

## **ARTS, HEALTH AND WELL-BEING**

### **An Update Report for Arts Access International and the University Hospitals Bristol NHS Foundation Trust Working Group on Staff Health and Well-being: February 2008**

**(Prepared in partnership with the Philipp Family Foundation)**

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#### **INTRODUCTION:**

Arts Access International (AAI) has two established offices, one in Waikanae, New Zealand, and the other in Bristol, England. This report from the Bristol office builds on information given in the Report to the Arts Access Aotearoa Annual General Meeting on 27 March 2007, and the report, “*Well-being at Work*”, prepared for the United Bristol Healthcare NHS Trust (UBHT) in August 2007 [1].

Work in the AAI Bristol office, England, is undertaken by the Centre for Health in Employment and the Environment, (CHEE) Bristol Royal Infirmary, working in collaboration with principally, the World Health Organisation, the Royal Institute of Public Health, the Nuffield Trust, the Royal College of Physicians, and the Australasian Faculty of Public Health Medicine. The CHEE has a central interest in research, audit, educational development, and public interest and understanding in roles of the arts in well-being, personal development, health and health care.

In support of the strong focus of AA I for its work with cultural well-being, the CHEE has a long-standing established interest in the medical humanities. It has defined this area of endeavour as ‘*the study of human nature and the practice of compassionate concern for the welfare of mankind*’ [2], [3], [4]. Its work in this area supports the development of new communication technology for humanitarian aid for which it has noted that “*the art of well-being requires excellent communication*” [5].

Other recent published studies from the CHEE and pertinent to issues surrounding the arts, well-being and the art of good communication include:

- The importance of intuition in the occupational medicine clinical consultation [6];
- The need for improved communication between doctors and with their managers to benefit professional integrity and reduce the occupational medicine clinical workload [7];
- What in respect of self-regulation is implied by the term ‘professionalism’ and in which good communication is a core component [8];
- What patients mean when they say as they often do, “*I love my job*”? [9];
- Factors that contribute to well-being at work and those that threaten it, including suggestions for new ways of improving workforce well-being [10].

For this work within AAI for roles of the arts in well-being, the following definitions pertinent to ‘*health*’ and ‘*well-being*’ are being used:

- Health is a state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity [WHO 1948];
- Health is “*a sustainable state of complete physical, mental and social well-being and a healthy lifestyle must now encompass a sustainable lifestyle, in that to live healthily one must also live in a sustainable relationship to one's environment*” [11];
- Well-being indicates “*a holistic notion of achieving a state of health, comfort and happiness*” [12];
- Well-being “*is the subject of state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. It includes physical, material, social, emotional (‘happiness’), and development and activity dimensions*” [13];
- the ancient Greek concepts of ‘ataraxia’ (inner peace) and ‘eudaimonia’ (a feeling that reflects a combination of well-being, happiness, contentment, pleasure and satisfaction and of living the best life possible) [14].

These frameworks being utilised by the CHEE for its work with access to the arts also take into account the local action plans for sustainable communities [15]. They have evolved from the general principle for sustainable development that was addressed by the UN Conference on Environment and Development in June 1992 [16]. Arts Access International is mindful that the need for local action plans has been addressed by many national governments. For example, the New Zealand Local Government Act, 2002, cites four components of well-being it requires to be addressed, taking a sustainable development approach: ‘*environmental*’, ‘*social*’, ‘*cultural*’ and ‘*economic*’ [17].

### **WORK UNDERTAKEN DURING 2007:**

During 2007, the CHEE, has worked particularly with the following organisations in its AAI-oriented activities and with the following publications and actions arising from them:

#### **World Health Organisation (WHO) and United Nations Environment Programme (UNEP):**

The WHO recognizes the interdependence of aesthetic quality, environment, health and well-being and its increasing importance for our quality of life. Concern has however been expressed that this is a relatively little-studied and poorly-understood area. This concern was addressed in the CHEE report commissioned by the WHO and presented to the WHO-UNEP Office, Athens, in April 2007: Philipp, R., and Thorne, P. *The Assessment, Prevention and Control of Health Risks in Tourist Establishments in the Mediterranean: a Working Document for the Mediterranean Pollution Action Programme, WHO-UNEP MedPol Coordinating Unit, 2007, 79pp.*

A Research and Audit Matrix Model was developed and presented in this above report to help assess the ‘*Frequency*’, ‘*Complexity*’ and ‘*Concern/Consequences*’ of different topics associated with associations of environmental aesthetics with emotional well-being and needing to be dealt with by different groups of health professionals and for them to rank on their perceived priority of each. The WHO

