

# Arts in healthcare : a Singapore survey - the use of arts in Singapore's public hospitals

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# **Arts In Healthcare: A Singapore Survey**

## **The Use Of Arts In Singapore's Public Hospitals**

### **Michael KoonBoon Tan**

#### **Abstract**

Despite the existence of several Arts in Healthcare programs in Singapore's hospitals, information for these programs are currently scattered and lacks prominence. As part of an effort to generate critical mass for Arts in Healthcare in Singapore and to promote exchange with international colleagues in the field, this introductory paper endeavors to collate existing information on Arts in healthcare programs in Singapore and to provide an overview on the state of such program in Singapore. Its findings shall (i) serve as an indicator for the potential of arts in healthcare development in Singapore, (ii) provide a gauge for professionals and practitioners to consider future trajectories to advance work in the field and (iii) promote exchange with international colleagues.

#### **Introduction**

My journey into arts in healthcare was largely motivated by a personal circumstance. My father was first diagnosed with Parkinson's Disease in 2006 and subsequently confirmed to be suffering from Para Supranuclear Palsy. As you would imagine, dealing and taking care of with an ailing family member is an arduous task and stress is inevitable. But fortunately for me as an artist, I know at the back of my mind that I could use art as an outlet to purge my feelings. Making art provided me the time-space to take distance from my circumstance, it allowed me to reflect and make sense of my situation. This challenging phase of my life also led me to reflect deeper about the roles, significances and values of arts on the everyday life- especially the everyday life of patients and caregivers. Rising from my personal predicament, I am even more convinced about the reconciling role art could play at times of difficulty. Propelled by this conviction and a desire to share, I began my work to explore the intersection between art and healthcare.

During the initial stage of my research in arts and healthcare, I came across a white paper "*Arts in Healthcare Programs and Practitioners: Sampling the Spectrum in the US and Canada*"<sup>1</sup> published by the Center Colloquium Group<sup>2</sup>. The paper gave invaluable insight to the variety of philosophies, systems and structures of arts in healthcare programs in various healthcare institutions across Northern America. As I probed further into the field, I was fascinated and inspired by the level of specialty that the field has taken form in America England, Australia and Canada (Clift, et al., 2009; Cox, et al., 2010; Sonke, Rollins, Brandman, & Graham-Pole, 2009; Wreford, 2010). Naturally, this information prompted me to

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<sup>1</sup> [http://www.thecreativecenter.org/Resources/PDF/Colloquium\\_White\\_Paper.pdf](http://www.thecreativecenter.org/Resources/PDF/Colloquium_White_Paper.pdf)

<sup>2</sup> a group in Northern America that comprises of Arts in Healthcare administrators and practitioners who are passionate and dedicated to advancing the field of Arts in Healthcare.

wonder about the state of development in the field in arts and healthcare in Singapore. With the help of an artist friend, I was introduced to Ms Tan HweePing, Community Relation Manager at the Singapore General Hospital, who currently leads the “*Arts for Health*” program at the Singapore General Hospital (SGH) — one of the earliest arts in healthcare program in Singapore (it was established in 1998). Through Ms Tan, I learnt that there are several initiatives for arts in health in Singapore but the field appears scattered and lack prominence. Ms Tan expressed that there is a great deficiency in evidence and documentation on work in the field, not to mention an absence of critical reflections about the field. From our conversation, I gathered that there is seemingly a lack of critical mass in the current field. It seems that there hasn’t been any substantial discussion about the field - examining what it entails, its significance, its challenges and impact. In order for the field to advance into its next level, it is essential that key stakeholders start to engage in critical dialogues on the field. Therefore it is the ambition of this paper to jump start this process. As public hospitals cater to the majority of population’s need — 80% (Lim, 2010), it would deem logical to begin the survey from public general hospitals. This paper shall concern itself to identify the existence of art in healthcare program at Singapore’s 7 public hospitals, and highlight the state of development of these programs. Prior to this paper, there isn’t any collated information from a single source that feature arts in healthcare in Singapore.

## **The Current Field Of Art In Healthcare Singapore**

### **Singapore Health System: A Brief Introduction**

Singapore’s healthcare system comprises of two sectors: public and private healthcare. Within these sectors one finds Primary Healthcare, Hospital care, Intermediate and Long term care, Integrated care and Dental services. The country currently has 13 Public hospitals and 16 Private hospitals. Out of the 13 public hospitals, 5 are considered as acute general hospitals - they are namely: Singapore General Hospital (SGH), National University Hospital (NUH), Changi General Hospital (CGH), Tan Tock Seng Hospital (TTSH) and Khoo Teck Puat Hospital (KTPH), a women and children hospital – KK Women’s and Children’s hospital, and a psychiatry hospital – Institute of Mental health/ Woodbridge hospital. The general

hospitals offers multi-disciplinary acute inpatient and specialist outpatient services and operate a 24-hour emergency department. The remaining 6 public hospitals are national specialty centers that offer specialized care for cancer, cardiac, eye, skin, neuroscience and dental care.

