



Co-Creating Arts  
for Brain Health:  
A Global Perspective

6th September 2022



**A4D Arts for Brain Health webinar co-hosted by Global Brain Health Institute:  
Co-creating arts for brain health – a global perspective, Tuesday 6 September 2022**

To mark World Alzheimer's Month 2022, our September Arts for Brain Health webinar, chaired by Brian Lawlor, Deputy Executive Director of the Global Brain Health Institute (GBHI – University of California, San Francisco | Trinity College Dublin), will showcase the diverse creative activities of Atlantic Fellows for Equity Health at GBHI that have been co-produced with and for people living with dementia that generate powerful messages of hope, engagement, inclusion and connection. There is so much to be learned from the innovation emanating from different countries and geographies, and this webinar will illustrate the richness and diversity of a number of these global creative interdisciplinary activities.

Five 10-minute presentations from GBHI Atlantic Fellows are followed by a panel discussion of experts in arts & brain health, social prescribing and transdisciplinary approaches for people experiencing symptoms of dementia

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## **SPEAKER BIOGRAPHIES**

**VERONICA FRANKLIN GOULD FRSA AMRSPH** founded Arts 4 Dementia in 2011 to develop weekly programmes for early-stage dementia at arts venues, with training, best practice conferences, reports and a website to coordinate arts opportunities for dementia in the community. Her *Reawakening the Mind* (2012-13) programme won the London 2012 Inspire Mark and Positive Breakthrough in Mental Health Dementia Award 2013, with Veronica named The Sunday Times Changemaker finalist. On publication of *Music Reawakening* (2015), she was appointed A4D president. Her regional guide, *Reawakening Integrated: Arts & Heritage* (2017) maps arts opportunities for dementia and aligns arts within NHS England's Well Pathway for Dementia. Her social prescribing programme (2019-21) opening with a conference *Towards Social Prescribing* (Arts & Heritage) for the Dementias (May 2019, Wellcome Collection) was followed by dance and drama social prescribing pilots and cross-sector meetings around the UK, with findings disseminated in a conference and report '*Arts for Brain Health: Social Prescribing as Peri-Diagnostic Practice for Dementia*' (2021).

**PROFESSOR BRIAN LAWLOR** is Professor of Old Age Psychiatry & Deputy Executive Director, Global Brain Health Institute at Trinity College Dublin. He is a geriatric psychiatrist with an interest in dementia, late-life depression, loneliness and brain health. Brian has worked for over 30 years on developing services and delivering care to people with dementia. His research interests range from early detection and prevention to evaluating new treatments for dementia.

**KUNLE ADEWALE** is a renowned Nigerian artist and arts in health practitioner. He is Founder and Executive Director of the Global Arts in Medicine Fellowship. As a humanitarian artist, Kunle's work has benefitted children living with serious illness, persons living with disabilities, prison inmates and refugees. Since 2018, Kunle has been facilitating creative engagement for older people living with Alzheimer's and Dementia in Nigeria, the United States and Ireland. Supporters of his projects include the U.S Mission in Nigeria, U.S Department of State, Alzheimer's Association UK and Alzheimer's Society. His global works have been endorsed by the Smithsonian Institution National Museum of African Arts, and Arts Council of New Orleans.

**DR NICKY TAYLOR** is Theatre and Dementia Research Associate at Leeds Playhouse. As a theatre and dementia specialist, she works in creative co-production with people living with dementia to tell hopeful stories. Nicky pioneered dementia-friendly performances and initiated and directed *Every Third Minute*, a theatre festival curated by people with dementia. The festival's creative co-production process formed the basis of her doctoral research. Nicky is a Research Fellow at Leeds Beckett University's Centre for Dementia Research, where she supports people with dementia to contribute as equals in research. In the CONNECT study she engages people with dementia and hospital staff in co-design to improve acute dementia care in multiple hospitals. She co-leads a Dementia Enquirers study alongside people living with dementia, to explore the new opportunities available after diagnosis. She is a Global Atlantic Fellow at the Global Brain Health Institute.

**IEVA PETKUTÉ** As a project lead, researcher and educator, Ieva is striving to be a part of purpose-driven arts projects that vocalize and educate about inclusion, health and well-being. She is an advocate for a holistic understanding of well-being, where access to arts is both – an important option in our daily life, and a resource to innovate approaches in education, policy making and public services. Currently Ieva is leading an initiative "Towards a Dementia Strategy: Public Awareness and Situation Analysis" (supported by the Active Citizens Fund / the EEA Grants 2014-2021), which aims to advance change across dementia related sectors in Lithuania; she is the co-founder and the lead of the National Association "Dementia Lithuania".

**CARLOS CHECHETTI** (Brazil) is the founder of the social program Reliving Memories in Brazil. He is also a Global Atlantic Fellow at the Global Brain Health Institute and works developing research and projects in neurosciences in the Cognitive and Behavioural Neurology Group at the Hospital das Clinicas, School of Medicine, University of São Paulo.

**MARITZA PINTADO-CAIPA** (Peru), a neurologist who has specialized in dementia and brain health, recognises the value of arts to preserve brain health. Her work is focused on increasing

dementia awareness through education and epidemiology; translating science into specific actions to reduce the burden of dementia worldwide. She is testing short cognitive tests that can be used by primary care physicians to improve dementia diagnosis in diverse and vulnerable populations such as illiterate populations from urban and rural areas of her home country of Peru.

**PROFESSOR IAN ROBERTSON MPhil PhD FTCD** studies mind-brain links in thinking, emotion and behaviour. As a neuroscientist and clinical psychologist, Ian has written widely on psychology and brain science applied to political, social as well as individual events, both normal and abnormal. His multi-translated, best-selling books include *Mind Sculpture*, *The Mind's Eye*, *Stay Sharp*, *The Winner Effect*, *The Stress Test* and *How Confidence Works*. Ian Professor Emeritus in Psychology at Trinity College and was the founding director of Trinity College Institute of Neuroscience. He is a Founding Director of the Global Brain Health Institute whose goal is to find scalable methods for delaying dementia.

**LENNY SHALLCROSS**, Executive Director, World Dementia Council Lenny Shallcross is Director of the World Dementia Council. Prior to that he was Head of Community Engagement leading programmes across the UK to establish Dementia Friendly Communities. This includes the Dementia Friends programme which is the biggest health social movement campaign delivered by 10,000 volunteers that have recruited 2 million individuals through a community, digital and corporate offer. Before working for Alzheimer's Society, he worked in the UK government as a political adviser at the Department for Culture, Media and Sport and the Department of Health as well as working in Parliament and for the Labour Party.

**GLENNA BATSON** works at the intersection of dance, movement science and somatic education where she has honed a trans-disciplinary approach to embodied cognition. Professor emeritus of physical therapy, she has drawn from multiple sources as catalysts for teaching, research, advocacy, and artistic and personal growth – a convergence illustrated in her book *Body and Mind in Motion: Dance and Neuroscience in Conversation*. She currently lectures in dance science and Somatics at Johns Hopkins University, Duke University and University of Limerick. Clinical investigations have focused on dance improvisation for Parkinson's, and mental imagery for stroke rehabilitation, research pathways that underscore mind-body integration.

**MAUD HENDRICKS** is a theatre artist and co-director with Bernie O'Reilly of [Outlandish Theatre Platform](http://www.outlandishtheatre.com). Maud is interested in forms of inclusive co-creation projects, quality arts projects within an arts - health - community context, whereby the audience is considered co-creator. She considers public institutions as people theatres and investigates autonomy, dignity and freedom within the concept of a Theatre of Ruins. [www.outlandishtheatre.com](http://www.outlandishtheatre.com)

**DR BOGDAN CHIVA GIURCA** is a medical doctor, currently working as Clinical Champion Lead at the National Academy for Social Prescribing (NASP), and Development Lead for the Global Social Prescribing Alliance founded in collaboration with the WHO, United Nations, and World Health Innovation Summit. Bogdan is the Founder and Chair of the NHS Social Prescribing Champion Scheme (2016-2022) consisting of thousands of UK doctors and healthcare students. Over a five-year period, the scheme has delivered over 700 teaching sessions in all UK medical schools, as well as developing a National Consensus for Teaching Social Prescribing. As the founder of the '#SocialPrescribingDay' campaign, Bogdan has acted as an international champion, raising awareness of the subject globally in over 25 countries. His work has influenced national and international healthcare policy and has driven key changes within the medical school curriculum, contributing to several peer-reviewed publications and policy documents, including the NHS Long Term Plan, the Personalised Care Model, GP Partnership Review, as well as authoring three books on medical education. Bogdan currently leads the Social Prescribing Module at Imperial College London and is a Collaborator for the Harvard Global Health Institute.

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## Co-Curating Arts for Brain Health—A Global Perspective An A4D Social Prescribing Webinar



Jane Freese, *D-JAGNOSIS! Arts to Preserve Wellbeing*, 2019, pastel.  
A.R.T.S. for Brain Health: Social Prescribing transforming the diagnostic narrative for dementia From Despair to Desire (A4D)

Hear a fascinating cultural range of arts opportunities in dementia and the social prescribing route to preserve brain health.

