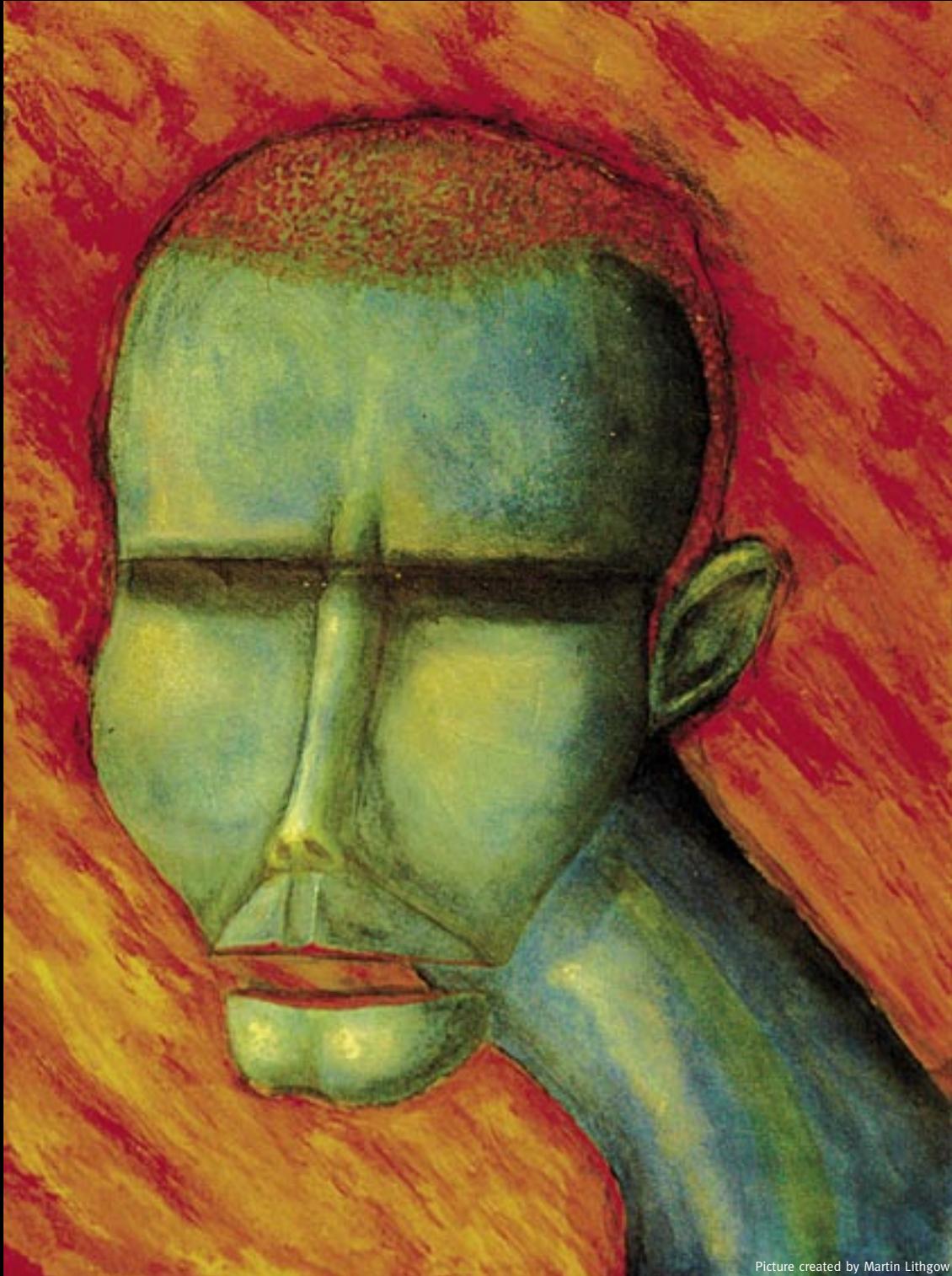




# Arts on Prescription

## Research report



Picture created by Martin Lithgow

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# Contents

<b>City Arts Nottingham</b>	3
<b>Arts, Health and Well-being</b>	
Literature Review	4
Mental Health Promotion	4
Social Prescribing	6
Research Findings	6
Development of Arts on Prescription	7
<b>Part 1 Research Findings 2008-2011</b>	
Creative Journeys – Two Case Studies	8 + 9 10 + 11
Thematic analysis	12
Conclusion	15
<b>Part 2 Research Findings: Referrers' perspectives</b>	
Introduction	17
Results	18
Personal benefits	19
Contextual views	21
Discussion	24
Statistics	27
<b>References</b>	28
<b>Acknowledgements</b>	29



# City Arts Nottingham

For over 30 years, City Arts Nottingham (CAN) has developed expertise in working creatively with communities, enabling individuals and organisations to change by releasing their creative potential. The majority of our work takes place within Nottingham City and County and the East Midlands. We collaborate with public, private and voluntary sector agencies to achieve shared goals and meet key local and national agendas. Our projects prioritise marginalised communities and break down barriers to accessing cultural provision.