### **Singapore General Hospital - Arts For Health Program**

Established in 1821, Singapore General Hospital (SGH) is the oldest tertiary hospital in Singapore. It is dedicated to providing multidisciplinary medical care that is backed by state-of-the-art facilities. It is widely acknowledged to be amongst “the best in the world” (SGH, 2010d). The hospital is a part of the SingHealth Group, which also comprises of National Heart Centre Singapore (NHCS), National Cancer Centre Singapore (NCCS), National Neuroscience Institute (NNI), Singapore National Eye Centre (SNEC) and National Dental Centre Singapore (NDCS) and Duke-NUS Graduate Medical School Singapore, Singapore’s second medical school (ibid.). There are more than 30 specialty services that patients can have easy access to, this includes Hematology, Renal Medicine, Nuclear Medicine, Orthopedic Surgery, Pathology and Plastic Surgery (Burns) which are established as national referral centers. It offers a comprehensive range of allied health service including Clinical Dietetics, Medical Social Services, Occupational Therapy, Pharmacy, Physiotherapy, Podiatry and Speech Therapy (ibid.).

The hospital leads the development of Arts in Healthcare in Singapore with its **Arts for Health** program<sup>3</sup>. Established in 1998, Arts for Health offers many creative platforms for patients, visitors and staff to enjoy and experience art that enhances their physical, social and emotional well-being (SGH, 2010a, 2010d). The program boast a wide range of activities that includes *Arts Concerts*, *Arts Expressions*, *ArtsFest@SGH*, *Hospital Art*, *Music Therapy* and *Art workshops*. Through the program- **Arts Concert**, regular concerts are organized to bring performing art into the hospital for patients, visitors and staffs to enjoy. They vary from music, theatre and dance performances. To enhance the mood in the hospital during major festive celebration such as Chinese New Year, Mid Autumn festival, Deepavalli, Hari Raya Puasa and National Day, special performances were organized. Past performers includes Singapore

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<sup>3</sup> <http://www.sgh.com.sg/about-us/Arts-for-Health/Pages/Subpage.aspx>

Chinese Orchestra, Singapore Lyric Opera, Philharmonic Winds and The Cloghoppers (UK). They are constantly seeking for performers and volunteers. Another component of the Arts for Health program is **Arts Expressions**. This program engages artists to develop collaborative art projects that involve participation of patients, staffs and visitors. *Arts Expressions* takes “art out of gallery and into hospital”(SGH, 2010b) by situating artworks produced via this program alongside a busy passageway in the hospital; this is also an initiative to “enhance and humanize the hospital environment” (ibid.). It is also an opportunity for the hospital to create awareness for patient support groups and for patients celebrate their quest in coping with their illness. Regular workshops are also organized by artists, volunteers and art therapists as a mean to introduce patients and caregiver to use the visual medium as a form of expression. **Hospital Art** is a component in *Arts for Health* that is concern with shaping and improving the environment of the hospital (both indoor and outdoor) by aesthetic zing with the placement of commissioned art work and creating peaceful sanctuaries for patients, families and staffs to retreat themselves into as a mean to promote health and well-being. *Arts For Health* also paved way to be the first hospital host the annual Singapore Arts Festival. Since 2005, **ArtsFest@SGH** has annually play host to fringe events during the month-long festival. Alongside the performing events, patients and visitors were also treated to creative activities such as face painting, balloon sculpting, juggling and magic acts (SGH, 2010c). Last but not least, Arts For Health also support the Music Therapy program “*Music to the Ears*” conducted by the Centre for Hearing and Ear Implants that is designed for hearing impaired Children. Offered by a Board-Certified Music Therapist, the program aims to provide the children with a multi-sensory approach to learning through a fun and interactive music-making experience(SGH, 2010e). To date, it is by far the most developed and most structured and comprehensive arts in healthcare program in Singapore. The community relation department currently manages the program.

### **Tan Tock Seng Hospital – Art Of Healing Program**

Built in 1844, Tan Tock Seng Hospital (TTSH) is the second oldest hospital in Singapore. The hospital was established to serve the poor and destitute by Mr. Tan Tock Seng, a Chinese entrepreneur and philanthropist. Through the years, TTSH grown to become Singapore’s

second-largest acute care general hospital with specialty centers in Rehabilitation Medicine and Communicable Disease. It currently operates under the National Health Group. TTSH champions the development of Geriatric Medicine, Infectious Disease Management, Rehabilitation Medicine, Respiratory Medicine and Rheumatology, Allergy and Immunology in Singapore. It also collaborates with The National Neuroscience Institute and the John Hopkins International Medical center to further enhance their services and network for care (TTSH, 2010a). In 2006, the hospital launched the **Art of Healing program**<sup>4</sup> – its Arts in Healthcare program. Largely inspired by the article “The Art of Healing”<sup>5</sup> by Professor Roger Ulrich, PhD, director and professor of the Center of Health Systems and Design in the College of Architecture at Texas A & M University, the hospital aimed to use art as a platform for its “intrinsic value (Art as a healing property and object of beauty) and extrinsic values (symbolic of the TTSH art of healing honed over the past 160 years)” (TTSH, 2010b), to promote the hospital as a “centre of holistic healing of mind and body” (TTSH, 2010b) and to transform itself from “a traditionally sterile, cold and fearful environment to one of warmth, non-threatening and welcoming place of healing” (ibid.). Some strategies that the program have considered are: Art of Healing Gallery, Healing wall, Healing Ceiling, Storytelling and Arts and Crafts, Healing Hanging Mobiles and healing gardens. The **Art of Healing Gallery** is principally a heritage museum that charts and celebrates milestones in the hospital’s development. **Healing Wall** is a proposed concept where common areas in each ward landing will display titles with pictures and painting created by patients or their family to reflect the various expressions of hope, life and love. **Healing Ceiling** is also a proposed idea where a section of the ceiling above a patient could be decorated with lively scene as a way to lift the spirit of patients. From a meeting with Ms Michelle Lee (personal communication, 5 October, 2010) corporate communications executive at TTSH, I learnt that the Art of Healing program in the recent years has largely focused on organizing performing arts programs and cultural events. They have featured performances by Independent dance groups, the Singapore Police Force, Korean Music and Choir, Local school musical ensemble. These events are usually held at the hospital’s main foyer where the event can be enjoyed by patients, visitors and staff of the hospital. The hospital currently does not offer art

