



Australian Government



Creative Solutions:

Training and sustaining
the arts for mental
health workforce

Acknowledgements

Creative Australia 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.

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Cover image: What is Recovery?
Creative Recovery Training
participant reflection.
Credit Karleen Gwinner.

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Foreword

Arts, culture and creativity are vital to the health, wellbeing and prosperity of Australian communities and our future generations.

Artists and creatives are making valuable contributions to the promotion of positive mental health and wellbeing in community settings. By harnessing the power of creativity, artists and creative practitioners are helping us connect with one another, express ourselves and reimagine the world around us.

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. The report identified a disproportionate emphasis on clinical services and a lack of attention to the social determinants of mental health. We currently have a distinct opportunity to better connect our healthcare system with arts practitioners working in the field of arts, mental health and wellbeing, and so to foster thriving, cohesive and resilient Australian communities.

Creative Solutions: Training and sustaining the arts for mental health workforce is situated within Creative Australia's program of research and policy activities focused on the intersection of arts participation, health and wellbeing. The report pursues the very practical, ethical and critical question of how we can ensure the safety of arts for wellbeing programs, and what is required to appropriately support practitioners involved in this important work.

The need for this research was identified in our *Connected Lives: Creative solutions to the mental health crisis* report, which consolidated findings from our Arts, Creativity and Mental Wellbeing Policy Development Program held between February-May 2022. This program collated significant evidence of the benefits of arts engagement for wellbeing, and highlighted the number of relevant programs around the country (many of which are supported by philanthropy). But it also posed this question of how we might build and formalise this area of practice in Australia – and so capitalise on its tremendous potential.

The Australian Government's new National Cultural Policy, *Revive: A place for every story, a story for every place*, provides an additional framework for this line of enquiry. *Revive* empowers and builds the capabilities of emerging industries that create meaningful, sustainable jobs and that enhance our adaptability. It enforces the value of the arts to promote positive health and wellbeing, for example, by piloting arts therapy programs; and supports wider commitments to regional and disability community arts approaches.

Creative Australia is committed to championing artists and creative workers by supporting viable creative careers and business models. In the health space this means supporting the skills of Australian artists and creative workers by embracing new partnership models and innovative industry frameworks, championing training, mentoring and accreditation, and investing in creative capacity.

In line with the spirit of *Revive*, Creative Australia is also cultivating cross-portfolio connections to extend the creative sector's reach. This approach aligns with government's first national wellbeing framework, *Measuring What Matters*, which recognises cross-portfolio approaches as key to our wellbeing, and which includes indicators for arts and cultural participation within its approach.

This report, along with the wider body of research it sits within, will be instrumental in informing our work and broader sector activities and strategies to support a sustainable community arts and wellbeing workforce. Published in parallel with the *Creating Wellbeing: Attitudes and engagement with arts, culture and health* report, which provides powerful evidence of public support for arts for health and wellbeing programs, it marks an important contribution to our work in this extremely promising field.

Many thanks to the three research partners who conducted this work – Wesley Arts, which is part of Wesley Mission Queensland, the Big Anxiety Research Centre at UNSW, and Creative Recovery Network – and to the practitioners and participants who generously shared their knowledge in this research.

Adrian Collette AM
CEO Creative Australia

A man in a blue polo shirt is shown from the chest up, holding a green plant. He is looking towards the camera with a slight smile. The background is a soft-focus outdoor scene with trees and a bright sky. The text is overlaid on the right side of the image.

Definition of terms

Social prescribing: Social prescribing, also known as community referral, involves a primary care health professional (such as a general practitioner) connecting patients with non-clinical sources of support and assistance within their local community.

Arts on prescription: Arts on prescription is one form of social prescribing that seeks to improve overall wellbeing by including arts engagement as part of health treatment plans. Arts on prescription involves referrals to creative activities such as drawing, painting, crafts, theatre or music.

Creative arts therapy: Creative arts therapy is a form of psychotherapy which uses creative modalities – such as dance, music, visual-art making, and drama – to improve mental and physical health and wellbeing. Creative arts therapies are allied health disciplines with accredited training and professional associations such as the Australian, New Zealand and Asian Creative Arts Therapies Association (ANZACATA).

Community arts and cultural development (CACD): Community arts and cultural development (CACD) is an art form which involves collaborations between professional artists and communities, where the creative process and relationship developed with the community is the driver, rather than the artist or area of arts practice.

National Disability Insurance Scheme (NDIS): The National Disability Insurance Scheme (NDIS) provides financial support to people with disability, their families and their carers. The NDIS is jointly governed by the federal and participating state and territory governments.

Welcome to Country by Clinton Brewer
at Creative Recovery Network training,
Yugambeh Regional Aboriginal
Corporation Alliance.
Credit: Karleen Gwinner

Executive summary

Australia's struggle with mental health and wellbeing has been exacerbated in recent years. Extended isolation and disconnection during COVID-19 lockdowns, the rise of cost-of-living pressures, extreme weather events and global social unrest have presented significant challenges to our sense of stability and purpose.

Alongside this, there is a growing body of evidence that recognises the crucial role arts and creativity can play in promoting positive mental health and wellbeing outcomes. Arts and creativity have been shown to support improved mental and physical wellbeing,¹ combat anxiety and depression,² decrease loneliness and promote social inclusion.³ Over half of Australians recognise the benefits of engaging with arts to improve our health and wellbeing. Australians are increasingly acting on that belief and attending arts and cultural events to improve their wellbeing.⁴

Between February–May 2022, Creative Australia convened a four-month series of discussions called the Arts, Creativity and Mental Wellbeing Policy Development Program. The program engaged people from the arts, mental health sector, community organisations, research, policy and various portfolios of government to develop a series of policy recommendations for how to embed arts and creativity in government programs to support mental health and wellbeing.

Findings from the program were published in *Connected Lives: Creative solutions to the mental health crisis*, alongside a list of recommendations for government and areas of strategic priority for the sector. Among these was the need to support professional development of artists working in mental wellbeing settings, along with best practice standards, ethical frameworks, and support structures for practitioners undertaking this work.

This report summarises and synthesises findings from a three-site research project called *Professionalising the arts sector for work in mental health contexts*. The purpose of the research was to identify the professional development and support needs of artists working in mental health and wellbeing contexts, with a view to improving the safety and sustainability of this area of practice – and so to act on the recommendation outlined above.

The research was conducted in partnership between Creative Australia and three organisations that are currently delivering arts for wellbeing programs: Wesley Arts, which is part of Wesley Mission Queensland, the Big Anxiety Research Centre at UNSW, and Creative Recovery Network. These case studies were chosen for the differences in their respective approaches. They also share a recognition of the value of community arts practice for positive wellbeing outcomes.

Research was conducted between July 2022–June 2023 and, in each case, will also inform the development of the respective programs. The research was conducted by Leah Cotterell and Erica Rose Jeffrey (Wesley Arts), Jill Bennett and Marianne Wobcke (Big Anxiety Research Centre) and Karleen Gwinner and Scotia Monkivitch (Creative Recovery Network). This summary has been prepared by Creative Australia.

1 Fancourt D and Finn S 2019, 'What is the Evidence on the Role of the Arts in Improving health and Well-being? A scoping review', *Health Evidence Network Synthesis Report*, 67. Davies C, Knuiam M and Rosenberg M 2015, '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.

2 Sumner RC, Crone DM, Hughes S and James DVB 2021, 'Arts on Prescription: Observed changes in anxiety, depression, and well-being across referral cycles', *Public Health*, 192.

3 Perkins R, Mason-Bertrand A, Tymozuk U et al 2021, 'Arts Engagement Supports Social Connectedness in Adulthood: Findings from the HEartS Survey', *BMC Public Health*, 21:1208.

4 Creative Australia 2023, *Creating Value: Results of the National Arts Participations Survey*.



Big Anxiety Workshop, Warwick 2022.
Credit: Courtesy of The Big Anxiety.

The three projects were varied in their approaches and in some cases their findings and recommendations. Overall, however, the insights and suggested ways forward were relatively consistent.

The key insights that came through most clearly and consistently across all three projects are:

Training and accreditation:

- **Mentoring is a highly valued source of training in arts for wellbeing practice, providing a structured means of sharing knowledge with attention to the specifics of program context.** Mentoring is currently a common source of training for many arts and wellbeing practitioners and could be scaled up and formalised with additional support.
- **Accreditation needs to be able to recognise prior learning and experience.** Practitioners come to this work via a range of professional pathways ranging from formal degrees in arts or social work through to practical experience gained through community work or personal engagement in the arts. Accreditation also needs to be able to recognise skills learned on the job.

Support needs of practitioners:

- **There is an urgent need for models of professional supervision and/or a community of care.** At present, independent practitioners are often working in isolation, without organisational support or sufficient pastoral care, and in environments that are highly challenging and complex.
- **There are various peer-to-peer support or professional supervision models currently in operation within Australia, some of which could be considered for adaptation and/or more widespread adoption.** These exist both within cultural and health sectors. The upscaled delivery of these models for arts for wellbeing practitioners, however, would likely require further infrastructure and support.