SPEAKERS:

- **Veronica Franklin Gould**, President, Arts 4 Dementia
- **CHAIR: Professor Brian Lawlor**, Deputy Director, Global Brain Health Institute

ATLANTIC FELLOW PRESENTATIONS:

- **Kunle Adewale**, artist: Arts for Brain Health: Creativity and Digital Equity for Nigerian Seniors
- **Nicky Taylor**, theatre and dementia specialist: Co-creating stories of hope with people living with dementia (United Kingdom)
- **Ieva Petkute**, arts researcher and manager: Arts and cultural interventions for people with dementia in Lithuania.
- **Carlos Chechetti**, researcher, social entrepreneur and teacher: Reviving memories programme in Sao Paulo, Brazil
- **Maritza Pintado**, neurologist: Experience from of aging and dementia in rural Peru.

PANEL DISCUSSION, in conversation with Professor **Ian Robertson**, Co-Director, Global Brain Health Institute

- **Lenny Shallcross**, Executive Director, World Dementia Council.
- **Glenna Baston** SC.D., Instructor of Dance, Duke University, North Carolina.
- **Maud Hendricks**, Artistic Director, Outlandish Theatre.
- **Dr Bogdan Chiva Giurca**, Development Lead, Global Social Prescribing Alliance.

### **Chat:**

Greetings and Good Morning (5 am here) from Laurentian University, Sudbury, Canada.

## **TALKS**

### **Veronica Franklin Gould, President, Arts 4 Dementia**

Good morning and welcome to you all – from 28 countries around the world.

In World Alzheimer’s Month, it is an honour to co-host today’s Arts for Brain Health social prescribing webinar with the Global Brain Health Institute.

I speak on behalf of Arts 4 Dementia, the UK charity specialising in arts workshop practice to help re-energise and inspire people live with early-stage dementia and carers, with a website signposting arts opportunities by dementia need, art form and postcode. Our idea being, like that of the Global Brain Health Institute to transform the narrative of dementia from tragedy to hope, or from despair to desire.

There are some 55 million people living with dementia worldwide, with ten million new cases each year.

It is everyone’s human right to participate in arts in the community, but with dementia, especially from the onset of symptoms, this can be a challenge.

Joining social arts groups of personal cultural interest, through social prescribing, empowers people to preserve their sense of normalcy, wellbeing, their cultural interests, achievement and resilience in the community for years longer. Sharing imaginative ideas, creating together helps modify risk factors for dementia and nurture resilience for person and carer living with the condition.

Social prescribing connects patients to local arts programmes of personal and exciting interest – and in choosing to participate, whether peri- or post-diagnosis, they are taking enjoyably constructive action to preserve their brain health.

Since the NHS introduction of social prescribing linkworkers to be available to GPs for non-clinical support, such as direction to local arts opportunities, we have been running these webinars to raise awareness of the linkability of patients to the brilliant practice such as we shall hear today.

We warmly thank our co-host and chair, **Brian Lawlor**, Professor of Old Age Psychiatry and Deputy Director of the Global Brain Health Institute and look forward with such interest to **GBHI's Atlantic Fellows'** presentations on their innovative arts practices for Brain Health: **Kunle Adewale** in Nigeria, **Nicky Taylor** in Leeds UK, **Ieva Petkute** in Lithuania, **Carlos Chechetti** in Brazil and **Maritza Pintado-Caipa** in Peru.

And to the panel discussion led by **Professor Ian Robertson**, Co-Director of the Global Brain Health Institute, between leaders of the World Dementia Council, on Dance from Duke University in North Carolina, Outlandish Theatre in Dublin – and **Dr Bogdan Chiva Giurca**, thanks to whom social prescribing is advancing around the world.

And now to Brian, chair of this GBHI webinar, **Co-Curating Arts for Brain Health, A Global Perspective.**

### **Professor Brian Lawlor, GBHI, Chair**

Thanks so much for that wonderful introduction. I'd like to add my welcome to Veronica's and welcome you all here to this seminar to mark World Alzheimer's Month.

The Global Brain Health Institute is really passionate about arts creativity and the potential for arts to impact on brain health and dementia prevention.

There are two aspects to the webinar today. The first is about co-creation: we're talking about arts for people living with dementia and working with people living with dementia. As part of that co-creation process.

The second aspect of today's webinar is that it's global: we're going to hear from five Global Atlantic Fellows from all over the world, who are going to tell you about their experience and their practice of co-creating arts for health and wellbeing for people living with dementia.

Each of the five speakers will speak for ten minutes, and then we will have a panel discussion based on the conversations that you're going to hear from the five global fellows, and I hope that people listening into the Webinar will be able to put questions in the Chat and Ian Robertson and the panel will try and address those questions.

But without much further ado, I want to start by introducing our first speaker, Kunle Adewale, who's a Global Atlantic fellow here at GBHI. He's done incredible work in Nigeria and all over Africa, on arts and health, and working with people living with dementia. He's going to give his perspective about co-creating Arts for Dementia in Nigeria.

## Arts for Brain Health: Creativity and Digital Equity for Nigerian Seniors

Kunle Adewale  
Founder Arts in Medicine Projects/Humanitarian Artist

September, 2022

Atlantic Fellows | FOR EQUITY IN BRAIN HEALTH

### **Kunle Adewale, Lagos, Nigeria:**

Hello, everyone! It's so good to meet all of you today. I'm excited about this opportunity to share the incredible work that we've been doing on this side of the world. I'm a Global Atlantic Fellow

based in Lagos Nigeria; and I'm also a humanitarian artist. I'm the founder of the Arts in Medicine Projects in Nigeria

Today I'm going to be talking about. Arts for Brain Health, creativity and digital equity for Nigerian seniors.

Nigeria, a low- and middle-income country in sub-Saharan Africa, is recognized as being tremendously diverse culturally, linguistically, socio-economically and geographically. It is also the seventh most populous country in the world, and given its current population growth, Nigeria is projected to become the third most populous nation in 2050 even overtaking countries like the United States (Adegoke, 2017).

Despite commendable global advancement in disease management and health promotion strategies, all the Nigerians and their families continue to face many challenges, including disability, declining cognition, loneliness, and inadequate access to optimal care and support, barriers to care that are intimately related to the country's multifaceted diversity. (Ojembe & Kalu, 2018); (Guerchet et al, 2017)

The Arts for Brain Health Project utilizes artistic creativity to improve social engagement opportunities for people living with dementia, ultimately transforming the experiences of patients, professional caregivers, and family members.

This project took place in five elderly care homes in Lagos (Nigeria) and one federal neuropsychiatric hospital. 94 elderly people benefited from our creative engagement. 21 caregivers also participated in this experience.

We have four tracks in this Arts for Brain Health project:

- **Fine Arts** track includes creating digital paintings or digital arts, using technology
- **Performing Arts** track: music and dance
- **Virtual reality**: VR experience
- **The Arts for Brain Health Exhibition** and Music Concerts.



Participants were introduced to technology. They were taught how to navigate the technology using the Ipad and then creating their own experience. Some of that is very personal to them. Some participants in the home mentioned their favourite childhood heroes, favourite musicians. then through digital technology, they got to create a portrait of their music or musicians. Some of them also created their whole personal experience in the home where they were resident. It's very interesting to see how technology is helping them to engage, to connect and to have a meaningful experience.

Some created a digital picture or painting of their favourite sport hero like Pele from Brazil. It's fascinating to see how persons with cognitive decline are facing their own dementia and are able to reconnect through technology to be able to have joy in their life, even for a short time.

Feedback:

- *Participants loved their works and participated very well and clapped for themselves.*
- *It was a happy moment for us. Thank you for thinking about us. Please come back again.'*
- *The participants were excited when they spoke about their dream location and favorite fruit. As seniors, they were more excited while creating a graphics design with image(s)...*

It's very interesting to see that some of them, who have never travelled before by reason of social economic difficulty. They mentioned places they would like to travel around the world; and they were able to use our technology to create an experience for themselves - it's such a beautiful experience for them.

### **Performing Arts track: Music and Dance (creating favourite songs using Ipods)**



Some of the elderly, as well as those with dementia also got to participate in music and dance. We consulted with them by asking them their favourite musicians and music that brings joy to them, that makes them smile and makes them happy. It's interesting to see how music is bringing joy and hope to this population – you could see the joy on their faces.



They smile in a home (above) where some of these people experience hostility, where some of them are withdrawn socially. The music session, the dance session got them activity, got them moving and dancing again. You can see the other guy (on the right) who is standing, moving his body. Dementia had nothing on them, dementia could not stop them from just connecting and experiencing music and dancing to this music.

**Feedback**

- *Some of the participants were singing along and dancing when listening to music and dancing during the performance*
- *All staffs tapped into the spirit of music; they hailed each participant while they danced to their favorite songs*
- *Many of the participants were happy with the experience, some said it brought back memories and many of the songs that were performed were old classics. There was singing and dancing and emotions in the space*

This is just incredible feedback from that musical experience, the dance experience they had participated in the arts for brain health.

