Arts, Health and Wellbeing
Beyond the Millennium:
How far have we come in 15 years?

Summary Report
The RSPH Working Group on Arts, Health and Wellbeing, June 2013
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Preface

It’s a pleasure and privilege for me to write this preface as Chair of the Royal Society for Public Health’s Working Group on Arts, Health and Wellbeing. This group convened to help prepare the RSPH lecture for the International Conference on Culture, Health and Wellbeing in Bristol in June 2013. This report has been produced as a result of our discussions.

In 1998, as Secretary of the Nuffield Trust, I convened a conference at Cumberland Lodge Windsor which laid the foundations for a strategy to promote the arts into a pivotal role across the spectrum of British healthcare and public health systems, to complement the scientific and technological models of diagnosis and treatment that had driven medical policies and practices for much of the 19th Century. The arts and health scene in the UK and internationally has dramatically changed in scale and intensity in the intervening period. However, the economic crisis of recent years poses new realities for health globally and brings a recognition that market forces alone do not solve social problems and greater equality must become the new economic and social imperative.

This is a time of opportunity for the arts and health to play a crucial part in creating social capital, more resilient individuals and communities and a secure and stable world.

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Background
The vision of the Nuffield Trust’s conferences on Arts and Health in 1998 and 1999 was that use of the arts would promote:

- More compassion amongst health workers;
- Patient empowerment through creative expression;
- More confident and self-reliant individuals and communities; and
- A means of combating social exclusion.

The conference resolution, subsequently known as the Windsor Declaration, set out a 12-point Action Plan for addressing these aims in three areas: professional education, arts in therapy and healthcare settings and arts in community development.

This updated report looks at the extent to which the vision has been realised, providing an overview of the progress made in arts and health practice and research over the last 15 years, set against the context of changing health policy in the UK and internationally. Many exciting developments are reported which show the arts increasingly being used to promote the wellbeing both of individuals and of communities. Innovative projects, many in the relatively new field of Culture and Heritage, are tackling the social problems which lead to health inequalities, aiming not only to empower individuals but to build social capital and encourage social inclusion. **The report concludes by looking at what still remains to be done, and how best to move forward.**

Public Health Policy
In the latter half of the last century, Arts and Health in the UK blossomed under policy initiatives such as Health Action Zones which followed the World Health Organization (WHO)’s Health for All strategy, and the move to make wellbeing a national outcome measure in keeping with the aims of sustainability. The last fifteen years have seen a consolidation of the key principles of health promotion, which encourages personal responsibility and partnership working between public agencies to tackle the social, environmental and cultural factors which impact on health. In England, this has culminated most recently in the Health and Social Care Act 2012, which in transferring public health to local government has potentially created new opportunities for arts/culture and health initiatives which can contribute to delivery of the wellbeing and mental health outcomes set out in the new commissioning framework.
The Evidence Base

Clinical commissioning groups must balance cost and results when considering which services to purchase.

The evidence base for the effectiveness of arts and health interventions has grown substantially in the last 15 years, improved by partnership working with academic departments, and dissemination of good evaluation practice.

The diversity of the interventions, as well as lack of standardisation in methodology and outcome measures, makes synthesis of results difficult. An encouraging number of overviews and systematic literature reviews have been published, most of which report positive, if limited, results. There is a consensus that more research is needed with larger numbers of participants and improved methodology.

The increasing number of university arts and health departments means that many projects now have access to the evaluation skills of academic partners. The recently established UK Network for Arts and Health Research will coordinate the development of projects of high quality and significance; government funding currently favours research which can demonstrate impact in terms of social, economic, cultural and environmental health, and quality of life benefits.

There are now several interdisciplinary centres of excellence for research into medical humanities, some of which have attracted substantial funding.

Medical Humanities has flourished as an academic discipline with two centres in particular, at Durham and King's College London, attracting substantial funding for research which it is hoped will contribute to a re-evaluation of medical practice, policy and research.
Dissemination of best practice

Published research and best practice in arts and health has increased significantly over the last five years with much of the research occurring in the UK, Australia, Norway, Sweden, the US and Canada. In addition to three major journals with direct links to arts and health, other journals, including the RSPH's own *Perspectives in Public Health*, have devoted special issues to arts, health and wellbeing or published substantive articles in this area.

Since the demise of the pioneering National Network for Arts in Health, which enabled arts in health practitioners to share expertise and resources, its role has been taken on by a web of regional arts forums, co-ordinated now by the recently formed National Alliance for Arts, Health and Wellbeing.