CAN has over 100 partnerships within the health, education, statutory and voluntary sectors. Core activities focus on arts and health, community cohesion, young people, street and carnival arts and artists' professional development. Throughout our work we use research-based evidence to develop high quality services.

This document reports the findings of a research study on Arts on Prescription (AOP), a community based arts project designed to promote mental health and delivered by CAN. For the last eight years an independent group called Art in Mind has overseen the intellectual and philosophical development of the Arts on Prescription service in collaboration with CAN. Art in Mind is a small voluntary sector organisation that comprises mental health service users and professionals and seeks to promote mental health through community-based arts.

# Arts, Health and Well-being Literature Review

## Mental health promotion

The AOP service provided by CAN was created partly in response to the National Service Framework for Mental Health (DH, 1999). This policy framework included mental health promotion as its first standard. Ten years on, the contribution that the arts can make to mental health promotion has been recognised, in the most recent government policy framework for mental health (DH, 2009).

In the UK, the Health Education Authority states that: “Mental health underpins all health and well-being. It influences how we think and feel about ourselves and others, how we interpret events, our capacity to learn, to communicate and to form and sustain relationships” (Health Education Authority, 1999:1).



While the medical model continues to dominate psychiatry, approaches in mental health care have significantly moved towards the relational and social in the last fifty years. The Black Report (DHSS, 1980) was the first government document to demonstrate that, although overall health had improved since the introduction of the welfare state, there remained widespread health inequalities and that social and economic inequalities were key determinants of health. As early as 1988, the social element of public health was clearly acknowledged: “Public health goes beyond an understanding of human biology and recognises the importance of health problems which are caused by lifestyles... the environment is social and psychological as well as physical” (Ashton and Seymour, 1988). Since then, successive government reports have acknowledged the relationship between social circumstances and health (including mental health) (DH, 2004; SEU, 2004; CASE 2010; Marmot, 2010).

CAN’s AOP service exists to help ameliorate social and personal difficulties experienced by people with mental health problems.

Whilst we recognise that the service can complement medical interventions, it is not offered as a medical treatment and is not judged by the criteria used to measure clinical outcomes. It is primarily a mental health promotion programme using participatory arts. The term, ‘Mental health promotion’ covers a variety of strategies aimed at having a positive effect on mental health and these include the encouragement of individual resources and skills and improvements in the socio-economic environment.

Operationally, AOP maintains two complementary faces. To statutory services and funders, the service is presented as a ‘mental health promotion’ project. To people engaging with it, however the project is presented as providing participation in community arts. This deliberate ploy is not intended to mislead, but rather, it is a way of maintaining a non-stigmatising service by harmonising complementary but potentially competing discourses.



## Social prescribing

Social prescribing is a relatively new model and published literature addressing its role in primary health care is limited. It is a method of linking patients in primary care with non-medical sources of support within the community (Friedli, 2004). Social prescribing schemes provide a framework for emerging alternative approaches to mental distress and encompass wider recognition of the influence of social and cultural factors on mental health outcomes.

There is increasing interest in social prescribing as a means of reducing social exclusion, promoting health, well-being and addressing mental health issues. These schemes work with under-represented communities as a whole and with disadvantaged and isolated people with severe and enduring mental health problems (Bates et al., 2002). Partnership working that facilitates access to the voluntary sector through primary and secondary care is just one of the ways to improve psycho-social outcomes (Grant et al., 2000). While there are many examples of research focusing on arts projects promoting health, research into the arts and mental health, especially into Arts on Prescription, is still in its infancy.

## Research Findings

Within the UK, recovery has become the focus of contemporary mental health policy, with government frameworks supporting the development of arts and health initiatives, (DH, 2007; 2010; ACE, 2007). To date, there are few models of practice which illustrate how mental health recovery can be promoted through participatory arts and this research focuses on one such project.

AOP is a weekly workshop programme delivered at four different locations across Nottinghamshire. The venues offer a mixture of settings: CAN in Radford, the Health and Social Care Centre in Carlton, Arts in Education Centre in Nottingham city and Hucknall Community Centre. All workshops are led by professional artists who have had experience of working with vulnerable groups of people and each artist is accompanied by an arts assistant who supports the delivery of sessions. People are referred to AOP by professionals in the statutory sector and voluntary sectors and the programme is delivered entirely by CAN.

The project provides creative sessions including visual arts, creative writing, batik, photography, textiles, clay work, print making, sculpture and other arts related activities.