### **Virtual Reality Arts**



(VR experience uses curated works of art, photographs, favourite music of the elderly)

We also introduced virtual reality to this population. Through VR we are able to help them also to connect to their favourite musician as well. It's like being in a cinema, even though they were actually

in the home, they experienced curated works of art, curated photographs of Nature, their favourite musician. One of them spoke about watching Ray Charles on the stage. He happened to be the first DJ in Nigeria. An interesting person like that who actually being a DJ. By reason of cognitive decline, through VR connects to someone like Ray Charles. They've got movie, dancing. It was a whole lot of conversation and engagement. VR helped to activate that intergenerational engagement even between these persons who are living with dementia, and even some of the young people that volunteered or do that work in this care home, being able to experience that joy

### **Feedback**

- *At first I thought it was only meant for the younger ones for gaming, but looking at the elderly ones putting it on, trying to copy dances and all. I was very happy with the sight, they felt so alive, they expressed themselves, like they were still in that young form*
- *Dancing is so good, they look brighter and refreshed and they are so pleased with what they did, and we are happy about the VR session. They don't mind doing this every day. Some of them expressed their experience, saying they were not so stiff after all*

### **The Arts for Brain Health Exhibition**

The events of the project came to a close through the Arts for Brain Health Exhibition (19-27 February 2022). This event celebrated the creativity of persons with dementia and cognitive impairment in our programme.

The Group Art Exhibition at the renowned Art Pantheon Gallery in Lagos featured 40 art pieces developed during the digital art session at the participating care homes. During the opening, the exhibition hosted over 70 persons, including seniors, their administrators/caregivers, top government officials, NGOs, arts and culture organization and the general public were in this space to celebrate them.

They got to see their works - created in a home – being displayed in a modern art gallery. What a way of dignifying our elders! Rather than magnifying dementia, we are actually dignifying our elders. You can see some of them being fascinated that wow! *See my artistic works! See, my creativity being displayed on the wall!* It's such a beautiful and incredible experience.



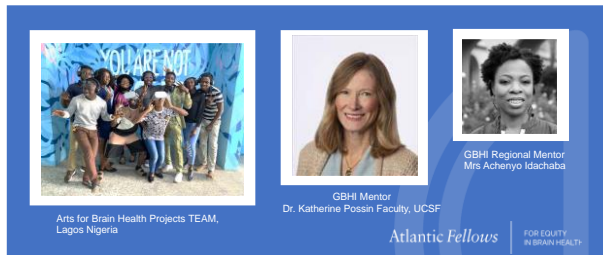
### **Bridging the gap: Creativity and Digital Equity for Seniors**

In conclusion, the Arts for Brain Health Projects project provided digital access to seniors, so that they can leverage technology for memory, mindfulness, meditation, and mental health. It enables the seniors to be socially connected, enthusiastic about life, finding the missing sparks in their lives and promoting dignity for the Nigerian seniors.

The project destigmatized dementia, inspired social engagement and healthy seniors with their physical, emotional health and wealthy lifetime. It gives them a lifetime opportunity to relive the beautiful memories of their favourite places, people and music in Nigeria and around the world.



The Arts for Brain Health project helped to bridge the generational and digital technology gaps by providing technological access for seniors and care homes for the elderly, through the facilitation and fusion of art and technology-based therapeutics for dementia care and cognitive impairments.



I just want to say a Big Thank You! to our amazing at of Brain Health Project team in Lagos, Nigeria, to our partner, Alzheimer's Society as an association and the Global Brain Health Institute. Thank you.

**Chat:**

It is very interesting to see the type of work happening in Nigeria - everything is wonderfully colourful. Were people living with advanced dementia included? If so, how many? Thank you ...also, if people living with advanced dementia were included, how were the activities adapted to suit their strengths?

Awesome presentation Mr. Kunle. Dr. Chukwudi Michael Okoye from Awka Nigeria

**BC, chair:**

Thank you, Kunle. Truly inspirational. You can see the joy on people's faces that have been able to bring to them with this project. So congratulations, absolutely brilliant. I see some of the comments already coming into the Chat. I'm sure There'll be lots to talk about in the panel discussion. Thank you so much.

Our second speaker is Nicky Taylor. Nicky is a theatre and dementia specialist She specializes in the whole area of creative engagement for people living with dementia. I had the wonderful experience being in Leeds for a meeting with Nicky and getting to see a play called *Maggie May*, which we will hear about now in her presentation.



**Dr Nicky Taylor, Theatre and Dementia Research Associate:**

***'Maggie May: Co-creating a radical narrative of hope in a dementia-friendly theatre production'* (Leeds, United Kingdom)**

Hello, I'm Nicky Taylor, a Research Fellow at Leeds Beckett University and Theatre and Dementia Research Associate at Leeds Playhouse. The Playhouse is a producing theatre, with a reputation for socially-engaged practice with communities and world-class stage productions.

My work focuses on supporting people with dementia, to live fulfilling, creative lives and invites them to be creative equals in sharing stories about life with dementia.

I'm going to share how our play *Maggie May* developed; and whilst *I'm* the one telling you this story today, it's the story of many more people, some who would define themselves as artists and many who wouldn't – who contributed in different ways over five years to co-create this piece. Some of whom got to see the final version, and some who sadly didn't. All of whom made a profound impact on how the story was shaped and shared.

## **Plays about dementia, focussing on loss and despair were unsettling, not for people with dementia**

I've spent many years seeing the plays about lives affected by dementia. Working in a major producing theatre, I frequently get approached by artists making work on this topic, keen for their plays to be programmed. I noticed these plays followed a typical pattern – they focused on loss and despair, often telling a frightening story of diagnosis to death within the space of an hour. Dementia was used as a powerful and unsettling device to disturb or derail. Characters with dementia burdened someone else's seemingly more important story.

When artists approached me with invitations to see their plays, I would accept and tell them I'd be bringing along a friend with dementia. At this point, more often than not, the response was the same – it probably isn't a good idea to bring someone who actually *has* dementia. It will be too upsetting. It's not *for* people with dementia.

### **Need for change, for balance – people need room for possibility, for hope**

I felt this had to change – why were the very people affected being excluded? Why couldn't a character with dementia be shown in a more balanced way, experiencing a slice of life, rather than repeatedly reaching an inevitable and depressing end.

There was a clear lack of stories that would be supportive for someone recently diagnosed. I feel we have a responsibility in making art about dementia to the people who are most affected by it. Of course, dementia presents tremendous challenges. But there is enough stigma and fear. People need room for possibility and hope, to help them imagine *living* not *just existing* with this condition. And stories change when we change, *who* is involved in the telling.

We wanted to tell the story of a woman with dementia, not someone extraordinary or privileged, but an ordinary woman living in Leeds, with recognizable challenges, adapting to life with dementia in the first year after diagnosis, amongst a network of family, friends, social and working lives.

### ***Maggie May***

Our play was commissioned in 2017 after a search for a playwright who could buy into the idea of writing a hopeful story about dementia. We were very fortunate to meet Frances Poet, who had family experience of dementia and an open mind about what the play might be.



Frances worked with a broad range of people with different types of dementia at Leeds Playhouse, to understand and amplify their experiences and coping strategies within the script. Frances says

*Maggie May has been a genuinely collaborative process from first to last, shaped by people with dementia for people with dementia.*

*There's a scene where Maggie realizes she's wearing odd shoes and goes away to change them, only to come back with another odd pair of shoes on. One lady proudly told her friends at the reading. 'That's me!'*

### **Bonding through music and dance**

Frances cleverly focused on music, highlighting this as a supportive form of communication between main character Maggie and her husband Gordon, who met while dancing to



1970s tunes. These songs continue to resonate and solidify the couple's bond. As they adapt to life with dementia, the songs become a form of call and response when communication becomes more difficult. He starts the songs and she finishes them.

### Navigating difficult moments through Humour

Frances uses humour as a method of navigating the more difficult moments – going into hospital, conversations about end-of-life wishes, sharing news of the diagnosis with friends. As Peter, who lived with dementia, told us, *You need to laugh. If we didn't have humour, we'd go under.* Maggie's humour is her way of coping and of maintaining her social identity.



### Agency, control and hope

*Maggie May* places a character with dementia centrally, with agency, a sense of control and therefore of hope. Maggie doesn't disintegrate. She keeps going, supporting her family and making a positive difference in her world. This was more representative of the people I was meeting through my Playhouse work – people determined to stay socially connected and purposeful for as long as possible.

### People living with dementia as advisors

Our brilliant director, Jemima Levick, stayed true to this vision throughout, carefully incorporating advice, ideas and strategies from people living with dementia, who visited rehearsals and consulted on aspects of the play as it began to take shape.

One of these people was a well-known dementia activist – the best-selling author Wendy Mitchell (left), who has long supported our work – though most were local people with dementia like Rosa (on the right), who engage in creative activities at the Playhouse as part of their social support networks, ordinary people making a difference to how art is made. Mick and Lynn said:



*Consulting on the play was such a surprise. For someone to listen to our thoughts and opinions, to take notice, was wonderful. We weren't the sort of people who went to see plays before, never mind talk to someone writing a play.*

*We'll have a real sense of pride when the play comes to the Playhouse. I'm not going to pretend it won't be difficult though, it's going to be very emotional, because for us it's life. It's real.*

*People think a dementia diagnosis is a door closing, but it's not. It's another door opening. You just have to be brave and walk through it.*

### Colour palette

People with dementia shared important considerations about being an audience member. Their guidance meant we could prioritize things that help people stay connected to the play, visual markers set the emotional tone of each scene, such as 'sunny days' represented through set and lighting design. A specific colour palette was chosen for each character's costumes, making it easier to stick with who's who. So Gordon always wears brown, whereas Maggie's son Michael always wears blue.



