The Creative Health Communication Framework

A Practical Guide for Impacting Mental Health and Wellbeing

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Foreword
by Jane Hearst

This resource accompanies *A Creative Health Communication Framework: Addressing the Compatibility and Marketability of Mental Health and Wellbeing Services*, an upcoming academic text published by Routledge. In the book, I explore how economic systems, healthcare philosophy, and public attitudes shape the acceptance and success of Creative Health services. I identify barriers that prevent Creative Health from gaining full recognition and offer ways to communicate its value more effectively to a range of audiences, including both service users and wider healthcare stakeholders. Central to the book is the idea of 'market wellbeing' - a space where an individual's needs can connect with broader market goals. My approach is rooted in narrative-based research and pragmatic design.

In the second part of the book, I present my *Creative Health Communication Framework* – a tool designed for artists working in mental health and wellbeing, to support them in the promotion of their work. The framework was co-designed with members of the public. It presents twelve thematic categories, which mimic the natural communication style of diverse individuals.

This resource distils key insights from the latter part of the book, providing artistic practitioners with accessible tools and strategies to enhance the visibility and impact of their work. Central to the *Creative Health Communication Framework* is the idea that wellbeing is a complex phenomenon and that everybody has a different view of what is entailed in a wellbeing service. The framework helps by bringing clarity to our communication about Creative Health services. Through this precise communication, I hope to improve the compatibility of service allocation and reduce the waiting lists for mental health and wellbeing support, via the diversification of services available.

In the following pages, I will present each frame via a single/double-page overview. These overviews summarise the most important terminology from the book, provide examples from the field of Creative Health, and explain why it is important to consider this in your promotional communication. My definition of 'promotional communication' is 'any interaction between a researcher or service provider and their service users, participants, readers, or funders, whereby an opportunity exists to clarify their role and the strengths of Creative Health.' (Hearst, 2025).

The Creative Health Communication Framework	
Stage One: The Threat to Wellbeing	Internal or External Threats
	Scale of Impact
	Well-Being Orientations
	Absent or Misaligned Resources
Stage Two: The Role of the Service-Provider	Identifying or Managing Threats
	Internal or External Resources
	Specific or Holistic Goals
	Resilience Strategies
Stage Three: Contextualising the Service	The Distinct Roles of Service-User and Service Provider
	Single Service or Collaborative Team
	Trust-Building and Attainability of Healthcare Services
	Promotional Voices: Scientific, Storytelling, or Poetic

(Figure 1: Framework at a Glance)

Is the threat located internally or externally?
i.e., is the threat to wellbeing related to things like self-narratives and perceptions or issues with systems and environments?

How much does the threat impact well-being?
i.e., does the effort to endure the threat to wellbeing outweigh the cost of your service – whether that be financial, or relating to time and energy?

What type of disorientation does the threat create?
i.e., does the threat to wellbeing affect the individual's environment, social life, time, body, sense of meaning, sense of self, or is the threat disorientation in and of itself?

Is the threat caused by a loss/absence of resources or the presence of misaligned resources?
i.e., is the individual struggling because they cannot access the resources required to stay well, or are the resources they are accessing misaligned to their wants and desires?

Is the service provider's role to identify or manage threats to well-being?
i.e., are they helping service-users to unravel and understand what they are struggling with, or are they offering ways to mitigate these difficulties?

Does the service-provider's support help service-users to attain internal or external resources?
i.e., will the service be cultivating a stronger sense of self and a greater resilience, or can the service-provider access tangible resources or offer a particular form of advocacy that is difficult to access in the absence of the service?

Does the service-provider hold specific or holistic goals?
i.e., are they focusing on a precise aspect of wellbeing, or offering a more comprehensive package?

Is the service-provider informed by a particular resilience strategy?
i.e., are they helping their service-user to resist difficulties, bounce back from them, adapt in different circumstances, or identify existing resources that enable change?

Is there clear communication about the difference between the role of the service provider and the role of the service-user?
i.e., is the service-provider being treated like the trained expert, or is the service-user the expert by experience? And how does this shape the relationship?

