





## Introduction

This paper summarises the findings of *'The CultureForHealth Report. Culture's contribution to health and well-being. A report on evidence and policy recommendations for Europe'*. Based on these findings, several policy recommendations are formulated within the context of the CultureForHealth project, which is the implementing project of the "EU Preparatory Action: Bottom-Up Policy Development for Culture & Well-being in the EU" [1]. The project aims to facilitate the exchange of knowledge, experience and success stories in the EU related to the role of culture for well-being and health, map the most relevant existing practises, carry out small-scale pilot work on the ground and provide a set of policy recommendations on the topic. For a complete overview of the scoping review and the recommendations, please refer to the full report and its executive summary.

### The context: challenges for the EU for which new solutions are needed

**Good health and well-being are a fundamental pillar of prosperous societies.** However, health policy across the EU tends to focus on disease treatment. **A more ambitious and holistic approach to health and well-being that complements the biomedical model is thus required – shifting the focus towards health promotion and disease prevention.** As the report suggests, if such a long-term approach is combined with efforts to address existing health inequalities, the result is likely to foster individual health, subjective well-being, and community well-being. Altogether, this could promote an economy of well-being as described by the OECD [2].

Despite these aspirations, reality is different. To mention one example, mental health problems affected more than 85 million EU citizens already before the outbreak of COVID-19 [3]. Since then, anxiety and depression have significantly increased, and current factors such as the energy crisis and the war in Ukraine could exacerbate these conditions further. In addition to this, many European countries have serious capacity constraints in their psychosocial support systems, often with long waiting lists. The European Commission is calling for a comprehensive approach to mental health, and it is of the utmost importance that it recognises and frees up the potential of culture to improve health and well-being. This is not to suggest that culture is a panacea for social ills; rather, culture can be embedded into broad approaches to address them.

In fact, culture could help to effectively tackle the following challenges:

- 1. The need for an increased focus on health promotion and disease prevention**
- 2. A growing mental health crisis**
- 3. The need to support the broader health and well-being of young people**
- 4. Ongoing changes to the labour markets, patterns of work and the economy**
- 5. An ageing population**
- 6. The association between ill health and patterns of inequality**
- 7. The need to promote active citizenship**
- 8. The mental health challenges faced by forcibly displaced people**

*For a more complete description of these challenges, accompanied by evidence from the scoping review and tailored recommendations, please see the section at the end of this document.*

### Growing Body of Evidence

By incorporating arts-based approaches into healthcare and health policy, policymakers within the healthcare and social care sectors can build on the strong and growing body of evidence first outlined in 2019, in the World Health Organization (WHO) report entitled 'What is the evidence on the role of the arts in improving health and wellbeing? A scoping review' [4].

In 2022, the CultureForHealth research team updated and **widened the scope of the WHO report** and found 138 scientific studies regarding the links between culture and health, along with 118 studies on culture and subjective well-being, 131 studies on the culture and community well-being, and 12 studies on culture's positive effects during COVID-19. This evidence is however not widely known, and it is important to invest in EU-wide awareness building regarding these matters.

## Scoping review findings

### Why culture and health?

The 2019 WHO study's findings demonstrated that the arts can potentially impact disease prevention and health promotion in both the mental and physical health areas, as well as in the management and treatment of illnesses.

While it has been pointed out in several forums that focusing on disease prevention and health promotion is more cost effective, on average in the EU, public and private expenditure on preventive care accounted for only 2.8 per cent of total health expenditure in 2018, with highest shares recorded in Italy (4.4 per cent) and Finland (4.0 per cent) [5].

Culture is an important resource in this context when approaching health holistically. Through culture and the arts, targeted initiatives can be adaptable to diverse audiences with specific needs – whether those people are young or old, or of working age. The findings of the CultureForHealth scoping review confirm this. **Arts and cultural activities are important in promoting the positive mental health and well-being** of populations, both individually and at a collective level. Our review has shown that the interdisciplinarity, accessibility and personal approach that arts-based and cultural activities provide can have significant health benefits. Additionally, as the WHO stated, **'the arts provide cost-effective interventions for complex health challenges that may not have current health-care solutions, while alleviating pressures on limited health resources'** [6].

For example, the EU's comprehensive mental health initiative [3] could put forward cultural interventions for individuals showing early signs of mental health issues in the context of culture-based social prescribing models. Cultural interventions could complement traditional psychological support, as cultural activities have been shown to help individuals strengthen their sense of self-worth, thus potentially preventing further deterioration in their condition. These models are increasingly common in the United Kingdom, Nordic countries, and a few others, but at level of the whole EU, a broader awareness would be needed. On the societal level, supporting cultural activities in communities could be a key contributor to a holistic health strategy, counterbalancing loneliness and isolation and, at the same time, promoting health and well-being for all.

Arts and cultural approaches can have a role to play in management and treatment of illnesses. This is not to be regarded as just an add-on to existing medical treatment; **cultural and arts-based methods can prove effective as healthcare responses in their own right.**

For example, dance for Parkinson's and museum visits for people with dementia have been shown to manage these illnesses, and symptoms like aggressive behaviour or crying became less frequent. An easy to implement and very low-cost action is listening to music before and after surgery; this has been shown to decrease patients' anxiety and support their recovery.

