

WHO EURO

*Health Evidence Network – Report di sintesi 67*

**Quali sono le evidenze sul ruolo delle arti  
nel miglioramento della salute e del benessere?  
Una scoping review  
(Parte prima)**

*Daisy Fancourt, Saoirse Finn*



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## What is the evidence on the role of the arts in improving health and well-being? A scoping review.

Fancourt D, Finn S. What is the evidence on the role of the arts in improving health and well-being? A scoping review. Copenhagen: WHO Regional Office for Europe; 2019 (Health Evidence Network (HEN) synthesis report 67)

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**(Parte prima)**

*Daisy Fancourt, Saoirse Finn*

*Traduzione italiana a cura CCW-Cultural Welfare Center*

*Alessandra Rossi Ghiglione (CCW), Catterina Seia (CCW),  
Claudio Tortone (Dors Regione Piemonte)*

*In collaborazione con DORS Regione Piemonte, Fondazione Medicina a Misura di  
Donna, SCT Centre - Social Community Theatre Centre*

## **Abstract**

Negli ultimi due decenni, la ricerca relativa agli effetti delle arti sulla salute e sul benessere si è notevolmente intensificata. Allo stesso tempo, si sono registrati sviluppi nelle pratiche e nelle attività politiche in diversi Paesi dell'area OMS Regione Europa, ma anche oltre i confini della stessa. Questo report sintetizza le evidenze a livello globale sul ruolo delle arti nel miglioramento della salute e del benessere, con un focus specifico sulla Regione Europea dell'OMS. I risultati di oltre 3000 studi hanno messo in evidenza il ruolo determinante delle arti per quanto riguarda la prevenzione delle malattie, la promozione della salute e il trattamento e la gestione delle patologie che si manifestano nel corso della vita. Le evidenze esaminate includono disegni di studio come studi pilota non controllati, case study, indagini trasversali di piccola scala, studi di coorte longitudinali rappresentativi a livello nazionale, etnografie su scala comunitaria e trail randomizzati e controllati afferenti a diverse discipline. L'impatto benefico dell'arte può essere promosso attraverso il suo riconoscimento, l'azione, fondata sulle sempre più ampie evidenze e la promozione dell'impegno artistico a livello individuale, locale e nazionale e il sostegno alla collaborazione intersettoriale.

## **Parole chiave**

ARTE, MEDICINA NELLE ARTI, CULTURA, ARTE NELLA SALUTE

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# INTRODUZIONE ALLA TRADUZIONE ITALIANA



La crisi globale legata a Covid19 ha messo in evidenza **il contributo centrale della Cultura e delle Arti** alla nostra salute mentale e alla nostra capacità di coesione sociale, in una parola **alla fioritura umana individuale e collettiva**. Lo scenario è quello di una società che deve affrontare una sorta di disordine post-traumatico da stress, in cui gli enormi costi sociali della crisi toccano diverse dimensioni sociali e politiche.

Il CCW-Cultural Welfare Center nasce come risposta alla crisi pandemica, da dieci professionisti di diverse aree disciplinari che, nell'ambito di altrettante istituzioni, hanno cooperato a geometria variabile dagli inizi del millennio nella ricerca-azione sul terreno pionieristico per l'Italia dell'alleanza strategica tra Cultura e Salute per un futuro sostenibile.

La decisione di mettere a sistema le migliori competenze in questo momento storico, chiamando a raccolta altri esperti in una *knowledge community*, per creare un ecosistema di dialogo, deriva dalla consapevolezza che le Arti e la Cultura **sono importanti risorse per la costruzione di salute** -nella dimensione della cura, delle *medical humanities*, della promozione della salute- **e per lo sviluppo di equità e di qualità sociale**.

Questa grande crisi **mette in gioco la coesione sociale, la salute biopsicosociale delle comunità**, in un senso profondo ed è **urgente lavorare a una nuova idea di welfare in cui le Arti e la Cultura possano dare un rilevante contributo per la ripartenza del Paese**. Coinvolgendo attori e portatori di interesse pubblici e privati, **lavorando in un'ottica multidisciplinare, multilivello e intersettoriale, per garantire impatto sociale e nutrire le politiche**.

La pubblicazione in lingua italiana del rapporto OMS (2019), in collaborazione con DORS-il Centro Regionale di Documentazione per la Promozione della Salute, costituisce la prima azione del CCW che intende condividere con comunità di pratiche, organizzazioni e operatori socio-sanitari-assistenziali ed educativi, studiosi e *policy makers*, la più recente ed ampia ricerca mai effettuata sull'impatto delle Arti sul benessere e la Salute delle popolazioni sia nella dimensione della promozione e prevenzione che quella del trattamento e della cura. La pubblicazione del rapporto avviene con la pubblicazione in data di oggi della prima delle tre sezioni, a cui seguiranno entro settembre 2020 le successive.

Il rapporto nasce nel 2015 grazie al **progetto "Cultural Context of Health and Well-being"** voluto dalla stessa OMS per contribuire alla realizzazione della strategia della regione europea (rappresentata dai 53 Paesi dell'area e non solo da quelli dell'Unione Europea) delineata nel documento **Salute 2020** (OMS, 2013 <https://www.dors.it/page.php?idarticolo=338>) che è volto a orientare le politiche sanitarie nazionali secondo l'approccio della **Salute in Tutte le Politiche** (OMS 2013 <https://www.dors.it/page.php?idarticolo=470> (idem).

La scelta di approfondire **quanto la dimensione culturale e artistica possano influire sul benessere e sulla salute è stata ritenuta centrale e prioritaria da OMS affinché venga tenuta in considerazione nella definizione delle politiche sanitarie, nella costruzione di politiche intersettoriali** che includano salute, cultura, educazione e socialità, dando valore contributivo e integrativo all'immenso patrimonio della cultura europea.

La nozione di Salute che è alla base della *review* prende in considerazione la dimensione biopsicosociale, quale risultato di un insieme di risorse in possesso dell'individuo e di contesti favorevoli e in

modo particolare fa riferimento alle capacità di determinazione della propria Salute che l'individuo e le comunità possono sviluppare se adeguatamente stimolati attraverso 'opportunità' accessibili promosse dalle politiche.

È in questa azione di facilitazione dell'accesso e di capacitazione che si situano le possibilità della Cultura e delle Arti di avere un impatto sul benessere e sulla Salute personale e collettiva sia nella dimensione della promozione della Salute che della cura.

*Salute 2020* ha raccolto tutte queste sfide con una strategia imperniata su un duplice obiettivo e un metodo di lavoro: **il miglioramento del benessere e della salute per tutti e la riduzione delle disuguaglianze sociali** attraverso una più efficace *leadership e governance* per la salute fondate sulla partecipazione secondo l'approccio della promozione della salute. E sul finire di questo millennio le sfide, non ancora raggiunte, sono transitate nell'Agenda 2030 degli Obiettivi di Sviluppo Sostenibile (ASviS, <https://asvis.it/l-agenda-globale-per-lo-sviluppo-una-sfida-per-tutto-il-mondo/>), che sono raggiungibili solo con una forte e determinata integrazione tra le politiche, i servizi e le pratiche.