Will the service-provider be contributing to a set of collaborative support services or will they be supporting the service-user alone?
i.e., do you know the appropriate complimentary services to signpost to or collaborate with, or will you be communicating the limitations to what you can offer alone?

How does the service-provider plan to develop trust and make their service more attainable?
i.e., will you be responding to pre-existing stigmas about mental health and perceptions about healthcare? How will you re-establish trust with the disenfranchised?

Can the service-provider identify the appropriate 'voice' to discuss tangible or intangible resources?
i.e., a scientific voice may be well suited to clinical audiences or when discussing tangible, measurable resources. A poetic or storytelling voice may be more appropriate when attracting service-users and appealing to emotive value.

(Figure 2: The questions associated with each frame)

Internal or External Threats

External Threats: These are pressures from outside a person, such as poor housing, limited access to resources, or discrimination. Because they affect anyone in similar circumstances, external threats can be clearly identified, making them easier to address with practical solutions. For example, exposure to mould is known to cause respiratory issues; resolving this can improve wellbeing for those affected. Practitioners can work to reduce such external burdens or advocate for changes that help ease these pressures.

Internal Threats: These are unique to each individual, shaped by personal values, past experiences, and internal narratives. For instance, someone may feel the impact of social stigma more strongly if they have internalized feelings of inadequacy. Addressing internal threats requires a personalized approach, respecting each person's lived experience rather than relying solely on scientific evidence. This approach helps people build resilience against challenges that they perceive internally.

Application to Creative Health

Practitioners can apply this understanding in various Creative Health activities. For example:

- Banner-making supports those facing external social injustices by fostering collective empowerment.

- Somatic movement addresses internal stress by helping individuals process trauma through body movement, promoting self-awareness and emotional release.

By recognizing whether challenges stem from external pressures or are deeply personal, practitioners can better align their approaches with the needs and experiences of those they serve. This nuanced perspective encourages not only meaningful, person-centred care but also clearer communication about the value of Creative Health interventions.

Scale of Impact

The Scale of Impact is used to understand how much a 'threat to wellbeing' is impacting the life of an individual. When applying this scale to promotional communication, it can be used as both a numerical or descriptive scale.

Numerical Scale: This quantifies the impact of different wellbeing factors using numbers, for the purpose of prioritising needs. For example, In a one-on-one session, a practitioner might ask a service user to rate the impact of various stressors (like isolation, pain, or financial worries) on a 1 to 10 scale. This gives a clear, comparable view of which areas to address first in their support plan.

Descriptive Scale: This uses words or phrases to communicate the type and degree of wellbeing support, suited for public-facing promotions and tiered commissioning discussions. For example, one service might 'get to the heart of trauma resolution,' whilst another might be a 'welcomed mindfulness break, along the journey of trauma resolution.' This demonstrates that these services are complementary rather than in competition, as one targets the threat directly and another offers less targeted, more holistic support.

Application to Hospital Arts

Using hospital arts as an example:

- Lower Impact: Artistic displays in hospitals help reduce patient pain and speed up recovery, increasing bed availability.

- Medium Impact: Art trails encourage physical activity among patients, further aiding recovery and lowering the risk of future health issues.

- High Impact: Participatory arts in hospitals provide mental stimulation and social connection, benefiting both patient recovery and healthcare staff wellbeing.

By distinguishing the Scale of Impact, service providers can ensure that outputs are aligned to appropriate commissioning fees, and that the benefits of their service outweigh the costs of engaging with the service for their users (whether this be financial or relating to time and energy).

Wellbeing Orientations

Wellbeing is an umbrella term describing a range of experiences. By breaking these down into subsections, we can be clearer about the type of wellbeing that is being affected. I achieve this by referring to what type of disorientation a service user experiences in the absence of wellbeing resources.

Social Orientation describes actions or values which take place within a service user's social life. This might include things like their sense of belonging, or their access to a tribe of people that make them feel special. It could include loneliness, having a voice, being understood, or accepted. It might even include their ability to read non-verbal communication, or societal pressures that shape who they feel they must be.

