Arts on Prescription (or Arts on Referral)

AHSW FACT SHEET

Arts & Health South West Fact Sheets provide you with a summary of information on a given subject based on a Frequently Asked Questions format. They also provide you with signposting for further research.

1. What is Arts on Prescription?

Arts on Prescription, sometimes know as Arts on Referral, is a type of social prescribing. In social prescribing there is a referral process whereby health or social care practitioners refer people to a service or a source of support. Arts on Prescription schemes provide arts and creative activities for participants, usually for people experiencing mental health problems and social isolation. The purpose of such schemes is not to replace conventional therapies but rather to act as an adjunct, helping people in their recovery through creativity and increasing social engagement. Although the schemes are varied in their approaches and settings, the common theme is that there is a referral process.¹

The first scheme which used the name was Stockport Arts on Prescription, which has been running for more than 10 years. The continuing success of Stockport Arts on Prescription has largely stemmed from its securing mainstream Primary Care Trust funding, retaining its highly skilled and committed artists and the support of Health Care and Arts & Health organisations.²

2. What is the evidence?

There is a body of evidence that supports the notion that active involvement in creative activities can provide a wide range of benefits, including the promotion of well-being, quality of life and health, increased levels of empowerment, positive impacts on mental health and social inclusion for people with mental health difficulties³.

Research specific to Arts on Prescription schemes is limited. Examples include:

2 Greater Manchester Arts and Health Network Case Study: www.wlct.org/gmahn
• The Stockport Arts on Prescription evaluation found that participation in creative activities raised self-esteem, provided a sense of purpose, helped people engage in social relationships and friendships and enhanced social skills and community integration⁴.
• The Time Being project, established by Healing Arts on the Isle of Wight, was evaluated by interviews, focus groups and questionnaires. The reports from the project will be available on the new Healing Arts website in 2011⁵. The site will also include short film/video sequences with the participants, clinicians, artists, and researchers commenting on the programme.
• The Arts on Prescription pilot project delivered by Cambridge based arts and mental health charity, Arts & Minds, aimed to establish whether there was a demand for the service in Cambridgeshire and whether it would be of benefit to participants experiencing mild to moderate depression, anxiety and stress. Josie Aston conducted the evaluation which included the GAD-7 (Anxiety) and PHQ-9 (Depression) scales commonly used in primary healthcare⁶.

Other published evaluations make some reference to or are relevant to Arts on Prescription. The study ‘Mental Health, Social Inclusion and Arts: Developing the Evidence Base’ reports that the results provide sufficient evidence of mental health, social inclusion and in particular empowerment gains to justify support for arts and mental health work. You can download the full study from the website of the International School for Communities, Rights and Inclusion (ISCRi), at the University of Central Lancashire⁷. A report on the Art in Mind community arts initiative to promote mental health, in Nottinghamshire, is available in the Journal of Public Mental Health.⁸ You can also download a case study for the Arts on Prescription scheme led by Art in Mind in partnership with Nottingham City Council⁹.

3. How do you go about evaluating an Arts on Prescription scheme?

To build a body of evidence it is essential that any new schemes are rigorously evaluated. If you decide to evaluate your scheme in line with national recommendations for Primary Care you should, in discussion with your health colleagues/partners, consider working with a professional researcher or university and refer to the information in the Quality and Outcomes Framework guidance for General Medical Services (GMS) contract 2009/10¹⁰. The GMS contract is the UK-wide contract between general practices and primary care organisations, for delivering primary care services to local communities. The three suggested depression severity measures validated for use in a primary care setting are the Patient Health Questionnaire (PHQ-9), the Beck Depression Inventory Second Edition (BDI-II) and the Hospital Anxiety and Depression Scale (HADS).

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⁵ www.iow.nhs.uk
⁶ www.josieaston.co.uk
⁷ www.socialinclusion.org.uk/publications/MHSIArts.pdf
⁹ www.nottinghamshire.gov.uk/artsonprescriptioncasestudy.pdf
¹⁰ http://www.bma.org.uk/employmentandcontracts/independent_contractors/quality_outcomes_framework
The PHQ-9 is a nine question self-report measure of severity that takes approximately three minutes to complete. It was developed and validated in the US and can be downloaded free of charge\textsuperscript{11}. Both the HADS\textsuperscript{12} and the BDI-II\textsuperscript{13} need to be purchased. Another evaluation tool which is popular within arts and health is the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS), which can be downloaded from the NHS Health Scotland website\textsuperscript{14}.

If you decide to evaluate the scheme 'in house' then it is worth considering using an Outcomes framework. See the AHSW Fact Sheet on Outcomes Measurement as a starting point.

4. **When and how are patients referred?**

Often referral or recruitment of participants is a significant challenge. The aim may be to target 'hard to reach' individuals but inevitably there are many barriers to participants finding out about or accessing such services. Partnership working is key, particularly with service user groups or forums, social care and health charities and health care professionals and services.

The most common referral route is through GP’s. Arts on Prescription schemes can be perceived by GP’s as a valued additional ‘offer’ for patients they see regularly, who may suffer from isolation, depression, anxiety or stress. GP’s vary in their knowledge of, support of, and interest in such schemes. There are a number of different schemes in the South West and they use different methods of referral.

