

Master of Arts and Sciences in Creative Health

Rebecca: [00:00:00] So welcome to Shelf Healing Work and Life. This week, we have got the Rt. Honorable Lord Howarth of Newport CBE, lovely Alan with us and Professor Helen Chatterjee MBE here to talk about the new UCL Master of Arts and Science in Creative Health, which should be very fun and entertaining podcast to start so if, if you guys would like to do a little brief introduction of yourselves, Professor Helen, if you'd like to go first,

Helen: [00:00:37] Hi everyone, it's great to be here. So I'm Helen Chatterjee. I'm a Professor of Biology. I work across two departments at UCL, UCL Biosciences, and UCL Arts and Sciences. And well I've worked at UCL since 1996, a long time, I came here to do my PhD in Zoology, ended up looking after the Grant Museum for 10 years, and that's so it got me interested in museums and arts and culture and how they support society, I guess. And that's really what our MASc in Creative Health is about. So I'm looking forward to sharing more thoughts and ideas with you guys,

Rebecca: [00:01:13] Brilliant and Alan, would you like to introduce yourself?

Alan: [00:01:17] Hello. I'm Alan has very glad to join you today. I used to be a Member of Parliament. I'm now a Member of the House of Lords, but one time in the quite distant past now I was Minister for the Arts and it was at that time that I developed a particularly close interest in the potential nexus between the arts and health. And that's something I've continued to follow and work on actively. And it's through that, that I met Helen in the context of the work we were doing on the All Party Parliamentary Group on arts, health, and wellbeing, which I founded and chaired and we produced an inquiry called Creative Health, which was published in 2017. And it has lots to say about our hopes and aspirations.

Well research, education in the arts and health field and Helen and I are working closely on that. We're both fellow trustees of the newly formed National Center for Creative Health. So that's how I come to be joining Helen on this podcast with you.

Rebecca: [00:02:20] Brilliant. So I think we should probably start off with defining, if we can, the term of Creative Health, what it means, what it means sort of the general public, as well as the individual.

Alan: [00:02:32] Well, Creative Health was the title of the report that the all Party Parliamentary Group on arts, health and wellbeing published following our three-year inquiry from 2014 to 2017, we had some difficulty thinking of a good title for the report.

And I offered a prize of a bottle of House of Lords champagne for anybody who could come up with the best idea and Creative Health was the best idea. And so that's, that's the title we gave it. And it's been very interesting to see how that phrase has gained currency and is now, now pretty widely used. As to its precise definition, well, that's something that we can explore as we continue the discussion.

Helen: [00:03:16] Yeah, I think Alan's point about the, the title for the inquiry report. That's obviously where we draw on the name of the MASc from, but we've been thinking about

this a lot as well in terms of our new National Center for Creative Health named after the inquiry report.

And then we've been coming up with definitions and this is the definition we've settled on, which is creating the conditions and opportunities for arts, creativity, and culture to be embedded in the health of the public. And we're just excited to explore these ideas. I mean, for me, that is about community assets, including places like museums, libraries, artists, art centers on opportunities to access arts, culture, I would include in that creativity and nature and the outdoors to improve the health of the public. So what we might call nonclinical approaches to supporting health.

Alan: [00:04:04] We're beginning to see, uh, the joining the linking of two very different institutional cultures, the, the world of the arts and creativity, arts and culture, which, um, I've always thought has a huge contribution to make to the, to the improvement of health and wellbeing in our society and the world of formal world of health and social care.

And there was wonderful work being done by individual practitioners. So many years past. You tracked back to the 1990s, find superb work, particularly concentrated in the Northwest of England, but also in London too. For example, the work that Susan Lobert developed at the Chelsea and Westminster hospital research on that by Rosalia Starikoff back in the nineties, but, uh, these were fairly isolated endeavors.

