When Science Finds a Way

Season 3, Episode 1
The arts: can creativity help mental health?

Show notes

Episode description:

We know that singing, painting and other creative outlets can boost our mental health. But how do we harness the therapeutic power of the arts? Alisha speaks with UK researcher Professor Daisy Fancourt, whose work is helping to establish the arts as a key ingredient in conversations about mental wellbeing, alongside diet and exercise. She also meets Vanessa, a mother in the UK who took part in a singing-based trial to reduce the effects of postpartum depression, and Kunle Adewale, an arts practitioner in Nigeria, whose own healing journey led him to empower others through arts engagement. It's a powerful look at how creativity can shape healthier futures, backed by science and lived experience.

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Mentioned in this episode:

Breath Arts Health Research - deliver diverse evidence-based programmes across a range of art forms, to meet specific clinical and wellbeing needs.

https://www.jameelartshealthlab.org/ - Jameel Art Health Lab new body's web page

Kunle Adewale - Kunle Adewale's works focus on therapeutic art projects, with a specific emphasis on improving health and health-related outcomes.

Transcript

Alisha Wainwright 00:00

Hi everyone, and welcome back to When Science Finds a Way, a podcast about the science changing the world. I'm Alisha Wainwright, and I can't believe we are now in our third season! And boy, have we got some great episodes for you.

I'll be meeting global experts who are making a difference, as well as the people who have inspired and contributed to their work. And as always, you can find more information about all our episodes at wellcome.org/podcast - that's Wellcome with two L's. Let's get into it.

Music starts 00:40

Daisy Fancourt 00:45

I think the key thing in mental health treatment is choice for people and we already have some choices available - medications, some of the psychological and behavioural therapies - but I think arts have to be part of that choice as well.

Alisha Wainwright 01:00

Welcome to *When Science Finds a Way*, a podcast about the science changing the world.

I'm Alisha Wainwright, and on this series I'm talking to the global experts who are making a difference, as well as the people who have inspired and contributed to their work.

Now, I'm probably not alone when I say that, alongside science, I really enjoy the creative arts. And, as you may know, I'm an actor and performer, and I'm currently learning how to play the piano, and it can really help lift my mood and genuinely brings me joy and fulfillment.

And we kind of know this, right, that engaging with creative things can be good for our wellbeing.

Well, despite this, it's often not considered a valid first line treatment for people suffering from conditions like depression and anxiety. But there is actually some really robust evidence showing that it is good for us, and today's guest has been leading that field for over a decade.

Daisy Fancourt 02:00

So, my team and I look at how arts engagement affects people's mental and physical health.

And our whole ethos here is considering that arts engagement is a health behaviour, just like physical activity, like diet, like sleep. It's something that across history people have used to support their health and wellbeing and there's such a large and robust evidence base now.

Alisha Wainwright 02:20

Daisy Fancourt is Professor of Psychobiology and Epidemiology, and Head of the Social Bio-behavioural Research Group at University College London, in the UK.

Daisy leads a team of researchers who are studying the impact of the arts on our mental and physical health.

Their aim is to better understand the mechanisms – so, what exactly is happening to us when we engage with creative endeavours? And Daisy is taking this knowledge to global policy makers to help position the arts as a key tool in the prevention and treatment of mental health conditions.

Daisy, welcome to *When Science Finds a Way*.

Music ends 03:02

Daisy Fancourt 03:02

Thank you so much. It's a pleasure to be joining you.

Alisha Wainwright 03:05

So, Daisy, when we're talking about engaging with the arts, what kinds of activities are we talking about?

Daisy Fancourt 03:10

Everything. So, everything from people listening to music or reading books at home, or having creative hobbies that they might do…

Alisha Wainwright 03:18

Like drawing, or…

Daisy Fancourt 03:20

Exactly, or sculpting, or even some of those things that might not be considered an art form - like baking, for example - but still have those core ingredients of aesthetics, beauty, creativity.

And we also look at things like going to arts classes in communities, having arts lessons, and also cultural activities: going to carnivals, festivals, live music gigs, comedy nights, museums, the cinema.

So, it's the full spectrum of activities and also the full cultural variety that we see in different contexts.

