



Australian Government

Australia
Council
for the Arts 



Connected Lives: Creative solutions to the mental health crisis

Report on the Arts, Creativity and Mental
Wellbeing Policy Development Program, 2022.

Acknowledgements

The Australia Council for the Arts proudly acknowledges all First Nations peoples and their rich culture of the country we now call Australia. We pay respect to Elders past and present. We acknowledge First Nations peoples as Australia's First Peoples and as the Traditional Custodians of the lands and waters on which we live.

We recognise and value the ongoing contribution of First Nations peoples and communities to Australian life, and how this continuation of 75,000 years of unbroken storytelling enriches us. We embrace the spirit of reconciliation, working towards ensuring an equal voice and the equality of outcomes in all aspects of our society.

This report results from the Arts, Creativity and Mental Wellbeing Policy Development Program held from February to May 2022.

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Connected Lives: Creative solutions to the mental health crisis.



Foreword

Mental health and wellbeing constitute one of the greatest public policy challenges of our time. This challenge has been exacerbated by the impacts of COVID-19 and will continue as we encounter the long-term impacts of increasing extreme weather events and social and economic disruptions.

Arts and creativity can extend beyond traditional health services to address the social determinants of health. This is largely due to the power of creative experiences to facilitate engagement with, and connections for, people with diverse lived experience. The question now is how we best support this through public policy.

This report summarises the outcomes of the Arts, Creativity and Mental Wellbeing Policy Development Program, hosted by the Australia Council for the Arts across February to May 2022.

The report brings together over four months of consultation and engagement, including seven hours of facilitated discussion involving approximately one hundred invited participants from the arts, health, community, government, and tertiary education sectors. It also captures comments offered in formal submissions, emails and collaborative platforms over the course of the program. As a result, this report offers a wide range of valuable expertise and perspectives, and draws on decades of experience in arts, culture and wellbeing held by many across sectors and communities.

This piece contributes to the Australia Council's work in providing advice to government. This also aligns with the Australia Council's strategic priority: 'to lead discussion and work with partners and stakeholders within and beyond the arts and cultural sector to identify and address evolving and emerging challenges and opportunities including: the impacts of COVID-19 and the role of arts and creativity in recovery, education and the future of work' (as stated in *Creativity Connects Us*, the Australia Council's strategic plan).

This document outlines ways in which government can positively address the mental health crisis with the tools provided by arts, culture and creativity. It also identifies areas of strategic priority for the arts and cultural sector, and those in which the Australia Council is already leading through partnerships.

We trust this paper will inform discussion and action by government and the sector in collective efforts to address the mental health and wellbeing of all Australians.

Adrian Collette AM

CEO, Australia Council for the Arts



Photograph of Fiona Sinclair, manager of the Understory Art and Nature Trail from episode 4 of the Creative Responders podcast. Credit: Scotia Monkivitch.

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Executive summary

There is an urgent need to expand and develop new approaches to address mental health in Australia. This need has been exacerbated by the impacts of COVID-19 and the unprecedented climate related events of the past two years. It will endure as we continue to encounter increasing extreme weather events and consequent social and economic disruptions.

There is a growing body of evidence recognising the vital role that arts and creativity can play in promoting positive outcomes for mental health and wellbeing. We know that arts and cultural interventions address the social determinants of health, facilitate human flourishing across the life span, and are the foundation for Aboriginal and Torres Strait Islander health and wellbeing.

Engagement with creative activities can build and deepen relationships, give people a sense of control over their life, generate skills and self-confidence, facilitate social inclusion, and empower people to explore a range of experiences and identities.

Now is the moment to recognise the powerful contribution the arts can make to our health and wellbeing and start responding in a holistic way.

Balgo women prepare to dance at KALACC Festival.
Credit: KALACC.



The Arts, Creativity and Mental Wellbeing Policy Development Program

The Arts, Creativity and Mental Wellbeing Policy Development Program was a four-month series of discussions that ran from February to May 2022, seeking to better embed arts and creativity in government programs to support mental health and wellbeing.

The program engaged people from the arts and cultural sectors, the health and mental health sectors, community and advocacy organisations, research, policy and various portfolios of government to develop a series of policy proposals and recommendations for government, the sector and the Australia Council to consider.

The program was hosted by the Australia Council and delivered in conjunction with the Office for the Arts and a range of other partners including: Black Dog Institute, the Big Anxiety Research Centre (UNSW), the Creativity and Wellbeing Hallmark Research Initiative (CAWRI) (University of Melbourne), the CREATE Centre (University of Sydney), Creative Victoria and the International Federation of Arts Councils and Culture Agencies (IFACCA).

Central themes and insights of the program

The following themes and insights emerged from our engagement with sector experts, researchers and lived experience advocates over the course of the policy development program:

- There is currently an opportunity to bring about systemic change that will support the mental wellbeing of Australians now and into the future.
- Successfully addressing mental wellbeing requires a ‘whole of government’ approach, engaging investment across portfolios – such as health and aged care; Indigenous affairs; education, skills and employment, the arts – and across jurisdictions.
- First Nations peoples are clear leaders when it comes to understanding the links between arts, culture and wellbeing.
- Lived experience of mental ill-health is a critical form of expertise that should inform the design of both policy and activities. Lived experience helps guarantee that programs are effective and accessible to those who need them most.
- There is increasing support for a national social prescribing scheme. Social prescribing is an innovative practice that seeks to improve overall wellbeing in non-medical ways in conjunction with healthcare workers.
- There is a need to professionally develop the workforce of artists and arts workers in mental health settings, both to protect individuals and communities seeking wellbeing support as well as the artists and arts workers conducting this work.
- There are diverse views on what counts as evidence, within and across the arts sector, the health sector and government. Evidence for the benefits of arts and creativity for mental wellbeing will need to be tailored to different program objectives and potential funding bodies.

Policy recommendations – for government

The program identified a set of policy recommendations for government. These recommendations provide a range of options to reimagine and strengthen the links between the arts and mental health across all areas of government.

Recommendation 1:

Establish a national wellbeing strategy, underpinned by targeted funding, that accounts for the contributions of arts and culture to individual and community wellbeing.

Recommendation 2:

Develop commissioning pathways for First Nations programs in cultural healing, for example, by including these programs in the implementation of the National Aboriginal and Torres Strait Islander Health Plan 2021–2031.

Recommendation 3:

Design and implement a national social prescribing scheme that includes arts and cultural activities and specified pathways for mental health referral. This scheme should be designed to be flexible and adaptive – a component of continuing structural change that supports better health and healthcare in communities.

Recommendation 4:

Support training and accreditation for artists and arts workers active in mental health settings, along with regulatory frameworks that establish the professional requirements, best practice standards, ethical frameworks, and appropriateness of different approaches.

Recommendation 5:

Support the establishment of a national evidence repository including a national dataset that would map impacts of arts interventions in the health sector consistently across jurisdictions.

Recommendation 6:

Formalise a national arts and health advisory body, with the authority to advise government on prevention through to treatment, building on the principles and networks that comprised the National Arts and Health Framework (2014).

Areas of strategic priority – for the sector

The program also identified a range of areas and ways in which arts and mental wellbeing program designers, managers, practitioners and researchers can assist in the roll out of the policy recommendations.

Area one:

Increase public awareness of the benefits of arts engagement for mental wellbeing, potentially through a coordinated health campaign.

Area two:

Develop training and accreditation for artists and arts workers active in mental health settings, along with best practice standards, ethical frameworks, and support structures.