Regulation and industry frameworks:

- **Each project suggested a different framework or means to ensure best practice standards based on the sectoral and cultural location of their work,** eg Indigenous cultural wellbeing, disaster recovery, disability arts. This variation is understandable given the different situations of each project; but it also presents a challenge for developing the consistency and identity of this as a professional approach, and for developing the governing structures through which to expand the arts for wellbeing field. More on this point below.
- **There is a tension between the importance of program and participant context and the need for standards with which to upscale.** One way to address this would be to design a principles-based framework that is flexible enough to cover a range of program contexts. The United Kingdom's recently announced Creative Health Quality Framework, developed by the Culture Health & Wellbeing Alliance provides a useful international reference point here.

Funding and governance structures:

- **There is a need for this work to be funded beyond a project basis in order for it to be safe and sustainable.** Project funding reduces capacity for forging long-term relationships and limits opportunities for training, up-skilling, and structured work programs. The nature of time-limited contracts and lack of consistency in roles also create ethical dilemmas and psychological costs for practitioners.
- **While the health system is a natural partner for this work, working with it can present conflicts between social and medical models of mental health and wellbeing.** Currently, at Wesley Arts, managers commonly negotiate these contradictions for non-clinical arts workers in clinical settings. In the context of social prescribing, the task of navigating these contradictions may similarly fall onto service providers, and potentially creative practitioners.

Next steps:

- **There is a need to ensure that the costs of formalising this practice, with accreditation or industry frameworks, are not borne by practitioners alone.** This is already an under-supported and precarious sector and professionalisation will require new forms of investment of some kind. Practitioners have a wealth of experience and knowledge, and much of this work is fuelled by goodwill. However, as the Wesley Arts report wrote: 'a sector cannot professionalise on goodwill alone'.
- **In Australia, arts and health as an industry lacks leadership, policy and resources.** A peak organisation, or perhaps an alliance, may serve to provide this kind of knowledge and leadership, providing a site through which to network, develop shared practice frameworks, and to provide the visibility required to attract further investment.

Introduction

Australia's struggle with mental health and wellbeing has been exacerbated in recent years. Extended isolation and disconnection during COVID-19 lockdowns, the rise of cost-of-living pressures, extreme weather events and global social unrest have presented significant challenges to our sense of stability and purpose. It is now estimated that over two in five Australians aged 16–85 will experience a mental illness at some point in their life.⁵ Young people are particularly at risk, with the prevalence of mental ill health in young people increasing by more than 50% from 26% in 2007 to 39% in 2020–21.⁶ The cost of the mental health crisis is widespread with mental health services costing the Australian Government \$11.6 billion in 2020–21,⁷ while the cost of mental illness to the broader economy has been estimated to be \$70 billion.⁸

The arts have a key role to play here. There is a mounting body of evidence recognising the crucial role arts and creativity can play in promoting positive mental health and wellbeing outcomes. Engagement in arts and cultural activities has been associated with improved mental and physical wellbeing,⁹ and can combat anxiety and depression,¹⁰ decrease loneliness and promote social inclusion.¹¹

The health and wellbeing benefits of engaging with arts and culture are also widely recognised. Results from Creative Australia's landmark research series the National Arts Participation Survey show more than half of Australians recognise the arts have a big, or very big, impact on our sense of wellbeing and happiness and on our ability to deal with stress, anxiety or depression. Australians are also increasingly acting on that belief and attending arts and cultural events to improve their wellbeing.¹²

Creative Solutions: Training and sustaining the arts for mental health workforce summarises and synthesises findings from a three-site research project called *Professionalising the arts sector for work in mental health contexts*. The purpose of the research was to identify the professional development and support needs of artists working in mental health and wellbeing contexts, with a view to improving the safety and sustainability of this area of practice.

The research was conducted in partnership between Creative Australia and three organisations that are currently delivering arts for wellbeing programs: Wesley Arts, which is part of Wesley Mission Queensland, the Big Anxiety Research Centre at University of NSW, and Creative Recovery Network. These case studies were chosen for the differences in their respective approaches, but also for their shared recognition of the value of community arts practice for positive wellbeing outcomes.

5 Australian Institute of Health and Welfare 2023, Prevalence and Impact of Mental Illness. <https://www.aihw.gov.au/mental-health/topic-areas/mental-illness>

6 ABS 2023, *National Study of Mental Health and Wellbeing*.

7 Productivity Commission 2020, *Mental Health – Inquiry Report*.

8 Productivity Commission 2020, *Mental Health – Inquiry Report*.

9 Fancourt D and Finn S 2019, 'What is the Evidence on the Role of the Arts in Improving health and Well-being? A scoping review', *Health Evidence Network Synthesis Report*, 67. Davies C, Knuijan M and Rosenberg M 2015, '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.

10 Sumner RC, Crone DM, Hughes S and James DVB 2021, 'Arts on Prescription: Observed changes in anxiety, depression, and well-being across referral cycles', *Public Health*, 192.

11 Perkins R, Mason-Bertrand A, Tymozuk U et al 2021, 'Arts Engagement Supports Social Connectedness in Adulthood: Findings from the HEartS Survey', *BMC Public Health*, 21:1208.

12 Creative Australia 2023, *Creating Value: Results of the National Arts Participations Survey*.

Context

Between February–May 2022, Creative Australia convened a four-month series of discussions called the Arts, Creativity and Mental Wellbeing Policy Development Program. The program engaged people from the arts, mental health sector, community organisations, research, policy and various portfolios of government to develop a series of policy recommendations for how to embed arts and creativity in government programs to support mental health and wellbeing.

Findings from the program were published in [Connected Lives: Creative solutions to the mental health crisis](#), alongside a list of recommendations for government and areas of strategic priority for the sector. Among these, was the identification that artists working in community settings can play a key role in the health ecosystem, filling a gap in service provision. The program identified a need to support professional development of artists working in mental wellbeing settings, along with best practice standards, ethical frameworks, and support structures for practitioners undertaking this work. This finding was supported by recent sector research,¹³ and recognition that many creative practitioners are already working in community wellbeing settings in relatively unsupported or informal ways.

Australia has a rich history of artists working in community arts and cultural development (CACD) – a practice which works towards both aesthetic and positive social and wellbeing ends. In the context of the mental health crisis, and an identified need to move beyond clinical services,¹⁴ community arts approaches offer an opportunity to address the social determinants of health by facilitating engagement with and connections for people with diverse lived experiences. Artists working in community settings can also play a key role in the health ecosystem, filling a gap in service provision. However, they will need to be assisted to take on this role, particularly given the ‘frontline’ nature of much of this work.

An additional observation of the policy development program was increasing support for a national social prescribing scheme, specifically one that would include arts and cultural activities and specified pathways for mental health referral.¹⁵ Social prescribing is an innovative practice that seeks to improve overall wellbeing in non-medical ways in conjunction with healthcare workers. At the time of the policy development program, various social prescribing schemes were in operation around the country. One of the report’s recommendations was that these be upscaled and coordinated to the national scale. The proposition of an upscaled social prescribing scheme raises the question of who is going to be conducting this work, and whether this workforce is suitably supported and prepared.

¹³ Creative Recovery Network 2021, [Creating Well: Working sustainably in communities](#).

¹⁴ Productivity Commission 2020, [Mental Health: Inquiry Report](#).

¹⁵ This increasing support was articulated within the workshops of the policy program itself, and in the parallel [advocacy, research and consultation](#) of groups such as the Royal Australian College of General Practitioners (RACGP), Consumers Health Forum (CHF), NHMRC Partnership Centre for Health System Sustainability, and Mental Health Australia (MHA).

About this research

This project seeks to identify the training, accreditation and support needs of artists engaged in arts for wellbeing work. The research also considers the effects of current funding and governance structures, and appropriate forms of regulation and/or ethical frameworks for this cross-sectoral practice.

Key research questions included:

- How might we equip artists to ensure beneficial and safe outcomes for artists and participants of arts and wellbeing programs?
- What skills are needed for this work, and where and how are these skills currently acquired?
- What further training support is required for artists working with this approach?
- What is the role of health expertise in this context?
- Would a Code of Conduct and/or regulatory system support this work?

The methodology for each research site was developed by the individual researchers, in discussion with Creative Australia's research team, to address a shared set of research questions. Together, these methodologies included surveys, interviews, ethnography, arts-based approaches and participant observation. Details are provided in the case study descriptions below.

Research was conducted between July 2022–June 2023 and, in each case, will also inform the development of the respective programs. The research was conducted by Leah Cotterell and Erica Rose Jeffrey (Wesley Arts), Jill Bennett and Marianne Wobcke (Big Anxiety Research Centre) and Karleen Gwinner and Scotia Monkivitch (Creative Recovery Network). This summary has been prepared by Creative Australia.



The Rocklea Rockers (Wesley Arts singing participants) after finishing a performance at an outdoor function. Credit: Courtesy of Wesley Arts.

From community arts to arts therapy

While each of the arts for wellbeing programs discussed here may employ people with training and accreditation in ‘creative arts therapies’, the focus of this research is more squarely upon artists using ‘community arts approaches’ in their practice.

Creative arts therapies are allied health disciplines with accredited training and professional associations such as the Australian, New Zealand and Asian Creative Arts Therapies Association (ANZACATA). Creative arts therapies take an experiential psychotherapeutic approach utilising a range of creative modalities, eg dance therapy, music therapy, art therapy.