The research was conducted by a team of researchers from the University of Nottingham in collaboration with staff at CAN and several local artists who have used mental health services. The aim of the study was to explore the experiences of people who have engaged with the Arts on Prescription programme of work.

With representation from each of the venues apart from Hucknall, sixteen participants were interviewed during 2010. A narrative inquiry approach was used to elicit the individual experiences of people engaging with the arts. Participants involved in the study use, or have used, mental health services with the exception of one who originally came to Arts on Prescription in the role of a carer, but continued as a participant.

For the purpose of this research, the inquiry was based on in-depth interviews about specific aspects of people's lives in relation to engagement with the AOP programme. This approach enabled a detailed exploration of personal experiences and perspectives while providing an appropriate forum for discussion of sensitive issues. Ethical approval was obtained from a relevant ethics committee and full consent was obtained from each participant prior to the interviews.

Naturally, a narrative approach to research generates an enormous amount of data and what is presented in this document is a 'snapshot' of some of the study's findings. These are presented firstly as vignettes and then further analysed thematically. Finally, a collective narrative is identified which draws together themes, commonalities and similarities amongst participants. Pseudonyms are used throughout and identifying details have been changed in order to ensure confidentiality is maintained.

### **Development of Arts on Prescription**

AOP provision has changed considerably from an initial rolling programme delivered in two venues (2004-2008), to the current service, delivered in four venues and offering participants a 10 week programme. This is due to both increased demand for the service (coinciding with the closure of some key day service provision), and to greater awareness of the programme amongst statutory healthcare workers. A concurrent two-year Arts In-Reach programme delivered by the Nottinghamshire Healthcare NHS Trust has begun within the Treatment and Therapy wards in Nottingham. This innovative programme, funded by the Trust, dovetails with AOP, particularly in supporting people who have engaged with the arts on the wards and are preparing to be discharged.

See Appendix 1:  
Statistics for AOP 2008-2011.

# Part 1 of Research Findings 2008-2011

## Creative Journeys - Case Study 1

### Gracie

**(pseudonyms are used throughout)**

Gracie has been attending AOP for nearly three years and continues to attend most weeks. Gracie is an African-Caribbean lady who appears to have a dynamic personality although mentions that she has experienced bad bouts of depression in the past and continues to struggle with this, especially in winter. Gracie speaks of her experiences at AOP as being empowering and socially fulfilling; being a place of safety. Gracie's narrative appears to hold political motivation, will and determination:

*"We're going to stay together as a group, so we can still carry on supporting one another, so we can all still be creative, but I'm hoping in the future, that we can produce our own music through what we've learned at City Arts, and by doing that successfully, we will be able to create an environment where we are self-sufficient enough so we do not have to go and be refused funding, you know, because that's important "*

These themes recur throughout Gracie's narrative. She adopts an advocate role and voice for the group, while questioning the ethics surrounding non-sustainable funding:

*“Remember you’ve opened something up that is creative and, you know, people’s confidence has come back and all the rest of it, then to be told, Oh, by the way, no, you can’t do that anymore, we’re not going to allow that, you know, and I think that’s wrong. It’s really wrong”*

*“We leave it, we break off, and then leave it for a couple of years, totally ignore the vulnerable and then say, Oh, well, actually, we got some money now we can, yeah, we’ll start another group. It doesn’t make any sense, there needs to be, it needs to be consistent... let’s try and work together and get a solution which says indefinitely, any mental health thing, we need to support because it’s the best thing for the country, as well as the individual”*

There is therefore the suggestion of art positively contributing towards mental health and social well-being; on both a microcosmic and global scale.

Gracie talks of the multiple benefits a programme such as Arts on Prescription can offer; finding a place of safety and social belonging; forming friendships as well as a group identity and finding a place for social and cultural engagement:

*“The things I have learned, I don’t think I could have learned in a different environment because it feels safe in this environment”*

*“The caring that people show one another, or the understanding that you get on being in the group, because you’ve been coming for a long time and the trust and openness, you learn to grow and hopefully, the trust grows and then you become stronger as a group”*

Art also provides people with the confidence to engage with others and provides meaningful occupation in social engagement:

*“There’s nothing forced... I think the reason why we all get involved on a lot of those things is because it makes us feel good, and the other thing it does is it gets us out, and it gets us into the city centre to do things, to show people things”*

*“...that is what Nottingham City Arts represents, bringing people together, sharing understanding and sharing it within the community. And that is priceless”;*

*“I think that’s one of the things that this group’s done, it brings out that confidence in you”*

*“...we’ve got a lot of caring people around, it’s just that, give them the opportunity, give the people that are going to make the differences, the changes, what we need”.*

**To view all sixteen vignettes visit our website [www.city-arts.org.uk](http://www.city-arts.org.uk)**

# Creative Journeys - Case Study 2

## Noah

Noah is a white British male in his early forties and has been attending AOP for the past year. Noah describes himself as having been a “heavy drinker” who used to take some drugs as well. Noah talks openly and at length regarding his experiences of drink and drug taking as well as his mental health problems and describes how he was involved in a twenty-eight day programme at a rehabilitation clinic. It was during this time that Noah saw a leaflet advertising City Arts and was referred to AOP through his support worker. During the time of interview, it was Noah’s last week of attending the AOP group before beginning an Art Foundation Course the following week.