### **Caption boxes, scene length and attention-grabbing sound and music**

Short reminders about people and place appeared in text on caption boxes at the side of the stage, helping to guide audiences into each scene and to stay oriented as the play progressed. The length of each scene was also considered to ensure the audience didn't have to focus for too long. The sound design and the use of music acted as a supportive attention-grabber and a welcome interlude from dialogue.

### **Audience participation**

Audience members were invited to sing along to familiar tracks, and this active participation aimed to sustain engagement and concentration.

### **Interval - not unsettling cliff-hanger, but positive and supportive**

Also, the timing of the interval was carefully considered. Most plays would leave the audience on a dramatic cliff-hanger at the interval. But people told us that this may be a chance to leave if they were feeling tired, and leaving at a point of unresolved peril might be emotionally troubling. So we moved Maggie's dramatic hospitalization earlier in the play. This was resolved by the time of the interval and if people needed to leave. They felt Maggie was recovering well and being supported,

### **Dementia-friendly performances**

We listened carefully to people with dementia and took their advice, making our play as inherently dementia friendly as possible. As a result, we felt confident to warmly welcome audience members with dementia to every performance rather than simply one or two designated dementia-friendly shows.

After COVID-related delays, our play finally premiered at Leeds Playhouse in May 2022, before touring to Queens Theatre Hornchurch in London and Curve Theatre in Leicester. It felt more important than ever to highlight the value and contribution people with dementia make to society, challenging some of the pandemic's rhetoric which had left many people feeling entirely disposable.

Sharing the play required dedicated awareness-raising work with front-of-house teams at all three venues to prepare staff to sensitively support audience members with cognitive and physical challenges. For example, staff supported engagement with The Picture Booth, which was a dedicated front-of-house, quiet space which travelled with the production. This was co-designed with people with dementia to celebrate their relationship with music. Audience members were invited to use The Picture Booth as a space for calm reflection, if needed.

Staff can now use their increased knowledge and confidence from welcoming *Maggie May* audiences into future dementia-friendly shows which all three co-producing theatres offer for their major in-house productions.

### **Writing with Dementia**

Finally, ensuring that people with dementia were recognized as contributors was extremely important, with invitations to a celebratory Press Night, programme notes written by people with dementia and paid speaking arrangements, such as an event called Writing with Dementia which amplified their creative contributions.





We continually reinforce the important role people with dementia played throughout this process.

*Maggie May* was extremely well received. We were proud of our local and national reviews, including five stars in *The Stage* and extremely moving audience feedback.

*Maggie May* reinforces what's possible when we co-create – valuing voices that are less often part of the conversation.

## Centre for Theatre and Dementia

My future plans for building on this work are firmly tied with my pilot project with the Global Brain Health Institute. I'm developing a feasibility study to co-produce a Centre for Theatre and Dementia Practice and Research. There are many more stories to tell, and naturally the most important collaborators in this endeavour will be people living with dementia who are generous and brave enough to take these steps with me.

To end, I would like to thank everyone who was part of creating *Maggie May* for their tremendous creativity and care, thank you.

### Chat:

Amazing work by Nicky - a real inspiration. Such careful and thoughtful design elements throughout. Fantastic. Beautifully designed and executed!

**Kunle Adewale:** Creative Arts is a wonderful process that brings people together, awakens memories, emotions, senses and more.....Did you expect that the outcomes of your co-creation project would be so successful?

### BL, chair:

Thanks Nicky. Beautifully described co-creation and co-design and truly authentic. As I said, I had the pleasure to experience it myself. It was truly amazing and I'm sure much great work will follow from what Nicky plans in the future.

### BL, chair:

I'm delighted to welcome our next speaker, Ieva Petkute, who is an arts researcher and manager based in Lithuania. She spent a year here with us in Dublin as an Atlantic Fellow and she's going to tell us about arts and cultural interventions for people living with dementia in Lithuania. So over to you, Ieva..

**Ieva Petkutė, Lead of Association, Dementia Lithuania: ‘Visual Art – to support the creation of new knowledge in brain health’**

I'm truly delighted to be part of this event celebrating World Alzheimer's Month. I'm representing the association Dementia Lithuania, and now arts for health organization *Socialiniai meno projektai*.

My presentation will have two parts. Firstly, I would like to invite you to taste an Art-looking experience and then look into how creative practice as an integral element to support a transformative processes in policy development. What I am involved in in Lithuania

**Hokusai, *The Great Wave Off Kanagawa* (1831)**



I will start this presentation with an invitation to look at this image, with a note that my intention is to talk to every one of you on this call as if we were sitting in the same room - a friend with you who is listening and who is looking at this image, I wanted to show you this artwork and have a minute of looking at it. It might be very familiar to you or totally new. [Water playing] But we can have a moment of looking and reflecting at

this together, and doing so individually in our thoughts, and together with me. As I know we both are curious about what arts have to do with brain health. *The Great Wave Off Kanagawa* is considered the most famous Japanese artwork in the world created by the artist Hokusai, in 1831.

I want to invite you to connect with the image as we're sitting here and now. So, friend, reflect on what you see. You're likely to distinguish shapes, the powerful bending, the sharp edges and angles and the pointy bits, the contrast, the diverse intensity of the blue. They all connect together to form elements we may notice: the waves, the foam, the boats – one, two, three. You might draw attention to the inscriptions on the top left corner. You might also be noticing something about the mood, or the contrast of the colours. Are they only cold, or is there some warmth?

Stay longer with the artwork. We will go deeper into the scene, exploring what's happening there, noticing what is.

The waves are powerfully bending, and boats are navigating, and the mountain is sticking in the back and the grey-looking sky.

Let's make one more step further to explore and bring interpretations. I would love to know your thoughts. Who are those people? Are they fleeing the wave or the opposite? Are they aiming to face it, to challenge it? And then, how the sea connects with the mountain which even it gives my name to the artwork, it appears tiny and budding in the back in the dark shadow of undefined daytime. It looks like it can be followed by the pursuing wave.

Let's get to try to connect with this artwork, do you connect with this atmosphere, the emotion, or maybe the scene. Does it connect with your life, with how you feel in your daily life, with how are you doing or keeping yourself, how you are taking care of yourself.

If you could transform into one part of the painting, which part would it be? The wave, the man or woman in the boat, boat itself or the mountain or something else – and why?

Is there a story or experience you would like to share with me? If you could, I would love to hear it.

Art truly is a great inspiration of our conversation about both: the art and the life.

Conversations like this can mean a world to people living with dementia and their carers. This is a moment from one of the tours led in Lithuania.



Such stories are a possibility in the capital Vilnius and a few museums. My hope is to spread this practice to become available in most museums, and thus not only becoming more welcoming, but also contributing to creating dementia open, friendly, inclusive societies. In moments like this, in this picture, art can be a stimulus to explore our humanity, and how aspects of our life are linked through a shared experience.

Now we are in this room, in the spiritual room; and we have this shared experience of being at this event and our networks are, and our interests broad or narrow brought us here, and museums who are serving the whole society and should find ways to talk to the diversity of people and normalize experience and store of dementia to the whole society. That's the museums using art as inspiration and a museum space can open conversations about art and life, in other words, about health, inequality, stigma, our differences, life, cycle, and many, many other things.

### **Towards Dementia Strategy: Situation analysis and Public Awareness (Iceland, Lichtenstein, Norway)**

I want to share just a snippet of my work and a project towards a dementia strategy situation analysis and public awareness. This multi-commerce multi-complex initiative aims to advance dementia strategy in Lithuania which unfortunately we do not have.

The initiative which is led by arts for health organization has all these partners involved, coming from social health, care and community. (Ministry of the Culture of the Republic of Lithuania, Ministry of Health of the Republic of Lithuania, Lietuvos Kultūros Taryba, Lithuanian University of Health Sciences, Lithuanian Sports University and others).

### **The Aim**

• Aims

1. **Situation analysis** through policy, service delivery assessment, and stakeholder mapping.
2. **Recommendations** for dementia strategy development.
3. **Awareness** around dementia and dementia open community development.



The aim of this initiative was drawn from the WHO Guide Towards a Dementia Plan. And we're doing some research work which will result with recommendations for the policymakers.

We also implemented awareness initiatives which includes developing community of people even dementia and their carers basically from scratch, and the uniqueness of this project is that is all initiated and

led for all those partners by arts for health organization which really puts the holistic approach in the centre.

I want to draw attention to the recommendations element where creative art approaches play a very meaningful role. The recommendations will be based on the research work done. Part of this research done is using photo voice method, so photography will be used as a practice to collect information about the care experience and through our recommendations out of that experience. This will

contribute to the knowledge built through the policy assessment, services assessment done using more traditional methods.



We are in the preparatory stages of this particular part of the work. Here I want to share with you just a couple of photographs to bring a feeling about the potential of such work.

Egle, a carer for her dear mother, has kindly gave permission to use this picture for the purpose of this presentation. She represents one of the numerous stories that will help us to communicate about the lived experience and the challenges the carers of people living with the dementia experience on a daily basis, and how those challenges could be improved addressing the current system of service.

In other words, visual stories will expand our knowledge about how health and social care services are meeting the needs, what the gaps are, and how we can do better to build knowledge about the nuances of people's experience that are often overlooked when we implement research only in traditional ways.

Thank you for listening. I wish you a fruitful and hopeful

**BL, chair:**

Thank you, Ieva. It's just wonderful to see how your work is progressing and how by implementing a creative art approach, you're going to make a huge difference to the lives of people living with dementia in Lithuania. Congratulations and thanks for sharing that with us.