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<sup>4</sup> <http://www.ttsh.com.sg/about-us/page.aspx?id=109>

<sup>5</sup> that appeared in Journal of the American Medical Association (JAMA) (vol. 281, no.19, pp.1779-1781).

programming in form of Community-based Art making and Interventions, Art therapy, Evidence-Based Art and other form of creative therapy such as horticulture therapy, music therapy etc. that are tailored specially for in-patients. In context of arts in healthcare development, It would appear that the *Art of Healing* program has yet to reach its full potential in terms of its critical exploration on the role and significance of art in healthcare setting beyond the cosmetic use of art; beyond the relaxing quality art offer in aestheticizing the environment in form of healing garden and hanging mobiles, Art is also capable of empowering individual. Ms Lee acknowledges this capability of art and indicated that the hospital does express interest to develop its capabilities in this area so as to enhance the quality of care and service provided by the hospital. Ms Lee and another colleague in the corporate communication department currently manage the program.

#### **Changi General Hospital – Arts For You Program**

Changi General Hospital (CGH) is the amalgamation of two hospitals (Toa Payoh Hospital and Changi Hospital) to better serve the healthcare need of the growing community living in the North Eastern and the Eastern region of Singapore in a bigger compound that offer better facilities. Though the current hospital compound was officially opened on 29 March 1998, the hospital has been serving the community since 1959. It operates under the umbrella of the SingHealth Group who also operates SGH and KKH. It currently offers a comprehensive range of medical and paramedical services such as A&E Services, Geriatric Medicine, Neurology, Psychological Medicine, Rehabilitation Medicine and General Medicine (CGH, 2010b). From Ms Chang Sook Mei (Chang, 2010), Assistant Director, Corporate Affairs, Changi General Hospital, it is understood that the hospital launched its **Arts for You** program in 1997 with an objective to use art to create a more healing environment in the hospital. Currently, there is limited evidence and documentation available via its website to help us chart the development and gain insight of the extend of exploration in art in healthcare by the hospital. Visibility on the various activities programmed by *Art for You* is lacking. Perhaps in order for the program to enjoy recognition as a value added aspect of care and service that the hospital aspires to provide, it would be worthwhile to increase the awareness about the *Art for You* program. This will help to attract potential clients to the program and collaborators

that will contribute to its development. The hospital periodically organizes music and performing arts activities in the hospital for patients and staffs. These programs are created on an Ad hoc basis and are dependent on opportunities and funding sources. An example of such events would be a photographic exhibition held in 2006 in celebration of the hospital's 10<sup>th</sup> Anniversary. Titled "*At The Cutting Edge - An intimate snapshot of the hospital*"<sup>6</sup> the exhibition showcased work by a team of photography enthusiasts who are mainly doctors at the hospitals, to captures life in the hospital, "the intricacies of hospital operations, the camaraderie of staff at work and the human drama in saving lives" (CGH, 2010a). It was learnt that an art program was organized for Geriatric patients in the hospital's Geriatric clinic in 2009 where an artist was brought in to facilitate ocarina painting and Lomo camera photography for elderly patients. At the moment, art in context of therapy and rehabilitation is not explored in the hospital too, neither has the hospital developed a comprehensive structure for *Arts for You* that explores the use of art beyond leisure or decorative purposes. Nevertheless, as expressed by Ms Chang, the hospital is open to ideas that would help it to enhance patient care and services; this would include the consideration of art. A team of corporate communication professionals currently manages the program.

### **Khoo Teck Puat Hospital – HEaling ARTS” or “HEARTS” Program**

Khoo Teck Puat Hospital (KTPH) is the newest public hospital that has just opened its door in 2010. Situated in the northern part of Singapore, its mission is to serve the healthcare needs of more than 650,000 people who live and work in the north of Singapore. The hospital offers a comprehensive range of medical services, as well as a full suite of medical specialties that includes Geriatric Medicine, Diabetes Care, Weight Management, Dental Care, Cardiology and Interventional Cardiology, Dermatology, Obstetrics as well as Gynecology (KTPH, 2010). As a new hospital, KTPH has the luxury to investigate the significance and impact of architecture design on patients' well-being and quality of care. Therefore one could argue that Arts in Healthcare at KTPH begins right at the hospital's architectural concept and design. It believes that caring for the healthcare need of patients is:

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<sup>6</sup> <http://www.cgh.com.sg/news/cuttingedge/>



more than just providing an extensive range of medical services and specialties within one hospital. It is also about providing the right kind of environment in and around the hospital – a place that is both conducive and comfortable for healing.