And for whatever reason, these two cultures, these two sets of institutions didn't easily relate to each other. It is something we, we explored in the Creative Health report, but what we've been trying to do is to bridge that gap and more than bridge that gap, get a real integration. A holistic approach between practitioners in the arts and cultural fields and practitioners in the health care and social care fields and it's starting to happen. It wasn't prevented by legislation. It wasn't prevented by any, by any formal barriers. The difficulties were attitudinal. And what was needed was a culture change and culture changes take a long time to brew up. Or perhaps I should say scramble because it's a bit like scrambled eggs, you know, you stick with a wooden spoon for what seems a terribly long time over other low gas, and then that it scrambles and then it starts to come together and we are at the moment of scrambling now.

Rebecca: [00:06:09] Yeah. And I think it's, it's a wonderful way to sort of formalize the idea that wellbeing can help people. Nonclinical things such as nature or theater or reading, or any of the huge variety of things that come under that umbrella term of creativity and creative health. That can help improve wellbeing because if the wellbeing of a person is better than their general health is going to be better for a huge variety of reasons.

So that nicely leads us on to the MASc in Creative Health at UCL, which is a brand new program coming 2021. So Helen, if you want to sort of give us a brief rundown of what the MASc is, what it's going to cover, who is hopefully going to be coming on the course. I mean, that, that sounds like a big, a big chunk I've just giving you, feel free to throw it back to us.

Helen: [00:07:00] Yeah. Well, the first thing to say, I guess, is that we've created a completely new qualification in order to host our Creative Health Masters programme. So

because, as you've already heard that the whole nature of Creative Health is inherently interdisciplinary we're drawing from multiple disciplines. We're bringing together research policy and practice. And so we really felt that either an MSC nor an MA were quite right in terms of the types of qualifications that students would be graduating with. So we basically created a completely new qualification. Obviously, UCL is pretty good at that. We've already created a BAsc our Bachelor's of Arts and Sciences, and so we felt that a new Master's qualification was required really to represent that interdisciplinarity. In terms of the focus of the MASc it's really about drawing together, like I say, that research policy and practice. So we want students to have this really excellent grounding and understanding of that research base, but also how that links into the really fantastic practice. Alan has just alluded to some of that. And what you can see in the Creative Health inquiry report, which I really recommend anybody who's interested in the MASc please have a look at that because this is really what was the foundation for us pulling together. The program in that report, there's over 1000 references to research articles, peer reviewed articles, grey literature programs, projects that really speak to what do we mean by Creative Health, from drawing from across the world.

And they. Uh, allude to both the sorts of preventative and remedial aspects of engaging with arts culture and creativity and how that can support health and wellbeing. So what we want is that students on the programme we'll get a really good grounding and all of those aspects of research policy and practice both in a very scholarly way, but also in a very applied way. So I think a key feature, as well as doing the sort of core modules that we'd expect in understanding those different disciplines and how they put book pull together is also really importantly as the community partners and the other partners that we'll be working with.

You've already heard about our partnership with the National Center for Creative Health and the APPG for Arts, Health and Wellbeing. We've also got a whole range of other, both national, regional, and local partners that are supporting the program. Sometimes that's on an individual level. It might be a yoga therapist coming in to deliver a session.

It might be us doing a green gym session in the park, visiting museums to do programs that they've been running safe for people with dementia, but there's also opportunities to work with partners through our dissertation. So students will undertake a research project with a community partner and that's, I think really well, they'll get to the heart of understanding what do we mean by Creative Health because they'll be working alongside providers, program organizers, developers, and most importantly participants. And I think people with lived experience are really a key aspect of the programs, we have a whole module dedicated to understanding the role of lived experience and public engagement with research. So through the program, I think students will get a real understanding of what we mean by Creative Health. But another key feature of the program is really about understanding healthy inequalities. And this is a key feature of the work that we're doing around the National Center for Creative Health.

So, what we know is, um, really the pandemic has highlighted this, hasn't it over the past year that people from disadvantaged backgrounds, vulnerable backgrounds, have been much more adversely and disproportionately effected by the pandemic. But that is

absolutely what we would predict. If we look at the work of people like Michael Marmot and others who talk about the issues with deprivation and living in poverty, and we know that those people are worse affected by things like pandemics, but also other co-morbidities. So it's really more important ever I think that we have this understanding of how we can improve people's lives, but particularly those people who I think are living in poverty and may benefit even more from having access to these sorts of nonclinical approaches of some sources of support to support their health and wellbeing and tackle inequalities.

