THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA

FINAL REPORT

Exploring the Use of Creative Arts to manage and promote recovery from Combat-Related Post Traumatic Stress Disorder

Churchill Fellowship Recipient:
Ian Drayton – 2016 Churchill Fellow
Canberra, Australian Capital Territory
Australia
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Ian Drayton                                                                                      Dated: 09 August 2017

KEYWORDS: Creative Arts, PTSD, Military, Trauma

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The Front Cover features as image by Jason Westcott, ARRTS 2015.1 participant. Royal Australian Navy.  
Born 1974  Port Moresby, Papua New Guinea
Acknowledgements

I must start by sincerely thanking the Sir Winston Churchill Memorial Trust (WCMT) for their generosity, dedication, commitment and support for my Fellowship. In particular I must thank the selection committee of the Australian Capital Territory WCMT chapter for encouraging my application and for seeing value in my passion.

My deepest appreciation must go to those at the University of Canberra and in particular within the Faculty of Arts & Design for their support and encouragement in allowing me to spend seven weeks of 2017 pursuing an area of interest that has growing practical, research and economic value across a broad spectrum of the Australian and international community.

Thank you to my partner, Nerida Scarlett for her unswerving support during my single minded focus in the weeks and months leading up to my Fellowship and for being there to offer counsel during an extremely busy travel and meeting schedule.

Last, but by no means least I wish to thank all those who have hosted me in the UK and USA during this period. Without your support and willingness to give of your time, share your stories and ideas and listen to mine, this Fellowship would not have been a success. I list those who have assisted in pulling this all together in no particular order:

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- Greg Hancock: Wounded Warrior Project New York City
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In addition a huge thank you also to those within the Australian Embassy Washington D.C. and other staff members within those organisations listed above who assisted in pulling together meetings, providing administrative support and generally making my visits to your organisations a fulfilling experience. I am indebted to you all. Thank you.

A special thank you must go to the military veterans in the UK and the USA who I met during my travels, many of whom shared their personal stories and allowed me to witness ‘art in practice’. It was truly a transformative experience and one which I will never forget. Your strength of character and resilience against adversity has provided me with a focused intent to ensure the benefits of creative arts in a variety of health and wellbeing related settings is adopted and recognized more widely than is currently the case in Australia. That is my pledge.

I dedicate this paper and my Fellowship to my Father who, within days of my departure was admitted to hospital for cancer surgery which resulted in severe infection. He remained in a serious condition throughout my journey hung on to life stoically until my return.
(An appropriate place to commence my Fellowship on a hot, sunny London day)

“It is wonderful that great strides can be made when there is a resolute purpose behind them.”

Sir Winston Churchill
Abbreviations & Glossary

AATA: American Art Therapy Association

ADF: Australian Defence Force

ARRTS: Arts for Recovery, Resilience, Teamwork and Skills

ADMMH: Academic Department for Military Mental Health

ASAP: Armed Services Arts Partnership

Combat Stress: UK based veteran’s mental health organisation

DARPA: Defense Advanced Research Projects Agency, Virginia USA

DMS: Defence Medical Services

DVBIC: Defence and Veterans Brain Injury Centre

fMRI: Functional Magnetic Resonance Imaging

H4H: Help for Heroes, UK Veteran’s Charity organisation

DART: DART Centre for Journalism and Trauma, Colombia University

KCMHR: Kings Centre of Military Health Research

MOD: Ministry of Defence UK

NHS: National Health Service UK

NEA: National Endowment for the Arts

NICoE: National Intrepid Centre of Excellence

TBI: Traumatic Brain Injury

AHRC: Arts & Health Research Centre

SCIP: Service Children Progression Alliance

UNSWIS: Universities Network for Sick, Wounded & Ill Service Personnel

PTSD: Post-Traumatic Stress Disorder

NCS: UK based National Citizens Service

WWP: Wounded Warrior Project – A US based veterans charity
As the topic of my study is predominantly considering the application of creative arts in Post-Traumatic Stress Disorder and Post-Traumatic Stress, I feel it is necessary to further define both for the benefit of those unfamiliar with the topic areas. Whilst there are a plethora of definitions available, I feel a particularly relevant overview is provided within the Arts, Health and Well-Being across the Military Continuum White Paper provided by the Americans for the Arts and I quote:

“Post-Traumatic Stress Disorder (PTSD) and Post-Traumatic Stress (PTS) – A psychological reaction that occurs after experiencing a highly stressful even (e.g. wartime combat, physical violence, natural disaster) which challenges a person’s innate coping mechanisms. It is characterized by symptoms which lead one to re-experience aspects of the event, to avoid aspects of the event, and/or to be in a state of hyperarousal. Physiological symptoms associated with the traumatic exposure can include flashbacks, recurrent nightmares, hypervigilance, irritability, disrupted sleep and avoidance by emotional numbing and/or the avoidance of talking about the event.”

“Art therapy – A human service profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feeling, reconcile emotional conflicts, foster self-awareness, manage behavior, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem. Art therapy practice is grounded in the knowledge of human development, psychological theories, and counseling techniques.”

I take one further definition from the above source to differentiate art therapy from arts in healthcare:

“Artists in healthcare- artists and performers, often with diverse experience and educational backgrounds in related fields, who have pursued specialized arts and health training that typically includes general arts and health training, site-specific orientation, and other relevant training modules…. Trained in, skilled at, or proficient in, the arts modalities used-often they are professional in their artistic discipline”.
Itinerary

Week 1: London UK
Imperial War Museum London, University of Kingston, Pearson Education, Combat Stress

Week 2: Wiltshire & Devon UK
Help for Heroes – Tedworth House, Naval Service Recovery Centre - Plymouth

Week 3: Hampshire UK & New York USA
University of Winchester UK, Wounded Warrior Project NYC, DART Columbia University, Josephine Herrick Project

Week 4: Washington USA
George Washington University, American Arts Therapy Association, Defense Advanced Research Projects Agency

Week 5: Washington USA
Walter Reed National Military Medical Facility, National Intrepid Centre of Excellence, DCoE Psychological Health, Wounded Warrior Project DC

Week 6: Gainesville Florida USA
University of Florida, VA Hospital, UF Shands Hospital

Week 7: Tallahassee Florida USA
Florida State University
Executive Summary

There are a large amount of social, environmental, policy, economic, workplace and funding determinants that I could have expanded on during my fellowship but were beyond the original scope of my topic. Most of these I will no doubt investigate and challenge in the coming weeks, months and years ahead.

It is heartening to see the generosity of the public across the UK and the USA in donating significant funds to enable the ongoing development and delivery of veteran’s recovery programs.

At the conclusion of this report I make a number of recommendations regarding possible actions that could be implemented to benefit many communities across Australia. In particular I believe the opportunity exists to develop international research networks incorporating many of the best organisations and researchers throughout Australia, United Kingdom and the United States of America to reduce duplication of effort, share resources and ideas and apply this research in many practical ways.

