



Greengross A4D Global Arts for Brain Health Changemakers Conversation

Monday 4 September 2023: 2 – 3.15 pm BST (3-4.15pm in Geneva)

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SPEAKER BIOGRAPHIES

KAY ALLEN OBE FCIPD FRSA is Campaign Director for Age Irrelevance. Previously Kay's career included Royal Mail Group, BSkyB and B&Q, her work has focused on change management, customer solutions and employee engagement. Previously Kay has served as a Commissioner on both the Disability Rights Commission and the Equality and Human Rights Commission. She has over thirty years' experience in supporting strategic partnerships between corporates and social enterprises looking for innovative solutions that have a positive impact on society. Kay is a Fellow of St Georges House Windsor.

CHRISTOPHER BAILEY is the Arts and Health Lead at the World Health Organization and a co-founder of the Jameel Arts and Health Lab. The lab focuses on the evidence base for the health benefits of the arts by building up a global network of research centres to look at effective practice as well as the foundational science of why the arts may benefit physical, mental and social wellbeing, to support underserved communities around the world. Through its Healing Arts activities, the programme also engages with the global media to promote pro-health messaging and build solidarity on health issues through all media. Educated at Columbia and Oxford Universities as well as the American Academy of Dramatic Arts, after a career as a professional actor and playwright, Bailey joined the Rockefeller Foundation as their Research Manager, and from there was recruited to WHO where he led the Health Informatics work and later their on-line communications team before starting the Arts and Health program. As an ambassador for the field, Bailey has also performed original pieces such as Stage 4: Cancer and the Imagination, and The Vanishing Point: A journey into Blindness and Perception, in venues around the world, from the Hamwe Festival in Rwanda, to the Wellcome Collection in London, to the World Bank in DC, as well as Lincoln Center in NY, the LA Opera, LACMA, and Warner Bros Studios in LA, and the Conservatory of Music in San Francisco, The Metropolitan Museum of Art, the Budapest Opera and the Kennedy Center among many others. The basic message of his work is to amplify the WHO definition of health which states that health is not merely the absence of disease and infirmity, but the attainment of the highest level of physical, mental and social wellbeing.

BRIAN LAWLOR is a professor of old age psychiatry at Trinity College Dublin, and Site Director of the Global Brain Health Institute at Trinity. He is a geriatric psychiatrist with an interest in dementia, late-life depression, loneliness and brain health. Brian has worked for over thirty years on developing services and delivering care to people with dementia. His research interests range from early detection and prevention to evaluating new treatments for dementia.

THOMAS KADOR, Associate Professor, Arts and Sciences, and lecturer in Creative Health at University College London, where he leads the MASc Creative Health programme. His research and pedagogical interest include object-based learning, culture, health and wellbeing, public and community-based approaches to heritage. He has lectured and published extensively on all of these topics, including two book books, one (together with Jim Leary) on movement and mobility in Neolithic Europe, and the other (together with Helen Chatterjee) on object-based learning and wellbeing.

KUNLE ADEWALE, a Multimedia Artist, Curator, Cultural Producer, Mental Health Advocate, and Arts in Health Practitioner based in Manchester, United Kingdom, graduated from the Department of

Fine and Applied Arts, Obafemi Awolowo University, Ile-Ife, Nigeria. He is the founder of the Global Arts in Medicine Fellowship, an organization that trains students and professionals across disciplines, cultures, and generations in utilizing creativity and collaboration for good health and well-being. His Fellowship has trained over 1000 persons from Africa, Asia, Latin, and South America, and Europe to bring positive change to their immediate community. Kunle is an Atlantic Fellow For Equity in Brain Health at the Global Brain Health Institute, University of California San Francisco. The City of Cincinnati celebrates Kunle Adewale Day on 2 August each year. In 2022, Kunle was endorsed by the Arts Council England as a Global Talent Exceptional Leader. He is a cohort member of the WHO Arts Practice and Ethics of Care project, a steering committee member of Jameel Arts & Health Lab. He is the Curator and the Global Development Lead for the Global South & Arts Health Week.

DR BOGDAN CHIVA GIURCA is a medical doctor, leading the Global Social Prescribing Alliance, which was launched in 2019 in collaboration with the World Health Organisation and the World Health Innovation Summit. The Alliance currently consists of international leaders from over 32 countries worldwide. Bogdan has played a key role in the development of Social Prescribing in England since 2015 through establishing and chairing the NHS England Social Prescribing Champion Scheme (2015-2023) consisting of over 20,000 doctors, medical and healthcare related trainees championing the subject in their own institution. Bogdan lectures at Imperial College London (leading the Social Prescribing module), is an Honorary Lecturer at University College London, a Collaborator for the Harvard Global Health Institute, and is named among the ‘Top 100 Most Influential People in Health’ in the UK (Health Service Journal Top 100, 2022).

VERONICA FRANKLIN GOULD founded the charity Arts 4 Dementia in 2011 to develop learning and participation programmes at cultural venues, to re-energise and inspire people above early symptoms of dementia, with website to signpost arts events for dementia nationwide. She worked with Dementia UK to devise training for artists, and with universities to provide best-practice conferences and reports. Her A4D *Reawakening the Mind* programme (2012-13) won the London 2012 Inspire Mark and Positive Breakthrough in Mental Health Dementia Award 2013, and was 2014 Sunday Times Changemaker finalist. On publication of *Music Reawakening* (2015), she was appointed A4D life president. Her regional guide *Reawakening Integrated: Arts & Heritage* (2017) mapping arts opportunities for dementia aligns arts within NHS England’s Well Pathway for Dementia. Her social prescribing campaign (2019-23) encourages professionals to empower people to access arts from the outset of symptoms, to preserve their brain health, with practice disseminated in *A.R.T.S. for Brain Health: Social Prescribing as Peri-Diagnostic Practice for Dementia* (2021). Her *Global Social Prescribing: The A4D Arts for Brain Health Debates* involved speakers and delegates from 40 countries around the world. Veronica is on the board of Arts in Medicine and The Amber Trust.

INAUGURAL CONVERSATION - add links, paras, subheads.



Veronica Franklin Gould, President, Arts 4 Dementia

Good afternoon – a very warm welcome to our speakers and delegates from all over the UK, from Australia, Austria, Brazil, Canada, Ireland, Malaysia, Nigeria, Peru, Switzerland and the United States.

Today’s inaugural Global Arts for Brain Health Changemakers Conversation marks the start of World Alzheimer’s Month. Our Zoom Conversation series is inspired by the phenomenal legacy of [Baroness Greengross](#) who died last year. As Co-Chair of the All-Party Parliamentary Group on Dementia and patron of [Arts 4 Dementia](#), Sally did so much over the years to advance arts for brain health strategy in Parliament. ([Hansard Debate Excerpt, pp. 86-89, 92-95 and more](#)) It is an honour to be running this programme in association with the Greengross [Age Irrelevance Campaign](#), and in collaboration with leading educators today – to share international practice to inspire new arts for brain health opportunities around the world.



In view of fears and stigma people feel at the thought of their deteriorating brain, both privately and in public, we refer to arts for brain health as constructive action on the part of both arts facilitators and their sensitive participants, who may be in denial of ‘dementia’.

Melvyn Bragg, the broadcaster, author and parliamentarian, talks with learned passion of the role of culture to society. Arts are significant to our lives, whether singing to ease birth contractions, to please and calm our children on the school run, their singing, dancing and painting in or out of school etc, youth music, choirs and community arts hubs, arts keeping us fit, masterpieces and performances opening our minds to new discoveries. Taking part and creating, strengthens our cultural identity, relieves stress, strain and preserves our brain health lifelong.

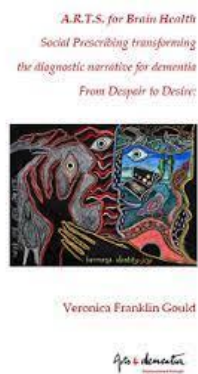
How crucial this is for people experiencing early symptoms of a dementia – Each year there are ten million new cases worldwide, over 200,000 in the UK. Diagnosis can take years. For individuals and their partners, fear of their deteriorating brain brings immense strain, fear. The very fear, even shame that keeps them from facing others outside home. Arts involvement bridges the peri-diagnostic support gap for them and their loved ones, and provides a lifeline ongoing.