Alan: [00:11:06] Well, it's a very exciting program indeed. I'm particularly excited because it was recommendation number eight in the Creative Health report, in which we, we, we recommended that the education of finishing this public health specialist now the health and care professionals should include accredited modules on the evidence-based and practical use of the arts for health and wellbeing outcomes. And Helen has really taken up that challenge and seized that opportunity with the MASC um, and it's so timely and not least because of the challenges that COVID has thrown into very stark and poignant relief during the last year or so. And if through, this, this Masters course, we can help to improve understanding, but we can develop a cordon of people who have been highly trained in this field. With, a recognition of the academic issues involved and the links between academic work and practical work, the indeed the integration or the academic and the practical. Then I think that will be a very important step forward. I hope that it will be a model similar courses to be developed in other universities too, because all across the country, we need people who can help to upgrade the whole effort.

Which is not in any way to disparage the work that's already being done. But to say that too often, arts and health practice has lacked rigorous formulation has lacked serious methodological consideration. And needs to be developed within a frame, a better conceptual framework and on a better base of evidence so that this course will help people to appreciate the evidence.

So it is that to understand it, to interrogate it, question it, but also to help develop the evidence base, which is badly needed, because if we're going to persuade clinicians, If we're going to persuade funders that the arts and culture have something really important to offer to them in their agendas.

They need convincing evidence to justify the expenditure, to justify the commitment. Not that research evidence is going to be the whole story because it also needs attitudinal change. It needs culture change within the professional establishment, but without the evidence space that certainly isn't going to happen.

Rebecca: [00:13:38] Definitely. Helen. You've probably got some fabulous examples knocking around from sort of the research and of how arts and culture supports good health. Do you want to share a few of those? If you've got any off the top of your head?

Helen: [00:13:51] I mean, it's such a, that's such a big question. So many, so as Alan says, such fantastic projects, programs that have been running for many years and you know, I've come from the museum sector. A university museum sector originally. And, you know, we've got some fantastic projects to support from the Arts and Humanities Research Council,

who've been really great at supporting research in this area. Not all Research Councils have been as supportive. We're hoping that the others will take up their mantle but, um, so just one research project that we run for three years and then finished a couple of years ago, Museums on Prescription and, and we had such a great privilege to work with many museums across London and Kent big ones like the British Museum through to much smaller ones, like, um, The Postal Museum, our own museums here at UCL and museums in Canada, like the Beanie House of Old Knowledge. And, you know, those are just a few museums that have been doing fantastic work in this area that went with art, got to retain where archives and museums.

More recently, we've been working with Entelechy Arts. I guess the thing that we found, no matter what organization we work with when we've been working, we tend to work with audiences who have predominantly been excluded or their new audiences that those organizations are artists they're looking to work with.

And that included refugees and asylum seekers. Mental health service users, people with dementia, stroke survivors, and really no matter what cohorts of participants we've worked with, we've really found very similar outcomes at which I think really speak to essentially what it is about arts and cultural engagement that helps to support health and wellbeing. We see several commonalities, lots of people talking about the positive social experiences that they get out of that sort of engagement. And we know our research has shown that this leads directly to reduction in social isolation. Another key feature of arts cultural engagement is opportunities for learning and acquiring new skills.

Now, of course we know that's important for good cognitive health, but we also know it's really important for just thinking about life skills and thinking about, you know, getting into employment or getting into different types of employment. And again, volunteering with an arts organization or doing programs within these sorts of organizations, we know leads to those sorts of opportunities.

Increases in things like optimism, hope, enjoyment, sense of belonging. Self-esteem sense of identity, inspiration. I think really key the arts and creativity being is this opportunities for meaning, then you can, and I think Alan mentioned the word holistic and we often talk about, um, in our area that the challenges that we're faced in terms of, um, the evidence-based the Alan talked about that and being held up against the sort of so-called clinical standard of something like a randomized controlled trial is really difficult to randomize for something like meaning making. Meaning making is something that's so individual to people, but actually having the opportunity to do that, whether those having a shared experience and to help make meaning out of your own life and that's about those dealing with those personal circumstances is actually really really valuable. And that has direct links into what we know in terms of psychological wellbeing. And then finally, I guess the physical aspects, we know that engagement, the more, the data shows that the more people engage in arts and cultural activities, for example, the more they visit museums and art venues, the more they go to festivals or theater activities that, that actually there's a direct correlation with a healthier life. It leads to people doing more visits and it leads to them being more physically

active. So just the more that you engage in those activities, there's a direct correlation between that and being healthy and having healthier food choices, for example.