Community engaged arts practice is an approach which prioritises cultural practice and provides opportunities for people to express themselves and share their stories while developing their cultural knowledge and artistic skills. Creative Australia has long-supported community arts practice, or community arts and cultural development (CACD), as an art form. Despite abundant expertise and mentorship, community engaged arts practice is characterised by relatively less-formalised pathways into the work.

That said, we are conscious that these approaches can sit on a spectrum, and it isn’t always easy to determine the point at which community arts becomes arts therapy. We are also conscious that our case studies often involve both art therapists and community artists, and that these are often one and the same people, drawing on experience and qualifications in both methods according to contextual needs.

We are also aware that art therapists are well-practised at moving between the social and medical models – of illness, disability or wellbeing. We are keen to learn from those practitioners and their ability to move between bureaucratic and knowledge systems in this way.

If social prescribing is to be upscaled and embedded in the primary health care system in Australia, it will require a creative workforce that understands how to work within the health system. Creative arts therapists have much to teach community arts in this regard.

It is with this knowledge, and with respect for the work conducted by qualified creative arts therapists, that we embark on this research into the best ways of building capacity in community arts for wellbeing practice.

The three case study sites

Wesley Arts – Wesley Mission Queensland

Wesley Arts is part of Wesley Mission Queensland – a not-for-profit community service provider based in Brisbane. Founded in 2018, Wesley Arts currently has six staff in management and coordination, eight artist-facilitators in part-time positions and another eight artist-facilitators contracted to deliver weekly arts workshops for 48 weeks of the year to 140 participants at a range of clinical and non-clinical sites. The program is client-centred and co-designed, developing in a continuous evolution to meet the capacities and preferences of individuals and groups.

The focus of this research project was Wesley Arts' disability arts program, specifically its workshops in visual arts (including photography) and performing arts and music (including drama, drumming, percussion and singing). Through this program, participants are invited to explore new concepts and creative techniques, working in group settings led by artist-facilitators. This model works with facilitation rather than a teacher-student approach, seeking to support empowerment and self-expression by sharing creative modes of expression.

The work of Wesley Arts sits within Wesley Mission Queensland's wider provision of services in aged care, mental health, disability services and a range of programs to support vulnerable people and families. In this way, this case study provides useful insights into the potential for arts programs to be integrated with other government social and health care services. Wesley Arts leverages Wesley Mission Queensland investment to access National Disability Insurance Scheme (NDIS) funding for its disability arts programs. This connection with the NDIS provides interesting cross-sectoral insights related to evaluation and access, detailed below.

Wesley Arts' artist-facilitators bring a wide range of experiences and training to the role, with professional pathways traversing the arts, community, social, health, education and disability sectors. Managers recruit, train and mentor people who have skills and experience in arts and facilitation, and who can demonstrate a capacity for adaptability. As the program has grown and evolved, Wesley Arts has also arranged particular types of training for artist-facilitators, such as those in first aid and de-escalation techniques.

Participants of Wesley Arts' workshops also come with a range of abilities and life experiences. Some are non-verbal, and so have particular needs relating to communication and ways of accessing an arts practice. Artist-facilitators work in a workshop context, with attention to the mood and overall needs of the participants in the room. However, in order to satisfy participant goals that meet NDIS funding criteria, the program is directed and measured at the level of individual needs and progress. The program therefore seeks to balance the aims and preferences of the individual, the group and the funding body in the context of the broader community needs, including building and supporting community over time.

This is slightly distinct from the approach of The Big Anxiety and Creative Recovery Network. While for these organisations, training and project support is always a balance between individual and community requirements, project measurement does not occur at the level of the individual participant.



Wesley Arts participants Alysa and Ajwora performing at the Brisbane Convention Centre with their facilitators Liv and Zac.
Credit: Courtesy of Wesley Arts.

Research methods: The research study included participant observation at workshops; individual semi-structured interviews with participants, artist-facilitators and program management; and art-based participatory research methods. This covered:

- semi-structured interviews with 25 workshop participants; 15 artist-facilitators and six non-arts staff multiple interviews with Wesley Arts staff
- participant observation at eight workshops
- observation of three professional development sessions
- arts-based participatory methods (eg, photo elicitation, group song creation, group drama creation).

The researchers for the Wesley Arts case study were Leah Cotterell and Erica Rose Jeffrey.

Box A: Wesley Arts training model

A key component of the Wesley Arts program is on-the-job training of artist-facilitators through semi-structured mentoring. Newly employed artists are paired with established artist-facilitators (mentors) to learn everyday facilitation skills, how to work individually and build a cohesive group, how to observe and respond to dynamic and changing contexts, and how to understand and maintain best practices in their work.

For mentors, this can entail a range of interactions: from text messages and phone calls through to ‘shadowing’ sessions in workshops and supporting in the preparation and debriefing of meetings.

The program’s relationship with the NDIS means that there are also NDIS and disability-specific training resources and requirements available to employees. A developing component of Wesley Arts training is providing access to additional professional development resources within the larger Wesley Mission Queensland system.

The training provided by Wesley Arts is an internal offering only, available as part of staff learning and development. This differs to The Big Anxiety Research Centre (BARC) and Creative Recovery Network’s training packages which are made publicly available.



Uti Kulintjaku (NPY Women's Council) and fEEL (UNSW), VR development workshop for The Big Anxiety festival, Alice Springs, 2019. Credit: Rhett Hammerton.

The Big Anxiety Research Centre, University of NSW

The Big Anxiety Research Centre (BARC) is a research centre based at University of New South Wales (UNSW), and organiser of The Big Anxiety mental health and arts festival. The Big Anxiety was founded in Sydney in 2017 and has since expanded to include events in Queensland and Victoria. These events engage people with lived experience of mental health challenges, as well as artists, researchers and local mental health workers, in forms of creative exploration and dialogue. Key to The Big Anxiety's approach is an emphasis on lived experience, rather than diagnosis, and on developing 'bottom up' methods of engagement with participants. It encompasses a particular focus on trauma responsive practice.

The focus of this research project was an event conducted by The Big Anxiety in the regional town of Warwick in Queensland. Held from 29–30 November 2022, the event involved a series of workshops and an exhibition. It included an Indigenous-led, arts-based program engaging with lived experiences of trauma, and the devastating impact of youth suicide, which disproportionately affects First Nations communities in this community. The program was conducted through immersive audio-visual workshops, including Indigenous performance and visual arts. Informed by psychodynamic trauma therapy and Indigenous knowledges, the workshops sought to create conditions for the transformation of trauma and for experiences of post-traumatic growth.

Unlike Wesley Arts, BARC is funded as a research centre rather than a service provider. This gives BARC greater flexibility to experiment with their approaches and forms of evidence gathering, which include testimonials and the making of a documentary. BARC has also built on their research learnings to develop a short course for practitioners, held at UNSW (see Box B). If Wesley Arts can leverage its resources in Wesley Mission Queensland, gaining access to government health and social programs through that, then the Big Anxiety Research Centre can leverage its position within the tertiary education and university research network to secure forms of institutional support.

The lead facilitator for this two-day workshop was First Nations nurse, midwife and community artist, Marianne Wobcke. Wobcke was also a project researcher, drawing on her experiences with the group to inform insights on skills and training. Additional support was provided by four other community artists: a mental health nurse from Metro South Health, a social worker, and trauma specialists with expertise in counselling and peer support – many of whom have worked in previous BARC programs.

40 people attended the workshops. Of these, 22 were from the Warwick community, and 18 were invited as practitioners involved in delivery and support of the program, combined with participation and training/mentoring. For many, including those from the Warwick community, this was the second or third experience participating in a Big Anxiety event.

Research methods: Research methods included participant observation, interviews (approximately 50 across the year), end of day debriefs, and a survey conducted at two points – in addition to ongoing film documentation tracking key participants. A one-hour documentary, *Changing Our Ways*, was produced from the event. This documentary had its premier screening in Warwick and is being shown at various arts and mental health events.

While the researchers named below were responsible for the write-up of the research findings, research itself was conducted by various members of the BARC team.

The researchers for this component of the project were Jill Bennett and Marianne Wobcke.

Box B: The Big Anxiety Centre training model

The Warwick case study also informed the creation of a short course, delivered as a pilot by the Big Anxiety Research Centre at UNSW in March 2023, and co-taught by arts and social work professionals. The short course used experiential learning methods to focus on principles of trauma informed creative practice and practical, transferable skills (eg listening and self-reflection skills, learning how to create a safe environment; and how and when to use creative techniques safely and effectively for communicating or working with trauma and complex emotions).

The course was fully subscribed at 50 people and Creative Australia provided bursaries for ten students experiencing economic hardship to attend.

Big Anxiety Research Centre is currently exploring the viability of extending this course into an assessable (six credit point) micro-credential, which could connect to both social work/counselling and psychotherapy Masters and arts/design degrees.

Creative Recovery Network

Creative Recovery Network is a not-for-profit organisation working to embed the role of culture, creativity and the arts in Australia's disaster management systems.