**BL, chair::**

Our next speaker is Carlos Chechetti. He's a Global Atlantic Fellow, a researcher and social entrepreneur based in Sao Paulo. He's going to tell us about his programme called Reliving Memories. This is work that he's carrying out in Sao Paulo in Brazil. Great to have you here, Carlos, and over to you,





**Carlos Chechetti, researcher, social entrepreneur, teacher:**

**‘What’s your passion? Reliving Memories programme: passions to promote Brain Health in Sao Paulo, Brazil’**

I’m Carlos Chechetti: I’m a Global Atlantic Fellow for Brain Health, and I am going to introduce Reliving Memories a social programme I am developing in Brazil.



## RELIVING MEMORIES

Revivendo Memórias uses passion as cognitive stimulation, socialization, social reintegration and improves the mood and quality of life for older adults and people with cognitive decline and Alzheimer.



### Loneliness

I shall start with a poem written by a participant in our programme.

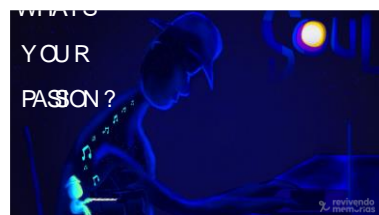
*The most profound sadness  
that you can imagine  
is to know so much about life  
and having no one to tell*

It’s a beautiful sad poem, a powerful poem. We know that people with a dementia can walk into social isolation and loneliness, feelings stigmatised by society. All these feelings end up in chronic negative emotions, such as depressed mood, anxiety and apathy.



Gradually, with little cognitive stimulation and fewer social and emotional moments, they may feel that they are losing their identity and consequently, the meaning of life.

Unfortunately, the narrative about dementia is that there is no cure, and also nothing can be done. That the person who doesn't understand anything anymore because he is losing his memory, And they end up staying on the side in a corner of the house, waiting for the course of the disease to come to an end.



### Positivity of Passion

But we know that they can still live well for many years, and they can live moments of positive and special emotions.

What if activities based on their passions could help them get out of loneliness and reintegrate themselves into society?



### Memories of football, music, films

Talking about remarkable games of your favourite teams; listening to music that marked your adolescence; Films that made you feel emotional; poetry and books that touched you deeply are powerful passions and memories that stay with us for a lifetime and can help people reliving emotional memories and live special moments in the present.



That's why we created the Reliving Memories programme in Brazil. We are a cognitive and behavioural neurological group in the Hospital Das Clinicas in Sao Paulo, we are responsible for developing research and caring in the area of cognitive decline in



revivendo  
memórias

NEUROLOGIA  
HOSPITAL DAS CLÍNICAS FMUSP

MEDICINA  
USP

HC  
FMUSP

## Cognitive and Behavioral Neurology Group

The GNCC of the Department of Neurology at Hospital das Clínicas, USP Medical School, is responsible for developing research and outpatient care in the areas of cognition, cognitive decline and dementia.



dementia. So we created a programme that uses passion as a cognitive activity and socialisation for older adults and people with cognitive memory decline.

Passions can be your favourite sport, music, cinema, literature and poetry, gastronomy, etc. wherever they lost. We identify what the participant loves and create interest groups and develop activities based on those passions.

What we want most is to create and always have this environment and atmosphere where participants are provoked to speak and tell their stories related to their passions, an atmosphere where there is no pressure of right or wrong. It's just a time for leisure and fun.

But when the pandemic came in 2020 we had to move and adapt the programme to the online model. We invited participants to do the activities via Zoom, Google Teams, WhatsApp. We did it in the way they could.



We were interested to see how they reported to us that they only dressed up during the week when they are going to do the activity with us, Domita put on make-up and Antonio got dressed up in his football team's clothes. For Gilberto, the poet who wrote the poem I read at the beginning – every week was like a new show for him. He sang his songs and recited his poems. That was the only way we were able to communicate with him.

Two interesting things we observed during the activities in the online format is:

- 1) Cognitive stimulation was stronger because the participant can talk much more than in a public space and have more attention.
- 2) The family can participate together in the activities.

In the public space socialization was stronger, which shows the importance of continuing in digital format as well. Today we work on the hybrid model.

And finally, our challenges here in Brazil and why is it so important to have a low-cost social project that is a easy, especially to serve low-income communities In Brazil.

## **Challenges in Brazil**

- Almost half of the 200m population has no basic sanitation or drinking water.
- More than 30 m people are hungry or without enough food to eat
- High rate of illiteracy
- More than 30 million elderly people. In 30 years elders may exceed children
- More than 2m living with dementia, the number could quadruple within decades
- Hard to achieve sponsors, resources and support for the causes of ageing and dementia. Governments and society not interested.
- Carers are the invisible heroes.

Thank you so much.

### **BL, chair:**

Thank you, Carlos. I think those pictures you showed really have captured beautifully the sense of loneliness and isolation experienced by people living with dementia. But how this programme can really turn this around, And I'm struck by what we've heard from the UK, from Nigeria, from Lithuania, how similar the issues are. And you see the same joy and the same connection in the pictures from Lithuania, Nigeria, the UK and from Brazil who are experiencing these arts-based programmes. So we are all connected! We really thank you so much for sharing and for getting up so early this morning.

### **BL, chair:**

Last but not least, we're moving a little bit further west, still in South America, to Peru, and I'm just delighted to introduce Maritza Pintado. She's a neurologist working in Peru, and she's going to tell us about her work, and perspectives on dealing with ageing and dementia in Peru, and the work that she has been doing. Maritza.

## Maritza Pintado-Caipa, neurologist: ‘Older Peruvians, Benefits and Barriers’

Hi, everybody! Good morning! Good afternoon. My name is Maritza Pintado-Caipa. I'm a neurologist from Peru, and an Atlantic Fellow for Equity in Brain Health. I am based in Lima Peru currently, but my work is focussed in rural and urban communities outside the capital.

So I will tell you a little bit about my work, and how and where the older Peruvians are living in my country. I will talk a little bit about our benefits and barriers living in Peru.

### Older Peruvians, Benefits and Barriers

Maritza Pintado Caipa  
Neurologist  
Atlantic Fellow for Equity in Brain Health

September 2022

Atlantic Fellows | FOR EQUITY IN BRAIN HEALTH

### Population

We have 33 million inhabitants. More than one-third of the population lives in the capital Lima. Around 20% live in rural areas.



### Diverse geographical regions

Peru is known as one of the most diverse countries in the region. We are very rich in terms of geography, because we have three main regions: the coast, the Andes in the middle and the jungle, the green amazon area provide different kinds of environment. That is the reason why our diverse culinary, cultural and social aspects are ethnically rich and delicious

### Diverse languages

We have more than 40 different languages in the jungle alone, and two main other languages in the mountains, Quechua, In the coastal region more of us speak just Spanish, the official language..

### Older adults

12.4% of the population are over 60 years old. On average 38.4% live alone, and many times it is higher in the rural areas.

More than 60% do not have a retirement pension, and 18.3% live in extreme poverty

### Health coverage is rare

In terms of health coverage, 25% of the older rural adults living in poverty do not have any form of health coverage; and for those who have insurance, access to care is extremely poor due to different barriers



### Barriers to care

The main barrier is geographical. Often we don't have access - we cannot reach these communities. We have cultural barriers, because of diverse environment, for example, linguistic. Many physicians like me, for example, cannot speak the jungle languages, unfortunately, and this can be a huge barrier to approaching communities.

## Uncontrolled dementia risk factors.

We know from research that 7% of the population in the capital city of Lima lives with dementia. But there is little or no knowledge of the cognitive health of older Peruvians who live in urban and rural centres outside Lima.

Why we focus on these communities is because 42% of older adults living in rural communities are illiterate and are at risk of cognitive impairment just by being illiterate. Indeed, illiteracy has been associated with other poor health outcomes that are relevant to brain health. For example, poor management of cardio-vascular disease and diabetes (82.7% of women and 73.6% of older men). 50.9% have some form of disability: hearing impairment, visual impairment, physical disability.

20.4% have malnutrition, because of poor diet. Being a physician in these communities, it is almost painful to talk just about the brain and memories which is important, when they have to consider other priority needs, like food or clean water, or just basic things.



### Health Benefits of 'Awe'

On the other hand, we have many benefits living in this kind of areas. Not everything is very bad, fortunately. For example, many older Peruvians live in beautiful countryside and enjoy the health benefits of the sense of awe that many researchers are trying to measure.

### Older Peruvians Benefits: Functionality and Independence

Some 26% of total Peruvian homes have an older adult as head of household. In rural areas, 38.4% of homes are headed by older women, while men head 24.0% of households.

Where the old are part of the daily life, they are functional and independent people, and remain active in their respective communities for long periods of time.



Over 60% are employed often in cognitively- and physically- demanding areas, such as agriculture, transportation, mining and construction. They are still productive for the community and they are feeling well for that.

### Intergenerational exchange: Passing on their knowledge

We are still maintain and experiencing the benefits of intergenerational exchange. They are passing on their wisdom, their knowledge through generations; thanks to that they still retain wisdom, knowledge and the ability to build wonderful things with their hands, beautiful buildings everywhere in the country.