Both Art Therapists and Artists working in the domain of physical and psychological trauma that I came across do an extraordinary job. There is a distinct difference in the operating context of each and these should be considered and parameters acknowledged before any program or delivery occurs. The goal should always be “to do no harm”.

Technological advancements are somewhat of a ‘double-edged sword’. I provide a brief discussion as to the parallel rises in anxiety, depression, social isolation, suicidal ideation and substance abuse in western society at a time when technological advancements mean we are more connected to the world than ever before. One of the clear opportunities that I will be exploring as a means to overcome this conundrum within the Australian context will be to research links between creativity and technology in a multi-disciplinary manner to determine if any neurophysiological benefits can be derived, both in the immediate, short and longer term.

In essence, there is no single solution, be it clinical, pharmacological or creative, to the broader public issue of Post-Traumatic Stress. A holistic approach, respecting each input as equal, tailored to an individual’s needs would appear to be the most appropriate from my ‘non-clinical’ observations. I believe this fellowship has opened up a world of opportunities for applied research to be undertaken in a collaborative and coordinated way by qualified individuals across a broad, multi-disciplinary spectrum. If this can be funded, I believe the magnitude of health and economic benefits would far outweigh the investment.
Defining the Arts for Health and Wellbeing

Art, crafts, dance, writing, music making and singing are creative modalities that define what it means to be human. Throughout human history we have come together to communicate through these modalities that we can trace back through time to the earliest evidence of human habitation on this planet.

We access these creative outcomes today as we explore our ancient cities, Galleries, Libraries, Heritage sites, Religious sites and Theatres. Our appreciation of these places can have a positive effect on our mood, our outlook and our overall health and wellbeing.

The World Health Organization defines the social determinants of health as the “conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life”.

Throughout this paper I will refer to ‘Arts’, & ‘Creative Arts’ in varying formats and contexts. My interpretation of both in the context of this research study is largely the same. My assumption is that ‘the arts’ encompasses all arts modalities including those with which we are most familiar, visual art, sculpture, music, writing, drama and dance. To this I add other ‘creative’ pursuits including gardening, culinary art, building and wood turning/carving. The recent release of the All-Parliamentary Group on Arts, Health and Wellbeing report commissioned in 2014 by the UK Government quotes Raymond Williams describing culture as “a whole way of life within which the arts are a process of discovery and creative effort”.

Individual experiences in the arts differ, but there is much written about the positive contribution that the arts makes to individuals health and wellbeing and therefore to the health and wellbeing of communities, their productivity and the position in the broader world. In my work for this fellowship, I saw evidence of disciplinary demarcations breaking down although there is, I believe quite rightly, defined distinction between the various modalities of ‘art’ therapy and art for therapeutic purposes, including arts in health and as it is sometimes referred, arts in medicine.

Dr Jane Povey, GP and Director, Creative Inspiration at Shropshire Community Interest Company states, “At least one third of GP appointments are, in part, due to isolation” (something I will discuss later in this report). “Through social prescribing and community resilience programmes (sic), creative arts can have a significant impact on reducing isolation and enabling wellbeing in communities”.
Background

My journey into the unknown breadth of the creative arts and post-traumatic stress disorder in the Australian military began by chance one evening in early 2014 at Canberra Theatre when I was fortunate to attend a performance of ‘The Long Way Home’. Not Saroo Brierley’s 2013 best-selling novel of a similar name but a play created from first-hand accounts reflecting the Australian Defence Force’s recent experiences on operations in Iraq, Afghanistan and East Timor as well as humanitarian and disaster relief. Sydney Theatre Company embarked on an historic endeavor with the Australian Defence Force to present this major piece of work, taking the words and experiences of servicemen and women to create a unique, inspiring and unforgettable event. Featuring servicemen and women recovering from physical and psychological injuries performing alongside professional actors as part of a broader rehabilitation program, the play was a powerful, humanizing and healing experience not only for the actors, but also the audience.

Whilst a magnificent, and at times shocking revelation and confession of life in combat, I was compelled to ask the question, ‘what about the rest’? I felt we needed to develop a more sustainable opportunity for more service personnel affected both physically and psychologically by their service to our country to engage in creative ways to assist in their personal journey of recovery.

And so a collaboration with the Australian Defence Force commenced with the conception of the University of Canberra/Australian Defence Force’ Arts for Recovery, Resilience, Teamwork and Skills (ARRTS) program in May 2015. An evaluation of the effectiveness of the arts-based program by the Defence Science & Technology Group led by Philip Temby and Kayla Johnson following the first two, four-week long programs showed significant improvements in a range of self-reported measures. Forty-four participants (32 males and 12 females) with age ranges from 24-56 years gave consent to the study. The study was approved by the Australian Defence Force (ADF) Human Research Ethics Committee prior to data collection. All participants were current serving members at the time. No exclusion measures were applied and participants had a range of diagnosed conditions including anxiety, depression, chronic pain, and post-traumatic stress disorder (PTSD). The study findings showed improvements in self-esteem, social functioning, physical functioning and positive effect and significant reductions in psychological distress, insomnia and post-traumatic stress.

Having maintained a strong military connection following my discharge from the Australian Army in 1989, I became intensely interested in the positive effects the ARRTS program was having on participants, evidenced by my ad hoc discussions with them and with the engagement of a core team of Faculty academic staff who continued communication and informal engagement with many participants long after the conclusion of their four-week program. Now engaged in a significant amount of desktop research, I realized how the creative...
arts were being utilized across the world to assist the recovery of veterans. Hence my successful application for a Churchill Fellowship in 2016 to research more first-hand experiences across the United Kingdom and the United States.

Over these past two years I have undertaken to familiarize myself with many of the terms used and contexts in which creative arts and expression is utilized in health care settings. This has opened a whole new world of meaning for me and I now realize the significance of the great cultural institutions in theatre, performance, music, art galleries, libraries and museums around the world. Not only do I now further respect their position in society, I appreciate the broader positive impacts on modern communities and the integral role played in the health and wellbeing of those communities and the individuals within, at a time when we need it the most.

The positive neurophysiological changes occurring during the making or viewing of the creative arts is now a well-researched field of endeavor. This research is now providing scientific, empirically based evidence as to the benefits of the arts on some of our most vulnerable and disconnected within our community. Additional research needs to be conducted in this area to further advance the field of knowledge thus providing a clear linkage between the creative and scientific aspects of mental health. In doing so, sustainable research funding from government sources may be achieved to mitigate the long-term effects of various health and wellbeing scenarios, improve the connectedness of communities across the nation and help reduce the significant and ever increasing costs of our health care system. At the very least, there is a strong economic argument for further pursuit of the arts and health within the national narrative.

“…. A compelling case for our healthcare systems to better utilise the creative arts in supporting health and wellbeing outcomes, building on a growing body of evidence in mental health, end-of-life care and supporting those with long-term conditions.”

Lord Darzi, Professor of Surgery, Imperial College London
Historical Perspectives

In commencing my research, I wanted to undertake a brief examination of the historical aspects of creativity in a military context from WW1.

