

Evidence Check

The Arts and Creative Industries in Health Promotion

An **Evidence Check** rapid review brokered by the Sax Institute for The Victorian Health Promotion Foundation. Mar 2020

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Contents

1.	Glossary and abbreviations.....	6
2.	Executive summary.....	10
3.	Background	15
	3.1 Engagement in the arts and creative industries.....	15
	3.2 Arts and health.....	16
	3.3 Purpose of the review	18
	3.4 Review questions	18
4.	Methods.....	19
	4.1 Inclusion and exclusion criteria.....	19
	4.2 Search terms	20
	4.3 Selection of studies.....	20
	4.4 Critical appraisal	20
	4.5 Body of evidence summary	21
5.	Findings.....	24
	5.1 Studies included in the review.....	24
	5.2 Body of evidence summary (review overall)	25
	5.3 Question 1: What approaches have been effective in improving arts participation, particularly for priority groups?.....	26
	5.4 Question 2: What programs or activities which have used the arts as a vehicle or setting have been effective in increasing awareness, knowledge, attitudes and behaviours in VicHealth’s five imperative areas?	32
	5.5 Question 3: Of the approaches, programs or activities identified in questions 1 and 2, which may be implemented by local councils in Victoria?	54
6.	Discussion and Conclusion	56
	Appendix 1: Search terms.....	58
	Appendix 2: PRISMA diagram.....	59
	Appendix 3: Article summary table	60
	References	83

1. Glossary and abbreviations

As the discipline of Arts and Health is relatively new, the reader's experience may be enhanced by familiarising themselves with important terminology specific to this field (see below):

Glossary

Arts and creative industries	A collection of interconnected sectors that have creativity at their core. These include the performing arts (e.g. music, singing, theatre, dance, film); visual arts, design and craft (e.g. painting, photography, fashion, ceramics, sculpture); community and cultural festivals; literature (e.g. storytelling, writing, publishing, poetry), and electronic arts (e.g. animation, art websites, digital art, online galleries). The arts and creative industries include community, experimental and commercially driven activities. ¹⁻³
Arts engagement	Arts engagement is an umbrella term encompassing the various ways in which individuals interact with the arts and creative industries (see ' <i>methods of arts engagement</i> ' – below). ⁴ Arts engagement is a continuum from active involvement (e.g. participating, performing, creating, making art) to receptive involvement (e.g. attending, listening, viewing art) in creative events and activities within a variety of <i>art forms</i> (e.g. literature, performing arts, visual arts) and within a variety of <i>settings</i> (e.g. schools, homes, community centres, galleries). ^{2,5}
Arts engagement in everyday life	The active and receptive methods of arts engagement that people partake in as part of their everyday lives (e.g. listening to music, playing a musical instrument, dancing, singing, photography, drawing, painting, colouring books, reading novels, poetry, creative writing).
Art forms	In this rapid review, 'art forms' include the performing arts (e.g. music, singing, theatre, dance, film); visual arts, design and craft (e.g. painting, photography, fashion, ceramics, sculpture); community and cultural festivals; literature (e.g. storytelling, writing, publishing, poetry), and online, digital and electronic arts (e.g. art websites, digital photography, animation, online galleries). ²
Arts and health	Arts and Health (also referred to as 'Arts and Health Promotion', 'Arts in Health', 'Arts for Health', 'Arts-Health', 'Arts into Health' and 'Health in Arts') is a relatively new discipline. Arts and Health broadly refers to: ^{3,5-8} <ul style="list-style-type: none">• The practice of applying arts and creative industry initiatives to directly promote, maintain or improve health and wellbeing outcomes (e.g. arts programs to improve mental, social and physical health); and/or• The direct introduction of art (e.g. paintings, music, sculptures, etc.) into a setting to enhance health in that environment (e.g. music in waiting rooms to enhance mood); and/or• The practice of applying health initiatives to directly promote, maintain or improve arts outcomes (e.g. health funding to increase arts engagement); and/or• Partnerships between health organisations, arts organisations and creative industries to promote health messages, introduce health policies and make

	health promoting enviro-structural changes in a variety of settings (e.g. cigarette smoke-free concerts, the availability of healthy food options at arts events and venues).
Arts and health outcomes	<p>Guided by the biopsychosocial model of health and theories of social epidemiology, the 'Art of Being Healthy Framework'⁹ details the relationship between arts engagement and health outcomes. With a focus on both the individual and the community, the framework outlines seven outcome themes that are useful in research and practice and are summarised below:⁹</p> <p>Mental health outcomes e.g. increased happiness, confidence, self-esteem, resilience, relaxation, self-expression, self-reflection and reduced stress.</p> <p>Social health outcomes e.g. increased social capital, networks, social connection, social cohesion, inclusion and reduced loneliness.</p> <p>Physical health outcomes e.g. increased physical activity (dancing, walking, standing, performance-based movement), improved balance, blood pressure, co-ordination, flexibility, grip, heart rate, immune function, longevity, sleep, and reduced pain.</p> <p>Economic outcomes e.g. income, career opportunities.</p> <p>Knowledge outcomes e.g. increased general knowledge, business skills, communication skills, problem-solving skills, social skills, enhanced team work.</p> <p>Identity outcomes e.g. enhanced connection to self (i.e. beliefs, self-perceptions), gives life more meaning.</p> <p>Art specific outcomes e.g. creativity, expression and appreciation of the aesthetic through the process of making and/or experiencing art; increased art skills, interaction with artists, creation of artworks.</p>
Arts and health promotion	See 'Arts and health' definition. Arts and health promotion is more commonly known as Arts and Health.
Art and health settings	In this rapid review an 'arts-health setting' can be defined as a place or context that uses the arts as a vehicle to impact health and wellbeing. Examples of arts-health settings include schools, the home, art galleries, museums, theatres, concert halls, community centres, workplaces, universities, the cinema and recreation centres. Arts-health settings constitute an important dimension for arts, public health and arts-health policy and practice. ^{2,3}
Arts on prescription	Arts on prescription is a form of social prescribing in which the arts are used to maintain or enhance participant wellbeing. ¹⁰ An arts on prescription program involves engagement in creative activities (e.g. painting, craft, photography, dance, singing, music) in a group setting within the community and is facilitated by an artist. Participants are usually referred to the program via a health or social care professional.
Biopsychosocial model of health	The biopsychosocial model of health is a blueprint for research, teaching, health promotion and healthcare. ^{3,11} The model takes into account determinants of health and highlights the importance of psychological, social and biophysical factors in understanding illness and wellness. The model suggests that biophysical factors (e.g. genetics, physical health, disability), psychological

	factors (e.g. self-esteem, mood, attitudes), and social factors (e.g. income, education, support) influence health outcomes.
PRISMA diagram	A flow diagram that depicts the inclusion and exclusion selection process of publications through the different phases of a systematic review.
Methods of arts engagement	Methods of arts engagement include (but are not limited to) participating, making, creating, performing, attending, experiencing, listening to and viewing art. ² There is a distinction between the art we create (e.g. participation) and the art we take in (e.g. attendance, viewing, listening). ¹² The arts engagement continuum ranges from active (e.g. making art) to receptive involvement (e.g. viewing art), with active methods of engagement usually resulting in a higher 'arts dose' compared to receptive methods. ²
Mixed methods rapid review	A mixed methods rapid review follows a similar process to a systematic review but is conducted in a much shorter time frame and brings together the findings of both quantitative (i.e. effectiveness) and qualitative (i.e. perception, experience) evidence. ¹³ This approach is based on the assumption that quantitative and qualitative evidence are complementary and address different aspects of the same question of interest. ¹³

Abbreviations

NHMRC	The National Health and Medical Research Council
RCT	Randomised Controlled Trial
VicHealth	The Victorian Health Promotion Foundation



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2. Executive summary

Background

This rapid review was commissioned by the Victorian Health Promotion Foundation (VicHealth). The purpose of the review was to inform future strategic planning and investment for VicHealth's Arts Strategy (2019-2023). VicHealth's Arts Strategy has a four-year goal to promote the health and wellbeing benefits of the arts to all Victorians by (1) increasing participation and diversity in the arts, (2) embedding the arts and creative industries across VicHealth's five imperative areas, and (3) harnessing arts and cultural settings as a powerful environment to influence health awareness, knowledge, attitudes and behaviours.

This rapid review addressed the following three questions:

Question 1: What approaches have been effective in improving arts participation, particularly for priority groups?

Question 2: What programs or activities which have used the arts as a vehicle or setting have been effective in increasing awareness, knowledge, attitudes and behaviours in VicHealth's five imperative areas?

Question 3: Of the approaches, programs or activities identified in question 1 and 2, which may be implemented by local councils in Victoria, including those which may be delivered in partnership?

Method

A mixed-methods rapid review approach was utilised. The study followed a similar process to a systematic review, however, the rapid review was conducted in a much shorter time frame and was streamlined by reviewing qualitative and quantitative articles that were peer reviewed, written in English, published between January 2015 and August 2019, and sourced from Australia, New Zealand, Canada, UK, US, Norway, Netherlands, Germany, Denmark and South Africa. A comprehensive search strategy was implemented based on specific inclusion/exclusion criteria via the Cochrane library, PubMed, Medline, and ProQuest (Public Health; Art, Design and Architecture Collection; Arts and Humanities). The search resulted in 17,440 records being identified and 3853 duplicates being removed. The studies were then screened by title and abstract (13,405 articles excluded). The remaining 182 articles were then screened full text (126 articles excluded). Overall, 56 publications were included in this rapid review: 10 systematic reviews, 4 scoping reviews, one rapid review and 41 studies. Once each publication was sourced and rated, the evidence base was then graded and each review question individually addressed.

Key findings

Question 1: A summary of recommended strategies to improve arts participation

'Arts engagement' is an umbrella term encompassing the various ways individuals take part in the arts and creative industries. Arts engagement is a continuum from active involvement (e.g. participation) to receptive involvement (e.g. attendance). The scope of question 1 was extended to 'arts engagement' (1) to 'value add', (2) to align the question with current arts-health terminology, (3) because most individuals take part in the arts in multiple ways (e.g. a person may actively participate by dancing, but also receptively attend concerts with family and friends), and (4) because the health promotion benefits of taking part in the arts stems from both active and receptive methods of engagement. Of the 56 articles included in this rapid review, 30 provided evidence about approaches to improve arts engagement (i.e. 19 quantitative/mixed-methods articles, evidence base rated as 'C' or 'Satisfactory' and 11 qualitative articles evidence base rated as 'Moderate'). Overall, consistency, generalisability and applicability of the evidence base to the

Australian/Victorian context were rated as 'B' or 'Good'. A summary of recommended strategies to improve arts engagement by priority group is provided in Table 1.

Table 1 – Summary of recommended strategies to improve arts engagement by priority group

Strategies to improve arts engagement	Priority Group*						
	General population	Young people	Aboriginal & Torres Strait Islander people	Culturally & linguistically diverse people	Refugees	People with a disability	Socially isolated people
Ensure the arts event/activity resonates with the target group (e.g. their preferences, priorities, lived experience).	▲	■	▲	▲	▲	-	▲
Ensure arts activities/events are delivered by experienced professionals who can model techniques and whom participants respect, trust and want to learn from.	-	▲	■	▲	▲	-	●
Arts activities/events should be engaging, enjoyable, respectful, relevant, non-judgemental and provide opportunities for self-expression and creativity .	-	■	▲	▲	▲	-	●
Utilise partnerships with the local community, health professionals, universities etc. (i.e. provides links to potential participants, improves relevance/decision making).	▲	▲	■	-	▲	-	-
Reduce participation and attendance costs .	■	▲	-	●	-	-	■
Be aware of and counteract transport, distance, parking and access issues (e.g. to activities, facilities, venues, etc).	▲	▲	-	●	-	▲	▲
Utilise strengths-based approaches that celebrate, reinforce and embrace culture.	-	-	■	▲	▲	-	-
Provide opportunities for childhood and school-based arts experiences (e.g. programs, appreciation, education).	■	■	-	-	-	-	-
Participants should have ownership of the arts activity and outcomes.	-	▲	■	-	▲	-	-
Providing opportunities for mentoring, role modelling and leadership .	-	▲	●	▲	▲	-	●
Strengthen local arts infrastructure and resources .	▲	■	-	-	-	▲	-
Increase community member self-efficacy to engage in the arts.	▲	-	-	-	-	▲	●
Encourage peer interactions, friendships and group bonding .	-	●	-	-	▲	●	●
When developing arts activities and events, develop relationships, trust and rapport with the community and Elders .	-	-	■	-	-	-	-
Ensure participant/attendee satisfaction with their arts experience (e.g. performances, activities, events, venue) to ensure return visits and attendance advocacy to other people.	▲	-	-	-	-	-	-
Promote the health benefits of arts engagement to the community.	▲	-	-	-	-	-	-
When creating exhibitions/installations, consider providing an engaging and interactive experience (rather than passive viewing).	●	●	-	-	-	-	-
Consider the effect of geography (place) on arts engagement.	●	-	-	-	-	-	-
Promote arts engagement via a dose-response health message .	●	-	-	-	-	-	-
To value add, provide 'package deals' with tickets (e.g. backstage visits, information, introduction sessions, parking).	●	-	-	-	-	-	-
Within arts venues, create welcoming social spaces to encourage participation/potential participants to visit the venue (e.g. coffee shops, bookshops, accessible foyer).	●	-	-	-	-	-	-
Implement strategies that cater to diverse audiences .	●	-	-	-	-	-	-
Showcase participant art skills/talent at a public event/exhibition.	-	●	-	-	-	-	-

■ Strong evidence, ▲Moderate evidence, ●Emerging/low evidence, -No evidence via articles reviewed. *No review articles provided insight into methods to improve arts engagement for LGBTQI people or people living in rural and remote areas.

Question 2: A summary of arts-related interventions, programs or activities to increase awareness, knowledge, attitudes and behaviours by priority area

In this rapid review, both qualitative and quantitative evidence of the impact of arts engagement on health awareness, knowledge, attitudes and behaviour was found. Of the 56 articles reviewed, 48 provided information about effective arts approaches (i.e. 37 quantitative/mixed-methods articles, evidence base rated as 'C' or 'Satisfactory' and 11 qualitative articles, evidence base rated as 'Moderate'). Consistency, generalisability and applicability of the body of evidence for question 2 was rated as 'B' or 'Good'. A summary of the types of arts approaches used to increase health awareness, knowledge, attitudes and behaviours is provided in Table 2. Overall, 'strong evidence' of the impact of arts interventions, programs and activities on mental wellbeing and social health was found, whereas the evidence related to healthy eating, physical activity, preventing tobacco use and preventing harm from alcohol use was rated as 'emerging/low evidence'.

Table 2: Summary of arts interventions, programs or activities for increasing health awareness, knowledge, attitudes and behaviours by priority area

	Priority Area*					
	Healthy eating	Physical activity	Preventing tobacco use	Preventing harm from alcohol	Mental wellbeing	Social health
Number of articles reviewed	5	11	4	1	41	29
Overall evidence rating (by priority area)	Emerging/low	<i>Dance:</i> moderate to strong; <i>Other art forms:</i> emerging/low	Emerging/low	Emerging/low	Strong	Strong
Arts approaches to increase health awareness, knowledge, attitudes and behaviour						
Festivals	✓	–	–	–	✓	✓
Visual arts, design and craft programs/interventions (e.g. painting, drawing, murals)	–	✓	✓	–	✓	✓
Performing arts programs/interventions (e.g. music, singing, dance, film)	✓	✓	✓	✓	✓	✓
Literature programs/interventions (e.g. storytelling, creative writing)	–	–	–	–	✓	✓
Online, digital and electronic arts programs/interventions	–	–	–	–	–	–
Multi art-form interventions	✓	✓	✓	–	✓	✓
Museum exhibitions and installations	✓	✓	–	–	✓	–
Policy, enviro-structural change	✓	–	–	–	–	–
Focus on Aboriginal and Torres Strait Islander culture /Indigenous culture	✓	✓	–	–	✓	✓
Arts-health marketing and health messaging	–	–	✓	–	✓	–
Pre-conference workshops	–	–	✓	–	–	–
Arts engagement in everyday life	–	–	–	–	✓	✓
Arts on prescription	–	–	–	–	✓	✓

* No papers in this review commented on arts-related interventions, programs or activities to improve gender inequality.

– No evidence via articles reviewed

Question 3: A summary of approaches which may be implemented by local councils in Victoria

To increase engagement in the arts, and/or awareness, knowledge, attitudes and behaviours by VicHealth priority area, a number of arts approaches could be implemented by local councils in Victoria. A summary of these approaches is provided below, with examples also provided in section 5.5 of this rapid review.

Summary: Arts approaches for consideration by local councils:

- Local councils should get to know the artists and arts/creative industries in their area and initiate meetings to discuss shared goals, opportunities and partnerships. To achieve maximum wellbeing benefits, local councils should also carefully consider the health profile, knowledge, attitudes and art preferences of their local community and priority groups when deciding on which arts programs, activities and events to implement.
- Endorse everyday creativity (i.e. the arts in everyday life).
- Implement or support arts programs, events or activities as both active and receptive involvement in the arts can provide a wide range of mental, social and physical benefits.
- Partner with the arts/creative industries, local schools, and childcare organisations (e.g. daycare, vacation care) to develop and implement arts and/or arts-health programs for children and young people to increase arts engagement, appreciation, skills, arts-health awareness, arts-health knowledge, health behaviours and to encourage a lifelong connection with the arts.
- Via funding agreements and/or the leveraging of licences and permits, local councils could partner with health organisations, the arts/creative industries, event organisers, arts venues and arts event suppliers to encourage and promote health to the general population and priority groups via enviro-structural changes and health enhancing policies at arts events and venues (e.g. tobacco smoke-free concerts, healthy food options, low/no alcohol options, water provided for free).
- Partner with the arts/creative industries, health promotion organisations and universities to promote health messages (e.g. two hours per week of arts for good mental wellbeing), health concepts and provide information to the general population and priority groups.
- Given the potential benefits of 'Arts on Prescription', local councils could play an important role in the provision of community venues for programs, as well as the development/brokering of arts on prescription partnerships.

Discussion and review limitations

- This rapid review highlights the growing body of evidence that recognises the important contribution the arts can make to the health and wellbeing of the general population and VicHealth's priority groups.
- This rapid review was based on specific questions and provided a snapshot of the body of arts-health evidence via peer-reviewed quantitative, mixed-methods and qualitative articles. While conducting this review, gaps in the evidence were identified and discussed.
- Due to project timelines, this rapid review was conducted in a very short time frame. While every effort was made to include all relevant quantitative, mixed-methods and qualitative articles related to the review questions, it is possible that some articles were missed.
- The current review is limited by the date of publication of articles reviewed (i.e. published from January 2015 to August 2019), and the quality of the articles assessed.
- Finally, of the 56 articles included in this rapid review, the majority were from countries other than Australia. Although an attempt to increase generalisability was made by limiting the countries included in the review, context differences (e.g. health environments, arts environments) and target population differences (e.g. age, gender, general health) are possible and should be considered when utilising the information contained in this rapid review.



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3. Background

3.1 Engagement in the arts and creative industries

'Arts engagement' is an umbrella term encompassing the various ways in which individuals interact with the arts and creative industries.⁴ Arts engagement is a continuum from active involvement (e.g. participating, performing, creating, making art) to receptive involvement (e.g. attending, listening, viewing art) in creative events and activities within a variety of art forms (e.g. literature, performing arts, visual arts, festivals, electronic arts) and within a variety of settings (e.g. the community, schools, homes, galleries).^{2,5} In Australia, the arts are a popular pastime. According to the most recent Australia Council for the Arts survey 'the arts have a place in the lives of 98% of Australians', the most popular methods of arts engagement being listening to recorded music (97%), engaging in online arts (81%), reading books (79%), attending live events (72%), and creative participation (46%).¹⁴ Inter-country comparisons are common in the health promotion literature and often used for benchmarking and assessment purposes. To establish a general indicator of arts engagement, Table 3 presents a synopsis of published reports from Australia, New Zealand, Canada, UK, US and Norway, between January 2015 and August 2019, and summarises:

- the country and data collection period,
- the estimated population prevalence of arts engagement,
- the survey name, eligible sample and arts engagement definition, and
- population differences in the way people take part in the arts and creative industries (if mentioned).

Across all six countries, annual engagement in the arts by members of the general population was high and varied between 79% and 99.5%. For most types of activities, females compared to males, younger compared to older people and higher income/education compared to lower income/education were more likely to engage in the arts and creative industries (Table 3). Even though overall annual engagement in the arts is high, it should be noted that most people engage at levels (dose-response) insufficient to achieve health benefits (e.g. it is estimated that at least two hours per week of arts engagement is needed for good mental wellbeing),¹⁵ and opportunities for arts engagement may not always be equitable due to a range of factors including a lack of knowledge, awareness, support, familiarity, skills, cost, access, distance and apprehension to take part.¹⁵⁻¹⁸

Table 3: Prevalence of arts engagement by country^{#}**

Country and year <i>(alphabetical order)</i>	Estimated population prevalence	Survey name, eligible sample and arts engagement definition	Group differences <i>(if mentioned)</i>
Australia 2016 ¹⁴	98%	<i>Connecting Australians: Results of the National Arts Participation Survey.</i> Adults (15+ yrs) who creatively or receptively participated in the arts in the previous year.	Female recognition of arts impact was higher than males (88% vs 83%). Males attended more festivals (48% vs 43%) and cultural arts than females (39% vs 31%). Younger compared to older respondents attended more arts events (80% vs 66%).
Canada 2016 ¹⁹	99.5%	<i>Canadians' arts, culture, and heritage participation in 2016</i> Adults (15+ yrs) who attended and participated in selected arts activities in 2015.	Not reported.

