

## ORIGINAL RESEARCH

# An assessment of the scope and nature of arts and health practice in Ireland

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## ABSTRACT

**Introduction** The integration of arts experiences into health care settings aims to promote health and well-being by enhancing the environment and providing social and cultural access through collaborative, participatory arts. Growing evidence suggests that the benefits of Arts in health care are regarded as holistic in terms of their positive impact on mental, physical and social health. This study aimed to assess the nature and scope of arts and health practice in Ireland with a view to informing a joint framework between the Health Service Executive (HSE) and the Arts Council of Ireland.

**Methods** A descriptive exploratory research design was used, comprising a structured survey questionnaire ( $n = 25$ ) and semi-structured interviews ( $n = 37$ ) with practitioners in the field.

**Results** The majority of arts and health programmes and projects were identified as being both participatory and collaborative in nature and took place in a wide range of health care settings. Key stakeholders included chairs of arts and health committees, arts and health managers, health care professionals and artists. The HSE emerged as the main source of funding for these projects. Participants expressed concerns about the lack of funding and evaluation and suggested the need for education, clear communication and governance structures, and research to evaluate the value and impact of the arts in health care contexts.

**Conclusion** A high level of varied arts and health activity and enthusiasm exists. However, inconsistent governance arrangements, inadequate funding arrangements and the lack of national policy in the field emerged as key challenges for its long-term development.

**Keywords:** ARTS AND HEALTH, NATIONAL SURVEY, MIXED METHODS, NATIONAL STRATEGY

## INTRODUCTION

Arts and health can be defined as artistic experiences, processes and outcomes in health care contexts for the purpose of improving individual and community health, health care environments and health care delivery (1–3). It comprises a range of arts practices and art forms in diverse health care settings. The arts have become recognized as a positive contributing factor to health and well-being in terms of creation of healing environments, positive and meaningful social interaction and enhanced health care experiences (4–6). There is also evidence to suggest that arts and health has positive benefits across mental, physical and social health (1, 2, 5, 7).

Arts and health practice is reliant on collaborative work between artists and health professionals, and from an arts sector

perspective it is characterized by clear artistic vision, goals and outcomes (2). Artists involved and working in bringing the arts to health care contexts focus primarily on the artistic process and outcomes of a project. However, the collaborative relationship that develops with health professionals in conceptualizing and developing projects demonstrates a mutual understanding of the benefit of the arts for the health and well-being of patients and produces a shared vision of how these projects can be achieved (2). Belief in the value and benefits of arts and health for patients and staff across health care settings is evident in the numerous collaborations between health care services and arts organizations over the past 30 years (1, 5, 8–10). There has been a steady increase in the number of such collaborations and projects both in Ireland and elsewhere (11), which may be attributed to positive evaluations of arts and health projects (3). However, despite the increase in the number of projects, there is

a substantial lack of coordination both in terms of project content and funding. Arts and health programmes and projects in Ireland are delivered in diverse ways via several funding schemes, agencies and not-for-profit organizations. These include: the Percent for Art Scheme; the Arts Council, collaborations between the Health Service Executive (HSE) (responsible for health and social services nationally) and the Arts Council's outreach programmes, which include arts organizations and local authority arts offices. Support agencies such as Create and the Waterford Healing Arts Trust, the National Centre for Arts and Health and the Arts and Health Coordinators Ireland also play key roles in developing and sustaining arts and health practice in Ireland. Other sources of financial support include philanthropic funding, sponsorship and charities. This ad hoc approach is not unique to Ireland (12). Australia is the only country that currently has a specific National Arts and Health Framework (13). The HSE and Arts Council of Ireland believe that sustaining and developing arts and health practice requires a more coordinated and formal approach in terms of governance, support and funding. Therefore, they jointly funded this research with the aim of determining the nature and scope of current practices in arts and health and key stakeholders' views on the governance and funding structures needed.

## METHODS

### RESEARCH DESIGN

An exploratory mixed methods design was used, comprising a structured survey questionnaire and semi-structured interviews for data collection. The research team comprised a gender mix of one male and three females; one academic (Catherine McCabe), two arts and health practitioners (Mary Grehan and Denis Roche) and one research assistant (Aine Teahan). All members of the research team had experience in qualitative research.