La domanda di ricerca del rapporto OMS 2019 è se la cultura -attraverso le differenti arti individuate nel rapporto- possa contribuire a dare forma alle opinioni, agli atteggiamenti e ai comportamenti individuali e sociali nel sentire e rappresentare la propria salute, se possa sostenere la ricerca del proprio benessere attraverso la promozione della salute e la gestione delle cure e se possa favorire l'equità nell'accesso ai servizi sanitari, sociali e culturali per prendere cura di se stessi.

Il rapporto mette a disposizione i risultati di una rassegna della letteratura scientifica e umanistica con un approccio interdisciplinare che spazia in diversi ambiti: medicina, psichiatria, psicologia, filosofia, neuroscienze, antropologia, sociologia, geografia ed economia della salute, sanità pubblica... Sono state prese in esame oltre 900 pubblicazioni, da inizio 2000 fino a maggio 2019, tra le quali ci sono più di 200 *review*, *review* sistematiche, meta-analisi e meta-sintesi basate su oltre 3000 studi e 700 ulteriori singoli studi.

Il risultato è che **esiste ormai una solida base di conoscenze ed evidenze del contributo delle arti** sia nell'ambito della prevenzione delle malattie e nella promozione della salute sia nell'ambito della gestione della cura e del trattamento delle malattie.

Il rapporto OMS (2019) sul contributo delle arti al benessere e alla salute arriva alla fine di un decennio in cui le persone, le loro reti sociali, le organizzazioni, i Paesi e il mondo intero sono sconvolti dalla pandemia di COVID-19. La pandemia in corso ha reso ancora più evidente e urgente l'adozione di paradigmi, politiche e conseguenti modelli organizzativi e di *governance* capaci di contrastare le disuguaglianze -sia di salute che economico-sociali- e di promuovere una dimensione del welfare inclusiva e generativa.

Con questo robusto corpus di conoscenze, nonostante i limiti e le carenze ancora presenti al momento nella ricerca, potremo affrontare questa situazione epidemica valorizzando appieno le capacità creative, trasformative e resilienti delle arti e dare forza alle progettualità di rigenerazione sociale e di salute collettiva che si aprono negli scenari post Covid gettando le basi per un **apporto costitutivo della cultura al ridisegno di un nuovo welfare generativo**.

CCW ritiene che fare crescere e radicare stabilmente all'interno di una dimensione sociale e civile quotidiana l'arte e la cultura, sia parte dell'impegno per un radicale rinnovamento delle condizioni di vita in termini di equità e di salute di tutto il pianeta.

Alessandra Rossi Ghiglione e Catterina Seia-CCW [www.culturalwelfarecenter.it](http://www.culturalwelfarecenter.it)

Claudio Tortone-Dors Regione Piemonte [www.dors.it](http://www.dors.it)

15 maggio 2020

# ABBREVIAZIONI

## ASD

Autistic Spectrum Disorder

## CVD

Cardiovascular Diseases

## LGBTQ

Lesbian, Gay, Bisexual, Transgender and Queer

## PD

Parkinson's Disease

## PTSD

Post-Traumatic Stress Disorder

## DSA

Disturbi dello spettro autistico

## MCV

Malattie CardioVascolari

## LGBTQ

Lesbiche, Gay, Bisessuali, Transgender e Queer

## MP

Morbo di Parkinson

## DSPT

Disturbo da Stress Post-Traumatico



# RINGRAZIAMENTI

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## Autori

Daisy Fancourt

*Professore associato e Wellcome Research Fellow, Institute of Epidemiology and Health Care, University College London, Londra, Regno Unito*

Saoirse Finn

*Visiting Researcher, Institute of Epidemiology and Health Care, University College London, Londra, Regno Unito*

## Peer reviewer

Norma Daykin

*Professore, Tampere University, Tampere, Finlandia*

Liisa Laitinen

*Project Planner, Taikusydän – Arts & Health Coordination Centre, Turku University of Applied Sciences, Turku, Finlandia*

Kai Lehtikainen

*Direttore del Research Center, Center for Educational Research and Academic Development in the Arts (CERADA) e Vice Direttore, ArtsEqual, University of the Arts, Helsinki, Finlandia*

Victoria Tischler

*Professor of Arts and Health, University of West London, Londra, Regno Unito*

**Team editoriale, Ufficio Regionale OMS per l'Europa**  
**Division of Information, Evidence, Research and Innovation**

Nils Fietje

*Responsabile della ricerca, Evidence for Health and Well-being in Context*

Andrea Scheel

*Consulente, Evidence for Health and Well-being in Context*

Shanmugapriya Umachandran

*Consulente, Evidence for Health and Well-being in Context*

**Team editoriale del Health Evidence Network (HEN)**

Kristina Mauer-Stender, *direttore ad interim*

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Ryoko Takahashi and Tarang Sharma, *editori della serie*

Tyrone Reden Sy, *direttore editoriale*

Krista Kruja, *consulente*

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# SOMMARIO

## La questione

A partire dall'inizio del ventunesimo secolo, la ricerca relativa agli effetti delle arti sulla salute e sul benessere si è notevolmente intensificata. Allo stesso tempo, si sono registrati sviluppi nelle pratiche e nelle attività politiche in diversi Paesi membri della Regione Europea dell'OMS, ma anche oltre i suoi confini. Tuttavia, a causa della mancanza di consapevolezza sulle evidenze alla base di queste attività, lo sviluppo delle politiche nei diversi Stati membri della regione è stato poco uniforme. Il presente rapporto mira a colmare questa carenza di consapevolezza attraverso una mappatura delle evidenze attualmente a disposizione nel campo delle arti e della salute.

## La domanda della sintesi

Questa scoping review risponde alla domanda: "Quali sono le evidenze sul ruolo delle arti nel miglioramento della salute e del benessere?"

## Tipi di evidenze

Questo report utilizza la metodologia della scoping review per mappare la letteratura accademica globale in inglese e in russo, dal gennaio 2000 al maggio 2019. Sono state identificate oltre 900 pubblicazioni, di cui oltre 200 tra recensioni, revisioni sistematiche, meta-analisi e meta-sintesi, che riguardano oltre 3000 studi, e più di 700 ulteriori singoli studi.

## Risultati

La review ha raccolto evidenze da un'ampia varietà di studi che utilizzano metodologie diverse. Nel complesso, i risultati sottolineano un potenziale impatto delle arti sia sulla salute mentale che su quella fisica. I risultati della review sono stati raggruppati in due ampie categorie tematiche: prevenzione e promozione, gestione e trattamento. Per ogni categoria tematica sono stati presi in considerazione diversi sottotemi:

- nell'ambito della **prevenzione e promozione**, i risultati hanno evidenziato come le arti possono:
  - influenzare i determinanti sociali della salute
  - sostenere lo sviluppo del bambino
  - incoraggiare comportamenti che promuovono la salute
  - aiutare a prevenire le malattie
  - supportare l'assistenza e la cura
- per quanto riguarda **gestione e trattamento**, i risultati hanno evidenziato come le arti possono:
  - aiutare le persone che soffrono di malattie mentali
  - sostenere le cure per le persone in condizioni acute
  - sostenere le persone con disturbi neuroevolutivi e neurologici
  - contribuire al trattamento di malattie croniche degenerative
  - concorrere all'assistenza nel fine vita.