The organisation works with the creative and disaster management sectors, and with local community leaders and organisations, to support ongoing capacity building and activation of programs in disaster preparedness, response and recovery. While Creative Recovery Network has broad focus on disaster resilience, its approach is based in the benefits of arts activities for mental wellbeing and for working through trauma after a disaster event.

The focus for this study was Creative Recovery Network's Youth Leadership Program in the Northern Rivers region of NSW. Developed in the months following the 2022 Lismore Floods, the program seeks to build capacity and support for creative practitioners working with young people in the disaster context, and to build capacity for young people's participation and leadership in creative recovery approaches. This program involves mentoring and training of creatives and community leaders. Due to disruptions in program development, this study evolved to include a focus on Creative Recovery Network's mentorship and training programs in the Northern Rivers more broadly (see Box C).

Creative Recovery Network is a community arts organisation operating largely on project-based funding within the small to medium part of the sector. For the period of this research, it was neither a service provider (as with Wesley Arts) nor situated within a largely institutional context (as with BARC). Within this model, partnerships become a key resource, including those across local government, local community groups and disaster management bodies.

Partnerships are critical to the Creative Recovery Network approach, forming the basis for community networks and resilience. Partnerships, however, can take time to develop, particularly within a community traumatised by the loss and existential disruption of an extreme weather event. During the period of this research project, the partnerships necessary to support the Youth Leadership Program were interrupted or still in development. **In response, the research focussed on participants who are part of Creative Recovery Network's mentoring and training support across the Northern Rivers**, facilitators building relationships with young people across the region, and on the process of developing local activation strategies with young people in the community.

Research participants included 30 members of a local group called the Creative First Aid Alliance, 18 creative and community leaders, and four young people undertaking the Youth Leadership Program. Notably, all people conducting the training were women. Most had more than ten years' experience working in community arts and qualifications ranged from environmental science, teaching, allied/public health and performing and visual arts.

Research methods: The research used mixed approaches – including interviews and fieldwork observations from research participants – situated in participatory practice. This mixed methods approach enabled data-gathering in a highly situational and relational context, and data analysis to be conducted and fed back into the project on the fly.

The researcher for this component of the project was Karleen Gwinner, working in collaboration with Scotia Monkivitch, Executive Officer of Creative Recovery Network.

Box C: Creative Recovery Network training

Creative Recovery Network provides an introductory training program for people seeking to understand the context of disaster recovery and best practices in trauma-informed care. Presented over a three-day workshop, each program is framed in partnership with local First Nations peoples, local stories and cultural context.

Among other things, the training provides participants with an understanding of the post-disaster environment and how disaster affects communities; insight into the role of creative processes in building social cohesion and supporting community resilience; and an overview of local disaster management plans and who is responsible for each phase within the local disaster management network.

The training also provides self-care strategies and frameworks when working with impacted communities.

Creative Recovery training has been delivered to workers across the arts, health, local government and disaster management.



Existential. Youth participant recovery reflection.
Credit Karleen Gwinner.

Key findings

Training and accreditation

There is a wide range of creative health courses available around the country, many of which are short courses in art therapy run by private institutions (see Appendix A). If nothing else, the proliferation of courses suggests an appetite for training in arts for wellbeing. This appetite was also articulated among practitioners interviewed for this research.

But what kinds of training are required for community arts approaches in this field, as distinct from art therapy? How can we ensure that arts for wellbeing training meets the needs of diverse cohorts and contexts? And what are the considerations for developing systems of accreditation in this growing cross-sectoral practice?

The key findings from this area of the research project are:

- **There was strong in principle support for the development of formal qualifications for artists in mental health settings**, and for a best practice model for embedding the arts in holistic mental health service delivery. There is an articulated need for more workshops, seminars, coaching and opportunities for personal reflection among arts and wellbeing practitioners.
- **Skills development approaches need to be tailored to participants, facilitators and context**, with no singular training pathway identified for practitioners working across this diverse field. Training and guidelines may be adapted from social work and mental health models and encompass trauma-informed practice, mental health first aid and conflict resolution. Training could also draw on Indigenous cultural healing philosophies such as Dadirri (deep listening, self-reflection and patience)¹⁶ and Kanyini (connectedness to values, family and community, spirit and place), each of which were central to The Big Anxiety's 2023 piloted short course.¹⁷
- **In-person mentoring, and shadowing of experienced practitioners, is a highly valued form of teaching and learning.** Across all three projects, mentoring was identified as a highly valued source of training, providing a structured means of sharing knowledge with attention to the specifics of program context. Mentoring is currently a common source of training for many arts and wellbeing practitioners and could be scaled up and formalised with additional support. Any further support for mentoring structures should recognise the seniority of existing arts and wellbeing practitioners and the skills that they have developed in the field.
- **Accreditation needs to be able to recognise prior learning and experience.** Practitioners come to this work via a range of professional pathways ranging from formal degrees in arts or social work through to practical experience gained through community work or personal engagement in the arts. The skills acquired in various professions can be valuable and transferable to arts for wellbeing practice. The best use of resources would be to develop a system of accreditation that acknowledges this existing knowledge, rather than expecting practitioners to undertake a whole new bout of training.
- **Accreditation needs to be able to recognise skills learned on-the-job**, that is, though mentorships or placements with particular programs or organisations. The Creative Recovery Network research highlighted the importance of embodied learning in dialogue with disaster-affected communities. In the Wesley Arts research report, developing experience was likened to building up one's 'flight hours', working with the idea of developing people skills through engagement with diverse sets of people in fluid and changing contexts.

¹⁶ Aunty Miriam Rose Ungunmerr-Baumann, Ngan'gikurunggur people, NT (cited in The Big Anxiety Research). The word Dadirri (da-did-ee) is from the Ngan'gikurunggur and Ngen'giwumirri languages of the Aboriginal peoples of the Daly River region (Northern Territory, Australia).

¹⁷ Uncle Bob Randall, Yankunytjatjara people, NT (cited in The Big Anxiety Research). The word Kanyini is from the Pitjantjatjara dialect.

- **Accreditation needs to address the complexity of matching practitioner skills to diverse contexts.** The skills and level of experience required for practitioners will vary depending on the setting, the availability of external support, links to clinical personnel and the complexity of participant needs and group sizes. In an effort to unpack the complexity of matching skills and credentials to contexts, the Wesley Arts research developed two flexible points matrices for work at the intersection of disability and mental health (see Appendix B).

These matrices represent an important step in recognising the complexity of matching workers to workplaces in this field. They also provide a productive way of thinking through the tension that exists between the importance of contextual knowledge and the need for scalability if arts for wellbeing work is to be more accessible and sustained.

Box D: Skills for arts for wellbeing practice

The three projects identified and articulated a range of skills required by practitioners to successfully deliver their programs.

Consistently, these included skills in improvisation, problem solving, conflict management and deep listening. Emotional intelligence, compassion, patience and empathy were mentioned as necessary character qualities. The need to be able to ‘hold space’, and to allow for people’s feelings to arise without judgement or conflict, was also described across the projects – in those terms.

For Wesley Arts, required skills for the successful delivery of disability arts programs include:

- playfulness and improvisation
- flexibility, adaptability and a tolerance for uncertainty
- emotional intelligence, compassion and empathy
- communication skills, both verbal and non-verbal
- the ability to ‘hold space’, allowing people to feel in a safe and structured way
- the ability to recognise strengths within a group and to activate these to positive effect.

For the Big Anxiety, required skills for the successful provision of creative community workshops include:

- deep listening skills – Dadarri
- capacity for self-reflection
- the ability to ‘hold space’, allowing people to feel in a safe and structured way
- sophisticated social and communication skills
- the ability to perceive and respond to diverse and often complex participant needs.

For Creative Recovery Network, required skills for the successful delivery of creative recovery programs include:

- deep listening skills – Dadarri
- shared leadership and facilitation skills
- problem solving and decisiveness
- critical thinking skills
- ethical reasoning
- creative thinking, particularly the ability to shift conversations from problems to possibilities.

Support needs of practitioners

Community arts and creative health programs bring innovative and non-clinical approaches to the area of mental health and wellbeing, and often operate in complex and trauma-impacted environments. On the whole, however, practitioners lack the formal support structures that are common to the health and mental health sectors, such as case workers, staff support programs or models of professional supervision.

This is largely due to the project-based and/or underfunded nature of this work and the fact that many practitioners work independently rather than as staff within an organisation. But what kinds of support structures would be required to support the expansion and formalisation of this professional practice? What would be required to ensure that the workforce is emotionally supported and sustained?

The key finding from this area of the research project is:

- **There is an urgent need for models of professional supervision and/or a community of care.** This was the most pronounced finding in this area of enquiry and one of the headline findings of the overall research. At present, independent practitioners are often working in isolation, without organisational support or sufficient pastoral care, and in environments that are highly challenging and complex.

In particular, all three projects articulated a need for structured debriefs, either through professional supervision or peer-to-peer networks. This is something that practitioners have built into their collaborative practice and to which there is considerable personal commitment. However, the upscaling, safety and ongoing sustainability of arts for wellbeing programs will require greater institutional recognition and support of these needs.