The survey questionnaire and interview guide were devised by the research team and informed by the study aim and objectives. Questions about role, title, location and type of projects, sources of funding were included in the questionnaire. Content validity was established following a review of the questionnaire by five relevant people (three arts and health practitioners and two health care professionals). No changes were required following this process.

### SAMPLING

Purposive and snowball sampling was used, with the research team identifying participants nationwide that had a clear

and recognized role in arts and health implementation and practice in the HSE or HSE-funded organizations. Sampling also ensured geographical spread and included participants from all health service regions in Ireland. Some participants were known to the research team in a professional capacity.

### INCLUSION CRITERIA

Artists and health care professionals directly involved in HSE arts committees and/or HSE-funded arts and health organizations.

### ETHICS

Ethical approval was granted by the ethics committee of the School of Nursing & Midwifery, Trinity College Dublin.

### DATA COLLECTION

Prior to commencement, the HSE and Arts Council circulated an online notification of the study and research team to all relevant stakeholders nationwide. The study was conducted in October–December 2016. A database of relevant national HSE arts and health committees and HSE-funded arts and health projects was established by the researchers. An email invitation detailing the study was sent to individuals from the database, ensuring representation from each community health region in Ireland. Those interested in participating replied to the email and a suitable date and time was arranged for a telephone interview during which each participant completed a researcher-administered survey and participated in a semi-structured interview. All those who were contacted agreed to participate.

An interview guide was developed for the semi-structured interviews based on the aim and objectives of the study. It covered topics such as the stakeholders' views and experiences of support, structures and funding for past and current arts and health projects in Ireland. The interviews also investigated the participants' views on challenges to future development of arts and health in Ireland and how these could be addressed by the HSE and Arts Council. The semi-structured interviews were conducted by all members of the research team and all data collected were made anonymous and stored on an encrypted laptop computer.

### DATA ANALYSIS

Survey data were analysed using descriptive statistical analysis for frequency measurement and percentages to present the findings. Subjective data from the interviews were digitally recorded, transcribed and analysed manually using template analysis as the framework (14). This approach identifies the predetermined issues for discussion in the interview guide as

**TABLE 1. PARTICIPANTS' ROLE IN ARTS AND HEALTH ORGANIZATIONS**

Role in organization	Percentage (number)
Chairs of arts and health committees	20 (5)
Arts and health managers	12 (3)
Arts managers	12 (3)
Health care professionals	20 (5)
Artists	16 (4)
Other (administrators/support staff)	20 (5)

health committees, arts and health managers, arts managers, health care professionals and artists.

## TYPES OF ARTS AND HEALTH PROJECTS

Table 2 outlines the type of arts and health projects available to health service users across varied health care contexts. Participants could choose more than one option when identifying the most common health care setting and when identifying who initiated the projects.

**TABLE 2. SUMMARY OF TYPES AND LOCATIONS OF ARTS AND HEALTH PROJECTS**

Type of projects, % (number)	Most common health care settings, % (number)
Participatory/collaborative arts 28% (6) Environmental enhancement 0% (0) Participatory/collaborative and environmental enhancement 0% (17) Other (arts therapy/health promotion) 4% (2)	Acute hospitals 44% (11) Community-based organizations 28% (7) Hospices 4% (1) Day hospitals 32% (8) Outpatient clinics 32% (8) Health promotion 32% (8) Residential care 36% (9) Maternity hospitals 8% (2) Mental health settings 56% (14) Primary care/community health 32% (8) Rehabilitation and respite care 28% (7)
Primary aim(-s) % (number)	Who initiated projects % (number)
Arts access 84% (21) Increasing well-being 64% (16) Health promotion 24% (6) Environmental enhancement 28% (7) Community engagement 28% (7) Health promotion 24% (6) Staff benefits 12% (3) Professional opportunities 12% (3)	Health care professionals 56% (14) HSE 32% (8) Arts coordinator 8% (2) Artists 28% (7) Individuals 24% (6) Arts organizations 20% (5) Community organizations 16% (4) Government organizations 12% (3) Voluntary health organizations 8% (2)

a priori or pre-existing themes across all interviews in advance of data analysis. However, it does not preclude the development of new themes during analysis. These themes are presented in the findings section. Content analysis was used to analyse the data related to each a priori theme and the identification of any new themes.