So it doesn't really matter what program you look like. I just mentioned some that that are really fantastic. I think the key thing is what goes on in those programs. And we're really interested in what we might call these active ingredients and certainly ensuring that those key sorts of outcomes are embedded in those sorts of programs, we know is beneficial for health and wellbeing

Alan: [00:17:55] I think it's something that research needs to explore. What is actually happening in the moment of creativity engagement, with other people's creativity. Or the practice, of your own creativity, but I think there's no doubt from, from lay observation, that creativity is salutary in the sense that we generate health.

We had some very impressive, and really very moving testimonies from patients service users, during the All Party Parliamentary Groups inquiry, we held a series of round tables and we brought together people from all kinds of backgrounds and disciplines. Including of course, service users. And perhaps I can mention one or two instances of what they have to say and what we, what the projects were that they were talking about.

One of the projects was run by a charity called Artlift in Gloucestershire who run an arts on prescription scheme. And, uh, that's uh, that was founded by a general practitioner, Dr. Simon, and he's very systematic. They kept records of how his patients fared through this kind of social prescribing and the cost benefit analysis showed that after six months of working with an artist, people had 77% less demand and GP appointments and their need for hospital admissions dropped by 27%.

So you can see that there were very great benefits just in terms of costs and economies that, but the actual. Testimonies by people who have benefits of this were very moving. I mean, uh, one of, one of the participants called Russell, told us, I had split up from my partner, found myself without anywhere to live and couldn't see my children. I couldn't work because I wasn't physically able to do the job. And wasn't in a position mentally or financially to start a building business again. We'd had a stroke. After, since going to Artlift I've had several exhibitions of my work around Gloucester. I find that painting and the style that I do in a very expressionistic way seems to help me emotionally. I no longer take any medication, although I'm not without problems. I find that as long as I can paint, I can cope. It doesn't mean that depression has gone, but I no longer have to keep going back to my GP for more antidepressants. I just lock myself away and paint until I feel slightly better. I now mentor some people have been through it themselves and they come and use my studio a couple of times a week to get together paint, draw, and chat, and I can see the benefit to them over the time they've been doing it.

So that was, that was amazingly eloquent and to my mind, very convincing, but that kind of personal subjective testimony, I think does need, yeah, not authenticating, but needs perhaps a kind of academic value before, before that. Yeah. Qualitative evidence is going to be accepted by decision-makers whether the commissioners and funders, whether they're doctors who are hesitating, whether or not to use social prescribing as part of their practice.

So I think that, the academic work that UCL is promoting is going to be very, very important in helping to convince and to extend this work among more people.

Rebecca: [00:21:32] That was fabulous. I was going to say there was on our team BRIT episode, that Dave Player, who, who founded team BRIT they had someone come in to look at the effects of the motor sport, racing on the mental health of their drivers, who were all disabled drivers and the the sort of research was so interesting that actually a three-year PhD got funded at Newcastle, I think it was, on the effects of motor sport on mental health, which shows, you know, that, that sort of motorsport's, a little bit out of creative, but it's, it's those nonclinical things that you can do that aren't medication, that isn't you having to go to a GP every single, every single week to check over everything that can, that can just help lift your spirits, lift your wellbeing enough, that actually, you don't need those services as much. Not that you don't need them at all, but that the frequency of use can go down.

And in January we had a Bibliotherapy Shelf Healing interview with Dr. Radha Modgil, who is now an ambassador for the National Association of Social Prescribing, which I know the NCCH it's partnered with, with NASP and a few other organizations and universities, and perhaps we should chat about the NCCH and the importance of those partnerships and what that is going to mean for the MASC as well.

