Conclusions and Recommendations
of the Congress of Arts for Health within the Healing Arts Ukraine initiative

The Congress of Arts for Health took place in Lviv on June 27–30, 2026. It brought together representatives of state and local authorities, healthcare, cultural, educational and research institutions, civil society and veterans' organisations, as well as artists, mental health professionals and international partners, including the World Health Organization (WHO), the Jameel Arts & Health Lab and King's College London.

The Ukrainian organisers were the NGO Art Dot (Art Therapy Force), the Lviv City Council, the Unbroken Rehabilitation Center, the Institute for Cultural Strategy and the Lviv Municipal Enterprise Lviv Radio.

In response to the urgent challenges facing the mental health, social cohesion and resilience of Ukraine's population as a result of the full-scale war, and drawing on the growing body of international evidence on the impact of arts and culture on health and well-being, Art Dot has prepared these conclusions and recommendations. They build on the results of a cross-sectoral expert focus group held as part of the Congress and reflect a joint position of its participants, addressed to state and local authorities.

Systemic challenges requiring urgent cross-sectoral action

Healthcare system

- the growing burden on the healthcare system caused by the war and demographic changes, including an increasing prevalence of chronic diseases and mental health conditions, as well as growing demand for medical, rehabilitation, psychological and psychosocial support resulting from prolonged exposure to war;
- unequal access to mental health and psychosocial support services across different population groups and regions;
- limited use of evidence-based non-pharmacological and psychosocial interventions and their insufficient integration into comprehensive healthcare, rehabilitation and prevention;
- insufficient attention to the emotional well-being, prevention of burnout, and resilience of healthcare professionals working under prolonged stress;
- fragmentation of care and insufficient continuity of support across different stages of a person's interaction with the healthcare system;
- insufficient focus on prevention, maintaining health and quality of life, and strengthening people's capacity to manage their own health;

- insufficient development of professional training systems and standards, as well as a lack of appropriate mechanisms to evaluate the effectiveness of non-pharmacological practices within the healthcare system.

Social sphere

- social isolation, loneliness and loss of social connections;
- the accumulated consequences of the war for the families of those killed or missing, released prisoners of war, children and older people;
- limited physical accessibility of services and spaces for people with reduced mobility and persons with disabilities;
- insufficient use of public and cultural spaces as accessible environments for social interaction, prevention of social isolation, support for mental health, and strengthening community resilience.

Cultural sphere

- insufficient use of the potential of culture, including its potential to support health and well-being;
- a lack of systemic integration between the cultural and healthcare sectors, as well as sustainable mechanisms and funding for such cooperation;
- a shortage of qualified professionals, as well as a lack of educational and professional standards in the field of arts and health practices;
- insufficient development of research and mechanisms for evaluating the effectiveness of arts and health practices;
- insufficient support for artists and cultural workers working under conditions of war and high psychological strain.

Education sector

- insufficient integration of arts and cultural practices into the education system as tools for supporting the mental health, social cohesion and resilience of children, young people and educators;
- a lack of specialised educational programmes to prepare students in arts-related fields to work with trauma-sensitive arts practices;
- insufficient preparation of educators for the safe and ethically responsible use of arts and creative practices to support the emotional and psychological well-being of participants in the educational process;
- weak cross-sectoral cooperation between educational, healthcare, cultural and social protection institutions in developing comprehensive mental health support programmes.

Existing international research and solutions (evidence base)

International research, policies, and funding models in the field of Arts & Health include:

- the WHO systematic scoping review “What is the Evidence on the Role of the Arts in Improving Health and Well-being?”, which synthesised more than 900 publications covering around 3,000 studies — WHO publication;
- the global WHO–The Lancet–Jameel Arts & Health Lab series “Health Benefits of the Arts” (2023–2025) — thelancet.com, jameelartshealthlab.org;
- the European Union Open Method of Coordination report “Culture and Health: Time to Act” (2025) — op.europa.eu;
- the Arts on Prescription model in the Baltic Sea Region, developed through the Interreg Baltic Sea Region programme, as an example of moving “from pilot to policy” — interreg-baltic.eu;
- the institutional experience and standards of Social Prescribing developed by the National Academy for Social Prescribing in the United Kingdom — socialprescribingacademy.org.uk; as well as a scoping review mapping the outcomes of social prescribing across 13 countries — artsandhealth.ie;
- the WHO Europe work on Behavioural and Cultural Insights and the WHO Collaborating Centre on Arts and Health at UCL — who.int/europe;
- the WHO regional framework “Health Resilience in the Eastern Partnership” and its BACH (Building Capacity in Arts and Health) component for Ukraine, Moldova, Armenia, Azerbaijan, and Georgia.

