



EVIDENCE
BRIEF

Promising Practices to Deliver Arts-Based Youth Programming to Support Mental Health & Wellbeing

This Evidence Brief outlines key concepts and messages, and summarizes promising practices to deliver arts-based youth programming to support mental health and wellbeing. Developed by Rocio Macabena Perez for YouthREX, in partnership with Kim Archambault and Véronique Dupéré, Université de Montréal.

HOW DID WE COMPILE THIS EVIDENCE?

We searched YouthREX’s online Knowledge Hub, Google Scholar, Google, and online databases using the following key terms: “art”, “activity”, “program”, “youth”, “adolescent”, “arts in health”, and “mental health”.

Key Concept: Arts in/for Health

The variety of arts-based interventions intended to improve health and wellbeing can be understood as existing along a continuum. At one end, there are the Creative Arts Therapies (CATs), and, at the other, there are the Arts in/for Health and Wellbeing practices.¹

The CATs are performed by certified therapists who evolve in their specific discipline (e.g., art, drama, or music therapy). They can follow a variety of therapeutic goals, such as mood enhancement, pain management, and improvement in social functioning.¹ [Certified Canadian institutions](#)² provide the opportunity for practitioners to become certified CATs therapists.

The Arts in/for Health and Wellbeing practices have broad scope, and include any artistic activity aimed at improving health and wellness in a clinical or community setting. They can be facilitated by cultural mediators or professional artists.¹ These approaches are based on the premise that engaging in art – taking part in cultural events, attending art classes, or participating in creative endeavours – may influence a wide variety of health determinants and outcomes.^{3,4} Some countries have integrated these practices into their healthcare system. For instance, the United Kingdom has implemented the *Arts on Prescription* initiative, which allows frontline practitioners to prescribe participation in arts activities in the community. The goal of this initiative is to reduce the burden on the healthcare system and to endorse a holistic view of human health.⁵

This Evidence Brief will focus on arts-based approaches that draw on the Arts in/for Health practices, but there are many other approaches to using art to support health and wellbeing, such as arts in healthcare settings. These approaches take place in specific healthcare environments like hospitals or long-term care centres. They usually involve the participation of an artist, a health professional, and/or a certified CATs practitioner. Some examples include music concerts for long-term care residents, dance

therapy for patients with neurological disorders, workshops combining art and psychoeducation, and Artist-in-Residence programs that place artists in healthcare settings.^{1,6} Also, depending on needs, it is possible to consult a specific CATs certified practitioner in an individual or group setting.¹

Four Key Messages

01. Evidence supporting arts-based approaches is still developing, but promising.

Because arts-based interventions can impact a wide variety of health outcomes – and because these interventions can address multiple health issues and populations and take place in different settings – significant challenges exist when it is time to evaluate these programs.⁷

The evidence linking arts-based approaches to improvements in wellbeing relies mostly on small samples and timely studies, and some studies have methodological issues that make it difficult to clearly understand the effects of approaches.^{8,9}

The evidence is also scarce. In the field of youth programs, more specifically in organized and after-school programs, there is a lack of studies on arts-based activities, especially as compared to other activities, like sports.^{10,11}

Even if the evidence is not always clear, art and health initiatives and programs are broadly accepted by the community,⁷ and this is reflected in the variety of programming and the growth of the field. Indeed, an exhaustive review of over 900 publications from different disciplines and countries revealed the role of the arts in improving health and wellbeing, detailing the effects of the arts on health prevention/promotion and management/treatment.¹²

02. There are benefits to arts-based interventions for youth.

The benefits of youth arts-based approaches are broad and tend to be related to the specific population they serve.¹³ Youth who take part in arts-based programs may experience improvements in, but not limited to, the following:^{13,9}

- Mental health (e.g., decreased anxiety and depressive symptoms, mindfulness, relaxation, coping, motivation, meaning and purpose)
- Physical health (e.g., substance use; pain management)
- Social bonding (e.g., networking, relationships, connectedness)
- Skills and self-perception (e.g., self-esteem, hopefulness for the future, identity expression, trust, self-discipline, perseverance)
- Critical action (i.e., getting involved in activities that challenge injustice)
- Psychoeducation (e.g., learning about health issues, such as HIV)
- School engagement (e.g., grades, graduation rates, test scores)

