

Arts in Healthcare

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Executive Summary

Purpose

The purpose of this review is to inform a proposal to Monash Health Executive Committee to expand the Monash Voices program (a library of patient and staff stories that can be accessed for learning and development of our teams and our services) launching in late April/early May with a view to incorporating a writer-in-residence and more complete arts in healthcare program for the future at Monash Health.

Objectives

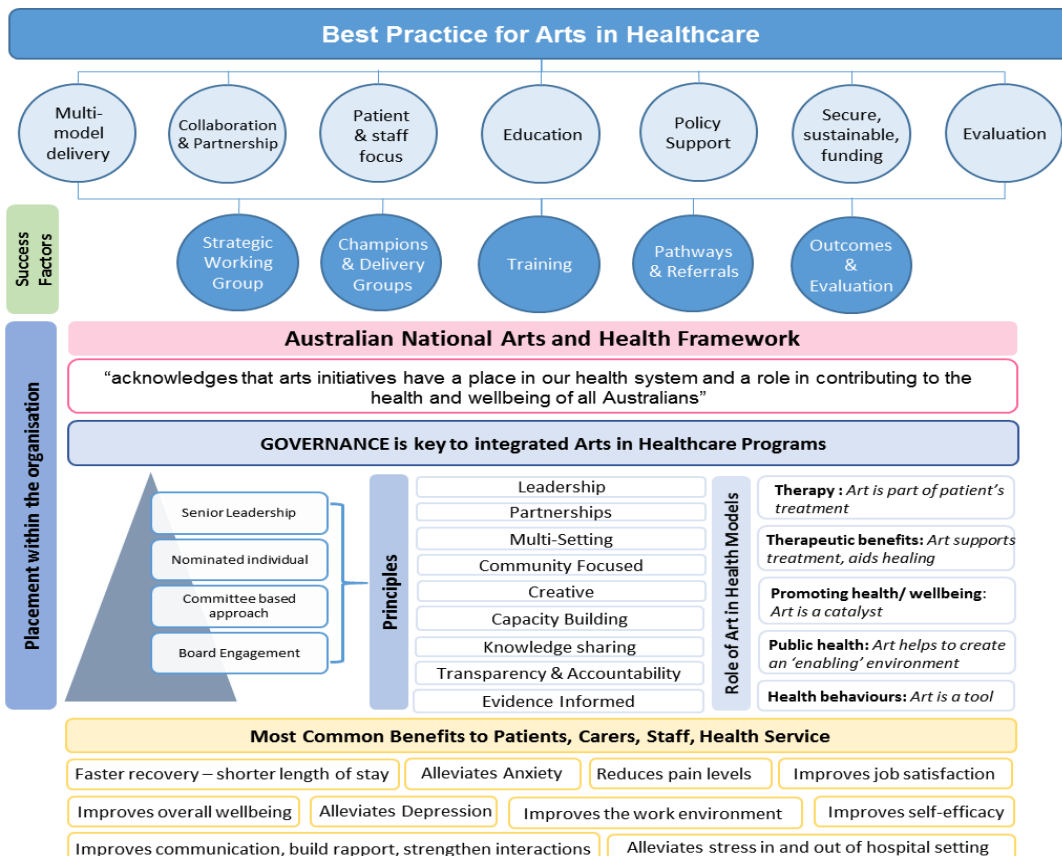
To identify frameworks under which integrated Arts in Healthcare programs exist to improve patient and staff experience, specifically:

- Where do these programs fit within the organisation structure
- What are the high level benefits for patients, staff and the organisation as a whole
- Successful Implementation - Case studies of integrated arts programs (specifically the implementation of a Writer in Residence program)

Identifying Evidence

A search of Google, Google Scholar and Health related websites was undertaken using a snowballing technique for papers published from 2009 to present. Twenty-two pieces of evidence have been included from Australia, UK, and United States.

Summary of Results



Conclusion

Integrated Arts in Healthcare programs can and do improve patient, carer and staff experience as well as providing cost saving opportunities for the health service [1]. While the literature points to art collections, exhibits and music performances as the most common passive Arts in Healthcare initiatives to improve experience, research is also showing that participatory programs (creative, music based, literary art) at the bedside and in waiting areas also improve patient experience of care [2].