* When reviewing this table, methodological differences and disparities in the types of arts activities surveyed between countries should be noted. # Reports for South Africa, Denmark, Netherlands and Germany were not available.

Table 3 continued: Prevalence of arts engagement by country**

Country and year <i>(alphabetical order)</i>	Estimated population prevalence	Survey name, eligible sample and arts engagement definition	Group differences <i>(if mentioned)</i>
New Zealand 2017 ²⁰	80%	<i>New Zealanders and the arts: attitudes, attendance and participation in 2017</i> Adults (15+ yrs) who engaged in the arts either by attending or being actively involved in the previous year.	Female arts engagement higher than male (85% vs 75%). High income household arts engagement higher than low income households (85% vs 75%). Maori people engaged more with the arts than non-Maori people (86% vs 80%).
Norway 2016 ²¹	Overall prevalence not reported	<i>Norwegian cultural barometer 2016</i> Norwegians (9-79 yrs) use of media and culture.	Females, people with a high level of education/income visited theatres, musicals and venues the most. Younger Norwegians were more likely to attend a concert than older Norwegians.
United Kingdom 2018 ²²	79%	<i>Taking part survey: England adult report 2017/18</i> Adults (16+ yrs) who attended (13 items) or participated (16 items) in a list of specific activities in the previous year.	Females engaged more with the arts than males (81.4% vs 76.3%). Higher socioeconomic groups engaged more with the arts than lower socioeconomic groups (85.7% vs 66.9%).
United States 2017 ²³	Overall prevalence not reported	<i>The 2017 survey of public participation in the arts</i> Adult (18+ yrs) engagement in the previous 12 months in five arts areas: attendance, reading literary works, arts consumption through electronic media, arts creation and performance and arts learning.	Not reported.

* When reviewing this table, methodological differences and disparities in the types of arts activities surveyed between countries should be noted. # Reports for South Africa, Denmark, Netherlands and Germany were not available.

3.2 Arts and health

'Arts and Health' (also referred to as 'Arts in Health', 'Arts for Health', 'Arts-Health', 'Arts and Health Promotion' and 'Health in Arts') is a means of promoting, maintaining and improving mental, social and physical wellbeing and reducing health inequalities.^{5,24-26} Although the idea that the arts can impact health is not novel (e.g. paintings have been used in hospitals since the Middle Ages to enhance the health environment)²⁷, the discipline of Arts and Health is relatively new, diverse and includes many health areas including preventive health, primary care, hospital care, rehabilitation, respite and aged care.²⁶ Arts and health broadly refers to:^{3,5-8}

- The practice of applying arts and creative industry initiatives to directly promote, maintain or improve health and wellbeing outcomes (e.g. arts programs to improve the mental wellbeing and social connection of participants); and/or
- The direct introduction of art (e.g. paintings, music, sculptures, etc.) into a setting to enhance health in that environment (e.g. the use of music in waiting rooms to enhance mood); and/or
- The practice of applying health initiatives to directly promote, maintain or improve arts outcomes (e.g. health funding to increase engagement in the arts); and/or
- Partnerships between health organisations, arts organisations and the creative industries to promote health messages, introduce health policies and make health promoting enviro-structural

changes in a variety of settings (e.g. cigarette smoke-free concerts, the availability of healthy food options at arts events and venues).

In 2014 in Australia, a 'National Arts and Health Framework' was endorsed by all state and territory Health Ministers and Cultural Ministers as a means of encouraging the integration of the arts into health policy and practice.⁷ This endorsement acknowledged that arts initiatives have a place in our health system²⁸ and a role in contributing to the health and wellbeing of all Australians.⁵ In many contexts, these arts-health initiatives translate to a reduced need for medical interventions and a corresponding reduction in health service utilisation.⁴ In 2017, the UK All-Party Parliamentary Inquiry report into Arts, Health and Wellbeing had three key messages: (1) the arts can help keep us well, aid our recovery and support longer lives better lived; (2) the arts can help us meet major challenges facing health and social care, and (3) the arts can help us save money in health and social care.²⁹

As guided by the biopsychosocial model of health,¹¹ three 'pathways' - mental, social and physical health - are identified as a means of creating wellbeing outcomes. As outlined below, the arts and creative industries can have a positive impact on mental, social and physical wellbeing, and are a versatile means of improving health literacy, access and benefits for the general population and priority groups.^{5,7,9,29-33}

The Arts and Mental Health

Good mental health enables an individual to contribute to his or her community, cope with the stresses of everyday life, work productively and realise their potential.^{5,34} Population-based studies have found participation in arts activities increases perceptions of happiness, resilience, self-esteem, confidence, self-worth, quality of life, and that two or more hours per week of arts engagement is associated with better mental wellbeing than none or lower levels of engagement.^{9,14,15,32} In terms of the journey through life, the arts have been found to increase the mental wellbeing of new mothers and foster cognitive development and emotional skills in children associated with success later in life.^{29,35} In young people, arts engagement has been linked with improved self-esteem, confidence, resilience, skill building, connection to peers and positive role-models.^{36,37} In older adults, arts engagement improves quality of life, mental wellbeing, sense of purpose and promotes positive ageing.^{4,38-41}

The Arts and Social Health

Social health is influenced by the strength of a person's network, their opportunities for social support/connection, their understanding of intersubjective norms and their capacity to make their own choices based on their socioeconomic position (as influenced by education, income, occupation, etc.).^{5,9,32} Active and receptive engagement in the arts provides actual and potential opportunities that bring people together to partake in a shared experience for mutual benefit.⁴² Arts events contribute to health by providing opportunities for people to form friendships, to take part in positive shared experiences and to increase their connection to others.^{7,9} The arts act as a catalyst for bridging, bonding and linking social capital - it provides opportunities for engagement that reduce social isolation, encourages community cohesion, mutual support, improved intergenerational relationships and connection to family and friends.^{9,32,33,41-47} Engagement in the arts broadens ideas and beliefs and can have an impact on a person's sense of social justice and equity.^{9,41} Around the world, the arts play a significant role in Indigenous culture and community-based programs to improve community health, wellbeing and to facilitate healing.³⁷ The arts can be a powerful tool for community building because of the potential to overcome barriers (e.g. language, cultural), and to provide opportunities to talk about, confront and solve community issues (e.g. health, racism, ageism).^{26,37,47} Engagement in the arts assists people to become more community minded and increases perceptions of belonging, reciprocity, empathy, tolerance, trust, and respect.^{9,36,43,48}

The Arts and Physical Health

Engagement in the arts has been linked with increased physical activity such as dancing, walking and performance-based movement.^{5,9} Studies conducted in the United Kingdom, America and Sweden have found that after controlling for a variety of factors including age, sex, education, income, long-term illness, smoking and exercise, that attending arts events is associated with reduced risk of mortality and better self-reported general health.^{5,49-52} Engagement in the arts has also been linked with reduced stress response (e.g. cortisol levels, heart rate) and enhanced immune function.^{33,53-55}

3.3 Purpose of the review

The Victorian Health Promotion Foundation (VicHealth) is a pioneer in health promotion - its primary focus being to promote good health and prevent chronic disease.⁵⁶ **VicHealth's five imperative areas are:** (1) promoting healthy eating, (2) encouraging regular physical activity, (3) preventing tobacco use, (4) preventing harm from alcohol, and (5) improving mental wellbeing.⁵⁶ **VicHealth's priority groups are:** young people aged 12 to 25 years, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, refugees, people living in rural and remote areas, LGBTQI people, people with a disability and people who are socially isolated.

As promoting and improving health is a shared responsibility, VicHealth has had a long and proud history of working in partnership with all sectors as a trusted, independent source of evidence-based practice and advice.⁵⁶ Partnerships that draw on multi-sector strengths and knowledge provide expanded opportunities for the creation of healthy and equitable communities.⁴⁷ VicHealth's longstanding commitment to the arts is based on its understanding that engagement in the arts and creative industries can positively increase the health and wellbeing of Victorians. The arts and creative industries are viewed as a platform for personal experiences, collective experiences and expressions of culture; as a setting for health promotion, and as a medium for increasing awareness, knowledge and changing attitudes and health behaviours. An evidence review of programs and activities that have used the arts as a platform, setting or approach to promote or contribute to positive health outcomes across VicHealth's five imperative areas was required to inform the future strategic planning and investment for VicHealth's Arts Strategy (2019-2023). VicHealth's Arts Strategy has a four-year goal to promote the health and wellbeing benefits of the arts to all Victorians by:

- increasing participation and diversity in the arts,
- embedding the arts and creative industries across VicHealth's five imperative areas, and
- harnessing arts and cultural settings as a powerful environment to influence awareness, knowledge, attitudes and behaviours.

3.4 Review questions

This rapid review was commissioned to examine the following three questions:

Question 1:

What approaches have been effective in improving arts participation, particularly for priority groups?

Question 2:

What programs or activities which have used the arts as a vehicle or setting have been effective in increasing awareness, knowledge, attitudes and behaviours in VicHealth's five imperative areas?

Question 3:

Of the approaches, programs or activities identified in question 1 and 2, which may be implemented by local councils in Victoria, including those which may be delivered in partnership? Partnerships may include those with commercial entities, profit organisations, research organisations, community organisations and others.

4. Methods

A 'Mixed Methods Rapid Review' (MMRR) approach was employed. The methodology was guided by the literature^{13,57} and followed a similar process to a systematic review, however, the review was conducted in a much shorter timeframe and streamlined by reviewing qualitative and quantitative articles that were:

- peer reviewed,
- written in English,
- published between January 2015 and August 2019, and
- sourced from Australia, New Zealand, Canada, UK, US, Norway, Netherlands, Germany, Denmark and South Africa (to increase generalisability).

A comprehensive search strategy was applied using the following search engines/electronic databases:

- Cochrane library (Cochrane database of systematic reviews),
- PubMed,
- Medline, and
- ProQuest – Public Health; Art, Design and Architecture Collection; Arts and Humanities.

4.1 Inclusion and exclusion criteria

As shown below, the first phase of the rapid review involved identifying keywords based on relevant study and publication characteristics. The characteristics of interest included:

Population/participants:

- The general population, and
- VicHealth's priority groups (i.e. young people (12–25 yrs.), Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, refugees, people living in rural/remote areas, LGBTQI people, people with a disability and people who are socially isolated).

Interventions:

- Arts engagement (defined as a continuum from active to receptive involvement in creative events and activities within a variety of art forms and art settings),
- The range of arts programs or activities that have used the arts as an approach to contribute to health or have been effective in increasing awareness, knowledge, attitudes and behaviours, and
- Approaches delivered at the community or population level, including those approaches which may be delivered or implemented by local councils in Victoria.

Outcomes:

- General health and wellbeing (e.g. mental, social and physical health), and
- VicHealth's five imperative areas: healthy eating, physical activity, preventing tobacco use, preventing harm from alcohol, and improving mental wellbeing.

Study types:

- Reviews (systematic reviews, meta-analyses, scoping reviews, rapid reviews), and
- High quality, peer-reviewed quantitative and qualitative studies.

Publication characteristics: (as above)

- Written in English, and
- Published between January 2015 and August 2019.

Exclusion criteria

- Clinical trials, treatments and therapy (including art therapy, music therapy, dance therapy), and
- Specific patient populations, disorders and diseases (e.g. cancer, schizophrenia, dementia, etc.).

4.2 Search terms

Based on the study and publication characteristics detailed above, the search terms used to identify relevant papers for inclusion into the study are listed in Appendix 1.

4.3 Selection of studies

Using the inclusion/exclusion characteristics, search terms and search engines/electronic databases detailed above, high quality research articles were sourced. Searches were conducted from the 21st to the 25th August 2019. Articles were selected/excluded by one reviewer and checked by the second reviewer.

4.3.1 Data extraction

Explicit criteria were used to extract data from review articles into Microsoft Excel. The data extracted included research basis (qualitative, quantitative, mixed-methods), first author, year of publication, first authors' listed country, title, study type, study aim, population focus, setting, type of intervention, art forms, outcomes of interest and main findings. Both reviewers took part in the data extraction process (i.e. one reviewer extracted the data which was then checked by the second reviewer).

4.4 Critical appraisal

A mixed methods rapid review brings together the findings of both quantitative and qualitative evidence.¹³ To address review questions one to three, studies of experience, perception (qualitative) and effectiveness (quantitative) were required to inform the future strategic planning and investment for VicHealth's Arts Strategy (2019-2023). Based on the assumption that quantitative and qualitative evidence are complementary and address different aspects of the same question of interest, a 'segregated' MMRR approach was conducted.¹³ To increase inter-rater reliability both reviewers took part in a reliability training exercise to ensure their scoring was consistent. Both reviewers then critically appraised each paper (i.e. one reviewer rated the paper which was then checked by the second reviewer).

4.4.1 Quantitative Studies

The quality of each quantitative article included in this rapid review was rated via the standard 'NHMRC level of evidence' ranking matrix (see Table 4). Level of evidence is an indicator of the degree to which bias has been eliminated by the study design. Ideally, the aim of the review was to include the highest level of evidence available, preferably systematic reviews of high-quality RCTs. However, as noted by the NHMRC *"this ideal may be difficult to attain in the case of public health and social science interventions"*.^{58, pg2} According to the NHMRC, until an agreed rating scale is developed to assess levels of evidence for public health, the levels of evidence matrix should be used but to recognise that much of the evidence related to public health will be Level III.⁵⁸ Specifically with regards to arts-health, as (1) the discipline is relatively new, (2) the majority of arts-health studies are dissimilar to those found in clinical practice for which the NHMRC levels of evidence matrix was first developed, and (3) it is not always possible or feasible to assess arts-health interventions via an RCT, it was expected that few Level I (systematic reviews of RCTs) or Level II (RCT) publications would be available and that much of the evidence would be Level III or Level IV studies (i.e. cohort, case-control, cross-sectional or case studies).

Table 4: NHMRC Levels of Evidence

Level of Evidence	Study Design
I	Evidence obtained from a systematic review of randomised controlled trials (RCTs).
II	Evidence obtained from a properly designed RCT, or evidence obtained from a systematic review of studies containing at least one properly designed RCT.
III-1	Evidence obtained from a well-designed, pseudo-randomised controlled trial (i.e. alternate allocation or some other method).
III-2	Evidence obtained from a comparative study with concurrent controls and allocation is not randomised (i.e. cohort studies, case-control studies, interrupted time series studies with a control group).
III-3	Evidence obtained from a comparative study without concurrent controls (i.e. historical control study, two or more single arm studies, interrupted time series studies without a parallel control group), or evidence obtained from a mixed methods study.
IV	Case series with either post-test or pre-test/post-test outcomes.

4.4.2 Qualitative Studies

The quality of each qualitative paper included in this rapid review was rated via a CONQual calculation.⁵⁹ First, each paper was ranked as high-4 (qualitative papers), moderate-3, low-2 or very low-1 (opinion papers). Second, the ranking for each paper was adjusted up or down based on, the dependability of the paper and the credibility of the paper.

Dependability: As described by Lockwood et al (2017), each qualitative study was graded for dependability based on the questions below. If four or five questions were addressed then the initial ranking remained the same.⁶⁰ If two or three questions were addressed then the ranking moved down one level, however if none or only one question was addressed then the ranking moved down two levels.⁶⁰

- Is there congruity between the research method and the research aims/objectives?
- Is there congruity between the research method and the method used to collect data?
- Is there congruity between the research method and the analysis of data?
- Is there a statement locating the research theoretically?
- Is the influence of the researcher on the research, and vice-versa, addressed?

Credibility: Each qualitative paper was graded for credibility via an assessment of the study findings. Study findings were rated as either 'Unequivocal' (i.e. findings accompanied by illustrations or quotes that were beyond reasonable doubt), 'Equivocal' (i.e. findings plausible but accompanied by illustrations or quotes lacking clear association) or 'Not Supported' (i.e. findings were not supported by the data).^{59,60} The study ranking remained the same if findings were unequivocal. If study findings were a mix of unequivocal/equivocal, the ranking was moved down by one level. If the study findings were equivocal/unsupported, the ranking was moved down by three levels. If the findings were not-supported the ranking was downgraded by four levels.^{59,60}

4.5 Body of evidence summary

Once each publication was sourced and rated, the evidence base was then synthesised. A MMRR approach allowed for review questions one to three to be addressed and also allowed triangulation of findings. An adapted version of the qualitative meta-aggregation approach (i.e. qualitative articles thematically analysed by VicHealth's five imperative areas to produce a comprehensive set of findings) and the quantitative 'NHMRC Body of Evidence Matrix' (i.e. evidence base, consistency, generalisability, applicability) was used to grade the body of evidence as:^{13,58,61}

- A=Excellent – The body of evidence can be trusted to guide practice.
- B=Good – The body of evidence can be trusted to guide practice in most situations.
- C=Satisfactory – The body of evidence provides some support for recommendations but care should be taken in its application.
- D=Poor – The body of evidence is weak and recommendations must be applied with caution.

The components of the NHMRC Body of Evidence Matrix are described below and detailed in Table 5.^{58,61}

- Evidence base: The quantity, level of evidence and quality of the studies included in the review.
- Consistency: The consistency of findings across studies included in the review.
- Generalisability: The generalisability of the evidence to the target population in the review.
- Applicability: The applicability of the evidence to the Australian context.

Table 5: NHMRC Body of Evidence Matrix

Component	A Excellent	B Good	C Satisfactory	D Poor
Evidence base	Several level I or II studies with low risk of bias	One or two level II studies with low risk of bias or a systematic review or multiple level III studies with low risk of bias	Level III studies with low risk of bias, or level I or II studies with moderate risk of bias	Level IV studies, or level I to III studies with high risk of bias
Consistency	All studies consistent	Most studies consistent and inconsistency may be explained	Some inconsistency reflecting genuine uncertainty around the clinical question	Evidence is inconsistent
Generalisability	Population/s studied in the body of evidence are the same as the target population	Population/s studied in the body of evidence are similar to the target population	Population/s studied in the body of evidence differ to the target population, but it is clinically sensible to apply the evidence	Population/s studied in the body of evidence differ to target population and hard to judge whether it is sensible to generalise
Applicability	Directly applicable to the Australian context	Applicable to the Australian context with few caveats	Probably applicable to Australian context with some caveats	Not applicable to Australian context

As stated above, the field of arts and health is relatively new and the majority of arts and health studies (e.g. mixed-methods, qualitative) are dissimilar to those found in clinical practice (e.g. RCTs), therefore a rating of *clinical impact* was not possible or appropriate for this rapid review. However, in keeping with the idea of impact, for review questions one and two, an assessment of the evidence was made by synthesising article findings and then grading the quantitative, mixed-methods and qualitative findings as ‘strong evidence’ (i.e. findings are stable), ‘moderate evidence’ (i.e. findings are likely to be stable) and ‘emerging/low evidence’ (i.e. further research is needed).



IMAGE: Reproduced with permission from the UWA Cultural Precinct.
Photographer: Ilkka Kadala

5. Findings

5.1 Studies included in the review

The search resulted in 17,440 records being identified and 3853 duplicate articles being removed. The studies were then screened by title (13,228 articles excluded) and abstract (177 articles excluded). The remaining 182 articles were then screened full text (126 articles excluded). Overall, **56 publications** were included in the rapid review (i.e. 10 systematic reviews, four scoping reviews, one rapid review and 41 studies). A flow chart of the article selection process is shown via a PRISMA diagram in Appendix 2.

Of the 56 articles included in this review, 43 (77%) were quantitative/mixed-methods and 13 (23%) were purely qualitative. The articles described the use of a variety of art forms, events and activities, the most popular (in order of mention) being music (general), dance, painting, singing, storytelling, theatre, drama, drawing, photography, visual arts (general), music listening, poetry and film. The articles also described a range of settings, the most popular (in order of mention) being the community, schools, the home, theatres, universities and museums. By country, first-listed authors were from the UK (45%, n=25), Australia (32%, n=18), USA (9%, n=5), Canada (9%, n=5), Denmark (2%, n=1), Netherlands (2%, n=1) and Germany (2%, n=1) (Figure 1). By publication year, most articles were written in 2016 or 2018 (Figure 2).

