

Creativity is not a luxury. It is prevention infrastructure.

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Photograph by Reza Majid

I'm Dr. Guddi Singh: a paediatrician in the NHS, a broadcaster, a researcher, and a trustee of the National Centre for Creative Health.

Across all those roles, I keep returning to one question: what would medicine look like if it understood that health is made long before anyone arrives in clinic - in the places we live, learn, work, play, love, struggle and belong?

That question feels especially urgent now. The NHS 10 Year Health Plan is built around three major shifts: from hospital to community, from analogue to digital, and from sickness to

prevention. But if neighbourhood health is simply a matter of moving clinical services into smaller buildings, we will have missed the point.

Prevention will not happen with a leaflet. It will not happen by app or AI alone. And it will not happen by giving already exhausted people one more lifestyle instruction to fail at.

So when we ask whether creativity should be promoted as a health behaviour, my answer is yes - but only if we understand creativity as much more than another behaviour.

Too often in health, we take deeply social problems - loneliness, poverty, grief, racism, disconnection, hopelessness - and translate them into individual instructions:

Eat better.
Move more.
Stop smoking.
Drink less.
Be resilient.
Download an app.
Manage your stress.

And then, when people cannot comply, we call them "hard to reach".

Very often, they are not hard to reach at all. They are easy to reach. We just have not built anything worth reaching for.

Creativity is one of those things worth reaching for. As a neurodevelopmental specialist I can tell you that creativity is also a human capacity. A language. A form of connection. It is how people make meaning out of pain, how communities metabolise grief, how children learn who they are, and how people who have been silenced find voice.

I say that not only as a clinician, but as someone who needed it.

I was trained in the hard sciences: molecules, mechanisms, diagnoses, drugs. For a long time, if you had suggested that poetry, painting, music or dance had anything serious to do with medicine, I might have laughed in your face.

But then medicine itself nearly broke me.

As a young doctor, after a run of difficult child deaths, I burnt out badly. I blamed myself. I felt I was not cut out for a profession in which immigrant women of colour from working-class towns in the north-east were not exactly made to feel they belonged. For people like me at that time, therapy was not an easy word to say. Distress was something you swallowed. You carried on.

What pulled me back from the brink was not a pill or a policy document. It was a Bollywood dance class.

I say that carefully, because I am not suggesting dance is a substitute for therapy, medication, housing, safety, income or justice. But I am saying that, for me, music and movement turned a light back on inside me. It returned me to my body. It reminded me that I was not just a doctor, and not just a machine. I was a human being.

That experience changed the way I practised medicine.

I started bringing dance onto the paediatric ward. At first, it was awkward: doctors, nurses, children, parents - all of us in the playroom, trying not to look embarrassed. But then something shifted. The hierarchy softened. People smiled. Children got out of bed. Staff spoke to each other differently. For a moment, the ward became less clinical, and more human.

That is creative health: not art as ornament, not murals to distract from underfunding, not a nice little extra once the "real medicine" has been done.

Creative health is the real medicine - if by medicine we mean the work of making people well.

The evidence is now far stronger than many people realise. The World Health Organization's scoping review of arts and health synthesised global evidence on the role of the arts in improving health and wellbeing. Research has also mapped hundreds of mechanisms through which arts and cultural engagement can affect health: biological pathways such as stress regulation; psychological pathways such as confidence and emotional expression; social pathways such as belonging and trust; and behavioural pathways such as movement, motivation and adherence.

This matters because the NHS is facing problems that biomedicine alone cannot solve. In England, about one in five children and young people aged 8 to 25 had a probable mental disorder in 2023. One in four adults has at least two health conditions. Healthy life expectancy in the UK has fallen for the first time in a century and is now only around 61 years.

These are not problems that can be solved by prescribing more individual willpower.

If we are serious about turning the tide, we need to stop pretending prevention is simply about telling people to make better choices.

Prevention is whether a child has somewhere safe to play. Whether a teenager has a place to belong. Whether an older person has a choir, a library, a dance class, a reason to leave the house. Whether a mother has a community. Whether a young person can tell their story before their distress becomes a diagnosis.

Making *Three Ages of Child* for BBC Radio 4 taught me this viscerally. I went looking for child health in clinics and policy documents, but I kept finding it in baby banks, playgrounds, schools, youth projects and family hubs - in the places where children are either given room to flourish or taught to shrink.