This review of the evidence found a number of Frameworks and examples of Arts in Healthcare programs which link in with patient-centred care and whole person healthcare theories incorporating the patient, carer, and health professionals physical, mental, social, emotional and spiritual needs [2, 3].

Arts in Healthcare is supported in Australia through the National Arts in Health Framework, with examples from NSW [4, 5], Western Australia [6], South Australia [7] and the US [2] highlighting the many benefits Arts and Healthcare programs have not only for the patients, carers and health professionals but also for the health service.

The literature provides clear guidance for the governance of Arts in Healthcare programs and suggests that they are governed by a specific committee or one which could sit within a consumer advisory program. Wherever the program sits within the organisation it is important that it has strong leadership input and guidance and aligns with the strategic direction of the health service. They also note that Arts in Healthcare programs are best implemented with a clear plan for evaluation and a link to a specific framework for this is provided in this review [8].

Arts in Healthcare programs provide health services with the opportunity to provide warm and welcoming physical and cultural environments, support staff in their provision of high quality care, contribute to a positive, nurturing experience for patients and carers and provides opportunities for the public to engage positively with health services [7].

Monash Health's specific interest in a Writer in Residence program is supported by evidence presented through the benefits of writing, storytelling, creative writing, poetry and other forms of literary art [2, 9, 10] provided by trained professional artists [2].

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Inclusion/Exclusion Criteria

Population	Adults, Children, and Health Professionals
Intervention	Arts in Health programs – specifically Writer in Residence*
Outcome/s	Patient & staff experience Implementation plans Others? Pain, length of stay, stress and anxiety related to conditions and treatment, visits to primary care, tolerance of symptoms, perception of care quality and communication between patients and health professionals
Setting	Hospital Setting – primarily tertiary but could involve community and aged care
Language/Date	English & 2009 onwards

* Must be an integrated program (embedded into the health service including multiple modes of art eg creative art, music, writing etc) – individual art therapies part of patient treatment were not included.

Results

Twenty-two pieces of evidence have been included. Information was included from Australia, UK, and United States. Additional information on the topic of Arts in Healthcare has been included in the appendix of this review. The reviewers felt that this information may be of interest to the requestor but extended past what was specifically requested.

Definition

Arts in Healthcare

Arts in Healthcare is a diverse, multidisciplinary field dedicated to humanising the healthcare experience by connecting people with the power of the arts. This rapidly growing field integrates the arts, including literary, performing, and visual arts and design, into a wide variety of healthcare settings for therapeutic, educational, and recreational purposes [11, 12].

Arts and health refers broadly to the practice of applying creative, participatory or receptive arts interventions to health problems and health promoting settings. These arts and cultural interventions have a role across the full spectrum of health practice; from primary prevention through to tertiary treatment [7, 13]. Simply put arts in healthcare is about “creating arts and health experiences to improve community and individual health and wellbeing” [7, 13, 14].

Artist-in-residence

Artist-in-residence refers to employed or contracted paid professional and volunteer artists to provide supportive creative services directly to patients, their family members, and to professional caregivers in the healthcare setting [11]. These programs, and others like them, support resident artists that facilitate daily programs and patient care, supervise volunteer artists, and work with clinical staff to address patient needs and care plans [11].

Artist-in-residence programs bring artists into healthcare settings in a structured way for specified periods of time, allowing for the artist to become more integrated into the hospital environment and deepen relationships with those they serve [15].

Arts and Health Frameworks

National Arts and Health Framework

In 2014, the National Arts and Health Framework was endorsed by Australia’s Health Ministers and Cultural Ministers. This endorsement acknowledges that arts initiatives have a place in our health system and a role in contributing to the health and wellbeing of all Australians. Overall, the Framework calls for greater integration of arts and health strategies and practice in health promotion, treatment and services and is applicable to all health organisations, departments and agencies [14].