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Wednesday
9 February 2022


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Regular arts activity addresses modifiable risk factors for dementia and protects against the advance of cognitive decline. For example, learning music, poetry or drama, exploring works of art, finding the artist's or composer's intention, challenges the brain to create new neural pathways. Social weekly activity, music, dance, creating theatrical scenarios, connecting actively with nature and politics protects against loneliness, physical inactivity, obesity and depression. Choosing to participate empowers people to preserve interests, companionship and wellbeing together in the community for longer. It is not our ailments or medical state that define us, it is our pursuits that define and raise our spirits.

The means to connect with local opportunities has been revolutionised by the introduction of NHS social prescribing linkworkers (SPLW) to whom GPs can now refer patients from the very onset of dementia symptoms, to direct them to local arts and wellbeing groups of personal interest.

Over the next fifteen months, professors of innovative ageing and arts for health will introduce Conversations between people young and old, who will share their own experiences of using the arts to override symptoms of various dementias. They are reviving and developing new skills and their best-selling books are inspirational to others. Each Conversation will bring wider attention to a specific theme – for example, we shall hear from artists with Young Onset Dementia, followed by those with Rare Dementias.

Today, Christopher Bailey who leads Arts and Health at the World Health Organisation, will give an insight into remarkable examples of best practice. Then, in order to make social change a reality – our focus will be on multi-disciplinary education, with Professor Brian Lawlor of the Global Brain Health Institute, Dr Thomas Kador who leads University College London's Masters in Arts and Sciences in Creative Health, Kunle Adewale of Nigeria, founder of the Global Arts in Medicine Fellowships and Dr Bogdan Chiva Giurca, Global Social Prescribing Alliance development lead and founder of the Global Social Prescribing Student Champion Scheme.

We are enormously grateful to our speakers today whose guidance inspires best practice in arts for brain health the world over.

And to introduce the Greengross Age Irrelevance campaign, I have great pleasure in welcoming Kay Allen.

KAY ALLEN is Age Irrelevance’s Campaign Director, formerly served on the Disability Rights, the Equality and Human Rights Commissions. Perfect. Age Irrelevance is all about inclusivity – Kay, do tell us about your Mission.



AGE
IRRELEVANCE

Kay Allen OBE, Campaign Director, Age Irrelevance

Thank you so much, Veronica. I'm thrilled that we've got a lecture in the name of Sally up and running. I am certainly not an expert in your amazing field with the speakers that are on the call. But just to give you some context: Sally was an incredible person.

Some of you may have known her, but she was one of the world's leading advocates on age as a massive subject. In the United Kingdom, she was made an Honorary Fellow of the Royal Society of Medicine. She was passionate about inclusivity once people had had their dementia diagnosis.

Sally Greengross and the intergenerational origin of Age Irrelevance

I had the great privilege of working alongside Sally on many boards and serving as Commissioners. Sally was always ahead of her time. Thirty years ago, she talked to me about why there was discrimination, that we must remove the age barriers. Two years ago, just before Sally was diagnosed with cancer, she came to me and said she had this last big idea. Her last big idea was around Age Irrelevance for society. She wanted age not to define us and to put us in those silos. She wasn't talking about older people – she was talking about every age and how every age can benefit from those intergenerational connections and how we can look at the stages of our lives as we move through it.

Rewriting the play

She had a great analogy and a great story. She said, ‘Imagine you were in a play and you were two weeks from going on stage and the producer and director came to your cast and said you have to stay on the stage for an extra 40 minutes. Do you just lengthen the final act? Do you add in a few more scenes? Or do you rewrite the play?’ Sally wanted us all to rewrite the play. Because imagine if we're all now moving into that era of longevity, we're living to the 100-year life. The 100-year life is going to become our normal and the four-generational family – it's becoming the normal, certainly in the UK and in other countries.

How do we change as society?

Sally was a great parliamentarian and she believed passionately in policy and Governmental changes. But if we are going to live for 100 years and have four generational families, she knew that that would have massive impact on society. It would impact on how we save for our pension. It certainly will impact on age- appropriate housing. And, of course, it has massive impacts as we all age and live for longer. She wanted us to age better.

How best to benefit from the gift of time

She wanted us to think about the 100-year life as that amazing gift, the gift of extra time. And so, she wanted me to launch a series of challenges, challenges towards us as individuals. What will we do, our gift of extra time? How does society benefit from our gift of extra time? What Government is doing Sally was fiercely against. All they're doing is stretching one of the acts within that play. They're making us work for longer. They're making us stretch our pensions out for longer.

Employment, lifelong education and living longer better with dementia

But what Sally wanted to do was rewrite how we perceive and look at work, how we have a relationship with our employers, dipping in and out, multiple careers, different pathways. But in order to have different pathways at work, we need a different approach to lifelong education and we certainly need a different approach to pensions. The idea of us living longer for better, as we know that dementia is becoming more prevalent and we are seeing people living longer, they're living longer with dementia.

I know from my own family story that my dad was born in 1920 and he did what Government expected him to do. He had a good education, he had a good job, and he had a job for life. He started as an apprentice, he retired and he died seven years later with enough money in his pension. So my dad did what the Government of the day expected us all to do. My mum, on the other hand, my mom was a fearsome lady and always bucked the trend. She lived till she was 98 and she lived well with dementia for nine years. I know from my own personal journey with my mum and dementia, how art and music really kept her engaged. She could remember every word to every hymn that she'd ever learnt in church, despite the fact she couldn't remember my name.

Age Irrelevance Campaign, championing organisational strategies for social change

So the Campaign, just to close then, is about finding amazing ambassadors, people who are passionate about all areas of society, not just finding amazing ambassadors who are well connected. The second part of our strategy is to organizations that are going to deliver change, to deliver the Mission to take age out of the equation, to stop us putting people into silos of age and defining us by the number of birthdays that we've had, but rather look at everybody as a generating age and a purposeful age.

I'm delighted that Veronica approached us and she's brought Arts For Brain Health on board as a changemaker. So these lectures and the evidence that you all collate over the next two years will form part of our evidence reporting on our Changemakers. Because the third element of our strategy is to capture the examples and the evidence of Age Irrelevance.

Action – removing barriers to society – enabling positivity and optimism

What Sally was really clear about is that this campaign is not about research. She created the International Longevity Centre to do that research. This campaign is about action. This campaign is about removing the barriers to society. But more importantly, this campaign is about positivity and optimism. Sally didn't want me to mention the word ageism discrimination. She didn't want the language of the tsunami of old people heading towards

each country as a problem. A problem and a drain on the NHS, a problem and a drain on our national health and on our pensions and our tax system.

Need to redefine longevity, amazing gift of extra time, positive benefit to society, personal independence creating savings to the NHS and care system

On the contrary, the Age Irrelevance campaign is to say, how do we define the longevity and the gift of extra time as an amazing gift back to society? And how do we add those benefits back onto the balance sheet of positivity in each of our countries? And that's where I hope that the lectures that Veronica is doing will give us that evidence. Because if you can show how you can help people live well with dementia for a long time, think of the savings that you will make to the NHS, think of the savings that you would make to the care home system if people could live independently with their families for longer, with your amazing support.

Age Irrelevance core debate at Anthropy 2023

The Age Irrelevance campaign is going to run hopefully for two years, featuring in housing conversations, education conversations, work conversations. I'm delighted to say that Age Irrelevance will be one of the core debates at this year's Anthropy Conference in the United Kingdom at the Eden Project in Cornwall. (1st-23rd November 2023) So we are leading the way to say how do we::

- Deliver brilliant age inclusivity?
- Remove the barriers?
- Create a new narrative for people around the world to talk about longevity as a positive optimism rather than a problem that has to be solved.

Thank you, Veronica, for creating these debates and I look forward to seeing the results and the evidence of the debates as they unfold over the next two years. Thank you very much,.

CHAT

Michael Blakstad Does the medical/clinical effect on the brain of stimulation by arts &c come into the thinking behind the campaign? **Veronica, Arts 4 Dementia:** As well as published studies referred to in our *Global Social Prescribing: The A4D Arts for Brain Health Debates* (2023) *A.R.T.S. for Brain Health: Social Prescribing transforming the diagnostic narrative for Dementia: From Despair to Desire*, (2021), we are planning a Longitudinal Study with UCL East (2024-28) to ascertain the clinical effects, of engaging with arts.

Veronica Franklin Gould, Chair Thank you very much, Kay. Now there's a challenge. Our purpose is lifelong education. These programmes, the involvement with the arts, is to continue learning and discovering. The great thing is intergenerationality the old, educating the young and the young inspiring the old. And so indeed, society will benefit by the aging population through their involvement with the arts.