**A holistic approach can be offered by cultural activities, as they help shift the focus away from specific illnesses to a broader understanding of health.** In this way, culture supports health and well-being at **the individual level** (supporting physical and mental health, and subjective well-being), at **the community level** (supporting social inclusion, and engaged, resilient communities) and at **the economic level** (resulting in what the OECD describes as an economy of well-being, as mentioned earlier).

Cultural participation can also reinforce **active (health) citizenship**, supporting patients when developing their own health strategies, stimulating conversations around different medical options and strengthening the relations between citizens and health policymakers.

### Illustrative evidence from the scoping review

- A systematic review on the existing evidence on choral research, including 16 quantitative and qualitative studies [7], concluded that there was an international consensus on the varied beneficial health effects to be gained from collective singing (i.e., choirs and singing groups) in the general population. Social benefits included an improved sense of social inclusion and belonging, improved social skills and the provision of a platform for social bonding. Furthermore, collective singing may lead to educational benefits, including improved reading skills, language development, and speech production.
- A study found that exercise and traditional dancing were beneficial for patients with schizophrenia. Participating in Greek traditional dancing was used as an alternative form of exercise in patients with schizophrenia and was shown to have their functional capacity and quality of life improved [8].

## What types of artistic intervention can be used?

There is a variety of different health-benefiting cultural activities, such as:

- **Music:** to help alleviate stress and anxiety, and promote social engagement and connection
- **Drama and storytelling:** to aid social interaction as a means of health promotion
- **Dance and movement:** to foster social engagement and physical functioning
- **Clown interventions:** to reduce anxiety and stress in hospitalised patients
- **Reading and writing:** to enable the finding of meaning and reduction of risk behaviours
- **Photography and film:** to reduce stress and short-term anxiety, and combat body shaming
- **Visual arts:** to reduce feelings of loneliness and isolation, and generate a positive therapeutic environment
- **Architecture and design:** to improve overall well-being and perceptions of healthcare environments
- **Heritage sites and museum visits:** can play an important social role in promoting health, well-being and social inclusion
- **Multiple art forms:** can be provided in the same setting, so that individuals can pick the most suitable and therapeutic form of expression for their needs

### Illustrative evidence from the scoping review

Adolescents at risk of social exclusion at school took part in a creative art programme aimed at supporting their re-engagement in education. After a few weeks in this process, and while experimenting with different art forms, the young people had the experience of constructing a new self-identity, which positively influenced their attitude and ways of relating with their social context [9].

## What was included in the CultureForHealth scoping review?

The scoping review included a total of 310 studies with widely differing methodologies, including meta-analyses, systematic reviews, scoping reviews, randomised controlled trials (RCT), non-randomised/quasi-experimental observational studies, mixed-methods studies, text, expert opinion papers and qualitative studies. The table below divides the studies into different themes and types of cultural participation. Some studies cut across categories and are counted in multiple areas:

| Thematic chapter                  | N° of studies included | Active cultural participation | Receptive cultural participation | Active and receptive cultural participation |
|-----------------------------------|------------------------|-------------------------------|----------------------------------|---|
| Culture and Health                | 138                    | 105                           | 16                               | 16  |
| Culture and Subjective well-being | 118                    | 93                            | 13                               | 12  |
| Culture and Community well-being  | 131                    | 103                           | 17                               | 11  |
| Culture and COVID-19              | 12                     | 5                             | 3                                | 4   |

## What does the evidence suggest has the most positive impact?

The evidence points towards associations between art-related cultural activities and positive health outcomes. The benefits include: improvements to quality of life; general and psychological well-being; increased social engagement; a reduction in personal experiences of depression and anxiety; improved health-related quality of life in patients with chronic health conditions; prevention of cognitive decline in older adults; and the development of cognitive, emotional and social skills.

**Participation in cultural activities can help with health promotion and the prevention of illness, as well as with the management and treatment of conditions.** As the above suggests, studies were gathered on a range of topics that covered a broad spectrum of health and well-being related issues, ranging from: the inclusion of disadvantaged groups; improved empathy and meaning-finding; improved perceptions of the healthcare environment; and physical, psychological and social benefits for those with chronic obstructive pulmonary diseases. Most studies included in the scoping review refer to **art-based interventions in which participants were actively involved in the creative process**, though this may reflect the studies that have been undertaken rather than indicating that active cultural involvement is necessarily more effective.

## What do cultural activities that benefit health look like?

**Activities can both be receptive** (such as listening to music or watching visual artworks) **or active** (where participants are involved in the creative process). Similarly, while some of the studies reviewed looked at participation on a single occasion, most found that participating in the same activity multiple times was useful. In either case, it is important that interventions are adapted to suit the needs and social conditions of participants.

Similarly, some studies looked at individual cultural experiences, but most of them either involved participation in group activities or combined individual and group engagement. However, when facilitating group activities, it is important to be sensitive to issues that can arise due to the group dynamic.

Policymakers should also be aware that online interventions can be beneficial, although accessibility for those with health conditions such as dementia can make the use of online approaches difficult. Similarly, considerations should be given to urban design and the environment within which creative activities take place. Places that are green, active, pro-social and safe can promote well-being, while open public spaces can enhance a sense of relaxation.

### Illustrative evidence from the scoping review

A systematic review found that art and environmental design in mental care facilities can have positive effects on patients' health, improve the perceptions of the healthcare environment, and enhance the overall well-being of patients and staff [10].