Environmental Orientation might include physical aspects of the environment, like a service user's access to sunlight and whether they have enough space to conduct activities in. Or it might be something more complex, like the emotional environment that is created by being around people who are ill, depressed, grieving, negative, manipulative, abusive, or simply lacking in hope.

Physiological Orientation asks service users about the type of physical sensations that impact their wellbeing. It might be symptoms they experience when they are stressed, anxious, or having a panic attack. Alternatively, it could describe the pain they hold in their chest when they are processing emotional distress or heartache. For some users, they may be living through a long-standing illness, aches, or physical impairments that affect their day-to-day lifestyle. This orientation could even describe sadness related to the appearance of the physical body, as experience by people with gender dysphoria or body dysmorphia.

Spiritual Orientation describes the aspects of a service user's life which helps them to feel connected to the wider world and offer them a sense of meaning. It can include the values that motivate them and guide their actions, or a type of work that they thrive in. These may be religious aspects of their life, or things in their imagination that help them to feel connected to the planet. This can include calming or sensory activities that ground them when life gets chaotic.

Temporal Orientation includes disruptions to plans, like many of us experienced during the COVID-19 pandemic. These factors might be time pressures from a service user's community, such as expectations to have a child or get married soon. It could involve work-life balance, where one aspect of their life begins to dominate. Or even the speed of their lifestyle.

Psychological Orientation differs from the other orientations as it is more likely to consider wellbeing factors which come from within the service user, such as an internal dialogue that makes an otherwise harmless interaction feel overwhelming. Factors in this orientation can include traumatic memories that trigger an internal response, or insecurities which ruin a service user's day. Some may seek support because they have developed a set of damaging emotional patterns that they can't break away from.

Ability to Orientate describes barriers to orientation that a person has little control over. Particularly useful considerations within this category are whether a person:

- has lost retention of some their core or short-term memories
- cannot distinguish between that which is real and imaginary
- experiences challenges associated with a neurodivergent mind
- has an over-active fight-flight-or-freeze response due to trauma
- is discriminated against in ways that cause barriers to living

These barriers can have an isolating affect between the individual and the external world.

For service users who experience a high baseline of wellbeing, they may not require support with either disabling barriers or areas of disorientation. In this case, the service provider likely has the purpose of maintaining wellbeing or eliciting joyful emotions. These elements move beyond supporting a person in their ability to survive, towards helping them on their mission to thrive. For participants in the project, this aspect of wellbeing was best described as '**pleasure**'.

Examples from Creative Health

- Dementia-focused Creative Health service can support the 'ability to orientate' by improving access to memories, attention, and verbal fluency.

- *Queer Black Christmas* focuses on temporal and social orientation, as it provides a safe space for LGBT+ people to gather at Christmas time.

Absent or Misaligned Resources

Absent or Lost Resources: Resources that are entirely unavailable to an individual, leaving them unable to meet certain goals or manage emotions effectively. Creative Health practices can identify these gaps and provide targeted interventions that help individuals find the necessary resources to improve their wellbeing.

Misaligned Resources: Describes resources that are present but not compatible with the individual's needs or values, creating barriers rather than support. Creative Health interventions can help individuals navigate and abandon misaligned resources, enabling them to cultivate healthier, more compatible resources that align with their personal goals.

Application to Creative Health

Here are two examples of Creative Health services that target Misaligned Resources:

- LGBTQIA+ individuals may feel isolated in traditional therapy due to a lack of understanding about their unique experiences and identities. Creative approaches like Julie Tilsen's 'gender unicorn' exercise introduce imaginative, inclusive techniques that better align therapy with these individuals' needs.

- Due to a shortage of specific research on their health needs, People of Colour and women often face gaps in accurate guidance and safe healthcare practices. Creative Health approaches, such as anti-racism frameworks and co-designed research methods, enable marginalized groups to have a stronger voice in health care, fostering safety and inclusion.

Differentiating between absent and misaligned resources is crucial in Creative Health because it allows practitioners to tailor their support effectively. Misaligned resources can be difficult for service users to recognise as a threat to their wellbeing. Recognizing this helps reduce the stigma associated with feeling unwell in the presence of resources and helps service providers to better plan their services around the perceived barriers associated with their target demographics.