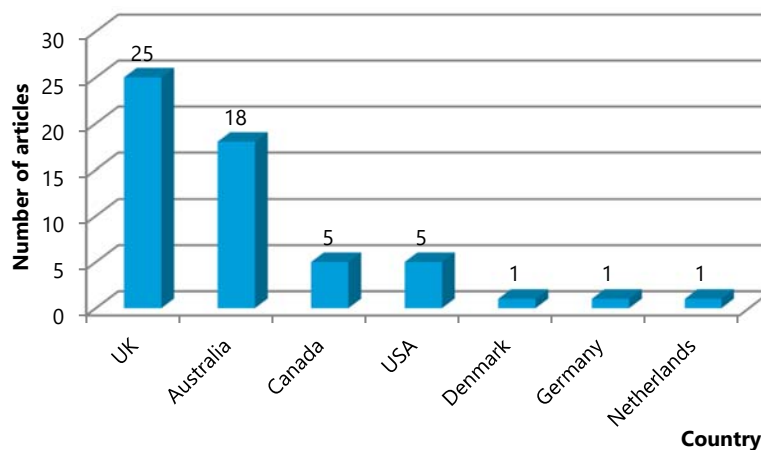


Figure 1: Reviewed articles by country

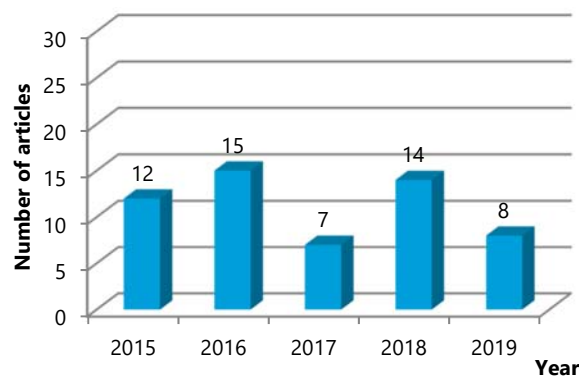


Figure 2: Reviewed articles by year

5.2 Body of evidence summary (review overall)

Below is a summary of the body of evidence for all papers included in this rapid review (i.e. evidence base, consistency, generalisability, applicability). Summary tables of the articles included in this review can be found in Appendix 3.

5.2.1 Evidence base

The quality of each quantitative/mixed-methods article was rated via the standard 'NHMRC level of evidence' ranking matrix. Level of evidence is an indicator of the degree to which bias has been eliminated by the study design. Of the 43 quantitative/mixed-methods articles included in this review, one was rated as Level I, 10 as Level II, one as Level III-2, 17 as Level III-3 and 14 as Level IV. Overall, the quantitative/mixed-methods evidence base was rated as **'C' or 'Satisfactory'**. The quality of each qualitative article was rated via a CONQual calculation. Of the 13 qualitative articles included in this review, five were rated as high, three as moderate, three as low and two as very low. Overall, the qualitative evidence base was rated as **'Moderate'**.

5.2.2 Consistency

Across a range of study populations and study designs, consistency relates to the extent to which findings are the same. Fifteen reviews were included in this study (i.e. 10 systematic reviews, four scoping reviews, one rapid review; 14 quantitative/mixed-methods, one qualitative) for which consistency of the body of evidence on a variety of outcomes (e.g. healthy eating, physical activity, physical health, mental wellbeing, social wellbeing) and populations (e.g. general population, young people, culturally and linguistically diverse people, refugees, people with a disability, people who are socially isolated) was rated as **'B' or 'Good'**.

5.2.3 Generalisability

Generalisability relates to how well the subjects and settings of included articles match those of the target population in the rapid review. Examples of population issues that might influence generalisability include gender, age or ethnicity; setting issues that may influence generalisability include the extrapolation of results found in a lab to a community setting. Of the 56 articles included in this rapid review, 14 were rated as 'A', 39 as 'B' and three as 'C'. Overall, the generalisability of the body of evidence was rated as **'B' or 'Good'**.

5.2.4 Applicability

Applicability relates to how well the evidence relates to the Australian/Victorian context. Of the 56 articles included in this rapid review, 17 were rated as 'A', 38 as 'B' and one as 'C'. Overall, the applicability of the body of evidence was rated as **'B' or 'Good'**.

5.3 Question 1: What approaches have been effective in improving arts participation, particularly for priority groups?

'Arts engagement' is an umbrella term encompassing the various ways people interact with the arts and creative industries.⁴ Arts engagement is a continuum from active involvement (e.g. participation, making art) to receptive involvement (e.g. attendance, listening, viewing art) in creative events and activities via a variety of art forms and within a variety of settings.^{2,5} The scope of this question was extended to 'arts engagement' (1) to 'value add', (2) to align the question with current arts-health terminology, (3) because most Australians take part in the arts in multiple ways (e.g. a person may actively participate by dancing, but they could also receptively attend concerts and exhibitions with family and friends), and (4) because the health promotion benefits of taking part in the arts stem from both active and receptive methods of engagement.

Globally, surveys of arts engagement indicate a decline in participation and attendance numbers.⁶² As the arts can play a major role in the prevention of ill health, promotion of health, can aid recovery and support lives better lived,^{29,33} methods to encourage arts engagement by reducing barriers and increasing enablers, particularly for priority groups, are important. In this rapid review, 30 articles (19 quantitative/mixed-methods, 11 qualitative) addressed methods to increase arts engagement as a primary or secondary aim and are summarised below.^{4,12,16-18,37,42,62-83}

5.3.1 Question 1 - Body of evidence overall

Of the 19 quantitative/mixed-methods articles that commented on improving arts engagement, three were rated as Level II, 10 as Level III-3 and six as Level IV. Overall, the evidence base for question 1 was rated as '**C** or **Satisfactory**'. Of the 11 qualitative articles that commented on improving arts engagement, three were rated as high, three as moderate, three as low and two as very low. Overall, the qualitative evidence base for question 1 was rated as '**Moderate**'. For both generalisability and applicability (to the Australian/Victorian context) the body of evidence for question 1 was rated as '**B**' or '**Good**'. In terms of consistency, five reviews commented on improving arts engagement and were rated as '**B**' or '**Good**'.

5.3.2 Question 1 – Recommended strategies to improve arts engagement by priority group

General population

Good health influences how we feel and how we go about our everyday lives.⁸⁴ The arts can assist members of the general population to obtain/maintain good health, therefore approaches to improve arts engagement are important. In this rapid review, 14 papers (eight quantitative/mixed-methods and six qualitative) provided insight into methods to improve arts engagement for the general population. These approaches were synthesised into strategies that are detailed in Table 6.

Table 6: Approaches to improve arts engagement by members of the general population

Strategy	Grade#	Studies
Increase opportunities for childhood arts experiences - although a long-term strategy, lifelong arts participation and attendance can be increased by introducing people to the arts when they are young (e.g. parents, mentors, school-based arts programs, appreciation and education).	Strong evidence	Evans, 2016 ¹⁶ Brook, 2016 ¹⁷ Elpus, 2018 ⁶⁶ Reeves, 2015 ¹² Jancovich, 2017 ⁶⁸
Reduce participation/attendance costs - ensure that arts events and activities are affordable to the community (e.g. ticket price, transport to the event, the cost of parking, etc.).	Strong evidence	Evans, 2016 ¹⁶ Byrne, 2018 ⁶³ Archibald, 2019 ⁴ Hall, 2016 ⁶⁵ Pitts, 2016 ¹⁸ Brownett, 2018 ⁴²

Table 6 continued: Approaches to improve arts engagement by members of the general population

Strategy	Grade#	Studies
Utilise local community partnerships and public involvement as the local community can function as a link to participants and attendees, can provide opportunities to develop more extensive projects (e.g. via funding, extra staff and volunteers), can improve decision making and event/activity relevance.	Moderate evidence	Christensen, 2016 ⁶⁴ Brownett, 2018 ⁴² Jancovich, 2017 ⁶⁸
Increase community member self-efficacy to engage in the arts so they are more likely to participate in arts activities and attend arts events (e.g. increase confidence, information, understanding, comfort, inclusion, familiarity, arts skills and personal achievement).	Moderate evidence	Brownett, 2018 ⁴² Pitts, 2016 ¹⁸ Jancovich, 2017 ⁶⁸ Evans, 2016 ¹⁶ Davies, 2016 ¹⁵
Be aware of and aim to counteract arts participant/attendee transport, distance and parking issues .	Moderate evidence	Evans, 2016 ¹⁶ Brook, 2016 ¹⁷ Hall, 2016 ⁶⁵ Pitts, 2016 ¹⁸
Be aware of and aim to counteract arts participant/attendee access issues (e.g. to activities, facilities and venues).	Moderate evidence	Evans, 2016 ¹⁶ Brook, 2016 ¹⁷
Promote the benefits of arts engagement to the community so they are more likely to engage in the arts (e.g. happiness, enjoyment, relaxation, flow, social interaction, shared experience with friends/family, belonging, wellbeing and quality of life).	Moderate evidence	Meeks, 2018 ⁶² Pitts, 2016 ¹⁸ Davies, 2016 ¹⁵
Ensure participant/attendee satisfaction with their arts experience via quality performances and appropriate venues to increase the likelihood of repeat engagement and advocacy.	Moderate evidence	Meeks, 2018 ⁶² Hall, 2016 ⁶⁵ Pitts, 2016 ¹⁸
Ensure that a planned arts event/activity resonates with the target group (e.g. their preferences, priorities and experiences).	Moderate evidence	Byrne, 2018 ⁶³ Hall, 2016 ⁶⁵
Strengthening local arts infrastructure and resources - ensure arts facilities are fit for purpose and that there is adequate 'supply' as the closure/decline of arts venues influences the provision of events/programs/activities and therefore engagement.	Moderate evidence	Evans, 2016 ¹⁶ Brook, 2016 ¹⁷
Consider the effect of geography (place) on arts participation and attendance - a person is more likely to take part in the arts if there is a good local provision in the area where they live.	Emerging/low evidence	Brook, 2016 ¹⁷
Promote the arts as a dose-response health message - Knowledge of how much art is associated with good mental wellbeing (two hours per week) is useful to community members interested in improving or maintaining mental wellbeing. In the same way physical activity is promoted via dose-response health messages (e.g. 'Find 30'), the arts could also be promoted in this way.	Emerging/low evidence	Davies, 2016 ¹⁵
Provide 'package deals' with activity/event tickets to increase purchase intention/attendance, loyalty, satisfaction, return/repeat purchase and attendance advocacy to others (e.g. backstage visits, information, introduction sessions, parking and discounts).	Emerging/low evidence	Hall, 2016 ⁶⁵
Within arts venues, create welcoming social spaces as these are a selling point for arts participation and audience development (e.g. including cafes, bookshops and an accessible foyer).	Emerging/low evidence	Evans, 2016 ¹⁶
When creating exhibitions consider providing an engaging and interactive experience rather than the use of traditional methods that mostly involve passive interaction (e.g. only viewing).	Emerging/low evidence	Christensen, 2016 ⁶⁴
Implement strategies that aim to cater to and attract diverse audiences (e.g. multilingual exhibition materials, consider cultural competencies and catering to the demographic of the local community).	Emerging/low evidence	Christensen, 2016 ⁶⁴

'strong evidence' (i.e. findings are stable), 'moderate evidence' (i.e. findings are likely to be stable) and 'emerging/low evidence' (i.e. further research is needed).

Young people

For young people in Australia, the leading cause of disease burden is suicide/self-inflicted injuries, anxiety disorders, depressive disorders and alcohol use disorders.⁸⁴ As the arts can assist young people to obtain and maintain good health, especially good mental health, approaches to improve arts engagement for this priority group are important. In this rapid review, 10 papers (four quantitative/mixed-methods and six qualitative) provided insight into approaches to improve arts engagement for young people. These methods were synthesised into strategies that are detailed in Table 7.

Table 7: Approaches to improve arts engagement by young people

Strategy	Grade#	Studies
Ensure the intended arts event/activity resonates with young people – programs/activities should be relevant to young people (e.g. their likes, interests and priorities), engaging, enjoyable, strengths-based, flexible, youth friendly, encourage freedom of choice and collaboration/co-creation.	Strong evidence	Byrne, 2018 ⁶³ Paukste, 2015 ⁷³ Smart, 2018 ⁷² Cain, 2016 ⁷⁰ Fanian, 2015 ³⁷
Strengthening local arts infrastructure and resources - ensure arts facilities are fit for purpose, appropriately resourced/funded (staff and equipment) and that staff are adequately trained to work with young people.	Strong evidence	Evans, 2016 ¹⁶ Smart, 2018 ⁷² Paukste, 2015 ⁷³ White, 2015 ⁷¹ Mapuana, 2015 ⁶⁹
Provide positive school environments that provide opportunities for art experiences (i.e. arts programs, appreciation and education).	Strong evidence	Evans, 2016 ¹⁶ Paukste, 2015 ⁷³ White, 2015 ⁷¹
Utilise partnerships with the local community and health promoters who can contribute to and provide opportunities to develop more extensive projects (e.g. via funding, staff, volunteers) and function as a link to young people/participants.	Moderate evidence	Christensen, 2016 ⁶⁴ White, 2015 ⁷¹ Mapuana, 2015 ⁶⁹
Ensure activities/events are delivered by experienced professionals/artists who young people respect, want to be mentored by and want to learn from.	Moderate evidence	Paukste, 2015 ⁷³ Smart, 2018 ⁷² Cain, 2016 ⁷⁰
Reduce participation/attendance costs - ensure that arts events/activities are affordable to young people and their families.	Moderate evidence	Evans, 2016 ¹⁶ Archibald, 2019 ⁴
Youth should have ownership of the arts event/activity and its outcomes.	Moderate evidence	Cain, 2016 ⁷⁰ Fanian, 2015 ³⁷
Be aware of and aim to counteract transport, distance and access issues . The availability of transport (e.g. public transport), proximity/distance to venues (e.g. walking distance) and access (to activities and facilities) is particularly relevant to young people.	Moderate evidence	Evans, 2016 ¹⁶
Provide opportunities to showcase learnt art skills/talent at public events/exhibitions to celebrate the achievements of young people to their families, friends and peers.	Emerging/low evidence	Paukste, 2015 ⁷³
Encourage peer interactions and friendships by introducing young people to peers via knowledge of shared interests.	Emerging/low evidence	Smart, 2018 ⁷²
When creating exhibitions and installations, consider providing an engaging and interactive experience for young people rather than more traditional, passive methods (e.g. viewing art).	Emerging/low evidence	Christensen, 2016 ⁶⁴

'strong evidence' (i.e. findings are stable), 'moderate evidence' (i.e. findings are likely to be stable) and 'emerging/low evidence' (i.e. further research is needed).

Aboriginal and Torres Strait Islander people

For Aboriginal and Torres Strait Islander people, good health is a holistic concept that includes physical, mental, social, cultural, spiritual and ecological wellbeing, for both the individual and the community.⁸⁴ Around the world, the arts (e.g. music, film, visual arts, dance, theatre and storytelling) are being recognised as an effective health promotion tool to empower, engage, connect and improve the wellbeing of Indigenous people and their communities.^{37,74} In this rapid review, four papers (three quantitative/mixed-

methods and one qualitative) provided insight into approaches to improve arts engagement for Aboriginal and Torres Strait Islander people. These methods were synthesised into strategies that are detailed in Table 8.

Table 8: Approaches to improve arts engagement by Aboriginal and Torres Strait Islander people

Strategy	Grade#	Studies
When developing arts activities/events, take time to develop relationships, trust and rapport with the community and then build on that relationship to move towards positive change (e.g. meet with the community, invite people to participate, provide culturally appropriate explanations).	Strong evidence	Sinclair, 2016 ⁷⁵ Jersky, 2016 ⁷⁴ Mapuana, 2015 ⁶⁹
Develop, plan and run arts activities/events with the local community and Elders to increase cultural competency and community ownership (e.g. involvement of artists, facilitators and health professionals from that community).	Strong evidence	Sinclair, 2016 ⁷⁵ Mapuana, 2015 ⁶⁹ Fanian, 2015 ³⁷ Jersky, 2016 ⁷⁴
Utilise strengths-based approaches that celebrate, reinforce and embrace Aboriginal culture, practices, values, beliefs and identity.	Strong evidence	Jersky, 2016 ⁷⁴ Mapuana, 2015 ⁶⁹ Fanian, 2015 ³⁷
Obtain approval and partner with the local community and Elders to contribute to projects and to function as a link to participants.	Moderate evidence	Sinclair, 2016 ⁷⁵ Mapuana, 2015 ⁶⁹
Arts activities/events should be engaging, enjoyable, fun, safe, non-judgemental, flexible, respectful and culturally relevant .	Moderate evidence	Fanian, 2015 ³⁷ Jersky, 2016 ⁷⁴
Providing participants with opportunities for mentoring, role modelling and leadership .	Emerging/low evidence	Jersky, 2016 ⁷⁴

'strong evidence' (i.e. findings are stable), 'moderate evidence' (i.e. findings are likely to be stable) and 'emerging/low evidence' (i.e. further research is needed).

People from culturally and linguistically diverse backgrounds

Australia's population includes many people who were born overseas, have a parent who was born overseas or who speak a variety of languages - together, these Australians are known as culturally and linguistically diverse (CALD).⁸⁴ People from CALD backgrounds are at risk of mental ill-health and social isolation due to language barriers, cultural differences and racial discrimination.⁸⁵ As the arts can assist culturally and linguistically diverse people to obtain and maintain good health, especially good mental and social health, approaches to improve arts engagement for this priority group are important. In this rapid review, two papers (one quantitative/mixed-methods and one qualitative) provided insight into approaches to improve arts engagement for culturally and linguistically diverse people. These approaches have been synthesised into strategies which are detailed in Table 9.

Table 9: Approaches to improve arts engagement by people from culturally and linguistically diverse backgrounds

Strategy	Grade#	Studies
Arts activities/events should be culturally relevant (e.g. the use of culturally relevant music and stories).	Moderate evidence	Cain, 2016 ⁷⁰
Ensure activities/events are delivered by skilled and experienced professionals/artists who CALD participants respect and want to learn from.	Moderate evidence	Cain, 2016 ⁷⁰
Be aware of and aim to counteract transport, distance and access issues . The availability of transport (e.g. public transport), proximity/distance to venues (e.g. walking distance) and access (e.g. activities and facilities).	Emerging/low evidence	Evans, 2016 ¹⁶
Reduce participation/attendance costs - ensure that arts events/activities are affordable to CALD people.	Emerging/low evidence	Evans, 2016 ¹⁶

'strong evidence' (i.e. findings are stable), 'moderate evidence' (i.e. findings are likely to be stable) and 'emerging/low evidence' (i.e. further research is needed).

Refugees

Compared with individuals born in Australia, refugees have higher rates of mental ill-health, post-traumatic stress, depression and anxiety.⁸⁴ Targeted refugee health promotion programs via the arts, that facilitates social connection, mental wellbeing, physical health and the ability to express cultural identity would be of benefit.⁷⁶ For many refugees, the immense stress and trauma associated with migration can ignite a need for traditional celebrations and practices which can be assisted via the arts.^{76,84} In this rapid review, three papers (two quantitative/mixed-methods and one qualitative) provided insight into methods to improve arts engagement for refugees. These approaches were synthesised into strategies that are detailed in Table 10.

Table 10: Approaches to improve arts engagement by refugees

Strategy	Grade#	Studies
Encourage peer interaction and the building of new friendships via a warm and accepting atmosphere.	Moderate evidence	Stickley, 2019 ⁷⁷ White, 2015 ⁷¹
Arts activities/events should be enjoyable, fun, non-judgemental, and provide an opportunity for self-expression and creativity.	Moderate evidence	Stickley, 2019 ⁷⁷ White, 2015 ⁷¹
Ensure activities/events are delivered by skilled and experienced professionals/artists who participants respect and want to learn from.	Moderate evidence	Stickley, 2019 ⁷⁷ Lenette, 2016 ⁷⁶
Develop, plan and run arts activities/events with the local community and refugees to increase cultural competency and ownership (including the involvement of refugee artists, facilitators and health professionals).	Moderate evidence	White, 2015 ⁷¹ Lenette, 2016 ⁷⁶
Arts activities/events should include culturally relevant components (e.g. traditional celebrations, music and stories) rather than only focusing on activities relevant to the host/resettlement country.	Moderate evidence	Lenette, 2016 ⁷⁶

'strong evidence' (i.e. findings are stable), 'moderate evidence' (i.e. findings are likely to be stable) and 'emerging/low evidence' (i.e. further research is needed).

People living in rural and remote areas

Australians living in rural and remote areas have poorer health and higher rates of tobacco smoking, alcohol consumption, physical inactivity, overweight/obesity, chronic disease, mortality and suicide than those who live in metropolitan areas.^{84,86} No papers in this rapid review provided insight into methods to improve arts engagement for this priority group.

LGBTQI people

Lesbian, gay, bisexual, transgender, queer or questioning and intersex (LGBTQI) people experience higher rates of mental ill-health, often as a result of discrimination^{84,85} LGBTQI people also experience disparities in terms of psychological distress, anxiety, sexual health and higher rates of suicide, tobacco smoking, illicit drug use and risky alcohol consumption.⁸⁴ No papers in this rapid review provided insight into methods to improve arts engagement for this priority group.

People with a disability

An estimated one in five people in Australia (18% or 4.3 million people) had a disability in 2015.⁸⁴ Disability and health are inter-related as long-term health conditions can impact disabilities, and in turn disability can contribute to health problems.⁸⁴ Compared to people without a disability, people with a disability are more likely to feel lonely, rate their general and mental health as poor, and have higher rates of physical inactivity, tobacco smoking and risky alcohol consumption.^{84,85} Children and young people with a disability are at higher risk of obesity, sedentary behaviour and have reduced opportunities to connect with their peers.⁷⁸ In this rapid review, two papers (one quantitative/mixed-methods and one qualitative) provided insight into methods to improve arts engagement for people with disabilities. These approaches have been synthesised into strategies which are detailed in Table 11.

