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Arts, public health and the National Arts and Health Framework: a lexicon for health professionals

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Following the implementation of the World Health Organization's Health for All strategy, the 'Arts and Health' movement started to gain momentum in Australia as a means of improving public health, promoting social inclusion and reducing health inequalities.^{1,2} The field of arts and health is diverse and involves practice in many health areas, including health promotion, primary care, hospital care (acute and chronic), rehabilitation, and respite and aged care.³ A review of the literature suggests that recreational arts engagement (for enjoyment, entertainment or as a hobby, rather than therapy) has a positive impact on mental, social and physical wellbeing, and is a versatile means of improving health literacy, access and creating health benefits for the general population and vulnerable groups.⁴⁻⁷ Arts interventions in medical settings provide a range of positive clinical outcomes including better pain management, reduced medication use, decreased length of stay in hospital and reduced patient stress and anxiety.^{5,8-10}

In 2014, the National Arts and Health Framework was endorsed by Australia's Health Ministers and Cultural Ministers.⁷ This endorsement acknowledges that arts initiatives have a place in our health system¹⁰ and a role in contributing to the health and wellbeing of all Australians.¹¹ 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.⁷ An important barrier to the

implementation of the Framework and successful arts–public health partnerships is a lack of awareness and understanding of key arts–health concepts. This commentary aims to address this need and will be of use to public health professionals, clinicians, researchers and policy makers interested in the Framework and the emerging field of arts and health.

What is arts and health?

'Arts and Health' (also referred to as 'Arts for Health', 'Arts in Health', 'Arts–Health' and 'Arts into Health') broadly refers to the use of: 1) arts-based activities and events to directly promote or improve health; or 2) the introduction of art into a setting to enhance the health environment (e.g. paintings, sculptures, architecture).^{7,12} As guided by the biopsychosocial model of health,¹³ three 'pathways' are identified in the Framework as a means of creating health enhancing environments, reorientating health services, contributing to public health policy, strengthening community development and supporting personal/social development.⁷ The three pathways are discussed below.

The Arts and Mental Health

Good mental health enables an individual to contribute to his or her community, cope with the stresses of everyday life, work productively and realise their potential.¹⁴ In rural Australia, the arts are an important outlet for relaxation, self-reflection and enjoyment.^{15,16} Arts programs for disconnected youth and for people experiencing mental ill health have been linked with improved confidence, self-esteem and hope for the future.¹⁷ In the elderly, arts engagement reduces depressed mood and promotes positive ageing.^{18,19}

Where population-based studies have been conducted, arts engagement has been linked with increased perceptions of happiness, resilience and quality of life.^{5,20,21} A recent Western Australian study found, after adjustment for covariates (i.e. age, sex, location, income, education, marital status, children, general health, sports engagement, religious activities and holidays), that two or more hours per week of arts engagement was associated with better mental wellbeing than those with none or lower levels of engagement ($p=0.003$).²² If this association is found to be causal, then this study could be a starting point for dose–response, time-related health messages and public health strategies related to the arts (i.e. similar to time-related messages and strategies that already exist for sports engagement, such as 'Find 30'²³).

The Arts and Social Health

Social health relates to the strength of a person's network and interaction with others.⁵ The arts enhance social health by enabling both bridging and bonding social capital,²⁴ reducing feelings of isolation and increasing social support.^{5,15} Participation in community arts projects increases perceptions of belonging and the development of civically valuable behaviours such as communication, tolerance, trust and respect.^{16,17,24-26} As outlined in the Framework, arts events contribute to public health by providing opportunities for people to interact with others, form friendships and share in positive shared experiences.^{5,7}

The Arts and Physical Health

Large-scale epidemiological studies conducted in the United Kingdom, America and Sweden found, after controlling for covariates (e.g. age, sex, education, income, long-term disease, smoking, exercise), that attending arts events was associated with reduced mortality risk and better self-reported general health.^{9,27-29} In addition, arts engagement has been linked with increased physical activity such as walking, standing and performance-based movement (e.g. dancing).⁵ On the negative side, arts engagement can result in physical pain or injury (e.g. hearing damage from loud concerts), tiredness (as arts events are often at night) and negative health behaviours (e.g. excessive alcohol consumption, exposure to second-hand smoke).⁵ If arts events are places where negative health behaviours sometimes occur, then this is an opportunity for health

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organisations to work with arts organisations and sponsor arts events to promote health and encourage healthy environments. Since 1991, arts organisations have been able to access health sponsorship funding from the Western Australian Health Promotion Foundation in exchange for: 1) the promotion of health messages to audiences (e.g. Quit, Smarter than Smoking, Respect Yourself, Drug Aware); 2) the introduction of health policy; and 3) enviro-structural changes at sponsored events and venues (e.g. cigarette smoke-free events).^{30,31} Arts–health sponsorship agreements to advocate physical activity, anti-smoking, sun protection, nutrition and safe alcohol consumption have been found to be effective.^{30–33}

What is arts engagement?