Social bonding and a sense of belonging are particularly important and well-known benefits of arts-based approaches to programming for youth. Art manages to connect different people in a particular way that promotes sharing among participants.¹⁴

03. Arts-based approaches are accessible to diverse youth.

The benefits of arts-based interventions for youth differ depending on the youth targeted and the art form used (e.g., performing arts; visual arts; literature; online, digital, and electronic arts; community and cultural festivals, fairs, and events).¹⁵

Arts-based approaches are likely to be more accessible than traditional standard care approaches to youth living with mental health, social or health challenges, and/or learning difficulties because they are more playful, tend to facilitate relaxation, and are often less verbal and less stigmatizing than more conventional program alternatives.^{16, 17, 8, 18}

Some examples of youth populations for which research has reported the benefits of these interventions include: youth living in economically disadvantaged neighbourhoods;¹⁹ Indigenous youth;²⁰ street-involved youth and homeless youth;^{21,22} LGBT2SQ youth;²³ youth with emotional and mental health challenges;^{16, 24} racialized youth;²⁵ youth who leave, or may leave, the education system;²⁶ and youth involved in the justice system.²⁷

04. Art can be used to mitigate social inequalities and inequities.

The impacts of arts-based approaches on youth health and wellbeing are not always obvious. Although the links to health are not always as direct, engagement in the arts can have a positive effect on [the social determinants of health](#).^{28, 7} These non-medical factors shape daily life, health and wellbeing, and, more broadly, health inequities, and are as important – or even more important – than healthcare when it comes to their influence on health.²⁹ For example, arts-based approaches are well-known to foster social bonding⁴ and effectively engage youth experiencing marginalization,⁸ and, in these ways, they can address challenges such as social inclusion and discrimination.

Summary of Evidence: 11 Promising Practices for Delivering Arts-Based Youth Programming to Support Mental Health & Wellbeing

A) To deliver effective programs.

01. Foster youth's strengths.

One way in which arts-based approaches can bring about change in youth is by fostering skills and attributes that draw on strength-based approaches.³⁰ The **Positive Youth Development (PYD) framework** focuses on the **personal and environmental assets** of youth to enable them to develop to their full potential.^{31,32} When personal and environmental assets align, youth thrive.³³ The growth of skills and attributes that characterize flourishing youth are referred to as the 'five Cs' of PYD: competence, confidence, character, connection, and caring.³⁴

Organizations can design their arts-based programming so that they intentionally target the development of these assets. Note that internal and external assets may vary in definition or importance depending on the country of origin and the culture of each young person.³⁵

Individual assets (i.e., “skills, competencies, and values”): commitment to learning, positive values, social competencies, positive identity;³⁶ inner strengths such as self-regulation, school engagement, hopeful future expectations.³⁴

External assets (i.e., “environmental, contextual, and relational features of socializing systems”): support, empowerment, boundaries and expectations, constructive use of time,³⁶ social networks, and access to resources, institutions, and individuals.³⁴

02. Create and promote a safe and caring environment.

Art is, for many, a way of ‘getting stuff out’ – that is, a way to express and let out emotions, thoughts, and feelings that can be hard to put into words, even those that are considered unconscious or hidden from oneself.³⁷ Art is an interesting way to surface and support the expression of complicated and elusive issues, such as experiences of trauma, racism, oppression, discrimination, and immigration.³⁷

Organizations should aim to create an emotionally and physically safe space by ensuring that young people are surrounded by supportive staff and artists so youth can grow, share, explore, and create without feeling judged or stigmatized.^{14, 38}

For example, group arts-based activities give youth possibilities to collaborate, socialize, voice their interests, form friendships, and foster a sense of belonging.^{24, 38} However, for some youth, being in a group activity with other youth who have varying difficulties could be challenging; there is not a ‘one size fits all’ approach, and the necessary supports should be provided to individual youth.⁸

Organizations can partner with practitioners who are able to meet different needs so that both program staff and youth participants feel supported. For instance, one arts-based program chose to form an artist and social/youth worker facilitation duo so that the artist could focus on the artistic facilitation and the social/youth worker could focus on behaviour management and youth support^{16, 39} (see also section B below).