# Categories of health and well-being outcome associated with arts and cultural participation, identified by the scoping review

## 1. Culture and health

### a. Prevention and Promotion

Healthy living and health-promoting behaviours  
Health communication  
Prevention of ill health  
Maternal mental health and mother-infant bonding  
Care-giving

### B. Management and Treatment

Mental health conditions  
Neurodevelopmental and neurological disorders  
Noncommunicable diseases  
Acute conditions

## 2. Culture and subjective well-being

### A. Personal Fulfilment and Engagement

Acquiring and developing skills  
Self-expression  
Empowerment  
Increased social engagement, bonding and inclusion  
Sense of identity and belonging

### B. Personal Orientation

Resilience  
Positive behaviours  
Empathy  
Confidence and Self-Value

### C. Experiences of Emotions

Improved mood  
Positive emotions  
Emotional regulation  
Reduced anxiety and depression  
Reduced stress, improved relaxation and flow  
Bereavement support

### D. Personal Evaluations of Life

Improved well-being and quality of life  
Life satisfaction and motivation  
Finding of meaning  
Improved knowledge and reflectivity

## 3. Culture and community well-being

### A. Social Inclusion

Social bonding and inclusion  
Inclusion of disadvantaged groups  
Increasing social engagement and reducing isolation  
Reducing stigma  
Well-being and inclusion of refugees

### B. School- and Work-related Well-being

School-related well-being  
Work-related well-being

### C. Local development

Well-being and quality of life  
Active citizenship  
City cultural profile and well-being

### D. Built Environment and Well-being

Built heritage  
Environmental design in healthcare  
Public space design

## 4. Culture and Covid-19

Creative activities as preferred leisure  
Innovative strategies to cope with challenges  
Resilience  
Reducing stress and short-term anxiety  
Delivery of public health information  
Counteract negative effects of social isolation

## Policy recommendations

Unleashing the potential health and well-being benefits of culture across the European Union requires concerted action that can be grouped under the following four headings:

1. **Dedicated strategic and financial support**
2. **Knowledge and awareness building**
3. **Training and peer learning**
4. **Localising culture, health and well-being R&D and policy discussions**

### Dedicated strategic and financial support

1.1 **Include culture as an integral part of the EU's health strategy and as a core pillar of its upcoming mental health strategy.** The approach shall be comprehensive, holistic, focusing on long-term health promotion and disease prevention and shall address health inequalities.

1.2 **Increase investment in prevention and health promotion.** If cultural activities can prevent disease and support individual and community well-being, they are likely to contribute to long-term health-budget savings. Cultural activities are also a **cost-effective** way to support more equal access to health and broader efforts targeting the social determinants of health. They should be based on the combined resources of three different major budgets (health, culture and social care), be consistent with the timeframe required to achieve the potential benefits and ensure fair remuneration of all actors involved.

1.3 **Embed dedicated provisions** that recognise the health and well-being benefits of cultural activities **in policy documents** at the European, national, regional and local level.

1.4 Promote the use of **culture-based social prescribing across the EU.**

### Knowledge and awareness building

2.1 **Recognise cultural activities as complementary to traditional medical responses** to both ill health and its prevention, the multiple dimensions that connect culture to health and well-being, and, in particular, culture's contribution to the economy of well-being. Strive for equal-level cooperation between the cultural, health and other stakeholders involved in the design and implementation of these activities.

2.2 **Support further research** in the field of culture for health and well-being, with particular emphasis on advancing the knowledge of the impact factors and mechanisms, to enable maximisation of the benefits of culture in this context. Increase the number of large-scale, large sample, cross-country research initiatives. More research is also needed into the health and well-being effects of digital participation in cultural activities.

2.3 **Raise awareness of the evidence** regarding the health and well-being benefits of cultural activities and, more broadly, of the **cost effectiveness** of supporting a more comprehensive, equal and long-term approach to health policy across the EU.

### Training and peer learning

3.1 **Develop curricula and encourage joint training, as well as life-long learning** involving culture, social and health stakeholders **on an equal level, in culture for health and well-being** for: a) university students in the cultural, artistic, medical and social areas; b) established practitioners and professionals; and c) capacity building on an institutional level (e.g., in museums, theatres, or health or care centres).

3.2 **Support the development of training** that encompasses mechanisms to **take care of the mental health and well-being of actors involved** in the implementation of cultural activities. In the sensitive environment of healthcare, caregivers, artists, cultural managers and other stakeholders can face challenging situations. **Enable and financially support peer learning and the exchange of good practice guidelines** on the topic across borders and sectors.



## Localising culture, health and well-being R&D and policy discussions

4.1 Support the **creation of a dedicated platform** enabling policy discussions and exchange of knowledge on culture, health, and well-being. In the short-term, this platform could be driven by EU Member States (for example, in the context of the Work Plan for Culture 2023-2026) or, alternatively, by a think tank or a university. In the mid-term, it could be **embedded in an already existing EU-level health organisation, agency, or other structure**. In the long-term, the interdisciplinarity of the culture, health and well-being fields would justify the creation of an independent organisation dedicated to advancing the field through R&D, cross-border peer learning, training, capacity building and policy recommendations, which could take the form of a **Centre for European Culture, Health and Well-being**.

4.2 **Encourage Member States, regions, cities and organisations** to establish **their own culture for health and well-being strategies, and to assign dedicated finance and personnel** to the promotion of integrated culture and health policies and interventions. Embed these actions in the work of local health, cultural and social institutions. Such strategies should recognise that change takes time, and thus prioritise the goal of their long-term impact.