Table 11: Approaches to improve arts engagement by people with disabilities

Strategy	Grade#	Studies
Increase the number of inclusive arts activities/events, artists and trained service providers for people with disabilities.	Moderate evidence	May, 2019 ⁷⁸ Smart, 2018 ⁷²
Be aware of and aim to counteract transport and access issues (e.g. site accessibility).	Moderate evidence	May, 2019 ⁷⁸
Increase self-efficacy to engage in the arts (e.g. by increasing confidence, knowledge and information about recreational arts opportunities - rather than only therapy).	Moderate evidence	May, 2019 ⁷⁸
Encourage peer interactions and friendships by engaging participants in collective experiences and supporting participants to interact.	Emerging/low evidence	Smart, 2018 ⁷²

'strong evidence' (i.e. findings are stable), 'moderate evidence' (i.e. findings are likely to be stable) and 'emerging/low evidence' (i.e. further research is needed).

People who are socially isolated

Social isolation is seen as the state of having minimal contact with others, while loneliness is a negative emotional reaction to having a lower level of social contact than desired.⁸⁷ Social isolation has been linked to mental ill-health, emotional distress, suicide, premature death, poor health behaviours, poor sleep, high blood pressure and poorer immune function, while loneliness has been linked to premature death, poor physical health, reduced life satisfaction and mental ill-health.⁸⁷ Loneliness tends to be more common in young adults, older people, new parents, those working long hours, people with a disability, people experiencing mental ill-health and those who live alone.^{85,87} In this rapid review, eight papers (three quantitative/mixed-methods and five qualitative) provided insight into methods to improve arts engagement for people who are socially isolated – however, all papers focused on older adults. These approaches have been synthesised into strategies which are detailed in Table 12.

Table 12: Approaches to improve arts engagement by people who are socially isolated

Strategy	Grade#	Studies ⁺
Reduce participation/attendance costs - ensure arts events/activities are affordable.	Strong evidence	Evans, 2016 ¹⁶ Archibald, 2019 ⁴
Ensure that a planned arts event/activity resonates with the target group it is intended for (e.g. their priorities, experience, memories, interest, relevance and willingness to take part).	Moderate evidence	Byrne, 2018 ⁶³ Coulton, 2015 ⁸¹ Skingley, 2016 ⁸³
Be aware of and aim to counteract arts participation/attendance issues including distance, venue proximity and availability of transport .	Moderate evidence	Evans, 2016 ¹⁶ Skingley, 2016 ⁸³
Increase self-efficacy to engage in the arts (e.g. by increasing knowledge, comfort and providing praise and feedback).	Emerging/low evidence	Thomson, 2018 ⁸⁰ Waddington-Jones, 2019 ⁸²
Provide participants with demonstrations (e.g. acrylic on canvas, mediums and colour mixing) and an engaging, safe environment to undertake (new) arts activities .	Emerging/low evidence	Rose, 2016 ⁷⁹
Encourage peer interaction, friendships and group bonding by engaging participants in collective experiences and allowing time for 'forming' as participants/artists get to know each other.	Emerging/low evidence	Waddington-Jones, 2019 ⁸²
Ensure activities/events are delivered by skilled, enthusiastic and experienced professionals/artists who can model techniques and provide precise explanations and that participants trust, respect and want to learn from.	Emerging/low evidence	Waddington-Jones, 2019 ⁸² Skingley, 2016 ⁸³

'strong evidence' (i.e. findings are stable), 'moderate evidence' (i.e. findings are likely to be stable) and 'emerging/low evidence' (i.e. further research is needed).

+ All studies focused on older adults

5.4 Question 2: What programs or activities which have used the arts as a vehicle or setting have been effective in increasing awareness, knowledge, attitudes and behaviours in VicHealth’s five imperative areas?

5.4.1 Question 2 - Body of evidence overall

Of the 37 quantitative/mixed-methods articles that commented on using the arts as a vehicle or setting for increasing awareness, knowledge, attitudes and behaviours in VicHealth’s five imperative areas, one was rated as Level I, 10 as Level II, one as Level III-2, 15 as Level III-3 and 10 as Level IV. Overall, the quantitative/mixed-methods evidence base for question 2 was rated as **‘C’ or ‘Satisfactory’**. Of the 11 qualitative articles, five were rated as high, three as moderate, two as low and one as very low. Overall, the qualitative evidence base for question 2 was rated as **‘Moderate’**. For both generalisability and applicability (to the Australian/Victorian context) the body of evidence for question 2 was rated as **‘B’ or ‘Good’**. In terms of consistency, 15 review articles reported on using the arts as a vehicle or setting to increasing awareness, knowledge, attitudes and behaviours in VicHealth’s five imperative areas and were rated as **‘B’ or ‘Good’**.

5.4.2 Question 2 – Arts programs or activities that have been effective in increasing awareness, knowledge, attitudes and behaviours by priority area

Healthy eating

Diet-related chronic conditions are among the leading causes of death and disability in Australia.⁸⁴ A healthy diet helps prevent and manage health risk factors such as overweight and obesity, high blood pressure, high cholesterol and chronic conditions such as type two diabetes and cardiovascular disease.⁸⁴ In this rapid review, five papers (three quantitative/mixed-methods and two qualitative) provided insight into the use of the arts to increase healthy eating (Table 13). Due to the range of methods, settings, art forms and target groups described, the arts-healthy eating evidence was rated as ‘emerging/low evidence’.

Table 13: Evidence summary table: the arts and healthy eating

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Unhealthy eating, nutrition related attitudes, beliefs and behaviour	Mapuana, 2015 ⁶⁹ (II)	Interventions targeting health and lifestyle choices via nutrition, diet, and exercise with and without a focus on Indigenous culture. (Review Article)	Community, schools. Indigenous culture (traditional activities, storytelling).	Curricula based on Indigenous culture had a favourable impact on diet, exercise, attitudes, beliefs and behaviour. Interventions had a favourable impact on behaviour and anthropometric measures (short-term).
Food preparation, healthy eating knowledge attitudes and intentions	Christensen, 2016 ⁶⁴ (Low-Qual)	Health promotion impact of attending museum exhibitions (single visit) which provided information about the body and its functions.	Museums. Exhibitions and installations (i.e. bilingual, indoor and outdoor, museum based and travelling), internet resources.	Nutrition and healthy eating were a common museum exhibition theme that had an impact on health knowledge, attitudes and intentions.

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Table 13 continued: Evidence summary table: the arts and healthy eating

Health behaviours	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and Art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Healthy food intentions and behaviours	Ferguson, 2016 ⁸⁸ (IV)	To assess food intentions and behaviour when attending a community festival. (Respondents spent 5.5 hrs at the festival).	Community festival. Festival.	Most festival patrons purchased unhealthy foods. The ability to eat healthy foods was negatively impacted by adverse food environments and a lack of healthy options.
Healthy food knowledge (fruit, vegetables, traditional food)	Sinclair, 2016 ⁷⁵ (Mod-Qual)	The Western Desert Kidney Health Project incorporated art with screening/community development to facilitate structural change and prevent, detect and better manage kidney disease in (two week program).	Community, Goldfields region, WA. Storytelling, music, sand drawing, animation, movies, community exhibition/performance.	An arts-health approach was positively received by Aboriginal and Torres Strait Islander people. One outcome of this project was that Community Leaders were supported to ensure that local shops sold healthy food and reasonably priced fresh fruit and vegetables.
Diet, healthy eating	Cain, 2016 ⁷⁰ (III-3)	Impact of music programs on the wellbeing of CALD youth. (Review Article)	Community. Performing arts, drumming, contemporary music and dance.	Participation in music programs encouraged positive health outcomes including improved awareness and behaviours related to diet and exercise.

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Physical activity

Regular physical activity is important for optimal wellbeing, whereas insufficient physical activity is a key risk factor contributing to disease burden in Australia.⁸⁴ In this rapid review, 11 papers (seven quantitative/mixed-methods and four qualitative) provided insight into the use of the arts to increase physical activity (Table 14). Across a range of priority groups, there was moderate to strong evidence to support the use of dancing to directly improve physical activity, however, the evidence regarding other art forms was graded as ‘emerging/low evidence’ in terms of physical activity awareness, knowledge, attitudes and behaviour.

Table 14: Evidence summary table: the arts and physical activity

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Walking (in a parade), physical health awareness and knowledge	White, 2015 ⁷¹ (Mod-Qual)	Participatory arts workshops to create lanterns (two weeks) followed by a community parade.	Community, schools. Community parade, visual arts and craft.	Lantern workshops focused on a health theme to increase health awareness and knowledge. The parade was an opportunity for physical activity (walking).

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Table 14 continued: Evidence summary table: the arts and physical activity

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Physical activity, dancing	Mansfield, 2018 ⁸⁹ (II)	Impact of sport and dance participation on the subjective wellbeing of young people. (Review Article)	Community, schools. Dance (participating and watching).	As well as being a form of physical activity, dance interventions also assisted with positive outcomes connected to self-esteem, cognitive function and reduced depression and anxiety.
Improvements in physical fitness	May, 2019 ⁷⁸ (II)	Impact of dance for children with disabilities. (Review Article)	Schools, community. Dancing (creative dance, traditional, community).	For children with disabilities, dancing had an impact on physical fitness, balance, jumping, flexibility, motor skills, movement/rhythm skills, as well as psychological, cognitive and social benefits.
Exercise, balance, improved mobility	Pearce, 2015 ⁹⁰ (IV)	Participation by older people living in the community in one of four arts projects: 'Extend', 'My Story', 'The Red Suitcase' and 'The Rural Pub Arts Hub'.	Community centre, homes, rural pubs. Dance, chair-based movement to music, film, storytelling, drama, quilting, painting, drawing, murals, collage, stitched imagery.	The projects provided direct access to arts and social activities that helped older people living in rural communities increase their physical activity, mobility, mental wellbeing, self-worth, self-esteem, life skills and reduce social isolation.
Physical activity	McKay, 2018 ⁹¹ (IV)	Impact of participation in EYE BELONG, an arts-based, health promotion program (six weeks), where students explore wellbeing issues via arts workshops and develop solution-focused artworks.	Schools. Music, dance, photography, painting, drawing, Indigenous art (painting, craft, storytelling).	The study provided evidence that arts-based, school programs are effective in promoting physical health and wellbeing. Post-program surveys found students enjoyed engaging in the arts, with the photo-voice component suggesting positivity towards physical activity and leisure activities.
Opportunity for spontaneous free play, physical activity	Smart, 2018 ⁷² (Mod-Qual)	The impact of an arts-mediated spiral garden program on children with and without disabilities (four, two-week, exclusively outdoor sessions).	Outdoor, garden setting. Collective storytelling, drama, painting, music, costumes, woodwork, clay work, puppets, sculptures, dance-like interactions.	The Spiral Garden gave children of all abilities the opportunity for spontaneous play, dance-like interactions, moving/walking between leisure spaces, and the freedom to discover at their own pace.

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Table 14 continued: Evidence summary table: the arts and physical activity

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Physical activity, dancing	Fraser, 2015 ⁹² (III-3)	The impact of arts engagement on older adults' quality of life and health. (Review Article)	Home, community centres, retirement homes, nursing homes. Music, singing, dance, murals, painting, drawing, theatre, drama, prose, poetry, storytelling, photography, film.	Artistic engagement (e.g. dance) was found to be a promising way to improve older adult health and quality of life.
Sedentary behaviour	Mapuana, 2015 ⁶⁹ (II)	Interventions targeting health and lifestyle choices via nutrition, diet, and exercise with and without a focus on Indigenous culture. (Review Article)	Community, schools. Indigenous culture (traditional activities, storytelling).	Curricula based on Indigenous culture had a positive impact on diet, exercise, attitudes, beliefs and behaviour. Interventions had a positive short-term impact on behaviour and anthropometric measures.
Physical activity	Cain, 2016 ⁷⁰ (III-3)	Impact of participatory music programs on the wellbeing of CALD youth. (Review Article)	Community. Performing arts, drumming, contemporary music and dance.	Participation in music programs promoted positive health outcomes for CALD young people including improved awareness and behaviours related to diet and exercise.
Increased knowledge of the importance of exercise	Sinclair, 2016 ⁷⁵ (Mod-Qual)	The Western Desert Kidney Health Project incorporated art with screening/community development to facilitate structural change and prevent, detect and better manage kidney disease (two week program).	Community, Goldfields region, WA. Storytelling, music, sand drawing, animation, movies, community exhibition/performance.	The program promoted health messages and reinforced the work of Elders and Community Leaders, who strongly promoted the benefits of a traditional bush lifestyle, with lots of exercise and healthy bush tucker.
Physical activity	Christensen, 2016 ⁶⁴ (Low-Qual)	Health promotion impact of attending museum exhibitions (single visit) which provided information about the body and its functions.	Museums Exhibitions and installations (i.e. bilingual, indoor and outdoor, museum based and travelling), internet resources.	Physical activity (dancing, running, climbing, strength, balance, co-ordination, speed, outdoor play) were a common museum exhibition theme that had an impact on health knowledge, attitudes and intentions.

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Preventing tobacco use

Although daily smoking rates have declined over several decades, in Australia, tobacco smoking is still the leading preventable cause of death and disease and a leading risk factor for many chronic conditions.⁸⁴ In this rapid review, four papers (three quantitative/mixed-methods and one qualitative) provided insight into the use of the arts to prevent tobacco use (Table 15). Due to the range of methods, settings, art forms and target groups described, the arts-tobacco evidence was rated as 'emerging/low evidence'.

Table 15: Evidence summary table: the arts and preventing tobacco use

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Awareness of the risks associated with tobacco use	Paukste, 2015 ⁷³ (III-3)	The impact of VoxBox, which comprised four alcohol, tobacco and other drugs educational sessions, and seven music/rap music workshops (seven weeks, 1-2hr sessions).	Five high schools, Queensland. Music, rap music, group performance.	The program was effective at increasing awareness of the risks of using alcohol, tobacco and other drugs. The program was well received and highlighted the need for health promotion interventions that appeal to, and are relevant to, young people.
Arts events effective as a setting to promoting anti-smoking messages	Davies, 2015 ⁸ (IV)	The impact of exposure to an anti-smoking message at sponsored arts vs sports events (messages: 'Quit', 'Smoke free' or 'Smarter than Smoking').	Twelve arts events versus nine sports events. Visual arts, performing arts, festivals.	Arts settings were as effective in promoting anti-smoking message awareness, acceptance, comprehension, and twice as effective on intentions compared with sports settings. Effective promotion methods included signage, announcements and merchandise.
Anti-smoking themed parade, health awareness and knowledge	White, 2015 ⁷¹ (Mod-Qual)	Participatory arts workshops to create lanterns (two weeks) followed by a community parade.	Community, schools. Community parade, visual arts and craft.	The lantern workshops focused on a health theme (e.g. preventing tobacco use) to increase health awareness and knowledge.
Increased intention, knowledge and understanding of the arts for Indigenous tobacco prevention.	Gould, 2018 ⁹³ (IV)	To introduce health professionals, who work with Indigenous communities, to the idea of using arts within their tobacco control work (two hour workshop).	Pre-conference workshop. Drawing and creative writing.	The workshop increased participant knowledge, understanding and likelihood of using the arts for Indigenous tobacco control. Artworks demonstrated a variety of themes including the strength of family and culture, smoking as a health barrier and resilience.

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Preventing harm from alcohol

In Australia, alcohol use is responsible for approximately 4.6% of total disease burden/injury, 3.4% of deaths and 0.5% of all hospital separations.⁸⁴ Excessive alcohol consumption can increase the lifetime risk of chronic disease and injury.⁸⁴ Excessive alcohol consumption also has a social cost in terms of crime, verbal abuse, violence, motor accidents and lost productivity.⁸⁴ In this rapid review, only one paper (mixed-methods) provided insight into the use of the arts to prevent harm from alcohol (Table 16). The arts-alcohol evidence base was therefore rated as ‘emerging/low evidence’

Table 16: Evidence summary table: the arts and preventing harm from alcohol

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Awareness of the risks associated with alcohol use	Paukste, 2015 ⁷³ (III-3)	The impact of VoxBox which comprised four alcohol, tobacco and other drugs educational sessions, and seven rap music workshops (seven weeks, 1-2hr sessions).	Five high schools, Queensland. Music, rap music, group performance.	The program was effective at increasing awareness of the risks of using alcohol, tobacco and other drugs. The program was well received and highlighted the need for interventions that appeal to young people.

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Improving mental wellbeing

Good mental health enables an individual to realise their potential, contribute to his or her community, cope with the stresses of everyday life and work productively.^{5,34} In a 12-month period, approximately 20% of the Australian population experience mental illness.⁸⁴ In this rapid review, 41 papers (31 quantitative/mixed-methods and 10 qualitative) provided insight into the use of the arts to improve mental wellbeing (Table 17). Across a range of priority groups and art forms, there was strong evidence to support the use of the arts to increase mental wellbeing awareness, knowledge, attitudes and behaviour.

Table 17: Evidence summary table: the arts and improving mental wellbeing

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Mental wellbeing	Tymoszuk, 2019 ⁹⁴ (III-2)	To investigate whether frequency of receptive arts contributes to wellbeing in older adults (10 year longitudinal analysis).	Cinemas, galleries, museums, theatre, concerts, opera. Performing arts, visual arts.	Long-term frequent arts engagement was associated with higher levels of happiness, life satisfaction, self-realisation, and control/autonomy in older adults.
Mental wellbeing	Davies, 2016 ¹⁵ (IV)	To quantify the impact of arts engagement on general population mental wellbeing.	Various. Arts (general).	Respondents with high arts engagement (2hrs/week) had better mental wellbeing than those with none or lower levels of engagement.

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Table 17 continued: Evidence summary table: the arts and improving mental wellbeing

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Mental wellbeing	Zarobe, 2017 ⁹⁵ (III-3)	Impact of arts activities on the mental wellbeing and resilience of children and young people. (Review Article)	Community, schools, home. Music, drumming, dance, singing, drama/theatre, design, painting, mask making, storytelling, film/media, circus.	Evidence was provided of the ability of structured arts activities to build resilience and contribute to positive mental wellbeing of children and young people (i.e. increased confidence, self-esteem, self-expression, self-understanding, sense of achievement, identity, improved coping mechanisms to deal with stress, life satisfaction).
Mental wellbeing	Poulos, 2019 ¹⁰ (III-3)	Impact of Arts on Prescription on community-dwelling older adults (8-10 weeks).	Community. Visual arts, photography, dance, drama, singing, music, community exhibition or performance.	Arts on Prescription was found to have a positive impact on mental wellbeing and creativity due to the program's ability to foster a sense of purpose, enable personal growth, achievement, and empower participants in a setting which fostered the development of meaningful relationships.
Mental wellbeing	Skingley, 2016 ⁸³ (High-Qual)	Impact of a community singing program on older people (14 weeks).	Community. Singing (songs from different eras and genres).	Findings suggest that singing groups have psychological, social, physical, and community wellbeing benefits for older people. Psychological benefits included relaxation, enjoyment, improved confidence, cognitive stimulation and memory improvement.
Mental wellbeing and knowledge	McKay, 2018 ⁹¹ (IV)	Impact of participation in EYE BELONG, an arts-health promotion program (six weeks) where students explored wellbeing issues via arts workshops and develop solution-focused artworks.	Schools. Music, dance, photography, painting, drawing, Indigenous art (painting, craft, storytelling).	The study provided evidence that arts-based, school programs are effective in promoting mental wellbeing (i.e. increased happiness, mindfulness, confidence, mental health knowledge, enjoyment and fun).

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Table 17 continued: Evidence summary table: the arts and improving mental wellbeing

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Mental wellbeing	Rose, 2016 ⁷⁹ (III-3)	The impact of taking part in the 'Re-imagining and painting landscapes project' on the wellbeing of older adults.	Community (urban and semi-rural). Painting.	The project had a positive impact on the mental wellbeing of participants (e.g. happiness, pleasure, self-reflection, confidence, connection to the past, self-understanding, self-worth, sense of identity, mental enrichment, and sense of achievement).
Mental wellbeing	Waddington-Jones, 2019 ⁸² (Low-Qual)	Impact of participation in collaborative composition and new music workshops as part of the Hull 2017 New Music Biennial.	Community - Music Biennial. Music, collaborative composition, song writing, sound installation, sound art, beatboxing.	Musical engagement and collaborative music composition were found to contribute positively to mental health (happiness, enjoyment, fun, flow) and social wellbeing.
Mental wellbeing	Meeks, 2018 ⁶² (III-3)	To determine factors that predict theatre involvement and benefits in adult theatre ticket buyers/attendees.	Theatre. Theatre attendance.	Theatre involvement had psychosocial benefits such as hedonic wellbeing (feeling good), flow, social engagement, feelings of belonging, satisfaction and enjoyment.
Mental wellbeing	MacLeod, 2016 ⁴⁰ (High-Qual)	The impact of a participatory arts approach involving matched volunteer and socially isolated rural older adults via art training (to enable older adult volunteers to facilitate the program), and home visits to create art (10 visits).	Homes. Drawing, clay work, poetry, photography, painting, sewing, storytelling, mixed-media, art show.	The intervention positively influenced the mental wellbeing of socially isolated older adult participants and their matched volunteers (e.g. happiness, gratitude, relationship building, emotional connection, trust, pride in the art created, self-expression, self-reflection, empowerment and life satisfaction).
Mental wellbeing	Moss, 2018 ⁵⁵ (III-3)	Impact of singing in a choir on perceived health benefits.	Community, workplaces, schools, nursing homes, churches. Choral singing.	Choral singing had positive health benefits in terms of physical, social, spiritual and emotional outcomes (e.g. happiness, self-esteem, confidence, cognitive stimulation, sense of achievement, and mindfulness).