## RESULTS

### SURVEY DATA

Twenty-five representatives, each from a different arts and health organization, met the inclusion criteria and participated in the national survey. This gave a response rate of 100%. As shown in Table 1, participants included chairs of arts and

Most programmes and projects were identified as being participatory and/or collaborative, which also included a focus on enhancing the physical environment in some cases. This is because the most common aim of the programmes and projects was to provide arts access and improve participant well-being. Acute care hospitals were the most common site for arts and health projects but all health care contexts are well represented. Most projects were initiated by health care professionals and organizations, for example, the HSE.

### PROJECT STAKEHOLDERS

The most common stakeholders responsible for the delivery of arts and health programmes and projects were HSE organizations ( $n=20$ ), followed by local authorities ( $n=10$ ), arts organizations ( $n=10$ ), educational institutions ( $n=11$ )

TABLE 3. PROJECT EVALUATION	
Type of evaluation % (number)	Who evaluated the project % (number)?
Service user feedback (interviews) 24% (6)	Internal staff 41% (7)
Pre- and post-test (questionnaires) 12% (3)	External body 36% (6)
Practice development 24% (6)	Higher education organization 11.5% (2)
Observation 8% (2)	Details not provided 11.5% (2)
No evaluation 32% (8)	

and community organizations ( $n=9$ ). Arts and health projects were primarily aimed at health service users, with a significant number also involving family, friends, caregivers and health care staff.

FUNDING

The survey identified that most arts and health programmes and projects were funded by a combination of income sources, with Fig. 1 showing the percentage of projects in which each funding organization is involved.

The HSE emerged as the main source of funding for arts and health projects. Local authorities and the Arts Council were also reported as significant funders.

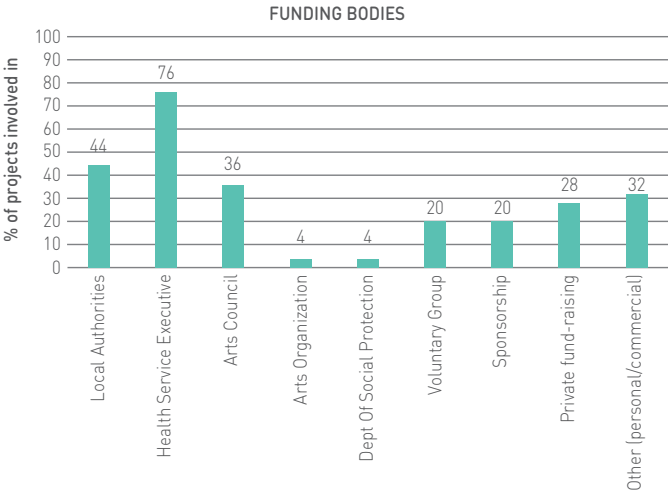
PROJECT EVALUATION

A total of 76% of the programmes and projects involved in the study evaluated their work. Table 3 illustrates the main type of evaluation and those involved in the process.

INTERVIEWS

During these interviews participants recommended other arts and health practitioners for interview based on their relevant work and experiences, resulting in a total of 37 participants being interviewed. These additional 12 participants did not complete the survey and only took part in the interviews. Each interview lasted approximately 30 minutes and was conducted using an interview guide. The sample comprised artists, health professionals and arts managers representing all health care regions in Ireland. Two members of the research team (Catherine McCabe, Aine Teahan) conducted the qualitative analysis and independently compared findings. Based on the structure of the interview guide, five themes were identified, and a new sixth theme related to creative arts therapy also emerged. This theme related to creative arts therapies and is outlined below.