Un ampio ventaglio di progetti di ricerca è stato incluso nel presente lavoro: studi pilota non controllati, singoli case study, indagini trasversali di piccola scala, studi di coorte longitudinali rappresentativi

su scala nazionale, etnografie su scala di comunità e studi controllati randomizzati. Tra i metodi di ricerca sono state previste scale psicologiche, marcatori biologici, tecniche di neuroimaging, valutazioni fisiologiche, osservazioni comportamentali, interviste ed analisi di cartelle cliniche. I disegni degli studi di ricerca si sono inoltre avvalsi di teorie provenienti da diverse discipline. Naturalmente, la qualità di queste prove è soggetta a variabilità e vi sono aree in cui i risultati devono ancora essere confermati o studiati meglio. Tuttavia, questo report mette a confronto i risultati di diversi studi, ciascuno con diversi punti di forza, consentendo così di ovviare alle debolezze o ai bias intrinseci dei singoli studi.

### Considerazioni di interesse politico

Partendo dalle evidenze raccolte in questo report si possono trarre diverse considerazioni che riguardano i settori della cultura, del sociale e della sanità. È quindi possibile:

#### **Riconoscere la base sempre più consistente di evidenze sul ruolo delle arti nel miglioramento della salute e del benessere:**

- incoraggiando l'implementazione di quegli interventi artistici per i quali esiste una solida base di evidenze, quali l'uso di musica registrata per pazienti prima di un intervento chirurgico, l'arte per pazienti affetti da demenza e programmi artistici di comunità per la salute mentale,
- condividendo conoscenze e pratiche di interventi artistici che i Paesi hanno trovato efficaci nel proprio contesto per promuovere la salute, migliorare i comportamenti salutari o incidere sulle disuguaglianze e ingiustizie che hanno un impatto sulla salute,
- sostenendo la ricerca nel campo delle arti e della salute, con attenzione particolare ad aree rilevanti sul piano politico come gli studi che esaminano gli interventi su una scala di popolazione più ampia, o gli studi che analizzano la fattibilità, accettabilità e appropriatezza di interventi artistici con nuove arti.

#### **Riconoscere il valore aggiunto del coinvolgimento nelle arti per la salute:**

- garantendo la disponibilità e accessibilità nel corso della vita di un'offerta artistica culturalmente varia a gruppi diversi, specialmente a quelli appartenenti a minoranze svantaggiate,
- incoraggiando organizzazioni artistiche e culturali a rendere la salute e il benessere parte integrante e strategica del proprio lavoro,
- promuovendo la consapevolezza nell'opinione pubblica dei potenziali benefici per la salute che derivano dal coinvolgimento delle arti,
- sviluppando interventi che incoraggino la partecipazione ad attività artistiche per promuovere stili di vita salutari.

#### **Tenere in considerazione la natura intersettoriale degli ambiti delle arti e della salute:**

- rafforzando strutture e meccanismi per la collaborazione tra i settori della cultura, del sociale e della sanità, per esempio introducendo il co-finanziamento di programmi da parte di budget differenti,
- considerando l'introduzione o il potenziamento di modalità di prescrizione ai pazienti di attività artistiche dai settori della sanità e dell'assistenza sociale, per esempio attraverso l'uso di prescrizioni per attività sociali,
- favorendo l'inclusione delle arti e degli approcci formativi umanistici nell'ambito della formazione degli operatori sanitari e della cura per migliorare le loro abilità cliniche, personali e comunicative.

# 1. INTRODUZIONE

## 1.1 Contesto

### 1.1.1 Definire le arti

Se da un lato le arti sono sempre state concettualmente difficili da definire, dall'altro vi sono alcune caratteristiche transculturali che vengono ritenute fondamentali per l'arte. Tra queste, l'oggetto d'arte (sia fisico che esperienziale) valutato in sé e per sé, piuttosto che come una mera utilità, come qualcosa che fornisce esperienze creative sia per il suo creatore che per il pubblico e che implica o provoca una risposta emotiva. Inoltre, la produzione artistica è caratterizzata dall'aver come propri requisiti la novità, la creatività, l'originalità e competenze specialistiche e dall'essere legata alle regole della forma, della composizione o dell'espressione (sia conformi che divergenti) **(1–3)**.

Se, da una parte, questi criteri definiscono le linee di confine entro le quali stabilire cosa sia l'arte, è pur vero che i tipi specifici di arte all'interno di questi confini sono diversi e fluidi. Per quanto riguarda la ricerca sulla salute, è stato suggerito che le arti coinvolte si articolino in cinque ampie categorie **(4)**:

- le arti performative (ad esempio teatro, danza, canto, musica, film)
- le arti visive, il design e l'artigianato (pittura, fotografia, scultura, tessile e altri prodotti di design e dell'artigianato)
- la letteratura (scrittura, lettura, partecipazione a festival letterari);
- la cultura (musei, gallerie, mostre d'arte, concerti, teatro, eventi comunitari, festival e fiere culturali)
- le arti online, digitali e informatiche (animazioni, film-making, computer grafica).

Queste categorie combinano sia un coinvolgimento attivo che uno ricettivo e, soprattutto, trascendono i confini culturali e racchiudono in sé la flessibilità necessaria per consentire lo sviluppo di nuove forme d'arte (come dimostrato dallo sviluppo delle arti online, digitali ed informatiche

negli ultimi anni). Ai fini di questa review, si è seguita questa definizione concettuale dell'arte (vista come qualcosa che integra le caratteristiche comuni, pur consentendo una fluidità nella categorizzazione). Sebbene ci siano altre attività che rientrano in molte delle categorie sopra elencate (ad esempio giardinaggio, cucina e volontariato), l'accordo in fase di ricerca è stato quello di considerare queste attività come creative, ma non artistiche in senso stretto, specialmente alla luce delle definizioni fornite dai consigli nazionali per le arti **(5–7)**. Di conseguenza, esse sono state escluse dalla review **(4)**. Analogamente, questa review non ha preso in considerazione l'architettura o la progettazione di edifici, sebbene siano stati fatti riferimenti secondari all'uso dell'arte visiva in contesti sanitarie di cura.

### 1.1.2 Definizione di salute

L'OMS definisce la salute come "uno stato di completo benessere fisico, mentale e sociale, e non la mera assenza di malattia o infermità" **(8)**, tanto da renderla radicata profondamente nella società e nella cultura. Inoltre, l'OMS pone l'accento sull'importanza della prevenzione delle malattie e, di conseguenza, sui determinanti della salute: il modo in cui la salute è plasmata dai costrutti culturali che la circondano e il modo in cui essa può essere promossa, a livello individuale e sociale **(9–11)**. La definizione si concentra anche sul benessere, sia dal punto di vista individuale **(12–14)** che da quello sociale **(15)**. Quest'ultimo può abbracciare molteplici aspetti, come l'integrazione nella società, il contributo alla società, l'accettazione e la fiducia all'interno della società, la comprensione individuale della società e la fiducia nel potenziale della società **(15)**.