Expert Working Group at the above meeting in Athens, April 2007, applied this model, and also the associated CHEE-based *Arts-Science Spectrum of Enquiry* approach [2], [3], [5]. From this experience, the WHO-UNEP Office is encouraging the CHEE to develop a proposed aide-memoire '*how-to-do-it*' booklet of practical approaches with *Action Research* that can be applied in and by local communities with interests in sustainable development, cultural well-being, access to the arts, and aesthetic qualities and characteristics of the local built and natural environments. The target audience for such a booklet is principally, Local Authority decision and policy-makers. Focus group discussion has however identified that community interest and public lobby groups are likely also to be interested in it as well as individuals in different public health professional groups who are seeking guidance with their self-directed learning. The Royal Institute of Public Health (RIPH), Faculty of Occupational Medicine, Royal College of Physicians, London, and Italian Red Cross, have expressed interest in partnership with this project. The development of a structure and content of this proposed booklet is therefore being considered in conjunction with development of the RIPH Level 2 Award in Understanding Health Improvement and as supportive educational material for international use.

Arising from completed work in the above CHEE report for the WHO, the CHEE is now addressing characteristics and qualities of the environment we value for well-being. Two methodologies have been developed together with the WHO, one with Primary School-age children, and the other with residential, adult populations, to help identify what is implied by '*the spirit of place*' [17]. The intention is to identify characteristics, qualities, associations and imagery, that are valued for well-being and that help to give a sense of belonging somewhere and of being a part of something in life and living. Three pilot studies are being implemented in initially, the UK and New Zealand, using the artwork of children in both quantitative and qualitative studies to help assess environmental qualities and characteristics that are valued or with which there may be a need for further education and / or improvement. It is hoped the findings can be transposed into illustrated books for different localities and as internet web-based educational resource material for schools use in geography, art, environmental sciences and tourism studies.

### **Italian Red Cross:**

At the request of the Office for International Health Co-Operation and Development of the Italian Red Cross, a fully-referenced book chapter, Philipp, R. *The Anthropology of Humanitarian Aid: All the Unwritten Rules*, has been written and was published, (pages 103-118) in the book: *Technology and Communication for a New Humanitarian Intervention*; Eds Laura Pacifici and Flavia Riccardo; pub. FrancoAngeli, Italy 2007; 232pp.

The Italian Red Cross now wishes to collaborate further with AA I, and with their virtual network, ([www.choleracafe.com](http://www.choleracafe.com)) in the development of an international educational course in support of well-being, health and humanitarian support. The above aide-memoire *how-two-do-it* booklet and children's art work project, together with the WHO, are part of the next steps.

### **Royal Institute of Public Health (RIPH):**

The RIPH, with funding from the Department of Health, England, has developed a Level 2 Award in Understanding Health Improvement. In partnership with AA I and the Italian Red Cross, the worth of developing add-on modules for the areas of: (i) cultural well-being, and (ii) arts in support of well-being, personal development and humanitarian support, is being explored. The work cited above, together with the WHO, UNEP, and the Italian Red Cross, is one of the two principal bases of material for this next step. The other basis is the substantial programme of work and published material of Mrs Penny Eames in the Waikanae office of AAI.

The widely-read, international journal, *Public Health*, is published by the RIPH. Its editors have invited AA I to prepare a mini-symposium on the arts in health for their publication. The invitation, and what could be best structured for such a series of published papers is being discussed within AAI at present.

### **United Bristol Healthcare NHS Trust (UBHT):**

The leaflet, *Coping with Stress*, prepared within the CHEE and published by it, has been made available by the Human Resources Department, UBHT, to all 7,500 staff. It is now given by the HR Department to all new staff employed by the Trust. Given this interest and support for the preparation of such leaflet material, other areas of well-being are now being addressed. A peer review process for standards setting of the leaflets is being drafted from guidance given by the Royal College of Psychiatrists. This peer review process involves links with the UBHT Working Group on Staff Health and Well-Being. Three more leaflets are at present being prepared for wider discussion. Their provisional titles are:

- Well-Being: What Is It and How Do I Find It?
- The Basis of Human Values.
- Green Travel: Move Your Limbs: Enjoy the Rhythm Method.

The RIPH and some District Councils have expressed interest in support for, publication and wider dissemination of such leaflets in support of well-being, the art of living, and sustainable development. Healthcare Trusts are endorsing the project as it helps to meet the public health criteria of audit requirements set out by the Healthcare Commission's Standards for Better Health. This project is intended to help staff at work for both their personal use and with their support of individual patients. It is also intended that the leaflets can be used by them more widely if they so wish, within their families and among friends and the wider public.

An initial pilot study, pre-testing a methodology developed by the CHEE to study factors that contribute to well-being at work and those that threaten it, including suggestions for new ways of improving workforce well-being, has been completed and published [10]. Fieldwork for a second study involving 50 junior doctors in Avon, Somerset, Gloucestershire and Wiltshire has now been completed. A paper for journal submission is being prepared. The findings will be discussed with the UBHT Working Group on Staff Health and Well-Being to determine ways of undertaking a main study among all groups of health care staff. Findings to date from the pilot

studies are already proving useful in the design of new, additional practical information materials in support of staff and public health and well-being.

