

The use of arts interventions for mental health and wellbeing in health settings

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Abstract

Aims: This literature review aims to illustrate the variety and multitude of studies showing that participation in arts activities and clinical arts interventions can be beneficial for citizens with mental and physical health problems. The article is focused on mental health benefits because this is an emerging field in the Nordic countries where evidence is demanded from national health agencies that face an increasing number of citizens with poor mental health and a need for non-medical interventions and programmes.

Methods: A total of 20 articles of interest were drawn from a wider literature review. Studies were identified through the search engines: Cochrane Library, Primo, Ebscohost, ProQuest, Web of Science, CINAHL, PsycINFO, PubMed and Design and Applied Arts Index. Search words included the following: arts engagement + health/hospital/recovery, arts + hospital/evidence/wellbeing, evidence-based health practice, participatory arts for wellbeing, health + poetry/literature/dance/singing/music/community arts, arts health cost-effectiveness and creative art or creative activity + health/hospital/recovery/mental health. The inclusion criteria for studies were (1) peer review and (2) empirical data.

Results: The studies document that participation in activities in a spectrum from clinical arts interventions to non-clinical participatory arts programmes is beneficial and an effective way of using engagement in the arts to promote holistic approaches with health benefits. Engagement in specially designed arts activities or arts therapies can reduce physical symptoms and improve mental health issues.

Conclusion: Based on the growing evidence of the arts as a tool for enhancing mental health wellbeing, and in line with the global challenges in health, we suggest that participatory arts activities and clinical arts interventions are made more widely available in health and social settings. It is well-documented that such activities can be used as non-medical interventions to promote public health and wellbeing.

INTRODUCTION

Over the past 30 years, the *arts and health* field has developed and has grown especially in the Anglo-Saxon countries. Particularly in the UK, the field has expanded across research, practice, academia and policies. A recent inquiry report from the UK All-Party Parliamentary Group on Arts, Health and Wellbeing illustrates the significant impact on personal and public health that participation in activities in a spectrum from clinical arts interventions to non-clinical participatory arts programmes can have.¹ The mental health benefits of participatory arts are

highlighted in numerous reports and reviews.²⁻⁴ Furthermore, there is a growing international evidence base showing the impact that the arts have on health and wellbeing of communities and individuals.⁵ The interest for the field of arts and health is also increasing in Scandinavia. In Norway, the Norwegian Centre for Arts, Health and Care (*Kultur, helse og omsorg – Nasjonalt Komptansesenter*) established in 2014 works to create and improve interaction between research, education and practice in the field of arts and health. The Centre for Research in Music and Health (CREMAH) in Oslo was established in

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2008 and has published more than 10 scientific reports on music activities and experiences as a health resource. At the Center for Social Sustainability at the Karolinska Institute in Sweden, research areas include cultural activities in primary care centres and one of the centre's researchers has edited *Kulturhälsoboxen* which is a research-based set of small popular books (covering dance, music, theatre, film/photo and silence) about how arts and culture can be used with health benefits.⁶ The box set has been distributed across GP practices in Sweden. In the region of Skåne, there are many arts and health initiatives in hospitals, homes for older people, schools and so on. Skåne delivered 'Kultur på recept' (arts on prescription) as a pilot project from 2012 to 2014 to citizens who were off work due to ill health which showed improved mental health wellbeing among the participants.⁷ With inspiration from Skåne, four local authorities in Denmark are currently (2016–2019) delivering 'Arts on prescription' (AOP) programmes for citizens on sick leave, mostly due to depression, stress and anxiety. The programmes are supported by the central Government's SATS funding. In addition, Aalborg University in Denmark hosts NOCKS (Nordjysk Center for Kultur & Sundhed) which is a novel collaboration between Aalborg University, Aalborg University Hospital, the local authority and the regional authorities. The centre aims to generate knowledge, improve practice and to focus on dissemination of results/findings. Such evidence is demanded from regional as well as national health agencies.