The arts can be defined via five art forms that operate independently but also collaborate and intersect in their practice.³⁴ These are:

- performing arts (e.g. music, singing, theatre, dance, film)
- visual arts, design and craft (e.g. colouring, painting, photography, ceramics)
- community/cultural festivals and fairs
- literature (e.g. storytelling, writing, poetry, reading)
- electronic, online and digital arts.

As described in the Framework, arts engagement can be classified as active (e.g. making, creating, performing) or receptive (e.g. attending, experiencing, viewing, listening) involvement in creative events or activities.^{5,7} A list of 91 arts activities useful for public health practice and research are described by Davies et al.³⁴ 'Active' arts activities result in higher levels of arts engagement than 'receptive' activities.³⁴ Most Australians receptively engage in at least one art form while half actively make or create art each year.²⁰ In 2009–10, about 86% of Australian adults aged 15+ years (15 million people) attended at least one cultural event/venue.³⁵ In other high income countries, arts engagement by members of the general population is also high, for example, it is estimated that 78% of British (16+ years), 85% of New Zealander (15+ years), and 99% of Canadian adults (15+ years) take part in creative events and activities each year.^{21,36,37} Due to the population reach of the arts, these settings are ideal for health promotion and public health interventions.³⁰ Involvement in the arts is influenced by demographic

factors (e.g. gender, age, education, income); attitudinal factors (e.g. previous arts experience, interest, feelings of adequacy/inadequacy); practical constraints (e.g. time, cost, location, knowledge); and exposure to the arts as a child via an arts mentor (e.g. parent, sibling, teacher).^{20,38}

Is art therapy and arts engagement the same thing?

Just as there is a difference between recreational sport and sports therapy, arts engagement and art therapy are not the same thing. Art therapy is a form of psychotherapy and involves a therapeutic relationship between an art therapist and an individual who use a creative activity (e.g. painting, sculpture, dance) for remedial or diagnostic purposes.³⁹ Via the creative process and analysis of the artwork produced, the therapist and patient explore attitudes, reactions, feelings and beliefs so as to improve patient wellbeing, self-awareness and behaviours.⁴⁰ However, arts engagement is something that many members of the general population do (whether or not they realise it) as part of their everyday life for enjoyment, entertainment or as a hobby. When community members actively make art, attend events or take part in an art class or program with an artist, musician, actor, dancer or singer (rather than a therapist), this is arts engagement – not art therapy. Just as sports engagement does not need to be therapy to influence public health, arts engagement (in its own right) influences health, health determinants and quality of life.⁵ Depending on whether the goal is to encourage prevention, treatment, rehabilitation or recovery, the National Arts and Health Framework recommends the use of both arts engagement and art therapy.⁷

How does arts engagement influence health determinants?

Health determinants relate to the context of people's lives that influence health and includes an individual's characteristics, genetics, behaviours, as well as their social, economic and physical environment.⁴¹ When people spend money engaging in the arts it enhances economic activity by directly influencing the income of people employed in the arts, arts organisations and art retailers (e.g. bookstores, craft shops, galleries). The arts also encourage indirect spending in other areas of the economy (e.g. transport, tourism, accommodation) that, in turn, also influences

spending, income and employment.^{25,26} Arts engagement influences community cohesion, local culture, identity and tradition.⁴² Given that the arts are a popular pastime for both the general population and specific target groups, the National Arts and Health Framework suggests that in addition to traditional health settings (e.g. hospitals, workplaces, schools) that arts events and venues should also be utilised by health professionals as a physical environment/setting for public health policy and practice.⁷

Conclusion

This commentary is of value as an advocacy tool and reference for public health professionals, clinicians, researchers, policy makers and other stakeholders interested in expanding their understanding of the field of arts and health and the Federal Government's National Arts and Health Framework. The Framework is a promising step forward with respect to arts–health practice, settings, treatment and service; the next step being to invest in programs, evaluation and research and to create opportunities for policy action. We advocate for increased prominence to be placed on arts and health in Australia as engagement in the arts appears to have merit beyond intrinsic artistic value and could be a viable means of improving individual and community health.

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