In addition, the CultureForHealth team has identified **eight challenges faced by the EU** connected to this area, for which new approaches are needed. The next pages present evidence from the scoping review and recommendations tailored to each challenge. These recommendations should be seen as illustrative rather than exhaustive, and need further development by experts, practitioners and policymakers.



## CHALLENGE 1: The need for an increased focus on health promotion and disease prevention



### About the challenge

The importance of health promotion and prevention in supporting health throughout life is widely known. However, in the EU, public and private expenditure on preventive care accounted for only 2.8 per cent of total health expenditure in 2018 on average, with the highest shares recorded in Italy (4.4 per cent) and Finland (4 per cent) [5]. The tension between existing knowledge on the one hand and investment patterns on the other becomes stronger when one considers the research suggesting that focusing on health promotion and prevention is a highly cost-effective investment [11].

Additionally, taking into account the social determinants of health, focusing on health promotion and prevention could also potentially pre-empt the reinforcement of health inequalities – see the challenge entitled ‘The association between ill health and patterns of inequality’ for more.

### Examples of evidence from the scoping review

Engaging with the arts can help prevent ill health; for instance, through improving respiratory, cardiovascular and cognitive function through singing.

Cultural participation can be used to support healthy living and health-promoting behaviours. Some studies confirmed positive associations between participation in cultural activities and good health in adults, and between an adolescent’s creative engagement and the promo-

tion of healthy lifestyles.

Arts can enable health communication by increasing the awareness of and understanding of various health conditions (e.g., via theatre) and improving communication between medical staff and patients (e.g., by drawing).

The arts can have a positive health impact by affecting the social determinants of health, such as promoting social inclusion, reducing stigma, addressing inequalities and encouraging active participation in community life.

### Tailored recommendations

As the policy recommendations highlighted, unleashing the potential health and well-being benefits of cultural activities requires combined action across four areas: dedicated support, knowledge and awareness building, training and peer learning, and infrastructure building. This extends to the challenges summarised in this section.

This challenge could be addressed by recognising the health benefits of culture and thus increasing the spending on mixed-methods approaches, such as activities with potential benefits in terms of prevention and health promotion, based on the combined efforts of health, culture, social care and other budgets.

In this context, one could also consider using arts and culture for health communication and increased public engagement during the development of health policies.

## CHALLENGE 2: A growing mental health crisis



### About the challenge

More than 85 million citizens in the EU were affected by mental health problems before the COVID-19 pandemic [3]. This situation has only been exacerbated by the spread of the virus and the methods of its control, particularly among the young, those with precarious employment, lower incomes or less education. There has been a notable increase in burnout, anxiety and depression. At the same time, the resulting workload and drain on health professionals has led to an increase in the levels of anxiety and depression compared to workers in other sectors [3]. This mental health crisis is exacerbated by a series of indirect and direct reasons, including the pandemic, climate anxiety, war, and economic and energy crises.

### Examples of evidence from the scoping review

- Promotion and prevention:

Participation in receptive and creative cultural activities is associated with good health, good satisfaction with life, and low anxiety and depression scores.

Creative activities addressing mental health delivered in community settings facilitate young people with such problems to seek out and access health services.

- Management and treatment:

Active engagement with a variety of creative activities such as singing, dancing, creative writing, drama, visual arts and crafts can benefit individuals with mental health

problems through reduced anxiety and depression, improved emotion regulation strategies, increased experience of positive emotions, well-being, and improved self-acceptance and identity in relation to being mentally ill.

### Tailored recommendations

This challenge could be addressed by funding cultural activities with potential benefits in this context by supporting cross-sector partnerships to widen access to these activities, and by enabling further research in the field of culture for mental health and well-being. While doing so, it is important to develop mechanisms to take care of the mental health and well-being of actors involved in the implementation of cultural activities.

## CHALLENGE 3: The need to support the broader health and well-being of young people



### About the challenge

Around the world, suicide is the 'fifth most prevalent cause of death for adolescent boys and girls aged 10–19; for adolescents 15–19, it is the fourth most common cause of death, after road injury, tuberculosis and interpersonal violence' [12]. Additionally, in Croatia, there were 57.1 per cent more suicides in 2020 in this age group, 70 per cent of all suicides in Bulgaria are among young people, while self-harm and suicide attempts by Italian teenagers increased by 30 per cent between the autumn of 2020 and spring of 2021 [13].

The WHO notes that young people 'face many pressures and challenges, including growing academic expectations, changing social relationships with family and peers and the physical and emotional changes associated with maturation [...] Behaviours established during this transition period can continue into adulthood' [14]. Supporting the health of young people at such a crucial moment of their lives can also be seen as an investment in the future health and well-being of our societies.

### Examples of evidence from the scoping review

Active engagement with art can support emotional regulation in early age children and schoolchildren. There were positive associations between an adolescent's creative engagement and the promotion of healthy lifestyles, such as engaging in physical activity and the reduction of risk behaviours.

Cultural participation may lead to the development of creative skills, contributing to the personal and educational development of children and youth, as well potentially improving life skills such as empathy, decision-making, resilience, communication and collaboration.

### Tailored recommendations

This challenge could be addressed by promoting cultural activities tailored to this specific age group and making them available through cultural, educational, social and health settings, ensuring that youths from underprivileged communities have access to these activities.