The interview appeared to create a reflective space for Noah in recognising the significance of art in relating to his experiences and sense of personal meaning:

*“I’ve not really thought about that until now”*

This is noteworthy in analysing Noah’s interview. There is a strong sense of illness narrative within Noah’s portrayal of his experiences which is apparent from the opening of his story, which begins:

*“I’ve been a heavy drinker and that had got out of control completely”*

Noah talks of his personal crises, discovery, recovery and restitution through the Arts and newly forged friendships through attending the group:

*“...coming to these classes was part of my recovery”*

*“I go to group meetings every week with other addicts or alcoholics and this was a really nice thing to come to which was part of my recovery but without talking about drinking”*

*“It’s filling my life with something new and different that doesn’t always make me think like, Oh, I’m a victim, that’s why I’m here... this has been a lot more positive”*

There is the sense here that recovery through the Arts is an alternative to “therapy”, albeit therapeutic:

*“...it’s probably nearly a year since I first came here and I’ve managed to remain clean, drug free, alcohol free, and I’ve got a really good portfolio”*

*“...it’s almost like a bit of a sanctuary, it’s nice to have a place to come to”*

*“I feel quite energised mixing with people in the group, as well as the art, the social aspect”*

Through his narrative, Noah speaks of his escapism through the Arts; his personal growth and development; developing a newly found identity in becoming an integrated person:

*“I wasn’t really very well, you know, and when I look back at what I did at that time, I think it kind of, it does express that. I do remember how I felt when I looked at the art I’d done at the time”*

*“I really like the idea of it being a journey of self-discovery. I like the fact it’s all very personal as well”*

*“If somebody would have told me a year ago that I would be going to college, I wouldn’t have believed them”*

Rediscovery appears to be a central recurring theme in the language that Noah uses when describing his experiences of being involved in the Arts:

*“I rediscovered a part of my creativity I’d forgotten about, or I didn’t know about, and I’ve really enjoyed that ”*

*“...it’s enabled me to rediscover what I like or who I am”*

*“The biggest thing for me is finding out more about who I am, re-discovering, you know, new things, I think, I felt stuck. Like, I was kind of, I did feel a bit lost in the end, you know, I kind of like, didn’t really know who I was anymore”*

*“...my personal journey”*

**To view all sixteen vignettes visit our website [www.city-arts.org.uk](http://www.city-arts.org.uk)**

## Thematic analysis

The thematic analysis from the narrative inquiries was conducted in stages by various members of the research team. Once the findings from the thematic analysis were agreed by the team, it became clear that a model of the findings had emerged.

### Illustration A. Summary of findings from the thematic analysis



#### A creative and therapeutic environment is provided

*"I feel valued in attending the Arts on Prescription course and all this, I feel like the staff and the artists have all contributed to my recovery in some way. So, and, yeah, I think it's good time I've invested."*

*(Nate)*

*"...that's what I like about being here because everybody's friendly. The instructor accepts you to become a friend and everybody wants to actually work together and participate. And you can usually talk about your problems here without worrying anybody prejudging you."*

*(Sam)*

## People experience the social, psychological and occupational benefits

*"It is really important to have stuff that works, constructive activities that take people's mind off things, make them feel better about themselves, give them back a bit of control and help them to understand that creativity is a kind of positive force in, you know, in their lives, it can be a kind of regenerative force"*  
(David)

*"We're quite a close knit group. The more projects we've done, the more we've bonded and gelled. The group's always growing and changing, you know, it's always different people. You can't get on with everyone but we all respect each other's space and each other's, each personality, you know"*  
(Ivan)

## Participants determine a new future

*"It's probably nearly a year since I first came here and I've managed to remain clean, drug free, alcohol free, and I've got a really good portfolio. When I went to the college and had the interview, she said she couldn't believe how much of a diverse selection of work I've got. I was really pleased about that"*  
(Noah)

*"...if somebody would have told me a year ago that I would be going to college, I wouldn't have believed them"*  
(Noah)

*"I've gone on to apply for an art course because I thought, Well, I am good enough"*  
(Rhiannon)

*"It's the best thing I've done. It's given me the confidence; since I've started art, I've started volunteering again. I've started a new job. I've applied for another job"*  
(Sinead)