I look forward very much to hearing now from Christopher Bailey.

CHRISTOPHER BAILEY is the Arts and Health Lead at the World Health Organization and a co-founder of the Jameel Arts and Health Lab. The lab focuses on the evidence base for the health benefits of the arts by building up a global network of research centres to look at effective practice as well as the foundational science of why the arts may benefit physical, mental and social wellbeing - Truly rewriting the play, isn't it - to support underserved communities around the world. Chris, it will be fascinating to hear your healing arts highlights. o support under-served communities around the world. Chris, it will be fascinating to hear your healing arts highlights



Christopher Bailey, World Health Organisation (WHO)

Well, I hope so! As you and Kay were talking, I was thinking about my grandfather, who died many years ago, but he lived to be 100.

Strange sense of discovery

In the last years of his life, he was like a lot of older people, feeling a little lonely because he was outliving not only his friends, but the children of his friends. That feeling of isolation was exacerbated by the slow eroding of his faculties. He couldn't hear as well, He couldn't see as well and his memory was failing. One day I was talking with him and I noticed he was in a particularly good mood. I asked him what had changed? 'What made you into such a good mood?' And he said, 'Well, you know how I've always loved mystery stories. He had this amazing collection of mystery stories on his bookshelf. Well, I suddenly realized that with my failing memory, I don't remember the endings to any of them. So I'm going to spend the next few years of my life rereading them all and being surprised.' I loved that because it was a way of getting back to that sense of discovery and that sense of opportunity and surprise.

WHO UN Decade of Healthy Ageing

At WHO we with the UN declared this decade as the decade of healthy ageing. In 2020, there was an interesting milestone for our species. For the first time, the number of people who are 60 years and older outnumbered the number of people who were five years and younger, and that was kind of a tipping point in this demographic shift. As far as WHO goes, one of the things we're interested in is not just treating the conditions of an ageing population or simply lengthening the lives of people, but actually looking at the quality of that life within the life course.

'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'

It gets back to our fundamental definitions of health and mental health. The WHO definition of health is from our 1948 Constitution, it is not merely about the absence of disease and infirmity, it's about the attainment of the highest personal level of physical, mental and social wellbeing. In terms of healthy ageing, that means at any point in the life course. So if you're

an older person, what can be expected to be your highest physical, mental and social level of wellbeing? In our definition of mental health, it's in some ways ancillary to the definition of health itself. Like the definition of health, it's not merely about the absence of mental illness or mental conditions or their symptoms. It's about your ability to cope with the everyday stresses of life.

Achieving highest individual potential, being productive, participating – to thrive

It's about being able to achieve your highest individual potential in terms of your skills and faculties at that point in your life course. It's about being productive. It's about participating in community. It's frankly about acknowledging moments of joy. If you can do all of these things, you are mentally healthy, regardless of what diagnosable conditions you may or may not have. I think that's important to remember because that opens up, for one thing, a different way of measuring health. It's not just about what deficits can be alleviated, it's about what assets can be brought to the table. That, I think, is the whole movement behind the Healthy Aging campaign, looking at the assets, looking at not merely surviving, but thriving.

Arts to promote health and wellbeing

Which brings us to the use of the arts in this context. People are surprised that WHO has an arts and health programme, but actually we've been involved in the arts from the beginning of our history, but usually in the context of health promotion. But even when you look at a health promotional context using the arts, other things begin to emerge. I'll give an example.

Playwriting in India to raise awareness of health information

There was a programme in Mumbai, in India, of trying to educate women in the Dalit community about access to medical care for women. The idea was to have the women themselves write a play and be able to show this play to the community, to help encourage the knowledge of how to get health information, where to get it, etc. In the writing meeting, this group of women were gathered around and pencils and paper were passed out to each of the individuals. An interesting thing happened because before even any word was put to paper, a change began to happen.

- There was one older woman who lifted up the sheet of paper and asked, 'What am I supposed to do with this?' And we said, 'Well, you're supposed to write down your ideas for the play.' And she said, 'Why would I ruin a perfectly good piece of paper by writing on it? I'm a fishmonger. Paper should be wrapping fish.' That was her perspective.
- Another woman was clutching the pencil, and tears were streaming down her face. When we asked what was wrong, and she said that this was the first time she had held a pencil since her marriage at 14 to an older man who then forbade her from ever writing again. So just the act of writing itself became a change for her, a transition.

Carl Jung, on loneliness

It got me to thinking about the nature of communication and the healing nature of communication, regardless of what health content may or may not be communicated; and it brought me to a quote that I've often used in these conversations by Carl Jung, who said,

Loneliness is not the absence of people. Loneliness is the inability to express what matters to you most. In the latter third of our life course, it's that inability to express that becomes so painful. And that inability can be aggravated by a physical disability, by our failing senses, our hearing, our sight, our ability to speak or even having someone to speak to, of isolation, of friends disappearing, of a feeling of irrelevance that the stories that you have to tell are not wanted or felt to be interesting by a younger generation.

So how can the arts and creative expression address things like that? Well, I think it can address it on so many different levels. I'll give one concrete example. I've been involved with Renee Fleming in helping organize with the LA Opera, LA Arts and Health Week for the last two years.

Korean Kimchi Festival in Los Angeles

We had one event in Koreatown in Los Angeles where the local community centre had shown through a survey that the two population groups that were most affected by the pandemic in terms of feelings of isolation were the elders and the teenagers. And when they brought in professional help for psychosocial support, it was the older generation that rejected it, that they were too proud. They didn't really understand what was being asked of them, what help was being offered. So a different tack was used. The elders were asked, 'Well, what is important to you? What is a cause of concern or anxiety that we can talk about?' And they said that the young people in their community weren't learning the food ways of being Korean. What they then did was created this kimchi festival where literally, and I saw it, hundreds of people, the elders of the community, would bring in the younger people and physically show them how to make kimchi. They would put their hands would join together in the bowl. The older people would take out their cabbage leaves and fold in the spices. Their hands would touch. And as that knowledge was being transferred, there was a physical connection, but also a connection of stories. Stories began to flow out of their aunt in Seoul who had this recipe. Pretty soon there was this joy and the sense of community that was emerging. And we saw in the surveys following an added ability to cope with the pandemic, a sense of hope in the future, a stronger sense of community on all sides. It was a measurable change. So I think when we think about the WHO definition of health, of physical, mental and social wellbeing, the arts have a lot to say in all aspects.

Carl Jung on meaning in old age

There's a second quote of Carl Jung that I think is particularly important for the last third of the life course discussion. That's when he said, *Meaning is what allows us to endure.* I think for many people who are facing the loss of their faculties, the loss of their friends, increasing isolation and a growing awareness that death is not only inevitable but may come soon, there is an instinct, a reflex, to try and find some kind of authentic personal meaning in that passage. And it's the arts that can allow us to find that and make it true for ourselves and give that portion of our life meaning, not just for ourselves, but for our loved ones and our caregivers as well.

Role of arts to enable creative expression in older age – enobling us all lifelong

There's been a tremendous amount of research done in the beginnings of life and the formation of personality and intellect in the first five years, in the teenage years, and how the arts can play a role in that in creative expression, but comparatively less for the end of life. I think here's where this opportunity comes from measurement as well, to see how using tango in South America can help Parkinson's patients express themselves. Maybe not roll back the disease, but to find a way of expressing and of connecting how programmes and museums can bring in dementia patients and through curated conversations, find those moments of connection, those moments of memory, those moments of grace, of reconnecting to each other, to the world and to themselves. I think when we can participate in such things, it not only gives a better quality of life to older people, regardless of whether they have a debilitating condition or not, but in fact it ennobles and raises up all of us because we are all part of one human family. That, in the end, I think, is the blessing of the arts being able to help us find the authentic meaning. It may not cure our conditions, but it certainly helps us curate our lives. Thank you very much.

VFG, Chair How important a sense of meaning is. Chris, thank you so much. Arts helping people reconnect to themselves, to the world and to others, and arts helping us to express ourselves. And dancing the tango in South Africa for Parkinson's also dance for Dementia helps people to express themselves. Thank you, Chris, very much. To hear this from you is extremely special.

CHAT

www.ageirrelevance.com

Jonathan kaye: How do people with ideas and enthusiasm connect with people of influence, to bring about change?