Alan: [00:22:56] Just, just before, before we do that, I might make the point that I think it's pretty widely accepted that perhaps .20%% of people who present for GP appointments are judged by their doctors, not to need a medical or pharmacologic intervention. They're likely to benefit from some sessions in some social prescription and indeed I know, one general practitioner who's thought long and hard about this. You would estimate that it's even so, um, Simply by making people feel better about themselves making them take a more positive view of their situation which can be done very often by engaging with others, helping them break out of isolation and loneliness a huge difference in their lives can be made so much happier and healthier and a very significant pressure will be lifted from the health service.

Helen: [00:24:01] I agree. And I think it is like giving them the skills and the confidence, like you said, the peer support to take those next steps. So I think, you know, what we're alluding to here is, you know, that these sorts of approaches and having a more active engagement with arts culture, the outdoors in your life um, essentially helps tackle those wider social determinants of health, which we know as someone says, just in terms of GP visits account for a huge amount. And that's why I think it's a really exciting to think about this in the context of inequalities as a route. Um, you know, people have been struggling with thinking about how best to tackle with inequalities.

The government keeps talking about the leveling up agenda. And so we've really got some opportunities here to think about how community assets. Arts culture, museums libraries can support our societies in a way to help with that lovely leveling up agenda.

Alan: [00:24:50] Oh, the arts and culture can be a positive social determinant. Uh, and it's been demonstrated many times. For example, there's a program called Creative Families run by Southwark council at their parental mental health team together with the South

London gallery funded by the Guy and St Thomas Charity led by artists at the gallery and local children's centers. And in a pilot phase, creative families work with 46 mothers who were experiencing mental distress and 61 of the children under the age of five, over the course of the 10 week program, mothers experienced a seven to 7% reduction in anxiety and depression than 86% reduction in stress I guess the children felt rather better too. So, um, so we've got an abundance or case studies and, um, not all of them, uh, ours we'll evaluate because both the paper who are running these practices that often have variable funding to support them. And, uh, Uh, passionately committed to the work that they're doing, but probably haven't been trained in evaluation and they don't find time for evaluations.

They're very often the benefit, which if it were charted and reported and assessed in a more formerly a part that way could then be disseminated, gets lost, remains lasting, I'm sure for the participants, but, uh, we're we're missing too many opportunities to generalize the benefits. So excellent practice more widely throughout our society.

Let me give you one more instance. Um, although I think this is very much under the auspices of, um, an NHS health trust is staying well projects call today aims to reduce isolation and loneliness among older people. And to be this pressure on the health and social care resources and evaluation has shown that, um, improvements in quality of life and mitigation of the damage of landmines in this, in this program and reduction in

And it was originally a 12 month pilot target and extended three times funded now by Calderdale clinical commissioning group and by the new integrated care system there so that, um, we we've got all kinds of instances of good practice that's begun to burgeon, which we need to, we need to monitor more systematically, we need to understand what's what's truly going on how it works, why it works and see what can be done. Not exactly to replicate because certain senses differ everywhere and all human beings are are individual. And to see how the message and the approach can be applied in other contexts.

Helen: [00:28:09] And rebecca, you asked us to talk about partnerships. Now I think Alan's really hit the nail on the head, I guess, in terms of, um, that partnership is really key both to the working, but also the research, as Alan said, that, that need for there's so many great programs out there, but they don't have the capacity necessarily all the skills always to, to evaluate everything they do all of the time. Um, but it is about building that robust evidence base that helps us learn and group and practice and practice and spread that good practice.

And that's really where we hope the NCCH the National Center for Creative Health will fit in and, and partnership really is key to both the MASc program, but also the National Center for creative Health. And, and I mentioned those integrated care systems and really the heart of that big systems change that we're seeing rolled out across England, um, is about partnerships.

So it's really changing the way that, um, primary care trusts, NHS trusts, local authorities and community organizations will work together to, um, support health and social care across regions. Um, and the NCCH is working with a series of different integrated systems through its hubs program, um, including places like Gloucestershire, West Yorkshire and Harrogate, Shropshire Telford and Wrexham and Suffolk and NE Essex um, just to really explore, for

example, how I keep calling them creative health partnerships, how they could work to support integrated care systems, because what we know about the whole field of creative health disease, a very complex ecosystem. But we're talking about where you've got multiple partners.