Area three:

Empower those with lived experience of mental health challenges and peer workers to play a central role in program design. Where possible, work in bottom-up ways, activating and supporting local networks.

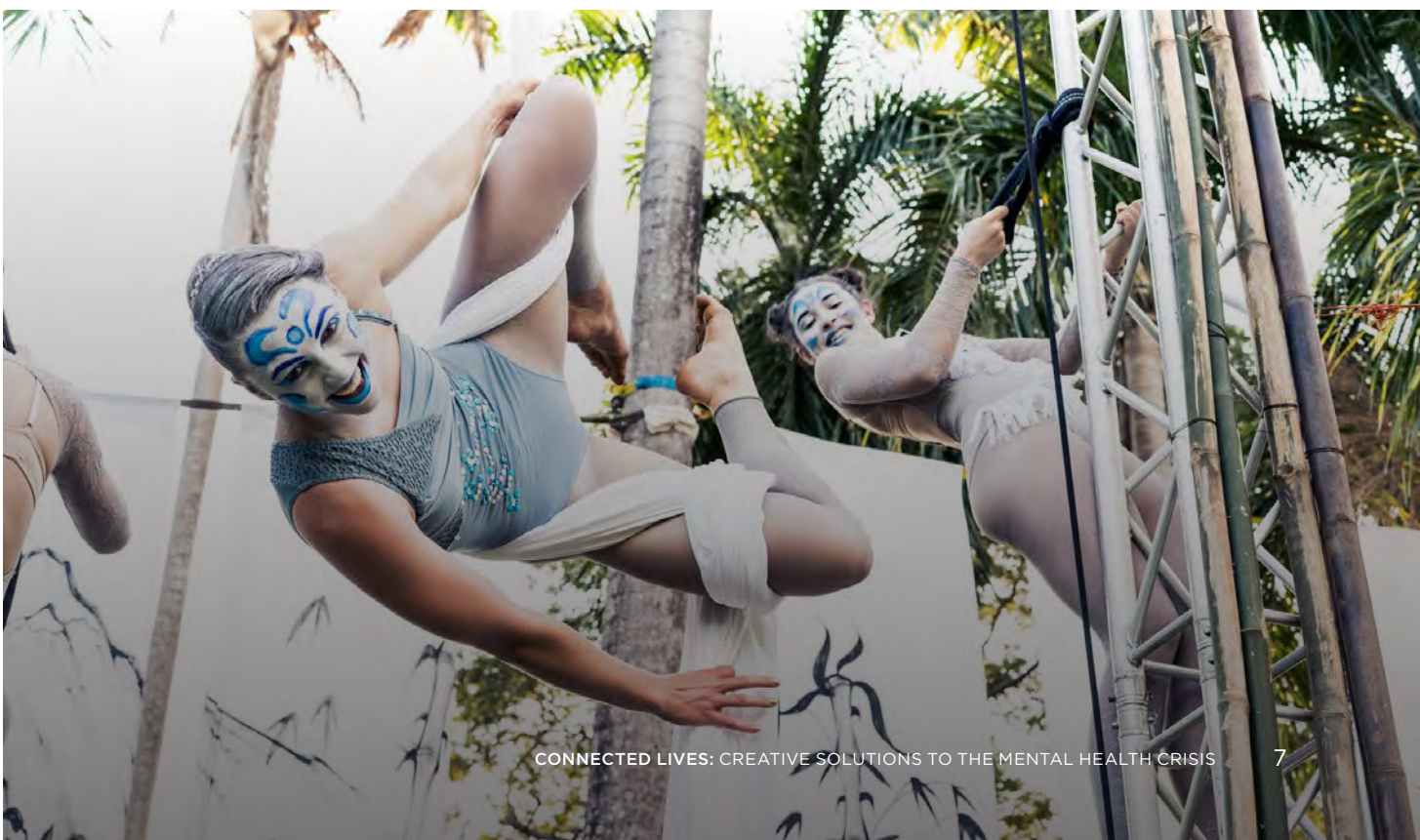
Area four:

Make sure that programs are co-designed between arts, health and the relevant communities.

Area five:

Build a strong, internationally leading evidence base that facilitates policy and practice in arts and health. This evidence base must expand understandings of what counts as evidence in research and advocacy work, and generate ongoing discussions of issues such as quality, rigour, value and reliability.

Aerialist from Corrugated Iron Youth
Arts production: Bamboo Moon.
Credit: Tahlia Jasmine Photography.



Introduction

The mental health crisis

There is an urgent need to expand and develop new approaches to address mental health in Australia. This need has been exacerbated by the impacts of COVID-19 and the unprecedented climate related events of the past two years. It will endure as we continue to encounter increasing extreme weather events and consequent social and economic disruptions.

The Productivity Commission's Mental Health Inquiry report (2020) recommended mental health reform to support a people-centred mental health system that can meet changing community need, particularly in a time of crisis.¹ The report identified a disproportionate emphasis on clinical services, and lack of attention to the underlying determinants of mental health – including the important role played by family, kinship groups and carers, and providers of social support.

The report estimated that:

- mental ill-health and suicide in Australia directly cost the country up to \$70 billion per year
- disability and early death due to mental ill-health cost a further \$151 billion a year.

Some 65% of those with mental health concerns do not seek help and over 50% of those who die by suicide have not made contact with a mental healthcare provider.²

According to the 2021 census, more than 8 million people have a long-term health condition, including almost 1 in 12 people who have a diagnosed mental illness.³ This was the first time the census collected information on diagnosed, ongoing health conditions, which will prove invaluable when identifying pathways to support better outcomes for mental health and wellbeing.

There is a particular need in regional and remote Australia for mental health services. While the prevalence of mental ill-health in regional and remote communities is reported to be the same as in major cities, there is much less access to mental health services and rates of self-harm and suicide are higher in those areas.⁴

1 Productivity Commission 2022, [Mental Health Inquiry Report](#).

2 Black Dog Institute, [Under the Radar Project](#), NSW Mental Health Commission 2014, *Living Well: A strategic plan for mental health in NSW*, NSW Mental Health Commission.

3 Cunningham M and Dansie M 2022, ['Mental Health Issues Top Chronic Illness List, New Census Data Shows'](#), Sydney Morning Herald, 27 June.

4 National Rural Health Alliance 2021, [Mental Health in Rural and Remote Australia](#), Fact Sheet, 23 July 2021.





Edge of the Present,
Australian world first
VR environment for
suicide prevention, Alex
Davies and team, The Big
Anxiety festival 2019.
Credit: Jessica Maurer.

How the arts can help

There is a growing body of evidence recognising the vital role that arts and creativity can play in promoting positive outcomes for mental health and wellbeing. We know that arts and cultural interventions address the social determinants of health,⁵ facilitate human flourishing across the life span,⁶ and are the foundation for Aboriginal and Torres Strait Islander health and wellbeing.⁷

We also know that arts and creativity can extend reach beyond traditional health services and address social determinants of health by facilitating engagement with and connections for people with diverse lived experiences.

The collective experience of COVID-19 lockdowns has only highlighted how important arts and cultural participation is to mental wellbeing and social connection. Without access to lived, in person experiences, we turned to digital arts and culture to connect with our communities and a sense of ourselves.⁸

Engagement with creative activities can:

- build and deepen relationships
- give people a sense of control over their life
- generate skills and self-confidence
- facilitate social inclusion
- empower people to explore a range of experiences and identities.