FIG. 1. FUNDING ORGANIZATIONS BEHIND ARTS AND HEALTH PROGRAMMES AND PROJECTS



THEME 1: INITIATING, IMPLEMENTING AND SUSTAINING ARTS AND HEALTH PROGRAMMES AND PROJECTS

Participants reported the importance of developing and supporting positive collaborative interdisciplinary relationships between all stakeholders. Open, transparent and structured systems of communication were identified as essential, particularly with funding organizations such as the HSE and the Arts Council. Two such examples were:

*Being able to make relationships directly with staff - I think that has been key to knowing what is important. There are key personnel from management right down through to maintenance staff that I can work with in my role [arts manager] and I think that is vital in arts and health. If it [arts and health practice] is to grow in the HSE staff awareness is essential. I think education of staff, communication about the value of arts in health and all that, is very important. (Participant 08)*

*... access to the right channel of communication, so that as an arts manager, in arts and health, you need to speak to many different levels within the HSE and within the arts and so it's about being able to do that. ... if you can't do that, you can't do the job. (Participant 05)*

Education in the field of arts and health for HSE staff was identified as important for the integration of arts and health practice as a meaningful aspect of delivering health policy, as indicated by the following statement:

*There are key personnel from management right down to maintenance staff that I can work with in my role [as arts manager] and I think that is vital in arts and health if it's to grow in the HSE. ... I think education of staff, communication about the value of arts and health ... is very important.* (Participant 08)

*Boundaries of practice, communication [and] partnership working are important, it must be more than benign tolerance of an art intervention.* (Participant 013)

Regular secure funding to encourage, facilitate and sustain ongoing development of arts and health practice was also identified as essential:

*A lot of time has been spent worrying about how we're going to fund it and sustain it. A lot of the last year has been trying to negotiate our way through that and to maintain our funding and to keep going and to improve on what we're currently doing.* (Participant 09)

## THEME 2: EVALUATION OF ARTS AND HEALTH PROGRAMMES AND PROJECTS

The evaluation of programmes and projects was regarded as essential but is currently conducted on an ad hoc basis. Most participants felt that although artistic outcomes are equally important, measuring health outcomes in arts and health interventions is key to ensuring growth and sustainability. For example, one participant stated:

*We count how many people are inputting and how many are participating but we don't necessarily measure what exactly is happening to those individuals and whether it is having a beneficial effect.* (Participant 01)

## THEME 3: OPPORTUNITIES FOR THE FUTURE DEVELOPMENT OF ARTS AND HEALTH

The participants used positive and motivational language when discussing the ongoing development and sustaining of arts and health practice, even though lack of funding was identified as a consistent constraint by multiple participants, who stated, for example:

*There is very little opportunity to undertake future programmes, just in terms of financial resources available to us ... the challenge to us now is to ... be as inventive as we can with the small amounts of funding that are available to us now, so that it doesn't become staid or static.* (Participant 012)

*"Healthy Ireland" is an opportunity because it encourages partnership among all those involved in health care, for example, artists, HSE, health care professionals.* (Participant 013)

## THEME 4: CHALLENGES FOR THE FUTURE DEVELOPMENT OF ARTS AND HEALTH

The main obstacles and challenges to future development of arts and health projects were identified as the lack of consistent funding, the absence of a structured and recognized role for artists in health care contexts and the lack of policy at a national level. An example of this was:

*In terms of future sustainability, it's about building stronger partnerships with the health sector in general. To be able to advocate for the value of this work and to be able to engage in critical discourse those people that are essentially responsible for making it possible ... is essential.* (Participant 04)

Participants expressed concern that without professional arts and health practitioners in place on a paid basis to deliver programmes and projects, many do not survive, reaffirming the ad hoc nature of arts and health practice in Ireland. For example:

*Another challenge is the culture of volunteerism in hospitals, and there is an expectation that artists will work in a voluntary way. This cannot continue because it feeds into the ad hoc nature of arts and health. I would like to see more standardized rates of pay and I want health care professionals to know that if they want an arts project, it is going to cost, and they will need to fully or partly fund it.* (Participant 013)

In relation to funding, the participants felt that small amounts of seed funding from the HSE, Arts Council or local authority would increase the capacity of arts and health programmes and projects to leverage additional funding from other sources:

*I think ideally there would be a joint funding stream, it could be seed or project. It would make a lot more sense if the project could come through the joint HSE arts in health.* (Participant 03)