I chose World War 1 as it was unprecedented in terms of its scale and the suffering experienced by combatants. In the UK alone, “5·7 million served in the armed forces, 761 000 were killed, and, by conservative estimates, 1·2 million were wounded or fell sick”. Psychiatric casualties, which were known at the time by various labels including shellshock, disordered action of the heart, and neurasthenia, might have accounted for a quarter of hospital admissions (Jones, E. and Wessely, S. 2014. Battle of the Mind: World War 1 and the Birth of Military Psychiatry).

I selected a sample of biographical, autobiographical, archival material, letters, diaries, photographs and private papers from the archives of the Imperial War Museum in London.

What struck me from the material I viewed, was that even in an era of strict military hierarchy, when commissioned and non-commissioned officers and men rarely mixed in a social context, was the willingness to pull together comedy and theatre groups from throughout the ranks. Then for those ‘troupes’ to perform on the front line across northern France and Belgium, often in harms way to simply provide relief and entertainment to soldiers worn down under extreme battle conditions.
Embedded within Colonel Robert J Blackhams SCALPEL, SWORD & STRETCHER is constant reference to poetry and song used by troops either in the push toward, or retreat from battle. One can only assume the spontaneity of such verse helped bolster courage or alleviate despair.

A significant volume of private papers, letters and memoirs were accessed during my visit to the IWM. One highlight was a vast array of letters and documents from the writings of Lt Siegfried Sassoon of the 3rd Welsh Fusiliers. One dated September 2nd 1917 to John Bain Esq of South Wales notes that “authorities are under the impression that my views on the war show that I am suffering nervous-shock”. This letter with the above passage, was written by Lt Sassoon following a case before the House of Commons in which Lt Sassoon’s letter to his Commanding Officer noted his belief that “the war is being deliberately prolonged by those who have the power to end it” (Army & Navy Gazette August 18th 1917).

The War Office London communicated on 18th February 1919 that Sassoon would be promoted to Captain and hence retired from service in account of ill-health caused by wounds (physical and psychological). There
were letters accessed from friends, family and colleagues of Cap’t Sassoon who failed to agree with the War Office and believed Sassoon to be of sound mind. Sassoon’s many poems written whilst at the front were quite provocative and dripping with emotion.

“Six heated tails are quivering in six large clouds of steam. Six muddied oafs are whooping, in one continuous scream”.

(Excerpt from Ginchy 2nd September 1916)

Method

I researched the use of creative arts across the UK and the US primarily in a military context. I investigated primary organisations use of programs either sponsored or funded by government and non-government and also viewed some 160 published articles. I approached organisations and individuals directly via email requesting the opportunity to meet as part of my sponsored WCMT Fellowship. As several of my requests for visits were on Military bases and establishments, I also worked through the foreign visitor approval processes within the Australian Embassy in Washington. Whilst several organisations initially approached failed to result in meetings, several more were added to my list as my international contact network grew exponentially. In country contact ranged from 1 hour on-on-one meetings to several days embedded within workshops and viewing a number of creative programs.

I was careful to point out my objectives to my hosts that I was not a qualified arts therapist or clinician but wanted to investigate program benchmarks, organizational structures, research priorities and sustainable funding models.

I recorded all aspects of my Fellowship through written notes, through recordings where permissible, through photographs and through a personal website: www.creativeartstrauma.com
Report Overview

Fellowship Objectives

- To enhance knowledge of the use of creative arts therapies across multiple organisations assisting wounded, injured and ill veterans
- To identify opportunities for the development of international collaboration
- To benchmark current creative arts best practice in use across the UK and the USA
- To understand the organizational structures across multiple organisations in both the UK & USA
- To identify and evaluate various funding models that enhance the long-term sustainability of creative arts programs
- To research the use of simulation technology, or the possibility of utilization of simulation technology in the area of creative arts and trauma
- To evaluate the broader use of creative arts in assisting the recovery of other cohort groups
- Identify possible multi-disciplinary applied research opportunities
Fellowship Discussion

As noted within the Churchill report by Combat Stress Art Therapist Janice Lobban, “the UK Armed Forces Act revised the Military Covenant as a result of the Government’s paper Fighting Fit (Murrison, 2010)”. This resulted in establishing regional NHS Specialist Veteran Mental Health Services. Lobban identified, and this was supported in my research that the models used in different geographical areas are not standardised, some offer clinical interventions whereas others might focus on awareness training or signposting to other services such as South West Veterans Mental Health, Options Talking Therapies or addaction in the UK. Research undertaken as part of my Fellowship also replicated Lobban’s research revealing “that in the US, art therapy is available for veterans at many of its Department of Veterans Affairs (VA) Healthcare Systems. The VA is the largest integrated healthcare provider in the US. The Veterans Health Administration (VHA) is one branch of the VA, the others being the Veterans Benefits Administration and the National Cemetery Association. Within the VHA, areas are broken down into Healthcare Systems whereby several medical centres and clinics work together” (Lobban, 2016).

In speaking with managers of veteran’s support programs in the organisations I visited during my Fellowship, there was a common theme that the number of referrals for mental health support over recent years has been rising. This has meant that functional treatments for these referrals have expanded, including the use of creative arts although in some facilities this seemed to be an ‘under-utilised’ or explored area and there was certainly a willingness and desire to increase this component of program offering. Some discussion occurred as to why service organisations were experiencing higher referrals of service personnel and veterans with psychological disorders particularly when the evidence from studies undertaken indicated that the prevalence of PTSD in the UK Armed Forces was no higher than other population cohorts at approximately 4% (KCMHR & ADMMH, October 2014). It is worthwhile noting here that this figure from the UK is in contrast to current estimates from the United States where upwards of 11% of veterans are accessing services and in some locations and in some research papers this figures is as high as 18%. There was a general feeling that whilst stigma was still a significant impediment to serving personnel accessing mental health services, education in this area may be working across the military or it could be that societal acknowledgement of mental health disorders have contributed. In addition, anecdotally the time lapsed to access NHS for mental health referral had decreased in recent times. Regardless, it was viewed by the organisations that I talked with that increase referrals was seen as a positive step forward rather than a ‘tidal wave’ of increased mental health issues in the overall Defence population in both countries.
What I did note, both in my discussions and interviews with those leading work ‘on the ground’ and in reading various reports was that a disproportionate number of service personnel accessing mental health services were from those relatively early in their military career (<4 years). This may have implications for Defence organisations and other service organisations with regards to selection, training, resilience and preparedness for service (military or otherwise). These points need to be documented and referred for further research beyond the scope of this Fellowship.

I have no doubt that the expansion of services is needed to fill a void in mental health services required by military (serving and ex) veterans and their families. Based on known British Armed Forces statistics, it is estimated that 98,788 and up to 153,054 veterans who have served between 1991 & 2014 will require health services at some point. The largest proportion of these requiring either mental health services specifically, or a combination of mental and physical health services. In addition, 386,480 spouses and partners and 215,974 children of service personnel could have future needs (Diehle, J. & Greenberg, N. 2015, Counting the Costs).

