

# National Cultural Policy Submission

**Arts Health Network Queensland (AHNQ)**

**Arts Health Network New South Wales/ACT (AHNNSW/ACT)**

We are writing on behalf of the Arts Health Networks in Queensland (AHNQ) and New South Wales and ACT (AHNNSW/ACT). These groups represent thousands of practitioners and arts leaders working to develop, integrate, strategise and evaluate best practices in the Arts and Health sector, ranging from bespoke research projects aimed at specific cohorts, to broader programming initiatives across health, culture and community. From an arts, health and wellbeing perspective we view the development of a new cultural policy as an opportunity for radical rethinking of the importance of arts and culture across government as well as integrated within the health sector. We strongly encourage acknowledgment and renewal of many of the points that were elaborated in the 2013 policy document.

We are pleased to support the positioning of **First Nations** as the first pillar of the National Cultural Policy.

For tens of thousands of years, the world's oldest surviving culture flourished here. This inheritance is enriching the renaissance of a more conscious, sustainable approach to living and to the rehabilitation of our planet, which is of course inextricably linked to our own health and wellbeing, (as COVID 19 clearly demonstrated). This is a unique and historic opportunity to move forward creatively, with a united, focused attention on empowering individuals, families and communities.

Indigenous-led approaches are by nature inclusive and embracing of diversity (see Map of Indigenous Australia). Centring First Nations knowledge and leadership is essential for building a grounded, innovative and sustainable creative ecology. As an example see Prof Naomi Sunderland, Prof Phil Graham and their colleagues' work on the role of [First Nations music as a determinant of health](#). This work demonstrates how First Nations artists and cultural practitioners have a deep understanding of the intimate relationship between cultural practice and individual and community wellbeing. We advocate for not just 'closing the gap' but leading reform at the highest levels (such as holding positions like the Health Minister and Minister for Culture and the Arts). We honour and value the integrated nature of arts and health within First Nations belief systems, supporting cultural, social and individual care. We acknowledge and actively learn from Australian Indigenous perspectives on holistic health which highlight the interconnectedness of the arts and wellness. We respect and include Indigenous viewpoints within a cultural policy framework that actively seeks to collaborate, consult and partner.

Storytelling is central to First Nations culture and it is also a natural and poignant human impulse. Telling stories strengthens our cultural and spiritual identities, consolidating bonds that unify communities, locally, nationally and internationally. We tell each other our stories to consider past, present and future; to embrace the change and acceptance necessary for growth and healing; and to comfort and delight. As a creative pillar, stories stimulate artists to consider the rich backgrounds of the people who might occupy this place; to unlock surprising or forgotten histories; and to reveal and celebrate everyday lives.

A key point of reference for any future policy is the **National Framework for Arts and Health (2014)**. This framework was endorsed by the Ministers for Health and Ministers for Arts in every Australian state and territory and was a significant accomplishment. Yet despite this landmark document, there were no formal mechanisms embedded to enact the framework, including dedicated funding streams. This is a gap that must be addressed. There is extensive data demonstrating the health and wellbeing benefits of the arts and culture for a range of contexts including: prevention of morbidities and chronic illness, addressing mental health, alleviating physiological symptoms of specific health conditions, and enriching quality of life across the lifespan from maternal wellbeing and early childhood development through to creative ageing.

We are proud of the ongoing programs and initiatives that have evolved outside a strong national framework and advocacy network. Since the development of the National Arts and Health Framework in 2014, the body of national and international research and community support for the value of integrated arts, health and mental wellbeing practices has continued to grow. However, in Australia this has happened in an ad hoc way, often driven by individual champions, rather than as part of a fully recognised and funded system of policy drivers, bureaucratic support and official engagement. We see great potential for the path ahead and hope that it leads to significant action that supports new growth, rather than replication of past research or advocacy. Any future action must be able to align with state and local governments as active partners across contexts.

Past achievements in the arts and health sector have accumulated over decades and at one time included a national advocacy body. A timeline of policy and practice documents can be found in the Australian collection on the Repository of Arts & Health Resources: <https://www.artshealthresources.org.uk/australia-timeline/>

**The reinstatement of a national Arts and Health advocacy body** should be a priority because the vacuum has clearly led to a fragmented sector, a limited professional communication system and has hampered Australia's true potential for systemic innovation.

There are numerous other professional networks like our own that are diligently working to integrate the psychosocial imperatives of Arts and Health practices into funding, academic and clinical models wherever possible. However, the Arts and Health sector must be supported to expand its reach with accelerated momentum, providing programs designed to extend across the lifespan and address the cultural diversity of contemporary Australia. Trauma-informed and anti-oppressive approaches need to be considered mandatory and Indigenous led (We Al-li, 2022). The world-renowned [We Al-li](#) model embraces a commitment to developing a skill set that values self-awareness and reflexivity, personally and professionally. This is critical to address and challenge historical remnants of toxic and oppressive beliefs sabotaging the creative transformation process we are globally experiencing as we enter a predominantly technical and digital era.

We have been involved with and support the Australia Council's recent activities to advocate for increased policy attention in the area of arts, creativity, mental health and wellbeing. We share with them a recognition of the larger field of arts and health practice and recommend the application from across that breadth be more widespread.

Critically, we emphasise the importance of maintaining more than an instrumental view of the arts. The value of people's arts engagement comes from more than specified health outcomes or addressing gaps in mental health reform. The inherent meaning and value of the arts contribute to individual and community experiences as part of a holistic, interconnected system.

While we are strongly supportive of a radical expansion of existing Arts and Health models, **the arts and creative industries need to be able to join from a place of strength**, which includes funding, skills development and formal leadership and collaboration across sectors.

We also need to advocate for **sustainability of programs and sole-trader artist work** beyond large-scale funding injections. There is a need to build a different model to 'research-funded' or 'user-pays' – those that can't afford it also need equitable access. In this, we should build on community strengths to sustain initiatives long-term. There is also a need for recognition of long-standing grass-roots community activities through this new lens (somewhat different to the notion of a health 'intervention'). **Social prescription** is an approach to addressing social isolation and loneliness, a growing public health issue that has been emphasised in the wake of COVID-19 lockdowns. This has been discussed and called for at a national roundtable by the Royal Australian College of General Practitioners (RACGP), Consumers Health Forum and Allied Health Professionals and pockets of social prescribing practice are already occurring with great success, for instance in the defence sector and through some institutional and academic programs.

Throughout Australia, centres for creative health programming operate out of several public and private health services and include the work of highly credentialed program managers and creative therapists. Not only do they promote the centrality of the artist, through a diversity of creative applications, they are supported by strong institutions committed to innovation and evidenced based care. Several programs address the crucial value of creativity to mental health and wellbeing and are directly informed by those with lived experience – voices that are crucial to success and outcomes. These projects are currently achieved with minimal funding and maximal networking and partnership. This position is replicated within the tertiary sector, where there is recognition of the efficacy of integrating creative thinking into clinical education, and groups of academics who collaborate wherever possible, but limited funding support. An effective Arts and Health sector in Australia should align across disciplines and communities, be embedded into healthcare and education, and support and regulate the training of creatives in the special skills required to flourish within the sector. This cohesion can be achieved, as overseas examples have demonstrated, through a fully representative, funded and empowered national advocacy body.