Longitudinal research was identified as essential for demonstrating impact and value, thus ensuring future support as demonstrated by the following statement:

*One of the potential obstacles is that it [arts and health] isn't seen as having the value it actually has and isn't treated as such. This can be done not only by referencing international*



*practice but also by making sure we evaluate what we do ourselves in a longitudinal way and provide the data that will lead to it being supported properly.* (Participant 01)

### THEME 5: NATIONAL ARTS AND HEALTH FRAMEWORK BETWEEN THE HSE AND THE ARTS COUNCIL

All participants felt that the structure, planning and delivery of arts and health practice should continue to be managed locally but that national structures and guidelines need to be put in place to ensure projects are supported, sustained and in keeping with best practice. This is indicated by the following statement:

*Joint responsibility [between the] HSE and Arts Council is needed and joint ownership of arts and health. A working group, [or] interdepartmental working group that would look at making a national framework [is needed] but there should be joint responsibility.* (Participant 08)

### THEME 6: CREATIVE ARTS THERAPIES

A sixth theme emerged from the interviews despite not being raised in the interview guide. Most participants felt that although arts and health and creative arts therapy are different in process and focus, more open dialogue between the groups would be useful in extending the understanding of arts and health and its different dimensions. This was indicated by the following statement:

*I think the boundary between what is art in health practice and then what is art in therapy practice is blurred and that is a problem.* (Participant 07)

## DISCUSSION

This national survey of the nature and scope of arts and health practice in Ireland indicates that there is a significant level of activity in this field throughout Ireland. Enthusiasm is evident among artists and health care employees for arts and health programmes and projects given the benefits for both service users and staff. However, the findings suggest that there is also frustration among participants related to the lack of consistent governance structures, inadequate funding, and the lack of education, research and policy.

The view that arts and health practice is somewhat constrained due to a lack of a clear, mutually agreed understanding among stakeholders around the nature and scope of the practice

has emerged from this study. Despite the 2010 publication by White and Robson entitled *Participatory Arts Practice in Health care Contexts: Guidelines for Good Practice* (15), there is a lack of a consistent understanding of these and other relevant guidelines among all those who are involved in the delivery of arts and health programmes and projects. Participants in the current study echoed White and Robson's view that greater awareness is needed among those involved in arts and health work to provide guidance and support for both artists and health care professionals (16). This is a view supported also by Raw et al., who suggest that this would enhance the academic and clinical status of arts and health, thereby increasing its acceptability in terms of outcomes and evidence of health impacts (17).

Artists such as Nykyri and Lajunen and Roche et al. support the need for good communication and governance for successful arts and health initiatives (17, 18). Roche et al. provide a framework that has been used effectively for developing, implementing and evaluating artworks through interdisciplinary collaboration between artists, health professionals, health care managers and patients (19). This robust framework facilitated the completion of a randomized controlled trial to demonstrate the effects of an arts and health project on health outcomes (6).

In addition to the development of a joint national framework for arts and health, the participants in the current study identified many key components as essential ingredients for a successful and sustained arts and health practice in Ireland. These include clear governance and communication structures at local and national level, research, education, funding and staffing. The Arts Council has prioritized information and advice, professional development (funding, education and research), advocacy and resources (staffing, information and advice) in its policy and strategy document on arts and health (2). Similarly, the United Kingdom's All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report and the World Health Organization's Health Evidence Network synthesis report 67 also recommend national and local strategies to support and develop arts and health as an integral component of general health and well-being (2, 8). These reports recommend the need for funding and education policies in relation to arts and health that foster greater interdisciplinary collaboration and understanding. However, this study revealed that almost a third of arts and health projects were not evaluated. Further research is required to provide more robust evidence of the added value of engaging with the arts in terms of health and well-being

and providing a more holistic approach to health care that acknowledges social and cultural dimensions to health as well as biological and psychological needs (2). The lack of evidence may explain why, in spite of a growing arts and health practice in Ireland, it is not embedded in health care policy. Although the current study did not focus on research activity in relation to arts and health, the importance of research in identifying the impact of the arts on health outcomes was highlighted by the respondents. This study highlights the need for research to evaluate the impact on the main areas targeted by arts and health programmes and projects, for example, staff experiences, health promotion, community engagement and enhancing the environment. This will provide evidence of their value and, as a consequence, promote the development of a joint arts and health strategy between the HSE and Arts Council in Ireland.