*"I enjoy it and because it's done so much for me. It's got me going on public transport on my own and, you know, things that I never would have done before, and it has given me the confidence to go back to work"*  
(Sinead)

There is no tension between Arts on Prescription and what is provided by the statutory sector. Rather, it is perceived as different to mainstream mental health service provision but complementary to treatment:

*"There was a question that I was once asked "had going to City Arts reduced my visits going to the GP"? and no it hasn't, and no it won't because that's not how it is... I have injections so I have to present myself at my GP's. But it has improved my quality of life... I think it annoyed me that the questionnaire had no mention of that sort of concept. The fashionable word in mental health at the moment is about recovery whilst some of us aren't going to recover but that doesn't mean we can't benefit from the arts and improve our lives"*  
(Alfie)



The installation by Clair Rushton, entitled 'As we move from Shadows', was created in response to participant's work during the summer programme (2010) and exhibited first at the New Art Exchange. Another exhibition was organised of the same work at St Mary's Church as a contribution to the British Art Show 7 (Sideshow).

## **Outcomes for participants include:**

**Volunteering Opportunities**

**Access into Further and Higher Education**

**Employment**

**Peer Support**

**Exhibitions  
(within arts and non-arts venues)**

**Performances and taking part in high  
profile events (City Arts Street Arts  
Programme)**

**Presentation of work at the  
British Art Show 7 (Sideshow)**

**Participants setting up independent  
spin-off groups**

**Engagement in other activities such as  
Access to Arts, workshops and activities at  
Nottingham Contemporary, Lakeside Arts  
Centre and Nottingham Playhouse.**

## **Conclusion**

The study has attributed the therapeutic benefits of the project primarily to its humanistic philosophy and the role of positive human relationships. These are not only positive relationships between artists and participants, but also between the participants themselves. People have benefitted from peer-support and developing new friendships and have found a sense of social belonging and group identity. For this therapeutic effect to be realised, the feeling of safety within the group has been imperative. Participants have gained confidence, a sense of pride in their work, formed new relationships, exhibited work, set up constituted groups and gone on to further education, voluntary work and employment.

Many participants have described the personal development they gained through AOP as a key factor in them having the confidence to pursue new opportunities as they arise. For some, education has been of primary significance while for others, this is less important than friendships and social relationships. For most, AOP has allowed for both education and friendships to be fostered simultaneously with the same value given to both. Many participants appreciate that, during their time on the programme, they were supported to fulfill their potential and were offered this support without pressured expectations of recovery. People find their own way in their own time.



# Part 2 Research Findings: Referrers' perspectives

## Introduction

Some studies have reported the views of referrers to social prescribing schemes (Popay et al., 2007; South et al., 2008), although there is currently no published research study that examines the views of primary care professionals who have referred their clients to a specific Arts on Prescription service. This study therefore provides some fresh insight into the perceived benefits of such a service.

For the study, 10 referrers were recruited from a total of 213 who had referred their clients to AOP between 2008-2010. The method for recruitment to the study was to first identify those that had referred more than one client to AOP. The rationale for this was that it was assumed that those who referred more than one were likely to have had some feedback from their clients, and consequently would be more likely have views about the service. Referrals to AOP came from three categories: 1] primary care; 2] secondary mental health care and 3] the voluntary sector.

Referrers details are as follows:

Code	Sector
R1	Secondary
R2	Voluntary
R3	Primary
R4	Primary
R5	Secondary
R6	Voluntary
R7	Voluntary
R8	Voluntary
R9	Secondary
R10	Secondary

## Results

Referrers were specifically asked about their opinions of AOP and no questions leading towards a positive evaluation of the service were asked. It is clear that referrers value the service and have identified specific personal and social benefits for participants. Because of the nature of the questions, there were also comments regarding the structure of community based support services and how AOP might sit in the current (changing) political landscape.

### The themes and sub-themes identified from the research are shown in Illustration B: Summary of results

Personal benefits	Social benefits	Contextual views
1. A therapeutic, relaxing and safe environment that is professionally led	1. Social opportunities and social belonging	1. Political commentary
2. Motivates and promotes autonomy	2. Peer-support	2. Practical issues
3. Personally therapeutic and people taking pride in their work		3. Arts on Prescription as a service that complements statutory provision
4. Builds confidence, provides meaningful occupation, skills development and self-expression		



## Personal benefits

### 1] A therapeutic, relaxing and safe environment that is professionally led

Two of the referrers had previously visited AOP with their clients. Others made comments about the environment on the basis of feedback they had received from their clients. The words “relaxed” and “relaxing” appeared many times in the data:

*“...a very relaxed environment, I went along, I met the staff, I was very impressed actually. It was a very chilled atmosphere, very personable, very pleasant, and very helpful in all avenues really.” (R7)*

### 2] Motivates and promotes autonomy

The words “motivate” and “motivation” commonly appear in the data.