(KTPH, 2010)

Designed with the patient's comfort in mind, the hospital building comprises of open structures that enhances daylight and ventilation. Populated by lush greenery and facing a large man made pond, the hospital promotes itself as “a waterfront community space for relaxation and healing” (KTPH, 2010). The hospital building has been awarded the Building and Construction Authority (BCA) Green Mark Platinum Award for a green and energy efficient design. At this point it is important to highlight that the hospital's awareness on the benefit of Arts in Healthcare began way back when the hospital was still known as Alexandra Hospital where it operated in the South-Western region of Singapore. In May 2006 “**HEaling ARTS**” or “**HEARTS**” Program was inducted into Alexandra Hospital. According to Dr Wong Sweet Fun (personal communication, 1 October, 2010), Senior Consultant for Geriatric Medicine at KTPH (who is a key figure in the development of the *HEARTS* Program), the programmed began with a simple intent to provide cultural enrichment and cognitive stimulations for Geriatric patients through Chinese brush painting session, looking at art in the form of intervention that would contribute to the promotion of good mental health. The Chinese brush painting session lead by Dr Tan Ching Yam (PhD), an award-winning artist whose area of expertise lies in Chinese brush painting and finger painting, proved to be popular among geriatric patients and quickly grew in size. To date, Dr Tan runs 2 Chinese painting a week - each class caters to about 10 to 15 participants. The group has developed to become a social group for ex-patients who return regularly to socialize and to develop their painting skills (Dr Tan Ching Yam, personal communication, 21 October, 2010). It actively welcome new members; participants learn about the programmed through recommendation by doctors or through word of mouth by current participants. Subsequently, *HEARTS* expanded their range of program by adding on Music Therapy for patients with pain and patients with dementia (PWD) in 2008 and Pet-Assisted Therapy for Dementia care. It is currently is looking to expand its capability in Therapeutic Horticulture or Horticulture therapy. At the moment, this form of creative intervention is not a patient-based activity yet but Dr Wong enthusiastically await this vision to be realized in a garden annex at the Geriatric Outpatient Clinic when the Geriatric department settles in and our patient load stabilizes. It is

understood from Dr Wong that the people who runs the *HEARTS* programmed are essentially the geriatric outpatient nurses and the Operations executives. The program is currently led by Mr. Kenneth Lam, Operation Manager, who a physiotherapist by training. Apart from *HEARTS*, we also learn from Dr Wong that art is also considered as a tool in the area of Occupational Therapy. The HEARTS team also actively explores design in creating a good healthcare experience for patients, whether be it through the arts or through better design of the environment, aids & devices, or processes/workflows. They have worked with educational institutions such as School for Science and Technology (SST) and several local Polytechnics namely Singapore Polytechnic (SP), Temasek Polytechnic (TP) and Nanyang Polytechnic (NYP) to investigate product and service design. Interestingly, SST used the hospital this year to provide actual case study for students to understand design thinking by getting them to ‘walk in the shoes of the older adult’. From my conversation with Dr Wong and Mr. Lam, there is definitely a strong desire to develop understanding on Arts in Healthcare and exploring its untapped capabilities and potential at KTPH.

### **National University Hospital – Art Therapy @ NUH**

The National University Hospital (NUH) is a tertiary specialist hospital that provides advanced, leading-edge medical care and services. Established in 1985, it is the principal teaching hospital of the National University of Singapore (NUS) Yong Loo Lin School of Medicine. □□ It is a major referral centre that provides tertiary care for a wide range of medical and dental specialties including Cardiology, Gastroenterology & Hepatology, Obstetrics & Gynecology, Oncology, Ophthalmology, Pediatrics and Orthopedic Surgery. The hospital is a member of the National University Health System (NUH, 2010c). To meet the growing need for cardiac and cancer treatment, the hospital as chosen by the Ministry of Health in 2007 to develop two new specialist centers, the National University Heart Centre and National University Cancer Institute, Singapore. The hospital believes that “patient-centric tertiary medical care must go hand in hand with breakthrough translational research complemented by innovative and rigorous training of healthcare providers” (NUH, 2010b). The hospital is currently undergoing a physical expansion to prepare itself to meet the demand of the “expanding and increasingly sophisticated healthcare needs of Singaporeans”