Sometimes those partners might be individual academics. They might be individual artists or creative practitioners who were supporting individuals, individual arts organizations, organizations, working with local authorities with NHS trusts, primary care trusts. Primary care networks. And so that'd be weakened with multiple partners with multiple participants, but I think if we really want to think about, again, tackling health inequalities, then we've already got to look at how these systems are working and look at what changes need to happen in those systems to make the systems better, particularly for those people who need it most. Sometimes those individuals are referred to as revolving door service users. The people who use more, most services are use multiple services. They use those services because they're having multiple challenges that they often have complex health challenges, complex health needs, but they might also be having, um, personal challenges, behavioral challenges, societal challenges.

They might have issues with housing or debt. Um, and so. We've really got to have this more holistic understanding. And I think again, that notion of Creative Health can really help in that way, because it's not just happening one specific health issues like depression. It's also tackling those wider social determinants that we've talked about.

So I guess going back to partnerships, that's really crucial, I think to the working of the NCCH, but also to how the MASc will fit in. So I think it's a great opportunity for the students to also work at that policy level. Um, and those sorts of links you've talked about with the National Academy for Social Prescribing, we've got many other national and regional partners that we're working with, such as the Culture, Health and Wellbeing Alliance, which is an Alliance of around 6,000 individual members across the UK, um, who were working at the interface of arts and health. Arts, culture and health on the front line most of them. And that includes people within arts organizations. It might include therapists. It might include healthcare practitioners, social prescribing link workers. So again, there's these fantastic national and regional networks that we're linked into that I think by working together in this strong way, particularly linking them with an education opportunity, like the MASc we're just really excited and keen to draw on those sorts of partnerships that the NCCH and others can offer us.

Alan: [00:32:00] We set up the National Centre for Creative Health in response to the first recommendation in the report of the All Party Parliamentary Group to recognize that we lacked a national strategic center, which would take a note of the development of arts and health, uh, and the integration of the arts and health, the public benefits and so, uh, what the NCCH exists to do is to promote the advanced a good practice, promote collaboration, certainly to look and see whether, uh, whether areas of strength, uh, exemplary strengths, which could be more widely understood on the practice, promoted elsewhere, to see where there are gaps and deficits and see what can be done to fill those, um, and to inform policy on delivery.

And, uh, so that needs that means a whole tentacular network of contacts and, uh, some pretty relentless activism, uh, a good deal of nagging and buttonholing, but, uh, increasingly we find that we're actually getting welcome and, uh, there's been a dramatic transformation of attitudes. Uh, in the department of Health and NHS England, since we began our work well, since they will partially group again, it's work and developing a pace, uh, the foundation of the national category for social prescribing.

It was quite a turning point. We were very pleased that Matt Hancock the Health Secretary cited the All Party Parliamentary report in Creative health in a speech at the Kings Fund in 2018 and has put the emphasis that he has on policy on preventative strategies. Of course COVID has dominated everything for the last 12, 15 months. But nonetheless, uh, it's, it's, it's been a really major change that the Department of Health is now committed in a way that I don't think it previously was to preventative strategies, and that's a huge opportunity for the arts and health movements, because we have so much to contribute.

And I think this is increasingly being recognized, not least because of the epidemic of loneliness, the mental health issues, virtue come into great prominence, sadly, typically associated with COVID. So, and having mentioned the, the Culture, health And Wellbeing Alliance with 6,000 members, many of them working creatively on the front line to help people live with fear, live with bereavement, live with long COVID, live with the horrors of this, of this pandemic and demonstrate that practice that said the arts and health kind of help us all to feel more human back, more humanely towards each other. Um, so learn some strive even in this kind of invest.

Rebecca: [00:35:08] Definitely. And I think something that you've both mentioned quite a lot is that this, this whole chat we've been having is sort of seeing individuals as fully rounded people and not just focusing in on the illness that they have gone to their GP to see, but you're seeing them as a whole person and trying to help treat the whole person to improve their wellbeing in order to, almost as a side effect, you know, decrease that the problems associated with that with their illness or to make their lives feel better. If it's, if it's a chronic illness, that's not going to go away, you can still make people feel much more comfortable and happy in their lives.