There was some consideration of whether an association might be created to represent arts-based mental health workers, and to provide access to senior practitioners/supervisors for peer-to-peer mentoring. The United States has something similar in its National Organisation for Arts in Health (NOAH), to which members subscribe and are given access to a range of resources. However, a professional membership organisation would likely require regular payments and, currently at least, it is unlikely that practitioners would be able to cover these costs.

London's Arts & Health Hub is an example of a program addressing the need for peer-to-peer support and community-building, albeit one that relies heavily on volunteer support (see Box E).



Creative Recovery Training
Tallebudgera Valley.
Credit: Scotia Monkivitch.

In Australia, the Creating Out Loud peer coaching framework may be a promising model for adoption and adaptation. Developed by Dr Kate Power with support from the University of Queensland, this includes a free, downloadable guide that helps artists and creative workers rethink current practices, extend and deepen professional networks, and support one another through knowledge-sharing, goal setting and collaboration. The We Al-li mentoring model which currently informs the work of The Big Anxiety (pp. 23-24) has been developed specifically for workers using a socio-cultural model of health and could be considered for more widespread use. Other, non-arts, best practice models include clinical supervision frameworks for nurses, midwives and allied health professionals around the country.¹⁸

Professional supervision models and peer-to-peer networks for arts and wellbeing practitioners will likely require additional investment, so as to reduce pressure from practitioners who are already operating in an environment of relative economic and professional insecurity. This is an area for further consideration, and an area for which developments in Creative Health in the United Kingdom could be instructive (see Box E and F for more on this topic).

Box E: The Arts & Health Hub

The Arts & Health Hub is a London-based, not-for-profit organisation that supports artists and cultural producers exploring arts and health in their practice.

The organisation creates events for artists to offer peer-to-peer support in advancing projects, finding solutions to challenges and reducing isolation. Sessions are run by volunteer facilitators and are run both in person and online.

From 2023-2026, the organisation will run a program called the Support Hub which will offer a range of support programs for artists exploring health and wellbeing in their practice. This will include professional development groups, clinical supervision for artists working in challenging environments, one-on-one mentoring for early career artists, and peer-to-peer support for artists with lived experience of mental health difficulties. Participation will be by application.

¹⁸ See: State of Queensland (Queensland Health) 2021, Clinical Supervision Framework for Queensland Nurses and Midwives; Victorian Government (Health and Human Services) 2018, Clinical Supervision for Mental Health Nurses: A framework for Victoria; and the support services of the Australian Nurse Family Partnership Program (ANFPP). <https://www.anfpp.com.au/>



Wesley Arts participant Natasha painting on paper with red water colour in her Albany Creek workshop. Credit: Courtesy of Wesley Arts.

Regulation and industry frameworks

An enduring concern in discussions of arts and health is the question of quality, and how to ensure the standards and safety of the work. As we know, many arts for mental wellbeing practitioners work in isolation from one another and, even when they do work for an organisation, this practice lacks the specific industry bodies or regulatory structures that might articulate and maintain best practice standards.

This is particularly important given the ways in which arts for wellbeing programs might work with people who are vulnerable and/or affected by trauma. So, what might be the most appropriate ways of approaching the need for regulatory structures or frameworks?

The key findings from this area of the research project are:

- **All three projects articulated a need for frameworks to ensure the quality and safety of arts for wellbeing practice. However, each project suggested a different framework or means to ensure best practice standards based on the sectoral and cultural location of their work.**

Wesley Arts' artist-facilitators already work according to a clearly articulated code of conduct, agreed with workshop participants, and guided by the four guiding principles of the Wesley Mission Queensland Mental Health Practice Framework.¹⁹ While research participants in this project expressed some support of the idea of a more industry-wide, or even national, code of conduct or protocol to govern standards in the arts for wellbeing field, they also expressed the need for such a framework to account for the specific needs of the disability and disability arts sector. This line of inquiry also raised questions of how a national code would be monitored, and by whom.

A good code of conduct, in their words, would uphold the social model of disability, securing respect for participants and drawing from standard concepts and theories from disability practice. 'Don't talk to the disability' and 'if you're talking to an adult then communicate to them as an adult', said one research participant on this project. An appropriate code of conduct, or protocol, would also connect to existing guidelines regarding safety crisis management, incident reporting and how to work safely and appropriately in a disability services context. It would be important to include people with experience from the disability arts sector in the design and delivery of such a code of conduct, and to ensure that this structure was instructive in the training of new disability arts practitioners.

The Big Anxiety research project advised against a code of conduct or regulatory approach, and instead recommended 'a culturally and trauma-informed framework' such as that provided by the We Ali-li cultural healing approach. Operating since 2011, We Al-li is a training organisation that draws from Indigenous and non-Indigenous practices to deliver workshops on cultural healing and wellbeing. We Al-li workshops are included within accredited courses at Griffith University and have been deeply influential on recent developments in The Big Anxiety approach to arts for wellbeing.

¹⁹ The four guiding principles of the Wesley Mission Queensland Mental Health Practice Framework are: wellbeing and resilience, individual recovery, family and community inclusivity, and an organisational commitment to applying Wesley Mission Queensland's values, systems and processes to achieve positive mental health and recovery outcomes for clients, their carers and the workforce.

In their discussion of best practice standards, The Big Anxiety researchers emphasise the importance of trauma-informed or ‘trauma responsive’ principles in the mental health field. Trauma-informed services do no harm, ie they do not re-traumatise or blame victims for their efforts to manage their traumatic reactions, and they embrace a message of hope and optimism that recovery is possible.²⁰ Importantly, The Big Anxiety researchers argue that the current medical model of mental health treatment often falls short of such standards in its pathologisation of trauma and mental health issues. As they say, ‘We Al-li provide a set of principles combining Culturally Informed with Trauma Integrated practice’ that ‘serve to outline the guiding framework for any work in this area.

The **Creative Recovery Network** research project strongly supported the idea of establishing overarching professional standards for work in arts and mental health settings. Given the particular intersectoral position of these practitioners’ work, however, its recommendations were for a framework that works complementarily with the community arts and disaster recovery and emergency management ecologies. Unlike The Big Anxiety, Creative Recovery Network also supported the idea of a code of conduct for community arts and cultural development work.

Research participants in this project point to existing frameworks from related disciplines as a valuable reference, such as those from nursing, social work and psychology. However, as the researchers write, ‘there is a need for a scaffold of practice specifically tailored to the dilemmas faced by Creative Practitioners’. Separate to this project, Creative Recovery Network has been advocating for a practice framework, including a code of conduct for community arts practitioners and organisations, following a research collaboration with the Community Arts Network.²¹

- **There is a tension between the importance of program and participant context and the need for standards with which to upscale.** The recommendations of each research project represent different perspectives and resources and perspectives. This variation is understandable given the different situations of each project; but it also presents a challenge for developing the consistency and identity of this as a professional approach, and for developing the governing structures through which to expand the arts for wellbeing field.²²

One way to address this might be to design a principles-based framework that is flexible enough to cover a range of program contexts. The United Kingdom’s recently announced Creative Health Quality Framework, developed by the Culture Health & Wellbeing Alliance provides a useful international reference point here (see Box F).

²⁰ This definition of ‘trauma-informed services’ is taken from NSW Health webpage: What is trauma-informed care? - Principles for effective support (nsw.gov.au)

²¹ For details of this research collaboration and the resulting research, see the Creating Well website: Creating Well – CRN (creativerecovery.net.au)

²² At the level of practice, a similar tension can be seen between the importance of individual practitioner knowledge and attunement to the readiness of participants to participate, and the need for systems that can replicate programs to agreed standards of safety and quality. This tension was articulated particularly clearly by the Wesley Arts research project, likely due to its part funding by the NDIS program, and that program’s particular expectations when it comes to governance and standardisation. However, this dynamic may ultimately be shared by all arts for mental health programs wishing to expand their reach, and/or work with the health or social work systems.



Creative Recovery Training
Tallebudgera Valley.
Credit: Scotia Monkivitch.

Box F: The Creative Health Quality Framework, a project of the United Kingdom's Culture, Health & Wellbeing Alliance

The Creative Health Quality Framework – a project of the United Kingdom's Culture, Health & Wellbeing Alliance – outlines a set of principles which underpin good practice. It looks at how these principles might be adopted by everyone involved in arts for health, or 'creative health' practice, and explores how these principles might be applied to practice to support the best possible experience and health outcomes for participants.

Funded by Arts Council England and developed in collaboration with over 200 people including creative practitioners, participants, health commissioners, and researchers, the framework is designed to help anyone involved in developing and delivering creative approaches to supporting health and wellbeing.

The framework consists of a set of downloadable PDF resources and offers guidance on how to use these principles to deliver safe and effective projects.

Practitioners can also download a badge, stating that they use the framework, to include in their email signature.

The Creative Health Quality Principles are:

- Person-Centred: Value lived experience and enable potential.
- Equitable: Work towards a more just and equitable society.
- Safe: Do no harm, ensure safety, and manage risk.
- Creative: Engage, inspire and ignite change.
- Collaborative: Work with others to develop joined-up approaches.
- Realistic: Be realistic about what you can achieve.
- Reflective: Reflect, evaluate, and learn.
- Sustainable: Work toward a positive, long-term legacy for people and planet.