### Wisdom Weavers

Talking about Wisdom Weavers for example, I invite you to wonder what is going on with the brain of these people when they are creating perfect and beautiful blankets, with such difficult and wonderful designs. Many of them are illiterate. Many of them don't know anything about numbers about which is left, or which is right, and no matter their illiteracy, they are making these beautiful clothes, dresses and blankets and more very naturally, by using their hands beautifully.



### **Cicilio Paco Huilca 100-year-old weaver**

Cicilio is 100 years old, from the Paru-Paru Community. He is still making beautiful dresses by himself, maintaining the colour, perfect symmetry of design. He is illiterate, he can't hear, he has hearing disabilities, physical disabilities. He is able to see just a little bit, but he makes these dresses and teaching his granddaughter how to make them, which is beautiful,

Obviously as a physician, I can't assess him cognitively because he speaks just in Quechuan. and was unable to see a paper. He is illiterate, and we have many



barriers to assessing him cognitively, but because he is still preserving the beauty, the symmetry and perfection of the design of these dresses.,I will say that he is still functional and I will imagine that his brain is still working well.

Art for these people is not a recreative activity to include, but it is part of their community life, of our culture, of their identity – our identity – which is so important and we have to preserve that.

### **Cognitive Health and Functional Abilities of Illiterate Older Peruvians**

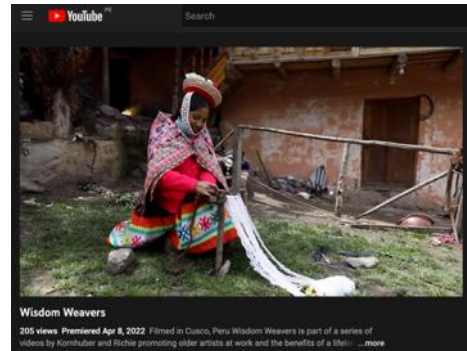
With regard to my work. I'm focused on trying to assess cognitive functionality of the illiterate older Peruvians who live in rural and urban communities in the jungle and in the Andes.

But there are barriers for physicians in that we are trying to measure using the same tools as for the big urban cities, which is not ideal. For now, I have more questions than answers. I am in the middle of my research. I think we have to transform these barriers into opportunities. I think it is mandatory to change the way we measure cognition and functionality in these communities and population.

### **Using art to preserve brain health and to assess cognitive functionality**

I strongly believe that we should use the art to preserve the brain and that we should use the art as a way to assess cognitively the brain of these amazing communities.

In that way I am starting my pilot project in these communities. In Cusco in early 2022, I collaborated with other GBHI Atlantic Fellows Rowena Richie and Alex Kornhuber and Johnny Miller, an Atlantic Fellow for Social and Economic Equity to film and capture some experiences from this beautiful community. I invite you to watch our documentary [Wisdom Weavers](#), to understand how these people are weaving, how they are preserving the art through generations, and also look for new ways how we could preserve this wisdom and knowledge in our communities. I also invite you to read [the beautiful description](#) that Rowena made made about this wonderful experience in Peru



Thank you so much.

**BL, chair**

Thanks so much, Maritza. I love this idea of arts and creativity as being part of everyday life. You've truly given us a global perspective and what we can learn, what all of us can learn from one another.

**BL, chair:** I also struck by how all five speakers presented strong visual imagery. It's interesting, and perhaps Ian and the panel will have some comments on that, but everybody presented strongly visual images, and that I think there's a message about the importance of visual art, imagery, and photography in terms of communication. So, thanks so much to all the speakers,

Now to our panel discussion. I'd like to hand over and introduce my colleague, Ian Robertson, who is a cognitive neuroscientist and Founding Director of GBHI. Delighted Ian that you could be here. I'll hand over to you, and perhaps you can introduce the panel and take it from here.

**PANEL DISCUSSION, in conversation with Professor Ian Robertson, Cognitive Neuroscientist, Founding Director, Global Brain Health Institute:**

**Professor Ian Robertson, chair**

Thank you very much, Brian. What an inspiring session. So Kunle, Ieva, Maritza, Carlos, and Nikki really very thought-provoking and inspiring. So I'm delighted to introduce four panel members who are going to discuss this: **Lenny Shalcross** is a fantastic leader in dementia. He's Executive Director of the World Dementia Council and Lenny's been a fantastic inspiration for our fellows in GBHI and given us such support. **Glenna Batson** is a remarkable figure who we've linked to In recent years, looking at the intersection of dance movement, science and somatic education. Now we haven't had any dance this morning, so far. Brian was talking about the visual aspects here of the presentations which I agree with. We have to think of all these other methods of getting into the brains of people with certain types of cognitive limitations.: So we are very delighted to have Glenna here, **Maud Hendricks** is a theatre artist and co-director of the Outlandish Theatre platform and she, like Nicky Taylor, is very interested in co-creation. **Dr Bogdan Chiva Giurca**, a medical doctor, and a global lead in the movement towards social prescribing. It's a fantastic panel. Thank you all for joining in here. Lenny, can I ask for your perspective on this whole arts and dementia approach and the implications of the kind of programmes we've heard this morning

**Lenny Shallcross, Executive Director, World Dementia Council:**

Thanks, Ian. So nice to see you all again virtually. I'll just add my thanks to everyone who's just spoken. It was, as you say, very diverse and interesting, I think from my perspective, you see three different elements being described in the presentations we have heard, public policy ambitions, as it were.

**Direct benefit to individual and carer**

One of which is very direct, a benefit for the individual and the caregiver, so there's these interventions that have the intention of a better outcome for the individual in terms of some kind of quantifiable health or wellbeing metrix. We've heard examples of that today.

**The right to participate in social arts activity**

Then you have, you heard it in the first presentation, describing what happened in Lagos the idea of your ability to participate in a society as a right. I used to be a political advisor with the Department of Culture in the UK. We gave out several hundred million pounds to arts institutions every year. There were generally nice social metrics around it, but basically we funded the arts, we funded symphony orchestras, the Royal Opera House and theatres and all the rest of it, because we thought it was a good thing. There's an element to all of this which describes the fundamental idea that you should be able

to participate in society, irrespective of whatever obstacles you have. And for someone with dementia and their caregiver you may need to offer something specific to ensure they can benefit as an equal in society.

### **Impact of arts for dementia challenging the perspective of those unaffected**

Then there's a third element that's been described, I think in all these programmes, almost the inverse of my second point, which is influencing people who are not directly affected by dementia challenging their perspective. So you heard a bit around stigma being talked about and you heard about awareness. The idea being to enable participation in society you need to influence society around things like awareness and so on.

My first broad strategic takeaway is that all of these programmes, what you hear intertwined in these three different elements: the benefit for the individual, the fundamental right by the individual's participation in society and then the impact these programmes have on the perception of people are directly affected

**IR, chair:** Wow! What an impressive analysis! A really very powerful perspective, a great way to kick off the discussion.

**IR, chair:** Glenna, you're coming at the brain in a different way through dance and movement in the body. Tell us a bit about your perspective.

### **Glenna Batson SC.D., Instructor of Dance, Duke University, North Carolina.**

Sure, Thank you for inviting me here, and what an impressive array of gorgeous projects. I see myself really as a bridge. I've also spent quite a bit of my career in neuro-rehabilitation as a physical therapy faculty. So I come between those two,

### **Human agency, ownership of body, movement and expression as stimulus to brain health**

What I really kept seeing over and over again is this what I would call the human agency and ownership of body, movement and expression that you can't suppress, regardless of what the conditions are. And so in each of these cases that I'm looking at I'm seeing how, through their methodologies, these artists, investigators, Fellows are really understanding how performance itself of one kind or another, whether it's indigenous to their culture or not, is a stimulus to brain health, and to really becoming, the turning *I can't* into *I can* never and over and over again. This is just something that I think the arts is so unbelievably that's in a way. Besides, the rights of the human individual, movement is a right, embodiment is a right, being able to touch and feel and connect with people. Is a right These are all embodiment human rights that I like to call them, in which arts is the very thing that is the vehicle or the way in which these people can enter into this.

### **Policy change**

I also was tuned into the degree in which each speaker was wanting to see how this would ultimately project into policy change, so that there would be endurance in the project, so that it wouldn't just be well this is very nice for people, and yes, they have better quality of life, and of course they do, and these are important things. We still need in my mind, just to really outline those descriptors of behaviour which in fact from what they're learning can actually be described in terms that scientists can also understand and participate in as well.! I love the idea that somewhere along the line we are all building so competencies in what's happening with brain health. This is to me a very exciting time,



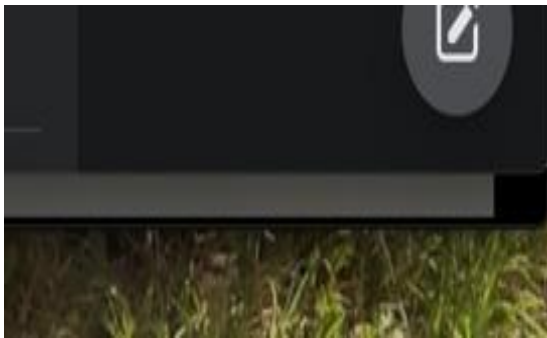
and I'm delighted, I feel to be part of it whatever, at whatever place I am on the on the satellite of this incredible matrix. Thank you.

**IR, chair:** Thank you, Glenna. I think you and Lenny both touched on rights, agency this whole sense of regaining control. Essentially, you can do something irrespective of what your condition.