Through the framework the Australian Health & Cultural Ministers [13]:

- acknowledge the value and benefits of arts and health practice and outcomes
- endorse collaborative relationships between arts and health sectors nationally, and within each state and territory, as well as across the spheres of government and the non-government sector
- value the professionalism, excellence and ongoing development of those working in the field
- acknowledge the importance of continuing the research into arts and health practice and outcomes and growing the body of evidence about the benefits

The Australian Arts and Health Framework outlines that arts and health initiatives should be considered across a spectrum of practice models and portfolio responsibilities including through the following areas:

- Promoting health and wellbeing using the arts to support health communication and education
- Partnerships, collaborations and relationships, build strategic alliances and collaborative approaches across arts and health sectors, the spheres of government, the community, business, education and the non-government sector
- Ongoing research, evaluation and documentation of arts practices
- Integrating the arts into health facility buildings and their environments

Governance – How do Arts and Health programs fit within organisational structures?

A NSW Taskforce on Health and the Arts was appointed in 2015 to lead the development of a Framework to support the integration of the arts across the whole of the NSW Health System [4]. One of the key issues in this document looks at the governance structure for integrating Arts and Health. Although this is looking from the perspective of a system wide governance approach it is thought some of the elements may apply to integrating Arts and Health in a health service setting.

The NSW Taskforce outlined the purpose of health and the arts governance as “aspirational and agile decision-making which supports innovative thinking for health and the arts programs” and the functions of health and the arts governance as “engaging health service leadership and innovative thinkers across sectors in development and oversight of health and the arts programs. The eventual Framework for Arts and Health in NSW [5] outlines nine principles and functions for good governance (See Table 2) as well as a number of building blocks for successful health and the arts governance and implementation (See figure 1).

Figure 1. Health and the Arts Building Blocks for Governance

Senior Leadership	Locally nominated individual as a key point of contact and lead implementation	Committee-based approach	Board Engagement
Senior people (at Director and Executive level) are best placed to provide aspirational leadership and to effectively link resources and programs across a large organisation and the community.	is an important resource to support implementation guided by a committee, and key liaison with the arts sector.	A Health and The Arts Committee will engage expertise and networks, functioning across the Local Health Districts/Networks (LHD/N), with LHD/N determining the relationship with other governance structures.	The Board may be actively involved in governance through representation on the Committee, or informed through reporting by the Chief Executive.

Table 2. Principles and Functions for good governance

Principle	Function
Leadership	Articulating clear vision and direction through a strategic approach to Health and The Arts, supporting agile decision-making and innovation.
Partnerships	Establishing and fostering sustainable formal and informal partnerships between health services, The Arts sector and professional and volunteer artists, patients and the community (especially priority populations), to deliver health and The Arts programs in health facilities and the community.
Multi-setting	Taking a whole of health service view to strategic action, giving consideration across health facilities and services, community settings and public health messaging.
Community Focussed	Meeting the needs and priorities of the health service's community, including patients, visitors, staff, volunteers and the broader community.
Creative	Encompassing a broad range of art forms and practices including literary, digital, performing, visual and the built environment and engaging appropriate artistic and creative expertise in program design and management.
Capacity building	Supporting the education, training and capacity building needs for health and The Arts programs, including building arts literacy within health services, and the knowledge and capacity within The Arts sector to work in health settings.
Knowledge Sharing	Documenting and evaluating health programs that encompass the Arts and contributing to knowledge transfer through the Health and The Arts Exchange
Transparency & Accountability	Monitoring the progress of health and The Arts programs and communicating this to the health service Board and the community.
Evidence Informed	Using evidence where it is available to inform decision making, and evaluate activity where possible to contribute to the evidence base.

With these principles in mind, there are a range of **skill sets which would be useful in governance structures**. For example [4]:

- arts expertise through local cultural institutions (and regional and state institutions where those relationships are in place), and individual professional and volunteer artists
- consumer and carer representatives
- community representatives including local priority populations
- Aboriginal representation given the cultural significance of arts to Aboriginal communities
- representation of Culturally and Linguistically Diverse communities where appropriate
- Health Service representation at an appropriate level for governance
- Health Service representation of program areas which undertake arts practice
- volunteer and fundraising organisations such as the Hospitals Auxiliary, Rotary, etc., and
- Universities, which often have their own art collections and established relationships with Health facilities through professional development arrangements and where opportunities exist for collaborative research to be undertaken.