(ibid.) as its population increases and also ages. This new facility will enable “well-trained healthcare professionals to engage in cross specialty collaborations to boost the potential for breakthroughs in research which will eventually translate into better treatments and patient care” (ibid.). Key features in the new infrastructure aim to provide visitors and users a “Hassle-free experience”, “Patient-Centric Design” and “Healing Environment” (NUH, 2010a). The hospital currently does not have official Arts in Healthcare program in place but it is understood that Art Therapy is used in its Pediatric Department. At time of writing, Ms Loo HweeHwee is the only Art Therapist in the hospital and she is employed by the hospital on a part-time basis. According to Ms Loo(Loo, 2010), Art Therapy at NUH first began at the pediatric department in 2006 when it first opened itself to provide intern opportunities for art therapist trainees; it has been supporting internship program for Art therapist trainees since. It was also learnt from Ms Loo that the Art therapy program is currently offered to all pediatrics (children & adolescents) patients experiencing mental and psychosocial issues. This may include patients with chronic health issues, anxiety, eating disorder, depression, trauma, abuse, psychosomatic and other psychosocial difficulties related to mental illness. Clients are inpatients and outpatient of the hospital. Outpatients are usually seen either on a weekly or fortnightly basis, while inpatients are often seen more than once per week. Art therapist also provides bedside support to the inpatients. This is an ongoing support until they are discharged from the hospital. Ms Loo pointed out that the art therapy program is currently offered as:

- a. **Individual sessions** – This is usually a weekly one-hour client-centered individual session that can range between 8 – 52 weeks, depending on the nature of the referral, treatment objectives, patient’s condition, age, etc.
- b. **Group sessions** – An exclusive (with consistent group members) group between 2 – 8 patients, usually with patients experiencing similar issues. A weekly hour and half session, this can range between 6 to 52 weeks. This tends to be for teenagers (10 – 16 years old) as they benefit most through peer sharing.
- c. **Open studio sessions** – An open studio session is offered to all pediatric patients who are willing to participate. The objectives of an open studio session are broader and by nature less in-depth as number of participants can be bigger depending on the number of therapists, space, materials and participants. This is usually conducted by art therapist interns and for special occasions as a mass audience outreach program.

Ms Loo indicated that the hospital is interested to expand its program for Arts in Healthcare, and is looking forward to develop a more comprehensive program.

### **KK Women and Children's Hospital – heART Program**

Since its founding in 1858, KK Women's and Children's Hospital (KKH) has evolved into a regional leader in Obstetrics, Gynecology, Pediatrics and Neonatology. The hospital is a referral centre providing tertiary services to handle high-risk conditions in women and children. Its medical strength includes: High-risk obstetrics, Gynecological cancer treatment, Urogynaecological problems, Neonatology, Pediatrics, Pediatric bone, marrow transplant, Pediatric open heart surgery. It also offer the first 24-hour children's emergency service and house the Largest Neonatal Intensive Care Unit (NICU) in Singapore. The hospital adopts a multi-disciplinary and holistic approach to treatment, and harnesses the latest innovations and technology for the best medical care possible. It is also an academic healthcare institution (KKH, 2010a). KKH has recently began an art in healthcare program called "**Art from the heart**" or **heART**<sup>7</sup> program that is run by the Mental Wellness Service for cancer survivors at KKH. The exact date of its inception is not mentioned but based on the list of exhibition dates presented on the website, I would assume that it was introduced around early 2010. It is unfortunate at point of submission of this article that I was not able to obtain a personal interview Dr Choo Chi Huei –the founder of the program— who is on study leave. Hence the following information rely heavily on information gather off the program's website. It appears that painting is the predominant medium that was introduced to the clients and that exhibitions showcasing works by clients are organized periodically. From an arts in healthcare perspective, the program can definitely expand the range of art activities for its clients. Apart from visual art making, the hospital also offer music therapy<sup>8</sup> through its rehabilitation services. Music Therapy are offered to children with a variety of conditions, including psychiatric and emotional disorders, medical problems, physical handicaps, pain, altered cognitive states or levels of consciousness, such as brain injury or coma, sensory impairments, developmental disabilities, substance abuse, communication disorders and interpersonal problems. Each session, individual or group, is conducted by trained and board-certified music therapists. Music Therapy services includes making music together, breathing exercises, lyric discussions, visualisation to musical selections, spontaneous improvisations,

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<sup>7</sup> <http://www.kkh.com.sg/Services/Women/MentalWellnessService/heART/Pages/Home.aspx>

<sup>8</sup> <http://www.kkh.com.sg/Services/AlliedHealthSpecialties/Rehabilitation/Pages/Home.aspx>

music listening and song writing. Music Therapy may also support physical exercise and facilitate a host of other health-related activities. The program also train parents on the use of music to support child development and assist relaxation, coping and wellness (KKH, 2010b). It is unknown if there is an official person who coordinates and manages art at KKH.