Identifying or Managing Threats

Identifying Threats: Helping individuals recognise and understand potential challenges to their wellbeing, which involves exploring values, concerns, and personal goals.

Managing Threats: Supporting individuals in addressing known challenges by offering resources, coping strategies, or structured plans to minimize the impact of these threats on their lives.

Application to Creative Health

Through examples, I will demonstrate the important relationship between identifying and managing threats.

- Increasingly, people are using creative social media content to describe their lived experience of Autism and/or ADHD. This has been a great resource for helping undiagnosed individuals to identify similar patterns in their own lives and respond accordingly. This differs from content such as NCCH's blog* on neurodivergence, which focused more on creative, playful and empowering ways to manage symptoms.

- Museum and art exhibitions, like the Everywhere and Nowhere Project, help to enhance representation and understanding about diverse health experiences (in this case, disability). Similarly, human libraries and immersive theatre enable audiences to ask questions or empathetically imagine the lives of those with particular health experiences, promoting understanding and awareness.

Distinguishing between identifying and managing threats in Creative Health is essential to tailor support effectively. While identifying threats can foster self-awareness and understanding, managing threats involves practical interventions to improve wellbeing. Together, these approaches empower individuals with both knowledge and actionable resources, bridging awareness with sustainable support.

*To access the NCCH blog mentioned on this page, visit:
https://ncch.org.uk/blog/creative-approaches-to-health-wellbeing-a-neurodivergent-perspective

Internal or External Resources

Internal resources describe skills, strengths, and guiding principles that heighten an individual's ability to survive through moments of increased pressure or trauma.

External resources are usually tangible or measurable assets that individuals can own or access, which reduce the number of threats that they face.

Three Methods of Attaining Internal Resources

Unconditional Positive Regard (UPR): A supportive approach that offers acceptance and respect regardless of a person's actions or beliefs, helping individuals feel seen and valued for their true selves.

Reference Points of Viable Possibilities (RPVP): Memories or observations that provide a person with examples of a fulfilling life, guiding them through challenges and reinforcing confidence in what is achievable.

Facilitative Environments for Adaptation (FEFA): Safe and supportive spaces that allow individuals to reflect on themselves and make adjustments to improve their wellbeing, especially helpful for those in stressful or restrictive environments.

Application to Creative Health

Examples from the field include:

- Therapeutic Writing Services, such as those offered by Katie Watson, offer clients a space to gain 'linguistic control' over their narratives, helping them build resilience and autonomy, internally.

- Targeted Community Dance Classes, like Bollyqueer, provide a safe (LGBT+ friendly) space for individuals to enjoy dance, fostering both external support through community and internal empowerment.

Recognizing the difference between internal and external resources helps practitioners provide balanced, effective interventions, enhancing an individual's ability to navigate both personal and societal challenges.

Specific or Holistic Goals

Specific, targeted interventions versus holistic approaches to care is often a feature of conversations when people discuss the differences between traditional and creative approaches to mental health and wellbeing, but it is more nuanced than this. Here, I suggest that both thrive in different contexts.

Simple or complex wellbeing systems: Individuals who communicate about their wellbeing systems by referring to one or two dominating factors, such as social needs, benefit most from targeted interventions that address specific orientations. Whereas individuals who describe their wellbeing as multifaceted, where numerous factors affect their life equally, require holistic approaches to address the range of intersecting needs comprehensively. This ensures the targets of the service mimic and validate the narrative style of the target service user.

Character Models versus Guiding Principles: People who define wellbeing through character-driven models (like achieving a specific social role like 'good husband/wife' or 'model employee') can benefit from targeted interventions that align with specific behaviours or goals, reinforcing their sense of identity and purpose. Whereas people who define wellbeing through adaptable guiding principles (rather than fixed character roles) benefit from holistic care that fosters resilience and growth across diverse contexts.

The Link between Rippling Disorientation, Focused Care and Holistic Outcomes: When a primary wellbeing factor disrupts multiple aspects of life, targeted support for that key factor can have ripple effects, improving overall wellbeing by stabilizing the most influential area. In this scenario, the service is targeted, but the intended outputs are still holistic due to the rippling effects.