*“...she was motivated to go there so she didn't isolate herself at home because it was what she wanted to do. She had artists there that inspired her.” (R5)*

R7 also acknowledges how engaging with community facilities promoted autonomy:

*“you cannot fault what they do, how they are at the Arts on Prescription, but it's keeping the clients' motivation of actually being independent enough to access that for themselves”. (R7)*

### 3] Personally therapeutic and people taking pride in their work

AOP is recognised as therapeutic but different to art therapy and this is welcomed:

*“... if I felt that if it was more going towards some sort of art therapy... I might be less sure about referring.” (R10)*

*R1 asserts that attendance at AOP “Improves mental health”*

R8 talked about one person that had taken pride in his artwork and had become motivated to set up his own website and organise a small exhibition of his work. Another client also made excellent progress.

### 4] Builds confidence, provides meaningful occupation, skills development and self-expression

Attendance at Arts on Prescription gives people the opportunity for engagement with meaningful activities. People may develop skills, and improve their confidence:

*“...when they go into that environment, you know, they do not think twice about, ‘I will be singled out there and I will feel awkward’. There's an opportunity for them to speak to the artist and members of staff in private and confidence, and make them aware how they're feeling... it works quite powerfully for people, it helps them to build their confidence...” (R9)*



## Social benefits

On the therapeutic benefits of AOP, one GP commented:

*“I felt it was a useful thing for people, particularly that were socially isolated because of their condition. A lot of people with anxiety disorders, anxiety or depression ... they tend to avoid company and so they can become isolated, and it’s, I mean, there is a view that art is quite a therapeutic thing to do”. (R4)*

## 2] Peer-support

Contact with others who are experiencing difficulties promotes support. R7 regards this as wholly positive:

*“... it’s the whole environment, it’s the attention from staff, it’s meeting other people, and there always seems to be a really interesting group of right characters and they feed off each other and praise each other and it was just really positive and I think it’s the positivity of the Arts on Prescription that is, what’s sort of, is a therapy, it’s just a therapy for their mental health and the depression and anxiety.” (R7)*

## Contextual views

### 1] Political commentary

R10 sees part of the role of AOP as enabling participants to engage with community-based activities, away from services provided by the State:

*"...I think it's part of a national, you know, national change, if you like but day centres, if they were, are not seen to be, you know, the way forward, the idea of keeping, or not keeping people but, encouraging people to be in separate places but rather encouraging them to just join the general public in, in everything that the general public does." (R10)*

R1 however, recognises the need to evidence the outcomes. R3 and R4 hope AOP continues to be commissioned and is regarded as "cost-effective". When considering the rapidly changing political landscape, R9 believes that AOP is ideally placed to deliver services in the future:

*"...It's very difficult to say because, in fact, I would say the way the services are heading... the stress is so much on moving people out into the community and (AOP) are already offering that, in a community based site, ...*

*When they started off, it was quite a revolutionary concept because everything was happening within the day services, people were more used to attending day services... they were offering arts under the same roof, whereas AOP was something out there in the community, where GPs could refer, other groups could refer... they've been there before the services were ready to do these kinds of things. Now what's happening is within the NHS, the stress is so much on "don't get people entrenched within the services, move them on, find them some mainstream opportunities which are part of the community rather than keep them within your day services, within the NHS", so certainly, there is more scope for partnership working in the future, I would say." (R9)*

One GP (R4), speculates that, in order to survive, AOP will need to come under the umbrella of other services commissioned by GPs in the future. R5 is a community mental health social worker. Like R4, she sees the benefits of a community based provision in the future. Historically, Health and Social Care community provision such as Day Centres were considered stigmatising by some people.



## 2] Practical issues

R2 works with a voluntary sector organisation that supports people with sensory impairment and learning difficulties. R2's experience of AOP was not wholly successful as one of their referred clients did not find the service appropriate.

Sometimes GPs struggle to find appropriate opportunities for their clients and referring to AOP helps them feel that they are at least offering something constructive (rather than nothing), (R3). It is also worth noting that GPs do not always hear back from the clients they refer to AOP (R3).

R5 is very aware of the shift towards self-directed support. She sees potential for services such as AOP to play a significant role in people's care in the future. R5 considers such provision as ideal for future care as it is non-stigmatising, community based and not perceived as "medical".

R6 works in the voluntary sector among people with problems related to substance misuse and has referred a number of people to AOP. R6's own work is regarded as a stepping stone for clients who are

supported to move on to less dependent community resources (such as AOP). Some people may be helped by AOP while they are waiting for treatment from Mental Health Services. R6 says that their service pays attention to people who are likely to "slip through the net". These are often people with no mental health diagnosis but who are nevertheless vulnerable and are considered good candidates for AOP.