Funding and governance structures

Issues of funding were not built into the original research questions for this project. Despite this they came through as a key theme in the research, particularly given the project's overarching question of how we might 'professionalise the arts sector for work in mental health settings'.

A lack of financial support, and/or the conflicts presented by existing funding mechanisms came through as key barriers to community arts for wellbeing practice.

The key insights are:

- **In order for it to be safe and sustainable, community arts for wellbeing work needs to be funded beyond a project basis.**

Project funding reduces capacity for forging long-term relationships and limits opportunities for training, up-skilling, and structured work programs. The nature of time-limited contracts and lack of consistency in roles also create ethical dilemmas and psychological costs for practitioners.

The Creative Recovery Network project pointed to a particular need for longer-term funding in the disaster recovery context. At present, funding for rebuilding psychosocial values and support structures post-disaster is typically limited to two-year frameworks. This means that programs remain largely reactive, and relationships between artists and local community organisations are unable to develop in a supportive, sustainable or meaningful way. Relationships develop 'at the speed of trust', but two-year funding programs do not always recognise or support this temporality.

The Creative Recovery Network project also pointed to the need for targeted funding models that recognise the need for mental health support in disaster contexts. Existing funding models within disaster recovery tend to focus more on infrastructure rebuilding or supporting artists' individual art practices rather than funding social impact recovery activities within communities.

- **While the health system is a natural partner for this work, working with it can present conflicts between social and medical models of mental health and wellbeing.**

This finding came through more explicitly in the Wesley Arts case study; but was present as a background tension in the Big Anxiety and Creative Recovery Network studies as well.

In order to be eligible for Wesley Arts' programs via NDIS funding, participants must prove their disability to the National Disability Insurance Agency (NDIA) according to the medical model, rather than the social model, of disability. In other words, they must prove that they are sufficiently disabled to be in need of treatment or cure (the medical model), rather than living with the consequences of a society that fails to recognise and adapt to their particular needs (the social model).

This presents a contradiction for Wesley Arts in their program delivery and evaluation, since Wesley Arts operate according to the social model of disability. Wesley Arts' programs take the position that disability is constructed by society, and yet their funding through the NDIS requires them to provide evidence of participants' 'progress' from sick to well. Similar tensions would likely present themselves if social prescribing became embedded within primary health care networks. The measures of programs' effectiveness would likely be medical as would assessments of people's needs.

Art therapists already work within these contradictory definitions and conceptions of illness and wellbeing, translating between medical systems that work with diagnosis and creative modalities that emphasise the social determinants of health. Currently, at Wesley Arts, managers commonly negotiate these contradictions for non-clinical workers in clinical settings. In the context of social prescribing, the task of navigating these contradictions may similarly fall onto service providers, and potentially creative practitioners. For more on the impacts of the NDIS on arts programs, see Box G below.

The Big Anxiety research noted the importance of working with the health system, but also noted the ways in which the medical model and its emphasis on diagnosis can undermine the principles of trauma-informed care – the guiding principle of their work. To address this, the Big Anxiety Research Centre has been seeking to develop models of evaluation that do not default to medical metrics and which can demonstrate the value of cultural program for wellbeing on cultural terms.

Box G: The impacts of the NDIS requirements on arts programs

In addition to the contradictions presented by medical and social models of disability:

- See p 26, the Wesley Arts project presented the following reflections on the impacts of the NDIS requirements on their arts program
- In its establishment period the NDIS has produced a largely unregulated, under-resourced disability arts ecology.
- There are potential challenges around the difficulty with lived experience participants and artist-facilitators fitting into systems of administration while also meeting management needs.
- It can be argued that artist-facilitators may not need to have an in-depth knowledge about the NDIS and should focus on the delivery of the workshops. But there are questions about future career pathways for artist-facilitators working in these areas.
- In the current relationships with NDIS, artists and creative workers are inadvertently starting to fill a role linking participants with services and navigating the NDIS process.
- An overarching challenge will be to simplify access and administration to the NDIS for both participants and organisations while simultaneously enacting a system of oversight and evaluation.
- There are questions and considerations for the arts and health sector in both the ongoing interaction with the NDIS and the potential development of social prescribing.
- This is an area that requires further research, advocacy and policy interactions between arts, disability and health.

Next steps

This section presents a few concluding observations and remarks on the research project and its central line of enquiry.

What are the next steps for furthering this work in policy and practice? And what are some of the overarching concerns and requirements for professionalising the arts sector for work in mental health contexts?

- **Additional support will be required to enable artists to meet any new standards, and so to professionalise the arts and wellbeing field.**

One of the strongest messages that came through across this research was the need to ensure that the costs of formalising this practice, with accreditation or industry frameworks, are not borne by practitioners alone. This is already an under-supported and precarious sector and professionalisation will require new forms of investment of some kind.

The three programs studied in this research are products of the imagination and dedication of their workforce, including the innovation and persistence of their program leaders and the existing skills and talents of the arts for wellbeing practitioners. The goodwill and generosity of spirit witnessed in these programs are tangible. But, as the researchers of the Wesley Arts project wrote, ‘a sector cannot professionalise on goodwill alone’.

Research participants across all three projects overwhelmingly supported the proposition of further training and skills development in the arts, disability and mental health field, along with frameworks that ensure safety and best practice. Alongside this, however, they also pointed to the need for organisations to be funded to ensure the responsibility of maintaining practice standards is shared between practitioners and organisations, and for practitioners to be supported in their efforts to meet any new standards of training or accreditation.



Mariane Wobcke from the Big Anxiety running a workshop in Warwick. Credit: Keelan O'Hehir

In Australia, arts and health as an industry lacks leadership, policy and resources.

The field of creative health is growing and evolving through the formation of agencies and organisations, and through various partnerships and hybrid arts and health or arts and disability initiatives. But there is still much we do not know about the shape and activities of this local ecology. And, in many scenarios, artists are being asked to meet standards that are unclear and potentially unsupported in the delivery of a professional outcome. The Creative Recovery Network project, for example, presented examples of practitioners self-funding their own training in mental health first aid and how to work safely with communities. These courses are undertaken with a sense of commitment to ethical practice; but with little coherent guidance on minimum standards, let alone programs to provide training support.

A peak organisation, or perhaps an alliance, may serve to provide this kind of knowledge and leadership, providing a site through which to network, and develop shared practice frameworks, and to provide the visibility required to attract further investment. There are several overseas bodies that we could look to as examples of such leadership.

For example:

The Culture, Health & Wellbeing Alliance is a free-to-join membership organisation for creative health across England. A registered community interest, supported by Arts Council England,²³ it provides networked, collaborative advocacy, support and resources, supporting health and wellbeing through creative and cultural practice. The Alliance has over 6,000 members including freelance creatives, museums, heritage and arts organisations. It also has 50 strategic partners across culture, health and social care; and a range of strategic allies including England's All-Party Parliamentary Group for Arts, Health & Wellbeing, the National Centre for Creative Health and the Lived Experience Network (LENs).

- **The National Organization for Arts in Health (NOAH)** is professional organisation in the USA that provides leadership in the field of arts in health. Membership is at a cost, but entry is low at \$US60-150/yr depending on whether members are employed. The organisation provides resources, for members and non-members; has hosted webinars on professionalisation and research; and holds a conference to convene practitioners and researchers and to move the field of arts in health forward. The organisation has a code of ethics and standards, and has established a new NOAH Arts in Health Professional Credential. A not-for-profit organisation, established in 2016, NOAH has raised \$200,000 to professionalise, unite and advocate for the field of arts and health. It is worth noting that NOAH has quite deliberately positioned themselves as arts in health, leveraging existing health frameworks.

²³ The Culture, Health & Wellbeing Alliance is one of Arts Council England's Investment Principles Support Organisations (ISPOs), as is the London Arts in Health Forum. The IPSOs are a group of 40 organisations who help National Portfolio Organisations (NPOs), and other organisations and individuals across the rest of the sector, to embed the Council's Investment Principles in their work and use their expertise and experience to support others to adopt them. The Culture, Health & Wellbeing Alliance will receive £216,579 annual funding for the years of 2023-2026. For more details, and a description of the Council's ISPO funding program, see Arts Council England, 2023-2026 Investment Program Data.

Appendices

Appendix A: Desktop review of training in arts, health and wellbeing

This desktop review was conducted in September 2023. This list is provided to demonstrate the wide range of training packages and institutional types active in the arts, health and wellbeing field. It includes courses ranging from 2-3 days in duration, run by private training providers, through to Masters degrees at established universities. Creative Australia does not endorse or provide comment on any of the specific training packages listed here.

Note also that many organisations delivering programs in arts for wellbeing include their own, staff training packages.