Alisha Wainwright 03:50

Wow. I never really thought - I love to bake. Uh, just two days ago I made cookies, so I never really considered that doing something like that could be considered creative, but it is. to me, I would call like an outlet. How do you start to curve out the edges of what is uh, creative and, and what is more so like following a list, like going…

Is grocery shopping creative, for example? You know, when do you start to... when do you start to carve out those edges?

Daisy Fancourt 04:19

So, we consider theoretically, within my team, that the arts have got different active ingredients within them, just like within medicine, pharmacology. If you consider a drug like, uh, paracetamol that's got an active ingredient called acetaminophen in it, and it's that ingredient that leads to the reduction in your pain.

So the, we say, well, what's the equivalent for the arts? What are the active ingredients in the arts? And, some of these ingredients are quite common to other activities, like if you do arts - it's cognitively stimulating, maybe it brings in social interaction, maybe it's bringing some physical activity in.

We know that all of those things are good for health, but then sometimes the arts specifically have other ingredients that are more strongly expressed, and those are things like creativity, imagination, multisensory stimulation, maybe aesthetics or beauty as well.

So, if you are just making yourself a plain bowl of pasta that you're boiling in the evening, then fine, I wouldn't really consider that an art form. But if you are making your cookies, and you're perhaps experimenting with different spices to make them smell nice, or decorating them, you can see that there is a shift there that's bringing in those more aesthetic ingredients. And at that point we would say, well, this is very, very similar. It's probably got a shared DNA of about 95% with other arts activities, so we would then consider that an artistic activity.

Alisha Wainwright 05:36

Thank you for clarifying.

Can you give me a sense of the scale of your research and what kind of mental health difficulties it focuses on?

Daisy Fancourt 05:45

So, we are interested in all aspects of mental and physical health. With mental health specifically, we work a lot with people who already have mental illness, whether that's mild, moderate, or severe mental illness. And we also work with looking at average people who might not have a mental health condition but who still might be at risk of that in the future or who might need to improve their wellbeing.

Uh, and our work really zooms from the molecular level trying to understand how arts engagement affects neurotransmitters, hormones, proteins within our immune system, right through to a global level to saying - what impact does funding arts within communities actually have on population health outcomes?

Alisha Wainwright 06:23

It feels intuitive, right? That singing or writing or drawing or baking can help us feel better and improve our mood. Does this also apply to people experiencing more serious mental health conditions?

Daisy Fancourt 06:36

Absolutely. The clinical trials that we've been running over the last decade have included people who have mild, and moderate, and severe mental illness. For example, we just finished a trial in Greece with 400 adults who have a severe mental illness, and they've been randomised into whether they've received arts on prescriptions - so a, a recommendation from their doctor to go to a range of different arts activities that they could choose between - versus people who had to wait on a wait list before they were allowed that option.

And we've actually been able to very clearly see that those people who had severe mental illness, who got the arts, they have reductions of 30% in their symptoms of anxiety and depression within just 12 weeks of that. So, we can see very tangible effects across the whole spectrum of mental illness.

Alisha Wainwright 07:19

Wow. 30%, that's huge.

Daisy Fancourt 07:21

It's really exciting.

Alisha Wainwright 07:22

Let's hear about this from someone who's experienced it first hand. Kunle Adewale is an artist, curator, educator, and founder of Tender Arts Nigeria, which specialises in arts projects to improve health. He's also executive director of the Global Arts in Medicine Fellowship, and curator of the Global South Arts and Health Week Festival.

He's worked across the world with thousands of participants, but it all started in his home country of Nigeria. Kunle told us a bit more about the role his art played in his own life and the impact he saw it having on one of his earliest projects, working in the Federal Neuropsychiatric Hospital in Lagos.

Music into 08:00

Kunle Adewale 08:05

I remember very well growing up. One of the things I witnessed was, um, domestic violence and gender-based violence, and that really impacted my mental health, affected my service team, and my sense of worth.

One of the things I found was I found, um, discarded materials and started creating assemblage - you know, those, you know, more like, you know, bringing things together. And, um, by the time I was done, I was able to create something that looked like a masterpiece, even though to me it felt like play. And for me then, it dawned on me, you

know, uh, what the arts can do. It looks like a metaphor to me; when, when we think it's over, but sometimes arts gives a sense of, uh, repurposing what has been discarded in our lives.