The use of culture-based social prescribing could also help to address this challenge. More broadly, as with some of the other challenges, supporting the health and well-being of young people would be facilitated by the recognition that cultural activities are complementary to traditional medical responses to both ill health and its prevention.

## CHALLENGE 4: Ongoing changes to labour markets, patterns of work and the economy



### About the challenge

The impact of automation on occupational categories is likely to be differentiated [15]. This might be accompanied by increased flexibility in working patterns. Simultaneously, the transition to the green economy will require changes towards different ways of living. To face this challenge, it is important to strengthen critical thinking and the capability of dealing with complex challenges in a transversal way. Schools have an important role to play by providing widespread access to artistic education and cultural activities.

This echoes statements by organisations such as the World Economic Forum regarding the importance of creativity as a skill in the future [16].

### Examples of evidence from the scoping review

Students and professionals participating in creative activities can benefit from personal growth and development of creative and collaboration skills. They may also acquire new abilities and strategies to cope with stressful experiences and combat burnout, and to improve their resilience. Involvement with the arts can help reduce stress and increase motivation, energy and job satisfaction.

Arts and crafts can be used as occupational therapy during rehabilitation and leisure pastimes for ill or older

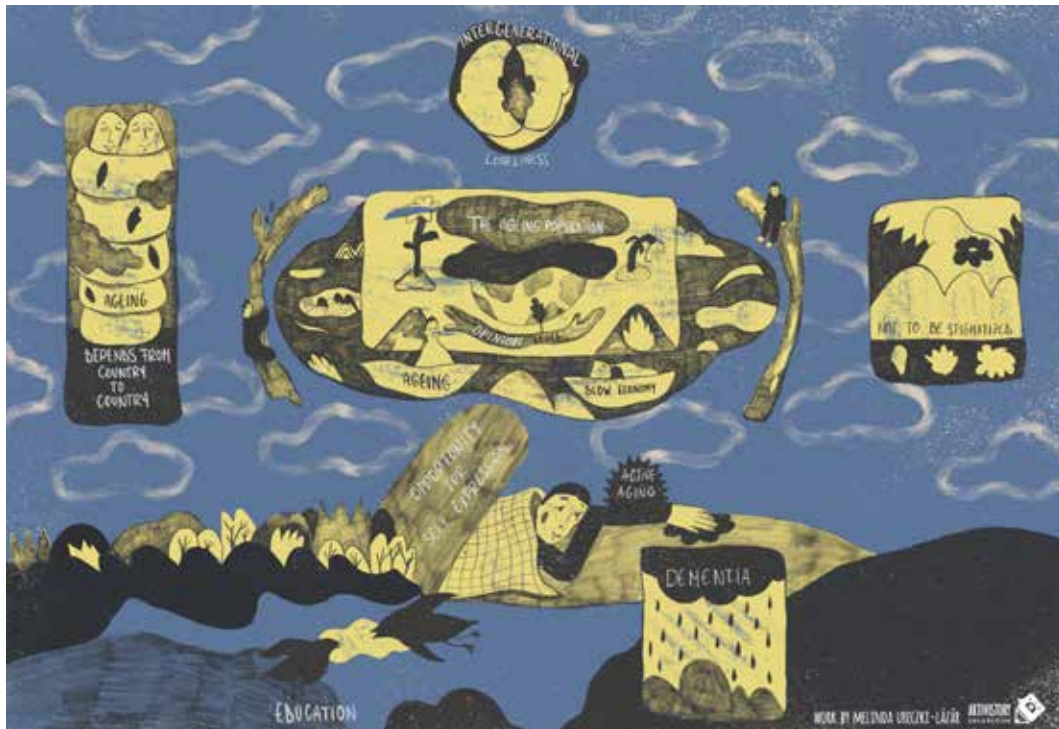
people who are not active in the labour market.

### Tailored recommendations

This challenge could also be addressed by promoting cultural activities and making them available through education, training, in the workplace, during rehabilitation and in other appropriate settings.

The cross-sectoral work required to address this challenge reinforces the need to encourage Member States to establish their own culture for health and well-being strategies, and to assign dedicated finance and personnel to the promotion of integrated culture and health policies and interventions.

## CHALLENGE 5: An ageing population



### About the challenge

Unless growing older healthily is well promoted, an ageing population will by default decrease the percentage of fit and robust members of the workforce, increase the need for long-term care and health expenditure, and slow economic growth. The potential number of people across the European Union in need of long-term care is expected to rise from about 30.8 million in 2019 to 33.7 million in 2030, rising to 38.1 million in 2050, which corresponds to an overall increase of 23.5 per cent [17]. People who are isolated and lonely have a 50 per cent greater risk of dying earlier than those who are connected; they also have higher rates of stress, anxiety, depression and cognitive decline. Isolation increases the risk of dementia with 64 per cent [18]. The number of people with dementia is set to double by 2050 [19]. Healthy ageing can be promoted by the coordination of health, long-term care and other services, as well as the promotion of healthy lifestyles [20].

### Examples of evidence from the scoping review

Elderly people's active engagement with the arts can have positive effects on their health and well-being. It may enable a decrease in anxiety and depression, as the result of improved physical, intra-personal, cultural, cognitive and social factors.

Activities like singing and dancing can positively affect the cognitive functions of elderly people, and have been used in the management of neurodegenerative diseases

with positive results.

Both receptive and active forms of cultural participation can be successful in increasing social engagement and reducing isolation among elderly people.