Ukraine's experience

- Culture and Health Asset Mapping: Ukraine (WHO, 2025), covering more than 100 organisations and independent practitioners;
- the outcomes and experience of Healing Arts Lviv 2025 and the Healing Arts Ukraine initiative;
- experience in using multimodal arts therapy as part of rehabilitation at the Unbroken and Lisova Poliana centres;
- the experience of the Cultural Forces of Ukraine;
- experience in hospital clowning, as well as music therapy, drama therapy and art therapy in healthcare and cultural institutions.

Results of the cross-sectoral expert focus group

As part of the Congress, three working sessions of the cross-sectoral expert focus

group were held, bringing together representatives of healthcare, culture, education, science, the social sector, civil society, patient and veterans' organisations, and international partners. The key findings and recommendations from these sessions form the basis of this document.

- **Stakeholder mapping.** Participants identified seven key stakeholder groups in Ukraine's Arts & Health sector: beneficiaries; state authorities; healthcare, cultural, and educational and research institutions; international organisations; and NGOs. They mapped their roles, potential and connections. The joint conclusion was that the sector remains fragmented and requires institutionalisation, state recognition, and the establishment of professional standards for the art therapist profession. The weakest links were identified as the interaction between people receiving care and medical institutions, as well as the lack of a clear development strategy for the sector. Proposed solutions include establishing a single coordinating body — an Arts & Health Office — and a cross-sectoral working group to provide expert input on key decisions and ensure that they reflect the needs and interests of different stakeholders across the field.
- **Relevant international experience.** Participants identified several priorities for adaptation to the Ukrainian context: establishing the art therapist profession and developing standards for service provision and education, drawing on the experience of EU countries and the United Kingdom; identifying sustainable sources of funding, including the National Health Service of Ukraine (NHSU), the Ukrainian Cultural Foundation, other funding programmes and local budgets; conducting national research to adapt internationally recognised Arts & Health methodologies to the Ukrainian context; introducing service delivery mechanisms based on Social Prescribing models, including link workers, ArtRx and peer support; and integrating trauma-informed practices.
- **The "Art on Prescription" program: indicators and criteria.** Participants prioritised the criteria for adapting the "Art on Prescription" programme to the Ukrainian context as follows:

1. **Interagency funding** — the sustainability of the model depends on a broad, transparent and coordinated approach to funding;
2. **Trauma-attuned approach** — the programme should address war-related psychological trauma, PTSD, and the consequences of severe injuries, including amputations and burns, as well as torture and other threats to mental and physical health, while minimising the risk of retraumatisation;
3. **Compatibility with the eHealth system** — the technical feasibility of integrating an "art prescription" into systems such as Helsi, allowing family doctors to

prescribe it as easily as conventional medication;

4. **Process focus rather than the outcome** — when used as part of recovery and supported by evidence of its health benefits, art should be experienced by patients as a safe activity, a therapeutic process and an opportunity for social connection, rather than as formal training in drawing, music or other artistic disciplines. This helps avoid the additional stress associated with assessment, performance expectations and the pressure to "get better";
5. **Accessibility and removal of barriers** — integrating sessions directly into hospitals, rehabilitation centres, inclusive galleries, theatres and other public spaces, while ensuring both physical and psychological accessibility for people with reduced mobility.

Performance indicators for the "Art on Prescription" programme are structured across three levels, in line with international research on social prescribing, particularly the Social Prescribing Outcomes mapping review:

- clinical indicators — PHQ-9, GAD-7 and PCL-5;
- health system and economic indicators — the burden on primary care and retention rates;
- operational indicators — the number of prescriptions issued and taken up, and the scale of certified infrastructure.