Nei decenni successivi al 1948, anno in cui questa definizione di salute è stata formulata, il concetto di salute è stato ulteriormente ampliato **(16)**. La salute e il benessere totali non sono più necessariamente visti come l'obiettivo di tutti. Ad esempio, la presenza di una malattia mentale o fisica

cronica non è necessariamente un segno di malessere, ma può essere vista come gestibile (17). La gestione è in parte determinata dalla resilienza e dalla capacità dell'individuo di adattarsi alla propria salute: la capacità di ripristinare l'omeostasi fisiologica (equilibrio) e di sentirsi in grado di affrontare e realizzare il proprio potenziale con un certo grado di indipendenza e di possibilità di partecipazione sociale (18-20). La salute è, quindi, un processo dinamico che ruota intorno alla capacità di autogestione.

### 1.1.3 Il nesso tra arti e salute

Le attività artistiche possono essere considerate come interventi complessi o multimodali, dal momento che combinano più componenti diverse le quali sono tutte note per essere salutari (21). Le attività artistiche possono riguardare il coinvolgimento estetico, lo stimolo dell'immaginazione, l'attivazione sensoriale, l'evocazione di emozioni e la stimolazione cognitiva. A seconda della sua natura, un'attività artistica può anche includere l'interazione sociale, l'attività fisica, il coinvolgimento in tematiche legate alla salute e l'interazione con i contesti di cura (Fig. 1) (22).

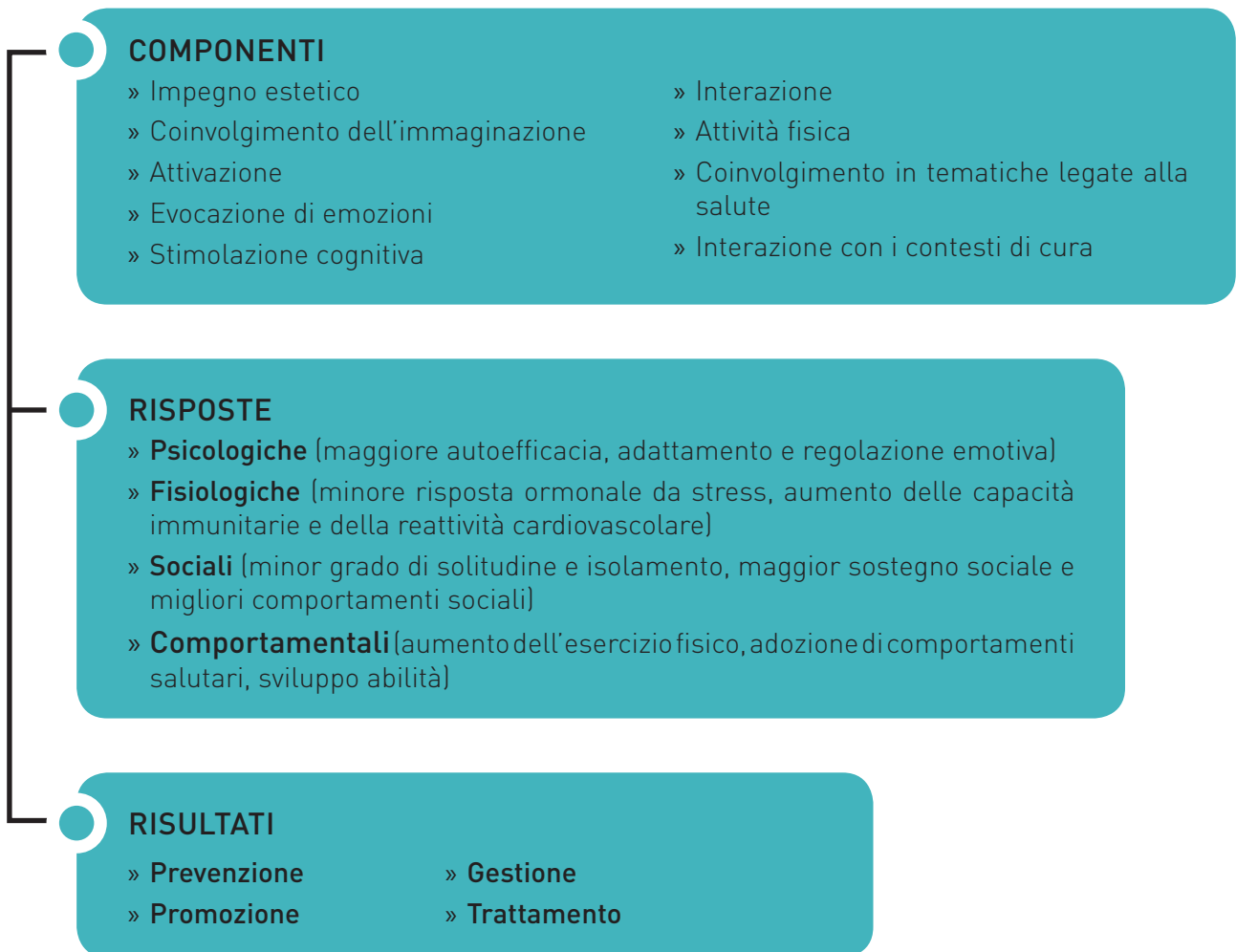


Fig. 1. Un modello logico che unisce arti e salute

Ciascuna delle componenti delle attività artistiche può innescare risposte psicologiche, fisiologiche, sociali e comportamentali che sono a loro volta causalmente legate ai risultati in termini di salute.

Ad esempio, le componenti estetiche ed emotive delle attività artistiche possono fornire opportunità di espressione emotiva, di regolazione delle emozioni e di riduzione dello stress **(23)**. La regolazione delle emozioni è intrinseca al modo in cui gestiamo la nostra salute mentale **(24,25)**, mentre lo stress è un noto fattore di rischio per l'insorgenza e/o la progressione di una serie di patologie, tra cui le malattie cardiovascolari (MCV) **(26)** e i tumori **(27)**.

Nel momento in cui ci si dedica alle arti, la stimolazione cognitiva può fornire opportunità di apprendimento e di sviluppo delle competenze. Essa è inoltre associata a un minor rischio di sviluppare demenze e malattie mentali come la depressione **(28)**. L'interazione sociale durante la partecipazione alle attività artistiche può alleviare la solitudine e la mancanza di sostegno sociale, entrambe associate a risposte fisiologiche negative, declino cognitivo, declino funzionale e motorio, malattie mentali e mortalità precoce **(29,30)**.