Alan: [00:35:50] I think that's right. I think everyone has a potential for creativity in their lives. Whether over to draw, sing, dance. The term creativity was a little bit formidable but I think if you challenge people to creativity in quotes to be creative in quotes, uh, they might, might feel a bit shy. Some of them some not, but, um, it's true, um, with the right training and with the right help, um, social prescribing link workers for example, and people working in a lot of the classroom arts and health organizations across the country.

Then embolden people give them confidence in day-to-day activities of the most normal kind that perhaps insufficiently appreciated that, which have become more appreciated through the experience of lockdown and the pandemic, simply pausing to observe the beauties of nature around you. Simply admiring imaginative, kindly behavior and and, uh, acting imaginatively and kindly to yourself. We're beginning to, you know, beginning to develop your own creativity and we don't want to criticize this. We don't want to, uh, to, to make this feel somehow remote or, or develop disciplines that are so rigorous that people

are scared off. But at the same time, I think it's really important to understand what these everyday human processes really are um, to help people enlarge that scope for imagination, creativity in their day to day person alive.

Rebecca: [00:37:35] Definitely. And Helen, what sort of people are you hoping are going to apply for and get on to the MASc at UCL this, this coming autumn?

Helen: [00:37:45] Somebody who's up for a challenge really about living and working in, in a different way, in a more creative way as Alan says. So we're really looking to train, uh, I guess, a new generation of what you might call socially engaged scholars or practitioners. As you've heard the role changes a a lot, we've talked about integrated care systems. As many other changes, we talked about, um, partnership and there's an increased discussion we hope it will happen about cross government working and all of these new ways of working. We, we need people who can meet those changing needs that we see across health, social care, the voluntary third sector, but where we can really put personalized care and that person centered approach. You just mentioned Rebecca at the heart of it where we can place social prescribing higher up on the agenda. Health equity and the patient experience and where that's all mainstream. So it's not sort of nice to have an add-on. So I guess what we're looking for is that people who are interested in that and people who want to learn and work in a different way and apply that to their life as they go beyond that.

So that might be staying within research. As you've heard, we really have a need for growing that evidence. We have a fantastic evidence-based particularly around qualitative work, but I think we need to think about other ways to capture data as, Alan has talked about. And the students will get that they'll get training in both quantitative and qualitative methods, but also we want to explore new ways of working.

So with people with lived experience, working with more creative and arts-based methods to collect data that are going to be meaningful, not just for people across arts and cultural sectors, but other sorts of sectors, like, dare we say the health and social care sector as well. We know actually that the lived experience and the anecdotal work can have a really powerful impact on those individuals.

And some of those examples I haven't talked about, you know, when, when you share those with clinicians or with scientists, they still have an impact. And so it's, it's breaking down some of those, I think systematic barriers that we know exist across arts versus science. Um, and I guess for people who, um, are interested in, in um, outside of research, going on to live that work in a practical way. So they might be wanting to go on and be a sort of creative health practitioner. Um, whether that's working for an arts organization in like a museum or an art center, a community organization that interested in social prescribing or link work, or other aspects of community health.

And I think we, we will see new opportunities in that realm, but the link workers are just one example of that. We're seeing recruitment across those areas, burgeoning in many, uh, primary care networks and trusts. I also think we will see new posts arising around this nexus that Alan talks about focusing around community.

So I think those students who are interested in that sort of creative approach to how they might apply this notion of Creative Health we're really keen to attract them, and they might be somebody who's already working in this space who wants to sort of augment their knowledge and apply different concepts, methods and take that forward or just people have a completely new to it, but have been inspired by something they've heard or been engaging themselves, perhaps their own creative endeavors.

Alan: [00:40:46] Well, not for me as a politician to advise you on what the nature of your academic program should be, but I know that part of what students will be doing, and then when they undertake the mass as a dissertation and there should be abundant opportunities for people to develop that dissertation working with, uh, practitioners out in the field, we're going to get it. Leadership is going to be decentralized. It has to be it's no good waiting for permission from on the high, um, because there were offices moved sluggish and competition for funds as it was operations.

