gov.au/artsinhealth)