These indicators have been preliminarily defined with the Ukrainian context in mind, taking into account the relevant conditions and measurement constraints identified by participants in the cross-sectoral expert focus group during the Congress.

Core principles for building the Arts & Health sector in Ukraine

- **Art as a recognised health resource:** artistic and cultural practices are evidence-based means of supporting physical and mental health, prevention, rehabilitation and social connection.
- **"Art on Prescription" as a complement, not a replacement, for medical care:** the "Art on Prescription" programme does not replace medical treatment but complements it as part of a comprehensive, interdisciplinary approach. This approach is already successfully used in Ukrainian rehabilitation centres, including Unbroken and Lisova Poliana, and is particularly important for effective recovery in cases of severe combat-related trauma, PTSD and other complex conditions.
- **Evidence-based approach:** the Arts & Health approach is grounded in evidence, including clinical and economic evidence, demonstrating the potential for improved recovery outcomes and reduced overall pressure on the healthcare

system when such practices are used systematically. This requires adapting established methodologies to the Ukrainian context and developing context-specific approaches.

- **Trauma-attuned approach:** practices must be trauma-informed, with a focus on addressing war-related psychological trauma and minimising the risk of retraumatisation.
- **Person-centredness and voluntariness:** participation in arts practices should be based on the needs, interests and capacities of the individual, ensuring their voluntary choice and respect for their autonomy, dignity and cultural experience.
- **Accessibility and removal of barriers:** programmes must be physically and psychologically accessible, particularly for people with reduced mobility and persons with disabilities, and available across the country rather than concentrated in a small number of major cities.
- **Focus on the process:** art should be experienced as a safe therapeutic process and a space for social connection, rather than as formal artistic training involving assessment or performance expectations.
- **Interdisciplinarity:** a comprehensive understanding of a service recipient's needs and circumstances requires interdisciplinary professional support in the delivery of Arts & Health practices and the "Art on Prescription" service.
- **Professionalism and standardisation:** the development of the field should include a clear definition of professional competencies, requirements for professional training, standards for service provision, and mechanisms for the validation and certification of professionals' qualifications.
- **Monitoring and evaluation:** the implementation of programmes should be accompanied by systematic collection and analysis of data on clinical, social and economic outcomes, the safety of interventions, and the experiences of service users.
- **Cross-sectoral cooperation and interagency funding:** the sustainability of the model depends on cooperation across sectors and the combination of funding sources, including the National Health Service of Ukraine, the Ukrainian Cultural Foundation and local budgets.

Recommendations for state authorities and local government bodies on implementing the “Art on Prescription” programme

1. **To the Verkhovna Rada of Ukraine (relevant committees on healthcare, culture and spirituality, and social policy)**

- recognise the need to develop **the Arts & Health sector** in Ukraine;
- facilitate the establishment of a legislative framework for cross-sectoral cooperation across healthcare, culture and social policy;
- support the development of **regulatory and legal mechanisms for implementing the “Art on Prescription” programme**;
- facilitate the establishment of the **professional qualification of** “**art therapist**”, along with relevant educational and professional standards;
- ensure that Arts & Health approaches are taken into account in the development of legislation on mental health, rehabilitation, public health, culture and social policy;
- support parliamentary oversight of the implementation of relevant state programmes.

2. To the Cabinet of Ministers of Ukraine

- establish **an interagency working group** to develop a Concept for implementing the “Art on Prescription” model in Ukraine, involving representatives of central executive authorities, healthcare and cultural institutions, the scientific community, local self-government bodies, and patient, veteran and civil society organisations;
- prepare a **Concept for implementing “Art on Prescription” in Ukraine**, including a roadmap, interagency funding mechanisms (NHSU, the Ukrainian Cultural Foundation and local budgets), and performance indicators;
- designate the Ministry of Health of Ukraine as **the coordinating central executive authority** responsible for the development and implementation of the “Art on Prescription” model;
- establish a mechanism for facilitating and providing methodological support to the working group, including through technical assistance from the WHO and international partners;
- consider the feasibility of establishing **a dedicated implementation and coordinating body** — an Arts & Health Office — to oversee the operational implementation of the model in cooperation with the Coordination Centre for Mental Health under the Cabinet of Ministers;

- identify **pilot regions for piloting the "Art on Prescription" model**.