The arts are playing an important role in advancing a culturally embedded, ‘whole of community’ approach to mental health. Operating in non-clinical domains, artists are engaging communities that have low rates of ‘help seeking’, and communities that are marginalised, disadvantaged, regional and remote.

Research shows that simply taking part in a creative endeavour can help to reduce your feelings of anxiety or depression.⁹ Research has also found that people need at least two hours per week of arts engagement for good mental wellbeing.¹⁰

Arts-based initiatives also help to combat the stigma and discrimination around mental health, and to address the specific and diverse needs of people and communities.

Now is the moment to recognise the powerful contribution the arts can make to our health and wellbeing and start responding in a holistic way.

5 Fancourt D and Finn S 2019, *Cultural Contexts of Health: The role of the arts in improving health and well-being in the WHO European region*. Parkinson C 2018, ‘Weapons of Mass Happiness: Social justice and health equity in the context of the arts’, *Music, Health and Wellbeing*. Chandler M 2018, ‘Cultural Wounds Demand Cultural Medicines’, *Determinants of Indigenous People’s Health in Canada: Beyond the social*.

6 Boydell KM et al 2021, ‘Graffiti Walls: Arts-based mental health knowledge translation with young people in secondary schools’, *Creative Approaches to Health Education: New ways of thinking, making, doing, teaching and learning*. Baird A, Garrido S and Tamplin J 2020, *Music and Dementia: From cognition to therapy*. Lee J, Davidson JW and Krause AE 2016, *Older People’s Motivations for Participating in Community Singing in Australia*. Cohen GD et al 2006, *The Impact of Professionally Conducted Cultural Programs on the Physical Health, Mental Health, and Social Functioning of Older Adults*.

7 Salmon M, Doery K, Dance P, Chapman J, Gilbert R, Williams R and Lovett R 2019, *Links Between Aboriginal and Torres Strait Islander Culture and Wellbeing: What the evidence says*, Mayi Kuwayu. Commonwealth of Australia, Department of Health 2017, *My Life My Lead - Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations*.

8 Early findings from the Australia Council’s 2022 National Arts Participation Survey (publication forthcoming) indicate that COVID-19 has had a deep impact on our collective national psyche. Filling time creatively was considered rewarding, and experienced an upswing. People used creative experiences for social connection, to feed their inner soul, and as a physical outlet. Full results of the national survey will be published in 2023.

9 Stahl A 2018, ‘Here’s How Creativity Actually Improves Your Health’, *Forbes*, 25 July.

10 Davies C, Knuiman M, Rosenberg M 2016, ‘The Art of Being Mentally Healthy: A study to quantify the relationship between recreational arts engagement and mental well-being in the general population’, *BMC Public Health* 16:15.

The Arts, Creativity and Mental Wellbeing Policy Development Program

The Arts, Creativity and Mental Wellbeing Policy Development Program was a four-month series of discussions that ran from February to May 2022, seeking to better embed arts and creativity in government programs to support mental health and wellbeing. The program engaged people from the arts and cultural sectors, the health and mental health sectors, community and advocacy organisations, research, policy and various portfolios of government to develop a series of policy proposals and recommendations for government, the sector and the Australia Council to consider.

The program began as an initiative of the Creative Economy Taskforce¹¹ and was originally intended to take place in Canberra, across two days in 2021, as a face-to-face event. Due to COVID-19 related lockdowns, the event was postponed a number of times until, in early 2022, it was adapted to a four-month program delivered largely online.

The energy and input generated through these longer discussions proved invaluable in advancing our understanding of the relationship between creative participation and wellbeing. The staged program developed momentum and created a cross-sectoral network of individuals and organisations with shared interests in advancing this work.

The program was hosted by the Australia Council and delivered in conjunction with the Office for the Arts and a range of other partners including: Black Dog Institute, the Big Anxiety Research Centre (UNSW), the Creativity and Wellbeing Hallmark Research Initiative (CAWRI) (University of Melbourne), the CREATE Centre (University of Sydney), Creative Victoria and the International Federation of Arts Councils and Culture Agencies (IFACCA).

See Appendix A for a list of participants and featured speakers.

See also the program's discussion paper, *Arts, Creativity and Mental Wellbeing: Research, practice and lived experience*, co-authored by the Australia Council, Jill Bennett, Katherine Boydell, Jane Davidson and Claire Hooker, for pre-identified areas for consideration.

'The past decade has seen such a phenomenal change in the way this topic has been received across different stakeholder groups. With the World Health Organisation (WHO) ten years ago, this topic wasn't really being explored much at all. Now we're in the position where, not only have we published a report with the WHO on the evidence base, but also a series of policy briefings and we've launched an international WHO Collaborating Centre on arts and health.'

Daisy Fancourt,

Assoc. Professor of Psychobiology and Epidemiology, University College London

'The important direction we can influence within healthcare is to have this work integrated into models of care.'

Lynne Seear,

Manager, Arts in Health Program, Children's Health Queensland

¹¹ The *Creative Economy Taskforce* was established by the Minister for Communications, Urban Infrastructure, Cities and the Arts, the Hon Paul Fletcher MP, in late 2020 to help the arts sector recover from COVID-19. Consisting of twelve industry experts, it provided advice and support for the implementation of the Government's JobMaker plan for the creative economy.



The Coming Back Out Ball 2018. Created and Produced by All The Queens Men. Credit: by Bryony Jackson.



A rich and diverse terrain

The Arts, Creativity and Mental Wellbeing Policy Development Program convened a wide range of participants with varied expertise and experience. Many of these stakeholders had decades of experience at the overlap of culture and wellbeing. The group also represented a range of perspectives on appropriate approaches and interventions, mapping the diverse terrain of this field. For example:

- **There are varied opinions on what counts as evidence**, within and across the arts and cultural sector, the health sector and government. Some argue the need to produce evidence with a medical lens (in order to work in concert with the health sector). Others argue for evaluation that is specific to cultural work (in order to better understand the role of culture in supporting wellbeing).
- **There are varied opinions on what appropriate approaches to treatment might be**, ranging from creative arts therapies (established allied health disciplines with accredited training and professional associations) through to community engaged arts practice or workshops (an approach which prioritises cultural practice and, despite abundant expertise and mentorship, is characterised by relatively less-formalised pathways into the work).
- **Some models conceptualise a ‘mental health spectrum’** encompassing healthy to coping, to difficulties, to illness. Different interventions will sit at different points of this spectrum – ranging from promotion, prevention, early intervention, treatment to recovery/rehabilitation – and so will have different designs, intended beneficiaries and types of evidence.
- **Other approaches do not work with the idea of ‘mental health spectrum’**, but rather emphasise the importance of creative, cross-disciplinary and ongoing work with communities.

The arts and mental wellbeing field is diverse, consisting of many different approaches and interventions. We believe that every effort should be made to bring as many supporters to the table as possible, that all forms of knowledge should be considered as evidence, and that different modalities will be suitable for different communities and cultural contexts.

‘An art therapist is completely different to a practising artist, and both bring value to arts and health.’

Bronwyn Ward,
Artist

Central themes and insights

The following themes and insights emerged across from our engagement with sector experts, researchers and lived experience advocates over the course of the policy development program.

An opportunity for structural change

There was a strong sense throughout the program that this cross-sectoral work is at a tipping point, and that the current moment offers an opportunity to bring about systemic change that will support the mental wellbeing of Australians now and into the future.

Our four months of discussions interwove with a number of allied activities, including The Big Anxiety's The Big Reach arts and mental health festival in Brisbane (26–27 May 2022); Support Act's Headfirst conference, which focussed on the mental health of artists (25 May 2022); and the ABC's broadcast of its Space 22 series which investigated the positive impacts of creative activities on mental wellbeing (see page 19).