Art really gave me a voice. Art gave me confidence. Art gave me joy. Art brought me hope. Art gave me a home. Art really helped me to deal with my trauma and brought healing into my life.

What the art has done for me is doing for all the people that I work with. Um, I still remember a case of one of our service users who, when we were preparing for the first ever, uh, music, for mental health consult within the psychiatric hospital, and then, you know, she walked up to me and said, “Oh Mr. Adewale, I would love to write a song.” I said, “Why not? Go ahead and write a song.” And then she wrote a song. And then when she did, we brought in the orchestra, our music orchestra from the community; we brought them into the hospital room.

Music starts 09:35

She was discharged from the hospital. And you know what happened? She went back to music school and then, you know, one day she told me that - she wrote me a message - she said, “Thank you for bringing music back to me.”

And then, to see the restorative power of music, the restorative power of art - you know, the people who actually, who have a lot of mental health issues in their life - was really, really moving and powerful.

And using art engagement, using music, using performances to tell those stories is very empowering, but not just empowering, but also inspiring.

Music ends 10:25

Alisha Wainwright 10:25

Wow. I really loved something that Kunle said, uh, repurposing what has been discarded in life. I've never heard of artistry and creativity being expressed that way, and I found that very personally touching, just given what I do in my own work, so I thought that was really beautiful.

And it's really powerful and amazing to hear the impacts that the arts can have on so many people. Does this theme of empowerment come up much in your research?

Daisy Fancourt 10:56

It's a huge thing that comes across. I mean, we're very interested in trying to understand not just what impact the arts have, but also why that happens, and those psychological processes like empowerment, a sense of agency confidence, self-esteem, all of those different processes are so fundamental to the changes that we then see in these clinical trials in terms of the benefits.

Alisha Wainwright 11:16

What does your research show us about how engaging with the arts can improve mental health?

Daisy Fancourt 11:22

So, I mentioned before that analogy about paracetamol and thinking what the active ingredient is, but as well as thinking about ingredients, we also really think about mechanisms. So, what these ingredients actually do? What are the processes of change that they trigger with inside us?

And we typically think about these in four different categories: so, psychological processes, like some of those I just mentioned; biological ones, so perhaps changes in immune functions, stress hormones, cardiovascular function; social mechanisms that can be to do with a sense of bonding, reduced loneliness, increased social support networks; and also behavioural mechanisms.

So, thinking about how engagement in the arts might start to help you feel more capable of making other changes in your life as well, if you experience some of those things, like an improved sense of confidence and a belief you could try other new experiences as well.

Alisha Wainwright 12:12

That is so interesting. Why do you think it's important to understand that better?

Daisy Fancourt 12:18

I think one side of it is, if you understand why something's happening, then you can design interventions for people that are better targeted to sort of activate those mechanisms. So, for example, within mental health, one of the things that we know is that the stress reduction from the arts is so important. When people feel relaxed through an arts experience, that's not just a psychological process; they're also experiencing decreases in stress hormones, reductions in inflammation in their immune system, reductions in heart rate and blood pressure, all of which not only affect their mental health symptoms, but also their physical health.

So, if we understand all of those processes more, then we can think, okay, how can we optimise an arts experience to be more relaxing, to enable us to activate those mechanisms more strongly?

But I also think it's really important, just from an objective point of view, one of the early criticisms of the field looking at arts and health was people saying, “Well, people… It's a placebo. People want to believe it's good for them, therefore that's why they're reporting improvements.” But actually, as soon as you're starting to show these more objective markers, things that are being captured through blood samples, for example, or um, uh, uh, heart rate variability monitors, then these are much more objective signs that say, no, this isn't just someone claiming they feel better. We can actually see this, these other kinds of data. Yeah.

Alisha Wainwright 13:36

So, let's talk a bit more about the biological mechanisms, as this is still a relatively new area of research. Uh, what kinds of things do you measure and why?

Daisy Fancourt 13:47

So we actually started off with very specific hypotheses where we were testing particular biomarkers where we thought there might be improvements. So, lots of different stress hormones, for example. And then we looked a lot at cytokines, which are these proteins, chemical messengers in our immune system that communicate between all of our cells and drive so many different processes in the body, including actually being linked very strongly to depressive symptoms.