The World Health Organisation (WHO) predicts an upward curve on mental health issues worldwide as diagnosis of mental illnesses increases as a whole.⁸ WHO estimates that depression in 2020 to be the second largest global burden of disease, and that by 2030, it will be the largest. According to WHO, depression is a widespread disorder that more than 300 million people of all ages suffer from; it is the main reason for functional health challenges worldwide and thus a major contributor to the overall global disease burden and the cause of many

complications, mental as well as physical difficulties.

Furthermore, a report from the Danish Health Agency shows that a rising number of people have poor mental health wellbeing.⁹ There is increasingly focus on mental health illness among young people in Scandinavia¹⁰ and the European Union has taken the initiative to improve the mental health wellbeing of its member countries.¹¹ By suggesting that engagement in arts activities can be useful tools to address some of the global mental health challenging identified by WHO and other research, this article will focus on the various results from projects within a spectrum from clinical arts therapies to non-clinical participatory arts programmes associated with mental health benefits, for a range of populations including persons with physical ill health or mental health problems and health professionals.

METHODS

For the literature search, the following databases were used: Cochrane Library, Primo, Ebscohost, ProQuest, Web of Science, CINAHL, PsycINFO, PubMed and Design and Applied Arts Index.

The most significant search words used were as follows: arts engagement + health/hospital/recovery, arts + hospital/evidence/wellbeing, evidence-based health practice, participatory arts for wellbeing, health + poetry/literature/dance/singing/music/community arts, arts health cost-effectiveness and creative art or creative activity + health/hospital/recovery/mental health.

The search identified 1679 articles. After detailed examination of the articles, the total was reduced to 177 articles that also included a small number of hand-picked articles. The inclusion criteria were peer-reviewed articles reporting from studies with empirical data. A total of 20 articles with focus on mental health benefits from the review were selected for this article. A more detailed examination of the different studies and methods is in the systematic review, which is accessible at www.nocks.aau.dk.

RESULTS/FINDINGS

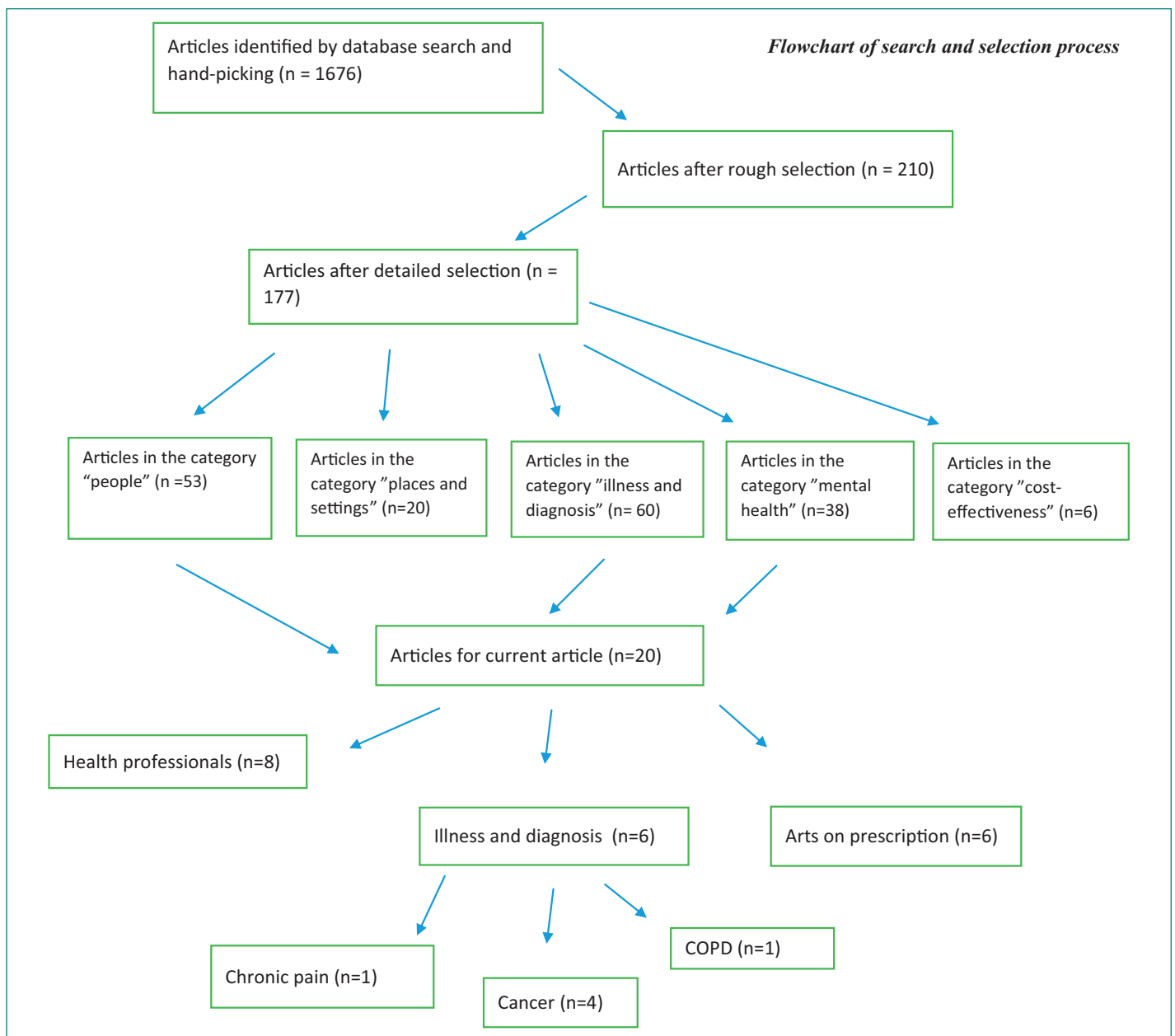
The mental health benefits of participating in arts activities are manifold and to illustrate this we have used examples from the following review categories: (1) *arts therapy and participatory arts interventions for various illnesses and diagnoses*, (2) *non-clinical programmes: AOP* and (3) *arts and cultural programmes to enhance mental health of health professionals*:

Arts therapy and participatory arts interventions for various illnesses and diagnoses

Studies show that arts interventions – covering a spectrum from clinical arts interventions over specially designed arts activities with a therapeutic approach, to non-clinical participation in arts activities and experiences – have both positive and reliable psychological effects for patients within a range of diagnosed illnesses. The actual benefits have been documented as better mental health on different levels. Some of the effects were reported as follows: improved ability to cope, less negative feeling, increased quality of life, increased wellbeing, reduction in anxiety, better understanding of own body, reduced agitation, positive distractions, increased social interaction, reduced stress, increased self-confidence and sense of self-worth, lower levels of depression, increased sense of hope and increased ability to connect with valuable parts of oneself.¹² For example, in a randomized pilot study of women with breast cancer, complimentary art therapy was found to improve several aspects of mental health.¹³ A qualitative study explored whether participation in art and creative activities could increase the subjective wellbeing of women with cancer diagnoses.¹⁴ Art therapy was also used in a quasi-experimental design study to understand whether this therapy form had a measurable effect on pain and other common symptoms in cancer patients.¹⁵

The results show that meaningful creative activity can help activate and boost psychosocial resources such as turning focus towards positive life experiences, enhancing self-esteem,

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promoting identity building and creating new opportunities.¹⁴ The use of art therapy resulted in statistically significant reduction in eight out of nine symptoms as measured by the Edmonton Symptom Assessment Scale (ESAS), and there were significant differences in most of the domains measured with the Spielberger State-Trait Anxiety Index (STAI-S).¹⁵

An overview of 27 randomized controlled trials studies that used Creative Arts Therapies (CATs) on cancer patients using pre- and post-intervention measurements showed that CATs can lead to reduced anxiety, depression and

pain symptoms and improved quality of life in cancer patients; however, the effect was reduced in follow-ups.¹⁶