Roles & Responsibilities - Governing body

A Health and the Arts Committee is formally established to provide governance across a Health Service (alternatively, the committee's functions could be incorporated into the remit of another appropriate committee, such as the Consumer Advisory Committee). The Committee seeks to achieve the over-arching purpose of health and the arts and, specifically, to facilitate the governance function and to provide appropriate reporting [4].

The **Chief Executive** retains ultimate decision-making power in relation to all aspects of facility and land use, financial allocations from Health Service funds to arts and health initiatives, the entering into of arrangements with external

partners and funding bodies, and risk and reputational issues related to the Health Service. The Committee provides expert and community advice, and the Chief Executive can delegate decisions to the Committee as appropriate [4].

The Board of the Health Service is engaged in governance. The exact role of the Board is a matter for local decision-making by it and the Chief Executive. The Board may be actively involved in governance through membership of the Committee, or kept apprised of health and the arts initiatives through a regular report from the Chief Executive [4].

A **strategic plan** for health and the arts can be developed by the Committee, taking into account local community consultation, the needs of priority populations, local skills and expertise in the arts, including regional public art galleries and museums and performing arts venues and community needs for the arts [4].

The Committee also provides a nominated forum to which issues and proposals can be referred and advice provided to Chief Executives in a timely manner, through which risks can be identified and managed, and a defined entry point to the Health Service for artists and arts organisations, who have reported that locating a contact for arts engagement within Health Services is difficult [4].

The NSW Taskforce reveals effective communication as a key element of developing health and arts initiatives, it is strongly suggested that within this model there should be a position (rather than a person) specifically nominated by the Chief Executive as the principal contact point for all programs [3, 4]. The engagement of health service leaders is critical for any successful program to be implemented [4].

Roles & Responsibilities - Arts Health Workers

A growing number of medical centers have an arts coordinator or director who manages a variety of arts experiences such as visiting artists, artists-in-residence, arts programming developed in partnership with community arts agencies, arts collections, and rotating arts exhibits. A major focus of their work is using the arts to enhance the working environment and reduce the impact of stress on professional caregivers [2].

It is the healthcare arts administrator's job to work with different clinical and patient experience areas of the healthcare facility and ensure that the arts are being used in line with institutional goals, as well as state and federally mandated competencies, policies, procedures, and standards. This often involves open communications among Clinical and Administrative Leadership, Creative Arts Therapies, Volunteer Services, Spiritual Care, Child Life, Facilities, International/Cross-Cultural Divisions, Health Equity, Human Resources, and other divisions [2].

Initiating, developing, and sustaining a strong arts program designed to enhance the patient experience requires institutional support and dedicated administrative oversight. Much is involved in selecting, training, and overseeing artists; managing appropriate venues within the healthcare facility; and cultivating collaborations and partnerships within the institution as well as with local arts organizations [2].

In a paper evaluating 'a person-centred arts in health programme in an acute care older persons' unit' [16] it was found that arts initiatives are often delivered by a dedicated Arts Health Worker (AHW), who is required to have essential skills and competencies including participatory and facilitation skills, understanding of group dynamics and processes, and the effects of arts on people [16]. Arts activities can trigger emotions, so the AHW requires sensitivity, as well as professional competency and knowledge in arts-based approaches with people needing care [16].

Benefits of Arts in Healthcare

The literature identified in this review acknowledged numerous benefits for arts in healthcare for patients, staff and carers on their physical, emotional, social and spiritual wellbeing [1, 3, 5-7, 10-14, 16-18]. Benefits were also noted for the health service in terms of cost savings and improving the working environment [1, 3, 6, 17]. One review looked at the benefits of arts and health from the perspective of the healthcare professional [18]. This review found that the majority of staff believed that engaging in arts interventions has a positive impact on patients' health and well-being. The findings suggest that arts interventions are perceived to have an impact on patients' stress, mood, pain levels, and sleep. Furthermore, staff believed that the arts can enhance communication between staff and patients, helping to build rapport and strengthen interactions. The majority of reported staff outcomes were positive, with arts activities in healthcare settings found to: decrease stress, improve mood, improve job performance, reduce burnout, improve patient/staff relationships, improve the working environment and improve wellbeing [18]. Table 4 summaries all benefits highlighted in the included papers for this review. These benefits were seen from a range of arts in health programs that included multiple art forms.