03. Promote positive and egalitarian relationships between staff and participants.

Organizations should create space for intentional connection between youth participants and adult staff, such as daily ‘check-ins’, as caring relationships between youth and adults are a critical component for youth retention and reaching positive outcomes.²⁶

When it’s time to assign staff to an arts-based youth program, organizations should train or hire staff that are willing and able to communicate with youth who have a variety of challenging and complex needs – to understand them and to listen to them^{26, 40} – and to establish an egalitarian power balance that offers leadership opportunities to youth.^{41, 14} And since, first and foremost, these approaches can be about having fun, adult staff should be interested in, and enthusiastic about, engaging with youth in these ways.⁴¹

04. Involve professional artists.

Professional artists have a critical understanding of the creative process and its ups and downs, including the many challenges that can arise while creating that can push us towards achieving our goals.³⁸ This prior experience makes the artist credible in the eyes of youth because they have been through this process themselves and are knowledgeable of techniques and their challenges. Professional artists can share this practical knowledge with youth because they are the experts in their fields, and facilitating this connection can be valuable for participants.³⁸

Organizations should also aim to involve artists with specific skills to facilitate or co-facilitate programs.⁴² Effectively working with youth requires practitioners who are passionate about what they do so that this energy is passed on to program participants.²⁶

Because artists can really improve a program's quality and youth engagement, organizations should involve them in program planning, offer them fair compensation for their professional skills and services, and provide them with professional development opportunities and support,³⁸ as some may need guidance to connect their passion to the needs of the community.⁴²

05. Make your program challenging and engaging.

Youth are best engaged by artists who can achieve quality work and meet high standards while making the experience enjoyable with a fairly high but achievable level of challenge;³⁸ this can facilitate a **flow state**, or an 'optimal experience' during which "we feel a sense of exhilaration, a deep sense of enjoyment... These moments tend to occur when a person's body or mind is stretched to its limits in a voluntary effort to accomplish something that is difficult or worthwhile".⁴³

To keep youth engaged, consider an interactive facilitation model that involves them in an emotional, cognitive, and behavioural way.²⁶ Organizations should design arts-based programs as dynamic long-term projects with engaging and ongoing opportunities for participation that inspire youth to remain involved²⁶ (e.g., trying out different visual art forms, or brainstorming about creating a mural, which could include making a model of a mural, painting the mural, etc.).⁴⁴ Arts-based workshops should be long enough to enable youth to create, explore, and achieve some results.⁴⁵ Make your programming project-based and tangible, introduce new materials that youth do not have access to at home, and give them some freedom of choice when it's time to create.³⁸

06. Exhibit the youth's work.

Don't be afraid to showcase the youth's work! Organizations should plan a moment during or at the end of the program to showcase the youth's work in front of peers, family, and/or community members. These opportunities permit an audience to provide positive feedback and a sense of recognition.^{16, 26} When planning for such an event, it is important that organizations ensure all youth can participate.²⁶ Exhibiting the youth's work also enables participants to experiment with taking risks – facing the public and not knowing how people will react to their creation or performance, or what could go wrong.⁴⁵ This process is important because it permits young people to embrace these risks in a positive way and allows them to seek help and challenge themselves.^{45, 38} Connecting youth with their community is also a part of a strength-based approach that can lead them to become agents of change, not only for themselves but also for their broader community.³³

B) To evaluate programs.

07. Learn about similar projects/programs.

Because the field of arts-based youth approaches is vast, organizations should inform themselves about existing art programs and interventions that target the same, or similar, youth populations. These existing programs may also inform how the program can be planned, and what the main challenges or best practices for a certain group with specific challenges may be.⁴⁶ Search public databases, such as Google Scholar or Psych Info, or explore resources in the community.⁴⁶

08. Partner with other organizations.

Partnerships can be especially important for programs targeting youth with varying and complex challenges. Organizations that don't have sufficient resources or specialized staff and/or artists to support youth in the best ways possible can collaborate with community partners, arts practitioners, and social workers to ensure a safe and enjoyable experience for all.⁸ For example, one program partnered with a children's hospital, a youth health facility, undergraduate volunteer students in psychology and social work, and a Canadian museum to deliver a variety of arts-based programs to youth challenged by mental health and emotional difficulties.¹⁶

9. Consider mixed-methods approaches to gathering evidence.

Using qualitative (e.g., in-depth interviews) and quantitative (e.g., surveys) methods for program evaluation can provide organizations with a comprehensive view of what their arts-based program is achieving, including outcomes and mechanisms of change.⁴⁷ Because the field of arts and health is still defining itself and many outcomes can be measured, using mixed methods can enable the corroboration of data, deepening the understanding of a program, its implementation, and its effects.⁴⁸

However, organizations should choose the methods that best serve the purpose of the evaluation. Some researchers turn to qualitative methods that result in evidence expressed in words and visuals,⁴⁹ which can be just as rich and valid as evidence expressed in numbers and figures. Organizations should take time to reflect on the ways their programs are being evaluated and explore different research methods (e.g., arts-based methods) that can better capture the impacts of their program.