L'interazione sociale tra diversi gruppi di persone può migliorare il capitale sociale e ridurre la discriminazione, essendo quest'ultima legata alle malattie mentali e ad una serie di altre patologie, tra cui le malattie cardiovascolari, le patologie respiratorie e sintomi di malattia come dolore e mal di testa **(31)**. L'attività fisica svolta attraverso la partecipazione alle arti può ridurre i comportamenti sedentari, che sono associati a patologie come il dolore cronico, la depressione e la demenza **(32)**. Anche la partecipazione a discussioni sul tema della salute, o in contesti sanitari e di cura, attraverso attività artistiche può favorire comportamenti salutari come una dieta sana, la rinuncia al fumo e all'alcol eccessivi, che sono collegati a una minore mortalità per malattie cardiovascolari e cancro **(33)**.

Inoltre, tali discussioni possono aumentare la fruizione dei servizi sanitari, ad esempio attra-

verso visite mediche di controllo e screening, entrambi associati a un maggiore controllo delle condizioni di salute preesistenti e a un minore rischio di mortalità **(34)**.

Nel complesso, ciascuna delle categorie artistiche delineate nella sezione 1.1.1 prevede diverse combinazioni di queste componenti salutari, sia che le attività siano intraprese nella vita di tutti i giorni (non per ragioni di salute, ma con un beneficio secondario per la salute), sia che esse abbiano luogo all'interno di programmi artistici su misura, progettati con obiettivi mirati di salute o benessere, o di programmi artistici terapeutici forniti da terapeuti specializzati nelle arti **(22)**.

Per alcune popolazioni, o quando l'obiettivo è influenzare determinate patologie, certi tipi di attività artistiche (siano esse quotidiane, su misura o terapeutiche) e di forme d'arte possono essere più adatti di altri, nel momento in cui possono combinare specifiche componenti di rilievo (ad esempio, la danza è particolarmente rilevante per la riabilitazione, in quanto attività fisica).

Per quanto riguarda altre popolazioni o condizioni di salute, il fattore decisivo per stabilire quale tipo di programma o forma d'arte sia più appropriato può essere determinato in gran parte dal gusto personale e dall'influenza culturale. Di fatto, questo è stato indicato come un punto di forza dei progetti artistici in materia di salute: anche se altri tipi di attività possono comunque contenere diverse componenti salutari (ad esempio, attività motorie), le arti sanno combinare molti di questi fattori con una bellezza estetica interiore e una creatività espressiva, andando a creare una motivazione intrinseca che va oltre la semplice attenzione per la salute **(22)**.

Un ulteriore punto di forza è la natura multimodale degli interventi artistici, che consente di associare il coinvolgimento a una serie di effetti diversi sulla salute.

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- Disponibile in lingua inglese e la traduzione italiana su [www.dors.it](https://www.dors.it) (<https://www.dors.it/page.php?idarticolo=338>)  
- Disponibile in lingua inglese e la traduzione italiana su [www.dors.it](https://www.dors.it) (<https://www.dors.it/page.php?idarticolo=470>)

Di conseguenza, il presente lavoro indaga gli effetti ad ampio raggio di molteplici tipi di attività artistiche diverse, distinguendo tra i seguenti tipi di effetti generali:

- laddove la ricerca suggerisce che diversi tipi di attività artistiche potrebbero ottenere risultati simili, le attività saranno definite come coinvolgimento artistico o coinvolgimento nelle arti;
- laddove l'evidenza suggerisce che è la partecipazione, nello specifico, ad essere importante (distinguendola dalle visite ai luoghi culturali e dal prendere parte a eventi), le attività saranno definite come partecipazione alle arti o arte partecipata;
- laddove l'evidenza suggerisce che un particolare tipo di attività può risultare particolarmente efficace (ad esempio l'ascolto di musica o la danza), quest'ultimo sarà specificato.

#### 1.1.4 Obiettivi del presente report

Fin dai primi anni 2000, in tutta la regione europea dell'OMS, si sono registrati numerosi sviluppi politici in materia di arte e salute. Ad esempio, in Inghilterra (Regno Unito), dal 2007 sono state realizzate pubblicazioni congiunte dall'Arts Council England e dal Servizio Sanitario Nazionale **(35,36)**; il Ministero della Cultura, dei Media e dello Sport ha incluso la salute nel nuovo Culture White Paper **(37)**; inoltre, il report Creative Health sostenuto da tutti i partiti del Gruppo Parlamentare ha formulato una serie di raccomandazioni politiche al Governo del Regno Unito e ad altri organismi **(38)**.

In Finlandia, a partire dal 2007, il governo ha adottato un programma politico per la promozione della salute mirato alla valorizzazione del contributo dell'arte e della cultura alla salute e al benessere **(39)**. In Irlanda, l'Arts Council Ireland e il Servizio Sanitario Nazionale collaborano dalla fine degli anni '90, producendo documenti politici e strategici sulle potenzialità della collaborazione tra il settore artistico e quello sanitario **(40)**. In Norvegia, il governo ha emanato una legge sulla salute pubblica e una sulla cultura ed entrambe sottolineano l'importanza delle arti nella promozione e nella cura della salute **(41)**. In Svezia, il

Parlamento ha istituito una Società per la Cultura e la Salute e una Commissione di Politica Culturale **(42)**. Ulteriori sviluppi politici sono presentati in altre pubblicazioni **(22,43)**.

Tuttavia, gli sviluppi in questo campo hanno avuto un carattere prevalentemente nazionale, con l'obiettivo di influenzare la politica e le pratiche nei singoli Paesi, con pochi esempi di influenza transnazionale **(44)**. Ciò ha comportato una scarsa coerenza nello sviluppo delle politiche o anche nella condivisione delle buone pratiche, mentre molti sforzi dei singoli Paesi sono rimasti limitati al breve termine piuttosto che protrarsi a lungo. Pertanto, il presente rapporto cerca di tracciare una mappa della crescente base di evidenze sulle arti e la salute che si è venuta a creare dall'inizio del 2000, e propone una serie di considerazioni politiche per promuovere la coesione e la longevità dello sviluppo delle politiche in questo campo.

Per l'OMS, il crescente interesse dei settori artistici per la salute giunge al momento opportuno e si accompagna a una serie di importanti sviluppi nell'ambito della politica globale in materia di salute. Partendo dall'approccio "Salute in Tutte le Politiche", sviluppato all'inizio degli anni 2000, Salute 2020 (il quadro di riferimento della politica europea per la salute) sottolinea l'importanza della collaborazione multisettoriale per catalizzare l'azione **(45)**. Questo cambiamento strategico è stato ulteriormente enfatizzato dal Tredicesimo Programma di Lavoro Generale dell'OMS 2019-2023 **(46)**, recentemente pubblicato dall'OMS, che promuove inoltre una maggiore attenzione sia al benessere che alla crescita del capitale umano durante il corso della vita. Inoltre, l'Agenda 2030 per lo Sviluppo Sostenibile **(47)** prevede il sostegno alla salute e al benessere, l'erogazione di un'istruzione di qualità, la costruzione di città e comunità sostenibili, l'incoraggiamento di un lavoro dignitoso e della crescita economica e il lavoro in partenariato.

Tutti questi obiettivi, priorità e approcci sono parte integrante del coinvolgimento nelle arti: essi aumentano il capitale culturale all'interno delle società e possono contribuire a promuovere la resilienza, l'equità, la salute e il benessere nell'arco della vita. Inoltre, operando simultaneamente a livello individuale e sociale, oltre che fisico e mentale, gli interventi mirati alla salute basati



sull'arte si collocano in una posizione privilegiata per affrontare appieno la complessità delle sfide che la salute e il benessere pongono in maniera sempre più evidente.