In March 2022, the Victorian Government's Department of Health announced it would commence social prescribing trials in six local adult and older adult mental health and wellbeing services from July 2022. In November 2021, SANE Australia launched a pilot program which provides a digital and telehealth support service for those with complex mental health issues and which incorporates art groups. This was upscaled in June 2022 (see page 19).

All these events contributed to a sense of gathering momentum around the possibilities for structural reform. They indicated a growing support for alternative forms of referral that include arts and cultural activities, and an increasing understanding of the ways in which arts and culture can complement the mental health sector in its approach.

For many artists, mental health practitioners, arts and health managers and researchers, the current moment offers a rare and precious opportunity – one in which we can develop the policies, cross-sectoral partnerships and systems that are required to further this transformative work.

'There is a need for a reimagined experience of what health and wellbeing looks like.'

Marianne Wobcke,
First Nations cultural practitioner, nurse and midwife, with maternal connections to Girramay, Jagera and Turrbal Country

A whole of government approach to wellbeing

It is imperative that wellbeing is considered across all levels of government so that early intervention can mitigate adverse downstream impacts.

‘Whole of government’ here can mean coordinating across portfolios, from health and aged care; to Indigenous affairs; education, skills and employment; defence and veterans affairs. Greater collaboration and investment across these would enable wellbeing to be addressed before it becomes a high-cost, crisis need.

In Australia, ‘whole of government’ can also mean coordination across the States and Territories and the Commonwealth – or a ‘whole of governments’ approach to national policy. While cross-jurisdictional work can be challenging, there is growing support for this kind of coordinated policy response to mental health and wellbeing, and precedents from which current policy makers could learn (see case study below).

Working in a nationally coordinated way, across portfolios, is by no means a new concept. Globally, countries like New Zealand and the United Kingdom have introduced cross-portfolio measures to tackle the mental health crisis. New Zealand has a [wellbeing framework](#), underpinned by a [wellbeing national budget statement](#). And the United Kingdom established a [Commission on Loneliness](#) in 2016 followed by the appointment of its first Minister for Loneliness in 2018 – tasked with spearheading cross-portfolio responses. Both examples recognise the social determinants of health, activating and connecting the many cultural resources that exist beyond the health system.

‘We’re not really talking here about two sectors: mental health and the arts. We’re talking about a different way of responding to lived experience and needs on the ground.’

Professor Jill Bennett,
Director of The Big Anxiety
Research Centre, UNSW

The National Mental Health and Wellbeing Pandemic Response Plan

In 2020, the [National Mental Health and Wellbeing Pandemic Response Plan](#) was developed in response to the mental health and wellbeing needs of Australians. The plan identified the need for a whole of government approach that is nationally consistent, builds on current momentum and innovation, and responds quickly to address critical gaps.



Representing the Department of Veterans Affairs, Chris Scott with artwork he developed for the ADF ARRTS program showcase, the University of Canberra. Credit: David Cotton.

Working with defence – an example of a cross-portfolio approach

There is significant opportunity to leverage existing work in the defence and veterans sectors, and a range of arts, health and wellbeing frameworks already implemented there.

The Australian Defence Force Arts for Recovery, Resilience, Teamwork and Skills program (ADF ARRTS) is a four-week residential program that helps build confidence and resilience in people who are experiencing health and wellbeing challenges related to service in the ADF, ACT Emergency Services, and the Australian Federal Police.

The Australian National Veterans Arts Museum (ANVAM) is an example of a cultural institution working with multiple levels and portfolios of government, including defence, veterans affairs, arts, health, aged care, Indigenous affairs, education and employment, tourism, foreign affairs, heritage and social services. Founded by an arts and health professional from the veteran community, ANVAM's primary purpose is to enhance the health and wellbeing of the Defence and veteran community through the arts.

The leadership provided by First Nations knowledge

First Nations peoples are clear leaders when it comes to understanding the links between arts, culture and wellbeing.

First Nations conceptions of wellbeing expand beyond individual experience and encompass health of the community and Country. Culture is also understood to be a protective factor, embedded within everyday experience and essential to a healthy community. This holistic view of culture can provide a model for a ‘whole of government’ approach when looking at arts, creativity and wellbeing.

First Nations communities are also leaders in health policy and advocacy, having committed years of research and advocacy towards the successful inclusion of social determinants within Indigenous health policy. For example, the National Aboriginal and Torres Strait Islander Health Plan 2021-2031 incorporates the cultural and social determinants of health in its design.

Despite this, there are still no commissioning pathways for programs that operate in the social and cultural determinants of health domain. \$60.8 million will soon be made available under the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Program,¹² but cultural healing organisations are ineligible to apply.

Key stakeholders in the policy program urged that the first implementation plan of the National Aboriginal and Torres Strait Islander Health Plan address this gap, ensuring that public policy acknowledge cultural healing organisations in its programs of commissioning and support. Such a move would enable this relatively mature policy space to move from design to implementation.

‘What we found [in our Lowitja Institute research] is that culture is a protective factor. We knew it as Aboriginal people but we needed to do the evidence to demonstrate it’s a part of our health and wellbeing and it needs to be integrated and valued within health policy frameworks and programs, as well as the arts.

When you think about it, our arts are always paying homage to the legacy that’s come before us. They’re part of a continuation of culture. They’re an essential part of our identity.’

Janine Mohamed,
CEO, Lowitja Institute



Yiriman Women – Traditional Jewellery Making Workshop on Country.
Credit: KALACC.

¹² See the Australian Government’s GrantConnect: <https://www.grants.gov.au/Fo/Show?FoUuid=ebba3ab9-4ef6-49bd-910c-352f91898894>

The importance of lived experience and peer supports

The importance of including people with lived experience of mental health challenges in the development of programs to address mental health needs was affirmed consistently throughout the program. Lived experience is a critical form of expertise that should inform the design of both policy and activities. Lived experience of mental ill-health can help guarantee that programs are effective and accessible to those who need them most.

In this way, there are both pragmatic and ethical reasons for building lived experience and peer supports into arts and mental wellbeing programs. The principle of ‘nothing about us without us’ should guide work in creativity and mental wellbeing so that programs can centre the needs of their target communities.

The arts have long been a vehicle for articulating lived experiences of mental health, trauma, stigma and marginalisation. Arts and cultural activities empower those experiencing mental ill-health to tell their own stories. They also provide alternative means of representation, displacing images of mental illness and mental ill-health that might reinforce stigma and shame.

‘My biggest take away from today is the idea that art helps us to reconnect with our humanity. It helps us to relearn what it means to be a human being.’

Luke Escombe,
Artist and Patient Advocate

MADE Ensemble – *The Frock Japan 2*
2018. Choreography: Graeme Murphy.
Credit: Sandi Sissell.



Increasing support for a national social prescribing scheme

Social prescribing is an innovative practice that seeks to improve overall wellbeing in non-medical ways in conjunction with healthcare workers. It is rapidly gaining legitimacy among health consumers and practitioners, and within health and other portfolios across government, and has the potential to reduce the burden on the health care system and reduce overall costs of medical intervention.

A national social prescribing scheme could be integrated into general practice primary care health settings, to connect people with mental and physical health challenges to arts activities and/or art therapy.

