



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

WHO Health Evidence Network  
synthesis report 67

# What is the evidence on the role of the arts in improving health and well-being?

A scoping review



## Why arts and health?

Arts interventions, such as singing in a choir to improve chronic obstructive pulmonary disease, are considered non-invasive, low-risk treatment options and are increasingly being used by Member States to supplement more traditional biomedical treatments.

The Health Evidence Network (HEN) synthesis report on arts and health maps the global academic literature on this subject in both English and Russian. It references over 900 publications, including 200 reviews, covering over 3000 further studies. As such, the report represents the most comprehensive evidence review of arts and health to date.

## Policy considerations

A number of considerations are made following the mapping of evidence done in this report which are aimed both at the culture as well as the social care and health sectors.

**Acknowledging the growing evidence base for the role of the arts in improving health and well-being.**

- Support the implementation of arts interventions for which there is a strong evidence base. This could include the use of recorded music for patients prior to surgery, arts amongst dementia patients, and community arts programmes for mental health.
- Share with other countries knowledge and practice from effective interventions and case studies that have used the arts to promote health, improve health behaviours, or address health inequalities and inequities.

- Support research in the arts and health, particularly focused on policy relevant areas such as studies scaling up interventions to larger populations, or exploring the feasibility, acceptability and suitability of new arts interventions.

**Recognising the added health value of engagement with the arts.**

- Ensure that culturally-diverse forms of art are available and accessible to a range of different groups across the life-course, especially those from disadvantaged minorities.
- Encourage arts and cultural organisations to make health and well-being an integral and strategic part of their work.
- Actively promote public awareness of the potential benefits of arts engagement for health.
- Develop interventions that encourage arts engagement to support healthy lifestyles.

**Noting the cross-sectoral nature of the arts and health field.**

- Strengthen structures and mechanisms for collaboration between the culture, social care and health sectors, such as introducing programmes that are co-financed by both arts, health and social care budgets.
- Develop stronger lines of referral from health and social care to community arts programmes, for instance, through the use of social prescribing schemes.
- Support the inclusion of the arts and humanities within the training of healthcare professionals.

## The findings

The report finds evidence of the contribution of the arts to the **promotion** of good health and the **prevention** of a range of mental and physical health conditions, as well as the **treatment** or **management** of acute and chronic conditions arising across the life-course. The arts can be cost-effective solutions since they can frequently draw on existing assets or resources, although more research is needed into the health economics of this field.

The report also finds that the arts may help in providing multisectoral, holistic and integrated people-centred care, addressing complex challenges for which there are no current healthcare solutions. As such, the arts could help countries reach the integrated targets of key global frameworks, such as the 2030 Agenda for Sustainable Development and the Thirteenth WHO General Programme of Work, 2019–2023, which aim to increase human capital, reduce inequity and promote multisectoral action for health and well-being.

### Prevention and promotion

The arts can:

- affect the social determinants of health (e.g. developing social cohesion and reducing social inequalities and inequities);
- support child development (e.g. enhancing mother–infant bonding and supporting speech and language acquisition);
- encourage health-promoting behaviours (e.g. through promoting healthy living or encouraging engagement with health care);
- help to prevent ill health (including enhancing well-being and reducing the impact of trauma or the risk of cognitive decline); and
- support caregiving (including enhancing our understanding of health and improving clinical skills).

### Management and treatment

The arts can:

- help people experiencing mental illness at all stages of the life-course (e.g. by supporting recovery from perinatal mental illness and after trauma and abuse);
- support care for people with acute conditions (e.g. by improving the experience of and outcomes in care for hospital inpatients and individuals in intensive care);
- support people with neurological disorders (including autism, cerebral palsy, stroke, degenerative neurological disorders and dementias);
- assist in the treatment of noncommunicable diseases (including cancer, lung disease, diabetes and cardiovascular diseases); and
- support end-of-life care (including palliative care and bereavement).



## Dance for Parkinson's

**There are estimated to be over 300 communities offering dance for Parkinson's programmes globally, united through the Dance for PD network. Dance for PD was founded in 2001 to address creatively the symptom-specific concerns of people with PD such as balance, cognition, motor skill, mental health and physical confidence.**

Programmes are led by professionally trained dancers, who draw on their movement expertise, and the programme is supported by an advisory board comprising neuroscientists, neurologists, health-care professionals and researchers. Dance for PD provides training, resources and catalogues of many of the active programmes. To date, over 40 clinical studies have assessed the effectiveness of the dance programmes.

Within the WHO European Region, a number of Member States offer classes, including the programmes Care to Dance and Dance for Health (Netherlands), Dan ar com Pk (Portugal), Dance Well/CSC Bassano (Italy), DaPoPa (France), Dutch National Ballet/Creative Wellness Foundation (the Netherlands), English National Ballet and Musical Moving (England, United Kingdom), Kinesiphila (Belgium), Scottish Ballet (Scotland, United Kingdom), Sk nes Dansteater (Sweden) and Step Up for Parkinson's (Malta).

The majority of these are led by dance organizations that have developed relationships with doctors in primary care, hospitals or with specialist PD treatment centres. Some provide direct referrals and participants also self-referral.



“Art is a wound  
turned into light”

– George Braque



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## Evidence for health and well-being in context

The WHO Regional Office for Europe and its Member States recognize the importance of culture in shaping health and well-being throughout the life course. Operating under the Evidence for Health and Well-being in Context initiative, the Cultural Contexts of Health and Well-being (CCH) project has been established as a cross-cutting initiative within the Regional Office and sets out to take a more systematic approach to research into how culture affects perceptions, access and experiences of health and well-being.

By supplementing quantitative data with qualitative studies from the social sciences and broader health humanities, the CCH project aims to enhance our understanding of people's needs, values, perceptions and experience of the world around them in order to improve the health and well-being of all. The HEN report on arts and health was developed as part of this work. For more information, please visit: [www.euro.who.int/en/cch](http://www.euro.who.int/en/cch)

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