## 1.2 Metodologia

Questa scoping review si è trovata di fronte a una domanda di sintesi piuttosto ampia, ma con la priorità di acquisire un quadro articolato delle evidenze disponibili. Di conseguenza, essa si è concentrata in modo specifico sui risultati delle meta-analisi, delle meta-sintesi e delle meta-etnografie. Essa tuttavia non ha escluso anche riferimenti a risultati di singoli studi e ad alcuni testi di letteratura grigia. In particolare, il presente lavoro non mira a fare distinzioni tra diverse metodologie o metodi di ricerca, ma integra invece una serie di evidenze differenti tra loro al fine di valorizzare al meglio l'approfondimento e l'estensione della ricerca in questo campo.

L'Allegato 1 illustra nel dettaglio la metodologia, compresa la strategia di ricerca e le parole chiave utilizzate per quanto riguarda le arti e la salute.

## 2. I RISULTATI

*I paragrafi 2.1 Prevenzione e promozione e 2.2 Gestione e trattamento sono in corso di traduzione.*

Il report include oltre 900 pubblicazioni, tra le quali si annoverano oltre 200 review, review sistematiche, meta-analisi e meta-sintesi basate su più di 3000 studi e oltre 700 singoli studi.

La classificazione del contenuto dei risultati ha individuato due tematiche generali: prevenzione e promozione e gestione e trattamento (fig. 2). Per quanto concerne la prevenzione e la promozione (sezione 2.1), sono state identificati diversi ambiti in relazione a come le arti possono:

1. influenzare i determinanti sociali della salute (ad esempio, sviluppo della coesione sociale e riduzione delle disuguaglianze e ingiustizie),
2. sostenere lo sviluppo del bambino (ad es. migliorare il legame madre-bambino, sostenere l'acquisizione della parola e del linguaggio e di un livello di istruzione),
3. incoraggiare comportamenti che promuovono la salute (ad es. promuovendo stili di vita salutari, incoraggiando il coinvolgimento nelle cure grazie alla loro funzione comunicativa, contrastando pregiudizi legati alla salute e coinvolgendo gruppi svantaggiati o difficili da raggiungere),
4. aiutare a prevenire le malattie (per esempio incrementando il benessere fisico e mentale, riducendo le conseguenze di traumi e il rischio di decadimento cognitivo, indebolimento e morte premature),
5. supportare l'assistenza e la cura (compreso l'aumento della nostra comprensione della salute e il miglioramento delle capacità cliniche e del benessere individuale curanti professionali e non).

Per quanto concerne la gestione e il trattamento (sezione 2.2), sono stati individuati diversi ambiti in relazione a come le arti possono:

1. aiutare le persone con storie di malattie mentali (ad es. disturbi mentali perinatali, malattie mentali da lievi e moderate a gravi, traumi e abusi),
2. sostenere le cure per le persone in condizioni acute (ad es. migliorando le cure per neonati prematuri, pazienti ospedalizzati, persone sottoposte a interventi chirurgici e procedure invasive e soggetti in terapia intensiva),
3. sostenere le persone con disturbi neuroevolutivi e neurologici (inclusi i disturbi dello spettro autistico (DSA), paralisi cerebrale, ictus, altre cerebrolesioni acquisite, disturbi neurologici degenerativi e demenze),
4. contribuire al trattamento di malattie croniche degenerative (inclusi cancro, malattie respiratorie, diabete e malattie cardiovascolari (MCV),
5. contribuire all'assistenza nel fine vita (incluse cure palliative ed elaborazione del lutto).



Fig. 2. Contenuto tematico relativi a prevenzione e promozione e gestione e trattamento

## 3. DISCUSSIONE

### 3.1 Punti di forza e limiti della review

La review possiede numerosi punti di forza. In primo luogo, ha passato in rassegna la letteratura mondiale sul tema del rapporto tra arte e salute, prendendo in considerazione in particolar modo meta-analisi, meta-sintesi e review sistematiche, oltre a fare riferimento ai risultati di un certo numero di singoli studi.

Al fine di accedere alla letteratura pertinente a disposizione, la ricerca è stata condotta in inglese e russo, due lingue chiave nella Regione Europea dell'OMS. Un secondo punto di forza è rappresentato dall'analisi del ruolo dell'arte non solo in rapporto a specifiche condizioni di salute, ma anche in relazione alla prevenzione, promozione e più ampi determinanti della salute. In ultimo, i risultati sono stati esaminati impiegando una serie di approcci metodologici, applicando la triangolazione all'analisi di risultati comuni.

Ciononostante, la review presenta anche alcuni limiti: innanzitutto non si è basata su una ricerca sistematica della letteratura, in quanto ciò avrebbe prodotto una quantità di risultati eccessiva ai fini di una sintesi efficace.

Tuttavia, ha dato priorità ai risultati di oltre 200 precedenti review sistematiche, meta-analisi quantitative e meta-sintesi qualitative, che a loro volta si erano basate su ricerche sistematiche; inoltre, ha comportato una serie di approfondite ricerche di molteplici database per identificare ulteriori studi – più di 3000 in tutto – da includere. Di conseguenza, questo report è l'indagine più completa della letteratura in materia di arte e salute fino ad oggi. Inoltre, l'uso di una scoping review piuttosto che di una review sistematica ha fatto sì che il report potesse fare riferimento a studi di diversa impostazione metodologica e teorica senza vincoli basati sul disegno dello studio o sulla misura dei risultati, il che è importante per un'area di ricerca così interdisciplinare. Va notato, tuttavia, che non sono stati identificati gli studi pubblicati in lingue diverse dall'inglese e dal russo.

Un secondo limite è rappresentato dal tradizionale formato breve e accessibile dei report del WHO EURO Health Evidence Network, che non ha reso

possibile una discussione dettagliata dei punti di forza e dei limiti dei diversi approcci metodologici o singoli studi. Le discussioni presenti all'interno di studi specifici o le review qui citate forniscono un'ulteriore riflessione su questo punto.

In terzo luogo, occorre ricordare che vi sono complesse questioni logistiche ed etiche nello sviluppo e nella realizzazione di programmi artistici legati alla salute le quali, tuttavia, vanno oltre le finalità della presente review e meriterebbero di essere approfondite in futuro in un'apposita review.

Infine, sebbene la review abbia evidenziato i vantaggi del rapporto tra arte e salute e le aree specifiche in cui sembra offrire benefici tangibili, esistono condizioni di salute e aspetti terapeutici in cui l'arte non ricopre un ruolo clinico significativo.

Nonostante esuli dallo scopo della presente review, è stato dimostrato che le arti possono avere ripercussioni negative sulla salute: per esempio, sono stati perpetuati pregiudizi sull'epilessia da alcune canzoni popolari (955), l'ascolto quotidiano di musica ad alto volume è legato alla perdita dell'udito (956) e la rappresentazione mediatica della medicina può contribuire alla diffusione di paure relative alla salute e alla formazione di aspettative irrealistiche nei pazienti (957,958). Pertanto, non si deve presumere che l'arte sia una panacea: a tal fine, uno studio attento della letteratura in materia e una progettazione accurata dei programmi pertinenti ricoprono un ruolo importante.