Table 4. Benefits of Arts in Healthcare Programs

Benefits	Patients	Carers	Staff	Health Service
Improves overall wellbeing	[1, 3, 5, 6, 10, 13, 17, 18]	[5, 10]	[1, 3, 5, 7, 16, 18]	
Faster recovery – shorter length of stay	[1, 3, 6, 13, 17]			
Improves management of long term conditions	[3]			

Benefits	Patients	Carers	Staff	Health Service
Experience of better quality of life/care	[3, 6]		[3, 7]	
Improves the work environment	[17]		[1, 3, 10, 13, 17, 18]	[17]
Saves money				[1, 3, 6]
Alleviates Depression	[1, 10-13]			
Alleviates Anxiety	[1, 10-13]			
Alleviates stress in and out of hospital setting	[1, 3, 5, 10, 13, 18]		[1, 3, 5, 10, 16, 18]	
Improves competence	[5, 10-12]			
Improves self-efficacy	[5, 6, 10-12, 16, 17]			
Alleviates boredom	[5, 10-13]		[18]	
Improves health literacy	[14]	[14]		
Improves mood	[18]		[18]	
Reduces pain levels	[6, 17, 18]			
Improves sleep	[18]			
Reduces fear	[16]			
Improves communication, build rapport, strengthen interactions	[1, 6, 16, 18]		[1, 6, 16, 18]	
Improves job performance & engagement			[1, 16, 18]	
Improves workforce retention			[5, 10]	
Improves job satisfaction			[1, 10, 13, 17]	

In 2011, the East Midlands, NHS Trust [17] put together a business case for arts based interventions in health and along with presenting some of the benefits listed in Table 4 also provided outcomes to support their case. These included Arts in Health programs leading to fewer clinical interventions, fewer prescriptions, increase in bed availability, new routes for patient and service user qualifications and employment, diversified arts related careers for artists, and more inviting spaces which are respected and enjoyed [17].

Benefits specific to writing, storytelling, creative writing, poetry, literary art have on health

Arts in healthcare programs featuring journaling, storytelling and poetry writing are growing throughout healthcare systems for both patients, family caregivers and professional caregivers [2, 9, 10]. Leading research into the power of writing and journaling for healing purposes explains that the situation can be attributed to the fact that expressive writing occurs on multiple levels – cognitive, emotional, social and biological [10].

Story writing can be healing to all people of all ages and is shown to support coping with stress, depression, pain severity and improving quality of life [2, 10]. By writing or engaging with stories, patients can enhance their sense of self, find meaning in challenging health experiences, and discover renewed agency within themselves [2, 10]. Writing of all kinds – including new forms of digital storytelling – can also serve as a distraction and an escape, or can serve as a means for patients and caregivers alike to process day-to-day challenges they face in healthcare settings [2, 10].

In addition to this, patients with serious illnesses or at the end of life often want to share their experiences or life learnings to gain peace, to come to terms with loss, and to celebrate the things they have achieved and enjoyed. Journaling and storytelling are highly accessible and are appropriate for nearly all healthcare settings [9, 10].

Successful Implementation - Case studies of integrated arts programs

Factors for success

Through evidence of improved outcomes due to arts and health interventions in the East Midlands Region in the UK a tool-kit was developed as a resources for those interested in the application of the arts and creativity in health, well-being and social care settings [17]. This toolkit outlines the following key factors for success:

- **Strategic Working Group:** The working group must be a well-publicised initiative, known to stakeholders, including to 'arms-length' agencies, volunteers and service-users. Communication will need be wide-ranging and through varied media (e.g. email, social networking and word of mouth). A clear message, associated with the working group's tasks and its legacy, is crucial. It is critical that the working group has a clear and achievable focus and committed members, who have the necessary influence inside their own organisations to advocate mainstreaming of Arts and Health. Working Group members must also be able to advocate beyond their organisations, through existing networks and forums.
- **Champions and Delivery Group:** All relevant stakeholders, who have an ability to communicate the benefits of Arts and Health, should have the opportunity to support the development of strategic goals designed to improve health and well-being outcomes of individuals and communities. These 'activists' could be service-users, carers, artists, promoters, clinicians, officers, senior managers etc.
- **Training:** This may initially be quite modest, e.g. two one day workshops delivered by health and social care representatives and a reciprocated event delivered by arts based practitioners.
- **Pathways:** By ensuring that the Arts and Health landscape is as transparent as possible, service users and professionals alike will be able to recommend and refer to arts and culture based interventions. These recommendations and referrals will need to be cognisant of funding and capacity issues. Duplication of provision, it is hoped, will be less likely; therefore there will be less chance of resources being wasted.
- **Outcomes and evaluation:** This, by necessity, needs to be simple, accessible and flexible, giving stakeholders the opportunity to appreciate soft and harder outcomes.

Case Studies

In 2016 the Western Australian Arts and Health Consortium undertook an examination of the use of the arts in health to improve health and healing in Western Australian Hospitals [6]. Their key findings note that:

- There is little evidence of overall co-ordination, strategy and planning to underpin Arts and Health activity on hospital sites.
- The top issues identified as barriers by hospital respondents are staff capacity, funding, space/time, coordination and patient safety.
- The top issues identified by artists and arts organisations are staff capacity, time, hospital willingness, space and it being (or not being) a priority for the arts organisation
- Activity is mostly visual arts based, project driven and dependent on local champions with little evidence of sustainability.
- Arts and Health practice is most evident in paediatrics, mental health, aged care and Aboriginal Health with some health professionals employing art in their clinical practice

Some of the recommendations made to meet the National Arts and Health program, that may assist Monash Health include:

- Each health service/hospital to have an Arts and Health Plan linked to community engagement and inclusive of local culture and heritage. This should identify internal and external partners (e.g. volunteers, local artists, community groups, schools, TAFEs and universities) who will form a community of practice [6].
- Arts and Health Coordinator roles to be established for each hospital or group of hospitals as determined by the Area Health Service or private provider organisations generally 0.4-0.6 FTE roles. Part of this role would be to ensure that those working in the Arts and Health arena are appropriately screened, oriented and supported.

Four additional case studies [19-22] were identified by this review however none provided the level of information that would assist with the implementation of a writer in residence program. Personal contact was made with Boston Children's Hospital [22] to canvas further information on how they have implemented their writer in residence program however no information was received before the deadline of this review.

Conclusion

Integrated Arts in Healthcare programs can and do improve patient, carer and staff experience as well as providing cost saving opportunities for the health service [1]. While the literature points to art collections, exhibits and music performances as the most common passive Arts in Healthcare initiatives to improve experience, research is also showing that participatory programs (creative, music based, literary art) at the bedside and in waiting areas also improve patient experience of care [2].

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Best practices for Arts and Health Programs

International best practice for arts interventions is not just “arts for art’s sake” but intentionally developed interventions with the aim to achieve outcomes such as improvement in environment, participation, expression and a different clinician-patient relationship. Implicit in any best practice arts activity in hospitals is an action-research component in collaboration with clinicians at its outset [6].

International and national best practice in Arts and Health have been shown to have the following elements in common [6]:

- Use of arts and health coordinators to provide a coherent program
- Collaboration and partnership
- Screening of artists, art therapists, volunteers
- Induction programs
- Training and professional development of practitioners
- Evaluation processes.

Cleveland Creative highlight the following issues for considering best practices for developing and implementing programs that bring together the arts and culture and health and human services [15]:

- **Understanding context.** All parties involved should understand the needs of the population being served, and the available resources for implementing arts and health programming.
- **Funding the intersection.** Funding can be helped by strategic alliances and better research.
- **Addressing accessibility issues.** Artists, patients, and healthcare providers all have various types of accessibility concerns that need to be addressed.
- **Managing partnerships.** Collaborations can help with the sharing of expertise and resources.
- **Disseminating research.** Research will help bolster the case for arts integration in health.
- **Educating** the public, healthcare professionals, and artists about the intersection.
- **Education** will strengthen and increase understanding of the benefits of the arts in health.
- **Ensuring the safety of all participants.** Privacy concerns, workplace safety regulations, and diversity are all issues that need to be considered in the arts and health intersection.