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Table 17 continued: Evidence summary table: the arts and improving mental wellbeing

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Mental wellbeing	White, 2015 ⁷¹ (Mod-Qual)	Impact of participatory arts workshops to create lanterns (two weeks) followed by a community parade.	Community, schools. Community parade, visual arts and craft.	The program had an impact on participant mental wellbeing (stress reduction, improved mood, sense of achievement), social capital and physical activity (walking). The project provided an opportunity to talk about, confront and solve community issues (e.g. health, racism) rather than ignoring or trying to 'contain' issues. The parade created community connection and shared history.
Mental wellbeing	Thomson, 2018 ⁸⁰ (IV)	Impact of Museums on Prescription on older adults (10 weekly sessions).	Museums, Kent and London, UK. Curator talks, behind-the-scenes museum tours, object handling, discussion and arts activities inspired by the exhibits, visual arts.	Museum activities improved the psychological wellbeing (i.e. happy, inspired, engaged, intellectual stimulation) and social capital of older adults. Participants felt absorbed and enlightened by the sessions and the opportunities to acquire new learning and develop new skills.
Mental wellbeing	Jersky, 2016 ⁷⁴ (III-3)	Impact of participation in the Ngala Nanga Mai ('We Dream') pARenT Group Program (twice weekly art sessions).	Community health facility. Arts (general), yarnng, art exhibitions.	The Ngala Nanga Mai ('We Dream') pARenT group program created an environment of social connectedness, empowerment, strengthened parenting skills, increased maternal and child physical, social and mental wellbeing (e.g. happiness, empowerment, confidence, hope, self-expression). The program increased utilisation of health, education and support services and provided opportunities for the early detection of treatable child health issues.

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Table 17 continued: Evidence summary table: the arts and improving mental wellbeing

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Mental wellbeing	Pearce, 2015 ⁹⁰ (IV)	Participation by older people living in the community in one of four arts projects: 'Extend', 'My Story', 'The Red Suitcase' and 'The Rural Pub Arts Hub'.	Community centre, homes, rural pubs. Dance, chair based movement to music, film, storytelling, drama, quilting, painting, drawing, murals, collage, stitched imagery.	The projects provided direct access to arts and social activities that helped rural older adults improve their mental wellbeing (i.e. happiness, enjoyment, self-worth, self-esteem, relaxation, self-expression).
Mental wellbeing, attitudes, knowledge and intentions	Christensen, 2016 ⁶⁴ (Low-Qual)	Health promotion impact of attending museum exhibitions (single visit) which provided information about the body and its functions.	Museums. Exhibitions and installations (i.e. bilingual, indoor and outdoor, museum based and travelling), internet resources.	The topic of mental health was included in exhibitions and teaching programs to impact visitor health knowledge, attitudes, intentions and behaviours (i.e. stress, reduction, relaxation, happiness).
Mental wellbeing	Fanian, 2015 ³⁷ (III-3)	Participation in the 'We Light the Fire' project, an arts workshop to empower Indigenous youth to explore community issues and find solutions together.	Community. Film, photography, spoken word, music, singing, music videos, sound production, design, multimedia arts, jewellery making, painting.	The program provided participants with an opportunity to voice their thoughts/beliefs, build resilience, skills, confidence, self-esteem, strengthen connections (peers, community, role models, sense of identity and reduced boredom).
Mental wellbeing	Brownnett, 2018 ⁴² (High-Qual)	Impact of active participation in community festivals.	Community festivals. Festival.	The findings suggest that festivals improve social capital, self-efficacy and mental wellbeing (happiness). Festivals provide opportunities for volunteering, sharing resources and community building.
Mental wellbeing	Sinclair, 2016 ⁷⁵ (Mod-Qual)	The Western Desert Kidney Health Project incorporated art with screening/community development for Aboriginal and Torres Strait Islander people (two week program).	Community, Goldfields region, WA. Storytelling, music, sand drawing, movies, animation, community exhibition/performance.	The arts component of the program promoted participation and produced a range of outcomes that were a source of pride and joy for participants and their families.

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Table 17 continued: Evidence summary table: the arts and improving mental wellbeing

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Mental wellbeing	Lenette, 2016 ⁷⁶ (III-3)	The impact of active music participation or receptive listening on health and wellbeing. (Review Article)	Conflict settings, refugee camps, detention centres, resettlement countries. Active music participation (e.g. song writing, solo/group singing, formal and informal performances) or listening (e.g. gathering to listen to recorded or live music).	The ability to express cultural identity and traditions plays a crucial role in facilitating refugee and asylum seekers' mental wellbeing. Music participation was found to increase morale, hope, self-expression and self-understanding, rebuild a sense of normality, social inclusion, reignite cultural practices and assist with acculturation with the host country's culture and practices.
Mental wellbeing	Anderson, 2017 ⁴¹ (High-Qual)	To examine the impact on university students and older adults of participating in a professionally led intergenerational community theatre company (ongoing), and the key processes that promoted their wellbeing.	Community setting Theatre, drama, plays, storytelling, singing, improve.	Participating in intergenerational theatre improved inter-generational relationships and reduced ageism. It reduced loneliness and increased mental wellbeing by building social networks, confidence, self-esteem enjoyment, sense of social justice, empathy, compassion and support.
Mental wellbeing	Stickley, 2019 ⁷⁷ (III-3)	Impact of participation in a creative writing workshop for refugees and people seeking asylum (36 sessions over 10 months).	Community Creative writing, spoken word, storytelling, readings, images, poems, collaborative writing, discussion based exercises, performance, public event, production of new creative works.	Professionally led creative writing groups were effective in enabling participants come to terms with past experiences. The program resulted in numerous educational, social and mental wellbeing outcomes (i.e. happiness, enjoyment, hope, confidence, self-expression, fond memories and distraction from worries).
Mental wellbeing	May, 2019 ⁷⁸ (II)	Impact of dance for children with disabilities. (Review Article)	Schools, community. Dancing (creative dance, traditional, community).	For children with disabilities, dancing had an impact on physical fitness, psychological, cognitive and social wellbeing.

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Table 17 continued: Evidence summary table: the arts and improving mental wellbeing

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Mental wellbeing	Garrido, 2016 ⁹⁶ (III-3)	Participants were randomly assigned to happy and sad music groups and listened to a prescribed playlist for four weeks.	University lab, home. Listening to happy and sad music.	Happy music resulted in mood improvements after short term listening, regardless of rumination scores. Sad music resulted in mood reductions for people with high rumination after long-term listening.
Mental wellbeing and reduce mental health stigma	Barnett, 2019 ⁸⁶ (III-3)	Impact of participation in (artist affected by mental illness) and attendance (community members) at The Rural Art Roadshow (art exhibition, four weeks) held in rural towns in Tasmania.	Rural towns, Tasmania. Exhibition - paintings, textiles, sculptures, wood carvings.	The exhibition impacted community mental health awareness, literacy, reduced mental health stigma, increased empathy, understanding and had social, mental and personal benefits for participating artists (i.e. positive sense of self, sense of achievement, increased self-efficacy, confidence).
Mental wellbeing, reduced mental ill-health	Daykin, 2018 ⁹⁷ (II)	Impact of music interventions on subjective wellbeing. (Review Article)	Community, labs, educational settings, home, work, prisons, hospitals, residential care. Music, singing, listening to music.	Review found evidence for the positive effect of music and singing on mental wellbeing (i.e. reduced stress and depression; enhanced mood, happiness, sense of purpose, joviality, self-esteem, increased quality of life, relaxation).
Mental wellbeing, reduced mental ill-health	Mansfield, 2018 ⁸⁹ (II)	Impact of sport and dance participation on the subjective wellbeing of young people. (Review Article)	Community, schools. Dance (participating and watching).	Dance interventions had an impact on the mental wellbeing of young people (i.e. happiness confidence, relaxation, ambition, sense of purpose; reduced distress and depression).
Mental wellbeing, reduced mental ill-health	Coulton, 2015 ⁸¹ (II)	Impact of a singing group (Silver Song Club, 14 weeks, 90 min session) vs usual activities.	Community. Singing (songs from different eras and a variety of genres), music (percussion).	Participation in singing groups had significant benefits i.e. SF-12 mental wellbeing component significant at three and six month follow-up), reduced anxiety and depression (significant at three month follow-up).

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Table 17 continued: Evidence summary table: the arts and improving mental wellbeing

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Mental wellbeing, reduced mental ill-health	Lynar, 2017 ⁹⁸ (IV)	Participants listened to two prescribed musical pieces (classical, jazz), an 'uplifting' piece of their own choice, and an acoustic control stimulus (white noise) in random order. Physiological responses were recorded (heart rate, respiration, galvanic skin response).	University lab. Listening to music (prescribed/self-selected; classical/jazz/other).	Self-selected music was most effective for enhancing mood, especially inducing a joyous state. Low arousal classical music was most likely to shift the participant into a state of relaxation and reduce anxiety.
Mental wellbeing, reduced mental ill-health	Bernard, 2017 ⁹⁹ (II)	Impact of older adult involvement in theatre and drama. (Review Article)	Community, theatre companies, homes, residential care, schools, universities. Theatre, drama.	The review provided evidence of the benefits of participation in theatre and drama in terms of improving quality of life, social relationships, learning opportunities, creative expression and mental wellbeing (i.e. fun, excitement, happiness, identity, sense of purpose, confidence, self-esteem, pride in work, trust, enjoyment, self-worth, self-reflection, empathy, problem solving, communication, memory, reduced anxiety).
Mental wellbeing, reduced mental ill-health	Cain, 2016 ⁷⁰ (III-3)	Impact of participatory music programs on the wellbeing of CALD youth. (Review Article)	Community. Performing arts, drumming, contemporary music and dance.	Participation in music programs promoted positive health outcomes for CALD young people including improved mental health knowledge, awareness and behaviours. Examples of psychological benefits included reduced mental ill-health (anxiety, depression, alienation, aggression, anger and stress), increased empowerment, self-esteem, cultural empathy and confidence.

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Table 17 continued: Evidence summary table: the arts and improving mental wellbeing

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Mental wellbeing, reduced mental ill-health	Fraser, 2015 ⁹² (III-3)	The impact of arts engagement on older adults' quality of life and health. (Review Article)	Home, community centres, retirement homes, nursing homes, homes. Music, singing, dance, murals, painting, drawing, theatre, drama, prose, poetry, storytelling, photography, film.	Artistic engagement improved older adults' quality of life and mental health (e.g. fun, hope, happiness, alleviate boredom, enjoyment, gratitude, motivation, emotional expression, relaxation, reduced stress, achievement, identity, confidence, self-understanding, improved outlook on life, empathy, empowerment, resilience).
Mental wellbeing, reduced mental ill-health	Chatterjee, 2018 ¹⁰⁰ (II)	The impact of social prescribing (arts, books, education, exercise), on community members, vulnerable groups, at-risk groups and patients. (Review Article)	Community. Arts on Prescription - dance, drama, music, painting, poetry, reading books.	Social prescribing, including Arts on Prescription, was effective in reducing health inequalities and providing social and psychological support (e.g. improved mood, relaxation, pride in work, self-esteem, confidence, self-expression, hope, motivation, optimism, reduced anxiety and depression).
Mental health stigma	Hankir, 2017 ¹⁰¹ (IV)	Participants viewed the 'Wounded Healer' film, i.e. a doctor with first-hand experience of psychological distress (single session).	University. Film.	Film interventions are showing promise at challenging stigma. The results of this study suggest that a film featuring a protagonist who is not from the same background as the audience may not be effective at reducing stigma in that audience.
Anxiety	Sandmire, 2016 ¹⁰² (IV)	To assess the impact of four separate 30min art sessions on anxiety in young people, i.e. free-form painting, mandala colouring, clay modelling and non-art making (control session).	University. Visual arts (painting, colouring, clay modelling).	Measured objectively (heart rate), painting, mandala colouring and clay modelling resulted in significant reductions in anxiety. Measured subjectively (self-reported anxiety), only painting produced a significant decrease in anxiety.

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Table 17 continued: Evidence summary table: the arts and improving mental wellbeing

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Stress reduction	Martin, 2018 ¹⁰³ (II)	Impact of creative arts interventions on stress. (Review Article)	Community, universities, healthcare, aged-care, call centres. Music, dance and visual arts.	Arts interventions (music, visual arts and dance) were found to have a positive impact on perceived stress, mood, stress management and anxiety.
Stress reduction	Finn, 2018 ⁵³ (II)	Impact of listening to music on biological response. (Review Article)	Clinical and non-clinical settings. Music (listening).	Listening to music modulated stress response. Effects were found irrespective of music genre, duration of listening or music self-selection.
Stress reduction	de Witte, 2019 ⁵⁴ (I)	Effects of music interventions on physiological and psychological stress. (Review Article)	Community, health settings. Music.	Small to medium effect of music on physiological stress (i.e. heart rate, blood pressure, hormones). Medium to large effect of music on psychological stress (nervousness, worry, anxiety, restlessness).
Mindfulness, self-expression	Smart, 2018 ⁷² (Mod-Qual)	The impact of an arts-mediated spiral garden program on children with and without disabilities (four, two-week, exclusively outdoor sessions)	Outdoor, garden setting. Collective storytelling, drama, painting, music, costumes, woodwork, clay work, puppets, sculptures, dance-like interactions.	Mental wellbeing benefits of the 'Spiral Garden' included mindfulness, imagination and verbal/nonverbal self-expression.
Cognitive abilities	Hwang, 2015 ¹⁰⁴ (II)	To evaluate the benefits of a dance intervention on the health of older adults lacking prior dance experience. (Review Article)	Not specified. Dancing (ballroom, contemporary, cultural, pop, jazz).	The findings suggest that dance, regardless of its style, significantly improved physical health and cognitive abilities.
Empathy, reduced ageism, attitudes, knowledge	Archibald, 2019 ⁴ (High-Qual)	Impact of the arts on awareness, understanding, communication, knowledge, attitudinal and behaviour change in older adulthood. (Review Article)	Community, theatre, hospitals. Storytelling, written narratives, theatre, drama, dance, visual art, textiles.	Arts-based approaches cultivated caring, empathy, reduced ageism, challenged misbeliefs, provoked discussion, increased communication, changed attitudes and increased knowledge.

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Additional priority areas: completed at the request of VicHealth

Gender equality

No papers in this rapid review provided insight into the use of the arts to improve gender equality.

Social health (includes social connection and inclusion)

Social health is influenced by the strength of a person’s network, their opportunities for social support/connection, their understanding of intersubjective norms and their capacity to make their own choices based on their socioeconomic position (e.g. education, income, occupation).^{5,9} In this rapid review, 29 papers (21 quantitative/mixed-methods and eight qualitative) provided insight into the use of the arts to improve social health (Table 18). Across a range of priority groups and art forms, there was strong evidence to support the use of the arts to increase social health awareness, knowledge, attitudes and behaviour.

Table 18: Evidence summary table: the arts and improving social health

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Social connection, social inclusion.	Chatterjee, 2018 ¹⁰⁰ (II)	The impact of social prescribing on community members, at-risk groups, vulnerable groups and patients. (Review Article)	Community. Arts on Prescription - dance, drama, music, painting, poetry, reading books.	Social prescribing, including Arts on Prescription, was effective in reducing social isolation, enhancing feelings of belonging and peer support.
Social connection, social inclusion.	Mansfield, 2018 ⁸⁹ (II)	Impact of sport and dance participation on the subjective wellbeing of young people. (Review Article)	Community, schools. Dance (participating and watching).	Dance interventions were found to reduce social isolation and increase the social connection of young people.
Social connection, social inclusion.	Daykin, 2018 ⁹⁷ (II)	Impact of music interventions on subjective wellbeing. (Review Article)	Community, labs, educational settings, home, work, prisons, hospitals, residential care. Music, singing, listening to music.	Review found reliable evidence for the positive effect of music and singing on reducing loneliness and social isolation.
Social connection, social inclusion, social engagement.	Paukste, 2015 ⁷³ (III-3)	The impact of VoxBox - four alcohol, tobacco and other drugs educational sessions, and seven music/rap music workshops (seven weeks, 1-2hr sessions).	Five high schools, Queensland. Music, rap music, group performance.	The program provided participants with opportunities for interaction with positive role-models, provided support and the opportunity to showcase their talent at a public event attended by family, friends and peers.

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Table 18 continued: Evidence summary table: the arts and improving social health

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Social connection, social inclusion, social engagement.	Brownett, 2018 ⁴² (High-Qual)	Impact of active participation in community festivals.	Community festivals. Festival.	The findings suggest that festivals provide opportunities for bridging, bonding and linking social capital, civic pride, reciprocity, trust and bring the community together.
Social connection, social inclusion, social engagement.	Skingley, 2016 ⁸³ (High-Qual)	Impact of a community singing program on older people (14 weeks).	Community. Singing (songs from different eras and genres).	The social benefits of singing groups included meeting like-minded people, peer support, getting to know the local community, making new friends, new networks and counteracting loneliness.
Social connection, social inclusion, social engagement.	Smart, 2018 ⁷² (Mod-Qual)	The impact of an arts-mediated spiral garden program on children with and without disabilities (four, two-week exclusively outdoor sessions).	Outdoor, garden setting Storytelling, drama, painting, music, costumes, puppets, woodwork, clay work, sculptures, dance-like interactions.	Social health benefits of the Spiral Garden included interaction with peers, friendships, engaging children in collective social experiences, inclusion, recognition and appreciation of others.
Social connection, social inclusion, social engagement.	Thomson, 2018 ⁸⁰ (IV)	Impact of Museums on Prescription on older adults (10 weekly sessions).	Museums, Kent and London, UK Curator talks, behind-the-scenes museum tours, object handling, discussion and arts activities inspired by the exhibits, visual arts.	Museums can be instrumental in offering older adult activities that increase social capital (i.e. opportunities to meet new people, bond and reduce loneliness and social isolation).
Social connection, social inclusion, social engagement.	Waddington-Jones, 2019 ⁸² (Low-Qual)	Impact of participation in collaborative composition and new music workshops as part of the Hull 2017 New Music Biennial.	Community - Music Biennial. Music, collaborative composition, song writing, sound installation, beatboxing, sound art.	Musical engagement and collaborative music composition were found to contribute positively to mental health and social wellbeing (i.e. social interaction, brings together people with a shared interest who might not otherwise meet, social cohesion, new friendships, group identity, bonding).

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Table 18 continued: Evidence summary table: the arts and improving social health

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Social connection, social inclusion, social engagement.	Cain, 2016 ⁷⁰ (III-3)	Impact of participatory music programs on the wellbeing of CALD youth. (Review Article)	Community. Performing arts, drumming, contemporary music, dance.	Participation in music programs promoted positive health outcomes for CALD young people, including increased social integration, support, networking, sense of belonging and mentoring.
Social connection, social inclusion, social engagement.	Moss, 2018 ⁵⁵ (III-3)	Impact of singing in a choir on perceived health benefits.	Community, workplaces, schools, nursing homes, churches. Choral singing.	Choral singing had positive health benefits in terms of physical, emotional, spiritual and social outcomes (e.g. social connection, social interaction, bonding, meeting new people).
Social connection, social inclusion, social engagement.	Zarobe, 2017 ⁹⁵ (III-3)	Impact of arts activities on the mental wellbeing and resilience of children and young people. (Review Article)	Community, schools, home. Music, drumming, dance, singing, drama/theatre, design, painting, mask making, storytelling, film/media, circus.	Arts activities were relationship building, supported peer interaction, increased feelings of belonging, communication, group cohesion, awareness of stereotypes, conflict resolution and problem-solving skills.
Social connection, social inclusion, social engagement.	MacLeod, 2016 ⁴⁰ (High-Qual)	The impact of an intervention involving matched volunteer and socially isolated rural older adults via art training (to enable volunteers to run the program), and 10 home visits to create art.	Homes. Drawing, clay work, poetry, photography, painting, sewing, storytelling, mixed-media, art show.	The intervention positively influenced the mental and social wellbeing of socially isolated older adult participants and their matched volunteers, especially with regards to relationship building, forming of friendships and reciprocity.
Social connection, social inclusion, social engagement.	Rose, 2016 ⁷⁹ (III-3)	The impact of taking part in the 'Re-imagining and painting landscapes project' on older adult subjective wellbeing.	Community (urban and semi-rural). Painting.	The re-imagining and painting landscapes project had a positive impact on participant social wellbeing (e.g. connection to family, new social networks, reduced social isolation and the sharing of memories/life experiences).