### 3.2 Sintesi dei risultati

Il report raccoglie le evidenze sul contributo delle arti per la promozione di una buona salute, il miglioramento o la prevenzione di una serie di condizioni di salute fisica e mentale, così come per il trattamento o la gestione di condizioni acute e croniche che si manifestano nel corso della vita. Gli studi hanno esaminato una serie di diverse attività artistiche e programmi offerti in vari contesti, dagli ospedali ai servizi delle cure primarie, dalla comunità alla casa.

Da tale ricerca si possono estrarre diverse conclusioni, la prima è che ormai esiste un corpus di

evidenze significativo dei benefici delle arti sulla salute. I disegni di ricerca hanno spaziato da studi pilota non controllati a studi controllati randomizzati, da indagini trasversali di piccola scala ad analisi di studi longitudinali di coorte su base nazionale e da studi di singoli casi a etnografie a livello di comunità.

Tra i metodi di ricerca adottati si annoverano scale psicologiche, marcatori biologici, tecniche di neuroimaging, osservazioni comportamentali, interviste e analisi di cartelle cliniche. Gli studi di ricerca hanno inoltre tratto spunti teorici da varie discipline, tra cui psicologia, psichiatria, epidemiologia, filosofia, ecologia, storia, economia della salute, neuroscienze, medicina, geografia della salute, sanità pubblica, antropologia e sociologia. Ovviamente la qualità delle prove a disposizione è soggetta a variabilità e permangono delle aree in cui occorrerebbe confermare o studiare meglio i risultati. Nonostante ciò, questa review ha triangolato i risultati provenienti da diversi studi, ognuno dei quali caratterizzato da differenti punti di forza, il che ha contribuito a individuare le debolezze e i bias intrinseci dei singoli studi. Nell'insieme, i risultati esaminati in questa review conferiscono credibilità all'affermazione secondo cui è sempre più robusta la base delle evidenze dell'impatto delle arti sulla salute fisica e mentale.

Un seconda conclusione della presente ricerca è stata l'attenzione a quelle condizioni per cui non vi sono ancora soluzioni definitive. Le arti offrono la possibilità di affrontare problemi difficili o complessi per i quali non vi sono ancora soluzioni adeguate. Inoltre, la review ha evidenziato come le arti forniscano un approccio olistico a quelle condizioni che spesso sono trattate principalmente come fisiche. Tale approccio si inserisce nella tendenza attuale sui temi di salute che conferisce pari importanza alla salute mentale e colloca i problemi di salute all'interno del proprio contesto sociale e comunitario **(9,959,960)**.

Una terza conclusione è rappresentata dall'efficacia degli interventi artistici anche in termini di benefici economici, come dimostrato dalle evidenze esaminate, in quanto alcuni interventi artistici hanno dimostrato di avere un rapporto costo-efficacia equivalente se non superiore rispetto ai possibili interventi sanitari. Il quadro teorico adottato da tale report si è concentrato

sugli aspetti multimodali delle attività artistiche, in quanto spesso offrono una spiegazione dei loro benefici. Gli interventi artistici possono offrire molteplici fattori di promozione della salute all'interno di una stessa attività, incoraggiando per esempio l'attività fisica includendo allo stesso tempo componenti legate alla salute mentale; di conseguenza, possono essere più efficaci per alcune condizioni di salute rispetto alla duplice prescrizione di un intervento di attività fisica e uno di salute mentale eseguiti separatamente. Inoltre, la componente estetica delle arti e la capacità da parte degli artisti di adattarle alle esigenze di individui di diversa estrazione culturale offre una strada per coinvolgere le persone e i gruppi svantaggiati o difficili da raggiungere, che hanno maggiori rischi di avere una cattiva salute e generare contemporaneamente maggiori costi di sanitari **(961)**. Sono necessari tuttavia più attenti studi valutativi di tipo economico degli interventi artistici nell'ambito della salute per quantificarne i benefici e per sostenere le sperimentazioni/ con finanziamenti ed incarichi ad hoc.

### 3.2.1 Carenze e sfide

A partire dalle evidenze appena descritte, la review ha anche evidenziato alcune carenze e sfide. In primo luogo vi è un numero sostanzialmente maggiore di evidenze a favore di alcuni tipi di attività artistiche per specifiche condizioni di salute: per esempio, ci sono più studi sulla musica, la danza e le arti visive che su altre attività come la partecipazione a festival, carnevali o arti online e digitali.

Ciò non implica necessariamente che tali attività abbiano un impatto maggiore. Analogamente, questo report si è concentrato su aree in cui vi è evidenza di ricerca, ma ciò non significa che l'arte possa essere considerata un palliativo universale: vi sono altre importanti aree della salute su cui non vi sono o non sono ancora stati pubblicati degli studi.

Tra queste, sebbene si sia cercato di migliorare la comunicazione per la salute relativa alle malattie infettive, non esiste praticamente un lavoro di ricerca sull'efficacia delle arti nell'aiutare persone affette da malattie infettive. Allo stesso modo, vi sono pochissimi lavori di ricerca sul rapporto tra arte e malattie autoimmuni. Nonostante esistano alcuni studi su condizioni neurologiche quali l'ictus, le evidenze sui benefici dell'arte per malat-

tie come epilessia e disturbi neurologici degenerativi sono ancora scarse. Inoltre, gran parte della ricerca sulla prevenzione si è concentrata sulla prevenzione primaria o secondaria, mentre si è occupata in maniera molto limitata della prevenzione terziaria, per esempio indagando se l'arte può contribuire a ridurre il rischio di comorbidità in individui affetti da malattie mentali o fisiche. In altre aree della ricerca di base le evidenze sono scarse perché si è appena cominciato a esplorare questi ambiti, come l'arte e l'epigenetica.

Occorre un lavoro di ricerca più approfondito, specialmente per quelle condizioni per cui le prove attualmente a disposizione sono limitate. Mentre questo report ha evidenziato alcune aree in cui ci sono risultati discordanti o nulli, vi è in letteratura un bias di pubblicazione dato dalla propensione a privilegiare i risultati positivi. Pertanto, i futuri lavori di ricerca dovranno includere anche i risultati nulli per consentire una valutazione equilibrata delle aree in cui le arti possono offrire o meno un contributo alla salute.

In secondo luogo, vi sono difficoltà nel determinare la dimensione dell'effetto, benché in un crescente numero di studi siano state incluse condizioni di controllo che hanno permesso di effettuare dei confronti a riguardo. In molti casi, esistono un numero sempre maggiore di evidenze sul significativo impatto clinico degli interventi artistici: alcuni studi hanno dimostrato che gli interventi artistici hanno effetti comparabili o maggiori dei farmaci, di interventi sociali non artistici o di altri interventi come l'esercizio fisico.