Whilst the significant numbers of British veterans who have served in this period far exceed those of Australia, both pale in comparison to the 2.4 million men and women of the US Armed Forces who have deployed around the world since 9/11. The ‘Wounded Warrior Project’, a US charity for veterans who have deployed shared with me that a $100 million commitment to battle the invisible wounds of war through the expansion of the continuum of care has been made to connect veterans, their families and caregivers to partner hospitals for immediate evaluation and treatment options. A WWP 2015 survey showed that 76.2% of WWP ‘alumni’ live with PTSD and 42.5% live with Traumatic Brain Injury.

“Nature and recreation are powerful tools for healing the spirit. Recreational experience assist in developing self-esteem and improve mental attitudes and outlook” (Wounded Warrior Project accessed 6th July 2017: www.woundedwarriorproject.org). In Homer’s epic poem The Odyssey, the hero, Odysseus, takes 10 long years to travel home from the Trojan War. Dark and dangerous, his trek is never easy; but overcoming haunting experiences, he eventually reaches home and his family. Such is the mantra of ‘Project Odyssey’, WWP’s week-long core rehabilitative retreat that helps warriors deal with the stress of combat through a variety of recreational activities in a supportive environment. The project was launched in 2007 with the goal of helping operationally deployed veterans readjust to life at home and address combat-related stress by harnessing the healing benefits of nature, teamwork, and challenge. WWP statistics show that as many as 20% of those returning home face PTSD, or major depressive episodes. Only half of these will seek treatment. Unlike some trends identified in the UK with additional numbers seeking treatment, discussed earlier as possible reductions in the stigma associated with mental health, no such feeling was apparent from my
discussions with WWP in New York City. Stigma remains high and many current serving Defence personnel are seeking treatment through WWP programs ‘incognito’ as they do not wish the military to understand the extent of their issues due to the possibility of being medically downgraded. This is a tragedy for those involved but a necessity at this point of time. This is unfortunate for as Robert Webster, Chief Executive South West Yorkshire Partnership NHS Foundation Trust notes “The therapeutic value of art is an asset we must use. A partnership between arts organisations and health organisations has the power to improve access to the arts and to health services for people neglected by both”.
“Even his griefs (sic) are a joy long after to one that remembers all that he wrought and endured.”

Homer, The Odyssey

Healthy citizens are the greatest asset a country can have.

Sir Winston Churchill

The conundrum that we have found ourselves pondering is why, if there is so much evidence of the efficacy of the arts in health and social care, it is so little appreciated and acted upon.

Rt Hon. Lord Howarth of Newport
Co-Chair, All-Party Parliamentary Group on Arts, Health and Wellbeing.
Funding

Trying to tackle this study from a ‘non-clinical’ perspective, one of the key elements of my research was to gain a more in-depth understanding of the funding arrangements and financial sustainability of the organisations that I visited. Whilst I am acutely aware of the value of all of the programs and organisations I visited, I’m also aware that financial stability is necessary to ensure quality delivery of programs to veterans into the future.

UK
What initially struck me in the UK is that charitable organisations have become increasingly important in the delivery of health services to veterans (both currently serving and ex-serving) and importantly, to their families. Whilst access to some limited, and time contingent Government funding was evident, these charities rely heavily on public goodwill through private donations in order to sustain their service delivery. In the UK, approximately £800 million is raised annually through veteran’s organisations. Of these, the Royal British Legion and Help for Heroes raise the largest individual sums of approximately £30 million each (Rachael Gribble, Simon Wessely, Susan Klein, David A Alexander, Christopher Dandeker & Nicola T Fear (2014) Public Awareness of UK Veterans Charities, The RUSI Journal, 159:1, 50-57).

Whilst the above figures clearly demonstrate a willingness of the UK public to donate, I do question the sustainability of this given the large number (>2000 registered veteran’s organisations), and the current financial austerity measures being applied in Britain following economic uncertainty associated with BREXIT. Couple this with the reducing visibility of the Armed Forces as commitment to conflict theatres in the Middle East reduces and the downsizing of the services more generally and there could be some financial constraints on the horizon for some organisations (particularly those smaller or less established).

One of my concerns both at home in Australia and in the UK is that the sheer number of organisations in this space may result in duplication of effort and services and confuse the narrative provided to Government and to the public.

Like Australia, the United Kingdom research environment is highly competitive. I have identified several opportunities with multiple enthusiastic partners willing to address what is clearly a gap in the research literature in applied use of technology to assist the recovery from trauma. This will lead to a possible tri-nation, multi-disciplinary research network utilizing identified research funding. Particular emphasis on the space intersecting the creative arts & mental health using fMRI and augmented reality technology.
**Combat Stress: Leatherhead Surrey UK**

Following my initial historical research work described above, I met with a previous Churchill Fellow, Janice Lobban, an Art Therapist from Combat Stress. Janice was able to share with me some details of the Combat Stress program including that her participants were all ‘ex-serving’ defence members, predominantly male and, up until recently had transitioned from the services some 13 years previously. This has changed recently to an average of 2-3 years following completion of their service. Funding from the NHS must be on the basis of using a Cognitive Behavioral Therapy model with Art Therapy integrated within that model.

Participants in the program at Combat Stress complete a 6-week residential program which includes 15 sessions of theme based CBT. Art therapy is embedded as part of the overall treatment plan with some participants engaging more than others. Initial referral is through a psychological assessment to either or a combination of Occupational & Art Therapy. Emphasis on short sharp sessions concluding in discussions about the work generated.

*Dr Janice Lobban in the Art Therapy Room, Combat Stress, Leatherhead*

**Help for Heroes: Tedworth House, Tidworth Wiltshire**

Through the kind efforts of Giles Woodhouse and his team at the wonderful facility of Tedworth House, I was able to spend a full day of meetings and discussion pertaining to the variety of activities conducted within the facility and the organizational funding structure of the organisation as a whole. A not-for-profit registered charity, H4H provides a full range of treatment options from its beautiful Georgian residence located on approximately 30 acres just outside the town of Tidworth in the county of Wiltshire. Giles noted that his intention is for H4H to move from transactional change to transformational change. Participants at H4H are
at any stage of their recovery and as such, services offered include both clinical and therapeutic along with additional services such as Career Recovery and development of creative skills. H4H recognizes also the impact of veteran’s trauma on families and works to engage with families throughout the process.

Programs are based around the ‘wheel of life’ reference points being:

- Social
- Job
- Family
- Health &
- Financial

Programs at H4H are output vs outcomes based and participants are able to engage with the facility and resources provided as long as they feel necessary although their personal support mentor/manager is very conscious that a ‘dependency’ relationship is not established. The H4H ‘Pathfinder’ program includes:

- Inspire activities
- Enablement activities
- Support activities

Each of these exist for one-week, three months apart. Participants don’t need to do all three although they are encouraged to complete the program as it provides not only coping mechanisms but formal vocational qualifications.

