



Policy Brief

Seeing Arts Health Research Enacted (SHARED):

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KEY INFO

Research question: Understanding what works for whom in arts and humanities-based approaches to mental health and wellbeing across the globe.

Policy area or themes:

- Global Mental Health
- Places and Communities
- Creative Practices
- Arts in Health and Social Prescribing
- Skills and Training
- Equality, Diversity and Inclusion

Methods: Research and Practitioner Network.

Geographical area: Global.

Research stage: Complete.

Summary of the research

This project established an international network of researchers, arts providers and health partners to explore: (i) which Arts and Humanities-based approaches are working for whom (when, why and where) and (ii) what is evidenced best practice for embedding Arts and Humanities-based research in mental health and wellbeing provision in diverse socio-cultural contexts, nationally and globally. The network is motivated by a 'trans-knowledging' agenda, based on research evidence that high income countries have valuable lessons to learn from low-income ones, especially in embracing pluralism in respect of approaches to mental health and wellbeing. With a specific focus on equality and inclusion, and the special part Arts and Humanities have to play in overcoming health inequities and exclusions globally, we held, three focused workshops - (i) strategic **partnerships** between Arts and Health providers (ii) **inclusive practices** in mental health care and (iii) **alignment** with existing community capacities - bringing together state-of-the-art knowledge and expertise with ongoing successful models of Arts and Humanities-based research in mental health from across the world.

Policy recommendations

1. Support networks such as SHARED to encourage counterflows of knowledge, exchange of best practice and regular communication of all stakeholders - including healthcare professionals and arts practitioners - as well as to provide mutual support of initiatives that meet similar challenges in different contexts.
2. Aggregate and summarise the evidence already existing and make it accessible to arts in health practitioners globally.
3. Encourage research practices and arts in health initiatives which begin on the ground with informal networks and involve co-creation with local agents at all stages, from planning to execution.
4. Train all stakeholders in creative research methods and evaluation of impact (through stories, created art, photo diaries, videos).
5. Support sustainable practice-oriented research that prioritises action, foregrounds the needs of beneficiaries, and involves regular communication with practitioners.

Key findings

The workshop series identified:

1. The individual benefits unique to Arts and Humanities-based approaches including: facilitating mindfulness ('staying in the moment'); providing a safe space and sense of belonging; empowering the person by seeing beyond the stigma of a refugee, a veteran, or substance abuser; fostering togetherness which transcends boundaries in respect of age, educational background, ethnicity, culture, and class. Arts and Humanities-based interventions are global, intersectional, inclusive.
2. The collective challenges in Arts and Humanities-based research and practice, including: the difficulty of planning interventions and programmes, and of quantifying the evidence of impact, which is critical in bringing the attention to the value of Arts and Humanities-based approaches.
3. The value of this network to creative practitioners who are often working in isolation and welcome the opportunity to share practices (such as working together with local agents and informal networks), challenges, rewards and learning with colleagues working in the same field in widely diverse contexts.
4. The importance of such a forum in showcasing to health practitioners the nature and benefits of arts in health practices and encouraging their widespread take-up.
5. The necessity of marrying together the vast body of existing research which has been produced over the last two decades, in respect of the efficacy of the arts and humanities as an intervention in health, with current global practices. This is actually more important than producing new research to cover every form of practice given that (i) the latter can be costly in resources and time and (ii) the evidence for the value of the arts and humanities in health already exists, and can be used to meet the often urgent demands for evidence from commissioners and care providers.

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