HERITAGE AND OUR SUSTAINABLE FUTURE
research, practice, policy and impact

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This session addressed a number of the United Nations Sustainable Development Goals (SDGs).

HERITAGE, MENTAL HEALTH AND WELL-BEING

Brief Report from the UK National Commission for UNESCO and PRAXIS at the University of Leeds. Session held on Monday 1st March, 2021.

This session focused on the role that heritage can play in promoting mental health and well-being (essential to sustainable development) throughout the life course. This role remains largely unexplored in the fields of both heritage and mental health. The session considered how perceptions and definitions of mental health, resilience and well-being differ contextually, and discussed the contribution heritage research and practice can make, particularly among marginalised communities (e.g. refugees, displaced and conflict-affected populations) and those without access to psychotherapeutic services.

KEY INSIGHTS

ONE. **Local contexts, cultural backgrounds, and (intangible) heritage practices influence how individuals and communities define and address concepts such as mental health and well-being, which are not universal constructs.**

Different forms of heritage − including traditions, living expressions, norms and customs, spirituality, rituals and belief systems, knowledge and practices concerning nature and the universe − affect how different communities face such matters and do, or do not, seek support.

TWO. **Heritage is inextricably linked to mental health and well-being, often generating positive emotions and a sense of connection, but also capable of triggering distress, trauma and negative memories.**

Heritage contributes to individuals' and communities' collective memory, sense of belonging, cultural identity, and social cohesion − all elements strongly interconnected with mental health and well-being. These aspects can promote a positive sense of self, social support, solidarity/unity, and resilience, but also adverse feelings and a sense of oppression.

RECOMMENDATIONS FOR RESEARCH, POLICY, AND PRACTICE

ONE. **Local contexts, cultural backgrounds, and (intangible) heritage practices influence how individuals and communities define and address concepts such as mental health and well-being, which are not universal constructs.**

- **Understand how different communities respond to issues of mental health, and decolonise heritage and mental health practices** by co-creating interventions with local people, learning from and co-protecting community knowledge.

- **Explore the differing impacts and outcomes which arise from cultural perceptions of mental health, resilience and well-being,** including stigmatisation of those experiencing mental illness.

- **Use heritage and creativity to promote awareness of the importance of treating mental health disorders** like any other health issue, and support community mobilisation to reduce discrimination and social exclusion.

- **Use heritage-based approaches to create a safe space for dialogue,** reach marginalised and traumatised communities (e.g. displaced and conflict-affected people, refugees, diaspora groups and tribal communities) and provide support to those seeking help.

- **Support multilingualism and interpretation in heritage projects** to encourage linguistic empathy and freedom of expression in different languages, preferably participants' native ones.

- **Consider specific cultural factors, local needs and existing power dynamics** before providing support and treatments for mental health and well-being, and develop culturally sensitive approaches.

- **Develop partnerships and collaboration with local stakeholders** to promote and facilitate community-led solutions, bottom-up approaches, and embed mental health and well-being issues into local heritage programmes.

TWO. **Heritage is inextricably linked to mental health and well-being, often generating positive emotions and a sense of connection, but also capable of triggering distress, trauma and negative memories.**

- **Recognise the importance of heritage, particularly intangible practices,** in bringing communities together, empowering people and supporting them to address mental health issues and foster well-being.

- **Use heritage, arts-based approaches and digital technology such as virtual reality to support participants' mental health and well-being,** unlock memories, break down barriers, encourage open and intergenerational dialogue and freedom of expression, and to initiate and manage difficult conversations.

- **Develop and implement approaches that combine heritage and mental health expertise** through the creation of interdisciplinary project teams, particularly when developing projects in challenging and conflict-affected contexts.

- **Be aware of the potential negative impacts that working with heritage can provoke in project participants.** Follow safeguarding practices and ethical procedures that are context specific, and provide adequate measures to cope with potential unintended consequences.

- **Work with partners to understand the potential psychological needs of participants,** particularly those who have been extremely traumatised, and ensure that support systems are in place when implementing heritage projects.

- **Investigate the effectiveness of heritage in supporting preventive as well as more holistic approaches to address mental health issues and foster well-being,** beyond the use of pharmaceuticals and more conventional medical treatments.

- **Disseminate project outcomes and case studies from research and practice linking heritage with mental health and well-being issues.**

KEY ISSUES

1. Mental health conditions are increasing worldwide, with a 13% rise from 2007 to 2017 (World Health Organisation). Moreover, approximately 20% of people in post-conflict settings have a mental health condition.

2. Addressing mental health and well-being is essential to sustainable development, and it is of increasing urgency given the negative impacts of COVID-19, which are exacerbating mental health issues all around the world.

3. Many communities have limited access to resources for tackling mental health and stigmatisation for those experiencing mental illness is prevalent. Combined with existing prejudices and discrimination, marginalised groups face even greater challenges in accessing support for their mental health and well-being.