Kay Allen: Great question Jonathan - The age Irrelevance Campaign sees itself as a connector joining up people who together can collaborate to deliver change

Kunle Adewale: with 

Furrah Syed FRSA Thanks Chris for such an inspirational talk. I agree with you that we are all humans who can support each other to live a long, healthy and happy life.

VFG, Chair And now I'd like to introduce to Professor Brian Lawlor.

PROFESSOR BRIAN LAWLOR is Professor of Old Age Psychiatry at Trinity College Dublin, and Site Director of the Global Brain Health Institute. He is a geriatric psychiatrist specialising in dementia, late-life depression, loneliness and brain health. His research interests range from early detection and prevention to evaluating new treatments for dementia. Brian's transformation of the narrative of dementia from one of Tragedy to Hope inspired our entire programme and that of the Global Brain Health Institute's Atlantic Fellows for Equity in Brain Health, who will be the subject of our next year's World Alzheimer's Month Conversation.



Brian, your Atlantic Fellows come from a mix of disciplines and from all over the world – could you give us an insight into the GBHI Fellowship programme . . .

Professor Brian Lawlor, Global Brain Health Institute

Thanks Veronica. I'm delighted to be here and talk about Global Brain Health Institute and I'm completely at one with Chris and with Kay with regard to the need to reframe, rethink how we see issues of aging and dementia, really reimagine and look at them in a different way and in a creative way. I think the arts are core to how we may be able to do this.

The need to rethink, reframe dementia to improve life for people with dementia

In our approach to dementia, we very much need creative solutions that go beyond the existing professional silos if we are to overcome the great fear and stigma that is preventing us from taking effective action for dementia right now.

For people over the age of 50, dementia is feared much more than cancer and stroke. There's very much a sense of hopelessness and despair when it comes to talking about dementia, a belief that there's nothing that can be done and that it's going to happen to us anyway as we age.

But the reality and the truth is that dementia is not inevitable, that there are many social determinants that can be addressed, that risk factors can be reduced, new medications and treatments are becoming available and can be developed, as we saw in the case of cancer; and that rethinking dementia, reframing dementia from the perspective of brain health allows us to take action to improve the health and wellbeing and quality of life of people living with dementia right now.

Dementia too siloed across professions and disciplines

The field of dementia is very siloed across professions and disciplines. There's a lack of awareness about dementia among the lay public and healthcare professionals alike, and stigma. Stigma is very much rampant. So we need this reframing, these new perspectives and approaches to tackle the issue. That's where the Global Brain Health Institute and the Atlantic Fellows for Equity in Brain Health programme comes in.

Global Brain Health Institute

GBHI was founded in 2015 from a generous grant from a philanthropist to bring this new perspective and approach to address the many inequities across the life course that cause dementia and to take a transdisciplinary approach to changing public policy and practice ,so that the lives of people at risk of dementia and those living with dementia and their care partners would be improved.

Need to change the narrative of dementia from Tragedy to Hope

Central to this is changing the dementia narrative from tragedy to hope and reframing dementia from the perspective of brain health, shining a light on the many upstream inequities and social determinants that influence the development of dementia.

Taking a brain health approach to dementia emphasizes that there are ways that you can protect your brain, reduce risk to your brain, and that you can improve your brain function even if you have dementia. This perspective, I believe, is crucial if we are to address and overcome the negative attitudes that permeate society around dementia, its diagnosis and its treatment.

Art is the highest form of Hope

Arts and creativity are very much part of this story, as you've heard from Chris. Arts, music, culture are an important part of the framework of hope for dementia This has been put beautifully by many people, but particularly by Gerhard Richter, the great German visual artist, who said, *Art is the highest form of Hope*.

GBHI Atlantic Fellows for Equity in Brain Health Programme

Let me tell you a little bit more about the structure and organization of the GBHI and the Atlantic Fellows for Equity in Brain Health Programme. GBHI has two founding sites. One in San Francisco at University of California, and one at Trinity College, Dublin. GBHI's mission is advanced in three main ways:

- Firstly, through advocacy
- Secondly, through knowledge sharing and education
- Thirdly, and most importantly, through its Fellowship training programme

Fellows from all branches of medicine, social sciences and the arts, from all over the world

This Fellowship has been created to fill a gap to train interprofessional leaders in the area of brain health and dementia prevention from all around the world, but particularly coming from low- and middle-income countries. Our Fellows train together in both Dublin and San Francisco in a one-year residential programme.

A very important and novel aspect of the Fellowship is that these Fellows come from all branches of medicine. They come also from psychology, from the social sciences, from engineering, from architecture, and of course, from the arts. I'll tell you more about that later. Diverse perspectives are encouraged so that we can arrive at innovative solutions for brain health and dementia prevention.

We've just started with our eighth cohort in Dublin and San Francisco. We've now over 200 Fellows spread all over the world in over 40 countries.

The Training Programme

We have four pillars to the fellowship learning experience.

- First of all, we have a taught curriculum.
- Secondly, fellows are exposed to clinical and lived experiences.
- Thirdly, there's a faculty mentorship programme and then leadership and skills training.
- Fellows also have an opportunity to apply for pilot funding to carry out a project in their home country on their return to help with their transformation in their local region or community.

The programme and training is very much values-based and strongly emphasize the incorporation of values of authenticity, fairness, openness, respect, courage and empathy at all times. The taught curriculum during the one-year residential time here is a mix of scientific and clinical topics that includes health, economics, policy, ethics, epidemiology and arts and creativity.

Community networking

Following the one-year residential programme in California or Dublin, Fellows join our global Atlantic community as alumni and are supported by GBHI as they begin to transform back in their local community. A key part of what we offer here at GBHI is this strong sense of community networking and support that continues throughout the Fellow's professional life.

Arts and artists in collaboration with scientists and physicians

So now let me focus on the incorporation of arts and arts methods into the Fellowship programme, which we've worked on intentionally over the seven to eight years that we've been in operation. At GBHI, we embrace arts and creativity for brain health as we firmly believe that we need arts science and a co-creative collaboration with people living with dementia to change the Tragedy narrative of dementia to one of Hope.

Arts and creativity are a core part of the Fellowship taught curriculum. A significant proportion of our Fellows that train at GBHI come from the arts, humanities and the creative space.

As part of the Fellowship, artists and creatives interact and collaborate with scientists and physicians to learn how science can inform their practice and how arts and creativity can help transform the scientists and the clinicians' approach to improve outcomes for people living with dementia and for their caregivers. Creative pedagogy is used to stimulate innovation, open discussion and to imagine new solutions and approaches.

Examples of how Atlantic Fellows have used arts and creativity to enhance connection and engagement include:

- Grainne Hope one of our Fellows here, who has a programme of cultural engagement with professional musicians to improve wellbeing and brain health for people living with dementia in nursing homes.
- Aline Haas. She's a professor of dance at the Federal University of Rio Grande do Sul. **Porto Alegre** in Brazil who employs various forms of dance, including Amazonian dance, to improve function and wellbeing in people with early Parkinson's disease.
- Alex Kornhuber is a photographer from Peru who creates photographic images to chronicle the inequities of ageing in his home country and help provide meaning to what it's like to experience aging in those circumstances.
- Atlantic Fellow and French neurologist Eléonore Bayen's creative cartoons educate young children about brain health, and they've been translated into multiple languages and adopted for use in French schools.

CHAT

sharifah tahir Thank you for this session. Grateful if you could share in the chat the examples just mentioned in the talk, especially the cartoon for teaching children about brain health. Many thanks. **Kunle Adewale** ❤️

Brian Lawlor MyBrainRobbie.org **sharifah tahir** I googled quickly. Fantastic! Thank you. If you go to [GBHI Fellows' Directory](#) you will find examples of what the Fellows are working on, including MyBrain Robbie, Music Health Ireland, Arts in Medicine

- Dominic Campbell has created international networks for arts and brain health and produced Creative Brain Week, an amazing platform that showcases the power and impact of the intersection of creativity, brain health and brain science.

Importantly, arts creativity can be used as a powerful tool for inclusion, for people living with dementia. And this has been captured beautifully in the words of

- Kunle Adewale, who you will hear in a moment, an Atlantic fellow from Nigeria who said that 'When I engage with people with dementia, there is a joy that transmits the sense of connectedness through creativity, that helps them express themselves.'

So arts and creativity can build brain health and wellbeing and help turn the fear and stigma of dementia inside out.