Di conseguenza, il passo successivo fondamentale sarà partire da questa promettente base di evidenze per intraprendere in futuro studi che si incentrino, in particolare, sul confronto della dimensione dell'effetto con interventi o trattamenti standard di riferimento e sul confronto della validità dei risultati quando gli interventi artistici sono effettuati da soli e quando sono realizzati insieme ad altri interventi medici. Ciò consentirà di formulare affermazioni più solide sui benefici relativi degli interventi artistici rispetto a quelli non artistici. Inoltre, fornirà dati essenziali sulle modalità ottimali di attuazione all'interno di percorsi di prevenzione o trattamento per specifiche condizioni di salute.

In terzo luogo, sussistono poche evidenze sulla scalabilità degli interventi attraverso l'introduzio-

ne diffusa di programmi specifici o l'adattamento a livello locale degli interventi. Di conseguenza, gran parte delle evidenze proviene da interventi ripetuti su piccola scala, condotti come validazione o replicazione. Non è ancora chiaro se per alcune attività i benefici riscontrati siano stati specifici per il contesto locale, regionale o nazionale in cui sono state sviluppate.

Perciò, occorre (i) intraprendere più valutazioni di processo e studi di implementazione degli interventi di successo per facilitare l'adozione di programmi per i quali esista una solida base di evidenze derivate da interventi su piccola scala; (ii) condividere protocolli approfonditi di interventi artistici di successo per sostenerne l'estensione ad altri luoghi, per esempio fornendo manuali di intervento secondo le linee guida consigliate, come lo Schema per la Descrizione e Replica degli Interventi **(962)**; (iii) indirizzare le risorse al finanziamento di studi di interventi su larga scala in cui vi siano promettenti evidenze di efficacia. Le prove qui presentate suggeriscono che le arti avrebbero un grande potenziale di sostenere la salute, ma rimane una risorsa ancora sottoutilizzata che dovrebbe essere sfruttata in modo efficace perché tale potenziale si realizzi. Ulteriori studi di implementazione potrebbero aiutare ad avvicinarsi a tale obiettivo.

Infine, non vi sono molte evidenze a sostegno dell'impatto dell'attuazione delle politiche, di come ad esempio l'incremento o la contrazione dei fondi o della erogazione delle arti dei diversi Paesi siano collegati agli aumenti o diminuzioni dell'incidenza o prevalenza di alcune condizioni di salute. Pertanto, occorre assicurarsi che negli studi di coorte vengano incluse domande sul coinvolgimento artistico e culturale per facilitare più ricerche longitudinali sulla partecipazione artistica, compresi gli esperimenti naturali degli interventi politici.

Laddove vengono sperimentati interventi specifici (ad esempio una città che diventa Città Europea della Cultura) e non sono disponibili dati di coorte adatti per il monitoraggio, si dovrebbe prendere in considerazione lo sviluppo di valutazioni solide basate sulla raccolta di nuovi dati su larga scala.

### 3.3 Considerazioni di interesse politico

Dalle evidenze raccolte in questo report, si possono trarre diverse considerazioni che riguardano i settori della cultura, del sociale e della sanità. È quindi possibile:

#### **Riconoscere la base sempre più consistente delle evidenze sul ruolo delle arti nel miglioramento della salute e del benessere:**

- incoraggiando l'implementazione di quegli interventi artistici per i quali esiste una solida base di evidenze, quali l'uso di musica registrata per pazienti prima di un intervento chirurgico, l'arte per pazienti affetti da demenza e programmi artistici di comunità per la salute mentale,
- condividendo conoscenze e pratiche di interventi artistici che i Paesi hanno trovato efficaci nel proprio contesto per promuovere la salute, migliorare o incidere sulle disuguaglianze e ingiustizie che hanno un impatto sulla salute,
- sostenendo la ricerca nel campo delle arti e della salute, con attenzione particolare ad aree rilevanti sul piano politico, come gli studi che esaminano gli interventi su una scala di popolazione più ampia, o gli studi che analizzano la fattibilità, accettabilità e appropriatezza di interventi artistici con nuove arti.

#### **Riconoscere il valore aggiunto del coinvolgimento nelle arti per la salute:**

- garantendo la disponibilità e accessibilità nel corso della vita di un'offerta artistica culturalmente varia a gruppi diversi, specialmente a quelli appartenenti a minoranze svantaggiate,
- incoraggiando organizzazioni artistiche e culturali a rendere la salute e il benessere parte integrante e strategica del proprio lavoro,
- promuovendo la consapevolezza nell'opinione pubblica dei potenziali benefici per la salute che derivano dal coinvolgimento delle arti,
- ideando interventi che incoraggino la partecipazione ad attività artistiche per promuovere stili di vita salutari.

#### **Tenere in considerazione la natura intersettoriale degli ambiti dell'arte e della salute:**

- rafforzando strutture e meccanismi per la collaborazione tra i settori della cultura, del sociale e della sanità, per esempio introducendo il co-finanziamento di programmi da parte di budget differenti
- considerando l'introduzione o il potenziamento di modalità di prescrizione ai pazienti di attività artistiche dai settori della sanità e dell'assistenza sociale, per esempio attraverso l'uso di prescrizioni per attività sociali
- favorendo l'inclusione delle arti e degli approcci formativi umanistici nell'ambito della formazione degli operatori sanitari e della cura per migliorare le loro abilità cliniche, personali e comunicative.

## 4. CONCLUSIONI

Il presente report ha ricavato da un'ampia gamma di approcci disciplinari e metodologici le evidenze del potenziale contributo delle arti nell'influenzare i determinanti della salute, nell'aver un ruolo rilevante nella promozione della salute, nel prevenire l'insorgenza di malattie mentali e il decadimento fisico legato all'invecchiamento; nel sostenere il trattamento o la gestione di malattie mentali, malattie croniche degenerative e disturbi neurologici e infine nel supportare l'assistenza di pazienti affetti da malattie acute o terminali. Sebbene alcuni Paesi abbiano compiuto dei progressi nell'attuare politiche che promuovono l'uso delle arti nell'ambito della salute e del benessere, molti ancora non hanno esplorato le opportunità offerte della relazione tra arte e salute, mentre altri ancora hanno attuato delle politiche solo per periodi limitati di tempo.

Pertanto, alla luce della dimensione della base di evidenze raccolte, il report porta diverse considerazioni politiche all'attenzione dei membri della Regione Europea dell'OMS per favorire lo sviluppo di politiche e strategie a lungo termine che facilitino una collaborazione più organica tra il settore delle arti e quello della salute, in grado di realizzare il potenziale contributo dell'arte al miglioramento della salute globale.

Poiché molte di queste priorità sono in linea con priorità e dichiarazioni già esistenti, lo sviluppo di nuovi programmi che implementino queste politiche dovrebbe essere a mutuo vantaggio delle arti e del settore della sanità e del sociale a livello internazionale.



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***Quali sono le evidenze sul ruolo delle arti nel miglioramento della salute e del benessere? Una scoping review.***

Traduzione a cura di Alessandra Rossi Ghiglione, Catterina Seia, Claudio Tortone

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