What we've been doing at the National Center of Creative Health, uh, finding individuals working in the health service at all kinds of levels who are already passionate and committed and doing work that sort of provides very exciting models for other people, including people on the MASc to take an interest in and fellow practitioners, professionals to emulate.

And that's why we've, we've been developing these hubs as we're calling them. And, uh, in West Yorkshire in Shropshire and Gloucestershire and NE Essex and Suffolk as in each of those places, we have found local leaders of the NHS who are passionate. They're committed to the arts and health and who themselves aren't wasting formal, bureaucratic opportunities.

We're just doing it. And we want to gather up the evidence or what we're doing. We want to encourage them with both hands. Indeed we're linking them up with each other because they were working relative isolation for, and, uh, I hope that will be a whole series of models that can be studied and reported on which we're going into the Corpus of literature, uh, and, uh, and to help to build the evidence base melt, to solidify the, um, the new culture. Not that it should be rock solid, but you should always be fluid, fluid and creative. But, uh, to help it gain strength and influence.

Helen: [00:42:58] Alan mentioned the community dissertation projects that we talked about right at the beginning. And I think for me, that's the biggest selling point. So I think students are excited about the idea of doing a research project with an organization.

We're hoping that at least one student will come and work with us through the work of the national Center for Creative Health. That would be much more policy focused, but we've got a whole range of partners, including. Arts Council England, Natural England offered to host and suited an individual community, local organizations.

And we've actually been experimenting with these sorts of research dissertation projects with community partners, through our module arts nature and wellbeing, which we run the past three years through our BASc in Arts and Sciences, and we just had some fantastic opportunities of students working with community organizations on really different sorts of

projects. It might be identifying new audiences to reach out to, and then co-developing and co-producing new community programs. Are things like, um, during evaluations for existing programs, students have got involved in helping to draft strategic plans for organizations.

Um, and so really very buried writing grants applications on student help writes a grumps application. And so brilliant opportunities I think for students to get that kind of on the ground application of research and practice and bringing that together with policy and thinking about how that fits together.

I think so students who are excited about the opportunity to work with community partners, I guess that's the biggest selling point of the MASc we've got such a wonderful and kind and generous set of supporters that we're really excited to be working with.

Alan: [00:44:28] Heck you're going to be flooded with applicants, I'm sure you are.

Rebecca: [00:44:33] And of course, anyone who is interested in applying or finding out more about the MASc in Creative Health at UCL, go check out the websites very easy, or just type in Creative Health MASc UCL and Google and or your search engine of choice.

And I'm sure you'll be able to find absolutely tons of information. And the week that this podcast will be coming out. Is sort of a big launch week, I believe for the MASc so there'll be information everywhere for anyone to go and find.

Helen: [00:45:00] Yeah, well next week, because of course mental health awareness week. So, um, I'm giving a lunch time lecture and we're talking a little bit more about these sorts of topics where the focus on health inequalities and then that evening, in fact, uh, we're doing, uh, an events that students can sign up.

So, um, yeah, exciting times.

Rebecca: [00:45:16] Brilliant. Well, thank you very much for coming on. It's been lovely to chat with you.

Helen: [00:45:21] Thank you for having us.

Alan: [00:45:22] Great. Yeah. Thank you. Thank you very much, indeed.

Rebecca: [00:45:30] A really lovely enlightening chat there about the new Master of Arts and Sciences in Creative Health at the University College London, UCL. We'll pop all of the links you could need into these show notes. I hope you've enjoyed it. Keep an eye out on Twitter for the UCL MASc account, which will have all of the details that you could need about the brand new degree program.

If you feel like it's something you'd like to do pop on over and apply. I hope you've enjoyed this Work and Life episode. I had a great time recording at some really brilliant, interesting, and important ideas there. And I look forward to seeing what comes out of the new Master of Arts and Sciences in Creative Health degree.

Thanks as always to Nicholas Patrick for our music. And don't forget to keep up with us on all we do on Twitter @Shelf_Healing .