So, over the years we've run lots of studies that have used saliva and blood samples to be able to capture these different biomarkers and look at what's happening. But actually, over the last couple of years, we've started a whole different approach, which is much more data-driven. We've been making use of enormous data sets that have got very rich biological data, thousands of people's proteins and, um, metabolites within the body, and also even data sets that can tell us how our genes are being differently expressed. And we've now started to show that arts engagement is related across the full cascade of biological functions. It's related to which genes are being expressed. It's related to very complex patterns of, um, of other biological markers. And we are now really starting to link this causally through to different mental and physical health outcomes. And that's so exciting to have this breadth of data.

Alisha Wainwright 15:02

Yeah, that's really exciting! And I know there are other researchers beginning to explore this too, the idea that positive experiences like the arts can cause epigenetic changes. And just to clarify, that means they change how your genes are expressed, rather than your DNA sequence, but these changes can still be passed on to your children.

And, when we're talking about measuring all these different effects on the body, what kind of impact have you been able to see over time?

Daisy Fancourt 15:35

So, we are looking at all different ranges of time, like within half an hour of people engaging in the arts, we can see reductions in things like stress hormones.

Alisha Wainwright 15:42

Oh wow.

Daisy Fancourt 15:43

Um, so it's very, very quick. But of course, often you might expect that an hour after someone's finished, maybe their life stresses have caught up with them again.

So, we've started to look cumulatively and we've found that if people engage in the arts regularly, let's say every single week within the space of six to ten weeks, we can see

longer-term changes in some of these biological markers, like better profiles of stress hormones across a whole day, for example.

And then, with the big data we've been using, we're actually able to look even sort of longer. If someone is regularly engaging in the arts over several years, we can actually see different biological signatures in their bodies compared to people who've not been engaged.

Alisha Wainwright 16:20

One area your research has explored is the impact of singing groups on mums experiencing symptoms of postnatal - or also called postpartum - depression. Can you tell me a bit more about this and how it led to the creation of the Breathe Melodies for Mums programme?

Daisy Fancourt 16:36

So, we started about ten years ago running a first clinical trial where we were looking at whether mums who had postnatal depression, if they engaged regularly in community singing groups - so every week - might this help to reduce their symptoms.

We were really careful in this trial that we actually wanted to compare singing, not just to no activity, but also to a comparison social activity, so we could really get at: is it the creative ingredients in the arts, or is it the fact it was, you know, a social activity that people could do each week that was adding structure to their week?

Um, and in that initial trial, we saw very clearly that it was the singing group that had the fastest recovery in their symptoms from postnatal depression. So we found that within the space of six weeks, they had nearly a forty per cent decrease in depressive symptoms and they recovered about a month earlier than the other two groups.

So this has been really exciting and it sparked a whole series of follow-on studies and trials in the years since that have really added to this evidence base.

Alisha Wainwright 17:34

Well we visited one of the Breathe Melodies for Mums singing sessions, and we also spoke to Vanessa, who's been part of the programme. She told us about the impact it had on her wellbeing.

Group singing 17:47

Hello everyone. Hello everyone. Nice to see you here. Hi ya ya ya ya. Nice to see you here.

Vanessa 17:59

So I decided to take part in Melodies for Mums because I needed something to get me out of the house, um, after having my second son. Doing the same thing every single day started to bother me and started to really get under my skin. Um, beforehand I was kind of on the go and doing things. I was still working. Um, and then I had to, that all kind of came to a stop and I suppose that stop triggered my, my mental just kind of declining.

Um, usually you have mom and baby groups and you go, you kind of, it's more centered around the baby and playing with the baby. Whereas with Melodies for Mums, it was literally as it was for mums. Mums singing and making more about the mother, more so than the child. It was obviously an opportunity also to connect with our, our children via a different means of just playing with toys.

Some of the songs you'd, you'd feel the emotion of us singing. It might be something very simple. We might not even understand the lyrics of what we're actually singing, but because all together, our voices blended. It literally just, it opened up something inside of us, and sometimes you'd have people in tears because it, the sound alone was, yeah, it was sensational. Honestly.

Group singing 19:18

There is hope rising in my soul. There is hope rising in my soul,

Vanessa 19:31

It definitely had a positive impact. And I suppose just creating the community that we created and being able to, you know, reach out to each other afterwards and still see each other. And I like to believe that creativity heals the heart.