Bringing arts and science together to advance research and inform policy and practice

But we need to continue to bring arts and science together for brain health and advance the research around both how arts and creativity work in the brain and the evidence base of the effectiveness of arts and creative interventions on wellbeing and quality of life, so that we can better inform policy and practice. Again, this is very much how we're behind Chris's initiatives at the WHO. This is very much a core part of the mission and vision of GBHI and the Atlantic Fellows work for the Brain Health Fellowship training programme.

So if you work in the creative space and have a passion to change the narrative around dementia, improve brain health in your community, region or country, or if you know of someone like that, we'd love to hear from you at GBHI. So please, please get in touch with us

at WW gbhi.org and consider applying to become an Atlantic Fellow for Equity in Brain Health. So, thank you very much. I'll hand you back to Veronica.

Global Brain Health Institute Atlantic Fellows for Equity in Brain Health programme

Application Deadline ****25th September 2023****

Letters of support Deadline 28th September 2023.

VFG, Chair Brian, it's always an utter inspiration to hear from you and how brilliantly bringing together creativity and science for better life and fusing them together for change of policy strategy, and you do it par excellence. And we owe you a lot for your inspiration, and we look forward to hearing more in the discussion.

VFG, Chair I would like now to introduce Dr. Thomas Kador, who leads the MASC in Creative Health programme at University College London. His research and pedagogical interests include object-based learning, culture, health and wellbeing, public and community based approaches to heritage. The Creative Health MASs is creating a new generation of socially engaged scholars and practitioners to meet the needs of a changing health, social care and voluntary third sector where personalized care, a focus on health inequality and the patient experience are mainstreamed into public health. As this programme is the first of its kind in the world, both in terms of the qualification Masters in Arts and Sciences and the academic field of study, creative health. It will be fascinating to hear from you, Thomas.

DR THOMAS KADOR leads the MASc Creative Health programme at University College London. His research and pedagogical interest include object-based learning, culture, health and wellbeing, public and community-based approaches to heritage.



UCL's Creative Health MASc is creating a new generation of socially engaged scholars and practitioners to meet the needs of a changing health, social care and voluntary third sector, where personalised care, a focus on health inequity and the patient experience are mainstreamed into public health. As this programme is the first of its kind in the world, both in terms of the qualification (Masters in Arts & Sciences) and the academic field of study (Creative Health), it will be fascinating to hear from you, Thomas

Dr Thomas Kador, Associate Professor, Arts and Sciences, University College London

Thank you so much, Veronica. Thanks for inviting me and it's really great to follow Kay and Christopher and Brian. A lot of what speakers have outlined really chimes with what we do on the Masters in Creative Health, albeit that the Masters is not specializing in ageing, in older people, in dementia and brain health. It's a broader church than that. But I think it relates really nicely to things that previous speakers have said, especially what Christopher said is very relevant, but some of the things that Brian has just talked about with the Global Fellowship programme and also to what Kay spoke about in relation to how do we change the perspective that people, the population more broadly, have on ageing.

Need to break free from 20th-century perspective

My take on this is that we very much and if you look at this room here, this virtual room, our various ages, I think all of us, pretty much today's professionals, today's leaders, if you want, in different settings and so on, very much have a twentieth century perspective on ageing, as they have a twentieth century perspective on so many things. What we really need is to think about the next generation of people that come with a hopefully very different perspective rather than instilling that dominant paradigm of a job for life and what life means and all those issues and what a good life means and a long life means. So I think that we need to break out of the 20th-century perspective.

MASc Creative Health – approach to health, illness and wellbeing – co-production

This is part of what we are trying to do on the Masters in Creative Health, to think about health and illness and wellbeing in a new way, in a different way, and in a way that as the educators we do not necessarily have the answers for – in a more open way that's meant to be coproduced between our students and the members of the community and organizations that work on that interface of art, culture and health. But let me go back one step and just tell you a little bit about the MASc. Veronica pretty much summed up really nicely with that strap line of what the programme is about.

Creative Health



I suspect I'm preaching to the choir here, that you all know the term Creative Health and what it may mean, but I'll give you a brief definition, which is essentially taken from the All Party Parliamentary Group on Arts Health and Wellbeing Inquiry report in 2017 that came out six years ago, that's also been already been mentioned by Kay earlier – creating the conditions and opportunities for the arts, creativity culture, and the modifications and nature to be embedded in the health of the public. What we mean by that in a nutshell – two things already mentioned.

Rights-based equal access to health

One is tackling the endemic health inequities that are out there and that are growing in many ways. It's interesting, we're talking about life beyond 100 years becoming the norm. At the same time, if you look at the Central Statistics Office figures in the UK, actually, life expectancy post COVID has gone into reverse. Hopefully, this was a bump in the road and that it will increase again. But people are dying younger now than they did five years ago – that's a serious issue with health inequities. So that's one aspect we want to address, that access to health is as equally distributed as possible and on a rights-based level – it's a big ask.

Asset-based approach

In relation to that we are focussing on asset-based approaches, as Christopher mentioned, thinking about the assets not in the financial sense, but in a social sense. The resources, opportunities, facilities that are already out there in communities that could be put to work in support of the health of the public. So how do we bring those two together, the inequities on one hand, addressing those through the assets that are actually already there within the community. So that's what we are working on, on the MASc– it 's very broad in that sense.

Timeline

Every student comes with their own set of interests and the structure is usually a one-year programme, or two years for part time students.

Content, arts for health modules

Half of that programme is a taught component where we have some core modules cover the basics of creative health. What is it about, what are the different interventions that are out there? And what's the evidence for some of those interventions, whether it's nature-based working, gardening, the arts – performing arts, as well as visual arts and health museums and cultural heritage. So different approaches and their health benefits, and also thinking about methods and how do we assess the benefit of these aspects.

Interdisciplinary approach

Then also a core aspect is thinking about interdisciplinarity and how we need interdisciplinary approaches, how we need to break out of the silos in order to address the problems of the present and the future. These core modules make up half of what we do

Community-based dissertation

The other half is made up by a community-based dissertation, a project where students work in collaboration with a community partner.

I just want to finish with two examples from the current year's dissertation projects that are in a way closely related to the conversation today.

- One is a cognitive stimulation therapy (CST)- based research project. I know it's controversial within the field of dementia research, but it's one approach and that's what the student is doing. So, they're working together with a large UK museum combining object-based approaches to CST, the cognitive stimulation therapy with dementia patients, to assess what benefits the object-based element in a museum setting has in a CST framework. That project is just about finishing up and it's really exciting.
- What Matters Most – end of life The second one, also reflecting Christopher's discussion about the Korean people in California, is that the question most important to them, is actually what matters to them most in their life. We have a student who works with an organization called What Matters Most, who are working on conversations about what matters in relation to thinking about end of life and what matters to people. Our student has taken that completely out of the current box that it's in, largely focusing on older people and brought it into primary schools and talking with teenagers about what matters to them and young adults as well as older people. Again, very interesting findings.

So these are the kind of projects where we're working with a partner organization and trying to shift the paradigm, trying to ask new questions. Then if students are interested in pursuing that, we also have a PhD programme. Currently, for example, I'm co supervising two PhDs on dementia research in a museum setting. So these are some of the things we do in that field of cognitive health and dementia. But as I said, the master's is a much broader church.

UCL MASc Creative Health

Application: Register Interest Deadline: 31 March for enrolment in September

VFG, Chair Thank you very much. Thomas, that's extremely interesting. I must admit I was very impressed by your students and also by going on one of the projects. The line absolutely fascinating about the brick, taking What Matters Most to school, focusing on older people and taking that into schools. I think that's very age irrelevant subject. Very, very interesting, making them wear at an early age and therefore creating greater understanding. And I would love to talk to you more about the PhD programme for dementia research. So, so much to talk about in the conversation afterwards.

CHAT

Thomas Kador <https://www.ucl.ac.uk/arts-sciences/study/postgraduate-study/creative-health-masc>
Iva Fattorini 🙏

VFG, Chair Now I would like to turn to Kunle Adewale. Kunle, how your Arts in Medicine Fellowships have grown.



KUNLE ADEWALE who is himself a Senior Atlantic Fellow for Equity in Brain Health, having trained at GBHI's San Francisco campus, founded the Global Arts in Medicine Fellowships, originally in Nigeria. Now based in Manchester, Kunle is a Multimedia Artist leveraging the fusion of arts and creative technology for Seniors' brain health. He is Curator and Development Lead for the Global South & Arts Health Week and – of particular interest today - founder of the Global Arts in Medicine Fellowships, involving over 1,000 students and professionals from 50 countries in Africa, Asia, Europe, the Middle East, and the Americas. Kunle, welcome! Do tell us how your splendid cross-disciplinary Fellowship operates, how your Fellows are collaborating around the world to devise arts programmes to help people preserve their brain health



Kunle Adewale, Founder, Global Arts in Medicine Fellowship

Thank you so much for that wonderful introduction. I just want to just give a shout out to Chris, Dr Brian, and also Thomas for the wonderful presentations. I'm the founder of the Global Arts in Medicine Fellowship programme (GAIMF), and also a Senior Atlantic Fellow for Equity in Brain Health.