4. Different approaches exist to tackle mental health worldwide. The use of pharmaceuticals, most common in the Global North, plays an important role in the multi-faceted treatment of mental illness, but is not always the most effective solution. In this context, heritage and creative practices – often overlooked – can have a role to play.

5. Heritage and culture are rarely recognised as important elements for mental health and well-being.

6. Heritage and global mental health are both historically under-prioritised and under-funded in the development sector.

KEY CHALLENGES

1. TRAUMA AND NEGATIVE MEMORIES WHICH LINK TO HERITAGE

2. PREJUDICES AROUND MENTAL HEALTH

3. LIMITED ACCESS TO (MENTAL) HEALTH RESOURCES

4. DIFFERENT HERITAGE PERCEPTIONS

5. EUROCENTRIC APPROACHES TO MENTAL HEALTH

6. POWER DYNAMICS AND COLONIALISM

CASE STUDIES

BUILDING RESILIENCE THROUGH HERITAGE

The Building Resilience Through Heritage (BReaTHe) project looked at the challenge of conflict and diminished mental health in displaced communities with a focus on closed refugee camp settings and mixed communities in and around Azraq in Jordan. Known problems within such groups include inter-personal violence resulting from loss of personal value and identity. The team explored the use of co-produced Virtual Reality reconstructions of heritage sites as a means to: 1) grow community engagement (a technology-based hook), along with discussing and incorporating intangible heritage (including food, music and dancing); 2) create a platform for sharing heritage values and identity within and between family and social units. This led to a cultural heritage festival.

The project found the "technological hook" had a desired effect with an approximately 400% increase in programme participation following the initial scoping workshop. This resulted in fruitful conversations leading to the identification of a range of heritage values (tangible and intangible) that were developed through further workshop activity with the participants, and showcased and celebrated by the community at the cultural heritage festival. Feedback from participants was positive, and included: creation of new friendship networks; a growth of mutual understanding between previously disparate groups and individuals; enabling conversations of previously undiscussed family history with children; and increase in the value of memory and identity. We perceive these as a corollary to well-being improvement and a pathway to reduced communal stress and conflict.

MULTILINGUALISM AND MENTAL HEALTH

Multilingualism is an important component of culture and (intangible) heritage. However, training in mental health practice and theory, rooted as it is in a monolingual culture, has largely ignored multilingualism - both the challenges it poses and the opportunities it offers. As a result, multilingual clients are too often treated differently from monolingual clients in mental health practice. If we ignore the presence and potential of multilingualism, we risk not only overlooking multilingual clients' identities and forms of emotional expression, but also perpetuating inequalities in access to mental health services. Therefore, it is useful to examine multilingualism, separately from culture, in a training context before integrating the learning more holistically into practice.

To fill this gap, we have created a free online training resource on multilingualism and mental health as part of the Pásalo project. Using this training resource, practitioners can:

- Become more aware of the ways in which multilingual clients and monolingual clients' experiences are different and the relevance of those differences to mental health issues and therapeutic practice;
- Apply knowledge about linguistic justice, agency, privilege and power to psychological practice;
- Become more confident at working effectively with an interpreter and attending to the shifting dynamics of power in interpreter-mediated therapy;
- Become more confident in applying a multilingual therapeutic framework and using the resource of a client's and/or a practitioner's multilingualism as a therapeutic asset.

CULTURAL HERITAGE, MENTAL HEALTH AND WELL-BEING IN KERALA, INDIA

Mental health interventions are typically dominated by deficit-based models of theory and practice. Supporting literacy and awareness requires a shift toward more positive, ability-centred and culturally appropriate approaches. Cultural heritage practices shape the way we think and influence our help-seeking for mental health issues. A mental health literacy model focussed solely on medical understandings of the subject is missing important factors, particularly within Indian society, such as cultural, religious and spiritual beliefs and their attendant practices and healing regimes. Our project 'MeHeLP India' explored how cultural practices influence mental health, well-being and resilience by focusing on cultural and religious belief systems and traditional practices in urban, rural and tribal communities in Kerala, India. We used applied theatre and storytelling to best engage with Kerala's communities to discuss mental ill-health and to examine how cultural heritage and cultural practices influence and impact on mental health help-seeking.

Our findings highlight that we should shift our thinking to a more pluralistic approach to mental health literacy, which people may deploy differently depending on the perceived nature of the problem and their position in the social and cultural structure. Bridging the gap between scientific and cultural approaches to mental health treatment involves mobilising and synthesising the multiple mental health literacies which in turn may relieve stigma and enable access to mental health services. Whilst a medical model may appeal to health professionals, other groups may adhere to spiritual or self-help techniques (e.g. yoga, spirituality, cultural customs, exercise and meditation) due to their ready availability and the ease with which they can be integrated into existing cultural beliefs and lifestyles.

CONTACTS

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