**IR, chair:** Maud, it's delightful to have you here, and I'm sure you were particularly interested in Nicky's wonderful presentation. But could you tell us a bit about your perspective about the session this morning.

**Maud Hendricks, Artistic Director, Outlandish Theatre, Dublin:**

Thank you so much for having me. It was an absolute thrill to listen to everybody, and I find this excruciatingly interesting because I don't come from an academic perspective. So I'm an artist searching all the time for what it is to be an artist and how to engage with people to co-create. So together with Bernie O'Reilly we run a theatre platform, called the Outlandish Theatre platform. We have a residency at the Coombe Women and Infants University Hospital in Dublin 8. We are affiliated with the hospital in terms of arts, health, and community kind of engagement. So we invite anybody from the public, both hospital and outside, in Dublin 8 to join in with the weekly practice of performance, experimentation, and creation. And so we're very experimental and very much always looking at what engagement is and how to create.



**Mercer's Institute for Successful Ageing (MISA)**

We also work in MISA, at the Psychiatric Daycare Hospital in Dublin. and we've just finalized a project called the Comfort Zone there. Listening to everybody's projects. There is this: I always find it really interesting to kind of look at practices and look at methodologies. Then doing them as another thing. When we engaged with patients in the Day Care Hospital, the engagement was primarily led by our

collaboration with staff, their psychiatric staff. So the head nurse and the psychiatric doctor we were engaging. The particular success story with our project there is that our engagement was interested and curious in both directions. We were interested in the practice of psychiatric care and they were very interested in what an artist does, and how they work. They're very interested in art and the creation of and the experience of the engagement with the patient was born out of that. The communication between us and the staff led to a really close understanding of the needs of the patients.

Then, when we engaged with the patients, it was a discovery process of what they would like to create. The success of the story of this project was that it allowed for a very slow process of getting to know the patients, and the creation process was led by their autonomous way of being, and by getting to understand how they are in the depth of their character and the depth of their understanding of life and their wisdom in spite of their cognitive situation we were able to come to a co-creative process, very much adapt to their abilities and their interests and their deep wisdoms, which was both fun, and very much embracing the discomforts of silences and discomforts of not knowing how to answer something, discomfort of emotions that are too overwhelming to express at the time.

In relation to listening to all of your projects. I am very interested in methodologies, but I also find that any methodology leads to generalizations which need to be broken down in a grassroots way. I'm

always interested in qualitative research methodologies that closely listen to this idea of a deep listening and a deep engagement which goes away from generalizations, or bring new knowledge to a level of breaking down the process of being in the now with somebody in a room and the creation process that leads from that. I hope that's helpful in any way. But thank you.

**IR, chair:**

That's very interesting. The idea of deep listening, of suspending the functional goal directive behaviour. And I've been struck with Ieva's example of engaging with a picture and engaging people's response to that. So there's deep listening and there's deep looking and deep attention to any of the domains of this incredible mystery of consciousness, that is as much there in dementia as it is in any other aspect of human awareness.

**IR, chair:**

Bogdan, you have a remarkable meteoric career, becoming an evangelist of social prescribing. You have introduced this in the curriculum in the medical schools in the UK, One of the challenges that struck me about everything we have heard from the panellists and from speakers today is, the pharmaceutical industry has an entire infrastructure for delivering pharmaceuticals, whereas the arts industry does not have an infrastructure for delivery of these kind of wonderful things we see.

**Dr Bogdan Chiva Giurca, Development Lead, Global Social Prescribing Alliance. Clinical Champion Lead, National Academy for Social Prescribing:**

Thank you very much. That's the aim, I think, to make arts and similar activities dance, music, culture, heritage, as exciting and as fashionable as immunotherapy or blockbuster drug. I think once that clicks into clinician's brains, I think we'll have a complete mindset shift. Let me just start by saying what an inspiring array of presentations earlier, action driven individuals, they were policy driven as well, they wanted to make sure change is being made.

**The sick-care model**

I feel a bit embarrassed sometimes because I think we clinicians can sometimes be a strange breed in the sense of medicalizing and going with the sick-care model of patching people up, sticking plasters into the emergency department, like I've done many times in London. Then you end up sending people back into the local community to what actually made them sick in the first place - not because you don't want to help them, but because in your mind you don't have time. You're on this constant hamster wheel of the fixed shop. You know the repair shop. There is a revolving door in the emergency department, and there's a one-in / one-out system. So even if you patch them up for the moment, you feel somebody else's job to deal with them in the local community.

**Social and psychological value of arts on prescription – a global movement**

That is the point when you write, *Dear GP:, This person can probably benefit from social prescribing*. You just pray and hope they can refer to community services. There's many angles there. However, I think one is the reluctance of clinicians, and I think that's slowly, with support from all of the speakers, they are the fantastic individuals who you were portraying, the true impact of art and music and dance. I think it slowly is becoming a bit of a movement across the globe.

We recognize the need to move from the sick care model to one that embraces the idea of helping people and that health that starts at home and within the local community. It doesn't start within hospitals. It doesn't start with medical experts with white coats and pens lined up their pockets telling people what to do. We know that's not how it works anymore. I think that's what inspired me. I felt

that we were letting down community groups, community groups who were asking for support, they were asking for us to listen to them, and to support, by providing what individuals and patients actually needed, not more pills and procedures that would just patch up the situation. That's not a challenge for modern day medicine. I know what water medicine can do. I've had patients on immunotherapy. It's fantastic,

But I know we are also failing about one fourth of our patients who come in for pure social reasons or for pure psychological reasons, who could really do with some arts on prescription, with some gardening of prescription, or some dance on prescription, and they could really do with those evidence-based alternatives in there as well.

### **Global Social Prescribing Student Champion Scheme**

That's what made me really try to mobilize the masses in terms of students across the UK and now, in 23 different countries we lead the Global Social Prescribing Alliance, with the World Health Organisation, the United Nations, and we hope to implement these ideas across the world. This still remains a challenge. This is a great story, what I'm telling you here, but community groups, voluntary sector need to be supported if we want to have proper referrals, if we want to make referrals from within the community to support individuals within the community.

### **Arts prescription needs funding structure**

If we want to negotiate from within the hospital. If we want to support individuals in the local community, we need to make sure we fund those accordingly, be it through central ports, be it through small grants. There's many examples, but we need to make sure that we don't just dump things into the voluntary sector, the community sector, because that's not how it works.

### **Collaboration to change the narrative and shift in values**

And we need to work together with those fantastic projects and fantastic initiatives across the globe to change the narrative and cause that shift in values and beliefs.

### **IR, chair**

Thank you for that.

### **IR, chair**

Lenny, I remember you've worked in Government in the Department of Health as well, and I remember you telling me about how you have to focus on one thing, just getting one thing changed at the policy level is such an enormous struggle in government, given all the competing demands on ministers. So what's your perspective from back in a policy perspective, the challenge of bringing these wonderful types of approaches in that, Lenny.

### **LS:**

There's a very similar situation in lower middle income countries in some ways, and in higher income countries, because it's very difficult to get funding almost anywhere. Following on from what was just said, looking at particularly the kind of funding situation in the UK, our health spending is a bit less than similar other Organisation for Economic Co-operation and Development (OECD) countries, but it's quite high.

### **High UK health spending on acute hospital system**

However, we spend a lot more compared to comparable countries on the acute sector. Ie, like the big hospitals. The UK has the highest spending of comparable OECD countries on the acute hospital system. Over the last decade of austerity actually the hospitals have expanded.

### **Hospital expansion at expense of preventing ill health**

It's now a struggle to keep people out of hospital, and you end up in this rather vicious policy cycle because the main political challenges confronting the health systems at the moment are ambulances backing up out of hospitals. Why? A decade of capital underspending, difficulty of getting people out of hospital, but ultimately the long-term solution is keeping people out of hospital. But you've got to chuck the money right now at trying to patch up the sector. So what you see is hospitals dragging in the cash, dragging in increased spending to do more and more of the same thing, The bit that's really being squeezed is the investing in community infrastructure, keeping people out of hospital.

### **Challenge of long-term health plans**

The solution to that is these long-term health spending plans. There's this idea that you create smaller pots of funds. The best improvements that took place in the UK was following the publication of The NHS Plan in 2000, and it was a decade-long expenditure and lots of the benefits you see, only in the long term. We are living off the benefits even now the kind of capital investment that took place between 2005-10. So the main strategic challenge for policymakers is this long term willingness to making investment in something that is going to take years and years and years to come to fruition, and it's a huge challenge for them to do so.

### **IR, chair**

Maud, you're both into your practitioners trying to deliver, or you are delivering in this. What's your experience of, if you like, getting the funding, or how you're managing to integrate with the health providers?

### **MH:**

We're a very small platform. We are Arts Council funded, structural funded, and we are very lucky in Ireland to have separation in the Arts Council

### **Disadvantage of Arts participation as separate arts funding, but social awareness**

Acknowledgment of arts participations as a separate desk has benefits and disadvantages, that arts participation is seen as a separate kind of art formally, which I would question. But it is really good because it does put focus on social engagement work within the arts as something that needs to be funded.

### **Arts and Health – need for collaboration**

The Arts and Health platform is also really advanced in Ireland. the festivals and the industries are aware of arts and health and social engagement projects, But on an individual level. Again, I would say, it's all about the collaboration with the healthcare workers and the management that we both work within the Coombe Hospital and MISA as well. Once there is an awareness of the quality of the work that can be done with the proper engagement, I think then the conversation leads to opening up, seeing where there is space for finding funding and conversation. So I think it's all about the collaboration that is needed between the health care workers, the institutions, and the management, and the artists to work together on this.