Applause

Alisha Wainwright 19:55

Wow. I don't know why. That's just even emotional hearing Vanessa talk about that. And also something about the communal activity of like, oh, something where you're focused on baby. She wasn't as interested in that as something that felt like a kinship with other mothers and the communal act of singing. I think, you know, I can just think back to many instances in my life where groups of people coming together and singing has a really, uh, emotional impact on not only myself, but the others that are singing. Have you attended one of these groups and, and have, have you been impacted by the creativity and the artistry of these mums?

Daisy Fancourt 20:34

Yeah, I got to go and attend lots of the sessions when we were running the original trials, and it was, it was so uplifting hearing those songs. And it was also so different to normal mum and baby groups because as you say, they're normally focused on the baby, you're singing a lot of nursery rhymes, but actually these were sessions that were more focused on the mothers. It was thinking what songs are going to be meaningful to you? All the mothers sing songs, but from different cultural contexts. They're often about experiences of motherhood. It's a chance for people to really focus on their own emotions and their own connections. Um, and of course the babies are going to enjoy whatever songs they're hearing at that particularly young age. But it, it was a chance for the mothers also to learn tools.

And I was really surprised at how much the mothers spoke in our research about how the singing wasn't just nice for their own emotion regulation. It made them feel more capable as mothers. They had songs they could sing to their babies that stopped their babies crying,

that helped them to sleep, and they said that they suddenly were finding that they could cope in those moments that before they might have been struggling a lot more with. So it was, it was this sort of dual effect that it was having on them personally and also on them as a mother. That seems so beneficial.

Alisha Wainwright 21:44

So, I know you just completed a follow-up trial for Breathe Melodies for Mums called SHAPER. What was that looking at?

Daisy Fancourt 21:52

This was a really exciting opportunity to take that initial trial and to, to make it larger.

Um, we were running it as part of the SHAPER program that was about developing a pipeline where you could take studies and interventions that have had really promising results in initial clinical trials and you could scale them up and try and embed them within health services. And what's been so fantastic is across this trial, we've actually seen the intervention being commissioned, uh, in a number of different regions across the UK as a result.

And with the, um, results from the trial, what we were able to specifically test was: having shown that singing had these benefits in the original trial, does it matter if people are referred to our specific singing group or just recommended to attend other creative mom and baby groups that are already in communities?

And we actually found that it was really important to have this specific bespoke program where it was other mothers also experiencing postnatal depression. We found that as the months went further and further on beyond the end of that ten-week block, it was the singing group that particularly managed to have these longer-term benefits from their engagement - so more lasting effects.

Um, and it's really great from a commissioning perspective to have that kind of data, 'cause it's really showing why commissioning this particular kind of bespoke postnatal depression singing group is so valuable to mothers.

Alisha Wainwright 23:12

Vanessa also took part in the SHAPER trial. She told us what it involved.

Vanessa 23:19

I decided to take part in the research project because I'm a big fan of science, so being able to contribute to something that's gonna help another mother is the least I can do. We were given a questionnaire to fill out. We had to take some samples, so saliva samples at the beginning. And then right at the end, we did the samples again, and this time they took a lock of hair as well as the saliva samples as well. And then at the end of that, we had a questionnaire to do as well. At the end of the ten sessions and the research team – honestly, friendliest people you could possibly come across. I suppose you have to obviously be friendly when you're asking people for their saliva, but they genuinely, they were there every step of the way. Any questions we had to ask, um, they were there to answer. If we weren't

feeling comfortable with anything, they, they were very understanding. Yeah. And they were able to, you know, allow us as well, just to kind of be free-flowing with it as well. And nothing was too strict with the research team.

I'm very, very grateful for being part of the research and being part of the actual sessions as well. So, I'm a lot more confident in singing now. I've got back to singing in church again and, you know, I'm able to sing with my children as well and teach them the songs that we learnt during the sessions.

Um, so I'm very grateful, very, very grateful for the work and the improvement that Melodies for Mums has made in my life.

Music into 24:36

Alisha Wainwright 24:58

Oh man. I also, you know, speaking as a non-mum, motherhood is a universal experience for a lot of women across different cultures, and I really appreciate that the Melodies for Mums programme has a lot of different musical influences and maybe in different languages and different rhythms to sort of acknowledge motherhood across different cultures.

