

## Guest Editorial

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This special issue of Public Health gives a ‘snapshot’ of the diverse field of culture, arts, health and wellbeing. Arts and Health includes arts-based health promotion; community and participatory arts programmes; therapeutic arts encompassing art therapy, drama therapy, music therapy and dance-movement therapy; arts in medical training; arts in hospitals; and arts on prescription. However, the use of the word ‘creativity’ in our title is quite deliberate, as we wished to include creative approaches to health beyond the arts, which may also stimulate some of the same positive benefits as the arts, such as gardening, nature connectedness walks, caring for wildlife or object-handling in museums[1] The special issue includes contributions from across the spectrum of community and participatory arts, and the therapeutic arts, featuring a wide range of arts/cultural activities. It contains original research and reviews across a diversity of topics, including health, arts, humanities and the social sciences, which will appeal to an international audience of public health practitioners and researchers, those who manage and deliver public health services and systems, educators, policy makers, and those developing, delivering and researching arts, cultural, heritage and natural environment interventions, including social prescribing.

The international appeal of the potential of arts for health activities is evident with submissions received from across the globe (UK, USA, Australia, India, Argentina, Nepal, Sweden and Singapore) Although no submissions were received from African countries, we know of extensive on-going work in this region, including Arts in Medicine in Nigeria, which was featured at the recent International Culture Health and Wellbeing Conference. In-line with the Creative Health Report [2] the submissions encompassed the life-course, pre-school children to older adults, carers, healthcare professionals and veterans. The interventions took place in schools, hospitals, residential care homes and community venues (museums, the home and also at public events). In addition, examples of the use of public and participatory art used to raise awareness of health issues and for health promoting activities are reported. For example, Pufahl et al., [inset ref] report on the uses of a community-based theatre intervention to improve attitudes towards and increase knowledge about LGBTQ+ in India, and in Nepal, Morrison and Arjyal [inset ref] designed drama and games to promote active learning and stimulate conversations about diabetes in local villages and markets. A broad range of research methods were used in the different studies, including arts-based methods, for instance in Sadh and Murthy’s short communication reporting on the use of children’s paintings and drawings to understand children’s perceptions of COVID-19 and lockdown in India.

Much of the literature reporting the impact of arts and health interventions focusses on mental-ill health and, whilst this issue also includes articles about interventions targeting mental ill-health (e.g Sumner et al. [inset ref]), other health conditions also feature, such as cancer, dementia, visual impairment and chronic pain. Furthermore, there are studies reporting interventions for workplace health, and the wellbeing of clinicians and medical students. Unsurprisingly, the impact of COVID-19

was also considered, with reports on the impact on arts and cultural organisations providing arts and health programmes and their response to the pandemic; Armstrong and Ross [inset ref] present preliminary findings about how a programme of arts activity for parents and young children changed in response to lockdown.

Despite the number of submissions for this special issue, there remains large gaps in the research literature, specifically, few published studies consider the cost effectiveness or the long-term outcomes of different interventions. Whilst highlighting the lack of consideration of long-term outcomes, we also acknowledge that there is a shortfall in the detail provided in terms of what the 'interventions' actually are. That is, information about the quality and aesthetics of the creative activities is often absent. Arts and health have a long history, indeed Art was explicitly prescribed 'as medicine' in the 19<sup>th</sup> Century.[3] However, the published research and evaluation to date is the start of the latest conversation rather than providing the definitive answer.

It is still the case that much of the existing published research uses relatively small sample sizes and the studies are observational, raising the question as to whether it is the arts or cultural activity itself that has an impact or whether other factors or mechanisms are equally relevant. Whilst large scale retrospective epidemiological studies have been conducted, in themselves these do not 'prove' that arts have an impact on health and wellbeing but may be indicative of associations to be tested in the future. Hence, there is a need for robust longitudinal studies.

There remains a need for critical academic debate to support the increasing use of culture and the arts in healthcare and the public health field. High quality systematic reviews and meta-analyses are required, but for these to be meaningful the evidence base needs to be coherent with an understanding of what the arts and cultural activities are, who they are targeting, and the cultural and social context of where the activities take place. Finally, the aesthetic quality of the arts is of central importance and should not be forgotten when research and evaluation of arts and culture for health and wellbeing are planned.

### *Concluding remarks*

This special issue was inspired by a number of recent policy drivers in the UK and internationally. The inclusion of social prescribing in the NHS Long Term Plan provides new opportunities for arts, creativity and community engagement to play a greater role in public health. Social Prescribing can be described as the process of enabling healthcare professionals to refer patients to a link worker, to co-design a non-clinical social prescription to improve their health and wellbeing.[4] The recruitment of thousands of link workers across the NHS provides both an opportunity and a challenge for arts and community organisations as they form closer links with referrers across the health system. There is a significant need to develop a shared understanding of what works, how and why; hence, this is another area of research which warrants attention.

One of the key recommendations from the Creative Health Report [2] was the formation of a national strategy centre to advance good practice and research, inform policy, promote collaboration, and to foster the conditions for creative health to be integral to health, social care and wider systems; the UK's National Centre for Creative Health was launched in 2020, with similar initiatives appearing across the globe.

In 2019, the World Health Organization published 'What is the evidence on the role of the arts in improving health and well-being? A scoping review'[5] signalling a commitment to embed arts and health across its global health programmes and activities.

Finally, the Royal Society for Public Health (RSPH) was an early adopter of the understanding of the need to make better links between arts and health research, policy and practice, supporting the formation of a Special Interest Group (SIG) in Arts, Health and Wellbeing in 2015. The RSPH Arts and Health SIG advocates advances in high quality research that lead to innovative policy and practice, and serves to guide the strategic development of research within the field of arts and health.

## References

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