The findings of this study also identify that clear governance and communication structures at local and national level, research, education, funding and staffing strategies are all essential for the development and support of arts and health in Ireland. Partnership and collaboration with health service providers and policy-makers may be the most appropriate approach for achieving this because commitment will be required from both to bring about development in this area. This partnership approach would serve well in terms of minimizing any new costs or structures that need to be put in place, as good working relationships appear to already exist.

The clarity of artists' roles within health organizations, the importance of clear structures to support arts and health and a strategy for developing and sustaining arts and health are essential for its growth and sustainability (8, 11). It has become clear from this study that any future strategy for arts and health practice and development should include creative arts therapy because, although it was not a focus of this research, it emerged from this study as an issue that is relevant to artists. Currently in Ireland creative arts therapy is regarded as separate from the remit of arts and health. Creative arts therapy is a form of treatment that allows people to experience and express themselves through the arts and in a supportive environment that is grounded by a therapeutic relationship (19, 20). The emergence of this topic from the qualitative data analysis is perhaps not surprising as many artists are creative arts therapists. However, it is significant because it highlights the health impact potential of arts and health and is reflective of arts and health in its many guises as essential to holistic care, health and well-being (8, 10). Most participants felt that although arts and health and creative

arts therapy were different in process and focus, perhaps more open dialogue between the respective groups would be useful in extending the understanding of arts and health and its different dimensions. Once the desired recognition of artists' roles within health organizations, structures and strategy is in place, the enthusiasm, and commitment of artists and health care employees that is evident from this study can be harnessed for future development and innovation in arts and health for the mutual benefit of service users, artists, and health care employees.

The current study refers to data collected in 2016, but it remains highly relevant to arts and health in Ireland today. While the Arts Council continues to work to its own arts and health policy, which was first published in 2010, the HSE does not have an arts policy and HSE employees remain unsupported by the organization in their delivery of arts and health programmes and projects in Ireland. Furthermore, no joint framework has yet been put in place between the HSE and the Arts Council. Funding has not increased, and arts and health programmes and projects continue to be delivered and funded in an ad hoc way.

## CONCLUSION

A high level of varied arts and health activity and number of stakeholders across health care contexts in Ireland is evident from this study. A very enthusiastic outlook is also seen in those working in the field. However, inconsistent governance arrangements, inadequate funding and the lack of policy emerged as key challenges in its future development. Six recommendations were revealed as a result of this study, providing a clear set of actions required for a sustained and beneficial arts and health practice in health care:

1. Establish a joint Arts Council or HSE arts and health strategy and implementation plan.
2. Support effective collaborations between artists and health care employees through the production of guidance documents outlining governance structures and communication channels.
3. Include artists in relevant HSE and local decision-making groups to ensure consistency nationwide and support greater integration and inclusion of arts and health practice into the local health care systems and services.

4. Establish structures for smaller multiannual seed funding in addition to the annual competitive grant system.
5. Endorse and support education and research programmes that build capacity in relation to arts and health through higher education and research.
6. Identify employment and pay structures for artists working in health care contexts on a contract, consultancy, part-time or permanent basis.

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### Conflict of interests:

None declared.

### Disclaimer:

The authors alone are responsible for the views expressed in this publication and they do not necessarily represent the decisions or policies of the World Health Organization.