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Table 18 continued: Evidence summary table: the arts and improving social health

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Social connection, social inclusion, social engagement.	Meeks, 2018 ⁶² (III-3)	To determine factors that predict theatre involvement and benefits for adult theatre ticket buyers/attendees.	Theatre. Theatre attendance.	Theatre involvement increased social engagement, feelings of belonging and a sense of community.
Social connection, social inclusion, social engagement.	Pearce, 2015 ⁹⁰ (IV)	Participation by older people living in the community in one of four arts projects: 'Extend', 'My Story', 'The Red Suitcase' and 'The Rural Pub Arts Hub'.	Community centre, homes, rural pubs. Dance, chair based movement to music, film, storytelling, drama, quilting, painting, drawing, murals, collage, stitched imagery.	The projects provided direct access to arts and social activities that reduced social isolation, provided an opportunity to get out of the house, make new friends, develop deeper relationships and intergenerational connections.
Social connection, social inclusion, social engagement.	McKay, 2018 ⁹¹ (IV)	Impact of participation in EYE BELONG an arts-health promotion program (six weeks) where students explore wellbeing issues via arts workshops and develop solution-focused artworks.	Schools. Music, dance, photography, painting, drawing, Indigenous art (painting, craft, storytelling).	The study provided evidence that arts-based, school programs are effective in promoting social health by providing opportunities to make new friends, learn about other people and connect to others (i.e. teachers, students).
Social connection, social inclusion, social engagement.	Barnett, 2019 ⁸⁶ (III-3)	Impact of participation in (artist affected by mental illness) and attendance (community members) at The Rural Art Roadshow (art exhibition, four weeks).	Rural towns, Tasmania. Exhibition - paintings, textiles, sculptures, wood carvings.	The roadshow impacted social health by reducing social isolation, increasing social support and providing a social engagement opportunity to connect with others (e.g. artists, family and friends via the exhibition).
Social connection, social inclusion, social engagement.	Jersky, 2016 ⁷⁴ (III-3)	Impact of participation in the Ngala Nanga Mai ('We Dream') pARenT Group Program (twice weekly art sessions).	Community health facility. Arts (general), yarnning, art exhibitions.	The Ngala Nanga Mai ('We Dream') pARenT group program created an environment of social connectedness (parents, children, the community) and social wellbeing (e.g. support, feelings of belonging, heightened desire to give back to the community, opportunity to socialise).

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Table 18 continued: Evidence summary table: the arts and improving social health

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Social connection, social inclusion, social engagement	Stickley, 2019 ⁷⁷ (III-3)	Impact of participation in a creative writing workshop for refugees and people seeking asylum (36 sessions over 10 months).	Community. Creative writing, spoken word, poems, storytelling, readings, images, collaborative writing, discussion based exercises, performance, public event, production of new works.	Professionally led creative writing groups resulted in numerous social health benefits including connection to others, friendships, mentoring, reduced social isolation, support and an opportunity to learning about British culture.
Social connection, social inclusion, social engagement.	Lenette, 2016 ⁷⁶ (III-3)	The impact of active music participation or receptive listening on health and wellbeing. (Review Article)	Conflict settings, refugee camps, detention centres, resettlement countries. Active music participation (song writing, solo/group singing, performances) or listening (listening to recorded or live music).	Music participation increased social connection, social inclusion, agency and provided opportunity for intercultural dialogue, shared cultural identities, inter-generational continuation of cultural practices and improves acculturation with the host/resettlement country.
Social connection, social inclusion, social engagement.	Anderson, 2017 ⁴¹ (High-Qual)	To examine the impact of university students and older adults participating in a professionally led intergenerational community theatre company, and the key processes that promoted wellbeing.	Community setting. Theatre, drama, plays, storytelling, singing, improv.	Participating in intergenerational theatre reduced ageism, improved social networks, intergenerational interaction and reduced loneliness.
Social connection, social inclusion, social engagement.	Fraser, 2015 ⁹² (III-3)	The impact of arts engagement on older adults' quality of life and health. (Review Article)	Home, community centres, retirement homes, nursing homes. Music, singing, dance, murals, painting, drawing, theatre, drama, prose, poetry, storytelling, photography, film.	Artistic engagement was found to be a promising way to improve older adult social health (e.g. connection to others, co-operation, support, friendships, reduced isolation and reduced loneliness).

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Table 18 continued: Evidence summary table: the arts and improving social health

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Social connection, social engagement.	May, 2019 ⁷⁸ (II)	Impact of dance for children with disabilities. (Review Article)	Schools, community. Dancing (creative dance, traditional, community).	For children with disabilities, dancing improved social competency, peer interaction, peer play and social engagement with others.
Social connection, social engagement.	Poulos, 2019 ¹⁰ (III-3)	Impact of Arts on Prescription on community-dwelling older adults (8-10 weeks).	Community. Visual arts, photography, dance, drama, singing, music, community exhibition or performance.	Arts on Prescription was an opportunity for social engagement and the development of meaningful relationships with others.
Social connection, social inclusion, social engagement, explore, understand and address community issues.	White, 2015 ⁷¹ (Mod-Qual)	Impact of participatory arts workshops to create lanterns (two weeks) followed by a community parade.	Community, schools. Community parade, visual arts and craft.	The program had an impact on social capital, social cohesion and identity. It reduced community tension and increased cross-cultural interaction, community solidarity, trust and reciprocity. The project provided an opportunity to talk about, confront and solve community issues (e.g. health, social, racism) rather than ignoring or trying to 'contain' issues. The parade created community connections and a shared history.
Social connection, social inclusion, social engagement, explore, understand and address community issues.	Bernard, 2017 ⁹⁹ (II)	Impact of older adult involvement in theatre and drama. (Review Article)	Community, theatre companies, homes, residential care, schools, universities. Theatre, drama.	The review provided evidence of the social health benefits of participation in theatre and drama e.g. support, community building, social connection, belonging, friendships, intergenerational and intercultural relationships, reduced social isolation and loneliness, challenged stereotypes (ageism, racism) and was a way of discussing and tackling issues or sensitive topics.

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

Table 18 continued: Evidence summary table: the arts and improving social health

Health behaviour(s)	Study (Level of evidence)	Arts intervention, program or activity	Arts setting and art form(s)	Health Outcome (i.e. awareness, knowledge, attitudes, behaviour)
Social connection, social engagement, explore, understand and address community issues	Fanian, 2015 ³⁷ (III-3)	Participation in the 'We Light the Fire' project, an arts workshop to empower Indigenous youth to explore community issues and find solutions together.	Community. Film, photography, spoken word, music, singing, music videos, sound production, design, multimedia arts, jewellery making, painting.	The program empowered youth to explore community issues and voice their thoughts and beliefs. The program provided networking opportunities and increased connection to peers, positive role models and to their community.
Social connection, explore, understand and address community issues	Byrne, 2018 ⁶³ (V.Low-Qual)	Data collection from community members who participate in the arts followed by a 'People's Platform', performance and discussion (single event).	Community, social clubs, schools, home. Theatre, drawing, poems, songs, music, music videos, photography.	Arts-based methods (e.g. performance) and evidence are important in the development of policy as it provides a means for social connection, relationship building, knowledge exchange and a method to explore, understand and address issues that might otherwise be difficult to articulate.

Level of evidence rating – See critical appraisal section 4.4.1 and 4.4.2 (i.e. quantitative and mixed methods studies range from I to IV; qualitative studies range from very low to high)

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5.5 Question 3: Of the approaches, programs or activities identified in questions 1 and 2, which may be implemented by local councils in Victoria?

As shown in Table 19, a number of arts approaches, programs, activities and events could be implemented by local councils in Victoria. A starting point to this process would be for councils to get to know the local artists and arts/creative industries in their community, to initiate 'discovery meetings',⁴⁷ and to discuss shared goals, opportunities and possible partnerships. To achieve maximum health and wellbeing benefits, local councils should also carefully consider the health profile, knowledge, attitudes and art preferences of their local community members and priority groups when deciding on which arts programs, activities and events to implement.

Table 19: Arts approaches which may be implemented by local councils in Victoria

Study	Arts approaches, programs, activities and events
Brownett, 2018 ⁴² Pearce, 2015 ⁹⁰ Roberts, 2017 ¹⁰⁵ Skingley, 2016 ⁸³ May, 2019 ⁷⁸ Sticklely, 2019 ⁷⁷ White, 2015 ⁷¹ Jersky, 2016 ⁷⁴ Smart, 2018 ⁷² Barnett, 2019 ⁸⁶ Fanian, 2015 ³⁷ Coulton, 2015 ⁸¹ Rose, 2016 ⁷⁹ Daykin, 2018 ⁹⁷ MacLeod, 2016 ⁴⁰ Moss, 2018 ⁵⁵ Waddington-Jones, 2019 ⁸² Martin, 2018 ¹⁰³ Davies, 2016 ¹⁵	<p>As both active and receptive involvement in creative events and activities can provide a wide range of social, mental and physical benefits for community members and priority groups, it is recommended that local councils endorse everyday creativity (i.e. the arts in everyday life) and implement/fund arts programs, events and activities.</p> <p>Review examples:</p> <ul style="list-style-type: none"> • Festivals, music festivals.⁴² • Choirs and singing groups.^{55,81,83} • Lantern parades.⁷¹ • Arts programs (e.g. painting, dancing, film, music).^{40,79,82,90,103} • Arts projects for Aboriginal and Torres Strait Islander people <ul style="list-style-type: none"> – Ngala Nanga Mai ('We Dream') pARenT Group Program.⁷⁴ – 'Kots'ihthla' project ('We Light the Fire' project - Canada).³⁷ • Arts projects for people who are culturally and linguistically diverse <ul style="list-style-type: none"> – Sharing Stories youth theatre program.¹⁰⁵ • Arts projects for refugees <ul style="list-style-type: none"> – Creative writing workshops with professional writers.⁷⁷ • Arts projects for people living in rural and remote areas <ul style="list-style-type: none"> – Rural Art Roadshow.⁸⁶ – Participatory visual arts in the home.⁴⁰ • Arts projects for people with a disability <ul style="list-style-type: none"> – Recreational dance programs for children with disabilities.⁷⁸ – Spiral Garden.⁷² • Arts projects for socially isolated people/older adults: <ul style="list-style-type: none"> – 'Extend', 'My Story', 'Red Suitcase' and 'Rural Pub Arts Hub'.⁹⁰ – Singing groups.^{81,83} – 'Re-imagining and painting landscapes project'.⁷⁹ – Hull 2017 New Music Biennial workshops.⁸²
Davies, 2015 ⁸ Ferguson, 2016 ⁸⁸	<p>Via health funding agreements and/or the leveraging of licences and permits, local councils could partner with health organisations, the arts/creative industries, arts event organisers, arts venues and arts event suppliers to encourage and promote health to the general population and priority groups via:</p> <ul style="list-style-type: none"> • The introduction of enviro-structural changes at arts venues and events (e.g. tobacco smoke-free concerts), and • The implementation of health enhancing policies at arts venues and events to make a healthy choice the easiest choice (e.g. support to write/implement health policies, the availability of water for free, the availability of healthy food options and no/low alcohol options at arts events).

Table 19 continued: Arts approaches which may be implemented by local councils in Victoria

Study	Arts approaches, programs, activities and events
<p>Elpus, 2018 ⁶⁶ Paukste, 2015 ⁷³ Roberts, 2017 ¹⁰⁵ McKay, 2018 ⁹¹ May, 2019 ⁷⁸ Sandmire, 2016 ¹⁰² Mansfield, 2018 ⁸⁹ Cain, 2016 ⁷⁰ Smart, 2018 ⁷² Zarobe, 2017 ⁹⁵ Fanian, 2015 ³⁷</p>	<p>Local councils should partner with the arts/creative industries, local schools, before/after-school-care, day-care and vacation care to develop and implement arts and/or arts-health programs for children and young people to increase arts engagement, arts appreciation, art skills/knowledge, arts-health awareness, arts-health knowledge, arts-health behaviours and to encourage a lifelong connection with the arts.</p> <p>Review examples:</p> <ul style="list-style-type: none"> • VoxBox - rap music and health workshops (alcohol, tobacco and other drugs).⁷³ • Sharing stories youth theatre program - interactive theatre and drama-based sessions to engage and educate young people about sexual health.¹⁰⁵ • EYE BELONG - arts-health promotion program where students learnt about mental health and wellbeing via performing and visual arts workshops.⁹¹ • Spiral Garden – arts mediated outdoor program for children of all abilities.⁷² • Kots’iitłá project (‘We Light the Fire’ project) - arts workshops to empower youth to explore community issues and to find solutions together.³⁷ • Art program examples - music, singing, theatre, dancing, film, painting, photography, fashion, ceramics, sculpture, textiles, woodwork, clay work, collage, puppets, circus, design, craft, storytelling, creative writing, poetry and electronic arts.
<p>Davies, 2015 ⁸ Davies, 2016 ¹⁵</p>	<p>The arts are a popular pastime and many people who engage in the arts exhibit a mix of healthy and unhealthy behaviours. Arts settings therefore provide an opportunity for local councils to partner with the arts/creative industries and health promotion organisations to directly promote health concepts, provide information or promote health messages (e.g. two hours per week of arts for good mental wellbeing).</p>
<p>Poulos, 2019 ¹⁰ Thomson, 2018 ⁸⁰ Chatterjee, 2018 ¹⁰⁰</p>	<p>Given the potential benefits of ‘Arts on Prescription’, local councils could play an important role in the provision of community venues for arts on prescription projects, as well as the development/brokering of arts on prescription partnerships (i.e. between the local council, the arts/creative industries, GPs, health and social care organisations, universities).</p>

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6. Discussion and Conclusion

This rapid review was commissioned to inform future strategic planning and investment for VicHealth's Arts Strategy (2019-2023). The review addressed three specific questions and provided a snapshot of the body of peer-reviewed arts-health evidence (quantitative, mixed-methods and qualitative) from January 2015 to August 2019. Of the 56 articles included in this rapid review, 30 articles provided evidence of approaches to improve arts engagement for the general population and priority groups (quantitative/mixed-methods evidence base rated as 'Satisfactory'; qualitative evidence base rated as 'Moderate'), while 48 articles provided information about arts related interventions, programs or activities that have been effective in increasing health awareness, knowledge, attitudes and behaviours by VicHealth priority area (quantitative/mixed-methods evidence base rated as 'Satisfactory'; qualitative evidence base rated as 'Moderate'). By synthesising this information, a number of arts approaches were recommended for consideration by local councils in Victoria via multi-sector partnerships.

This rapid review highlights the growing body of evidence that recognises the important contribution arts interventions, programs and activities can make to the health and wellbeing of the general population and priority groups. In a variety of contexts, these initiatives promote, maintain and improve wellbeing, increase equity and translate to a reduced need for medical interventions and health service utilisation. Across a broad range of initiatives, the arts were found to have an impact on mental wellbeing (strong evidence), social health (strong evidence), physical activity (dance-strong evidence; other art forms – emerging/low evidence), healthy eating (emerging/low evidence), preventing tobacco use (emerging/low evidence) and preventing harm from alcohol (emerging/low evidence).

Gaps in the evidence

This rapid review provides a snapshot of the body of arts-health evidence in terms of quantitative, mixed-methods and qualitative reviews and studies. While conducting this rapid review the following gaps in the evidence were identified:

Question 1

- There was a dearth of information relating to approaches to improve arts engagement for LGBTQI people and people living in rural/remote areas. It is recommended that research be conducted in these areas. The available evidence (summarised in this review) regarding approaches to improve arts engagement for the general population, young people, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, refugees, people with a disability and people who are socially isolated should be considered when designing and implementing strategies and programs to increase arts engagement. Research related to improving arts engagement for each of these priority groups should continue to further strengthen the knowledge base.

Question 2

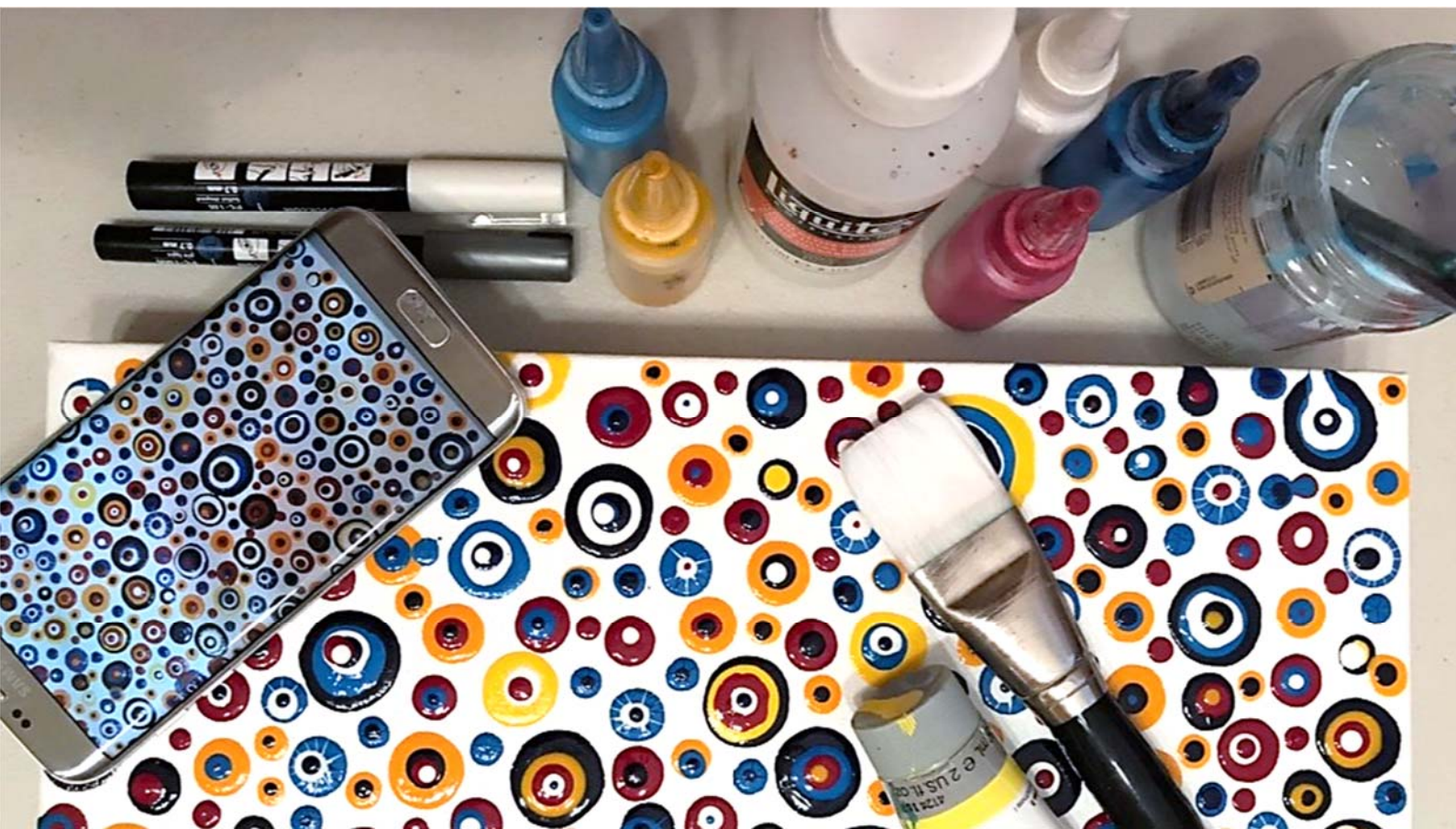
- In this rapid review, there was both qualitative and quantitative evidence in support of the arts-mental wellbeing and the arts-social health relationship with regards to health awareness, knowledge, attitudes and behaviour. Research in this area, especially high quality, quantitative studies should continue to further extend knowledge in the newly formed discipline of arts and health. To better understand the impact of the arts on healthy eating, physical activity, preventing tobacco use and preventing harm from alcohol, more research is needed.
- In assessing papers for this rapid review, it was noted that reductionist thinking was usually applied, as most studies were developed in a traditional manner, whereby specific (single) parts of the health

system were focused on, and/or single interventions to impact health awareness, knowledge, attitudes and behaviour were implemented in a linear fashion and over a short time period. This contrasts with the recent shift in preventive health towards systems thinking which is ideally suited to addressing complex problems such as chronic disease prevention.¹⁰⁶⁻¹⁰⁸ A systems thinking approach calls for interventions that are multifaceted and enter the system at several levels; are focused on learning, iteration, time, and recognise the non-linearity of interactions and interconnections within a system. Future work in the area of arts-health has the potential to be enhanced with the use of systems thinking, especially where the goal is to address chronic disease prevention via healthy eating, physical activity, preventing tobacco use, preventing harm from alcohol, gender equality, social health and promoting mental wellbeing.

Limitations of this review

This rapid review followed a similar process to a systematic review, however, the review was conducted in a much shorter timeframe. While every effort was made to include all relevant qualitative, quantitative and mixed-methods articles, it is possible that some articles were missed. The present rapid review was also limited by the date of publication of articles, i.e. articles were limited to those published between January 2015 and August 2019, and the quality of articles assessed with regards to arts engagement and arts-health awareness, knowledge, attitudes and behaviour. To address this issue, a transparent appraisal of the evidence base was provided for each review question and a level of evidence rating provided for each article. Finally, of the 56 articles included in this rapid review, the majority were from countries other than Australia. Although an attempt to increase generalisability was made by only including articles from Australia, New Zealand, Canada, UK, US, Norway, Netherlands, Germany, Denmark and South Africa, context (e.g. health environments, arts environments) and target population differences (e.g. age, gender, ethnicity, general health) are possible and should be considered when utilising the information contained in this review.