And it sounds like Vanessa had a really great relationship with the research team. I mean, how much does that…

Daisy Fancourt 25:29

Well, it's good to hear positive feedback.

Alisha Wainwright 25:32

I mean, that's the best review you could get for someone who's swabbing your mouth - like, that's pretty fantastic. Um, how much does the lived experience of the participants feed into your work?

Daisy Fancourt 25:43

Oh, a huge amount. I mean, the whole intervention is co-designed with mothers, and we also have a fantastic arts partner called Breathe Arts Health Research, who worked so hard to really think about things like those cultural components you were just mentioning. And of course our trial was conducted in London, and so there were lots of people who live in London who don't come from London, who might not even come from the UK.

And of course, with the point you're becoming a mother, if you're separated from your, your own mother, from your own family, from the, the context that you were brought up in, that can be really isolating. So that was a real reason for focusing on the songs that people could bring themselves to the sessions from their own cultural backgrounds, and use those as points of connection for their own babies and also with the other mothers in the group.

Alisha Wainwright 26:26

Wow. That's really powerful that the lived experience of those mothers is so woven into the design of the project. I know the results of the SHAPER trial have recently been published, so what more did you learn about this intervention?

Daisy Fancourt 26:44

Mechanistically, we've seen a lot of the core mechanisms that have actually been demonstrated for arts and other mental health trials in the past. So a lot of these things like emotion regulation and stress reduction that I spoke about, and group bonding with the other mothers and also with the babies. It's been really interesting as well, those behavioural mechanisms that I mentioned earlier. I mean, you just heard that from Vanessa saying that she'd actually started singing again in choir.

So it was this, this catalyst of the initial intervention encouraging people to then engage in other creative behaviours. And that's something that we've seen coming up quite a bit from this trial. So it's really interesting seeing how wide those ripples from a relatively short intervention can go. And from a scalability perspective, one of the fantastic things about this trial was we were able to look at health economics as well.

And we've actually demonstrated that this is far more cost effective than a lot of the treatments that we already currently offer to mothers. Yeah, it's um, actually a very low-cost intervention to deliver. Um, and it actually meets a lot of the recommendations from NICE, which is our institute that recommends what activities should and shouldn't be funded on the NHS.

So it's really fantastic to have that kind of evidence to show commissioners now.

Alisha Wainwright 27:55

Oh, fantastic. You've also conducted research to explore how the project could be expanded internationally. Can you briefly tell me a little bit more about that?

Daisy Fancourt 28:06

This has been a really lovely parallel. So SHAPER was a Wellcome-funded trial that we've been running for the last five years, and that was focused on the UK scale-up. But alongside that, we've been collaborating with the World Health Organisation who've been looking at how we can scale this up within other countries.

So we've run further SHAPER trials now in Denmark, and in Romania, and also in Italy. And as part of this, we have been able to explore how can you develop and adapt this intervention for those different cultural contexts.

We worked really closely with mothers in those communities and with arts organisations, and with policy makers. And then, we've been thinking again about, you know, how could you then embed this within communities and within health services. And we've generated a whole series of reports and policy recommendations on that now.

And we are really thrilled to say that the intervention is now being delivered in some of those other countries as well, which is a really fantastic outcome.

Alisha Wainwright 28:56

And you mentioned how cost-effective Breathe Melodies for Mums is. When we look at the use of arts engagement more broadly, what does the cost-benefit analysis look like?

Daisy Fancourt 29:10

This is a really interesting question. So we've been starting to do a lot more health economic work. So I mentioned the results we've had from SHAPER that have highlighted its cost effectiveness, but we've also been more interested at a sort of broader level at, well, is it important to have arts within communities - if we all engage in the arts?

We've actually seen from our epidemiological research - so that's our research, where we've been looking at everyday engagement and how it affects long-term mental health outcomes. We've seen that people who engage more in arts have a much lower likelihood of developing depression in the first place, years and even decades later, even when we take account of the other different things they might be doing in their lives.

And we've now been working with government economists to say, well, what's the value of this to society? Uh, so we've been looking at a combination of the value for improvements in individual wellbeing, the value from people not needing to make as much use of the NHS and National Health Service. And also the value for productivity; if people have better mental health, are they able to work more? And what we found is that for working age adults in the UK alone, the mental health and general health benefits are worth eighteen billion pounds per year to society.