10. Be specific.

Arts-based approaches may yield many benefits for youth, making it all the more important for organizations to provide a clear definition of the outcomes that their program is working to achieve. Some concepts, such as wellbeing, are hard to define (e.g., does wellbeing mean self-esteem, mood improvement, social inclusion?⁵⁰). Some outcomes, such as life satisfaction, are also difficult to measure because they relate to a particular moment in someone's life.⁵⁰ Before finalizing the outcomes to measure, organizations should consider the time and resources available, as well as the expertise needed to process the data accurately and meaningfully.⁵¹

11. Document and share your findings!

Evaluate your program and help to advance the field of arts-based youth programs to support mental health and wellbeing! Arts-based approaches that draw on the Arts in/for Health continuum are promising, inclusive, and fun, but there is a need for more research and evaluation in this field.⁹ For arts-based approaches to be recognized, programs need to be evaluated and thoughtfully described in order to assess and validate their processes and outcomes.⁵¹

ENDNOTES

1. National Organization for Arts in Health. (2017, September). *Arts, health, and well-being in America*. <https://thenoah.net/wp-content/uploads/2019/01/NOAH-2017-White-Paper-Online-Edition.pdf>
2. Canadian Art Therapy Association. (2020). *Becoming an Art Therapist*. <https://www.canadianarttherapy.org/becoming-an-art-therapist>
3. Davies, C. R., Knuiiman, M., Wright, P., & Rosenberg, M. (2014). The art of being healthy: A qualitative study to develop a thematic framework for understanding the relationship between health and the arts. *BMJ Open*, *4*(4), e004790.
4. Davies, C., Pescud, M., Anwar-McHenry, J., & Wright, P. (2016). Arts, public health and the National Arts and Health Framework: A lexicon for health professionals. *Australian and New Zealand Journal of Public Health*, *40*(4), 304-306.
5. Bungay, H., & Clift, S. (2010). Arts on prescription: A review of practice in the UK. *Perspectives in Public Health*, *130*(6), 277-281.
6. Cox, S. M., Lafrenière, D., Brett-MacLean, P., Collie, K., Cooley, N., Dunbrack, J., & Frager, G. (2010). Tipping the iceberg? The state of arts and health in Canada. *Arts & Health*, *2*(2), 109-124.
7. Clift, S. (2012). Creative arts as a public health resource: Moving from practice-based research to evidence-based practice. *Perspectives in Public Health*, *132*(3), 120-127.
8. Macpherson, H., Hart, A., & Heaver, B. (2016). Building resilience through group visual arts activities: Findings from a scoping study with young people who experience mental health complexities and/or learning difficulties. *Journal of Social Work*, *16*(5), 541-560.
9. Zarobe, L., & Bungay, H. (2017). The role of arts activities in developing resilience and mental wellbeing in children and young people: A rapid review of the literature. *Perspectives in Public Health*, *137*(6), 337-347.
10. Larson, R. W., Hansen, D. M., & Moneta, G. (2006). Differing profiles of developmental experiences across types of organized youth activities. *Developmental Psychology*, *42*(5), 849-863.
11. Shernoff, D. J., & Vandell, D. L. (2007). Engagement in after-school program activities: Quality of experience from the perspective of participants. *Journal of Youth and Adolescence*, *36*(7), 891-903.
12. Fancourt, D., & Finn, S. (2019). *What is the evidence on the role of the arts in improving health and well-being? A scoping review*. World Health Organization. <https://apps.who.int/iris/bitstream/handle/10665/329834/9789289054553-eng.pdf>
13. Coholic, D., Schwabe, N., & Lander, K. (2020). A scoping review of arts-based mindfulness interventions for children and youth. *Child and Adolescent Social Work Journal*, *37*(5), 511-526.
14. Kennedy, H., Marley, M., Torres, K., Edelblute, A., & Novins, D. (2020). "Be creative and you will reach more people": Youth's experiences participating in an arts-based social action group aimed at mental health stigma reduction. *Arts & Health*, *12*(1), 23-37.
15. Davies, C. R., Rosenberg, M., Knuiiman, M., Ferguson, R., Pikora, T., & Slatter, N. (2012). Defining arts engagement for population-based health research: Art forms, activities and level of engagement. *Arts & Health*, *4*(3), 203-216.
16. Archambault, K., Porter-Vignola, É., Lajeunesse, M., Debroux-Leduc, V., Macabena Perez, R., & Garel, P. (2020). Transition Space at the museum: A community arts-based group program to foster the psychosocial rehabilitation of youths with mental health problems. *Canadian Journal of Community Mental Health*, *39*(1), 65-83.
17. Coholic, D. (2020). Promoting resilience in youth through participation in an arts-based mindfulness group program. In L. McKay, G. Barton, S. Garvis & V. Sappa (Eds.), *Arts-based research, resilience and well-being across the lifespan* (pp. 63-80). Palgrave Macmillan.
18. Staricoff, R. L. (2006). Arts in health: The value of evaluation. *The Journal of the Royal Society for the Promotion of Health*, *126*(3), 116-120.
19. Catterall, J. S., Dumais, S. A., & Hampden-Thompson, G. (2012, March). *The arts and achievement in at-risk youth: Findings from four longitudinal studies*. National Endowment for the Arts. <https://www.arts.gov/sites/default/files/Arts-At-Risk-Youth.pdf>