Distinguishing between targeted and holistic interventions allows service providers to choose approaches that align with individuals' unique needs, either by addressing specific challenges or by supporting interconnected aspects of wellbeing. This alignment improves the impact and relevance of care, promoting wellbeing in a way that best fits each individual's life narrative.

Applications to Creative Health

By giving three real world examples of specific care, holistic care, and care which had multiple specific outputs, I demonstrate the importance of this frame:

- Dance to Health*: This is a focused falls-prevention dance programme integrating physiotherapy to reduce fall-related injuries. It is a focused service, as its success is measured based on the number of hospital admissions for falls that are experienced by those who have attended classes. They demonstrate their value via incredibly strong supporting statistics.

- Move Dance Feel*: This is a wellbeing dance programme supporting women affected by cancer. It promotes emotional and physical wellbeing without a single defined outcome. Move Dance Feel have partnered with researchers to ensure the range of benefits they produce are not lost in the nuance of their programme. Additionally, they use user testimonials, via film, to share the emotive responses of their users – a promotional tool which is often important in the absence of statistical measures.

- STW Asthma Management through Creative Arts: In Shropshire, Telford and Wrekin ICS, partners from the ICB and Public Health used poetry and singing to improve children's lung health and reduce stigma around asthma. The primary output, motivated by the clinical concerns of the ICB, was a reduction in children accessing emergency care following high-intensity asthma attacks, due to ineffective use of inhalers. A secondary outcome of the initiative, motivated by the prevention agenda of Public Health, was improved language development of the children, which links to the social determinants of health. A benefit that linked to the aspirations of the community and creative practitioner partners was the sense of play and reduced anxiety about asthma management. By demonstrating clear outcomes that formulated a more holistic service, this initiative was able to engage a cross-sector partnership that enabled this to be adequately funded. This demonstrates the value of highlighting key benefits, even within multifaceted services.

*To access the NCCH case studies on Dance to Health and Move Dance Feel, visit: https://ncch.org.uk/case-studies/dance-to-health-aesop and https://ncch.org.uk/case-studies/move-dance-feel

Resilience Strategies

Resilience is a term that appears often in conversations about wellbeing – both in a professional setting and through common communication in the public. Whilst there is a place for this framing, there are also limits to each 'resilience strategy.' By outlining four key terms, I invite Creative Health practitioners to consider which they best align to, whether this is the same as their service user, and how the limits of each strategy is appropriately discussed in goal-centred communications about their provision.

Resiliency is the capacity to 'bounce back' to a stable state after a setback, focusing on recovery rather than growth. While useful for managing short-term distress, this approach may limit individuals who seek deeper transformations, as it emphasizes returning to a previous baseline rather than reaching a new, enriched state of wellbeing.

Our Creative Health Champion* Melanie Thompson refers to the three different chemical states of the brain (originally developed by Paul Gilbert, 2009) when talking about the resilience of her patients and staff – particularly high performing individuals. These states are 'Drive and Excitement,' the state that motivates us to start a challenge, 'Threat and Protection,' the state that helps us to endure a challenge once motivation has faded, and 'Contentment, Soothing and Social Safety,' the state of rest which best prepares us to return to a state of motivation. In this final state – the one that many high-achievers attempt to skip – our brains access their most creative state and restore memory function. It is, therefore, a necessary step for long-term success, rather than an option add-on.

Resistance is the ability to withstand external pressures without changing one's core state, often by maintaining a strong boundary against negativity. This strategy can be empowering in response to societal injustices but may lead individuals to suppress rather than process difficult emotions. Over-resistance can lead to the resistance of positive forces, such as love.

In Creative Health, artistic activism enables communities to resist inequity and discrimination, envisioning a positive alternative. An example is my children's book Aspire To. In it, I feature 14 real life role-models whose stories counter career-limiting narratives based on socioeconomic status.

Adaptive capacity enables individuals to shift and evolve in response to change - a strategy that fosters resilience through personal transformation. While empowering, it can risk overwhelming individuals during challenging transitions if not paired with grounding support.