Alisha Wainwright 30:20

So that's not nothing.

Daisy Fancourt 30:21

No. I mean, against an overall arts budget of around one billion a year. I mean, it's a very, it's a very large return on investment. And that's just, that's just health. It's not even the other benefits that we see to society, to criminal justice, for example, to education. That's just one small piece of the pie in terms of the, the broader societal value of the arts.

Alisha Wainwright 30:38

Wow. I'm just, I'm like kind of floored by that number. That's incredible. What a fantastic return on investment.

Most of your research focuses on Europe and the US. How much research is there across different cultures and the unique ways art is used to enhance mental health?

Daisy Fancourt 31:00

This is such an important question. We're really lucky to be part of a number of big international networks of researchers all around the world who are actually demonstrating similar things in their own settings; people like Kunle, for example, who are doing research in

other countries. We are increasingly collaborating with researchers in other countries looking at how we can co-create versions of the interventions that we've been testing in the UK in other cultural contexts, and similarly with our epidemiological work - so that's the work looking at these population health benefits.

We're also now collaborating with scientists using data from, uh, well around fifty other countries now to see what the, whether those same effects are found in other countries. And they, they do very much seem to be.

Alisha Wainwright 31:41

Wow. Well, Kunle, who we heard from earlier, has run arts projects in Nigeria, Ghana, South Africa, Ethiopia, Tanzania, and Namibia, as well as in Europe and the US.

He told us what he observed from his work in different settings and how we can make the field of arts engagement more equitable.

Music into 31:57

Kunle Adewale 32:03

I, I live in England now. I'm from Nigeria, right? So I've seen how rigid this ecosystem is; it's difficult for people to sometimes have access. But what I've seen with art and health ecosystem at the Global South, you know, it's more very community-oriented. It is very communal. People are able to have access. There's that sense of belonging, there's that organic way of growing things.

And uh, for me, it's also more of representation - and I think, which I think I've been advocating for in the field of art and health - to say, um, we need more representation for people from, maybe from the Global South, people like myself who maybe are the leadership, uh, more representation, more voices on the table. And uh, which I feel like is just… it'll really help to create a balance, um, in this work. Because, um, we need one another. We need each other. But I think, um, equity is very important.

I just came back from Qatar where we had our second edition of the Global South Art and Health Festivals. We had a lot of people from all over the world - from Algeria, from Egypt, from Nigeria, and from Uganda, from Kenya, from Ka-Ka-Kazakhstan, from, you know, mention all of that - and, and that's beautiful. That's amazing.

So that's what I wanna see - it's more, more representation because representation is health. The question is, what can we do together, and how can we work together? I think it's more of that. It's, it's, it's, uh, it's co-production, it's collaboration, it's co-ideation, it's co-designing and for the world. And I think, that that's what the world needs.

Music into 33:30

Alisha Wainwright 33:36

So. Kunle described two inequities there. The inequity of access for people who want to engage with the projects, but also the inequity of global voices in the space. What can we learn from Kunle and how can we improve this?

Daisy Fancourt: 33:42

We are actually really lucky at the moment because there's a major international movement around arts and health that's gathering so much momentum. There's a new body called the Jameel Arts & Health Lab, which is a collaboration with the World Health Organisation, that's really trying to galvanise energy - like Kunle said - trying to identify researchers, provide research grants, and provide activations - as they're calling them in different countries.

So trying to raise awareness at policy levels about the evidence base that exists and why investment in the arts is so important. So, since that Jameel Arts & Health Lab launched just a couple of years ago, there's been a very tangible shift in global engagement, and I think it's really exciting seeing where that's going to go - uh, particularly as this starts to move up the agendas on a lot of different countries from a policy perspective,

Alisha Wainwright 34:39

And I'm sure your research has a lot to do with this... galvanisation? because they're now having tangible evidence of the health benefits. Would you say that that's fair?

Daisy Fancourt 34:52

Absolutely. And what our sort of main focus and priority is at the moment is trying to expand that work to be as international as we possibly can - to make sure that we are never in a position where we're just using, you know, data from a, a Western high-income global north country, and generalise.