Course name	Course type	Course mode	Institution	Institution type	State	Duration	Description
Bachelor, Masters and Professional Doctorate degrees							
Bachelor of Arts (Health in Community Contexts)	Bachelors Degree	In-person	Flinders University	University	SA	3 years full time	Provide students with a deep understanding of the social determinant of health and wellness as well as of contemporary health issues. Students develop a real-world project in their final year which will allow them to interact directly with a range of community environments.
Bachelor of Creative Arts and Community Wellbeing (Visual Art)	Bachelors Degree	Mixed	University of Southern Queensland	University	QLD	3 years full time	Expands creativity, leadership and facilitation skills, and understanding of the needs of community care and development. Builds technical, analytical and research skills within all visual art areas. Combines human services and visual arts courses and includes project placement in a community organisation.
Bachelor of Arts Therapy	Bachelors Degree	Mixed	Ikon Institute of Australia	Private Higher Education Institute	Australia-wide	3 years full time	Provides graduates with a broad body of knowledge in the field of arts therapy, with emphasis on the underlying principles and concepts of art-making processes.
Master of Mental Health – Art Therapy	Masters Degree	Mixed	University of Queensland	University	QLD	1.5 years full time	Provides systematic training designed to develop knowledge, skills and attitudes relevant to contemporary mental health practice. Students receive advanced training in a variety of evidence-based interventions and the theoretical principles that underpin them.

Course name	Course type	Course mode	Institution	Institution type	State	Duration	Description
Master of Creative Music Therapy	Masters Degree	Mixed	Western Sydney University	University	NSW	2 years full time	Offers students intensive musical, therapeutic, and academic studies with an emphasis on clinical musicianship and supervised clinical work.
Master of Creative Arts Therapy	Masters Degree	Mixed	University of Melbourne	University	VIC	2 years full time	Provides students with studies in theory, methods, research and professional practice across health, educational and community contexts.
Master of Music Therapy	Masters Degree	Mixed	University of Melbourne	University	VIC	2 years full time	Provides students with studies in theory, methods, research and professional practice across health, educational and community contexts.
Master of Art Therapy	Masters Degree	Mixed	La Trobe University	University	VIC	2 years full time	Provides training in the practice of art therapy, which combines art and counselling within a clinical, therapeutic or community context.
Masters in Therapeutic Arts Practice	Masters Degree	In-person	Miecat Institute	Private Higher Education Institute	VIC	3 years part time	Experiencing and relational presence; embodied awareness; engaging with materials; emerging inquiry; patterns of emotional experiencing; refining therapeutic companioning skills. Two study pathways, workplace or studio practice.
Professional Doctorate in Therapeutic Arts Practice	Professional Doctorate	In-person	Miecat Institute	Private Higher Education Institute	VIC	5 years part time	Offers candidates the opportunity to develop high-level practice and research skills in therapeutic arts practice. A strong emphasis is placed on working collaboratively and multi-modally with individuals and groups in the community health and welfare, arts and education sectors. Successful candidates will be assigned two supervisors (one of which must be a MIECAT trained practitioner) in the first year of their candidature.

Course name	Course type	Course mode	Institution	Institution type	State	Duration	Description
Diplomas, graduate certificates and undergraduate certificates							
Creativity and Health	Graduate Certificate	Online	University of Melbourne	University	VIC	6 months part time	Equips students to contribute to the overall health and wellbeing of children and young people across a range of diverse health settings through creative performance and practice engagement.
Undergraduate Certificate in Creative Arts and Health	Undergraduate Certificate	Online	University of Tasmania	University	TAS	6 months full time	Develops students' understanding of the effects of the arts on the brain and body in social and cultural contexts and introduces them to ethical and effective implementation of arts programmes in both community and healthcare settings.
Undergraduate Certificate in Arts for Wellness	Undergraduate Certificate	Mixed	NSW TAFE	TAFE	NSW	6 months full time	Students learn to empower individuals with complex needs to foster a sense of independence, use art to boost clients' wellbeing, cultivate specialist communication skills and build community spirit.
Diploma in Creative Arts and Health	Diploma	Online	University of Tasmania	University	TAS	12 months full time	Equips students with knowledge of innovative uses of creative arts in a range of community and health-care settings, while developing an understanding of the effects of the arts on brain and body in the social and cultural context.
Graduate Diploma in Creative Arts Therapies	Graduate Diploma	In-person	Murdoch University	University	WA	12 months full time	Explains how expression through the arts can be used to enhance the therapeutic process by using a person-centred framework. Students learn the newly-emerging theory in this area of counselling, combined with hands-on experience that will build counselling skills.
Advanced Diploma of Transpersonal Therapy (Art Therapy)	Advanced Diploma	Mixed	College of Complementary Medicine	Private Higher Education Institute	NSW	14-18 months	Learn clinical skills, principles and knowledge stemming from both mainstream and transpersonal psychology. Discover the use of art to help people heal, transform themselves, connect with their human nature, explore the dimensions of the human experience and reach their full potential.

Course name	Course type	Course mode	Institution	Institution type	State	Duration	Description
Graduate Certificate of Creative Therapies	Graduate Certificate	Online	Charles Darwin University	University	NT	12 months part time	Explains the key principles of creative therapies, including art, play, dance, drama and music. Blends Western approaches with Aboriginal healing practices and knowledges.
Graduate Diploma of Creative Therapies	Graduate Diploma	Online	Charles Darwin University	University	NT	2 years part time	Explains the key principles of creative therapies, including art, play, dance, drama and music. Blends Western approaches with Aboriginal healing practices and knowledges.
Graduate Certificate in Play and Art Therapy	Graduate Certificate	Online	Sydney Centre for Creative Change	Private Training Provider	NSW	200 hours	Provides skills using play and other creative therapies as methods of treatment for multiple child mental health conditions in counselling and group work settings.
Clinical Art Therapy Practitioner Course	Health and Harmony Practitioner	Unsure	Health and Harmony Colleges	Private Training Provider	QLD	Up to 12 months	Students create Art Therapy clinical sessions designed around specific therapeutic outcomes including trauma, identifying personalities, using art therapy to conquer anxiety disorders, panic attacks, depression, relationships, weight control, working with young people and disorders, improving and attracting romantic relationships, and more.
Art Therapy Practitioner Course	Health and Harmony Practitioner	Unsure	Health and Harmony Colleges	Private Training Provider	QLD	Up to 12 months	This Practitioner course will teach the student the theory and fundamental principles of art therapy, suitable for use with a wide range of clients.
Certificate in Educational and Clinical Art Therapy	Certificate	Mixed	College for Educational and Clinical Therapy	Private Training Provider	Australia-wide	6-12 months part time	Students typically complete the 10 modules of the online Certificate Course in 6-12 months of part-time study in their own time before attending the 5-Day Intensive on campus. This is the recommended learning pathway for a comprehensive education.

Course name	Course type	Course mode	Institution	Institution type	State	Duration	Description
Diploma in Educational and Clinical Art Therapy	Diploma	Mixed	College for Educational and Clinical Therapy	Private Training Provider	Australia-wide	9-18 months part time	The Diploma Course includes a further 5 modules completed typically in 3-6 months of additional part-time study and a 3-Day Intensive on campus. Again, this is the recommended learning pathway for a comprehensive education.
Creative Therapies Online Course	Certificate	Online	Careerline Courses	Private Training Provider	Australia-wide	12 months/ 100 hours	Provides an overview of the many uses and forms of creativity in physical and mental health therapy. Students learn how different forms of artistic expression can assist in the treatment, management, and prevention of some illnesses and chronic conditions.
Holistic Expressive Arts Practitioner (HEArts2 Facilitator)	Certificate	Online	Australian School Of Holistic Counselling	Private Training Provider	Australia-wide	36 weeks	Students learn a versatile modality that can be utilised with clients one-on-one or in a group setting. They help clients develop self-awareness, boost self-esteem and find new perspectives, and offer a healthy outlet for difficult emotions that may be hard to express with words.
Holistic Integrated Creative Arts Therapy Practitioner Training Course (HICAT)	Certificate	Mixed	College of Conscious Living	Private Training Provider	QLD	6 months part time	This course allows you to create your own business and/or implement the skills into your current job role. Upon completion of the HICAT course, you will be able to live a life filled with creativity and self-expression, as you help other people to live happier and healthier lives.
Holistic Integrated Creative Arts Therapy Practitioner Training Course (HICAT)	Certificate	Mixed	The Soul-Full Mind College	Private Training Provider	VIC	6-12 months	Our college's vision is to train heart-centred, dedicated, ethical and professional teachers and holistic practitioners that will be the change, in changing lives. Our practitioners are more like wellness coaches or mentors who provide emotional support, skills, and knowledge to help each client be proactive in healing.