A 2019 survey conducted by the Royal Australian College of General Practitioners (RACGP) and the Consumer Health Forum (CHF) found more than 90% of general practitioners (GPs) and allied health professionals believe that referring patients to non-medical services in the community is extremely helpful for improving health outcomes.¹³

Social prescribing finds new ways to address mental health, and illness, at a community level.

SANE Australia's digital and telehealth referral service

In November 2021, SANE Australia launched a pilot program which will provide digital and telehealth referral service for those with complex mental health issues. Participants will be given their own personalised programs, which could include social groups and art sessions, all via a new digital participant portal.

Space 22, on ABC TV

The ABC's Space 22 program follows seven strangers, each with their own lived experience of mental health, as they take part in an ambitious experiment to test if the simple act of participating in art can help heal invisible wounds.

'There is a need to think about value-based healthcare because consumers value treatment and access to world-class healthcare but they also value some of these social care services and pathways.'

Leanne Wells,
CEO, Consumers Health Forum

¹³ Consumers Health Forum 2022, 'Tackling loneliness with a social prescription', Media Release 17 June 2022.



Professional development needs of the arts and mental health workforce

There is a need to professionally develop the workforce of artists and arts workers in mental health settings – to protect individuals and communities seeking wellbeing support, as well as the artists conducting this work.

Standardised and recognised training, accreditation and regulation would provide much needed structure for this field of practice, ensuring that best practice standards and ethical frameworks are established and met. Regulation of the field would also provide certainty about the different approaches, identifying the educational requirements for each and legitimising them with the oversight of a professional body.

Any such training and accreditation system would, however, need to be developed with the specifics of the Australian context in mind, acknowledging the needs of Australia's cultural communities and the federal system within which Australia's health, education and cultural institutions operate.

Any resulting regulation would also need to make sure that artists are appropriately remunerated for their work in mental wellbeing contexts. Economic precarity is already a source of mental ill-health within the arts sector, and these unstable conditions should not be replicated in this cross-sectoral work.

'There's an opportunity to look at the special skills and experiences that people who work in the creative arts can bring into the space that help people support their mental health and wellbeing. And that could be part of the solution around the workforce needs.'

Kerryn Pennell,
Chief of Strategy
and Policy, Orygen

*Parragirls, Past Present, at
The Big Anxiety festival, 2017 UNSW.*



The importance of evidence

The program included varied views about the importance of evidence for the benefits of arts and creative engagement for mental health and wellbeing, as well as the *types* of evidence that should be sought in this work.

On the whole, participants supported the idea that we should be developing the translation point between arts and health, and so working across these two systems of knowledge. However, the program also saw lively discussion about the extent to which the arts and cultural sector should operate within the existing 'evidence hierarchy' established by health – that which positions randomised control tests (RCTs) at the pinnacle of trustworthy research. Embracing different forms of knowledge and research methods will allow for a robust understanding of impact, participants said.

Some argued that we need to develop measures that are consistent across both arts and health sectors and across the states and territories, developing a national database that tracks the impacts of arts programs in health settings. Others argued that cultural approaches to mental wellbeing require the development of cultural measures, and that working backwards from the expectations of the health system and its methods of data collection will not give us the data we need.

As mentioned above, many argued for the importance of lived experience, and the need to include this as a form of evidence for the impacts of arts and cultural engagement on wellbeing.

Overall, there was a strong sentiment about the importance of evidence, and the need to tailor it to different contexts and potential funding bodies. One repeated comment related to the importance of economic evidence and arguments, and the need to demonstrate the ways in which arts and cultural programs can help the health system meet its obligations within limited budgets.

'What gets measured gets done.'

Rachel Green,
CEO, SANE Australia

'We need to agree upon a common evidence base for this joint work that is robust and supported by both sectors. If not, we won't be able to demonstrate to policy and decision-makers how the arts and creativity can actively and effectively contribute to improved wellbeing and mental health outcomes.'

Chris Saines,
Director, Queensland Art Gallery/Gallery of Modern Art (QAGOMA)

Policy recommendations – for government

The recommendations outlined below provide a range of options to reimagine and strengthen the links between the arts and mental health across all areas of government. They are supported by the areas of strategic priority identified for the sector, which are listed in a following section.

The intention of our recommendations is to set a clear direction for the progress of this work.

Recommendation 1:

Establish a national wellbeing strategy, underpinned by targeted funding, that accounts for the contributions of arts and culture to individual and community wellbeing.

A whole of government strategy is needed to support mental health and wellbeing targets and to reduce health inequities. This would include commitments to improving wellbeing as an objective of every major policy decision. It would incorporate First Nations conceptions of wellbeing as connected to the health of Country and community.

This strategy would be underpinned by a wellbeing budget that includes measures such as mental health outcomes, social inclusion and environmental sustainability along with measures for jobs, gross domestic product (GDP) and public debt.

Outcomes-based budgeting has been in operation in New Zealand since 2019. This is widely viewed as an innovative way to put mental wellbeing as an outcome and then ask what alignment might be required, across portfolios, to achieve that.

Recommendation 2:

Develop commissioning pathways for First Nations programs in cultural healing, for example, by including these programs in the implementation of the National Aboriginal and Torres Strait Islander Health Plan 2021-31.

Policy that recognises the connections between First Nations culture and wellbeing is already relatively mature, underpinned by an enormous amount of research and a huge evidentiary basis. There is currently an opportunity to implement such policy, ensuring that First Nations social and cultural programs are eligible for support within Indigenous health.

Once recognised, such programs could inform those tailored for non-First Nations communities as well, increasing and fostering cross-cultural understanding and appreciation of First Nations knowledge in cultural healing.



*Congress by All The Queens Men.
Credit: Bryony Jackson.*

Recommendation 3:

Design and implement a national social prescribing scheme that includes arts and cultural activities and specified pathways for mental health referral. This scheme should be designed to be flexible and adaptive – a component of continuing structural change that supports better health and healthcare in communities.

This scheme could be designed in accordance with that proposed by the Consumers Health Forum. It could also, alternatively, build on existing pilot programs that have strong digital and data foundations, such as that conducted by SANE’s digital and telehealth mental health service (see page 19).

Importantly, this scheme should identify the existing strengths and substantive expertise and history of arts and health arising from community cultural development, recognising the opportunity to cement Australia’s global leadership and innovation in this field. To this end, this scheme should enable the very effective and locally appropriate models that already exist in Australia rather than simply borrowing those from overseas contexts.

‘Arts on prescription’ programs exist in pockets around the country, and many general practitioners are already referring health consumers to community groups and activities in ways that can be understood as ‘social prescription’. What is needed at this point is greater coordination and upscaling – both to assist primary care workers in helping health consumers access cultural resources, and to improve access to these resources around the country.

Recommendation 4:

Support training and accreditation for artists and arts workers active in mental health settings, along with regulatory frameworks that establish the professional requirements, best practice standards, ethical frameworks, and appropriateness of different approaches.

There is a variety of approaches taken to this work at present, with varied degrees of cross-sectoral collaboration, standardisation or oversight. Regulation that spans both arts and cultural and health sectors would make sure that practitioners, individuals and communities are protected in the course of this work.

Rather than homogenising the field, this regulation should also provide recognition of different modalities and their appropriateness for different cultural or mental health contexts. Approaches that are ‘safe’ for one group may not be ‘safe’ for another, and different programs will be relevant for different needs.

This training, accreditation and regulation would require policy support from the arts, health and education portfolios, and could leverage existing expertise in these three sectors.

The Australia Council is currently engaged in action research that seeks to identify the training and support needs for artists working in mental health settings, building on existing knowledge and best practice principles understood by the mental health sector.