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Appendix 1: Search terms

Table 20: The arts and creative industries in health promotion rapid review - search terms

Characteristic	Search Term
Population/participants	<i>(All)</i> <i>Exclusion - "Patient*", "survivor*"</i>
Intervention:	"Art*" OR "creative*" OR "culture" "Arts and health" OR "arts in health" OR "health in arts" OR "arts-health" "Community arts" "Participatory arts" "Participat*" "Attend*" "Engag*" "Barriers" "Enablers" "Awareness" "Knowledge" "Attitudes" "Intention" "Behaviour" OR "behavior" "Message" "Program" "Evaluation" "Activity" "Sponsorship" "Partner" "Policy" "Government" or "council" <i>Exclusion - "therapy", "treatment"</i>
Outcomes:	"Health*" "Health promotion" OR "public health" "Wellbeing" OR "well-being" OR "wellness" "Mental*" OR "mental health" OR "mental well-being" OR "mental wellbeing" "Social*" "Physical*" OR "physical activity" OR "exercise" "Healthy eating" OR "nutrition" "Tobacco" or "smok*" "Alcohol" "Outcome*" "Benefit"

Appendix 2: PRISMA diagram

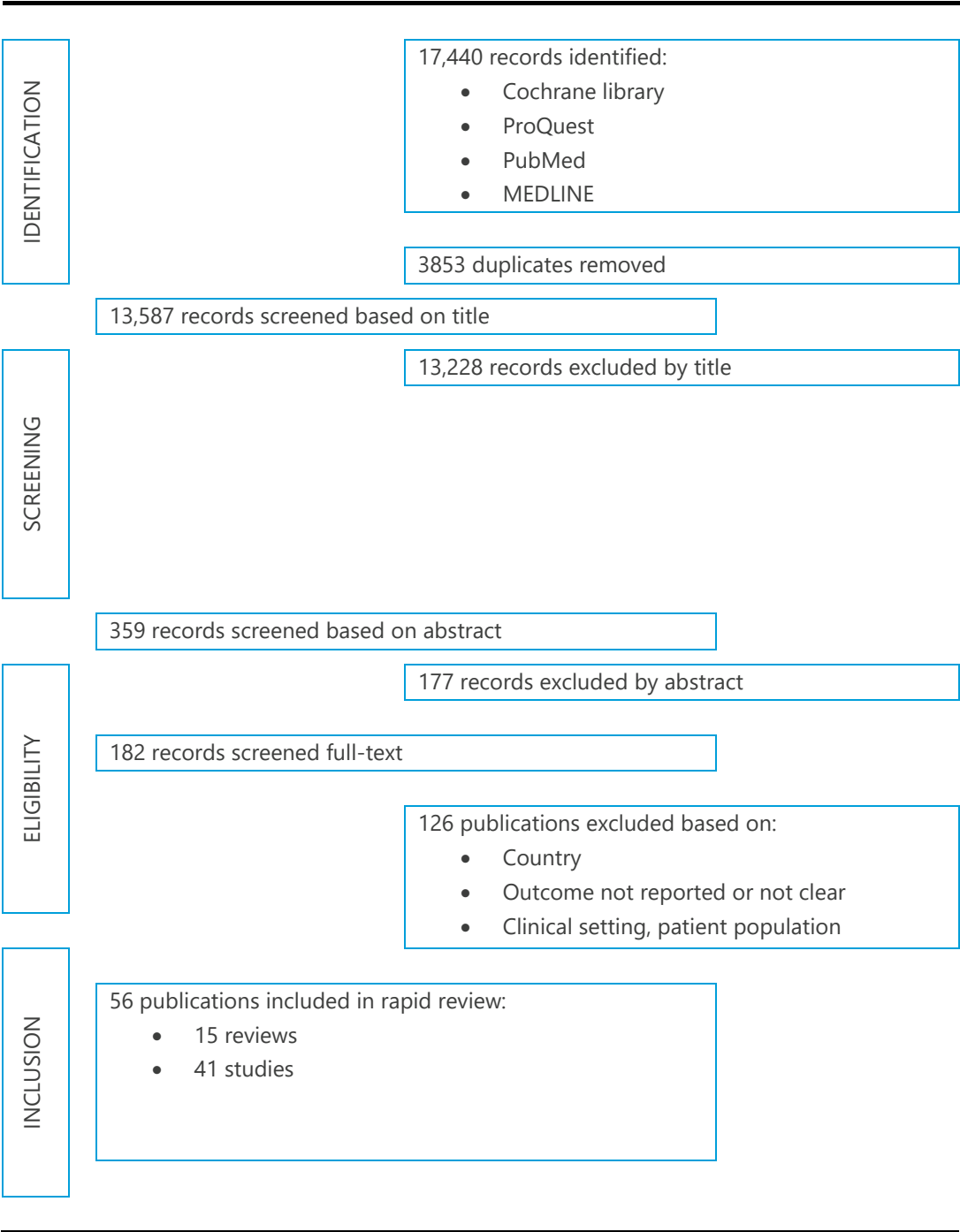


Figure 3: The arts and creative industries in health promotion rapid review - PRISMA diagram

Appendix 3: Article summary table

Table 21: The arts and creative industries in health promotion - article summary table

First Author (Year) Country	Title (Study Type)	Level of Evidence	Study Aim	Population or Priority Group	Setting	Performing Arts	Visual Arts, Design, Craft	Festivals	Literature	Electronic arts	Other	Main Finding
Anderson, S. (2017) ⁴¹ Canada	Translating Knowledge: Promoting Health Through Intergenerational Community Arts Programming. (Qualitative)	High (Qualitative)	To examine the benefits of creating and performing ensemble-created plays to older adults and university students.	Older adults (n=15), university students (n=17).	Community	x			x			Participating reduced ageism and improved intergenerational relationships. It reduced loneliness and increased older adults' and university students' mental wellbeing by building social networks, confidence, self-esteem enjoyment, sense of social justice, understanding, empathy, compassion and support.
Archibald, M. (2019) ⁴ Australia	Using the arts for awareness, communication and knowledge translation in older adulthood: a scoping review. (Qualitative Scoping Review)	High (Qualitative)	To conduct a scoping review to map research on how the arts are used for awareness, understanding, communication, knowledge, attitudinal and behaviour change.	Older adults, general population, health professionals, students, 11 qualitative studies, (Total n= not specified).	Community, theatre, hospitals	x	x		x			The study found that arts-based approaches can be used to reduce ageism, challenge misbeliefs/misperceptions, provoke discussion, cultivate caring and empathy, increase communication, change attitudes and increase knowledge.
Bernard, M. (2017) ⁹⁹ UK	The Cultural Value of Older People's Experiences of Theatre-making: A Review. (Scoping Review)	II	To assess the value or benefit of theatre and drama participation (non-therapeutic) and attendance on older adults.	Older adults, 77 articles, 4% RCT (Total n= not specified).	Community, theatre companies, homes, residential care, schools, universities.	x						Benefits of older people's participation in theatre and drama included mental health, wellbeing, improving group/social relationships, opportunities for learning and creative expression.

First Author (Year) Country	Title (Study Type)	Level of Evidence	Study Aim	Population or Priority Group	Setting	Performing Arts	Visual Arts, Design, Craft	Festivals	Literature	Electronic arts	Other	Main Finding
Barnett, T. (2019) ⁸⁶ Australia	Rural Art Roadshow: a travelling art exhibition to promote mental health in rural and remote communities. (Mixed Methods)	III-3	To gain an understanding of the experience of artists impacted by mental illness who took part in the exhibition (interviews) and of rural community members who visited the exhibition (survey).	Rural community members (n=145 surveys); 23 artists affected by mental illness (semi-structured interviews, thematic analysis).	Rural towns, Tasmania		x					Art exhibitions in rural areas can contribute to rural community wellbeing, mental health awareness, empathy, understanding of mental illness and have social, mental and personal benefits for participating artists.
Brook, O. (2016) ¹⁷ UK	Spatial equity and cultural participation: how access influences attendance at museums and galleries in London. (Cross-sectional survey)	IV	To examine the effect of local supply of museums/galleries and place (where people live) as an influence on participation with control for effect modifiers.	General population, n=12100, UK adults.	Museums and galleries		x					After controlling for various modifying factors, cultural attendance was influenced by access to cultural facilities in terms of where people live. People have a disposition to attend, influenced by their education, class, ethnicity and other factors, which then is acted on, or not, according to their surroundings.
Byrne, E. (2018) ⁶³ UK	The creative turn in evidence for public health: community and arts-based methodologies. (Qualitative)	Very low (Qualitative)	To assess if arts-based methodologies can be of value in the production and exchange of evidence and in supporting public health policy.	Data collection: children, youth, adults, older adults (Interviews n=18, video/video interviews n=65, focus groups n=not specific); 'People's platform' n=200 community, government, public policy audience members.	Community, social clubs, schools, home	x	x					The study suggests that arts-based methods and evidence are important in the development of policy as they provide a means for knowledge exchange, relationship building and a method to explore, understand and address issues that might otherwise be difficult to articulate.

First Author (Year) Country	Title (Study Type)	Level of Evidence	Study Aim	Population or Priority Group	Setting	Performing Arts	Visual Arts, Design, Craft	Festivals	Literature	Electronic arts	Other	Main Finding
Brownnett, T. (2018) ⁴² UK	Social capital and participation: The role of community arts festivals for generating wellbeing. (Qualitative)	High (Qualitative)	To examine the ways in which community festivals create social capital to foster collective wellbeing.	Festival organisers (n=8).	Community festivals			x				The findings suggest that festivals create social capital, increase self-efficacy, happiness and wellbeing. Organising, preparing, delivering or being at festivals forms and strengthens social bonds, trust and reciprocity. The living legacy of a festival positively influences how the community perceives itself and anticipates the future. The festival provided opportunities for volunteering, festival making or sharing skills and resources. Festivals can lead to transformative experiences enabling participants to feel empowered. Inclusive arts festivals provide opportunities to bring the community together, providing mutual connection and a shared, positive experience.
Cain, M. (2016) ⁷⁰ Australia	Short and long term outcomes for culturally and linguistically diverse (CALD) and at-risk communities in participatory music programs: A systematic review. (Systematic review)	III-3	To explore the impact of participatory music programs that aim to promote positive mental and physical health and wellbeing outcomes for young CALD people characterised as at-risk.	Young people from culturally and linguistically diverse communities. Six studies, 0% RCT (Total n= unknown).	Community	x						Participation in music programs encourages positive mental and social health outcomes for young people from culturally and linguistically diverse communities, characterised as at-risk.

First Author (Year) Country	Title (Study Type)	Level of Evidence	Study Aim	Population or Priority Group	Setting	Performing Arts	Visual Arts, Design, Craft	Festivals	Literature	Electronic arts	Other	Main Finding
Chatterjee, H. (2018) ¹⁰⁰ UK	Non-clinical community interventions: a systematised review of social prescribing schemes. (Systematic Review)	II	To review social prescribing schemes published in peer-reviewed journals and reports.	General community, patients, low SES, young people, CALD, unemployed, patients previously or currently using mental health services. Forty studies, 42% quantitative, 20% RCT (Total n=not specified).	Community	x	x		x			Social prescribing, including arts on prescription, was found to be an emerging strategy for tackling health inequalities and providing social and psychological support via partnerships between health professionals (e.g. GPs, nurses, physiotherapists, pharmacists), community organisations and volunteer services.
Christensen, J. (2015) ⁶⁴ Denmark	Museums and science centres for health: from scientific literacy to health promotion. (Qualitative)	Low (Qualitative)	To analyse the written materials used in exhibitions at American and European museums and science centres, to assess their health promotion potential.	Families, children and young people (0-17), general population, teachers (19 exhibitions, n=not stated).	Museums	x	x		x	x	x	The study suggests rethinking museums spaces (indoor/outdoor/travelling), exhibits and installations to encourage arts-health promotion. Exhibition and installations should be fun, invite pretend play, be interactive and provide opportunities for learning.
Coulton, S. (2015) ⁸¹ UK	Effectiveness and cost-effectiveness of community singing on mental health-related quality of life of older people: randomised controlled trial. (RCT)	II	To assess (a) the effectiveness of active engagement in community singing on mental and physical health-related quality of life, depression and anxiety for older people, and (b) the cost-effectiveness of active engagement.	Older adults, 60 years and over (n=258).	Community	x						The results suggest that participation in singing groups confers significant benefits in terms of mental aspects of quality of life derived using SF-12 and appears cost-effective when compared to usual activities six months after randomisation and three months after the groups had ceased to meet.

First Author (Year) Country	Title (Study Type)	Level of Evidence	Study Aim	Population or Priority Group	Setting	Performing Arts	Visual Arts, Design, Craft	Festivals	Literature	Electronic arts	Other	Main Finding
Davies, C. (2015) ⁸ Australia	Health in arts: are arts settings better than sports settings for promoting anti-smoking messages? (Cross-sectional survey)	IV	To evaluate the effectiveness of the arts as a health promotion setting by measuring the cognitive impact (i.e. message awareness, comprehension, acceptance and intention) of anti-smoking messages at sponsored arts events and to compare findings to those achieved at sports events, a more traditional and established health promotion setting.	General population, 15 years and over (n=1012).	Twelve arts events (i.e. visual arts, performing arts, festivals) and nine sports events (hockey, netball, car racing)	x	x	x				The study provides evidence of the effectiveness of arts sponsorship to promote health to the general population. After adjustment for demographic variables, smoking status and clustering, arts events were found to be as effective in promoting anti-smoking message awareness, comprehension and acceptance and twice as effective on intention to act compared with sports events. Effective promotion methods included signage, announcements and merchandise. Arts respondents mostly formed intentions around encouraging others not to smoke and not taking up the habit.
Davies, C. (2016) ¹⁵ Australia	The art of being mentally healthy: a study to quantify the relationship between recreational arts engagement and mental wellbeing in the general population. (Cross-sectional survey)	IV	To determine if there is a relationship between arts engagement (hours per year) and mental wellbeing in the general population; and to quantify this relationship if an association was found.	General population, 18 years and over (n=702).	Various	x	x	x	x	x		Respondents with high levels of arts engagement (two hours per week) had better mental wellbeing than those with none or lower levels of engagement.

First Author (Year) Country	Title (Study Type)	Level of Evidence	Study Aim	Population or Priority Group	Setting	Performing Arts	Visual Arts, Design, Craft	Festivals	Literature	Electronic arts	Other	Main Finding
Daykin, N. (2018) ⁹⁷ UK	What works for wellbeing? A systematic review of wellbeing outcomes for music and singing in adults. (Systematic Review)	II	To identify subjective wellbeing outcomes for music and singing in adults.	General population (young people, adults, older adults, 64% healthy), 61 studies, %RCT not reported (Total n=3622).	Community, labs, educational settings, home, work, prisons, hospitals, residential care	x						Music/singing was associated with improved mental wellbeing, relaxation (classical music) and enhanced sense of purpose in young adults. In adults, music was associated with enhanced mental wellbeing, self-esteem, purpose, sociability, joviality, emotional stability, happiness and reduced stress. Music and singing were found to be effective in enhancing morale, mental wellbeing, quality of life and reducing loneliness and social isolation in older adults. Mental wellbeing, quality of life and coping was improved in people with diagnosed conditions.
de Witte, M. (2019) ⁵⁴ Netherlands	Effects of music interventions on stress-related outcomes: a systematic review and two meta-analyses. (Systematic review and meta-analysis)	I	To (a) examine whether music interventions are effective in reducing stress and (b) examine possible moderator effects of study, sample and intervention characteristics, which may influence the strength of the effects of music on stress-related outcomes.	People aged 18 years and over, 140 studies, 100% RCT (Total n=9617).	Community, health settings	x						A significant small-to-medium effect of music interventions on physiological stress-related outcomes was found (heart rate, blood pressure, stress-related hormones). A significant medium-to-large effect of music interventions on psychological stress-related outcomes was found (anxiety, nervousness, restlessness, and feelings of worry).

First Author (Year) Country	Title (Study Type)	Level of Evidence	Study Aim	Population or Priority Group	Setting	Performing Arts	Visual Arts, Design, Craft	Festivals	Literature	Electronic arts	Other	Main Finding
Elpus, K. (2018) ⁶⁶ USA	Music education promotes lifelong engagement with the arts. (Cross-sectional survey)	IV	To examine the association between school-based arts education in childhood and later arts engagement as an adult (creator or consumer).	General population, 18 years and over (n=35,735).	Various - performing arts, visual arts	x	x					Lifelong engagement in the arts (creator or consumer) is influenced by school-based arts education and appreciation programs. Investing in school-based arts programs (music, visual art, photography, cinema, theatre, dance) that encourage participation and appreciation for children and young people could have immediate and future participation benefits. Arts policy and programs that emphasise audience development should examine the connections to and intersections with school-based education and programs.
Evans, G. (2016) ¹⁶ UK	Participation and provision in arts and culture - bridging the divide. (Qualitative)	Very low (Qualitative)	Participation research has taken a macro, sociological, 'class distinction' approach, whilst provision is dealt with at the micro, amenity level. The aim of the study was to consider how this situation has evolved and the implications for cultural policy, planning and research.	General population, young people, older adults, low SES, CALD (n=unknown).	Galleries, visual arts venues, music venues, cinemas, dance and drama venues, theatres, multi-use venues, museums, libraries, archives, parks, historical buildings, structures, monuments, archaeological sites, heritage sites, schools.	x	x	x	x	x		To increase participation it is suggested that arts infrastructure needs to be strengthened. Barriers including time, cost (travel, ticket price), accessibility (to activities, facilities, venues), distance, proximity to venues (walking distance), availability of transport (public transport, walking), familiarity (feeling out of place, comfort, safety), supply and decline/closure of arts venues and impact on events and programs (e.g. closure of libraries) should also be considered. Enabler to engagement included childhood arts experiences and welcoming social spaces in art centres.

First Author (Year) Country	Title (Study Type)	Level of Evidence	Study Aim	Population or Priority Group	Setting	Performing Arts	Visual Arts, Design, Craft	Festivals	Literature	Electronic arts	Other	Main Finding
Fanian, S. (2015) ³⁷ Canada	Evaluation of the Kòts'ihtla ('We Light the Fire') Project: building resiliency and connections through strengths-based creative arts programming for Indigenous youth. (Mixed Methods)	III-3	The objective of this study was to evaluate a creative arts workshop for Indigenous youth where the youth explored critical community issues and found solutions together via the arts.	Indigenous youth (n=9, 13 to 22yrs, Canada) and Indigenous youth facilitators (n=5).	Community, Behchoko - Northwest Territories, Canada	x	x		x			The program was found to increase art skills, resilience and acted as a catalyst to stimulate discussion about community issues. The arts (short film, music video, mural) was a means of promoting health messages (i.e. art as a vehicle for change) and provided participants with an opportunity to voice their thoughts/beliefs, built capacity, skills, confidence, self-esteem, sense of identity and strengthen connections with peers, positive role models and their community.
Ferguson, R. (2015) ⁸⁸ Australia	Healthy food intentions fail to lead to healthy consumption at an Australian festival. (Pre-post case-series)	IV	To investigate healthy food purchasing intentions and behaviours among people attending a large community festival.	General population, 15 years and over (n=100).	Community festival			x				In order to promote healthy eating, people need to be exposed to environments that make the healthy choice the easy choice. Most festival patrons intended and actually purchased unhealthy foods. Among patrons who did not intend to purchase food, or planned to buy healthy food, they too bought mostly unhealthy food.
Finn, S. (2018) ⁵³ UK	The biological impact of listening to music in clinical and nonclinical settings: A systematic review. (Systematic Review)	II	To explore the evidence base on the impact of listening to music on biological response in both clinical and nonclinical settings.	General population. Forty-four studies, 89% RCT (Total n= 1620).	Clinical and non-clinical settings	x						Listening to music was found to modulate stress response. Effects were found irrespective of music genre (most studies used classical music), self-selection of the music, or duration of listening.

First Author (Year) Country	Title (Study Type)	Level of Evidence	Study Aim	Population or Priority Group	Setting	Performing Arts	Visual Arts, Design, Craft	Festivals	Literature	Electronic arts	Other	Main Finding
Fraser, K. (2015) ⁹² Canada	A Scoping Review of Research on the Arts, Aging, and Quality of Life. (Scoping review)	III-3	To describe and map the nature and extent of research conducted on the arts, aging, and either quality of life or health for well older adults.	Older adults (65 years and older). Ninety-four articles (from 90 studies), %RCT not reported (Total n= not reported).	Home, community centres, retirement homes, nursing homes	x	x		x			Artistic engagement was found to be a promising way to improve older adults' quality of life and wellbeing.
Garrido, S. (2016) ⁹⁶ Australia	Musical prescriptions for mood improvement: An experimental study. (Mixed methods)	III-3	To assess the short and long-term impact of listening to happy music and sad music regardless of the rumination propensity of the listener.	University students (n=177, 17-36 yrs).	University lab, home	x						Happy music resulted in mood improvement after short term listening, regardless of rumination scores. Sad music result in mood deterioration for people with high rumination after long-term listening, but not for low ruminators.
Gould, G. (2018) ⁹³ Australia	Building strength in coming together: A mixed methods study using the arts to explore smoking with staff working in Indigenous tobacco control. (Mixed Methods)	IV	To evaluate (a) pre-post workshop measures of knowledge and attitudes related to the use of the arts in participant practices related to Indigenous tobacco control, and (b) to qualitatively explore artworks related to Indigenous smoking produced during a pre-conference workshop.	Health professionals (n=19).	Pre-conference workshop		x		x			The workshop increased participant knowledge, understanding and likelihood of using the arts for Indigenous tobacco control. Artworks demonstrated themes of optimism, the strength of family and culture, smoking as a barrier, resilience, recovery and urgency.