Other studies involving patients with chronic (chronic obstructive pulmonary disease (COPD)) pain includes a mixed methods study exploring whether participation in a 36-week-long song project had an effect on respiratory function and self-reported quality of life. Results from the study demonstrated that participation in the song project had an improvement effect on the respiratory function, which occurred over time during the project. The qualitative part of

the study showed that participants were positive about meeting with other COPD patients and had an improvement in wellbeing.¹⁷

Furthermore, a qualitative study explored the use of art therapy as a way for women to better manage their chronic pain. The study showed that using art therapy could be an important strategy for controlling chronic disease as well as contributing to a feeling of reduced pain and increased wellbeing in women with chronic pain.¹⁸

In summary, there is good evidence that participation in meaningful creative

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activities can lead to improved mental health. However, most of the evidence comes from CAT studies, while there is a lack of studies documenting effects of participation in non-clinical arts activities and experiences.

Non-clinical programmes: AOP

There is good and variable documentation and evidence showing that non-clinical engagement in arts, culture and creative activities can increase mental health wellbeing of individuals who are experiencing mental health problems. The effects are reported as subjective feelings of increased self-confidence and wellbeing, being part of a community, building new social relationships, participating in meaningful activities, creating a connection between body and mind, promoting relaxation, fostering a sense of hope and developing new coping mechanisms and experiencing increased sense of self-worth, motivation and aspiration and decreased levels of depression.^{4,12,19,20}

Examples of studies include research from AOP programmes. A review of 'AOP' programmes in the UK examined whether such programmes could be used as part of the solution in relation to mental ill health challenge in society. The review of the UK practice indicated that these programmes can contribute to building social capital, community involvement, improving health and wellbeing. Prescription of arts as a kind of social 'medicamentation' can be used as a supplement to traditional treatments of poor mental health and promoting social engagement for socially marginalized groups.²¹

Another review focused on practices in Sweden, Norway and Denmark and whether results from the UK could appropriately be transformed into a Scandinavian context. Although there is a growing interest in AOP in all three countries, it is a relatively new way of thinking about dealing with health issues, and it takes time to spread the use of 'AOP', for example, seen in the UK.²²

A qualitative study explored the experiences from an AOP programme where the participants were or had been

associated with a mental health centre. Participants reported that the programme created a creative and therapeutic environment and that they experienced social, psychological and therapeutic activity benefits. Some participants also found new opportunities for the future.²³

A qualitative interview follow-up study with participants who had participated in an AOP programme 2 years earlier examined whether participation had created a long-term change in the participant's life. The programmes were seen as catalysts for positive changes, and participants reported increased self-esteem, improved social and communication skills as well as increased motivation and aspiration. In the follow-up study, overall findings were predominantly related to increased self-esteem, but positive effects in terms of entering education programmes and volunteering were also recorded.²⁴

In a mixed methods study of an AOP project, the effects of differentiated changes in measured wellbeing of participants were examined and triangulated with the results of the interviews. Improvement in the wellbeing of participants with short-term and long-term mental health problems was also found. However, the results should be understood with caution subjected to the given limited sample size.²⁵

A quantitative study of participants with anxiety, depression, stress, low self-esteem and self-confidence, poor wellbeing or chronic illness or pain aimed to understand the process and results of gender relationships, progression through intervention and change in wellbeing. The AOP programme lasted 10 weeks and 202 people participated in the study. There were significant improvements in the wellbeing of the participants, and the findings show that AOP programmes were effective in promoting wellbeing and in targeting women, older and lower socio-economic groups.²⁶

Despite the numerous positive results from the AOP programmes, the evaluations of many of the AOP programmes remain in the category of 'grey literature'. Furthermore, the field

lacks larger studies, in order to better understand the potentials for mental health associated with the different art forms as well as longitudinal studies to establish long-term effect.

Arts and cultural programmes to enhance mental health of health professionals

There is an increased focus on the health and wellbeing of employees, especially in workplaces involving caring for other people or providing medical treatment. A number of studies about the use and effects of arts and cultural activities to promote wellbeing in healthcare environment have been conducted in recent years.