Recommendation 5:

Support the establishment of a national evidence repository including a national dataset that would map impacts of arts interventions in the health sector consistently across jurisdictions.

The appropriate host for this dataset would need to be determined, based on principles such as ethics, robustness, and security around handling sensitive data. The Australian Institute of Health and Welfare (AIHW) is a potential candidate to host the data.

Data on arts and health programs would be collected by hospitals and other arts and health providers and stored in accordance with data sovereignty standards (including those for First Nations communities). Such a dataset would enable longitudinal analysis of comparative programs and their impacts that would help guide further innovations in the field.

Recommendation 6:

Formalise a national arts and health advisory body, with the authority to advise government on prevention through to treatment, building on the principles and networks that comprised the National Arts and Health Framework (2014).

The creation of this body could leverage one or more existing entities. Existing examples include the state-based Arts Health Networks that resulted from the National Arts and Health Framework; the Australasian Health Infrastructure Alliance's Community of Practice for Arts in Health; the National Aboriginal Community Controlled Health Organisation (NACCHO); and the National Arts and Health Advisory Committee (AHAC) that was established in 2020, in the context of COVID-19, and which reports to the Australian Health Protection Principal Committee (AHPPC).

This body would advise government on policy development to support the role of the arts in addressing the social determinants of health. It would also take responsibility for monitoring the sector and different approaches, ensuring that programs are delivered according to the first principle of 'do no harm'.

This advisory body's membership would include representation from arts and health practitioners, lived experience advocates, First Nations cultural healers, and senior figures from health, the cultural and creative industries and government.

Young creative from Corrugated Iron Youth Arts workshop program.
Credit: Corrugated Iron Youth Arts.



Areas of strategic priority – for the sector

The following section identifies a range of ways in which arts and mental wellbeing program designers, managers, practitioners and researchers can assist in the roll out of the policy recommendations.

These areas of strategic priority are informed by the ‘critical success criteria’ for arts and wellbeing programs that were developed collaboratively in the policy development program (see Appendix B). They provide guidance for how the sector can continue to develop the infrastructure for arts and wellbeing programs, and the approaches that should underpin implementation.

Area one:

Increase public awareness of the benefits of arts engagement for mental wellbeing, potentially through a coordinated health campaign.

The wide-ranging benefits of recreational arts engagement could be strengthened through a coordinated public health communication strategy. Increased public awareness of the benefits of arts engagement for mental wellbeing would support an upscaled social prescribing scheme and would address mental health needs ‘upstream’.

The Australia Council is currently partnering with the Centre for Arts, Mental Health and Wellbeing WA, at the University of Western Australia on the Good Arts, Good Mental Health project that will form the basis of such a campaign.¹⁴

14 The project is a multi-university project with 29 federal, state and local partners (including VicHealth, Neami National, A New Approach, Government of Western Australia’s Department of Health, Western Australian Mental Health Commission, Government of Western Australia’s Department of Local Government, Sport and Cultural Industries). The project is funded by the Western Australian Future Health Research and Innovation Fund (an initiative of the Government of Western Australia), the Ian Potter Foundation, the Minderoo Foundation, Government of Western Australia’s Department of Local Government, Sports and Cultural Industries, CircuitWest and St John of God Health Care.

Area two:

Develop training and accreditation for artists and arts workers active in mental health settings, along with best practice standards, ethical frameworks, and support structures.

The Australia Council is currently engaged in work to inform how the workforce could be professionalised in this way, partnering with three organisations in an overarching program of action research. Working with The Big Anxiety Research Centre, the Creative Recovery Network and Wesley Arts, the Australia Council is seeking to identify the skills, training and support needs for artists working in mental health settings, recognising that different approaches will have different benefits and needs.

This knowledge should build on that which already exists in the mental health sector, and the principles that operate there, for example, the need for clear parameters and/or thresholds to make sure approaches 'do no harm'. It should engage with knowledge from art therapy and other disciplines and practice, looking into practices that attract concern and considering questions of programs' ongoing impacts (for example, what happens to participants and creative works after a project moves on).

Research should also consider mechanisms to guarantee artists' appropriate remuneration for work in wellbeing contexts, so that practitioner wellbeing is also addressed.

Once developed, this knowledge regarding best practice standards, ethical frameworks and support structures would ideally inform a regulatory framework managed across arts, health and education policy – see Recommendation 4 in full.

Training and accreditation of artists to work in mental health contexts would also address the needs of Recommendation 3 (Support design and implementation of a national referral system that includes arts and cultural activities) – professionalising and building this workforce to respond to the needs of a developing sector.

Girringun Arts Centre Manager, Joann Russo, featured in Episode 2 of the Creative Responders podcast. Credit: Scotia Monkivitch.



Area three:

Empower those with lived experience of mental health challenges and peer workers to play a central role in program design. Where possible, work in bottom-up ways, activating and supporting local networks.

Lived experience and peer networks hold a rich repository of insights and awareness that can help to shape a culture shift in our understanding of mental health. Working locally with communities – on their own terms and in their own areas – can also build and activate trust in mental health recovery programs, particularly where trust has been damaged or compromised (for example, in marginalised communities).

Working locally also acknowledges the diversity of needs across contexts, and the fact that not all approaches will suit or be effective in all areas.

As mentioned above, the Australia Council has embarked on action research on how to professionalise the arts and cultural sector for work in mental health contexts, with a focus across three different approaches and three different contexts. Lived experience is incorporated as an essential form of expertise across this research. The differences of each approach were also key to these partnership decisions.

Area four:

Make sure that programs are co-designed between arts, health and the relevant communities.

Co-design of program frameworks is vital for investment and successful delivery, particularly given the cross-sectoral nature of this work.

Artists working in health settings should work collaboratively with health expertise, operating respectfully and pragmatically with existing knowledge and governance structures. For all those working at the intersection of arts and mental wellbeing, the importance of working closely with the relevant communities should be central.

Programs must attend and adjust to the comfort levels of diverse groups; make sure the relevant cultural safety support is in place; and co-create with participants in order to be effective.

‘Local people collaborating and coming together around what’s needed in the community is fundamental to addressing the need for delivering systemic change.’

Rachel Green,
CEO, SANE Australia

‘Medical mental health models emphasise working with individuals. Arts and mental wellbeing perspectives emphasise working with communities and policy needs to reflect the role of communities in supporting mental health and wellbeing.’

Carla van Laar,
Convenor, College of Creative and Experiential Therapies, Psychotherapy and Counselling Federation of Australia

Area five:

Build a strong, internationally leading evidence base that facilitates policy and practice in arts and health. This evidence base must expand understandings of what counts as evidence in research and advocacy work, and generate ongoing discussions of issues such as quality, rigour, value and reliability.

This evidence base must include, and generate, meaningful measures of impacts of arts engagements for mental health and wellbeing in terms that are consistent with and that address the needs of all stakeholders. This would mean generating data that speaks to the needs of health practitioners, managers, policymakers and health economists, as well as narratives and evidence that speak to and resonate with artists, patients, carers and the community.

Data that demonstrates the economic benefits of arts programs in mental health contexts would be particularly persuasive in securing greater funding for the integration of these programs across the health sector. Data that provides evidence for the positive impacts of arts and cultural programs on health care workers, as well as on health consumers, would also be particularly compelling. Arts and cultural programs can positively address workplace morale and culture within the hospital system, and so significantly assist the health sector in its work.