This is where creativity becomes powerful. It reaches places formal services often cannot. It can cross language, class, age, shame and mistrust. It can create the conditions in which people speak honestly about their lives.

I have seen this in my own work through the Wellbeing and Health Action Movement (WHAM) and Powering Up, where we used creativity with young people from under-represented communities to radically reimagine health services. They made poems, music, drama and dance - but what they were really making was knowledge. They were showing clinicians what our systems look like from the other side.

And once you have heard a young person say, "People tell you to stay off the street, but no one tells you how - sometimes staying at home just isn't an option," you cannot go back to pretending that health is simply a matter of individual behaviour.

So how do we encourage the public to engage with creative health?

First, we stop patronising them. The public are already creative. Creativity is not owned by galleries, concert halls, universities or people with inherited confidence. It belongs in kitchens, temples, mosques, barbershops, playgrounds, WhatsApp groups, street corners, schools, even wards and waiting rooms.

Second, we fund it properly. Access matters. If creative health is only available to the already comfortable, it will widen inequalities while congratulating itself on doing good.

Third, we prescribe it carefully. Social prescribing must not become “go away and join a choir” when what someone needs is housing, safety or income. The best creative health work is relational. It walks alongside people.

Fourth, we embed creativity into the NHS, education and community life as infrastructure: not as charity, not as a pilot, not as the first thing cut when budgets tighten, but as part of how a humane society keeps people well.

A serious neighbourhood health strategy must ask not only, “Where are the clinics?” but also: where are the libraries, playgrounds, choirs, dance floors, youth workers, artists and community connectors? Where are the spaces where people can be seen, heard and held?

So yes, promote creativity as a health behaviour. But more than that: defend it as a public good.

Because the real question is not whether creativity can help health. The real question is whether we are brave enough to build a health system - and a society - that understands human beings need more than survival.

We need meaning.
We need beauty.
We need belonging.
We need joy.

And sometimes, before a person can tell you what hurts, they need a song, a story, a drumbeat, a poem, a paintbrush - perhaps even a dancefloor.

That is not soft.
That is not fluffy.
That is health creation.

Further reading and resources

1. Department of Health and Social Care. *10 Year Health Plan for England: fit for the future* [Internet]. London: DHSC; 2025 [cited 2026 May 28]. Available from:

<https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>

2. Fancourt D, Finn S. *What is the evidence on the role of the arts in improving health and well-being? A scoping review* [Internet]. Copenhagen: WHO Regional Office for Europe; 2019 [cited 2026 May 28]. Health Evidence Network synthesis report 67. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK553773/>
3. Fancourt D, Aughterson H, Finn S, Walker E, Steptoe A. How leisure activities affect health: a narrative review and multi-level theoretical framework of mechanisms of action. *Lancet Psychiatry*. 2021;8(4):329–339. doi:10.1016/S2215-0366(20)30384-9
4. NHS England Digital. *Mental Health of Children and Young People in England, 2023: wave 4 follow up to the 2017 survey* [Internet]. Leeds: NHS England Digital; 2023 [cited 2026 May 28]. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up>
5. Department of Health and Social Care. *Major conditions strategy: case for change and our strategic framework* [Internet]. London: DHSC; 2023 [cited 2026 May 28]. Available from: <https://www.gov.uk/government/publications/major-conditions-strategy-case-for-change-and-our-strategic-framework/major-conditions-strategy-case-for-change-and-our-strategic-framework--2>
6. Office for National Statistics. *Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024* [Internet]. Newport: ONS; 2026 [cited 2026 May 28]. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/between2011to2013and2022to2024>
7. Wellbeing and Health Action Movement. *WHAM: Wellbeing and Health Action Movement* [Internet]. 2023 [cited 2026 May 28]. Available from: <https://www.whamproject.co.uk/>
8. Q Community. *'Powering Up': co-producing solutions to health inequality with young people* [Internet]. London: Health Foundation; 2023 [cited 2026 May 28]. Available from: <https://q.health.org.uk/idea/2023/powering-up-co-producing-solutions-to-health-inequality-with-young-people/>
9. BBC Radio 4. *Three Ages of Child* [Internet]. London: BBC; 2025 [cited 2026 May 28]. Available from: <https://www.bbc.co.uk/programmes/m002k385>