GAIMF Collaborating for Change

The culture of collaboration is at the core of GAIMF because, again, when we think about change, change begins with collaboration. Alone we can do so little, but together there's so much more we can achieve. And in so doing, we try to introduce a learning opportunity for professionals and students in Africa, in Asia, Latin America, Europe, and other parts of the world to start thinking of how to collaborate and develop intervention that they can use to support the aging population, people with mental health disorders, and other health challenges as well.

GAIMF was founded primarily in the year 2017-18 through the grand support of the USA Department and also the US. Embassy in Nigeria to be able to provide platforms where young people and the older generation can connect and begin to have conversation and collaborate to create change that can inspire positive impact in their communities From starting that programme in Nigeria, we've seen how that programme has really scaled and grown to impact more generations and populations across demographics and across continents.

GAIM Fellows

Many of our Fellows come from the field of media and communications, some come from the field of art, some are musicians, some are journalists, others are policymakers, even government officials.

Intergenerational, international, interdisciplinary

It is very interesting to see how many are young people because again, the Fellowship is intergenerational in design. It's also very international and interdisciplinary in its design. We understand that the solution to the world problem cannot be solved by one single person or one single discipline.

It takes a village to bring change to the world.

What is happening now is the GAIMF is actually creating that ecosystem, a network, a village of changemakers who are actually creating a positive impact by leveraging artistic interventions to support the populations in their communities. We've seen incredible change in different communities in Nigeria, in Kenya, in Botswana, in South Africa, and in other parts of the world, even here in the United Kingdom, where Fellows have started collaborating on projects cross-culturally and cross-continently and cross-disciplinary, to see how they can be able to bring joy to the ageing population. There's so much stigma around dementia, around Alzheimer's disease.

Creativity to reduce stigma associated with brain health disorders

One of the things our Fellows have been doing over the years is to continue to use creativity, to be able to reduce the stigma associated with brain health disorders, by bringing in the virtual reality creative therapies, by bringing in music, and all forms of art.

Medical students delivering arts programmes for patients

Most importantly to see even our medical students are recently plugging into creativity, plug into art in health programming, to be able to deliver programme while they are in college, but also delivering programmes for patients in their institution, teaching hospitals. We think this is part of the things we are looking forward to seeing, to see how change has been activated, how change has been sustained through collaboration with Fellows.

Collaborating through social media

During the program, usually they get to collaborate using leveraging social media, like WhatsApp platform. Fellows are usually grouped because of the large numbers of people who get to join the Fellowship from around the world.

What we do is to create smaller regional groups so that Fellows can talk between each other, start having conversations around the problems within their communities. That way they have easy communication access, easy for engagement, for change, for improvement, and to see what can happen in the long run and in moving forward.

GAIMF Timeline

The Fellowship runs for a period of three months, twice a year. So, we have six-month calendar in every year where Fellows get to learn for two hours, virtually every Sunday

Ideation

During this course, Fellows have the opportunity to be able to present what we call ideation, to pitch the idea based on what they have actually discussed, based on their conversation.

GAI MF bringing communities together

Many of these Fellows have never met before. It's interesting to see how GAI MF is bringing communities together, closer together. Even though people live very close, they are separated by their discipline, their cultural practice. But the GAI MF is bridging this gap such that Fellows can have access to resources they need to support the population in their communities.

GAI M Fellows

- Tobi Sodimu founds Origami Society Nigeria One of our GAI M Fellows started using origami. Many of us, when we were younger used paper to make kites. We made paper kite, right? But it's interesting to see how one of our Fellows starts using paper folding to support the brain health of the elderly people in Nigeria. His name is Tobi Sodimu and today he's founded what is called Origami Society Nigeria, being inspired by the ecosystem and the network presence of the GAI M Fellows. Now he has created a sub-community where he's training young people, gerontologists, geriatricians, and brain health advocates on how to use origami paper folding, to be able to bring joy to the elderly people in Nigeria.
- Rebecca Gill Another instance is another fellow who is domiciled here in the UK who is using creative therapies – VR therapy – to support the elderly people who are actually dealing with cognitive impairment. Rebecca is using technology to be able to bring the aging population together by providing a transformative therapeutic experience. Through VR, she is giving them opportunity to
 - Travel to their choice of destination in the world.
 - Experience paintings such as that of Van Gogh or Michelangelo.
 - Dance and move their bodies in a way they've never done for a long time.

This is the essence of the Fellowship, such that people can leverage resources from art to technology, from technology to other disciplines to see how we can fuse these different disciplines together such that it can become something that can bring positive change or changes into the lives of the vulnerable population.

I myself as a young artist and multimedia practitioner over the years have continued to leverage creative technologies to support the brain health of ageing population in Nigeria, in Ireland, and also here in the UK, also in the United States

The GAI MF programme usually runs during summer and during winter.

Over 500 people apply to the Fellowship from 28 countries around the world. In the six years since the GAI MF was founded, the Fellowship has grown to over 1,000 applicants from over 50 countries.

Fellows give their services as volunteers

The Fellowship is not funded by any corporation or philanthropist. It is not funded by anybody. It grows by itself, grows itself and keeps growing. It's interesting that where there's a lack of resources, how social capital matters and counts, and how young people start volunteering their skills, their time, their resources to continue to ensure that this Fellowship continues to thrive regardless of lack of funding. Major setback of several fellowship would be lack of funding. But the GAIMF, through collaboration, creative ingenuity, volunteerism, social capital, and the love for humanity, has continued to thrive to support the wellbeing of the elderly across generations.

Linguistic and Cultural challenges

One of the major challenges we realized is cultural. Some of our Fellows are from the Middle East. They speak Arabic, some can't really speak English or communicate effectively. In recent times we have introduced the GAIMF mentor which focuses on the GAIMF for professionals and students in the Middle East, (Qatar) and North Africa (Tunisia and Egypt).

We also thought about using the GAIMF Infrastructure to create programmes that focus on French-speaking countries, on Latin America for those who speak Portuguese and for those who speak Spanish because language should never be a barrier to brain health.

So, we have to start thinking about how to make learning accessible, how to make learning in a way that people can understand, how to deliver interventions that are not not even delivered in English; and about how we start transcribing communications in a way that is easier for people to understand, to deliver interventions, to bring about positive change in their community.

Creativity and Collaboration through the GAIMF is bringing change to the lives of ageing populations in Africa, in America, in Europe, in Middle East, and around the world. Thank you so much, everyone.

Global Arts in Medicine Fellowship

Application reopens in January 2024.

VFG Chair Wow, Kunle, you're such an inspiration. We may think about making our Conversation transcriptions available in various languages.

CHAT

Furrah Syed FRSA Great work you are doing Kunle! Inspiration to us all.

Sarah Lasenby Thank you for telling us about these significant ideas about creative arts and how this can give us all hope.. I look forward to hearing more developments in future.

VFG Chair Our final speaker is **Dr Bogdan Chiva Giurca**. Bogdan is Development Lead at the Global Social Prescribing Alliance and founder of the Social Prescribing Student Champion Scheme. To mark Social Prescribing Day, he will co-chair a special Greengross Conversation in March between a range of medical and neuroscience champions on the impact involvement with participants at arts workshops for brain health is having for them. Here, as his mother has an urgent medical appointment, he has kindly recorded a video giving us insight into the scheme. Amisha Palmer, our Greengross Conversation Coordinator will run the video, thank you so much, Amisha.

Dr Bogdan Chiva Giurca, Development Lead, Global Social Prescribing Alliance – Founder GSP Student Champion Scheme

It's a true honour and I'm delighted to pay tribute to a great leader, Baroness Greengross, who's brought us all together to discuss regarding a subject very close to my heart, both as a human being and also as a medical doctor myself. I have three points that I'd like to share with you that hope stir the conversation into the direction of travel



- We are talking about more social prescribing accessibility from a clinical perspective.
- I also want to touch upon the idea of developing champions early on for the subject and the importance of education from an early stage in training and career pathways.
- And I'm going to end with talking a bit about the global perspective in social prescribing.