20. Crouch, A., Robertson, H., & Fagan, P. (2011). Hip hopping the gap – Performing arts approaches to sexual health disadvantage in young people in remote settings. *Australasian Psychiatry*, *19*(Suppl 1), S34-S37.
21. Spiegel, J. B., & Parent, S. N. (2018). Re-approaching community development through the arts: A ‘critical mixed methods’ study of social circus in Quebec. *Community Development Journal*, *53*(4), 600-617.
22. Schwan, K. (2017). *Arts programming for youth experiencing homelessness*. Canadian Observatory on Homelessness. <https://www.homelesshub.ca/resource/arts-programming-youth-experiencing-homelessness>
23. Calzo, J. P., Bogart, L. M., Bazo, N., Francis, E., Rybeck, A., Mohamed, K., Menino, D., Kieu, T., & Jumamil, R. B. (2021). Feasibility and acceptability of a theater-based HIV prevention workshop developed by and for LGBTQ youth. *Progress in Community Health Partnerships: Research, Education, and Action*, *15*(2), 189-201.
24. Edwards, C., & Hegerty, S. (2018). Where it’s cool to be kitty: An art therapy group for young people with mental health issues using origami and mindfulness. *Social Work with Groups*, *41*(1-2), 151-164.
25. Ibrahim, D. A., Godfrey, E. B., Cappella, E., & Burson, E. (2022). The art of social justice: Examining arts programming as a context for critical consciousness development among youth. *Journal of Youth and Adolescence*, *51*(3), 409-427
26. Charmaraman, L., & Hall, G. (2011). School dropout prevention: What arts-based community and out-of-school-time programs can contribute. *New Directions for Youth Development*, *2011*(Suppl 1), 9-27.
27. Ersing, R. L. (2009). Building the capacity of youths through community cultural arts. *Best Practices in Mental Health*, *5*(1), 26-43.
28. World Health Organization. (2022). *Arts and health*. <https://www.who.int/initiatives/arts-and-health>
29. World Health Organization. (2022). *Social determinants of health*. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1
30. Development Services Group, Inc. (2016). *Arts-based programs and arts therapies for at-risk, justice-involved, and traumatized youths*. Office of Juvenile Justice and Delinquency Prevention. <https://ojjdp.ojp.gov/mpg/literature-review/arts-based-programs-for-youth.pdf>
31. Larson, R. W. (2000). Toward a psychology of positive youth development. *American Psychologist*, *55*(1), 170-183.
32. Mahoney, J. L., Vandell, D. L., Simpkins, S., & Zarrett, N. (2009). Adolescent out-of-school activities. In R. M. Lerner & L. Steinberg (Eds.), *Handbook of adolescent psychology: Contextual influences on adolescent development* (pp. 228-269). John Wiley & Sons, Inc.
33. Lerner, J. V., Bowers, E. P., Minor, K., Boyd, M. J., Mueller, M. K., Schmid, K. L., Napolitano, C. M., Lewin-Bizan, S., & Lerner, R. M. (2013). Positive youth development: Processes, philosophies, and programs. In R. M. Lerner, M. A. Easterbrooks, J. Mistry & I. B. Weiner (Eds.), *Handbook of psychology: Developmental psychology* (pp. 365-392). John Wiley & Sons, Inc.
34. Lerner, R. M., Lerner, J. V., Almerigi, J. B., Theokas, C., Phelps, E., Gestsdottir, S., Naudeau, S., Jelicic, H., Alberts, A., Ma, L., Smith, L. M., Bobek, D. L., Richman-Raphael, D., Simpson, I., Christiansen, E. D., & von Eye, A. (2005). Positive youth development, participation in community youth development programs, and community contributions of fifth-grade adolescents: Findings from the first wave of the 4-H study of positive youth development. *The Journal of Early Adolescence*, *25*(1), 17-71.
35. Fernandes, D., Pivec, T., Dost Gözkan, A., Uka, F., Gaspar De Matos, M., & Wiium, N. (2021). Global overview of youth development: Comparison of the 5 Cs and developmental assets across 6 countries. *Frontiers in Psychology*, *12*, 2723. <https://www.frontiersin.org/articles/10.3389/fpsyg.2021.685316/full>
36. Benson, P. L., Scales, P. C., & Syvertsen, A. K. (2011). The contribution of the developmental assets framework to positive youth development theory and practice. *Advances in Child Development and Behavior*, *41*, 195-228.
37. Sinding, C., Warren, R., & Paton, C. (2014). Social work and the arts: Images at the intersection. *Qualitative Social Work: Research and Practice*, *13*(2), 187-202.