We did identify a possible area for follow up with the question “Does the effect of military (or first responder) training change the psychological make-up of an individual and does this change (if indeed there is one), effect the cognitive processing of trauma”? Several other ideas for initiatives relating to both veteran and other cohort groups were generated which I will follow through on my return.
Help For Heroes: Naval Service Recovery Base, Plymouth, Devon.

Following my successful meeting with H4H in Tidworth, I had the opportunity to further engage with this organisation through H4H located in Plymouth, Devon. I was able to meet with Program Manager Kevin Blunt and a Post Graduate Social Work student Ellie Kelsey. H4H Plymouth is located on the Naval base which, whilst having some positives, also means access for ex-serving members requiring assistance can at times be quite difficult. Very similar content was discussed as that discussed at Tidworth. I did note that when discussing funding, H4H have the very enviable position of being able to inject 82% of charitable donations directly into programs. The facilities on the base were exceptional, including a large pool, gym and ski training area. A large physiotherapy complex and general meeting area was also included in the complex. Two programs are run weekly, Wednesday’s include wellbeing and mindfulness focused programs and Friday’s have more a physical focus.

Winchester University

A brief but highly beneficial meeting was held with Faculty members from the Faculty of Arts at Winchester University. Professor Andrew Melrose facilitated six key faculty members to be involved in the discussion. The scope of research in the creative arts space at the university correlates well with that being undertaken as part of this Churchill Fellowship and also with the work being done at the University of Canberra. Whilst they are doing some work in the Universities Network for Sick, Wounded and Injured Service Personnel area, they have a particular emphasis on post natal and children’s trauma.

An outcome from this meeting was a commitment to commence a formal collaborative research grant application process and to investigate the concept of an international creative arts network for veterans and other cohort groups.
USA

Wounded Warrior Project: New York City & Washington D.C.

Like the UK organisations I visited, many of the US based groups working with veterans do so with a funding base exclusively limited to charitable and philanthropic donations. Services provided by WWP are free of charge to veterans. The WWP organizational structure is such that it places resources in areas to proactively capture significant funding through philanthropic activities. By adopting this type of financial model, it was noted that the privacy of participants in the Odyssey programs were 100% protected. This type of privacy was absolutely essential to WWP as many of their ‘participants’ are self-reporting without medical or military referral. This is a significant departure in core practice from current programs running in Australia and the United Kingdom.

Josephine Herrick Project: New York City

Whilst in New York, I had the opportunity to meet with the Chairman of the Board from the Josephine Herrick Project (JHP) Mr Matt Sweetman. JHP don’t work exclusively in the veteran space but have been conducting visual art activities through photography to other cohort groups, primarily disaffected youth and children with autism since 1941. Founder Josephine Herrick herself noted at the time that “we were drawn together through the common bond of photography and the desire to serve”. Post World War II a veteran being rehabilitated at the St Albans Naval Hospital highlighted the benefits of photography and creativity by stating “The program has brought untold hours of happiness to the boys in the hospitals and to many it has given them the stepping stone they needed in their return to civilian life”. As noted earlier, the concept of creative arts in assisting those in need is not new and the benefits are quite obvious.

The ‘take-away’ from this meeting was clearly that the creative arts, through a variety of forms provides significant lifelong benefits regardless of the cohort group or trauma experienced.

Colombia University: DART Project

Unfortunately, due to conflicting time schedules, my anticipated meeting with the College of Journalism at Colombia was cancelled but we made a commitment to follow up post-Churchill.

George Washington University & the American Art Therapy Association

Founded in 1971, the George Washington University Arts Therapy program provides students with 900 hours of placement (400 direct patient contact hours). The mission of the GW graduate program is to:

“train exceptionally skilled therapists whose professional practice is grounded in a broad understanding of the most current clinical art therapy, counseling, and trauma theories; the application of the best research
and evaluation methodologies; and the consistent use of diverse, integrative and culturally responsive treatment strategies” (https://arttherapy.columbian.gwu.edu/about).

I was fortunate to visit the offices of the GW Graduate program located in Alexandria Virginia and met with Donna Betts, PhD, ATR-BC, Associate Professor and Research Director in the graduate Art Therapy Program at the university. Donna was incredibly helpful and generous in providing assistance in the lead up to my visit and also facilitated a visit to the offices of the American Art Therapy Association of which she is the current President. Whilst many things were discussed, one of the key takeaways for me was the distinction between Arts & Health and Art Therapy. As a person from a non-clinical background I was appreciative of the discussion as it will assist enormously in the formulation of a consistent narrative for future program development and positioning of the University of Canberra in future partnership and research endeavors. I can definitely see the transition from ‘Art Therapy’ to ‘Arts & Health’ along the PTS recovery continuum. Again this is something that I will need to explore further as I move to establish a model for long-term engagement by the University of Canberra and the Faculty of Arts & Design in this space.

With Donna Betts at George Washington University & with the team from AATA


For more than fifty years, DARPA has held to a singular and enduring mission: to make pivotal investments in breakthrough technologies for national security.
The genesis of that mission and of DARPA itself dates to the launch of Sputnik in 1957, and a commitment by the United States that, from that time forward, it would be the initiator and not the victim of strategic technological surprises. Working with innovators inside and outside of government, DARPA has repeatedly delivered on that mission, transforming revolutionary concepts and even seeming impossibilities into practical capabilities.

DARPA explicitly reaches for transformational change instead of incremental advances. But it does not perform its engineering alchemy in isolation. It works within an innovation ecosystem that includes academic, corporate and governmental partners, with a constant focus on the Nation’s military Services, which work with DARPA to create new strategic opportunities and novel tactical options. For decades, this vibrant, interlocking ecosystem of diverse collaborators has proven to be a nurturing environment for the intense creativity that DARPA is designed to cultivate.

The above paragraphs were extracted directly from the DARPA website as I felt they embody the very essence of the organisation that I was fortunate enough to visit during my time in Washington. I met with Dr Justin Sanchez, a neuroscientist and Director of the DARPA Biological Technologies office. Dr Sanchez oversees development of neurotechnologies to revolutionise prosthetics and to enable stress resistance. His research experience includes use of in vivo electrophysiology for brain-machine interface design in animals and humans. Our meeting agenda centred on the brain-machine interface and he was particularly interested in the concept of coordinating a bi-lateral or multi-lateral research network across the USA, UK & Australia/New Zealand involving the development of augmented reality technology overlaying an artistic narrative approach to Post Traumatic Stress. Much of the interest Dr Sanchez has in this area is the ability to track brain functioning in real-time using fMRI and as follow up to creative activity &/or therapy in trauma sufferers.

One of the unique characteristics of DARPA’s commitment to innovation is their ‘real-time, closed loop’ systems approach. With an innovation outcomes approach along a tight project timeline, typically 3-5 years, approved projects are provided with the resources and capital required to achieve the desired results. Measurable milestones are set and monitored on a frequent basis by the allocated Program Managers.