Social Prescribing Accessibility from a clinical perspective – a cultural shift



But without further ado, my first point with regard to social prescribing: what about art and culture that's always been around us for a long, long time? Well, social prescribing for the first time puts these interventions on the table for clinicians such as myself to use not after the diagnosis has been made – to support clinicians

to go beyond pills and procedures and use such interventions as arts to prevent conditions from happening, but also to ensure and maintain brain health over a long period of time. It's a cultural shift and a paradigm shift that signifies the idea that for once we are looking at creating health within the community and at home.

Benefits of social prescription beyond bio-medical sphere

Sure, the arts have been around a long time; and the concept of social prescribing isn't new. But what's new is that I myself, as a clinician – for the first time ever – I'm able to build the trust necessary with individuals who are referred to the social prescribing link worker (SPLW) who's then able to co-design and co-create a pathway for them to get involved in the local community and their local environments at home, especially for those individuals who may not seek help in the first place. I'm talking about people who are lonely or social isolated, who would never seek our support in the first place and who would end up in my

clinics and seek support from medical issues. Yes, they may come in with a heart problem or lung problems and we will give them the necessary medication. But such individuals quite often have problems that go beyond the biomedical sphere. In such circumstances, interventions such as social prescribing that allows us to refer people to local community services and have some handholding provided by the SPLW that provides motivational interviewing and co designs the treatment plan within, is very necessary.

Social Prescribing Champion Scheme



Now, to my second point with regard to training and education, which I know will be a point that will be discussed in a future Conversation as part of this Greengross series. As a young physician myself, I believe education is at the core of how we guide our future doctors. We need to catch medical students. We need to catch university students and health professionals whilst they're young.

We need to support them and educate them while their brain is most malleable and open to change. Because what we've been doing for the past years, in the past decade or so, is we've been teaching people how to prescribe pills, we've been teaching people algorithmic pathways. But when we encounter social determinants of health, our algorithms fail. When the problem is related to how we eat, how we sleep, our finances, how much money we have, or the place we've been born in, our algorithms, our medical algorithms fail us. In these situations, having interventions such as social prescribing is crucial into the toolkit of the doctors of tomorrow. This is why, personally, I've been a big advocate for social prescribing being taught to students, not only medical students, but midwives, nurses, pharmacists, speech and language therapists at universities across England. I'm proud to say that over the past eight or so years, we've been able to integrate social prescribing successfully at medical schools and other universities across England through the Social Prescribing Champion programme, which you'll hear more about next time.

Global Social Prescribing

My final, final point is to shed some light on the practices happening across the world. Because social prescribing is certainly not a new idea. It's something that's packaged in a new idea, but has at the root and at its core, good community, integrated care that happens not only within England, but happens across the world.

I've travelled recently to Japan, where I've had the pleasure of seeing

- *Sheikat sotian*, Japanese SPLW, delivering social prescribing in the local community.

We've also seen:

- Asha workers in India, which is the equivalent of a health visitor that goes from house to house.
- Community connectors across Canada and other countries.

Regardless of how those individuals are termed, this new role and this new involvement in community-based care, be it through a SPLW in England, or through the social worker in

another country, it allows us to tap into the existing assets that are present in the local community.

Need for investment in voluntary sector arts provision

But, as I've seen around the world, and certainly in England too, we need to ensure investment and support are given to the local and voluntary sector to deliver such activities. We know the research behind health and creative health and the research between arts and the connection between arts and culture and health is very strong. So therefore, it's time for us to start looking at how we can support the delivery of such activities within the local community and how we empower communities, not just use communities to provide those services.

Move towards preventative model for creative health lifelong

Certainly, for me as a clinician, this is a breath of fresh air. It's a move towards a more preventative model, a model where we create health in the local community before issues start to appear. And it's certainly the case for ensuring and maintaining brain health over the course of our lifetime, not only for the elderly, but starting with a younger generation and promoting intergenerational activities along the way.

I do hope to see you all soon, and I do hope this will lead to a further conversation today and I look forward to meeting you at our future Conversations.

Once again, we're grateful to Baroness Greengross for all the work that she's delivered in this field. She has been a true inspiration and will continue be an inspiration for young people like myself. Thank you very much.

Khan and Giurca et al, 2023 *Social Prescribing Around the World: A world map of global developments in social prescribing across different health systems*. ©National Academy for Social Prescribing.

VFG, Chair Thank you very much to Bogdan, who is himself a true inspiration.

CHAT

Jonathan Kaye Health policies seem to often result in clinicians ticking boxes and achieving targets at the expense of what matters to the patient. How can we change the narrative at the policy making stage? How can we deliver the evidence to policy and curriculum makers? Ticking the boxes and achieving such targets are currently obstructing other beneficial work at society and patient level.

Maddalena Illario Bottlenecks start early during the training of health professionals where there is only space for traditional learning. Maybe conjugating innovative approaches with arts could help produce more evidences on the impact? **Kunle Adewale** 'with ❤️' Well said Maddalena, we have medical students and educators becoming part of the global arts in medicine fellowship. Today, they are partnering with creative artists to bring in intervention into healthcare facilities in Nigeria

Maritza Pintado Caipa Hi, excellent session... I am a neurologist, and I think we need to change the way how physicians are been educated, many times separated of the art... to much to do Congrats!

Maddalena Illario 🙌 **Maritza Pintado Caipa** 🙌

PANEL DISCUSSION - Collaboration

Now we come to the conversation between speakers and obviously the thread that runs through our discussions today, all these educational projects, is collaboration between the arts and sciences. It is extraordinary to think about the origami in Nigeria, bringing together young with the old and then setting up health society. It's the legacy of the programs that the training achieve is just simply wonderful for a better world. So let's talk about the challenges, the challenges that in fact, Kunle raised with regard to language. So, Brian, do you ever come across this? Because I know that some of your Fellows from far distant countries. And one of them in particular, I think she mentioned in Peru the language issue. The glory of art, of course, and creativity and culture and craftsmanship is in a way, that's one way of surmounting language. But I wondered if language has cropped up much in GBHI.

Challenge of language differences between medicine, science and arts

Brian, GBHI I would use the word language in a slightly different way. Kunle talked about the actual differences in language across countries, but I think there is a difference in the use of language and communication between science, medicine and arts. This is part of the siloing.

I found that as we tried to build and integrate arts and arts method into our Atlantic Fellows for Equity and Brain Health programme, I realized that there was a sense of a lack of equity and partnership between the artists clinicians and the scientists. And I think the artists often felt that people didn't really understand their methods and how they went about things; and likewise, the scientists said. 'Well, the artists don't really understand where they're coming from either'. There is a difference in language and approach. I think that the artist need and the creative needs to understand the scientists and where the clinicians are coming from because these are different worlds and vice versa. We found that this takes some time and some work in terms of people appreciating the strengths on either side so that they can really work collaboratively together.

Clinicians' lack of awareness of social prescribing and the benefits of arts for dementia

I'm struck by what Bogdan was talking about in terms of social prescribing. But I do think there is a lack of awareness sometimes among clinicians around the benefits of arts and arts for brain health and arts for dementia. I do feel sometimes that people who are providing those wonderful interventions, from the arts and creative point of view, are still a little bit distanced and siloed from the clinicians.

Benefits social prescribing champion scheme – early education in arts for health

I really love to hear what Bogdan is trying to do now with this Champions programme. It's trying to get in early with medical students, with healthcare professionals, helping them to understand the importance of the process, the method, the approach and the intervention early on, not just for their patients and for the people that they look after, but also for themselves.

How awareness of arts prescription can help heal clinicians and improve quality of care

I really, really believe that Arts creativity is not just a huge benefit for people with illness, but also for the clinicians. It can help heal the clinicians and decrease burnout and improve the quality of care that they can deliver and as I say, is good for their own brain health.

There is a communication issue, there's a gap. It's a language, but it's the language of science and the language of art, of arts and creativity. I think we need to pull those together and help people understand and appreciate so that they can communicate and collaborate more from a point of view of this equity and partnership. That's what I really want to see as we go forward. And I think that that's taken us about five or six years to try and build at GBHI. I think we're getting there, but we're not quite there yet.

VFG, Chair It's phenomenal, I must admit. I'd always invited arts student involvement at our arts workshops to re-energise and inspire dementia, then hearing Bogdan launch his Champions scheme, we invited neuroscience and medical students to join in with participants and help with evaluation – both for their educational benefit and for the arts organisation. I've also come across sometimes the arts being used for diagnosis. Is that much happening.