Measuring the impacts of arts engagement in health contexts would also provide crucial evidence to the National Safety and Quality Health Service (NSQHS) Standards that seek to provide a nationally consistent statement of the level of care consumers can expect from health service organisations. In particular, such data could help demonstrate how the arts can support the health sector in complying with the Clinical Governance Standard; the Comprehensive Care Standard, and the Partnering with Consumers Standard.

The process of collecting and storing this evidence base would be significantly supported by the creation of a national dataset that evaluates arts and cultural programs in health settings (see: Recommendation 5: Support the establishment of a national evidence repository including a national dataset that would map impacts of arts interventions in the health sector consistently across jurisdictions). The Australia Council is currently in a working group of organisations drawn from health, arts and culture and government which has the development of such a national database as its objective.

‘The NDIS at least in part was an investment model around a productivity story. It’s the same thing here. We really need to be able to go to decision-makers with: What is the pay back going to be for doing this? Whether or not people like it, economics is still the language of administration.’

Jeremy Thorpe,
Chief Economist, PwC

Appendix A: List of participants and featured speakers

Featured speakers

Jill Bennett, ARC Laureate Fellow at UNSW and founding Director of The Big Anxiety Festival and The Big Anxiety Research Centre

Katherine Boydell, Professor of Mental Health at the Black Dog Institute and Professor of Medicine at UNSW

Phil Evans, Principal Advisor, Te Ao Māori Strategy and Policy, New Zealand Treasury

Rachel Green, Chief Executive Officer, SANE Australia

Janine Mohamed, Chief Executive Officer, Lowitja Institute

Christine Morgan, Chief Executive Officer, National Mental Health Commission

Kerryn Pennell, Chief of Strategy and Policy, Orygen

Meaghan Telford, Senior Executive, External Affairs and Government, Medibank

Jeremy Thorpe, Chief Economist, PwC

Brigette Uren, Chair, Arts in Health Community of Practice at Australasian Health Infrastructure Alliance

Leanne Wells, Chief Executive Officer, Consumers Health Forum

Marianne Wobcke, First Nations cultural practitioner, nurse and midwife, with maternal connections to Girramay, Jagera and Turrbal Country

Additional program participants

FIRST NAME	LAST NAME	TITLE	COMPANY
Scott	Alderdice	Researcher	University of Southern Queensland
Sophie	Alexander	Assistant Director	Office for the Arts
Michael	Anderson	Professor of Arts and Creativity Education	University of Sydney
Tina	Askam	Policy and Research Officer	Culture and the Arts at the Department of Local Government, Sport and Cultural Industries
Wayne	Barker	Director, Cultural Programs	Kimberley Aboriginal Law and Culture Centre
Lenine	Bourke	Manager	Art from the Margins
Meghan	Bourke	Head of Programs	Arts and Wellbeing Collective
Tessa	Boyd-Caine	Chief Executive Officer	Health Justice Australia
Amanda	Browne	Manager Strategic Projects	Creative Victoria
Sarah	Childs	Director, Sector Engagement and Development	Queensland Alliance for Mental Health
Cath	Colvin	Principal Policy Officer	Mental Health Commission - Western Australia
Christen	Cornell	Research Fellow and Manager, Research Partnerships	Australia Council for the Arts
Greg	Cox	First Assistant Secretary	Office for the Arts
Johnathan	Crowther	Curator and Collections Manager	Dax Collection
Tarragh	Cunningham	Assistant Director	Queensland Art Gallery/Gallery of Modern Art (QAGOMA)
Jane	Davidson	Professor of Creative Arts	University of Melbourne
Christina	Davies	Director, Centre for Arts Mental Health and Wellbeing WA	The University of Western Australia
Nigel	Davis	Head Of Community Investment	Medibank

FIRST NAME	LAST NAME	TITLE	COMPANY
Terry	Deen	Head of Learning	Queensland Art Gallery/Gallery of Modern Art (QAGOMA)
Nick	Devereaux	Director of the Social Justice Team	Australian Human Rights Commission
Julia	Edwards	Chief Executive	Entertainment Assist
Genevieve	Dingle	Associate Professor	School of Psychology, Faculty of Health and Behavioural Sciences, University of Queensland
Luke	Escombe	Artist and patient advocate	
Sophie	Forbat	Placemaking Curator and Producer	Randwick Health and Innovation Precinct
Fiona	Forest	Partnerships Manager	Arts Queensland
Liss	Gabb	Manager Social Connection and Mental Wellbeing	VicHealth
Silvano	Giordano	Director	Wilurarra Creative
Karleen	Gwinner	Artist and researcher	
Tania	Hall	Executive Director, Policy and Programs	Arts Queensland
Georgie	Harman	Chief Executive Officer	Beyond Blue
Gemma	Hodgetts	Executive Director	Health and Wellbeing QLD
Claire	Hooker	Associate Professor	University Of Sydney
Erica Rose	Jeffrey	Director	Dance For Parkinson's Australia
Tanja	Johnston	Head of Arts Programs	Australian National Veterans Arts Museum
Mark	Johnston	Director	Australian National Veterans Arts Museum
Frederic	Kiernan	Research Fellow	University of Melbourne
Rebecca	Lamoin	Associate Director, Public Engagement and Learning	Queensland Performing Arts Centre
Caroline	Lenette	Deputy Director	Big Anxiety Research Centre
Shele	Liddle	General Manager - Mental Health	Wesley Mission Queensland
Robyn	Littlewood	Chief Executive Officer	Health and Wellbeing Queensland

FIRST NAME	LAST NAME	TITLE	COMPANY
Kylie	Loneragan	Head of Business Development & Partnerships	Queensland Art Gallery/Gallery of Modern Art (QAGOMA)
Carrie	Lumby	Director, Lived Experience	National Mental Health Commission
Caroline	Macaulay	Director, Strategy, Policy and Research	Health and Wellbeing QLD
Donna	McDonald	Researcher and advocate	
Rick	Maher	Researcher	Queensland University of Technology
Charulatha	Mani	Postdoctoral research fellow	University of Queensland
Caitlin	Marshall	Co-Founder and Director	MakeShift
Helen	Mathie	Projects Lead	Minderoo Foundation
Timothy	Mathies	Director, Artistic Planning	Queensland Symphony Orchestra
Georgie	McClean	Executive Director, Development and Strategic Partnerships	Australia Council for the Arts
Sally	McCleod	Project and Policy Officer	Queensland Alliance for Mental Health
Ella	McNeill	Arts and Culture	Minderoo Foundation
Fiona	Menzies	Chief Executive Officer	Creative Partnerships Australia
Clive	Miller	Chief Executive Officer	Support Act
Evonne	Miller	Director	QUT Design Lab
Scotia	Monkivitch	Executive Officer	Creative Recovery Network
Wesley	Morris	Coordinator	Kimberley Aboriginal Law and Culture Centre
Rebecca	Mostyn	Director of Research and Knowledge Management	Australia Council for the Arts
Alice	Nash	Executive Director Arts Investment	Australia Council for the Arts
Peter	O'Connor	Director	Centre for Arts and Social Transformation
Celia	Pavelieff	Director of Marketing and Communications	Australia Council for the Arts
Jane	Pedersen	Senior Policy Officer	Australian Human Rights Commission

FIRST NAME	LAST NAME	TITLE	COMPANY
Annie	Peterson	Manager	Wesley Arts
Vicktor	Petroff		Arts NT
Jim	Rimmer	Grants Lead	Victorian Health Promotion Foundation (VicHealth)
Lizzie	Rose	Co-founder	MakeShift
Vicki	Saunders	Senior Research Fellow	Central Queensland University
Rebecca	Scollen	Head of School of Creative Arts	University of Southern Queensland
Zoe	Scrogings	Executive Director	Corrugated Iron Youth Arts
Lynne	Seear	Manager Arts in Health; Co-chair Arts Health Network Queensland	Children's Health Queensland
Chris	Saines	Director	Queensland Art Gallery/Gallery of Modern Art (QAGOMA)

Australian Army soldier, Lance Corporal Ty Tranter stands proudly in front of his sculpture for the ADF Arts for Recovery, Resilience, Teamwork and Skills program Showcase at the University of Canberra. Credit: Chris Beerens.