3. To the Ministry of Health of Ukraine and the National Health Service of Ukraine (NHSU)

- analyse which sector-specific standards should incorporate artistic practices;
- integrate **arts-based and arts-therapeutic practices** — including music therapy, dance/movement therapy, art therapy (isotherapy), drama therapy and other trauma-informed artistic practices — into clinical guidelines and relevant sectoral standards;
- consider the feasibility of **piloting referrals to social and cultural activities through the electronic healthcare system** (eHealth) as part of the "Art on Prescription" programme, enabling family doctors to issue such referrals as easily as standard prescriptions;
- expand **educational programmes for medical students and practising healthcare professionals**, including through the NHSU Academy and other relevant platforms;
- introduce thematic training cycles and continuing professional development (CPD) courses for healthcare and mental health professionals;
- promote the integration of arts and cultural practices into comprehensive programmes for preventing burnout and supporting the mental health of healthcare professionals;
- promote the development of **partnerships between healthcare and arts institutions** and the establishment of patient pathways across different levels of care;
- introduce mechanisms for monitoring and evaluating the clinical and economic effectiveness of the practices implemented.

4. To the Ministry of Culture and Strategic Communications of Ukraine and the State Agency of Ukraine for Arts and Arts Education (Derzhmystetstv)

- facilitate the adaptation and engagement of cultural institutions — including museums, theatres, philharmonics and libraries — in developing **barrier-free, trauma-attuned therapeutic programmes** for veterans, internally displaced persons, older people and other vulnerable groups;
- develop training modules on trauma-attuned practice, hospital culture and inclusion for professionals working in the arts and culture sector;
- initiate targeted support programmes for artists and cultural managers working in the Arts & Health sector in cooperation with healthcare institutions;

- establish a network of cultural partners and develop **mechanisms for the participation of cultural institutions in Arts & Health programmes**;
- support museums, theatres and libraries in ensuring the physical and psychological accessibility of their spaces and services;
- develop a communication strategy and create accessible information resources about the network of cultural partners and available services;
- recommend launching **nationwide information campaigns to raise awareness of the evidence on the impact of arts and culture on mental health** and to help reduce the stigma surrounding psychological support.

5. To the Ministry of Education and Science of Ukraine

- develop mechanisms for integrating arts and creative practices into the education system as a resource for supporting the mental health, emotional well-being and resilience of pupils, students and education professionals;
- develop and implement educational programmes to prepare students in arts-related fields to work with trauma-informed arts practices;
- include knowledge of the potential of arts for health in the training and professional development programmes for educators;
- approve procedures for the certification and continuing professional development of art therapists;
- promote research into the effectiveness of arts practices in educational settings and the integration of research findings into education policy and practice.

6. To the Ministry of Social Policy of Ukraine

- integrate educational components on arts-based and arts-therapeutic support into training and continuing professional development programmes for social workers;
- promote the accessibility of artistic practices within local programmes for the social support and reintegration of veterans and other vulnerable groups;

7. To the National Agency of Ukraine for Civil Service (NACS) and regional military administrations (RMAs)

- organise workshops for civil servants and local government representatives on cross-sectoral cooperation in mental health, based on context-, conflict- and trauma-informed approaches to working with residents of communities affected by the war, including the use of artistic practices for recovery;

8. To the National Academy of Medical Sciences of Ukraine (NAMS), the Coordination Center for Mental Health under the Cabinet of Ministers of Ukraine

(the “How Are You?” program), and the National Academy of Arts of Ukraine

- initiate the establishment of a working group comprising leading linguists, healthcare professionals and cultural studies scholars to develop a **Ukrainian glossary** and adapt international terminology related to Arts on Prescription;
- create a **unified digital platform** and verified registry of partners — including healthcare providers and cultural institutions — accessible to both professionals and the public;
- facilitate **national research on the effectiveness of Arts & Health practices**, adapting internationally recognised methodologies to the Ukrainian population and context;
- develop recommendations for standardised approaches to data collection, monitoring, and evaluation of the clinical, social and economic outcomes of arts practices for health.