### Tailored recommendations

This challenge could be addressed by promoting cultural activities tailored to this specific age group, making them available in care and community settings, and supporting cultural venues such as museums, libraries and art centres to programme dedicated activities involving the active engagement of elderly people. These actions are cost-effective investments that can potentially enable a longer period of active ageing, alleviating pressure on relatives and unpaid caregivers, and delaying the need for more costly long-term care.

The use of culture-based social prescribing could also help address this challenge.

More broadly, health and care practitioners and professionals would be more likely to support the above suggestions if they encountered curricula dedicated to the health and well-being benefits of culture during their education and training. This underlines the need to develop specialised modules for such courses.

## CHALLENGE 6: The association between ill health and patterns of inequality



### About the challenge

According to the WHO, 90 per cent of health inequalities can be explained by five factors: quality of healthcare; financial insecurity; poor quality housing and neighbourhood environment; social exclusion; and the lack of decent work and poor working conditions [21]. That is the social determinants of health [22] have a bigger impact on health promotion than individual lifestyle risk factors.

### Examples of evidence from the scoping review

Cultural participation has been found to increase knowledge and awareness of various health conditions among underserved communities, and to provide support networks for disadvantaged individuals suffering from illness.

Social inclusion can be facilitated by active participation in art activities. Cultural venues such as theatres and museums can be an entry point for social services and a source of community for the socially excluded.

### Tailored recommendations

This challenge could be addressed across the EU with dedicated research and development targeting the links between ill health, patterns of inequality and cultural interventions. These efforts could be led by a dedicated team; e.g., the research and policy staff of a Centre for European Culture, Health and Well-being.

Supporting further research in the field of culture for health and well-being – that is, to advance knowledge of the benefits of cultural interventions to address and prevent the reinforcement of health inequities – could also provide a robust response to this challenge. That said, it is important to highlight that, while cultural activities can support broader efforts targeting the social determinants of health, such activities cannot address health inequity or its health consequences on their own.

## CHALLENGE 7: Promoting active citizenship



### About the challenge

The simultaneous phenomena of apathy and political polarisation require an expanding awareness of participatory tools. Empowering people in all walks of life is crucial to actively engage them in making decisions about their lives and future. This is likely to support individual and collective adaptability and resilience [23] in the context of a changing world. Cultural spaces could offer opportunities for communities to meet, discuss and act.

### Examples of evidence from the scoping review

Participatory arts projects can enable community well-being and resilience, foster leadership skills and encourage people to take up new roles and responsibilities in their communities.

During the COVID-19 pandemic, people engaged in creative activities were able to develop innovative and constructive strategies to deal with the associated challenges and uncertainties that arose in lockdown.

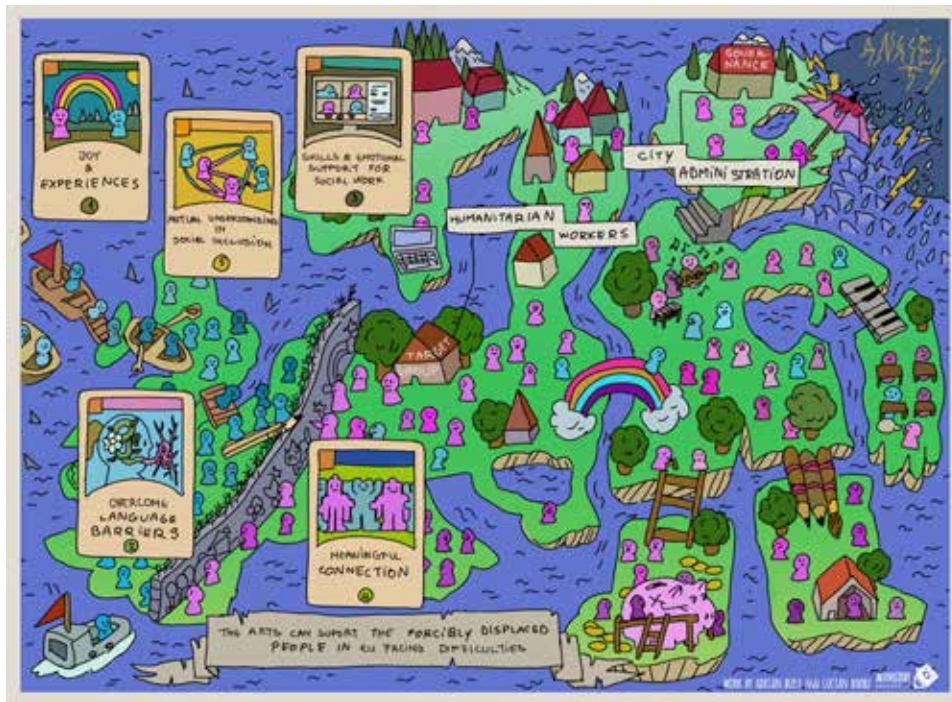
### Tailored recommendations

This challenge could be addressed by promoting participatory arts projects and other cultural activities tailored to this goal.

Additionally, it will be necessary to raise awareness of the evidence-based health and well-being benefits of cultural interventions among those who manage cultural spaces.



## CHALLENGE 8: Difficulties faced by forcibly displaced people in the EU



### About the challenge

As a WHO paper highlights, displaced people experience significant loss, physical hardships and other stressors that often result in psychological distress [24]. By promoting social inclusion, social cohesion, social acceptance and belonging, arts activities can support psychological, behavioural and community processes that are linked to improved mental well-being.

