The health challenges we face in the WHO European Region are complex and are bound up with the social fabric and cultural contexts of our societies (1). As a result, health policies in countries across the Region are increasingly prioritizing multisectoral approaches that focus on issues such as enhancing well-being and mental health, increasing human capital, developing sustainable communities, and preventing noncommunicable diseases. The arts have a lot to offer in the achievement of these goals. They are widely recognized as being non-invasive, low-risk interventions that can help to provide holistic and integrated patient-centred care. They are also multimodal interventions: they combine multiple health protecting components that include physical activity, social interaction, cognitive stimulation and creativity, all of which are non-medical, leisure activities that can cross cultural divides and engage hard-to-reach groups.

In the last two decades there has been a major expansion of research across the Region that seeks to quantify the effects of the arts on health, identify the mechanisms that link the components of arts interventions with these outcomes, and understand the lived experience of those who engage in arts activities within community and health care settings. To capture and critique this body of work, in 2019 the Cultural Contexts of Health and Well-being team at the WHO Regional Office for Europe published a Health Evidence Network synthesis report entitled “What is the evidence on the role of the arts in improving health and well-being in the WHO European Region?” (2). The report identified over 3500 studies (including 200 reviews, systematic reviews, meta-analyses and meta-syntheses, alongside an additional 700 individual studies) published in the previous 20 years. The findings from these studies demonstrate the role that the arts can play in the prevention of ill health, promotion of health, and management and treatment of mental and physical illness. The evidence demonstrated how the arts affect the social determinants of health, support child development, encourage health-promoting behaviours, help to prevent ill health, support caregiving, help those affected by mental illness, support care for those with acute conditions, and assist with the management of noncommunicable diseases, as well as their role in supporting those with neurological disorders, and how they assist in end-of-life care. As we might expect, there is variation in the quality of the studies in the literature. But with increasing research in this field, there is a substantial and growing number of randomized controlled trials as well as high-quality observational and qualitative studies. Furthermore, for many health outcomes, the triangulation of
findings from different studies using different methodological approaches is highlighting a good level of consistency among independent studies.

In the light of this evidence base, the report puts forward several policy considerations for Member States, focusing on what both the cultural sector and the health sector can do to realize the opportunities provided by the arts. For the cultural sector, this includes: ensuring that the arts provided are diverse, open and accessible, especially for people who are less likely to engage with the arts generally; prioritizing the health benefits of the arts within the organizational strategies of cultural institutions; integrating measures of health and well-being into evaluations of arts interventions to build the evidence base; and sharing good practice. For the health sector, this includes: exploring opportunities for co-commissioning programmes with the arts sector; collaborating on programme evaluations; incorporating the arts into the training of health professionals; and helping artists to build knowledge and skills for working with people who have specific health needs. The value of intersectoral action was further expanded upon in a WHO brief entitled “Intersectoral action: the arts, health and well-being” (3).

Much work is already taking place across the Region in line with these considerations. This issue of Public Health Panorama raises awareness of the breadth of projects in different countries to inspire more such work. We focus on practice occurring at both the local and national levels and involving diverse art forms within communities and health care settings. The issue also aims to facilitate the use of evidence and encourage further research. We therefore include case studies of research in practice and explore some under-researched arts interventions within public health.

To open this special issue, we have invited a range of contributors to reflect on the promising developments taking place in Member States of the Region. The Finnish Minister of Science and Culture, Hana Kosonen, reflect on the value of embedding arts in health care services, but also on the challenges and opportunities presented by true intersectoral action. Tony Woods, the project manager of a major new programme funded by the Wellcome Trust, talks about the challenges of scaling up three arts and health projects to the national level in the United Kingdom. Doctor Katlin Vardi shares her experience of using singing as part of her work to manage and treat chronic obstructive pulmonary disease in Hungary.

Next, summaries of practice in several countries and regions are presented. The study from Scandinavia (Arts and public mental health: exemplars for Scandinavia) gives an overview of arts in health practice, including projects focusing on children and young people, those of working age and older adults. The study from Ireland (An assessment of the scope and nature of arts and health practice in Ireland) also gives an overview of arts practice, this time specifically in health care settings, exploring issues such as the funding, management and evaluation of arts in health programmes. But it is not just provision of these activities that is important. The study from the United Kingdom (Patterns of social inequality in arts and cultural participation: findings from a nationally representative sample of adults living in the United Kingdom of Great Britain and Northern Ireland) shows how there is a clear social gradient across participation, suggesting the importance of programmes that target people who are less likely to engage or who might face more barriers to engagement. Finally, the study from Wales in the United Kingdom (A healthy heritage: the importance of culture in a sustainable Wales) discusses the development of new legislation and the implications of such legislation for work in arts and health.

From this national perspective, the issue then moves on to focus on specific case studies of practice from four countries and involving four different art forms. Two case studies focus on refugees: the case study from the United Kingdom focuses on museum practice for Syrian refugees (Understanding the impact of museum practice when engaging the Syrian refugee community in Milton Keynes), while the case study from Luxembourg focuses on music therapy for young refugees and asylum seekers (Mateneen [Together] – a music therapy project for and with young refugees and asylum seekers in Luxembourg). A case study from Germany outlines a singing project designed to support social well-being in older adults (The SingWell project protocol: the road to understanding the benefits of group singing in older adults). Finally, a case study from Greece – involving individuals from Bulgaria, Tunisia and Ukraine – explores a multinational artistic exhibition for biomedical students using visual art to envisage a Europe free from cancer (Visual art in cancer advocacy in the WHO European Region: a multinational artistic exhibition for the European Week Against Cancer). The issue also has a special focus on under-researched art forms, such as the use of magic for well-being (Beyond the crossroads of magic, health, and well-being).

The WHO Health Evidence Network report demonstrated the multiplicity of ways in which the arts can affect health,
including through the promotion of health, prevention of illness, and management or treatment of health conditions. Separately, the WHO brief on intersectoral action discussed some of the central considerations when developing practice that builds on and develops this evidence base. This issue of Public Health Panorama demonstrates that arts and health practice across the European Region is already diverse and widespread among Member States. But there is a lack of consistency and sustainability of practice. Therefore, in line with the aims of Public Health Panorama, we encourage public health practitioners (by which we refer to health professionals, and artists and arts organizations) to collaborate, to draw on the research literature to develop new evidence-based practice, and to continue building this evidence base by publishing data on both the process of delivering arts programmes for public health action and the outcomes of these programmes.

REFERENCES

1. Interview with Professor Sir Michael G. Marmot, Director of the Institute of Health Equity. (UCL Department of Epidemiology and Public Health) and Chair WHO Commission on Social Determinants and Health (CSDH). Public Health Panorama. 2019;5:19–22. https://extranet.who.int/iris/restricted/handle/10665/325109
