“Art gave me a life. Art gave me a chance to start again…”
Debs Teale, Engagement and Involvement Coordinator, South West Yorkshire Partnership NHS Foundation Trust, United Kingdom of Great Britain and Northern Ireland.

At her lowest point, having long-term severe mental health issues that had made her unemployable and unable to care for her family, Debs Teale looked at the pills on her bedside table and decided to end her life. The day after her overdose, while at the hospital, a small leaflet on “arts for well-being” caught her eye. Although she had never previously been interested in drawing or painting, Debs says that after her first class “something started to come alive inside me.” For Debs, a few simple art classes – requiring nothing more than some pencils, paint and paper – were the difference between life and death. Drawing and painting became her main source of calm and motivation, giving her hope that things could improve. “From that day I never looked back,” she says, as she told her story at the WHO Health Evidence Network (HEN) report launch on arts and health in Helsinki, Finland.

There are many arts and health service users like Debs, who have had similar experiences. The narrative evidence for the positive impact of arts and health is strong. However, to date, reviews that bring together research into the efficacy and impact of such interventions have been piecemeal and geographically limited. To address this, the WHO Regional Office for Europe published a HEN synthesis report in 2019, What is the evidence on the role of the arts in improving health and well-being? A scoping review.

The report is a substantial piece of academic work, which illustrates one of the core reasons that arts interventions can be successful where biomedical treatments might fail: they consider the whole person, rather than disease alone. As demonstrated by the study on magic and well-being (Beyond the crossroads of magic and well-being) in this issue of Public Health Panorama, art interventions can help to treat the underlying causes of a disease (such as hemiplegia), but they can also foster curiosity, create interest, and tap into our sense of joy. The intersectoral and people-centred nature of arts and health interventions will be a key component of the forthcoming European Programme of Work, and represents a practical and country-focused approach to health care that is fit for the 21st century. Moving forward, I’m pleased to announce that the WHO Regional Office for Europe will establish a new insights unit to enrich the evidence base for policy design and implementation of interventions like these. The unit will draw on a wide range of disciplines, including the health-related humanities and social sciences, to illuminate the social, cultural and behavioural contexts of health.

In this special issue of Public Health Panorama, we include insights from countries in the WHO European Region and I am pleased to see that our Member States are taking such an active leadership role in the implementation and evaluation of arts and health interventions.
As I write these words, the world is in the midst of the COVID-19 pandemic, and people everywhere are physically distancing themselves or even self-quarantining. In times like these, people turn to the arts: to literature, poetry and films. Of course, they do so for comfort and entertainment, but the arts can also help to make sense of a time that might feel chaotic and frightening to many. They can help us feel connected, even if we are not in each other’s presence. This is the power of the arts.