I felt that at the conclusion of our discussion there lay a very real opportunity to explore collaboration in the use of augmented & mixed reality technologies using a creative narrative interface with patients diagnosed with trauma related psychological illness across a broad spectrum of cohorts including Defence, Alzheimer’s, First Responders, Corrections etc. This area speaks to one of the key outcomes from my Churchill Fellowship.

Unfortunately I was not able to collect any images whilst at DARPA as security is understandably tight and all electronic and recording equipment is required to be left with the onsite security office.
Defense and Veterans Brain Injury Center (DVBIC)

Whilst in Maryland's I was able to meet with LCDR Carla Chase from the DVBIC. LCDR Chase was able to share a variety of material with me specifically relating to concussion & mild TBI as the type of injuries sustained in modern combat in the Middle-East have shown a significant rise in injuries of this type with the use of IED’s by combatant forces, particularly in Afghanistan. This material included:

- Neuroimaging following Mild Traumatic Brain Injury
- Progressive return to active duty following acute concussion & mild TBI
- Sleep
- Headaches &
- Military acute concussive evaluation algorithms

In considering Art Therapy and Arts in Health across the military, it is worth noting at this point that whilst my initial investigation related to PTSD, as noted above, the American military are dealing with large numbers of TBI, some 287,000 for the period 2000 – 2013. The majority of these, (83.3 percent), were classified as mild TBI (mTBI) also known as concussion. I noted various programs where mTBI patients were benefitting significantly from Art Therapy.

Again, building on the future collaborative research agenda in both a military and a non-military context (i.e. domestic violence victims, 1st responders in training and operational accidents, youth etc), we could look at what biological, psychosocial-emotional and economic related impacts are improved through creative arts engagement (therapeutic &/or arts & health). Also, we need to consider what variables, either biomarkers or psychological or economic will we be able to measure over time. This is a significant piece of work in developing impact studies that will further assist in the achievement of the broader objectives of my Churchill Fellowship.

Walter Reed National Military Medical Centre & National Intrepid Centre of Excellence: Bethesda
Marylands

Walter Reed National Military Medical Center is the Nation’s Medical Center serving military beneficiaries in the Washington, D.C. area as well as those from across the country. Walter Reed Bethesda is the largest joint military medical center in the U.S. It is one of the first destinations in the continental United States providing
tertiary care for the wounded, ill and injured from global conflicts. It is a tertiary care destination providing services in over 100 clinics and specialties. Walter Reed National Military Medical Center (WRNMMC) was established on November 10, 2011, as a result of the Base Realignment and Closure Act, which integrated the National Naval Medical Center and Walter Reed Army Medical Center on the grounds of the former NNMC campus in Bethesda, Maryland. The Medical Center combines the history and commitment to excellence of both the Navy and Army medicine icons. WRNMMC combines 170 years of providing outstanding compassionate care to war heroes and presidents alike (Dena Lawrence, 2012). In 2015 the Walter Reed National Military Medical Center’s (WRNMMC) TBI Outpatient Clinic and the NiCoE joined to establish the NiCoE Directorate.

![Art Therapist and Program Coordinate Melissa Walker with me outside the NiCoE, Bethesda MD.](image)

The NiCoE Directorate at WRNMMC helps service members and their families affected by TBI and psychological health conditions through cutting-edge diagnostic evaluation, treatment planning, clinical care, research and education. I was fortunate to be invited to sit in on a creative art therapy open session where a serving veteran and his family of four participated in art making together with a number of other serving members undertaking their individualized program plans.

An obvious and significant difference between the existing ADF ARRTS project in Canberra and the program run out of the WRNMMC is that the NiCoE is a component part of a broader holistic treatment pathway of care for the Military Health System. Working closely with the Defense and Veterans Brain Injury Centre (DVBIC), the TBI Pathway of Care manager, the NiCoE helps provide consistency and continuity in services across the TBI treatment and research continuum.
One of the similarities between the ADF ARRTS project and the Outpatient program at WRNMMC is the four-week time period. This is however where the similarities largely end. Whilst the Canberra based ARRTS project provides an ‘Arts & Health’ model focusing on the four creative streams of writing, arts, music and drama, the WRNMMC Outpatient program is split across two platforms:

**Weeks One and Two: Clinical Evaluation**
- Exposure to the full spectrum of TBI services
- Patient-centred care allowing the clinical team to develop a tailored clinical treatment program
- Patients exposed to a variety of programs which continue during weeks three and four

**Weeks Three & Four: Treatment Planning and Family-Focused Participation**
- Development on an effective, individual treatment plan for the patient and family
- Goal of including family is to develop a support system with the tools and skills needed to sustain rehabilitation and reintegration in the future
- Recommendations for ‘home station’ treatment team to ensure continuity of care

Again, one of the objectives of my Churchill project was to investigate possible collaborative research opportunities and during my time at NICoE there was definitely some common language also used with AATA and DARPA in the use of technology and the desire to investigate and evaluate novel treatment modalities.

I must provide my sincere thanks to NICoE’s lead Art Therapist Melissa Walker who provided me with an enormous amount of support in the lead up to my visit over many, many months. Melissa’s genuine enthusiasm and commitment for the program at NICoE and the compassion she exhibits toward veterans undertaking her program is contagious. She left me in no doubt as to why she is so widely recognized and accepted as a leading practitioner in her field. She has certainly enhanced my learning and knowledge in the field during my Fellowship and for that I am eternally grateful.

I was also fortunate to gain a follow-up meeting whilst at NICoE with the 2nd Lady of the United States of America, Mrs Karen Pence. This took some coordination following my meeting with her in Sydney during April 2017. Mrs Pence, wife of the Vice President Mike Pence, is herself an artist and school teacher with a vision and passion for the promotion of Art Therapy during her time in office. My one-on-one with her, facilitated by her office, NICoE and the Australian Embassy provided an opportunity to discuss our continued work on the ADF ARRTS program that she is so interested in as well as giving her a summary of discussions with research collaboration in mind. I have been asked to continue my dialogue with her office on key developments in the future.
**Armed Services Arts Partnership: Washington D.C.**

The mission of ASAP is to reintegrate veterans into their communities through the arts. ASAP recognize that veterans often face difficulties in reintegrating into civilian life because their communities are ill-equipped to support them. I had the opportunity to meet with ASAP during my time in Washington D.C. and found it interesting that many aspects of their core programs, or the concept behind their programs were similar to the University of Canberra ARRTS project. Particularly in that their focus is not on ‘art therapy’ per se but on skill development, mentorship, camaraderie and with an end of program performance, all be it in the public arena. One creative area they do explore which our program hasn’t yet is the field of comedy. This has been highly successful with booked out performances and my discussion noted that veterans themselves seem to really enjoy the opportunity to turn often difficult topics into comical performances.