R6 observes that there are many vulnerable people who are not accommodated by service provision, especially older people. R9 works for a large NHS Trust as a volunteer co-ordinator in secondary mental health service provision and has referred a number of people to AOP. As someone whose own work involves offering clients support towards voluntary work, R9 sees AOP as a stepping stone for those people who are not quite ready for that because of low self-esteem or inadequate confidence.





### 3] Arts on Prescription as a service that complements statutory provision

AOP is seen as complementary to statutory healthcare provision and an alternative to usual therapies such as counselling. There are limits to NHS provision within mental health services and AOP provides a valuable service:

*“Arts on Prescription definitely fills a massive gap” (R9)*

This is supported by R10:

*“... There aren't really places where you can turn up week in week out, to meet people and share an interest so, you know, I think ... there's a gap out there...”*

R1 considered it a most appropriate and unique service that complements Health Service interventions. In one GP practice, the only talking treatments available to patients were those provided by the voluntary sector (R4).

R4 can see the benefits of AOP if it can, as a community based facility, help to keep people out of secondary healthcare services. AOP is seen as wholly appropriate to a large number of people:

*“...quite often, people who are referred are people who... have got very low confidence levels and may not be able to access more mainstream opportunities... There are plenty of courses running in colleges where these people can have free courses because they are on means tested benefits, but because of the environment, because of the way they've been set up, it, they're not conducive.” (R9)*





## Discussion

The ten referrers to AOP all acknowledged the benefits to their clients and these are perceived as both personal and social. There are also benefits in terms of mental health promotion, in helping people to stay out of the mental healthcare system. Referrers are very aware of the changing political climate and assert the need for a service like this to be commissioned in the future. They acknowledge the complexities of this in an arena that seeks best evidence in order for services to be commissioned and where using the arts may not easily be justified (Eades and Ager, 2008). One GP (R4) however, sees engagement with the arts as intrinsically good for people and says: “I think it’s all intuitive, I just go back to, it’s a good thing.”

Participants in Part 1 of the study reported that the welcoming environment of AOP was of key significance. Referrers agreed, perceiving the environment to be relaxing and safe while approving the professionalism shown service’s operation

and delivery. The peer-support that people get by attending AOP is also significant. Referrers have seen their clients making new friendships and benefitting from increased social contact.

They see their clients motivated to attend the programme and taking pride in their achievements. Those attending have grown in confidence through participation and have developed new skills, knowledge and interests. As noted by the participants in Part 1 of the study, there are new opportunities for people to engage with and move their lives forward in a positive direction. The fact that AOP is outside statutory service provision but complements it, is seen as a positive factor. In order for GPs to consider social prescribing as an option, they need to think outside the confines of medicalised interpretations of mental health problems and to think more holistically (Brandling and House, 2009). This approach is also endorsed by the Royal College of General



Practitioners (RCGP, 2009) in recommending that a more holistic and ‘narrative’ approach be adopted towards people with mental health problems treated in primary care.

Social prescribing enables GPs to have greater options when helping patients with complex social problems (Brandling and House, 2009). An AOP service is clearly valued by referrers for their clients. There is a lack of such opportunities, especially in a climate where Day Service provision has been closing. It is acknowledged that there is a need for continued evidence for the effectiveness of the work, although there was little discussion as to what the evidence might look like and how commissioners will prioritise future services. One thing is certain, that with a third of GP consultations associated with mental health, considerable attention will need to be given to this condition and the inequalities associated with it. Increasingly, services aim to go beyond traditional

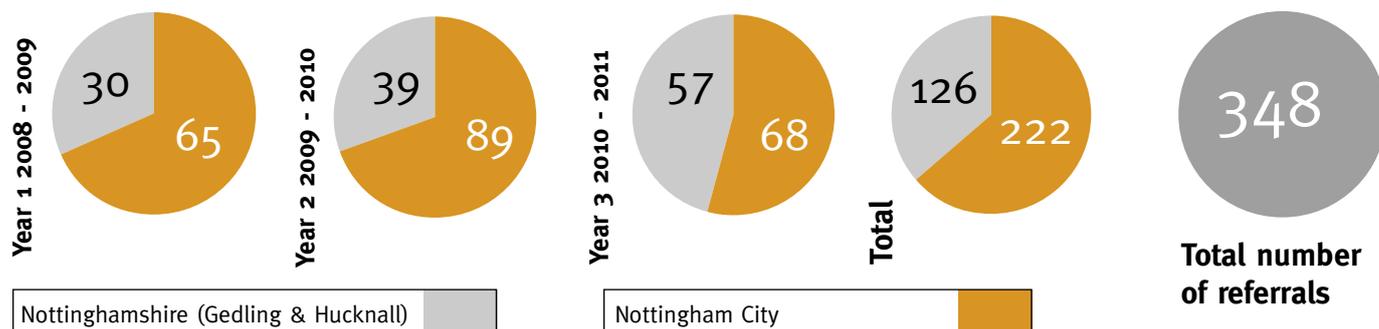
clinical care and support individuals back into mainstream society. Recovery needs to be re-defined, encompassing a good quality of life such as an occupation, a decent place to live, friends and a social life. It is therefore even more important that the most vulnerable people in our society are supported and offered the tools to become more resilient and independent in order to seek out new opportunities for ‘their future’. Partnerships that facilitate access to non-medical interventions should include arts provision within social prescribing. It is inevitable that tensions between the arts and health sectors will continue to exist, with barriers including commissioning priorities such as ‘value for money’ and medical outcomes. However as AOP has shown, in creating a more holistic offer, there are tremendous opportunities to contribute to the aims and priorities of the healthcare sector and have a beneficial impact upon participants.