### **Institute of Mental Health/ Woodbridge Hospital – Art & Occupational Therapy**

The Institute of Mental Health/Woodbridge Hospital (IMH/ WH) was established in 1928. Through the years, it has evolved to become a specialized hospital that offers tertiary multidisciplinary psychiatric services. The hospital houses 7 clinical departments, namely: General Psychiatry, Child and Adolescent Psychiatry, Community Psychiatry, Geriatric Psychiatry, General and Forensic Psychiatry, Early Psychosis Intervention, Addiction Medicine. It is also equipped to treat more specific disorders via its 7 specialized clinics for Anxiety and Mood Clinic, Sleep Disorder Clinic, Sexual Dysfunction Clinic, Psychogeriatric Clinic, Autism Clinic, Children's One-Stop Psycho-Educational Services (COPES), National Addictions Management Service. These services are supported by a multidisciplinary framework that includes: Medical social work, Nursing, Psychology, Occupational therapy, Pharmacy, and Physiotherapy. The hospital is the first mental health institution in Asia to receive Joint Commission International (JCI) Accreditation in 2005. The JCI award represents a worldwide consensus on quality patient care and reflects the state-of-the-art healthcare practices (IMH, 2010). IMH/ WH offers a multi-faceted and comprehensive range of psychiatric, rehabilitative and counseling services designed to meet the needs of three groups of people, namely, children & adolescents, adults and the elderly. The hospital currently does not have a formal and comprehensive arts in healthcare program. But Ms Chris Ngiam from corporate communication at IMH/WH indicated that the Occupational Therapy (OT) department uses quite a bit of arts in their work and introduced me to Ms Tan Bhing Leet, Head and Principal Occupational Therapist at the hospital. I learnt from Ms Tan that the OT department uses art as a tool in their rehabilitation and psychiatric/ counseling program. A team of occupational therapists, and one art therapist (who is employed full-time) operates the department. Under the rehabilitation program “*Craft Creates*”; clients are introduced to a range of art and crafts skills such as painting, batik painting, ceramic art, candle art wood

craft, needle crafts by occupational therapists, volunteers or artists. *Craft Creates* is built on a belief that combines therapeutic benefits of arts and craft activities with personal development. Through the process of producing art and craft work, clients are able to build up their self-awareness and improve on their cognitive, vocational and interpersonal skills. The outcomes from these sessions are placed on sale at the hospital's online shopping portal "*Shop@IMH*"<sup>9</sup>. The use of art is also considered in the OT department's psychiatric/counseling program where art is use more as a tool for self expression and a vehicle for communication between the therapist and their client. The use of art and craft is also carried out in satellite clinics outside of IMH. At the Community Wellness Centre at Queenstown Polyclinic, the occupational therapist has set up the *Community Arts Program*, where the therapist engages her clients in various art processes such as painting, ceramic to facilitate counseling and psycho-socio-emotional support. In terms of art psychotherapy, there is a trained art therapist who provides this service. It is also understood from Ms Tan that the hospital occasionally —when the opportunity arises— collaborates with external organization to create program for patients. An example of such collaboration would be a dance workshop organized between the hospital and the Esplande – a prominent performing art center in Singapore — for its patients. It was also highlighted that some art work by clients from the *Community Arts Program* and *Craft Creates* program were recently selected to be displayed at a public exhibition (called the 'Mind Painters') organized by *Very Special Art Singapore* - a charity that provide people with disabilities with opportunities to access the arts for rehabilitation and social integration. This exhibition was held from 10-24 October 2010 at the Singapore Arts Museum. According to Ms Tan, the hospital welcomes any ideas and opportunities to develop its capability in arts in healthcare and is open to dialogue. There is currently no official person who specially coordinates or administers the delivery of art programs by external organizations in the hospital, the closest to such would the volunteer coordinator who liaises with volunteers who are keen to bring art activities to the patients.

### **Furthering The Field Of Arts In Healthcare In Singapore**

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<sup>9</sup> <http://www.imh.com.sg/shop/craft.html>

From this preliminary survey on arts in healthcare in Singapore's public general hospital, it is evident that development in the field is varied. The hospitals are progressing at different pace; some present a defined structure for their arts in health program while others are just beginning to pay attention to holistic value of art to healthcare. The visibility of arts in healthcare program among the hospitals varies too; visibility in this context refers to the prominence of the programs to the public as well as internally among hospital staffs. Currently, only SGH, TTSH and KKH have information on their arts in health program available on their hospital's website, although KKH's art in health program is not featured as prominently compared to SGH and TTSH where information are nested in its corporate profile. As for the rest of the hospitals, it is perhaps the lack of definition in program structure that causes information to be less apparent and accessible at this point. Visibility of art in health program is perhaps is a good indicator on the level of reception, development and integration the arts has at each hospital. Prior to locating key personnel at hospitals, it was not unusual for me, when enquired about the use of art in hospital to receive bewildered responses from the hospital's customer service personnel: "Art?! What art?". My enquiry is usually followed by a long round of call transfers from the corporate communication department through several clinical departments before locating *the* person who has some clue on arts in Healthcare. This phenomenon perhaps suggest that awareness about arts in health program and its identity within some hospitals has yet to reach a level whereby it is regarded as integral service offered; could this also indicates the precedence and understanding about the role and significance of the arts in those hospitals across the board. Nevertheless, It is encouraging to find out that all hospitals surveyed in this study have displayed a certain level of sensibility to consider and incorporate the use of art in their respective setups; even if this means the displaying of paintings along its corridor to make the environment more pleasant – it is still a start.