In Creative Health, fostering adaptive capacity can be done through Roleplaying Games. These encourage individuals to explore new possibilities and manage complex feelings. An example, from my own life, is playing chaotic neurodivergent characters in Dungeons and Dragons, a natural consequence of which is to better understand my own brain and how my behaviour is perceived by others. These exercises should be done with sensitivity to ensure individuals feel anchored and supported.

Functional diversity emphasizes the multi-purpose nature of internal and external resources, enabling individuals to reapply existing strengths to address multiple aspects of wellbeing. This approach promotes resourcefulness but risks stretching resources too thinly in cases where resources are minimal or causing exhaustion if over-relied upon.

In Creative Health, practitioners can apply functional diversity to the diversification of their service offering. For example, ahead of my role as the Midlands Creative Health Associate at NCCH, I was a freelance filmmaker. I primarily focused on therapeutic filmmaking, but expanded my services to include guest lectures, the production of marketing films for social causes, the facilitation of storytelling interviews for book projects or research, motivational talks, and promotional support for businesses. This diversification allowed me to leverage my existing skills across multiple areas, ensuring financial stability without the need for additional resources or training.

This resilience-informed frame offers Creative Health practitioners versatile approaches to support varied client needs, from immediate stress management to adaptive change. Recognizing each strategy's limitations allows practitioners to deliver more nuanced care, ensuring clients have both the resilience to handle challenges and the flexibility to grow beyond them.

*To find out more about NCCH's Champions Network, visit:
https://ncch.org.uk/creative-health-champions

The Distinct Roles of Service User and Service Provider

Structuralist (Centred) Practice: In this approach, the service provider is seen as the expert, interpreting the client's experiences through established frameworks or diagnostic criteria. Power resides with the provider, who uses their expertise to guide the service user's journey toward specific outcomes.

Non-Structuralist (De-Centred) Practice: Here, the service user is viewed as the expert of their own experiences, with the provider facilitating exploration without imposing interpretations. This practice emphasizes empowering service users to find personal meaning in their stories, allowing their voices and perspectives to guide the process.

In mental health and wellbeing services, the communication of power dynamics influences how service users engage with the process. Distinguishing between the roles of service users and service providers ensures that each party understands their responsibilities and expectations, leading to more effective and empowering care. Clear role definition helps prevent misunderstandings about the support offered and protects both parties from potential burnout or unmet needs.

Examples within Creative Health

- Designs in Mind: This is a non-structuralist programme in Oswestry. Designs in Mind work with their members/artists (aka 'service users') to collaborate on creative projects and create saleable outputs. Their model of delivery shifts the focus from creative therapy towards purposeful creation, fostering a sense of fulfilment and community.

- Leicester's Community Connectors: Operating within an Integrated Neighbourhood Working model, this initiative empowers community members to identify their own needs and gaps in local services. The initiative follows a user-driven approach to health and wellbeing by developing compatible community groups and activities in response to identified needs.

Single Service or Collaborative Team

Creative Health service providers may choose to be entirely independent, take on a signposting role, or establish formalized partnerships, depending on the complexity of service user needs and the resources required to meet them. Independence offers flexibility but may limit the scope of support; signposting provides guidance toward other resources while focusing on the provider's primary services; and formal partnerships enable comprehensive, coordinated care for multifaceted issues. These decisions allow providers to define clear boundaries and optimize outcomes based on available resources and support networks.

To replicate and renovate collaborative approaches in the NHS, Creative Health providers can adopt aspects of the NHS's Care Programme Approach, ensuring clear role definitions and shared goals. By adapting this framework, Creative Health teams can work efficiently, promoting a cohesive and user-centred experience.

Examples of Collaboration in Creative Health

- Headway: This brain injury organization collaborates with partners for benefits support, providing users with resources and referrals that aid them in navigating life after injury and mitigating risks like family breakdown and financial strain.

- Cultural Compacts: These partnerships, including representatives from local councils, arts institutions, and health stakeholders, integrate health into the cultural agenda, bridging the arts and health sectors in regions like Shropshire, Telford, and Wrekin.

- VCSE Alliances in ICBs: Integrated Care Systems (ICS) in the UK now require VCSE (Voluntary, Community, and Social Enterprise) alliances, giving third-sector organizations a formal role in shaping healthcare to address complex social health needs.