*“The things I have learned,  
I don’t think I could have learned  
in a different environment because it  
feels safe in this environment”*

# Research Findings Appendix 1

## Statistics for Arts on Prescription 2008 - 2011

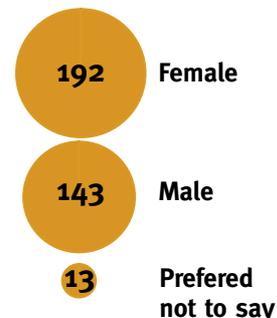


Total number of workshops: 357 (3 yrs)  
 Total number of exhibitions: 6 (4 at Park House, 1 at NAE & 1 St Mary's Church)  
 Summer Workshops 2010: 15

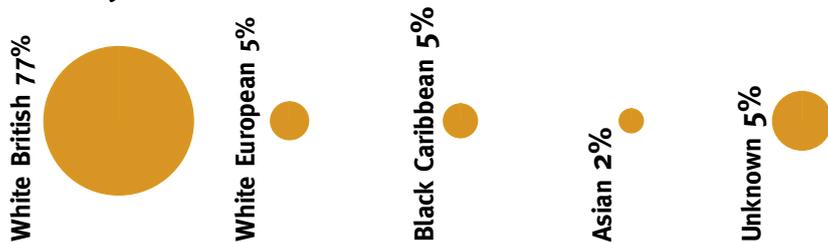
### Where referrals come from

Year	Primary care		Secondary care		Voluntary sector		Self Referral	
	City	County	City	County	City	County	City	County
Yr 1 08-09	9	8	24	16	25	2	5	1
Yr 2 09-10	6	7	34	17	40	10	6	5
Yr 3 10-11	5	1	46	35	22	3	3	16
<b>Total</b>	<b>20</b>	<b>16</b>	<b>106</b>	<b>68</b>	<b>87</b>	<b>15</b>	<b>14</b>	<b>22</b>

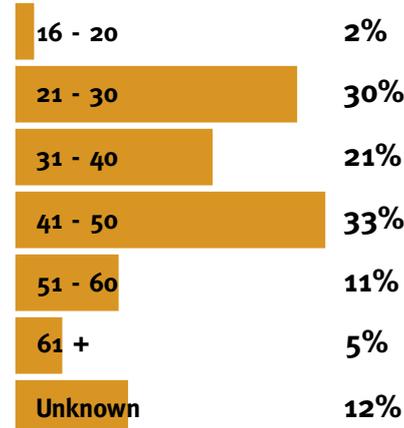
### Gender



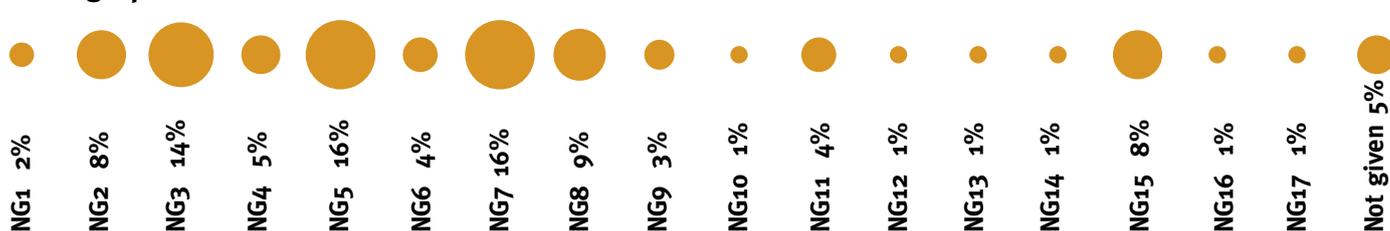
### Ethnicity



### Age Groups



### Demographics



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'As we move from Shadows' Clair Rushton



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