9. To the Ministry of Foreign Affairs of Ukraine

- facilitate access to international expertise and grant funding and **support Ukraine’s integration into European Arts & Health networks**, in particular through exchange programmes, mentoring and joint EU–Ukraine projects;

10. To local self-government bodies

- launch local “Art on Prescription” programmes and support cross-sectoral partnerships;
- ensure physical accessibility and barrier-free access to cultural and healthcare spaces at the local level.

11. To healthcare institutions

- implement pilot projects, establish patient pathways, and develop partnerships with cultural institutions;

12. To cultural institutions

- adapt programmes to the needs of different target groups, train facilitators, and ensure that services are accessible and trauma-attuned.

Cross-cutting implementation directions

1. Development of cross-sectoral partnerships

Ensure sustained cooperation among the key sectors involved: healthcare, culture, social services, education, local communities, patient and veterans’ organisations, civil

society, science, business and international partners. Formalise these partnerships through memoranda of understanding, joint protocols and the establishment of a cross-sectoral working (coordination) group. Particular attention should be paid to addressing the weakest links identified in the Arts & Health sector: organisational and communication gaps and the lack of effective links between people receiving care and healthcare institutions.

2. International partnerships, resource mobilisation and expert support

Promote international cooperation and mobilise technical, expert and financial support from international organisations, donor programmes and other partners to develop, pilot and scale the “Art on Prescription” model in Ukraine. This may include mentoring, study visits, joint research and educational programmes, including Erasmus+ and umbrella EU–Ukraine projects.

The implementation of the model should contribute to strengthening mental health and social cohesion, supporting the rehabilitation and recovery of the population, and ensuring the systemic integration of culture as a resource within the healthcare system and an important factor in the resilience of Ukrainian society.

3. Scientific and methodological support

- **Clinical criteria and patient pathways:** develop eligibility criteria and referral pathways between levels of care (primary care → link worker/coordinator → artistic practice);
- **Sector-specific and cross-sectoral standards:** develop relevant standards, including for rehabilitation and art therapy, as well as methodological recommendations;
- **Effectiveness evaluation methodology:** define who measures what, how and when, using validated tools to assess anxiety and depression (PHQ-9, GAD-7), PTSD symptoms (PCL-5) and social integration; monitor retention rates (target: ≥80%) and reductions in the burden on primary care;
- **Economic evaluation:** develop clinical and economic models for assessing effectiveness, taking into account potential reductions in pharmacotherapy costs and the number of repeat medical visits, while considering the specific constraints on research in Ukraine, including martial law, the limited availability of adapted assessment tools and low levels of trust in the healthcare system;
- **National research:** initiate a large-scale national research programme covering different art forms, adapting internationally recognised methodologies to the Ukrainian context and publishing the results in international peer-reviewed journals.

4. Education and competency development

Develop competencies and introduce professional standards for healthcare

professionals; psychologists, psychotherapists and art therapists; social workers; artists; museum professionals; cultural managers and curators; and representatives of government authorities.

Ensure mandatory supervision for professionals working in the arts, education and healthcare, alongside study visits, mentoring and peer-to-peer learning formats.

5. Terminology and professional language

- establish a unified terminological and methodological framework and develop a Ukrainian glossary;
- adapt international terminology and harmonise definitions and standards for the use of key terms;
- ensure the translation of key international documents and reports.

6. National platform and the “Art on Prescription” Consortium

Establish a Consortium — the National “Art on Prescription” Platform, with regional coordinators, which would:

- support advocacy efforts;
- participate in pilot projects;
- work with local communities;
- analyse the existing regulatory framework, identify necessary changes and prepare regulatory proposals with the involvement of relevant stakeholders;
- maintain a registry of partners and accessible information resources.

7. Communication, advocacy and awareness-raising

- raise public awareness and engage with key stakeholders;
- use facilitated dialogue as an approach and tool for fostering mutual understanding and building capacity for cooperation in complex cross-sectoral and interdisciplinary contexts;
- conduct information campaigns, promote the evidence base and help reduce stigma;
- strengthen international communication and engage professional communities;
- hold the next National Congress of Arts for Health.

These conclusions and recommendations represent the joint position of the Congress participants and a working basis for the further development of policies and cross-sectoral cooperation in the field of arts and health. Their provisions may be clarified and supplemented based on the results of the work of the cross-sectoral expert group and further consultations with stakeholders.