### **A Need To Dialogue**

In order for the field emerge more prominently, it is important that conversations start taking place both internally within healthcare institution and externally among key stakeholders in the field. Interaction among people and disciplines in the field could afford more vigor. As this

concerns the engagement of art within healthcare, conversation needs to first happen within the hospitals among its staffs – managements, administrators and practitioners. Longevity of arts in healthcare program is heavily dependent on the common understanding and value that individual healthcare institution holds towards the arts. Arts in healthcare program can only flourish when the healthcare institution begin to recognize and embraces the unique and holistic value art possess towards the promotion of health and well-being and create an awareness about it at all levels of its operation. Hence it is import for hospital staffs that are involved in arts in health related work to generate platforms that will enable them to share their experience and to discuss possibilities on future developments. Considering the varied level of development in the field among hospitals, I think it would be beneficial to establish a network to connect key personnel from various hospitals to share knowledge and exchange ideas about arts in healthcare. In this process of discussion and development, it is highly relevant to include the people from the Arts who are attracted to work in the area of healthcare. These people could be artists, designers, curators, cultural professionals etc. As this concerns the arts in a specific context - healthcare, I would argue that it is also important for practitioner of the arts to develop a good level of sensibility, sensitivity and understanding on concerns related to the field of healthcare. Therefore it will be beneficial for artists to be inducted into the health institution, perhaps through volunteering, or understudying the work of health administrators, doctors, nurses and therapist in wards and clinics. At the same time, for work in the field to advance, it is also imperative for medical practitioners to learn about the extensive field of the arts, the way artists and art practitioners function, the knowledge are intrinsic to the arts. It is only through the spirit of openness and respect for each respective field that symbiotic relation between the arts and healthcare becomes apparent and sustainable. It is also important in this process for practitioners in the local field to connect with practitioners in the field internationally. Not only will such interaction bring on new ideas and knowledge but it may also lead to the emergence of transcontinental, trans-cultural collaboration to advance work in the field. A network to connect people, resources and information in the local field, and a platform for discussion are currently non-existent.

### **A Need To Define The Field**



At this juncture of development, it would be helpful for practitioners and administrators to begin identifying and establish some basic common understanding on what the field entails. This will greatly facilitate the field to gain better clarity on its role and concerns and allow objectives and trajectories to be set to advance work in the field. Considering the potential benefits and possibilities of arts in healthcare, the current construed perception of arts in healthcare as Art Therapy or Community-Based Art seems limiting and lacks imagination. To ensure the field to progress from its current state, and evolve into a more sophisticated state, it is important for current practitioners to identify and establish parameters for the field; such attempt will greatly benefit navigation for future research and development in the field. Perhaps the following definitions on arts in healthcare could be use as bearings for a start.

According to Suzy Brener (in Dileo and Bradt, 2009, p.168):

The field of arts in healthcare embraces a wide range of practices: The arts in medicine, design aspect of hospitals, the arts in humanities in medical education, the arts in hospice/end of life care, art therapies, art applications with the aging.

Adding to this definition, in the same article, Dileo and Bradt (2009, p. 168) also highlighted that:

the arts in healthcare intersect with a number of disciplines, including medicine, architecture, the art therapies, medical education, special education, gerontology, and so forth. In attempting to define the "arts" in arts in healthcare, one finds a very wide range of art practices, including the visual and performing arts, technology, creative writing, horticulture, and video arts. Similarly, one might also attempt to define the arts in healthcare according to healthcare settings in which they occur, although these are equally broad and may also include community settings, public health settings, and educational setting. A description of the potential recipients of the arts in healthcare may further complicate a clear definition, as these recipients include patients, their families and caregivers, medical practitioners, and medical students. In addition, arts in healthcare includes activities directed towards changing environment.

Beyond the physiological, psychological, social and cognitive benefits that come with art in healthcare, I think it is highly relevant for the field to also investigate the role and significance of art in healthcare from a communication perspective such as communication in health and health communications perspective or even arts in healthcare as methodology in healthcare related research. There is a need to establish a framework where issues and concerns of the field are made apparent so that these information can guide future development.

### **A Need For Evidence And Research**

For the arts in healthcare in Singapore to advance and to develop its credibility, it is crucial that practitioners (this includes administrators, key stakeholders such as medical personnel, artists, creative therapist) start to collect and generate information that chart the kind of

program developed, the progress of these programs and its success rate. It is also important that study on impact and effectiveness of arts in health start to take place at respective institutions. Research work and critical reflections on work done in the field is currently lacking or lacks prominence. Documentation in any form to capture or reflect the significance arts in healthcare is vital to ensure its sustainability in terms of its future in public hospitals and its development. Information will enable the field to garner awareness and demonstrate the add-value of the arts to the quality of care and service in hospitals. They can help inform and educate new audiences or even attract new practitioner to the field. These primary information are also essential and useful for the development of new direction in the design of program and for future research work in the field. Research as Dileo and Bradt (2009, p. 170) asserts “is a critical factor in both informing practice as well as informing others outside the field regarding its effectiveness”. Therefore, I concur that documentation, reflections and reflexivity are essential activities that will lead the field to advance into its next level. Until a critical mass is formed, the holistic attribute of art in Singapore’s healthcare setting will always be relegated as a myth.

### **A Note On Funding**

From the existing arts in healthcare programs, it is learnt that funding for the program come from various sources such as hospital operating budget, external sponsorship from private corporation usually pharmaceutical companies or any health related companies, private philanthropic donations and the National Arts Council Singapore - under its *Arts for All*<sup>10</sup> scheme. As the field advances and strengthen it relations with academic research institutions, academic research fund could be a potential source of financial support to fuel research work in the field.