### Examples of evidence from the scoping review

Engagement in community arts can contribute to an increased quality of life and enjoyment of life, as well as a sense of community and belonging for new refugees and asylum seekers. Through cultural activities, young migrants and refugees can benefit from their liberation from disempowering identities and the redefining of relationships.

Investment in the arts means investment in improving social integration and cohesion, and can contribute to mental well-being for all.

Organising arts and cultural activities for displaced people and their host community can help support coping, and promote recovery and integration.

Cultural and community assets can play an important role in supporting the health and well-being of forcibly displaced people.

Artistic methods and practices can contribute to skill-building among those involved in humanitarian responses. Integrating artistic methods into mental health

awareness-raising and other types of training can help to improve active listening, cultural competence and diversity sensitivity.

### Tailored recommendations

This challenge could be addressed by the recommendations outlined in the WHO publication titled 'Arts and Health: Supporting the Mental Well-being of Forcibly Displaced People' [24].

'1. Supporting arts, arts therapies and cultural activities can benefit the mental health and wellbeing of all people, whether they are forcibly displaced or members of host communities.

'2. Arts and cultural activities can form an important part of an organised mental health and psychosocial support response [...]. Incorporate artist led initiatives, arts therapies and arts interventions into the response.

'3. People working in museums, libraries, performance venues, cultural centres, heritage sites and other cultural spaces, should consider how their venues can support forcibly displaced people; e.g., by showcasing their art, creating community theatre plays, organising musical events and concerts, or developing relevant educational activities.

'4. In humanitarian responders, [active listening, cultural competence and diversity sensitivity] skills [brought about through artistic methods and practices] can greatly contribute to community empowerment and participation.'

## References

1. European Commission. (2021). Preparatory action – Bottom-up Policy Development for Culture & Well-being in the EU. Retrieved from <https://culture.ec.europa.eu/calls/preparatory-action-bottom-up-policy-development-for-culture-well-being-in-the-eu>
2. OECD. (2019). The Economy of Well-Being. Retrieved from [https://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=SDD/DOC\(2019\)2&docLanguage=En](https://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=SDD/DOC(2019)2&docLanguage=En)
3. EPRS. (2021). Mental health and the Pandemic. European Parliament. Retrieved from [https://www.europarl.europa.eu/RegData/etudes/BRIE/2021/696164/EPRS\\_BRI\(2021\)696164\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2021/696164/EPRS_BRI(2021)696164_EN.pdf)
4. Fancourt, D., & Finn, S. (2019). What is the evidence on the role of the arts in improving health and well-being? A scoping review. In Health Evidence Network (HEN) synthesis report 67. WHO Regional Office for Europe. Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/329834/9789289054553-eng.pdf>
5. Eurostat. (2021). 3% of Healthcare Expenditure Spent on Preventive Care. Retrieved from <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20210118-1>
6. WHO. (2019). Political Symposium on the Arts and Health in the Nordic Region: State of the Evidence: Copenhagen, Denmark, 22 March 2019. Retrieved from <https://apps.who.int/iris/handle/10665/346086>
7. Hagemann, V. (2021). Benefits of Collective Singing: An International Systematic Review on "Choral Research".
8. Kaltsatou, A., Kouidi, E., Fountoulakis, K., Sipka, C., Theochari, V., Kandyli, D., & Deligiannis, A. (2015). Effects of exercise training with traditional dancing on functional capacity and quality of life in patients with schizophrenia: a randomized controlled study. *Clinical Rehabilitation*, 29(1) A. K(9), 882–891. <https://doi.org/10.1177/0269215514564085>
9. Thompson, I., & Tawell, A. (2017). Becoming other: social and emotional development through the creative arts for young people with behavioural difficulties. *Emotional and Behavioural Difficulties*, 22(1), 18–34. <https://doi.org/10.1080/13632752.2017.1287342>
10. Daykin, N., Byrne, E., Soteriou, T., & O'Connor, S. (2008a). The impact of art, design and environment in mental healthcare: A systematic review of the literature. *Journal of The Royal Society for the Promotion of Health*, 128(2), 85–94. <https://doi.org/10.1177/1466424007087806>
11. UK Health and Security Agency. (2016). Investing in Prevention: is it Cost-effective? Retrieved from <https://ukhsa.blog.gov.uk/2016/02/29/investing-in-prevention-is-it-cost-effective/>
12. UNICEF. (2021). The State of the World's Children 2021. On my Mind. Promoting, Protecting and Caring for Children's Mental Health. Retrieved from <https://www.unicef.org/media/108121/file/SOWC-2021-Europe-regional-brief.pdf>
13. Taylor, A. (2022). Suicide Increasing Amongst Europe's Youth, Governments Underprepared. Retrieved from <https://www.euractiv.com/section/coronavirus/news/suicide-increasing-amongst-europes-youth-governments-underprepared/>
14. WHO. (2016). Growing up unequal: gender and socioeconomic differences in young people's health and well-being. Retrieved from <https://apps.who.int/iris/handle/10665/326320>
15. Smit, S., Tacke, T., Lund, M. S., Manyika, J., Thiel, L. (2020). The Future of Work in Europe: Automation, Workforce Transitions, and the Shifting Geography of Employment. McKinsey Global Institute. Retrieved from <https://www.mckinsey.com/-/media/mckinsey/featured%20insights/future%20of%20organizations/the%20future%20of%20work%20in%20europe/mgi-the-future-of-work-in-europe-discussion-paper.pdf>
16. WEF. (2019). 5 things you need to know about creativity. <https://www.weforum.org/agenda/2019/04/5-things-you-need-to-know-about-creativity/>
17. European Commission and Economic Policy Committee. (2021). The 2021 Ageing Report – Economic and Budgetary Projections for the EU Member States (2019-2070). Retrieved from [https://economy-finance.ec.europa.eu/publications/2021-ageing-report-economic-and-budgetary-projections-eu-member-states-2019-2070\\_en](https://economy-finance.ec.europa.eu/publications/2021-ageing-report-economic-and-budgetary-projections-eu-member-states-2019-2070_en)
18. Health Commons. (2019). Impact of Loneliness and Isolation. Health Commons Fact Sheet Series No 1. Retrieved from <https://www.artscare.ca/wp-content/uploads/2021/11/Loneliness-Isolation-v6-3.pdf>
19. Alzheimer Europe. (2019). Dementia in Europe Yearbook 2019: Estimating the prevalence of dementia in Europe. Retrieved from <https://www.alzheimer-europe.org/resources/publications/dementia-europe-yearbook-2019-estimating-prevalence-dementia-europe>
20. EuroHealthNet. (2021). European Commission Green Paper on Ageing: Fostering Solidarity and Responsibility between Generations. Retrieved from [https://eurohealthnet.eu/wp-content/uploads/documents/2021/210416\\_Consultation\\_ECGreenPaperAgeing.pdf](https://eurohealthnet.eu/wp-content/uploads/documents/2021/210416_Consultation_ECGreenPaperAgeing.pdf)
21. WHO. (2019). The WHO European Health Equity Status Report Initiative: Case Studies. Retrieved from <https://apps.who.int/iris/handle/10665/346050>
22. WHO. (n. d.). Social Determinants of Health. [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)
23. RICS. (2021). Governance of Participatory Planning for Resilient Communities. London: RICS Research Trust. Retrieved from <https://www.rics.org/uk/news-insight/research/research-reports/governance-of-participatory-planning-for-resilient-communities/>
24. WHO. (2022a). Arts and Health: Supporting the Mental Well-being of Forcibly Displaced People. Retrieved from <https://www.who.int/europe/publications/m/item/arts-and-health--supporting-the-mental-well-being-of-forcibly-displaced-people>