In a critical review of literature dealing with health professionals' perception of the value and impact of arts and cultural activities in health environments between 2004 and 2014, 27 studies were included. Despite some methodological limitations in the studies studied, it was found that the majority of staff members in the studies felt that engagement in art and cultural activities had a positive impact on health and wellbeing of patients. In addition, informants felt that arts and cultural activities could improve communication between staff and patients by building and strengthening relationships. Arts and cultural activities in health environments were seen as a tool for reducing stress and burnout, improving mood, work efforts, patient/staff relationships, working environment and wellbeing. The review concluded that the predominantly positive perceptions made the staff able to support the implementation of art and cultural activities in the healthcare system and that the majority of reported staff outcomes were positive, with arts activities in healthcare setting perceived to have an impact on patients' as well as staffs' health and wellbeing.²⁷ A mixed methods pilot study examined the effect of art and cultural activities in relation to the wellbeing of health professionals. The programme lasted 8 weeks and the activity was silk paint.²⁸ A qualitative study examined the impact of an arts/culture programme on job satisfaction,

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stress, departmental culture, support, quality in care and patient outcomes.²⁹ A quantitative study examined the difference between participation and non-participation in the Sound of Wellbeing (SOW; choir singing as a non-clinical intervention) of health professionals in a hospital.³⁰ In order to investigate the correlations between wellbeing indicators for nurses and their participation in cultural events (theatre, concerts, exhibitions, museums, sightseeing and musicals), subjective satisfaction was measured for commitment, workplace support for new ideas, job satisfaction and the experience of stress.³¹

A qualitative study focused on the effect of random exposure to music for hospital staff and what effect it had on their work.³² A randomized study examined whether participation in cultural events could be a catalyst for improved health. Health professionals participated for 8 weeks and were able to choose movies, concerts, art exhibitions or choir singing and then randomized. Status of health was evaluated before randomization and after intervention. The results were analysed using a mixed design variance analysis.³³ Another randomized intervention was used to investigate the effects of participation in arts/cultural activities in health professionals who suffered burnout. The activities included theatre, film, dance, vocal improvisation, mindfulness and music.³⁴

The results from the SOW study showed increased commitment, organizational commitment and self-reported positive changes in relation to

the mental health and safety of the participants in comparison with non-participants. There are promising results in relation to embedding cultural activities in the working environment, but further studies on the effectiveness of organizational interventions are needed, using a pre-post design.³⁰

Collective participation in cultural events has a positive impact on commitment at work and can promote aspects of work-related wellbeing.³¹ Results indicate that hospital staff have a positive view of music intervention, perceiving this as beneficial to patients. However, selection of music can also have a negative effect on staff's work, and therefore, consequences for the development of music programmes for hospitals should be further discussed.³²

Art and cultural stimuli can improve the perceived physical health, social functioning and vitality of health professionals.³³ Symptoms related to burnout and alexithymia (the core characteristics of alexithymia are marked dysfunction in emotional awareness, social attachment and interpersonal relating) as well as self-assessment of health showed an improvement in the intervention group than in controls. Participants experienced improved health and a reduced level of fatigue.²⁶

In summary, there are promising results of embedding cultural activities in the working environment, but studies are too heterogeneous to establish focused evidence of either (1) mental health benefits for staff members or (2) communication between staff and patients. The use of many different arts

activities as variables also makes it difficult to make robust conclusions.

CONCLUSION

The selected studies document that engagement and participation in the arts – in a spectrum from clinical art therapy interventions to non-clinical, specially designed arts activities – can be effective ways of using non-medical interventions to promote holistic approaches with mental health benefits.

Based on the growing evidence of engagement in the arts as a tool for enhancing mental health wellbeing, and in line with the global health challenges, we suggest that arts activities are made more widely available in health and social settings in Scandinavia, inspired by the results of international studies. Arts activities have been documented as holistic, non-medical, low-cost interventions with the potential of promoting public mental health and wellbeing.

CONFLICT OF INTEREST

The author(s) declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

ETHICAL APPROVAL

The research is based on publicly available literature and does not require any declaration.

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