What does ‘Good’ look like?

From their experience in the East Midland, NHS Trust [17], they describe six elements of what a ‘good’ Arts and Health program looks like. They include:

- *Diverse, inclusive partnerships:* Partnerships which involve the community, patients, service users, staff and other stakeholder individuals and agencies help to ensure a sense of ownership and maximise capacity.
- *Clarity of purpose:* The more diverse the partnerships, the greater necessity there is for clarity of purpose. Where commissioning is involved, a good brief is absolutely essential, i.e. an appropriate agreement that clearly outlines expectations.
- *A personalised approach:* Individual needs of patients and service users must be recognised; therefore the more personalised the service is, the more likely it is that desired outcomes will be achieved.
- *Built on good practice and recording good practice:* Projects that don’t exist in isolation, but link to research and lessons from previous activity, are likely to succeed. Projects that are evaluated effectively are more likely to lead to service transformation.
- *Managers and leaders “buy-in”:* Managers and leaders are key to the development of good practice. Managers are more likely to have a broad view of service delivery and identity, to see where arts based interventions might fit, and are more likely advocate their application at senior levels.
- *Showcasing quality:* Showcasing and celebrating quality serves to promote the effectiveness of arts based interventions, perpetuating and increasing knowledge and understanding of the benefits of arts and health.

Elements of a mature Arts in Health Practice are described by Gibson et al (2016) in their examination of the use of the Arts to improve health and healing in Western Australian Hospitals [6]. Drawn largely but not exclusively, on the model of Arts and Health practice by Putland (2012) [7], elements of a mature Arts in Health practice are provided in Table 1.

Table 1. Elements of a mature Arts in Health Practice

Multi-model delivery	Drawing on a diverse group of practitioners across all art forms and deploying them in many different ways to meet the needs of the hospital community. A balance is needed between ongoing programs and special projects art/music therapy and arts interventions where therapeutic outcomes can result but are not the main aim; and paid, professional arts practitioners and volunteers with arts experience.
Collaboration and partnership	Building relationships with community arts organisations and practitioners is critical to accessing and developing the arts expertise with an emphasis on highly skilled practitioners in their fields. Non-government organisations can bring expertise, volunteers and funding to the table. Universities can bring research know-how. Collaborations with local NGOs can ensure continuity of care beyond the hospital stay
Patient and staff focus	Arts and Health practitioners require a patient-centred approach. Artists will have the capacity to go into a location prepared to let project subject matter be determined by the participants and to connect with real world issues raised by the hospital environment. While the approach is to collaborate deeply with non-artists, the artist will have the skills to guide the process and deliver quality artistic outcomes. Collaborations will have at their heart the ideas, imaginations and stories of patients, families and clinical staff.
Education	Education of all hospital staff about the benefits of the arts appears as necessary as building relationships with particular staff to champion and support delivery. All arts practitioners require skills and training and ongoing professional development to operate effectively in a hospital environment.
Policy Support	Partnership agreements between departments of Health and Culture and the Arts demonstrate a shared commitment to arts initiatives that add value to health strategies.
Secure, sustainable funding	Funding needs to strike a balance between project funding that is attractive to arts funding bodies and recurrent funding to sustain continuity of programming and delivery. Sources may be multiple and include contribution by the hospital.
Evaluation	Evaluation must be built into every project and program and must consider the experiences offered, the responses of participants and the learning for artists and staff about delivering an art program in a hospital.

Funding Arts in Healthcare

In a paper reviewing the state of arts in healthcare in the United States a survey of US institutions looked at how arts programs are funded and managed. In 2004, 40% of organizations cited their organization's operating budget as a source of funding for arts programs [11]. Additionally, support from foundation and endowments funds rose to match that of volunteer organization support. An increase in the number of paid arts administrators was also indicated, signaling growth in the professionalism of arts in healthcare programs [11]. These paid staff are part of the institutions budget, however, this level of institutional support usually takes significant time to evolve and often requires early outside investments [9].