**Wounded Warrior Project: Washington D.C.**

WWP’s Alumni Manager Coleman Brooks was kind enough to facilitate a full day of activities and meetings with staff in the Washington D.C. office. I was able to discuss in detail the variety of programs offered by WWP along the veteran’s care continuum. These include:

- Project Odyssey
- Independence program
- WWP Talk
- Peer support
- Combat Stress Recovery program
- Career and VA benefits counseling &
- Physical health and wellness

As mentioned earlier in my discussion with WWP NYC office, WWP operate entirely from donated funds without any government support thus providing them with a level of independence. Over the past 10 years, WWP have invested some $954 million in programs and services to 3.9 million post 9/11 veterans and 2.1 million active duty, reserve, and National Guard members and their families.

As a large and diverse organisation, WWP operate under the guidance of Board of Directors with an appointed executive team located in Jacksonville, Florida. They are cognizant that as the operational tempo in the Middle-East reduces, their operating environment needs to adapt to the changing needs of their client group and the conflict visibility in the eyes of the broader American community.
It was gratifying to me that underpinning the work done by WWP, that all staff I met are absolutely passionate about their mission and they are doing what they do because they do not want to see veterans of post 9/11 conflicts experience the same or similar issues as those faced by returning Vietnam service personnel in the 1960’s and 70’s.

Lessons learned from my time with WWP include a deeper understanding of the organizational motives and structure of charities in the United States, partnership frameworks used to introduce diversity of programs with limited or constrained resources, the integration and co-dependency of services along the health continuum and quite simply the passion required to assist those most vulnerable and in need of a variety of support services for the benefit of the broader community.

**University of Florida: Gainesville Florida**

I was fortunate to participate in the final two-days of the Arts in Medicine Summer Intensive held at the University of Florida Shands Hospital with 40 participants from six countries. I participated in a Creative Practice Workshop, had the opportunity to shadow two artists in the pediatric ward of the UF Shands Hospital, met with the Medical Director, sat in on a demonstration of the ‘Telehealth’ art therapy program in practice, spoke with several veterans about their arts journey and finally spoke with two graduate research students about their work in this area.

**Arts & Health at UF Shands**

Located in a 20 square meter arts room on the pediatric ward, an artist in residence, supported by volunteer artists and musicians provide activities for children with the goal of supporting their healing and ensuring their time on the ward is filled with color, music and laughter. During my time in the room, six children aged between three and 14 engaged in arts activity. It was enlightening to see the transformation in all the children during their interaction with the two artists. From quiet, reserved at the start, the artists were able to provide a fun and relaxed environment that engaged the children and literally transformed their personality within minutes. They smiled, laughed and bopped along with the vocalist playing a guitar for a couple of fun songs. A truly remarkable experience and a pleasure to watch.
Roof Tile: Pediatric Ward, UF Shands Gainesville
UF Shands attempts to bring a unique interdisciplinary approach to the achievement of the working goals of staff and the health goals of patients as outlined below:
The utilization of ‘Telehealth’ technology within the UF VA Art Therapy programs has worked exceptionally well for veterans who are distant from and unable to travel to the UF VA Hospital in Gainesville. I had the opportunity to speak with a veteran who has engaged in a series of Art Therapy sessions with Art Therapist Heather Spooner at UF VA and she was very positive as to the results achieved even though they had only recently commenced sessions together.

I also spoke with three veterans in the art therapy room who were actively engaging in art as a positive part of their medical treatment plan. All were very enthusiastic as to their progress in the program.

**Florida State University: Tallahassee Florida**

In the week commencing Monday 24th July I spent time at Florida State University visiting with Australian Art Therapist Theresa Van Lith and her faculty colleagues and Master’s students. I attended a full day of project presentations from students who had researched a variety of practical applications of Art Therapy for their final projects. I was struck by the diversity of the projects which extended to investigating the use of art well beyond the borders of the United States. One two person team spent a significant amount of time in Haiti working with survivors from the 2010 earthquake. I was also able to meet with Dr Dave Gussak, the Departmental Chair. Dr Gussak is a leading researcher navigating the crossroads where art therapy, forensics, corrections and criminology meet. His perspective on the benefits of creative arts in a corrections environment provided me with some definite takeaways as to how the interrelationships can provide system-wide improvements. Something I intend to take forward upon my return as I explore the use of creative arts in the Australian context more fully.

**Veterans Residential Village, Tallahassee**

Located on the outskirts of Tallahassee, this residential village provides housing and services including art therapy, mental health services, employment training and education, counselling and community connections to veterans who were previously homeless. This is/was a two year transitional housing program funded by the VA that has recently been reduced to one year. In speaking with the local counsellor and art therapist, up to 80% of veterans in this program have previously been incarcerated and most suffer alcohol and/or drug dependency. Whilst an amazing service is being provided, I was struck by the reactive nature of this and other similar programs to veterans from predominantly lower socio-economic backgrounds. There seems to be a tragic cycle of addiction, mental health issues, criminal offence, incarceration and reactive health services.
Conclusion & Recommendations

As I reflect upon my journey through this Churchill Fellowship, I recognize that there is no single solution to the phenomenon of Post-Traumatic Stress Disorder. Whilst I am left in no doubt that creative activity assists in the recovery and alleviates many physical and psychological symptoms, at least temporarily, I’m left asking myself probably more questions than when I commenced my journey. I don’t see this as a negative, in fact far from it. I believe that some of the questions I have can be investigated going forward thought applied research in collaboration with many of the wonderful individuals and organisations with whom I’ve met along the way.

Through these activities, I hope to be able to build upon the multi-disciplinary body of knowledge in this field with the hope of providing at least some benefit to those individuals, groups, organisations and communities most in need.

I feel that in order to look forward I must first look back. A number of discussions I had reflected on the history of trauma, the physical and psychological responses to it, and why some individuals seemed more predisposed that others, even though they may not have been exposed to direct combat during deployment. Wounded Warrior Alumni Manager, Coleman Brooks provided a useful insight and introduced me to journalist and author Sebastian Junger who’s recent publication ‘TRIBE’ outlines some of the evolutionary aspects of community and PTSD.

Whilst the purpose of this report has not intended to validate discussion or articles through empirical research, I do see how the context of the discussion correlates to some of the observations I’ve had during my journey.

Junger introduces the concept of ‘tribe’ in the context of community cohesion within the traditional American Indian communities. Whilst this is one person’s perspective, it is based upon qualified anthropological research. He notes that we have a strong instinct to belong to small groups defined by clear purpose and understanding – tribes. And that this tribal connection has been largely lost in modern society, but regaining it may be the key to psychological recovery for many.

It may explain why many veterans come home to find themselves missing the intimate bonds formed by a life ‘on the edge’ during deployment.

Anthropological studies indicate American Indians and other tribal groups across the globe lived largely egalitarian lives surrounded by community. They weren’t immune from violence, in fact quite the opposite, extreme violence was common in many societies. They were however rarely along. As society has
modernized, people have become largely individualistic, able to live independently beyond a communal group. For the first time in history, many of us live surrounded by others and yet find ourselves dangerously alone. This despite the rapid technological advances that see us more connected with the world than ever before. Almost in parallel with technological advancements, rates of depression, suicide and poor health have risen rapidly as a result of social isolation.