Alisha Wainwright 35:05

Pushing it on people

Daisy Fancourt 34:06

No, we are much more saying, like, this is what we've learned in this context. Can we think about how these methods could be applied to see if this is also true in these other cultural contexts? And so, those collaborations with researchers in other countries are absolutely top of our agenda for moving forwards.

Alisha Wainwright 35:21

Can you tell me about your work with the WHO and the wider impact you are hoping it'll have?

Daisy Fancourt 35:28

So we started working with WHO, uh, back in 2017 where we wrote an evidence report for them that was synthesising all the research to date on arts and health. And when we wrote this report, we didn't really anticipate it was gonna be that big a deal. You know, WHO looks at so many aspects of health. But actually, that report has been downloaded a quarter of a million times. It's the fourth most downloaded WHO publication on any topic ever. And this has been such a surprise, actually, I think for WHO as much as us, to realise how much interest there is in a topic that a few years ago might have felt a lot more niche.

Um, so off the back of that, we've been engaging a lot more with WHO, providing new evidence briefs, providing um, policy recommendations. And we've got a really exciting pipeline over the next few years, which is involving various technical briefings and technical resolutions within WHO that are really focused on recognising the arts as that health behaviour that I spoke about at the beginning of this, of this podcast. Um, so trying to give it the same kind of awareness and precedence as those other things - like physical activity - and making sure that policies are supporting people's engagement to achieve those health targets.

Alisha Wainwright 36:37

So. What's your vision for the future of mental health treatment? and how do the arts fit into the picture?

Daisy Fancourt 36:45

I think the key thing in mental health treatment is choice for people. And we already have some choices available - medications, some of the psychological and behavioural therapies - but I think arts have to be part of that choice as well.

The evidence that we're seeing and the effect sizes are really solid, and for many people it can be a really important complement to their other kinds of mental health treatments, or an appropriate alternative if those other things have not been working for them.

So I'd like it that we've got arts as an option for people as one of those mainstream treatments, and we are already doing that kind of work now within child and adolescent mental health services - looking at young people who are on extremely long waiting lists and saying, well, instead of just waiting, do you want to have arts on prescription as an activity in that time? Or, when you finish your treatment, instead of just finishing and having nothing else, would you like arts on prescription to help you to embed what you've learned in your treatment and to reintegrate back in your community?

And I'd love to see that kind of thing being mainstreamed in every country and, in an ideal world, but at least from our patch in the UK, starting to make sure that this becomes a long-term sustainable offering.

Alisha Wainwright 37:50

Daisy, this has been a fantastic conversation. Speaking personally as an artist - I really advocate for the health benefits of engaging with the arts. It's something that changed my life and changed the trajectory of my career, so I'm absolutely a proponent of it. But also, thank you so much for your work in sort of validating my experience by showing that on a molecular level, there are things that have changed in my body that have helped my mental health.

I think that, that's so vindicating. So thank you so much for your work, and I'm so excited to see what you do and what your colleagues do all over the world over the coming years. Thank you.

Music starts 38:27

Daisy Fancourt 38:29

Thank you so much. It's such a pleasure talking.

Alisha Wainwright 38:35

Thanks for listening to *When Science Finds a Way*. And thanks to my guest, Professor Daisy Fancourt, and to Vanessa, and Kunle Adewale for sharing their stories and perspectives.

You know, when I was first researching this episode, I was really trying to come at it analytically, but hearing from Kunle and Vanessa and Daisy, of course, it really made me reflect on how my own mental health has been improved by the arts.

And now to have an evidence base - I mean real data that shows this and these seismic changes that can happen if people engage with the arts long term - it's just… it's so valuable. I mean, the fact that her work is one of the most popular papers on the WHO website speaks volumes about the potential this holds. It's low-cost and a high-return investment, which can benefit people both in the immediate and long-term. And I hope this research will lead to policy changes that make the arts more accessible.

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Next time, we'lll be hearing about new research into healthcare that puts autistic voices front and centre.

Dr Aimee Grant 40:36

You know having one person who's highly educated sat in a room with seven professors doesn't mean you're really co-producing your research. We want to really get it in a meaningful way across health research.

Alisha Wainwright 40:52

When Science Finds a Way is a Chalk and Blade production for Wellcome.

Music ends 41:04