## Research team

Rarita Zbranca – Cluj Cultural Centre  
Mafalda Dâmaso – Erasmus University of Rotterdam  
Oana Blaga – Babes-Bolyai University  
Kornélia Kiss – Culture Action Europe  
Marina Denisa Dascal – Babes-Bolyai University  
Dana Yakobson – Aalborg University  
Oana Pop – Babes-Bolyai University

## Coordination

Rarita Zbranca – Cluj Cultural Centre  
Kornélia Kiss – Culture Action Europe

## Editing and design

Editing and proofreading: Calum Smith; David Callahan  
Graphic Design: Trine Obbekær; Lucrezia Ponzano  
Visuals: ArtiViStory Collective - Artists: Evelina Grigorean; Melinda Ureczki Lázár; Teodora Predescu; Andrian Buda and Lucian Barbu.  
Visual Coordinator: Alice Iliescu

## Advisory Board

Nils Fietje – World Health Organization  
Anita Jensen – Competence Center for Primary Healthcare in Sweden  
Katey Warran – University College of London - WHO Collaborating Centre for Arts & Health  
Robert Manchin – Europa Nova  
Ugne Grigaite – Lisbon Institute of Global Mental Health; NGO Mental Health Perspectives  
Marius Ungureanu – Department of Public Health, Babes-Bolyai University Cluj  
Mette Steenberg – Interacting Minds Centre, Aarhus University  
Luisella Carnelli – Fondazione Fitzcarraldo  
Annalisa Cicerchia – Istituto Nazionale di Statistica; Cultural Welfare Center, Italy  
Dorota Sienkiewicz – EuroHealthNet

## Acknowledgements

Tere Badia, Claudia Cacovean, Gabriele Rosana, Natalie Giorgadze, Maya Weisinger, Mikkel Ottow, Dace Resele, Inga Surgunte, Fairouz Tamimi, Carmen Valero, Ieva Vitola-Deusa, Lina Papartyte, Stefan Teisanu, Samuele Tonello, Polona Torkar, Pia Wiborg Astrup

## Partners

Culture Action Europe, Cluj Cultural Centre, Trans Europe Halles, Central Denmark Region, The Northern Dimension Partnership on Culture and Društvo Asociacija

### Disclaimer

*The European Commission's support for the production of this publication does not constitute an endorsement of its contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use that may be made of the information contained herein.*

Full report ISBN : 978-2-9603183-0-2

Published under a Creative Commons Attribution-ShareAlike 4.0 International license (CC BY-SA 4.0)  
<https://creativecommons.org/licenses/by-sa/4.0/>

Suggested citation: Zbranca, R., Dâmaso, M., Blaga, O., Kiss, K., Dascal, M. D., Yakobson, D., & Pop, O. (2022). *CultureForHealth Report - Summary. Culture's contribution to health and well-being. A report on evidence and policy recommendations for Europe.* CultureForHealth. Culture Action Europe.

[www.cultureforhealth.eu](http://www.cultureforhealth.eu)  
December 2022



Co-funded by the  
European Union



# CULTURE FOR — HEALTH