### **A Need For An Arts In Health Administrator?**

As peripheral as it may be regarded, arts in health programming and coordination in actual fact is a specialized area that requires an individual to have multifaceted sensibility on the arts, administrative and management skills, healthcare, publicity and outreach etc. At the

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<sup>10</sup> <http://www.nac.gov.sg/out/out01.asp>

moment, doctors, therapist, corporate communications personnel and community relation personnel are multi-tasking as arts in health program administrators and coordinators. It is admirable that these professionals are taking on this additional responsibility beyond their immediate job responsibilities. As the field advances, it is perhaps necessary for the local field to start considering developing an official position within a hospital to shoulder this responsibility so that there would be economical division of labor. For the time being until this vision is fulfilled, it would be worthy to expose administrators to the concepts of arts so that the field could open itself to further investigation on possible of art form that could be included in the programming of arts in health program. The field at the moment seems to be limited to more traditional art form such as sculpture, painting and craft. Considering the state of contemporary art practices today, the vast range of practices spanning from conventional medium to new media art form, I would say that possibilities is infinite for arts in health to advance towards.

### **Education The Key To Sustainability**

Lastly, I would like to note the vital role of education in furthering the field. Currently in Singapore, only LaSalle College of the Arts offers a MA in Art Therapy (it was first offered in 2006). Despite it being a specific offering that caters to a niche area in arts in healthcare, its existence is encouraging and exciting; it suggests an emerging need. Considering the possibilities in arts in healthcare, I think education on arts in healthcare could be diversified further and be administered through an interdisciplinary context. Healthcare institutions and academic institutions can definitely afford to investigate collaborative research opportunities. I would also like to stress that education about the field should not only target at training future generation of artist and designers who are interested in concerns relating to art in healthcare, but it should also cater to students who would potentially work in the field of healthcare such as doctors, nurses, administrators, managers, social workers etc. This will enable us to create a new generation of informed practitioners who will be ready integrate art with healthcare. Having said that I like to assert that different professions assume different roles and expertise in context of healthcare, hence the success of work in arts in healthcare is highly reliant on key stakeholders' ability to establish an equilibrium of respect and openness.

## **Conclusions: Moving forward**

Comparing Singapore to other international counterparts in the field of arts in healthcare, I would say that the local field is just beginning to scrape the tip of the iceberg. The current lack of structure in the field indicates that there is definitely a lot of work to be done before we can achieve the level of rigor that discourses on art in healthcare has taken form in countries such as US and Australia. This is definitely an exciting and challenging time for all. To put Singapore on track and raise art in healthcare in Singapore to its next level, I would here by propose the following short-term objectives be implemented:

### ***1) Establishing of a network for art in healthcare Singapore***

A network to connect all stakeholders is currently non-existent, hence setting one up would be a logical and rightful thing to do as an initiative to advance the field. This information site could exist as an online portal to facilitate easy access; it will also allow the local field to eventually link itself to the field-at-large. Potential subscribers to this network would be anyone who is interested in work in arts in healthcare. This proposed network will eventually be developed to host information to track developing concerns and issues related to arts in healthcare both locally and internationally.

### ***2) Establishing interests group***

Simultaneously, interests group could be set up to assist the identification of topic and concerns among practitioner. These platforms may become useful in term of leading to identifying research endeavors and creating specialized clusters within the exploration of arts in healthcare.

### ***3) Organize an arts in healthcare symposium***

It seems natural and imperative that an arts in healthcare symposium be introduced once the groundwork is established. It will provide a platform for local stakeholders to exchange ideas, debate and discuss on issues and concerns related to the field. The symposium shall also

involve international counterparts so that the local field can to learn and exchange views with their international colleagues.

As this writing is limited to survey the 5 acute general hospital, it is my intention to expand the scope of this survey to find out about the use of art in private hospitals, the long term care sector, specialized hospitals and also support organizations in the near future to provide a comprehensive survey on arts in healthcare in Singapore.

### A Note About The Author

Michael is a visual artist, designer, educator and researcher. As an artist, his work are outcomes of the many internalized conversation that he holds with himself as he negotiates life. Despite the personal lens he engages, his work is far from autobiographical. They speak and draw people to reflect of on the human condition – relations with people, places and spaces. He works widely with photography, video and text to create installation outcome. His works have been exhibited locally and internationally.

He is currently an Assistant Professor at the School of Art, Design and Media, Nanyang Technological University Singapore. His research interest explores issues related to Art and Design in Healthcare, Health Communication, Creative Aging, Social Design through the framework of Visual communication and Visual Methodology. He is interested to explore the roles and significances of creative communication design processes in the everyday life of people particularly (but not limiting to) patients, caregivers and the elderly. He is currently mapping the state of Arts in Healthcare development in Singapore as a preparation to facilitate future work in the field. He is keen to raise the level of specialty in the field and to promote interaction among healthcare practitioners, administrators, the creative industry and other relevant disciplines such as social sciences and engineering to enable patients and caregiver to have a better quality of care and life. He has designed art project for clients in Parkinson's Disease's support group at Singapore General Hospital and is in current discussion to develop project for use in dementia treatment and for alternate communication purpose.

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