

PROFILE

The World Health Organisation's definition of health is 'a state of complete physical, mental and social wellbeing not merely the absence of disease or infirmity'. The arts contribute significantly to the mental, physical, and social wellbeing of society. We recognise the contribution the arts can make to the health, quality of life and social wellbeing of all in society and in particular to those in healthcare settings. The arts are central to the wellbeing of Irish citizens and we value the diverse ways in which art is made and viewed by its publics. We also value the benefits of the arts to those publics be they art makers, art workers or audience members: arts in healthcare settings are a prime example of this.

Our role has been to advocate the value of the arts within healthcare settings, to support the artists and project organisers and to help ensure that the artistic practice is of the highest standard. Healthcare settings can also be arts settings. We promote the arts in healthcare settings as a benefit for audiences, career artists, non career artists and arts workers. Our Arts and Health programme incorporates all aspects of the arts (including music, drama, literature, visual arts, architecture etc) which involve healthcare settings such as hospitals, hospices, day care, long term care facilities.

In 2001, 150 projects were identified in the field (Mapping the Arts and Health in Ireland) and in 2003 (Arts Organisations in Ireland 2002, K. McKeown) confirmed continued and increased activity. Individual projects continue around the country. In 2005, we funded four organisations specifically for work in the area of arts and health.

STRENGTHS

- There is increasing awareness in the arts and health sectors, at all levels, of the value and possibilities of art. This has led to an upsurge of activity of increasing quality. As a result, more work is available for, and sought by, artists and arts workers (including arts and health co-ordinators).
- There is increasing awareness of arts and health by the architectural community.
- There is increasing use (both in terms of quantity and creativity) of the Percent for Art Scheme by the health sector.
- There is increasing activity at high policy level. For example, the publication of arts and health policy by the EHB (latterly ERHB and now Health Services Executive – Eastern Region) and the continued existence of the HSE-ER Arts Committee.
- Many successful models of partnership have already been developed and an increasing amount of research and project evaluation on which to draw.
- We regard the arts as an essential component of the Department of Health and Children's stated aim of the achievement of full health potential including people-centred principles of equity and fairness. Arts and Health practice embraces a holistic view of society which aims to reduce inequalities and to strengthen health (as stated by Dublin Healthy Cities).
- In recognition of the growing level of arts and health activity, there are increasing options of dedicated Arts and Health courses, at post graduate level, for those interested in pursuing a specialised career in this area.

CHALLENGES

- The need for the Arts Council to act as continuing advocate of the value of the arts in healthcare settings to influence the medical profession and other leaders in healthcare and to seek further funding from the health sector to boost recognition and credibility.
- The effectiveness of the arts in addressing the disruption, distress and dislocation associated with ill health.
- The need for greater integration of arts and health and its sustainability through effective partnerships.
- To sustain and facilitate best practice, and to create two way linkages with the wider community, there is a need for training, support and mentoring for those involved in project management and as part of professional training for both artists and healthcare staff.
- There is a need to find effective means of monitoring, documenting and evaluating arts and health projects.
- The need to develop partnerships, network opportunities and structures.
- To mainstream arts and health and influence policy, including fundraising issues.
- To ensure good practice in artists' employments.
- To follow up on the 2004 Arts and Health Conference based on the feedback and to explore the key prioritised issues.

PROPOSED RESPONSES TO THOSE CHALLENGES

- A. Further develop relationships with other government departments and the Health Service Executive in order to initiate discussions with the Departments of Health & Children and Education & Science to ensure that both medical and arts education includes modules on the value of art and health projects. Discussions will focus on an understanding of common aims, partnership and good working relationships between artists/arts workers and healthcare staff in relation to beneficial health service user (patient, client etc.) outcomes.
- B. Undertake a feasibility study to test the viability of (an) holistic, independent, inclusive arts and health resource organisation/s, national or regional, to lead the sector. Having clearly defined parameters, aims and actions, such (an) organisation/s would link with government health bodies, existing projects and networks.
- C. Optimise and build on the findings of the Arts and Health Conference June 2004 which focused on three areas: policy formation and development; networking opportunities; structures. In addition, there is a need for new funding mechanisms, the possibility of a follow up conference, consideration of aspects of education and training, and the further development of resources.
- D. Consider an initiative in the area of *Arts and Health and Architecture* to further examine themes arising from the Architecture and Health discussion as the Arts and Health Conference