FIRST NAME	LAST NAME	TITLE	COMPANY
Tammy	Solnec	Project leader	Kimberley Aboriginal Law and Culture Centre
Zohar	Spatz	Head of Community and Experimental Arts	Australia Council for the Arts
Naomi	Sunderland	Professor and ARC DAATSIA Fellow	School of Health Sciences and Social Work & Creative Arts Research Institute, Griffith University
Cornelia	Szeszeran	Partnerships Manager	Entertainment Assist
Maree	Teesson	Director	The Matilda Centre
Annie	Thomson	Senior Partnership Officer, Culture and the Arts	Government of Western Australia, Department of Local Government, Sport and Cultural Industries
Anja	Tinapple	Manager, Arts Policy and Strategy	Arts NT
Carla	Van Laar	Convenor	Convenor, College of Creative and Experiential Therapies, Psychotherapy and Counselling Federation of Australia
Theresa	Van Lith	Associate Professor of Art Therapy and Course Coordinator	Department of Psychology, Counselling and Therapy, School of Psychology and Public Health, La Trobe University
Bronwyn	Ward	Artist	
Tammy	Wolffs	Senior Policy Officer	Consumers Health Forum
Simon	Wright	Assistant Director, Learning & Public Engagement	Queensland Art Gallery/Gallery of Modern Art (QAGOMA)

Thanks also to **Daisy Fancourt** (Associate Professor of Psychobiology and Epidemiology and Head of the Social Biobehavioural Research Group at University College London), **Sunil Iyengar** (Research and Analysis Director, National Endowment of the Arts, USA) and **Magdalena Moreno Mujica** (Executive Director, IFACCA) for their participation in an 'In Conversation' about international research and policy.

This conversation was recorded and distributed electronically to program participants, before being posted on the [Australia Council website](#).

Appendix B: Critical Success Criteria for programs in arts and wellbeing

The following ‘critical success criteria’ were developed by program participants through workshops, and participation in an interactive platform.

These comments were collated and distilled from contributions made in the program’s 29 April 2022 workshop; on the program’s password protected webpage (before, during and after the workshop); and from submissions made by participants across the course of the policy development program.

Critical Success Criteria – Funding

Artists are compensated appropriately (required for sector and program sustainability).

Funding is provided long-term, eg minimum of two years, so that programs can have certainty and the administrative burden of funding re-applications is lifted.

Procurement processes allow for flexibility to measure unanticipated outcomes.

Investment that focusses on capacity building, rather than old-school procurement, eg the development of regional arts and wellbeing budgets, and the funding of administrative overheads.

Clear, evidence-based cases for support. But remember that different programs will need different kinds of funding, and different funders will require different forms of evidence. Some will require peer-reviewed and long-term data. The health sector and policy makers may expect different ‘levels of evidence’ (eg a systematic review of random controlled trials). Cultural knowledge and narrative-based accounts drawn from lived experience are increasingly valued across sectors.

Co-design of program frameworks is vital for investment and successful delivery. But beware of tokenism.

Critical Success Criteria – Implementation

‘Do no harm’ is the guiding principle across all programs.

Projects are given appropriate time. Projects need time for strong development and very often the time needed is under-estimated. However, there is a risk that declaring the real investment in time up front might scare people off.

Projects are able to adapt and respond to changing needs and insights. There needs to be a willingness to change formats, work iteratively and really listen to feedback.

Projects are built on safe and trusting participatory relationships – between practitioners, communities and researchers. Attend to all the comfort levels of diverse groups; make sure cultural safety support is in place; and co-create with participants. Share the power.

Projects are jointly owned and led by the community. A recurring issue in implementation is the ability to maintain the project without overly relying on a single champion with charisma.

The sector has systems of training and accreditation that legitimise the practice of artists working in mental wellbeing contexts (as distinct from art therapy, which already has its systems of accreditation), and which support artists conducting this work.

Evaluation is embedded in all projects from the start.

Critical Success Criteria – Evidence gathering

Evidence is developed at scale. We need to coordinate and upscale existing studies and their findings. Stop starting from scratch.

Measures and indicators are shared across jurisdictions and portfolios. This could be a utopian dream, but the Arts Centre Melbourne’s outcomes framework could be a good model to adapt from.

A repository of evidence that connects work done around Australia (and overseas) and maybe linked to the arts and health framework. This would give legitimacy and consistency to arts and wellbeing interventions.

Expanded understandings of ‘what counts as evidence’. We need to draw on all forms of knowledge, including research knowledge, experiential knowledge, cultural knowledge. Different stakeholders or potential investors will have different expectations of evidence (see ‘Critical Success Criteria – Funding’).

Economic analyses and economic arguments for arts and wellbeing interventions. Economic analysis is rarely considered but it remains the language of administration.

Research on impacts at both ends of the health continuum, ie on the role of the arts in contributing to general wellbeing, or preparedness, through to the role as treatment/recovery.

Critical Success Criteria – Policy

Alignment with existing or forthcoming policy frameworks and regional or local implementation plans in mental health, suicide prevention and broader social policy platforms. For example:

Related advocacy documents:

- [The Productivity Commission’s Report on Mental Health \(2020\)](#)
- [The Victorian Royal Commission’s Report into the Mental Health System](#) (which includes recommendations to implement social prescribing, on which the Victorian Government is currently acting with pilot programs)
- [‘... Country Can’t Hear English ...’ A guide to implementing cultural determinants \(2020\)](#)
- [Queensland Parliamentary Inquiry into Social Isolation and Loneliness](#) (which includes a strong recommendation for social prescribing).
- [The Royal Commission’s Report into Aged Care \(2021\)](#)

Related policy documents of government:

- The new [National Cultural Policy](#), to be delivered by the end of 2022
- [The National Mental Health and Suicide Prevention Plan](#) (which includes commitments to universal aftercare services)
- [The National Aboriginal and Torres Strait Islander Health Plan 2021–31](#)

Attention to the **National Arts and Health Framework** (2014).

This was developed from a large body of work and with a vast range of contributors, endorsed by the Ministers for Health and Ministers for Arts in every Australian state and territory – but has since lapsed.

The current policy discussion could build on this document and its list of organisations (which could be updated and expanded).

It would also be worth considering why implementation was not ultimately supported (to avoid such a thing happening again), and how the current environment may be different.

Policy that is responsive to the Australian context. The Australian health and mental health systems are different to those in the United Kingdom or elsewhere. While we may learn from and adapt international models, the specificities of the Australian context and Australian research needs to be properly considered.

Cross-sector collaboration, including with medical bodies such as the RACGP (Royal Australian College of General Practitioners) and the RANZCP (Royal Australian and New Zealand College of Psychiatrists), so that the case for funding and policy can be convincingly made.





Ngarinyin dancers at KALACC Festival.
Credit: Courtesy of KALACC.



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