Brian, GBHI I guess, sometimes for people who've experienced trauma, arts can be used to help people express their emotions. With trauma, the left side of their brain, the language area, can be inhibited to some extent. So, in these circumstances, art and other forms of creative practice can help people express their emotions and can be useful in helping them work through the trauma.

VFG, Chair So at GBHI, when do the scientists and the artists students come together? How do they come together?

Brian, GBHI They're all together and they train together. Kunle can speak to this, but I think we're a little bit further on now than we were when Kunle started. We have a better appreciation of how to do it, and there's more equity in terms of that partnership between the artists and the scientist and clinicians. But they are together, they are learning, they're training, they're working together, and we encourage them to collaborate and develop collaborative projects together. It's not that straightforward because of the differing perspectives and as I said, it's about understanding that and giving them the space for them to understand each other's perspective and where they're coming from. Because the only way that we can build true collaboration for brain health and dementia is when the artists and the clinicians and the scientists are working in equal partnership together.

VFG, Chair How Fascinating.

Thomas, you too have the interdisciplinary approach. How do you bring in the scientists? All have a first degree, in arts, medicine, social science, who come to take the MASc, and artists who come, to learn how to use their art for health. How does it work at UCL?

Thomas, UCL I completely concur with Brian's point on the languages, because if you're talking about English, Spanish, French, Italian and Swahili There's Google Translate, there's translators that can communicate comfortably and we can translate things, but there isn't Google Translate to translate medical jargon into artist's jargon or artist's jargon into medical jargon. So I think that's a much greater challenge. The medics from all over the world meet happily at congresses and communicate. Artists from all over the world, to some degree, can communicate. The problem is really between those two silos.

That was, in a way, one of the key inspirations for us setting up the programme – to create a space where we can try and break out of those silos and have our graduates hopefully happily navigating these different worlds, and be equally comfortable with communicating with a group of clinicians as they are with communicating with a group of creative practitioners as they are communicating in a local community setting in East London, Bangladesh, or anything else. That was really the key. Obviously, that's a tall order, but it's reflected to some degree in the demographic and that's helping.

MASc student demographic

We do have students every year from a medical background. We have intercalating medical students, occupational, speech and language therapists, people who have been working in the NHS, in the health services for a number of years. Similarly, we have people who come from a fine arts background, who have been practicing artists, performing artists, actors, and we have people who have taken anthropology or epidemiology degrees. That's the key of the programme, that hopefully at the end, through this mix and the peer learning, as well as the programme that we've put together, they are then happy to communicate across the board on the benefits of arts and health.

Language of evidence

One key element that I think needs to be added to that question of language - it relates to the point that Brian was making – that there is still a lack of understanding among many medical practitioners, of the benefits of some of this work on arts, creativity, nature and health. It also relates to the language of evidence and the type of evidence that's accepted by the medical establishment. It is almost impossible for us on the creative side to match randomized control trials. There are certain things you can create randomized control trials on, but others you just can't. So that's another issue, another elephant in the room that we need to talk about.

(VFG, Chair We are planning, hoping to work together on a Longitudinal Study with UCL East)

Kunle, Arts in Medicine.

You said it so well. And I was listening to what Dr. Brian was saying and I think you being able to echo it was very good. The language between the science and the arts, which is sometimes very difficult. When we started the GAiM programme in Nigeria, we were not given access to work in the hospital because of lack of understanding of what the arts can do for health and wellbeing. But looking at what Thomas said, which I actually noted down about the language of evidence, I think with stories of impact, of how the arts really help being shared.

I think it's now encouraging access for carers and for medical practitioners to start embracing creativity. Because you cannot argue against evidence, show us if it has worked. Again, by telling the stories like some of the things Dr. Brian said about the change, about the programme development, all these are catalysts for access, for engagement.

Clinicians witnessing impact of GAIM – as evidence - become Fellows themselves – enabling arts access for their patients

One thing I will say regarding GAIM is that some of the medical practitioners, seeing the changes in the lives of the population they work with, then started joining the Fellowship. So what we now do is using insiders to gain more access, to deliver more arts interventions. Because again, at first it was difficult to penetrate, but now, by inviting insiders into the programme, we have seen the evidence. Now they become the crusaders and the evangelists of arts in health programming. Because again, it's easier for a doctor to convince another doctor that artworks than for an artist trying to convince a doctor that artworks the language. You get what I'm saying? It's easier, right? So bring in the doctors, bring the scientists, bring in the researchers. Once they're able to see the evidence, they become the crusaders again. They become the televangelists on the use of arts for health and wellbeing. And that is what we've seen in our programme. And that is why our programme has continued to grow. We've seen medical directors of established Government institutions in Nigeria becoming Fellows in our program, which has never happened before. Medical doctors.

Again, there's a power dynamics that comes with engagement. There's a power to that come with saying, oh, I'm in the science, you are in the arts. We don't have anything to do together. But when people start seeing positive change and how the union of the art and science benefits everyone, helps humanity, then I think that language is not undecipherable and access become easier.

Thank you very much, Kunle, Brilliant. Brian

Brian, GBHI Just maybe to round up on this, I agree completely with what Kunle is saying, but I think one of the difficulties we face now is actually who's in the room? I think the artists, scientists clinicians are in the room, but the actual managers and the commissioners are not necessarily in the room. And they're not in the room today, perhaps, and they need to be in the room. It speaks to the question that Jonathan Kay asked, how do we convince people? And I often found that the difficulties I think the commissioners have and the managers have is that they're dealing with people downstream. They're drowning, they're very ill, and they have to prioritize care, and they prioritize what's available and also based on evidence, so they don't prioritize arts and culture for health. We do need to get these people into the room.

VFG, Chair Brian, thank you and I am delighted to notice that we do actually have some NHS managers and commissioners on the call. (V adds It is always great to see and hear Dr Jonathan Kaye, who is clinical lead for dementia at Manchester Health and Care Commissioning and their Dementia Strategy Group; and arts and health teams get together

very much at the Social Prescribing conferences, at the Cultural Health and Wellbeing conferences – Commissioners are key and many thanks to Jonathan!).

Michael Blakstad I just wanted to say that I'm on the way out in the sense that I've had a six to 18 month prognosis. So I am looking for someone who will take over my work. Might there be somebody be interested. Shall I describe what I do?

Media vs Dementia

I talked before about how media – I don't mean just television. I mean how new media can stimulate the brain when applied together. I've since had an intervention by a Southampton scientist [Roxana Carare](#) who says that clinically, this is a much better way of halting dementia than any of the pharmaceutical interventions which will not work because of the nature of the amyloids in the blood vessels to the brain. We are now on the verge of launching our campaign just to the point at which I'm going to have to leave it, which is a bore.

So I'm looking for someone who might take over. If there's anybody who's looking for a cause, please contact me (We haven't got money yet, but we will get some.)

** Media vs Dementia Seminar 2023, Friday 20th October, The Arc, Winchester 20th October ** - Come to that!

VFG, Chair Thank you and thank you all for coming today. Warm thanks to all our speakers for sharing your inspirational educational programmes you offer to bring social change through arts for brain health training and Fellowships – providing the ideal springboard for our Greengross A4D Global Arts for Brain Health Conversations. Warm thanks to Kay, Chris, Brian, Thomas and Kunle, it's been a privilege to host and hear you. And thank you Amisha for your superb hosting, marketing and technological assistance.

In our ongoing conversations the people who ultimately benefit from you will be the predominant speakers ongoing, plus their own specialist academic to set the context.

We look forward to welcoming you to our next Greengross A4D Arts for Brain Health Changemakers – Young Onset – Conversation on the 26 October - [Register here!](#)

CHAT

Pernille Charrington Dear Veronica. Thank you so much. So very interesting. Best Wishes Pernille

Edward Chaney Great stuff... Many thanx all.

Maddalena Illario Thank you Veronica! Thank you to all experts

Furrah Syed FRSA Thanks Veronica for a great event. Appreciate all the inspirational talks.

Edith Wolf Perez Thank you for a wonderful inauguration. Looking forward to the next talks!

Katy Geertsen ❤️ Thank you everyone! 👍 **Linda Toigo** THANK YOU!

Kunle Adewale Thanks so much for the opportunity to share Love and light always

Lullyn Tavares Thank you Veronica and everyone. Lot of info to follow up on.