Partnerships as a crucial element of Arts in Healthcare

Partnerships across health, the Arts, community and corporate and philanthropic organisations help share expertise, leverage networks, and enable a collective approach to designing and resourcing health and the Arts initiatives [6].

Existing Health Service funding for projects can be more effectively utilised if partnerships are established to leverage additional resources, whether that be funding or in-kind support. Potential partners, also reflected in the governance structure, are likely to include [6]:

- Arts organisations, such as State, regional and local galleries, museums, regional arts development organisations, libraries and arts centres
- Not for profit and other organisations with a specific focus on integrating health and The Arts
- NSW and Commonwealth Government arts agencies, including Arts NSW which supports the NSW arts and cultural sector in contributing to the aims of this Framework
- Local government, which provide arts infrastructure, run cultural programs and may also auspice funding arrangements
- Philanthropists, either individual philanthropists or philanthropic foundations

- Major corporations and local businesses
- Schools and TAFE, which provide a broad range of arts programs with opportunities to collaborate through student performances, artworks and artistic expertise
- Universities, which often have extensive arts collections and fine arts, literary arts, performing arts and digital arts expertise
- NSW Government agencies, such as Education and Family and Community Services
- Primary Health Networks and Aboriginal Community Controlled Health Services
- Other Local Health Districts and Specialty Networks

The role of art in health and wellbeing models in acute health care settings

In an examination of the nature of the arts program based in Flinders Medical Centre – an ambitious example of integrating art into the life of an acute care hospital, the roles of art in health are clearly defined. Table 3 describes the type of art in acute care with a clear description, underpinning theory and focus of practice [7].

Table 3: The roles of art in health in acute care

Role of art in health 'models' in acute care	Description	Underpinning theories	Focus of practice
A. Therapy <i>Art is part of patient's treatment</i>	Therapist works with patient individually or in group using planned activities to achieve goals as part of treatment team	Psychological/psycho-therapeutic models of treatment and healing	Addresses specific conditions in individual patients eg: > mental health > recovery and healing > cognitive improvement
B. Therapeutic benefits <i>Art supports treatment, aids healing</i>	Artists work in areas of care eg paediatrics, stroke unit, mental health unit or with particular groups of patients; degrees of active involvement by patient	Ancillary effects: supports formal treatment; aids recovery time; improves mood; calming or stress reduction; distraction from pain	Focus is on art with particular categories of patients; effects are indirect addressing symptoms or conditions affecting recovery
C. Promoting health/wellbeing <i>Art is a catalyst</i>	Artists work in varied sites around hospital to engage people creatively eg workshops, murals, performances, residencies	Psycho-social theories re self-esteem, expression, control, morale, pleasure; Social determinants theories eg social inclusion.	Addresses psycho-social-ecological factors that support (primarily mental) health & wellbeing; involves individuals/groups – patients, staff, visitors; acts on 'normalizing' hospitalisation, creating positive experience, reducing isolation
D. Public health <i>Art helps to create an 'enabling' environment</i>	Art and design are incorporated into the look, feel, sound and function of the hospital (multidisciplinary); includes permanent eg public art & ephemeral eg installations, exhibitions; artists interact with staff & public	Determinants models eg 'health promoting places'; social inclusion; capacity building. Links to 'Place making' & 'Community Cultural Development' approaches in the arts sector	Addresses environmental determinants (social/physical) of health and wellbeing; reinforces patient-centred model of care & perceptions of health service quality; concerned with working environment for staff; involves all hospital users & general public
E. Health behaviours <i>Art is a tool</i>	Using creative means to raise awareness, educate, inform, & engage people in their own health care eg smoking; antenatal care; typically artists work with health professionals.	Preventive health Reduction of risk factors Psychological theories of behaviour change	Addresses behaviours linked to ill-health and health; involves individuals/groups – patients, staff, visitors; acts on knowledge/skills/attitude/behaviour change

Arts for Health and Wellbeing – Evaluation Framework

This review identified the Arts for Health and Wellbeing Evaluation Framework and may be of interest to the requestor [8]. The Framework is targeted to those interested in the development and evaluation of Arts for Health and Wellbeing Programmes [8].

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