Establishing clear roles and collaborative strategies in Creative Health allows providers to focus on their strengths while ensuring comprehensive support for service users. This approach promotes resilience in the sector and enhances the wellbeing landscape through coordinated, sustainable care.

Trust-Building and Attainability of Healthcare Services

Widespread over-subscription and limited resources in mental health services, in the UK, have led to members of the public experiencing unmet needs and feelings of disenfranchisement. Transparent communication about what sets your service apart from traditional mental healthcare, and where your own limitations may lie, can help rebuild trust and encourage engagement with alternative solutions, like Creative Health. But what exactly can it help to communicate about? Here, I present some suggestions.

Systems, Cultures, and Social Influences: Trust is shaped by social environments, cultural beliefs, and systemic influences, such as societal taboos around mental health or the prioritization of acute cases over preventative care. Creative Health providers can tailor promotional narratives to resonate with diverse cultural values and bridge gaps in mental health literacy.

Quality of Service Delivery: Past negative experiences with traditional mental healthcare services can erode trust, making professionalism and approachability vital for Creative Health providers. Differentiating your approach from clinical services and demonstrating reliability helps build confidence and break negative associations.

The Wider Healthcare Industry: Trust issues in Creative Health can be influenced by other health services outside of mental health – whether that be social services, dentists, support workers, GP's, etc. Here, previous negative experiences may deter individuals from seeking help. Creative Health providers, in this case, need to gain trust ahead of the service delivery.

Disenfranchisement: Changes, such as the digitalization of healthcare, have created access barriers for some affecting confidence and trust. Creative Health providers can respond by clearly communicating about things such as digital literacy requirements or emphasizing low-tech, accessible services.

Stigma and Worries About Burden: Service users may hesitate to share their experiences due to stigma or fear of burdening providers. Addressing these concerns in promotional material can enhance engagement.

Examples of Trust and Attainability Promotion

- *Wellcome Collection*: Through relaxed exhibition openings for neurodivergent audiences, Wellcome provides clear sensory information, visual guides, and supportive accommodations to reduce anxiety and make the experience more welcoming and accessible.

  Similarly, *Stims Collective* creates inclusive, sensory-friendly film screenings with adjustable lighting, volume, and freedom of movement, catering specifically to neurodiverse audiences to ensure a comfortable, stigma-free environment.

- *Leicester City Council's Community Champions*: By working with local leaders from communities to communicate health information in native languages and tailor health messages to cultural contexts, the Council fosters trust and improves healthcare access in diverse communities.

Promotional Voices: Scientific, Storytelling, or Poetic

Tailoring a promotional voice to different contexts or audiences is essential to ensure messages resonate with specific needs and values, allowing service providers to communicate effectively across diverse stakeholders. By choosing an appropriate tone - whether scientific, storytelling, or poetic - providers can make their messages accessible, relatable, and impactful for varied audiences.

Scientific Voice: Uses clear, data-driven language to communicate measurable outcomes, appealing to audiences seeking tangible evidence of effectiveness.

Storytelling Voice: Employs personal narratives and testimonials to evoke emotional responses, ideal for audiences who connect through shared experiences and values.

Poetic Voice: Utilizes metaphorical or sensory language to evoke a visceral response, resonating with audiences interested in creative, immersive expressions of wellbeing.

Application to Creative Health

- Creative Health at a Glance*: This NCCH resource holds a scientific tone, as it presents quantitative data and prioritized health conditions relevant to the NHS's priorities, appealing to senior leaders within ICB's.

- Visible Mending: This short documentary used a storytelling voice to capture the social and emotional benefits of knitting for mental wellbeing, blending real-life stories with creative visuals.

- Derby Workforce wellbeing Huddle**: In this co-production project, a poetic approach was taken using collaborative verbatim poetry exercises that fostered reflection on wellbeing among healthcare staff.

*To access the At a Glance resource, visit: https://ncch.org.uk/blog/creative-health-at-a-glance

**To access information about other Huddles delivered by NCCH, visit: https://ncch.org.uk/huddles