## REFERENCES<sup>1</sup>

1. Davies C, Pescud M, Anwar-McHenry J, Wright P. Arts, public health and the National Arts and Health Framework: a lexicon for health professionals. *Aust N Z J Public Health*. 2016 Aug;40(4):304–6. doi: <http://dx.doi.org/10.1111/1753-6405.12545> PMID: 27372460
2. Arts and Health: Policy and Strategy 2010–2014. Arts Council of Ireland; 2010 (<http://www.artscouncil.ie/Arts-in-Ireland/Arts-participation/Arts-and-health/>)
3. The arts, health and wellbeing. The Arts Council England. Liverpool: John Moores University; 2007.
4. Huisman E, Morales E, van Hoof J, Kort H. Healing environment: A review of the impact of physical environmental factors on users. *Build Environ*. 2012;58:70–80. doi: <http://dx.doi.org/10.1016/j.buildenv.2012.06.016>
5. Austen K. The Art of Health: Exploring Creative Engagement with Research; 2016 (<https://wellcome.ac.uk/sites/default/files/Art-of-Health-Mumbai-Wellcome-Oct2016.pdf>)
6. McCabe C, Roche D, Hegarty F, McCann S. 'Open Window': a randomized trial of the effect of new media art using a virtual window on quality of life in patients' experiencing stem cell transplantation. *Psychooncology*. 2013 Feb;22(2):330–7. doi: <http://dx.doi.org/10.1002/pon.2093> PMID: 22147646
7. Spandler H, Secker J, Kent L, Hacking S, Shenton J. Catching life: the contribution of arts initiatives to recovery approaches in mental health. *J Psychiatr Ment Health Nurs*. 2007 Dec;14(8):791–9. doi: <http://dx.doi.org/10.1111/j.1365-2850.2007.01174.x> PMID: 18039304
8. Creative health. The arts for health and wellbeing (2nd ed.). All-Party Parliamentary Group on Arts Health and Wellbeing; 2017 (<https://www.culturehealthandwellbeing.org.uk/appg-inquiry/>)
9. Parkinson C, White M. Inequalities, the arts and public health: Towards an international conversation. *Arts Health*. 2013 Aug 12;5(3):177–89. doi: <http://dx.doi.org/10.1080/17533015.2013.826260> PMID: 25729409
10. What is the evidence on the role of the arts in improving health and well-being? A Scoping Review. Copenhagen: WHO Regional Office for Europe; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/329834/9789289054553-eng.pdf>)
11. Art Therapy, Mental Health Engagement. Health Services Executive; 2017 (<https://www.hse.ie/eng/services/list/4/mental-health-services/mentalhealthengagement/news/art-therapy.html>)
12. Russell H. The culture cure: how prescription art is lifting people out of depression. *The Guardian*; 2019 (<https://www.theguardian.com/world/2019/jul/31/upside-denmark-culture-mental-health-singing-theatre>)
13. National Arts and Health Framework. Australian Government; 2013 (<https://www.arts.gov.au/national-arts-and-health-framework>)
14. King N. Template Analysis; 2019 (<https://research.hud.ac.uk/research-subjects/human-health/template-analysis/>)
15. White M, Robson M. Participatory Arts Practice in Healthcare Contexts: Guidelines for Good Practice; 2010 (<http://www.artsandhealth.ie/wp-content/uploads/2011/09/Participatory-Arts-in-Health-Guidelines-09.pdf>)
16. White M. Asking the way – Directions and Misdirections in Arts in Health. ixia the public art think tank; 2014 (<http://www.artshealthresources.org.uk/wp-content/uploads/2017/01/2014-White-Asking-the-Way.pdf>)

<sup>1</sup> All online references were accessed on 16 October 2019.



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17. Raw A, Lewis S, Russell A, Macnaughton J. A Hole in the Heart: confronting the drive for evidence-based impact research in arts and health. *Arts Health*. 2012 Jun;4(2):97–108. doi: <http://dx.doi.org/10.1080/17533015.2011.619991> PMID: 24244217
  18. Nykyri P, Lajunen K. The role of art and culture in health care and health promotion EuroHealthNet; 2018 (<http://eurohealthnet-magazine.eu/the-role-of-art-and-culture-in-health-care-and-health-promotion/>)
  19. Roche D, Napier P, Maguire B, McCann S. A Clinically Useful Artwork?: Between a Dialogical and a Relational Approach to Art in a Clinical Environment. *Int J Arts Soc*. 2008;3(2):7–18. doi: <http://dx.doi.org/10.18848/1833-1866/CGP/v03i02/35456>
  20. Ahessy B. Creative Arts Therapies: What Psychologists Need to Know. *The Irish Psychologist*. 2013;39(11):274–81. ■