Course name	Course type	Course mode	Institution	Institution type	State	Duration	Description
Art Therapy Online Courses and Digital Seminars	Certificate	Online	Pesi AU	Private Training Provider	Australia-wide	Various	Since 2011, PDP have delivered professional development training programs across Australia for individual professionals and for organisations across the Asia Pacific region. Our flexible program delivery comes to you in-person at our venues, in-person at your venue, or online via our quality and user-friendly learning management systems.
Short courses, microcredentials and specialist training programs							
Art Therapy – Health and Wellbeing	Short course	In-person	Chisholm	TAFE	VIC	3 x 3 hour sessions	Explains how art therapy can enhance professional practice within the fields of health and community care.
Art Therapy - Healthy Mind	Short course	In-person	Chisholm	TAFE	VIC	5 x 3 hour sessions	Explains how art therapy can enhance professional practice within the fields of health and community care.
Art Therapy - Specific Applications	Short course	In-person	Chisholm	TAFE	VIC	6 x 3 hour sessions	Explains how art therapy can enhance professional practice within the fields of health and community care, specifically for clients with unique needs.
Sharing of Indigenous Knowledges	Micro Certificate	Online	University of Melbourne	University	VIC	6 weeks /42 hours	Deepens students' cultural understanding of Indigenous creative practices and connection to place, and how to responsibly and respectfully engage with Indigenous knowledges.
Creative Arts and Wellbeing Programs	Specialist Training Program	Online	Building Better Brains	Private Training Provider	Australia-wide	10 weeks	Offers a 'business in a box' for creative arts course providers. Outlines why play helps build better brains and stronger communities. Lessons include advice on how to plan for different group dynamics, populations, behaviours and more.
Creative Recovery Training	Specialist Training Program	In-person	Creative Recovery Network	Private Training Provider	Australia-wide	3 day workshop	Offers training for artists and arts workers who wish to work in communities that have been affected by disasters.

Course name	Course type	Course mode	Institution	Institution type	State	Duration	Description
Creative First Aid – Remind	Specialist Training Program	Online	Makeshift	Private Training Provider	Australia-wide	8 weeks	A trauma-informed education program that explores creative and social practices as tools for regulating, supporting and reducing experiences of anxiety, depression, burnout and impacts of trauma.
Creative Arts and Wellbeing Programs	Specialist Training Program	Online	Building Better Brains	Private Training Provider	Australia-wide	10 weeks	Offers a ‘business in a box’ for creative arts course providers. Outlines why play helps build better brains and stronger communities. Lessons include advice on how to plan for different group dynamics, populations, behaviours and more.
Creative Art Therapy Short Course with Jaana Sahling	Specialist Training Program	In-person	Melbourne Art Class	Private Training Provider	VIC	5 weeks/10 hours	Enables teenagers to explore art activities that encourage spontaneity, playfulness and imagination in a safe and inclusive environment. All activities have a focus on the creative process and freedom of expression instead of an end-product.
Therapeutic Art for Creative Living, Health and Wellbeing	Statement of Attainment	In-person	NSW TAFE	TAFE	NSW	4 weeks/12 hours	Demonstrates creation of therapeutic art to improve self-focus and mind-to-body connection.
Introduction to Therapeutic Art	Statement of Attainment	In-person	NSW TAFE	TAFE	NSW	3 weeks/15 hours	Introduces participants to the value and effectiveness of art therapy, supported by a theoretical approach.
Certificate of Art and Creative Therapies	Statement of Attainment	Online	Australian Online Courses	Private Training Provider	Australia-wide	50 hours	Explains how art, music, writing, singing, drama and craft therapies can improve psychological health and aid recovery from illness or injury. Provides students with a solid foundation knowledge on how to optimise physical and mental health through creative therapies.
Creative Therapies	Statement of Attainment	Online	ACS Distance Education	Private Training Provider	Australia-wide	8 lessons	Students learn about art therapy, writing as therapy, music therapy, singing therapy, craft therapy, reminiscence and drama therapy.

Course name	Course type	Course mode	Institution	Institution type	State	Duration	Description
Creative Therapies	Statement of Attainment	Online	Learning Cloud	Private Training Provider	Australia-wide	100 hours	Students study art therapy, music therapy, singing therapy, crafts therapy, reminiscence work, writing, psychotherapeutic writing. Useful to improve mental help, aid recovery from illness or injury.
Introductory Intensive - Art Therapy	Statement of Attainment	In-person	College for Educational and Clinical Therapy	Private Training Provider	Australia-wide	2 days	Over two days, participants draw, paint and share and in the process are introduced step-by-step to the concepts involved in art therapy. Day one focuses on figurative images, things we can see in our environment. Day two has an emphasis on abstract imagery. Both days provide an overview of the practical application of art therapy in the workplace. The Introductory Intensive gives participants a chance to decide if they wish to further their study and pursue a career as an art therapist.
Online Introduction Course - Art Therapy	Statement of Attainment	Online	College for Educational and Clinical Therapy	Private Training Provider	Australia-wide	1 module	The Introduction Course is an online self-study module designed primarily for international students who cannot participate in the 2-Day Introductory Intensive. It offers the student a first taste of the benefits of art therapy and it includes practical applications to ensure that you get a good sense of whether art therapy is a career path worth exploring further.

Appendix B: Context, complexity and skills matrices

In the Wesley Arts project, discussions around training, safety, staffing, and recognising prior experience all contributed to reflections on how to potentially assess the complexity of arts engagement activities in mental health contexts and how to match this with practitioner skills.

As organisations consider staffing, frequently the pairing of practitioner and contexts is done on an intuitive basis. In moving towards professionalisation of the sector, it was recommended that there be some flexible framework for unpacking the layers of complexity. This would help to support programming as well as being a means to understand the full support needs that wrap around arts interactions. The researchers also suggested that clarifying all of the components that contribute to a successful arts engagement in disability and mental health can contribute to a better understanding of the real costs to administer and implement programs.

In addition, the Wesley Arts research recommended including a mechanism to honour the experience of existing artist-facilitators who are currently working in the sector, who may not have pursued formal training pathways. The Context and Complexity Matrix and Practitioner Skills and Experience Matrix provide possible examples of how these interconnected elements could be visualised.

These matrices are intended to be representative of an approach to unpack and then match the layers of context, complexity and practitioners' skills and experience. In considering further development or implementation of any flexible matrix, there would need to be sector-led discussions to come to agreement on categories and weighting, or agreed principles if organisations were to tailor a framework to their own context.

The matrices are intended to be representative of an approach to unpack and then match the layers of context, complexity and practitioners' skills and experience. They are a hypothetical framing drawn from reflection on the research data, that is highly context dependent and are intended as a starting point for further conversation. In considering further development or implementation of any flexible matrix or guiding frameworks, there would need to be sector-led discussions to come to agreement on categories and weighting or agreed upon principles if organisations were to tailor a framework to their own context. The goal is to consider the range of skills and experience that may be of value to practitioners and organisations in arts, mental health and disability settings.

Context and Complexity Matrix

Context	Required Arts Practice	#P	#AP	Other staff	Support workers and volunteers	Participant needs	Additional considerations	Total – measure of context and complexity
Sample scale 1-10 for each category based on the complexity of the situation, participants and staffing ratios. 1 least complex, 10 most complex								
Context No 1 Disability supported employment	Drumming	7	2	Staff in building: non-clinical plus first aid officer	None	Moderate	None	
5	10	5	5	5	5	5	0	40
Context No 2 Supported Disability Accommodation	Drumming	10	2	General personal care staff on the floor and with participants, almost 1:1 ratio	None	High	Non-verbal participants and limited mobility	
8	10	5	5	5	5	8	5	51
Context No 3								
Walk in studio and separate gallery	Visual arts	10	1	3 (upstairs in gallery)	2 Support workers	High	Unpredictable contexts, public facing venue and services	
10	10	10	10	6	6	10	10	72

Key: P = Participants; AP = Artist Practitioner

Interpretation note: In this example there is a maximum value placed on the importance of a high quality arts experience on the part of the organisation. For example, this is why the Required Arts Practice category has the highest number for each context (10). This reflects the importance of artistic practice to the participants' experiences as found in the research data. The scales in the columns for other staff, support workers and volunteers are context dependent and are mediated on the basis of risk assessments by the organisation and field observations through the research. The rating of participants' needs and additional considerations are based on the field research and diversity of the program that was studied.

Artist Practitioner Skills and Experience Matrix

Table continues on following page.

Arts experience	Sector experiences	Formal Training	Additional training	Other community or social sector experience
Eg Established practice and ongoing practice	Eg community arts, disability, or mental health	Eg Diploma of Creative Health University of Tasmania, TAFE Diploma of Arts and Health, Cert 3 in Disability	Eg First Aid, NDIS training, mental health first aid	Eg homelessness services, working with vulnerable people, support worker
Sample scale: 1-10 for each category based on the experience of the artist practitioner 1 = least experience 10 = most experience The categories of skills and experience reflect the data collected from participants, practitioner and other staff.				
Example artist No 1: Visual artist 7+years	Youth community arts and community disability experience	N/A	First Aid, NDIS training	Support worker
10	10	0	7	5
Example artist No 2: Drama artist 3+years	Arts in hospital program	University Drama degree	First Aid, NDIS training	N/A
7	10	5	7	0

Demonstrated understanding	Letters of support/referees	Other considerations	Total – measure of skills and experience
Eg a means to recognise previous experience and to show understanding of key concepts and philosophies, could be through mentoring, in-situ assessments, micro-credentials, or standardised certificate (eg NOAH certificate).	Eg A means to recognise previous experience through sector acknowledgement	Eg Lived experience, other training or skills	
<p>Sample scale: 1-10 for each category based on the experience of the artist practitioner 1 = least experience 10 = most experience The categories of skills and experience reflect the data collected from participants, practitioner and other staff.</p>			
Demonstrates soft skills in-situ	Strong references	Lived experience, multi-modal artist	
10	10	10	62
Demonstrates soft skills through mentoring	Strong references	Multi-modal artist (drama and singing)	
5	10	5	49



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