**IR, chair:**

Thank you. Maud

**IR, chair:**

Glenna, your thoughts on this?

**GB**

Sure, I'm coming from a University perspective from Duke, and from Johns Hopkins, Peabody here in Maryland, where I've just moved. What I'm seeing is that the community work goes on regardless. There are small projects that happen throughout the community in these little satellite artistic hubs which do get seen.

### **Need for administrators and scientists to experience arts prescription**

The hardest thing is to get administrators and even scientists to come and participate alongside what is happening, just getting them into the room to dance with us, for example, and various projects that are offered. This is whole idea, co-competencies where we really can bring in these people to actually experience what it is that we were doing, because to write it up as a narrative and apply for funding, looks very nice, but, in a sense of what good might it bring, both economically, scientifically, and in other ways: to larger funders. And so the challenge, at least for us has always been - how do we bring the people into the actual experience of what is happening? The funders, so that they really can see what is going on, and of what use and benefits this can be.

I think it's beginning to happen, certainly, and the groundwork otherwise continues regardless with other types of projects that are happening in small studios and small communities and so forth. So there's both the global and local dialogue that needs to go on and to be able to have that global and local dialogue happen. It just means that it has to be experiential. Somewhere along the line, there's got to be some kind of a joint experience of people in the same room experiencing the same thing, even if it's just talking.

**IR, chair**

That's very much along the lines of what Lenny was saying with participation. I was struck with Maritza's comment. What's going on in the brain? There's this 100-year-old man who can't hear things, and yet he's producing these wonderful things and similarly with Kunle and Ieva engaging with this visual art, it's been really interesting. Thank you, all four of you. For a fascinating perspective.

**GB**

Can I just say two things.

### **Use of Hands and Beauty**

One is that there was a lot with hands in this last one with hands with Maritza, and I just kept thinking what a what a great idea I mean in your hands. I mean, if people are embarrassed to dance, they can use their hands. Exactly, and the other is we need a discussion about beauty. What is its use in human life. That's it.

**IR, chair:**

Wow! To find great and thank you together. Thank you, Lennie. Thank you for that. Thank you to our panel for a fantastic discussion. I'm back over to our leader or chairman, Brian.

**Professor Brian Lawlor, Professor of Old Age Psychiatry and Deputy Executive Director of the Global Brain Health Institute**

**Chair's Summary**

Ian, thanks so much and thanks to the panel for a really stimulating discussion, I think this Webinar has really been all about the importance of the transdisciplinary approach and I believe our five Global Atlantic Fellows have shown that. They've given us an incredibly important global perspective about what we can learn from one another. We don't have all the solutions in the Global North, that's for sure, and we can learn a lot from the Global South. A couple of things struck me:

**Immediate benefit from arts participation for people living with dementia**

One is the immediate benefit that you see the benefits from participation arts for people living with dementia. The joy in people's faces! What a gift that is, that you can create that, that you can produce these moments of joy, and that these moments of joy can persist. So there is real and obvious benefit to participation for people living with dementia in terms arts, how inclusive arts are, and how inspiring some of the interventions that we heard about today are.

**Arts for Brain Health changing the narrative – co-creating, instilling Hope**

We heard a lot about Hope, and I think Arts for Brain Health really does change the narrative, and it does instil a lot of hope. But it requires authenticity and co-creation. And we saw this highlighted in all of the presentations: the importance of co-creation of arts with people living with dementia.

Moving to some of the points from the panel discussion around arts and creativity and brain health, we heard that participation in arts is a right. Also, it struck me from Maritza's presentation that arts is part of everyday life. Arts creativity, participation in arts, and creativity for brain health is part of everyone, and it can change the narrative. We heard about policy implications, and how we really have to push forward in terms of changing minds and changing policy in this regard, I think we are still siloed in some of our approaches.

A number of the speakers on the panel talked about the importance of building bridges, breaking down professional barriers, particularly at the health professional level. We have to break down these silos, these barriers, for the benefits for the benefit of people living with dementia, if we are to deliver comprehensive policy interventions and care for them – to make a real difference

**Professor Brian Lawlor, Professor of Old Age Psychiatry, GBHI, writes:**

Arts and creativity can be a powerful and safe prescription to improve brain health in both people with dementia and those at risk of developing dementia. So, what are the benefit of arts and creativity and how does it work for brain health?

Arts and creativity offer engagement and activity. And arts and creative engagement is rewarded by our brains. It can decrease anxiety and improve wellbeing in people living with dementia (PlwD) and as such is a natural anti-depressant and antianxiety agent.

Arts and creativity can provide meaning for the PlwD. There doesn't have to be a sense of purpose or an external goal with a creative activity. Arts and engagement in creative practice can generate meaning for the person and help process emotions, in particular coming to terms with a diagnosis of dementia.

Arts and creativity are inclusive and for everyone, even for PlwD. In creative practice and engagement with the arts, the emphasis is on valuing your contribution and on what you can do, not what you can't do.

Arts and creativity can bring playfulness and joy to healthcare and care home settings all of which improves the quality of life and wellbeing to PlwD and formal caregivers.

From the professional perspective, arts and creativity can be used to disseminate awareness and knowledge about brain health and foster a greater empathic understanding of the perspective of the PlwD amongst healthcare professionals.

So, there are strong arguments for prescribing arts and creativity for brain health. And there is gathering evidence for the benefit of listening to music, playing a musical instrument, and singing for brain health and for PlwD. Engagement in artistic and creative practice can help process emotions and improve our wellbeing. Dance improves motor function and may improve cognition in Parkinson's Disease and in PlwD, as may involvement in other artistic pursuits such as theatre poetry and writing, often through a co-creative process for people with dementia.

The challenge for the field lies in developing a stronger evidence base around effective arts and creative interventions for health and in particular brain health and dementia that will convince policy makers and politicians. So, how do we get there?

We need larger and more robust and methodologically sound trials including RCTs, of arts and creative interventions' very importantly we must break down the silos that exist between clinicians, social care practitioners and our artists and creatives who are not connected across a common purpose or at implementation level.

So, this is where we at the Global Brain Health Institute believe that we can make an important contribution.

GBHI embraces arts and creativity for brain health as we firmly believe that we need arts, science, and a co-creative collaboration with PlwD to change the tragedy narrative of dementia.

Arts and creativity are a core part of our fellowship curriculum and 20-30% of our interprofessional fellows at GBHI come from the arts, humanities, and creative space.

They work and train with scientists and doctors to learn how science can inform their practice and how they can help transform the scientist's approach to improve outcomes for people with dementia and their caregivers.

Many of these creatives and artists have received pilot funding from GBHI the [Alzheimer's Association](#) and [Alzheimer's Society UK](#) to carry out art and creative interventions for PwD. In this way we can help grow the evidence base so that social prescribing of arts and creativity for brain health becomes a part of every country's national policy.

I'd like to finish with a quote from one of the GBHI visual artists from Nigeria, Kunle Adewale, regarding his creative work with PlwD:

*When I engage with people with dementia, there is a joy that transmits . . . the sense of connectedness through creativity helps them express themselves*

**Arts & creativity can build brain health and help turn the fear and stigma of dementia inside out**

But we need to bring arts and science together for brain health and continue to build the research evidence base to inform policy and social prescribing practice.

## Veronica, Arts 4 Dementia:

Thank you, Brian, thank you, Ian, and all of you for the most utterly stimulating discussion, debate, and sharing of practice. We have heard to well how co-creation, co-curation, and collaboration between arts and health are the way to secure the funding.

### **Arts prescription funding: collaborative cross-sector model to ensure sustainability**

Following up panellists' concern for funding, the National Academy for Social Prescribing Thriving Communities Fund actually laid out the ideal cross-sector partnership model for sustainable arts prescription – and is place-based (ie the arts base). Because this involves all stakeholders across the sectors, and universities are key to this, I used the structure for our conference and recorded it here in our report [A.R.T.S. for Brain Health: Social Prescribing transforming the diagnostic narrative for Dementia: From Despair to Desire](#), where you will find exactly how social prescribing links people to your superb arts programmes for dementia – and importantly details of the now Global social prescribing student champion scheme founded by Bogdan, so, if you're running your arts programs and you include medical and neuroscience students with your art students that way, the mindset is already geared to arts for dementia or arts practice for dementia, underpinning vital health and social care strategy change .

Thank you to the Global Brain Health Institute, thank you all very much for chairing, presenting, debating and listening today from all around the world to splendid GBHI Atlantic Fellows Best practice **Co-Curating Arts for Brain Health, A Global Perspective**.

Our own next Arts for Brain Health webinar will be [Disability Arts for Brain Health](#), on Tuesday 4 October. ([Registration link](#)) In the meantime we shall be ever fascinated to follow all you are doing at GBHI.

Thank you very much indeed.



The poster features a vibrant, abstract artwork on the left side, depicting faces and hands in various colors and styles. The text on the right side of the poster is as follows:

**Arts for Brain Health –  
Social Prescribing Webinar**  
DISABILITY ARTS

Tuesday 4th October  
2 - 4 pm BST

[veronicarts.org/webinars](http://veronicarts.org/webinars)