Junger quotes anthropologist Brandon Kohrt noting that “if treatment only focusses on identifying symptoms, it pathologizes and alienates vets. But if the focus is on family and community, it puts them in the situation of collective healing. My personal experience at the NICoE would validate Kohrts comments. I witnessed art therapy sessions involving not only the veteran, but his immediate family members, his wife and their children. I experienced a music therapy session where the music therapist has achieved amazing results with a severely disabled veteran with the direct support of his wife.

One concept I believe warrants further research is that of ‘shared public meaning’. Some note that whilst patriotism and support for our forces remain high as evidenced in the UK and US by the significant levels of charitable donations, a shared public meaning isn’t reflected in western society.

One such discussion noted that shared public meaning is probably not generated by such phrases as “thank you for your service”, or honoring vets at sporting events or giving discounts in stores. In fact such tokenisms may deepen the chasm between military and civilian populations.

I reserve my personal opinion on this as I feel showing respect and dignity to our military personnel indicates at least in some way our gratitude and support to the national cause. Precisely the ‘tribalism’ I’ve referred to above.

Charity

It was clear that in both the UK and the USA, a multitude of organisations exist purely on the basis of public charity support. Some, such as the US based Wounded Warrior Project actively promote the fact that they can remain bi-partisan and guarantee the anonymity of serving members seeking programs precisely because they don’t rely on government program support. There is clearly a high level of support amongst both countries public for veterans and as such many support programs are able to be sustained. There is some question that as the operational tempo in the Middle East is reduced, so to may support from both the public and government.
**RECOMMENDATION 1:**

A further investigation into both charitable and philanthropic donations in the Australian context is required as this may provide an avenue to extend program availability to other cohort groups as was my original intent as an outcome from this Churchill Fellowship.

**International Creative Arts Network (iCAN)**

The transition period is especially important for military personnel (and other services such as first responders) whether it is a transition from deployment or transition from service, the possibility of alienation is high and this amplifies the need for support activities and networks where people can feel valued and productive.

**RECOMMENDATION 2:**

Through collaboration with organisations identified throughout this report, formulate an international multilateral network of veterans in Australia, the UK and USA using social media as the vehicle to support creative endeavours, broaden international community communication and form an international alliance group that both encourages and supports like-minded and like-experienced individuals. This could result in the development of an international ‘iCAN’ conference. As a second phase in this concept, I will investigate the opportunity of developing similar international networks across various cohort groups including first responders, refugee groups and socially disconnected cohorts.

**Multilateral Research Alliance**

There is strong evidence coming through in the conversations I’ve had with many organisations that the need for continued, collaborative, applied research is absolutely paramount. Through my current work in the higher education field at the University of Canberra, I feel that a tangible outcome from this fellowship would be the formation of an international research alliance that commits to the alignment of objectives and the sharing of research data that supports the overarching broader government policy and health objectives in this context. I feel there are many opportunities to align our efforts that could provide additional benefits to veterans, to other cohort groups and to government policy makers.
**RECOMMENDATION 3:**

As a first step, to discuss the concept with the University of Canberra’s Centre for Creative and Cultural Research Director, Distinguished Professor Jennifer Webb. Secondly, to draft some research guidelines in consultation with international partners and seek initial government collaborative research seed funding which would enable the establishment of a broader and more solid international research network. The benefits, as outlined above, would add to the body of knowledge in this field and extend exponentially to other stakeholder groups, both government and non-government communities.

Research objectives could be to support and improve existing collaborative arrangements. To explore cutting edge neuroscience and technology in the context of arts and trauma, to conduct a needs assessment and benchmark research.

**Health Care Continuum: National plan for action**

In the United States, the development of the ‘National Initiative for Arts & Health in the Military – Arts, Health and Well-Being across the Military Continuum’ and the recent release in the UK of ‘Creative Health – The Arts for Health and Well-Being’ are both significant documents that provide ample support for the arts in health environments, both in a military and non-military context. I am not aware of any such document or policy recommendation in Australia but this needs to be further investigated and addressed.

**RECOMMENDATION 4:**

Investigate the current state of development of a national initiative or white paper on arts and health in Australia. This could be done in consultation with, initially, the Australia New Zealand Arts Therapy Association. Seek to develop a funding proposal to Federal Government to develop a National Arts & Health White Paper. The objectives would be to engage government, federal, state/territory and local in policy research and recommendations, to increase program availability and deployment across regional Australia and delineate a continuum of Arts and Health services in creative arts use, creative therapies and educational programs across Australia. Deployment of Creative Arts: A National Initiative White Paper could assist with advancing the policy, practice, and quality use of arts and creativity as tools for health across many sectors of the community including:

- First Responders
- Corrections
- Refugees
- Indigenous
- CALD groups
Beyond the Military

Whilst the title of my Churchill Fellowship embodied the Creative Arts specifically in a military health setting, I was fortunate to be able to speak with several people with experience in a context beyond the military including those working extensively in a Correctional Facility setting, disconnected youth and domestic violence. There is certainly a need to extend existing work in the creative arts space beyond the support provided to military, both serving and veteran. An objective of my Churchill application was to further investigate the deployment of arts in Australia’s first responder and emergency services network.

RECOMMENDATION 5:
To share the results of my Churchill Fellowship with stakeholders, government and industry associations beyond the military. Initially this will include:

- ANZATA
- ACT Fire & Rescue
- Australia New Zealand Emergency Services Association
- ACT Government
- Australian Institute of Police Management
- Australian Federal Police
- ACT Health
- ACT Corrections

Use of Technology

Whilst I have mentioned earlier that the rapid advancements in technology have, in many cases led to a more connected but isolated life which has a correlated effect on mental health issues, I did have several discussions regarding how exploration of cutting edge technology products may be utilized to supplement current clinical and creative therapy treatments. I can foresee definite benefits and usage of such products in Australia, particularly throughout our most remote and regional communities.

RECOMMENDATION 6
To specifically explore collaboration with identified partners into the proposed benefits of simulation technology through augmented and mixed reality systems. Whilst interested partners have been identified during this fellowship, longer lead times will be required due to the need to develop an international scientifically rigorous research proposal. Exploration of product usage across a number of remote and isolated communities could be a first step in a more extensive utilization of these products.
Diary Room

During a number of the meetings that I had across both the UK and the USA, a similar theme developed. Early intervention or providing an environment where those at risk can express themselves at the earliest opportunity is vital and may mitigate some of the long-term effects of trauma and associated PTSD.

RECOMMENDATION 7

Whilst only an initial concept, explore the ability for selected organisations to provide a ‘diary room’ or physical space where creative activity can occur immediately after an ‘event’. This could be on base during military deployment, within a dedicated room in police, fire & ambulance stations, correctional facilities or refugee centres.