First Author (Year) Country	Title (Study Type)	Level of Evidence	Study Aim	Population or Priority Group	Setting	Performing Arts	Visual Arts, Design, Craft	Festivals	Literature	Electronic arts	Other	Main Finding
Hall, E. (2016) ⁶⁵ Australia	Increasing loyalty in the arts by bundling consumer benefits. (Mixed Methods)	III-3	To examine 'bundling' as a marketing management technique for opera companies.	Opera patrons (n=not reported, four focus groups with subscription holders, attendees/not subscription holders, potential attendees), general population (n=1340, predominantly 50+ yrs, educated, high income).	Opera (Australia)	x						Offering package deals that bundle additional benefits with seat tickets increases purchase intention, loyalty and satisfaction. It was suggested that customers who are satisfied and loyal are likely to attend, repeat their purchase and advocate attendance to others. Participants expressed support for value-added elements (e.g. backstage visits, information, introductions to opera, parking). Bundle attributes influenced consumer willingness to purchase (e.g. price, type of opera, parking).
Hankir, A. (2017) ¹⁰¹ UK	The Wounded Healer film: A London College of Communication event to challenge mental health stigma through the power of motion picture. (Pre/post case series)	IV	To assess if a film with a protagonist who is a doctor with psychological distress can reduce mental ill-health stigma among young people from non-healthcare backgrounds.	Arts students (18-28 yrs, n=21).	University	x						Film based interventions are showing promise at challenging stigma which can subsequently lower the barriers to accessing mental health services. The results of this pilot study suggest that a film featuring a protagonist who is not from the same background as the audience may not be effective at reducing mental health stigma in that audience group.
Hwang, P. (2015) ¹⁰⁴ USA	The Effectiveness of Dance Interventions to Improve Older Adults' Health: A Systematic Literature Review. (Systematic Review)	II	To examine the benefits to physical health of dance interventions among older adults.	Older Adults, 18 studies, 56% RCT (Total n=755).	Not specified	x						The findings suggest that dance, regardless of its style, significantly improved muscular strength, endurance, balance and fitness in older adults.

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Jancovich, L. (2017) ⁶⁸ UK	The participation myth. (Qualitative)	Low (Qualitative)	To examine (a) the way the participation agenda was interpreted and implemented in England (1997 to 2013), (b) whether participatory decision-making can challenge the status quo within the arts, and (c) assess implications for the public, artists, arts organisations and policy makers.	Arts Council England staff (n=9), Arts Council England applicants (n=8), central government staff (n=4), policy advisers (n=6), artists (n=not specified), community members (n=not specified), local authority staff (n=20).	Various	x	x	x	x	x		The delivery of the arts needs to shift from a narrow range of voices (e.g. professional arts, high SES) with a self-interest in retaining the status quo, to participatory decision-making, that includes the public. Policy-making should not be insular and self-referential, with decisions on what is funded being made by a limited number of people working professionally in the arts. Wider public involvement in planning, decision-making and the funding distribution of the arts is needed.
Jersky, M. (2016) ⁷⁴ Australia	Improving health service access and wellbeing of young Aboriginal parents in an urban setting: mixed methods evaluation of an arts-based program. (Mixed Methods)	III-3	To evaluate an urban art-based community health program (Ngala Nanga Mai; 'We Dream') that seeks to improve health, education, empowerment and connectedness of Aboriginal parents.	Aboriginal parents and their children (n=92 parents/133 children; n=24 interviews/focus groups).	Community health facility, Sydney, Australia	x	x	x	x	x	x	Improving the health of Aboriginal parents and children requires new strategies and learning from innovative programs. Ngala Nanga Mai ('We Dream') pARenT group, an arts-community health program, created an environment of social connectedness, empowerment, strengthened parenting skills, and increased maternal and child wellbeing (mental, social and physical). The program increased utilisation of health, education and support services and provided opportunities for the early detection of child health issues.

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Lenette, C. (2016) ⁷⁶ Australia	Will there be music for us? Mapping the health and wellbeing potential of participatory music practice with asylum seekers and refugees across contexts of conflict and refuge. (Scoping Review)	III-3	To identify existing international empirical research on the health and wellbeing benefits of participatory music and other music making programs for asylum seekers and refugees.	Asylum seekers and refugees. Thirteen studies, %RCT= not stated (Total n=not stated).	Conflict settings, refugee camps, detention centres, resettlement countries	x						Music was found to rebuild a sense of 'normality', reignite cultural practices and assisted acculturation to host country culture and practices. Music activities helped create a sense of social inclusion and self-representation to communicate participant identities and experiences with 'locals' and the broader international audience. Music helped to promote social justice, social inclusion, a sense of self-representation and public advocacy by raising awareness and increasing understanding.
Lynar, E. (2017) ⁹⁸ Australia	The joy of heartfelt music: An examination of emotional and physiological responses. (Pre/post case series)	IV	To investigate changes in emotional and physiological responses to different musical stimuli, and to examine the relationship between the two. Further, the study explored the influence of person- and music-related variables, including the effect of self-selection of music on outcomes.	University staff and students (18-46 yrs, n=94).	University lab	x						Self-selected music was most effective for enhancing mood especially inducing a joyous state. Low arousal classical music was most likely to shift the participant into a state of relaxation and reduced anxiety.

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MacLeod, A. (2016) ⁴⁰ Canada	Connecting Socially Isolated Older Rural Adults with Older Volunteers through Expressive Arts. (Qualitative)	High (Qualitative)	To examine the impact of an innovative participatory arts-based approach to address social isolation among older people living in rural Ontario, Canada.	Older adult participants matched to trained older adult volunteers (n=8 dyad pairs).	Participant homes, rural Ontario, Canada		x		x			The intervention positively influenced the mental and social wellbeing of socially isolated older adult participants and their matched volunteers, especially with regards to relationship building, personal development and creating art. Even in the short duration of a 10-week arts program, a person-centred approach with control over artistic expression was empowering.
Mansfield, L. (2018) ⁸⁹ UK	Sport and dance interventions for healthy young people (15-24 years) to promote subjective wellbeing: a systematic review. (Systematic Review)	II	To review and assess the effectiveness of sport and dance participation on subjective wellbeing outcomes among healthy young people.	Young people (15–24 yrs). Eleven studies. 64% RCT (Total n=not reported).	Community, schools	x						Taking part in group dance activities had positive social and mental wellbeing outcomes for young people including mood enhancement, increased sense of purpose, confidence, self-esteem, feelings of belonging, purpose and self-reported reductions in depression.
Mapuana, A. (2015) ⁶⁹ USA	Systematic Review of Interventions Focusing on Indigenous Pre-Adolescent and Adolescent Healthy Lifestyle Changes. (Systematic Review)	II	To explore interventions targeting health and lifestyle choices through nutrition, diet, and exercise of Indigenous adolescents in terms of community involvement and cultural competency.	Indigenous adolescents and pre adolescents (9-19 yrs, US and Canada). Seven articles describing six interventions, 33% RCT (Total n=1076).	Community, schools				x		x	Curricula based on Indigenous culture had a favourable impact on diet, exercise, attitudes, beliefs and behaviour. Interventions had a favourable short-term impact on behaviour and anthropometric measures. In the long-term, gains were not sustained possibly due to short intervention time frames.

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Martin, L. (2018) ¹⁰³ Germany	Creative Arts Interventions for Stress Management and Prevention-A Systematic Review. (Systematic Review)	II	To provide an overview of evidence-based studies on stress management and stress prevention through creative arts interventions.	General population, young people, older adults, health professionals, adults with disabilities, musicians, women undergoing IVF/pregnant, law enforcement, fire- fighters, air-traffic control, call-centre staff, parent-child dyads. Thirty-seven studies, 73% RCT (Total n=2136).	Community, universities, healthcare, aged-care, call centres	x	x					Creative arts interventions (music, visual arts, dance) had a positive impact on perceived stress, stress management, anxiety levels and mood.
May, T. (2019) ⁷⁸ Australia	Physical, cognitive, psychological and social effects of dance in children with disabilities: systematic review and meta- analysis. (Systematic Review)	II	To synthesise empirical research on the effect of non-therapy dance programs on children with physical and developmental disabilities.	Children with disabilities, 19 studies, 17% RCT (3- 18yrs, Total n=521).	Community, schools	x						For children with disabilities, dancing was found to impact balance and jumping skills and have psychological, cognitive and social benefits.
Moss, H. (2018) ⁵⁵ UK	Exploring the perceived health benefits of singing in a choir: an international cross-sectional mixed-methods study. (Mixed methods)	III-3	To investigate the perceived health benefits of singing in a choir from an international sample of choristers.	General population, 18 years and over (n=1779).	Community, workplaces, schools, nursing homes, churches	x						Choral singing elicits perceived positive benefits in choristers across a plethora of domains. Choral singing was found to have positive health benefits in terms of physical, social, emotional and spiritual outcomes.

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McKay, F. (2018) ⁹¹ Australia	Using art for health promotion: Evaluating an in-school program through student perspectives. (Mixed methods)	IV	To assess student perceptions of an integrated arts-based program (EYE BELONG) focused on creativity and improving wellbeing in students.	Children in grades 5, 6 and 7 (n=80, four schools).	Schools	x	x		x		x	The study provided evidence to support the idea that the development of arts-based programs that engage multiple sectors of the community, can promote health and wellbeing in schools. By the end of the EYE BELONG program, students were better able to identify ways to become more physically and mentally healthy and to accurately describe mental health. Students indicated that they liked the arts, felt more connected and would also use these avenues and skills if required.
Meeks, S. (2018) ⁶² USA	Theatre Involvement and Wellbeing, Age Differences, and Lessons From Long-Time Subscribers. (Mixed methods)	III-3	To test a model of psychological benefit from, and age differences in, adult ticket buyers' involvement with a large regional theatre.	General population (ticket buyers 18-87yrs, n=496, survey), older adult subscribers (n=20, focus groups).	Theatre	x						Theatre involvement was indirectly related to satisfaction and enjoyment of the theatre, hedonic wellbeing, and social functioning, through the psychosocial benefits of flow, social engagement, and belonging. Age moderated the relationship, as involvement was more strongly related to 'benefits' for younger than older participants. Focus group participants articulated how theatre contributed to a sense of community and pride of place, connecting individual wellbeing to community wellbeing.

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Paukste, E. (2015) ⁷³ Australia	Using rap music to promote adolescent health: pilot study of VoxBox. (Mixed Methods)	III-3	To evaluate a pilot intervention that used rap music to build adolescents' awareness of risks associated with alcohol, tobacco and other drugs.	Young people (14-18 yrs, n=18).	Five high schools, Queensland, Australia	x						The pilot study was well received by young adult and stakeholders and highlighted the need for health promotion interventions to be appealing and relevant to the target population. Overall, the sessions were effective at increasing participant awareness of the risks related to alcohol, tobacco and other drugs use.
Pearce, R. (2015) ⁹⁰ UK	Reducing social isolation in a rural community through participation in arts projects. (Evaluation)	IV	To describe four creative arts projects that aimed to reduce social isolation among older adult participants.	Older adults living in a rural UK community (n=52); staff/students (n=19).	Community centre, homes, rural pubs	x	x		x			The projects provided direct access to arts activities that helped older people living in rural communities feel less isolated, increased their physical activity, mobility, mental wellbeing, self-worth, self-esteem, life skills and independence.
Pitts, S. (2016) ¹⁸ UK	On the edge of their seats: Comparing first impressions and regular attendance in arts audiences. (Mixed Methods)	III-3	To explore how the established values and behaviours of regular audience members might be inhibiting or alienating to first-time listeners, and identify continuums of engagement that draw on psychological frameworks of identity and belonging.	General population, 18 years and over (n=138).	Cinema, theatre, concerts, local bands/gigs	x						Each art form offered distinctive attendance profiles. (1) Cinema: quality/range of films, relaxation, social activity, thought provoking, venue satisfaction, affordability, friendly atmosphere. (2) Theatre and classical music: quality of the experience and performers, event atmosphere, social aspects; barriers - booking fees, parking, ticket costs. (3) Rock and local bands: venue, ticket price, staff behaviour, performance quality and proximity of artists. (4) Pop music: match between live and recorded music, proximity of the artists, opportunity to hear new music.

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Poulos, R. (2019) ¹⁰ Australia	Arts on prescription for community-dwelling older people with a range of health and wellness needs. (Mixed methods)	III-3	To assess the effectiveness of a large 'Arts on Prescription' program targeting community-dwelling older people.	Older adults, 65 years or older (n=127).	Community	x	x					The study is the first evaluation of Arts on Prescription for older people in Australia and had a positive impact on mental wellbeing and creativity due to the program's ability to foster a sense of purpose, enable personal growth, achievement, empower participants and foster the development of meaningful relationships with others.
Reeves, A. (2015) ¹² UK	Neither Class nor Status: Arts Participation and the Social Strata. (Cross sectional survey)	IV	To examine the association between education, social status, social class and income with patterns of arts participation (i.e. making art) via multinomial logistic models.	General population, 16 years and over (n=78,011).	Various	x	x	x	x	x		Previous research indicates a social gradient in arts engagement as cultural practice is a component of lifestyle. However, this study found that education was strongly correlated with most forms of arts participation (i.e. social status, class and age were not significant). High levels of parental encouragement increased the probability of being an arts participant.
Roberts, M. (2017) ¹⁰⁵ Australia	Evaluating the Sharing Stories youth theatre program: an interactive theatre and drama-based strategy for sexual health promotion among multicultural youth. (Mixed Methods)	III-3	To evaluate the effectiveness of the 'Sharing Stories' youth theatre program, which used interactive theatre and drama strategies to engage/educate multicultural youth on sexual health issues.	CALD young people, 14-21 years (n=18).	Theatre	x						Drama-based methods were found to be age/culturally appropriate and effective in engaging multicultural youth. The program up-skilled participants in terms of communication, confidence to support their friends (peer educators), improved their health knowledge and positively shifted sexual health attitudes.

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Rose, E. (2016) ⁷⁹ UK	Painting place: Re-imagining landscapes for older people's subjective wellbeing. (Mixed Methods)	III-3	To assess (a) the impact and effectiveness of a participatory painting program for older adults living in the community and (b) to consider the extent to which re- imagining a landscape might be effective in enhancing perceived wellbeing.	Older adults, 65-86 yrs (n=23).	Community (urban and semi-rural), UK		x					The re-imagining and painting landscapes project had a positive impact on participant mental and social wellbeing, especially connection to family, increased confidence, self-reflection, self- worth and identity within a new social network.
Sandmire, D. (2016) ¹⁰² USA	Psychological and autonomic effects of art making in college-aged students. (Pre- post case-series)	IV	To assess whether 30-minute periods of art making reduces anxiety in young people prior to their final examinations using subjective (self- report) and objective (heart rate) measures.	Young people, 18- 19 years (n=50).	University		x					Among young people, anxiety continues to be a predominant concern, therefore it is important to identify ways to maintain and improve their mental wellbeing. Compared to the control session, the intervention produced significant reductions in anxiety for free-form painting, mandala colouring and clay modelling, as measured objectively (heart rate). Only free-form painting produced a significant decrease in anxiety compared to the control session, as measured subjectively (self- reported anxiety).

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Sinclair, C. (2016) ⁷⁵ Australia	Positive community responses to an arts-health program designed to tackle diabetes and kidney disease in remote Aboriginal communities in Australia: a qualitative study. (Qualitative)	Moderate (Qualitative)	To assess community responses to The Western Desert Kidney Health Project and the suitability of this outreach program within the remote community context in which it was delivered.	Aboriginal community members (n=26).	Community, Goldfields region, Western Australia	x	x	x		x		A combined arts-health approach was well accepted, positively received and worth implementing more broadly. The careful integration of skilled Aboriginal health workers to encourage participation and clearly communicate health information was critical to the success of The Western Desert Kidney Health Project and highly valued by community members. The arts-health components of the program promoted participation in clinical screening, helped to promote health messages and produced a range of arts outcomes that were a source of pride and joy for participants and their families.
Skingley, A. (2016) ⁸³ UK	The creative turn in evidence for public health: community and arts-based methodologies. (Qualitative)	High (Qualitative)	The aim of this study was to assess participants' perspectives on the acceptability and the health and wellbeing effects of a community singing program for older people.	Older adults (intervention comments n=128, interviews n=30).	Community	x						Findings suggest that singing groups have physical, psychological, social, and community wellbeing benefits for older people.

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Smart, E. (2018) ⁷² Canada	Creating an inclusive leisure space: strategies used to engage children with and without disabilities in the arts-mediated program Spiral Garden. (Qualitative)	Moderate (Qualitative)	To describe the practical strategies used by service providers to create an inclusive leisure space in Spiral Garden, an arts-mediated outdoor summer day program for children with and without disabilities.	Artists/Service Providers (n=14 interviewed), children with and without disabilities (6-18 years, n=60 took part in the program, 50% with a disability).	Outdoor, garden setting	x	x		x			The Spiral Garden afforded children of all abilities the opportunity for social engagement, inclusion, spontaneous play and the freedom to discover at their own pace.
Stickley, T. (2019) ⁷⁷ UK	Write here, sanctuary creative writing for refugees and people seeking asylum. (Mixed methods)	III-3	To evaluate the educational, wellbeing, social and satisfaction outcomes of creative writing groups among refugees and people seeking asylum across three cities in the UK.	Refugees and people seeking asylum (n=144; 14 interviews); Professional writers and assistants (36 diary entries).	Community				x	x		The project was designed to help refugees feel welcome and socially included by creating safe spaces for creative expression where participants could draw on their culture, their story and a changing sense of place. Professionally led creative writing groups were effective in enabling participants to come to terms with past experiences and find ways of coping for the future. The program resulted in numerous educational, mental wellbeing and social outcomes. Participants were satisfied or very satisfied with various aspects of the workshops (90.3% - 95.2%).

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Taylor, M. (2016) ⁶⁷ UK	Nonparticipation or different styles of participation? Alternative interpretations from Taking Part. (Cross sectional survey)	IV	To use 'Taking Part Survey' data to identify patterns of arts engagement (participation, attendance, individual activities).	General population, UK (n=unknown).	Various	x	x		x	x	x	Over half of the UK population has fairly low levels of engagement in 'state-supported' culture but is busy with everyday culture and leisure activities. Only 11% of the population is detached from mainstream pastimes and social events outside of television viewing. The most privileged were found to be the most culturally active; the least privileged and those without children and partners are the least active. The results challenge the basis of policies seeking to manage cultural and leisure participation as current policies aim at increasing participation in state-sanctioned activities are likely to target those with already busy lives.
Thomson, L. (2018) ⁸⁰ UK	Effects of a museum-based social prescription intervention on quantitative measures of psychological wellbeing in older adults. (Mixed methods)	IV	To assess psychological wellbeing in a novel social prescription intervention for older adults called 'Museums on Prescription' and to explore the change over time in six self-rated emotions (i.e. active, absorbed, cheerful, inspired encouraged, enlightened).	Older adults, 65-94 years (n=115).	Museums, Kent and London, UK		x					Museums can be instrumental in offering older adult activities that improve psychological wellbeing and may lead to long-term outcomes such as sustained social capital and mental wellbeing. Participants felt absorbed and enlightened by the sessions and commented on the opportunities afforded by the museum-based activities to acquire new learning and develop new skills.

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Tymoszuk, U. (2019) ⁹⁴ UK	Longitudinal associations between short-term, repeated, and sustained arts engagement and wellbeing outcomes in older adults. (Longitudinal cohort study)	III-2	To investigate whether frequency of receptive arts engagement over 10 years contributes to experienced, evaluative, and eudemonic wellbeing in older adults.	Older adults, 50 years and over (n=3188).	Cinemas, galleries, museums, theatre, concerts, opera	x	x					Long-term frequent engagement with certain arts activities was associated with higher levels of happiness, life satisfaction, self-realisation, and control/autonomy in older adults.
Waddington-Jones, C. (2019) ⁸² UK	Exploring Wellbeing and Creativity Through Collaborative Composition as Part of Hull 2017 City of Culture. (Qualitative)	Low (Qualitative)	To (1) evaluate the impact of participation in collaborative composition workshops on the subjective and psychological wellbeing of older adults and (2) identify skills and approaches employed by the composer-facilitators in order to understand more fully the approach and skills employed to engage participants effectively in the creative process.	Composers (n=2), older adults (n=unknown).	Music Biennial	x						Musical engagement and collaborative music composition were found to contribute positively to mental and social wellbeing. Creating music together involves communication, co-operation, empathy, and facilitates social cohesion.

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White, M. (2015) ⁷¹ UK	Lantern Parades in the Development of Arts in Community Health. (Qualitative)	Moderate (Qualitative)	To describe two annual lantern parades as case examples of arts in community health.	Low SES, young people, refugees, asylum seekers (n=not reported).	Community, schools		x	x				The lantern workshops focus on a health awareness theme (e.g. preventing tobacco use) that increased health awareness and knowledge. Taking part in the art workshops, organising the parade, and taking part in the parade as a participant or viewer had an impact on mental wellbeing, social capital and physical activity (walking). The project provided an opportunity to talk about, confront and solve community issues (e.g. health, social, racism) rather than ignoring or trying to 'contain' issues. The parade created community connections and a shared history.
Zarobe, L. (2017) ⁹⁵ UK	The role of arts activities in developing resilience and mental wellbeing in children and young people a rapid review of the literature. (Rapid Review)	III-3	To explore the role of arts activities in promoting the mental wellbeing and resilience of children and young people.	Children and young people (11-18 yrs). Eight studies, 0% RCT (Total n=not specified).	Community, schools, home	x	x		x			Participating in arts activities was found to have a positive effect on self-confidence, self-esteem, identity formation/development, relationship building and sense of belonging, qualities which have been associated with resilience and mental wellbeing. Although the research evidence was limited, there is support for providing structured group arts activities to help build resilience and contribute to positive mental wellbeing of children and young people.

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