A related study undertaken during 2006 with funding support from NHS Employers as part of their initiative to tackle stress in the workplace, is being published. It identified the value of ‘taster’ sessions for people at work being able to sample complementary therapies which aim to increase relaxation and benefit well-being [18]. A next step is to clarify, together with appropriately qualified and competent complementary therapists, which patients with what sorts of health problems should be referred for what types of treatment and to audit the outcomes of individual referrals. Such therapists include Arts and Health Practitioners and Poetry Therapists.

An audit is also being completed within UBHT of routinely collected management data to help determine the caseload in National Health Service (NHS) Occupational Health Service Departments due to different psychological problems and the proportion of it attributed to distress. Preliminary findings indicate that this area of health care accounts for the greatest proportion of patients seen by Occupational Physicians and Occupational Health Nurses. They endorse a view that additional preventive measures are needed and that with this the arts have much to offer.

### **Lapidus:**

The CHEE has a responsibility as Co-ordinator of Special Projects for Lapidus. This organisation, initiated by the CHEE, was established in 1996, and with funding support from the Arts Council, England, to explore uses of the literary arts in well-being, health and medicine. Information about its interests and work are available on its website [ [www.lapidus.org.uk](http://www.lapidus.org.uk) ]. Previous work and published studies from the CHEE and in support of its work are also available on request. The most recent proposal of the CHEE is for a study to explore the use and perceived values of metaphors by patients and their doctors within UBHT. This study which is being designed at present is based on (i) discussions with the CHEE during a conference, “*Narrative and Metaphor across the Disciplines*”, organised by the School of European Languages and Literature, University of Auckland, New Zealand, in 1996 [2], (ii) a presentation from the CHEE to a related conference, “*Health in the Writer’s Hand*” during the same year exploring roles of literature and the humanities in the work and education of health care professionals organised within the Wellington Clinical School of Medicine, University of Otago, NZ [2], (iii) papers given by the CHEE at a combined conference of the Royal New Zealand and Australian Colleges of General Practice in 1994 on the Science and Art of Medicine [2], and (iv) an invitation by the authors of a recently published paper, directed at “*especially medical practitioners, to elaborate on*” suggestions put forward for roles of metaphors for illness in contemporary media [19], published in the journal, *Medical Humanities*, of which the author of this present report is a member of its Editorial Advisory Board.

Two principal models of personal and health care development are being applied in this work and with its associated audit and research studies:

- The bio-psycho-social model of health and personal care support;
- The psycho-neuro-immuno-endocrine model of physiological understanding.

## **CONCLUDING POINTS:**

The principal aim in current work of the CHEE with its support of AAI and in partnership with the Philipp Family Foundation is to help better support people at work and among the general public, with their

- Emotional resilience
- Coping skills
- Personal capacity building
- Communication patterns
- Mental health and well-being.

This work is being undertaken within the WHO-linked AESOHP programme (An Ecological Sense of Healthy Place and Purpose). The AESOHP programme was developed in recognition of the need for partnerships that would address four questions people often ask:

- Why do the arts matter?
- Why should I explore my own creativity?
- Do the arts affect me directly?
- Is the aesthetic quality of our environment important?

The partnerships are contributing to the research and education evidence base for roles of the arts and humanities in well-being, health, medicine and humanitarian work. They are intended to help improve the quality of the evidence produced, extend the range of information available, and explore ways of using the arts to help bridge the needs of patient-centred and evidence-based medicine.

The objectives of the AESOHP programme include helping people to better:

- Foster their own creative thinking and endeavour;
- Nourish the imagination and minds in ways that encourage a greater sense of meaning and purpose in life and living;
- enjoy for their health and well-being, nature and nature as art;
- appreciate the health benefits of integrating natural environments into urban planning;
- encourage architecture that is sensitive to its environmental setting;
- Foster the consideration and development of aesthetics in environmental issues;
- seek, establish and adhere to aesthetic standards of environmental quality;
- utilise art works from the visual and performing arts to enhance environmental quality [19].

It is hoped that work of this AESOHP programme can also support a point put forward by Tony Blair, Prime Minister of the UK (1997-2007), Member of the Foundation Board of the World Economic Forum, and a Co-Chair of its Annual Meeting in Davos, 2008 that: *“If we are interconnected and the world is interconnected, the only way for the world to work is to have a set of common values. We have no option but to work together”* [20]. Further interest in this programme of

work for AAI is therefore welcomed. The 11-page report prepared in August 2007 for the postponed UBHT Staff Health and Well-Being Conference gives further details of it [1]. If you would like further information, please e-mail Robin Philipp at the address given above.

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