38. Montgomery, D., Rogovin, P., & Persaud, N. (2013). *Something to say: Success principles for afterschool arts programs from urban youth and other experts*. The Wallace Foundation. <https://www.wallacefoundation.org/knowledge-center/pages/something-to-say-success-principles-for-afterschool-arts-programs.aspx>
39. Averett, P., Crowe, A., & Johnson, T. (2018). Using Sketchbooks to facilitate the group process with at-risk youth. *Social Work with Groups*, 41(1-2), 125-138.
40. Malekoff, A. (2007). A flexible organizing framework for group work with adolescents. *Social Work with Groups*, 30(3), 85-102.
41. Chapin, L. A., Fowler, M. A., & Deans, C. L. (2022). The role of adult facilitators in arts-based extracurricular settings: Perceived factors for success of adult-youth relationships. *Journal of Community Psychology*, 50(1), 176-190.
42. Ings, R., Crane, N., & Cameron, M. (2012). *Be creative be well*. Arts Council England. https://www.artscouncil.org.uk/sites/default/files/download-file/Be_Creative_Be_Well.pdf
43. Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. Harper & Row.
44. MU. (2022). *Jeunesse*. https://mumtl.org/project_category/jeunesse/
45. Fiske, E. B. (Ed.). (2002, November). *Champions of change: The impact of the arts on learning*. Arts Education Partnership. https://www.americansforthearts.org/sites/default/files/ChampsReport_0.pdf
46. Fancourt, D. (2017). *Arts in health: Designing and researching interventions*. Oxford Scholarship Online.
47. Van Lith, T., Schofield, M. J., & Fenner, P. (2013). Identifying the evidence-base for art-based practices and their potential benefit for mental health recovery: A critical review. *Disability and Rehabilitation*, 35(16), 1309-1323.
48. Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research* (3d ed.). Sage Publications.
49. Stein, C. H., & Faigin, D. A. (2015). Community-based arts initiatives: Exploring the science of the arts. *American Journal of Community Psychology*, 55(1), 70-73.
50. Leckey, J. (2011). The therapeutic effectiveness of creative activities on mental well-being: A systematic review of the literature. *Journal of Psychiatric and Mental Health Nursing*, 18(6), 501-509.
51. Daykin, N., & Joss, T. (2016, January). *Arts for health and wellbeing: An evaluation framework* (publication no 2015595). Public Health England. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/765496/PHE_Arts_and_Health_Evaluation_FINAL.pdf