**Training provision is increasing, and targeted at all levels of involvement with arts and health.**

A growing need for structured training, professional development and ongoing support for artists and arts practitioners working in healthcare settings has been recognized and a range of training opportunities are now widely available. As part of its Training Solutions Programme, the Royal Society for Public Health has recently launched a new programme, *New Horizons in Arts, Health and Wellbeing* focusing on multidisciplinary training for public health, healthcare, heritage and arts sector practitioners.

Progress in the practice of Arts and Health

**Bringing visual, performance and participatory arts into hospitals for the benefit of staff and patients has become common practice, with many Trusts having dedicated Arts programmes.**

Specific interventions which have been evaluated have reported clinical and other benefit to patients, staff and families. Outcomes have included:

- Decreased stress levels;
- Decreases in anxiety and depression;
- Improvements in clinical indicators such as blood pressure;
- Decreased perception of pain;
- Reduced drug consumption; and
- Reduced length of stay.

In particular, music interventions in hospitals are showing increasingly strong evidence of beneficial effect on physical and psychological patient outcomes. In primary care, an early use of arts and health activity was in social prescribing schemes, and this remains the basis for many interventions, particularly in the field of mental health.
In community settings art is being used in numerous, innovative ways to regenerate, strengthen and enrich some of the poorest communities and improve the quality of life of disadvantaged and vulnerable people.

Participation in the arts and creativity is believed to enhance engagement in both individuals and communities, and can help to strengthen social capital by addressing cultural and social problems. The aims of community arts and health interventions have included:

- Raising awareness of health issues and encouraging people to take responsibility for their health;
- Personal development, increased confidence, enhanced self esteem, reduced anxiety;
- Reduced isolation through strengthening of social networks and community cohesion;
- Building of trust between fellow citizens, and in government or other agencies; and
- Providing a means of expression to help individuals or groups communicate more effectively.

Evaluation of community programmes presents its own challenges but while larger projects are now linking with academic partners, the concept of evaluation has been taken on by most practitioners, aided by the sharing of resources and best practice on the arts and health networks.

Culture and Heritage

A recent extension of arts on prescription has been the development of innovative programmes in museums and galleries which address public health issues such as mental health problems, cancer, dementia, health education and the building of social capital. The UK government sees a key role for museums and art galleries in tackling social exclusion and launched the ‘Open to All’ training package for gallery staff in 2008. To date the best evidence of improvements to health and wellbeing in this sector has been from object handling projects, an intervention which can also be taken to the hospital bedside.
Where do we go from here?

In exploring ‘where do we go from here?’, six reflective viewpoints are included in the report. They look at some of the roles of museums, art galleries, nature reserves, archives, heritage collections and urban planning, and values associated with them for community and personal wellbeing that come from volunteering, aesthetic appreciation, creative endeavour and interdisciplinary working.

In considering the evolving Public Health Outcomes Framework, new approaches to programmes and projects are needed. Possibilities include further work with the health champions in the community and workplace model, the development of ‘cultural barometers’, and with them the introduction from business-based economics of Social Impact Bonds, Balanced Scorecards and Integrated Reporting. These tools are presented in the final section of the report.

RSPH position on arts and health

Access to and involvement in creative activity and the arts in all its forms is an important component in both the overall health and wellbeing of society and for individuals within it. Throughout RSPH’s work in the area of improving population health via community-focussed interventions, an often underplayed component has been the place of arts-led initiatives. These can be low profile, small scale and imaginative in their funding but provide extensive outreach, particularly in their support for hard-to-reach communities. They are often not measured or included as part of a community’s asset value.

The RSPH believes that there is a need to position the strong inter-relationship between arts and individual and community health as one of the key building blocks towards sustainable, resilient communities. There is also an art to fostering our wellbeing. One of the key steps we intend to take is to develop a nationally recognised training and development pathway for all arts and health practitioners. We have already developed the New Horizons seminars covering a range of arts, culture and heritage topics and we present an annual Arts and Health Award to celebrate arts-based health improvement initiatives.

In England, current public health policy makes the case for a parity of esteem between mental health and physical health. We believe that the creative arts need to be put on a similar footing, through both policy commitment and national action plans. The RSPH intends to campaign for this to become a reality over the next five years.
The full, detailed, fully-referenced report, which is summarised here, is freely available to read and download from www.rsph.org.uk/artsandhealth. In the future other relevant reports and information will be added to this webpage.

Links to the two Nuffield Trust reports referred to in this report can also be found at www.rsph.org.uk/artsandhealth

This report was compiled by a working group convened and chaired by

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