Schemes rely on advocates and champions amongst GP’s and other health care professionals; GP Practice Managers are important ‘gatekeepers’ and may be a barrier to communication with GP’s.

Leaflets and posters are often used. The wording is very important with regard to challenging stigma and it is advisable to develop them in conjunction with health care staff and/or service user groups or forums.

Participants may be able to self-refer via a website. Access to self –referral is often desirable but may be hard to manage regarding numbers. Where participants self-refer it is important to consider screening to make sure the course/service is suitable for their level of need.

5. **What progression routes are there for participants?**

When setting up schemes progression routes are a primary concern. The model of a time limited course may be desirable because it fits with the way that other treatments and therapies are delivered, it allows for more people to benefit from the experience and it allows for final evaluation of the benefits. There is often a suggestion that

\textsuperscript{11} http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/
\textsuperscript{12} http://shop.gl-assessment.co.uk/home.php?cat=417&gclid=CPPr3fjJhpkCFQ6wQwod12Kriw
\textsuperscript{13} www.psychcorp.co.uk
\textsuperscript{14} WEMWBS www.healthscotland.com/documents/1467.aspx
ongoing support will create ‘dependency’, but this is a contentious issue. It is vital to consider progression routes once a time limited course ends.

User groups and forums can be invaluable in helping schemes consider ways of supporting participants at the end of a course. This could be through existing peer support networks or through support for the group to be self sustaining.

Signposting to further activities provided through adult education or local arts providers may be appropriate. Where one of the aims of the scheme has been to combat social isolation it may be equally appropriate to provide signposting to other, non-arts, services and opportunities. Partnerships with community organisations can help facilitate this.

6. **How are schemes funded?**

The aim of many schemes is to be commissioned by health commissioners (as in the Stockport Arts on Prescription scheme). The Bristol Artshine scheme (see Signposting) is a joint project between Bristol City Council and NHS Bristol with Bristol City Council providing funding. Art Lift in Gloucestershire has secured 3 years funding from NHS Gloucestershire (see Signposting).

If it is a service provided through an educational institution such as a College of Further Education then it is likely the funding would come through mainstream educational sources.

The usual project funding sources such as Arts Council Grants for the Arts, Trust and Foundations may be appropriate. Participants can contribute but this could be a barrier and if it is being offered through official NHS routes then it is not appropriate to charge, as NHS services are free at point of delivery.

7. **How do artists get involved?**

Generally artists would be required to have some experience of working with people with mental health issues and/or be prepared to do some training as part of the Arts on Prescription scheme. Scheme managers are likely to have a number of artists they work with regularly and can build relationships with, develop their skills etc. As with any employment of artists there might be a call out for artists, followed by an application and interview procedure. These would be advertised in the usual places including on the Arts & Health South West website [www.ahsw.org.uk](http://www.ahsw.org.uk)

8. **What kind of training or supervision is provided for practitioners?**

Training and supervision for artists is an important consideration in planning schemes. Training might be provided through adult education in the form of teacher training or via the managers of the scheme and be tailored specifically to the needs of participants. Schemes need to consider the ratio of numbers of participants to artists and any support artists might need from mental health care trained staff. Supervision and support for artists will also vary from scheme to scheme. It may be appropriate for
a mental health support worker to be present at sessions, depending on the level of training the artist has received.

County Councils often provide a range of training courses for people working with vulnerable participants and although these may be primarily aimed at council employees they are usually open to outsiders at a reasonable cost.

9. **Are there any examples of the arts being used in GP training?**

Medical Humanities are taught as part of undergraduate degrees in Medicine including at the Peninsula Medical School and Bristol University in the South West. Medical Humanities is an emerging field of enquiry in which humanities and social sciences perspectives are brought to bear upon an exploration of the human side of medicine. These perspectives have a key role to play in analysing our expectations of medicine, and the relationship between medicine and our broader ideas of health, well-being and flourishing.\(^{15}\)

After their 5 years Medical training GP’s will complete 2 years foundation training in which there is little in the way of arts related study. To become a fully qualified GP they will then undertake at least 3 years of GP Speciality training through the GP Deaneries located in each region. Arts based content may vary from area to area.

**SIGNPOSTING**

**TRAINING PROVIDERS IN THE SOUTH WEST**

- **Insider Art** offers a Foundation Course in Arts Therapy [www.insiderat.org.uk](http://www.insiderat.org.uk)
- **City of Bristol College** offer a 2 year full time Foundation Degree in Creative Arts Therapy Studies [www.cityofbristol.ac.uk](http://www.cityofbristol.ac.uk)
- **The University of the West of England (UWE)** will be offering two short courses in 2011/12 in Participatory Arts in Health and Social Care and Arts and Health Evaluation.

**ARTS ON PRESCRIPTION SCHEMES IN THE SOUTH WEST**

**BRISTOL**

In Bristol there are several arts on referral schemes. **Artshine** is delivered by Bristol Public Health Directorate, funded by Bristol City Council. Started in 2010 it delivers arts on referral to 8 inner city GP practices

**Contact:** Louisa Newman, Arts on Referral Project Manager, NHS Bristol
**Email:** louisa.newman@bristol.nhs.uk

**CORNWALL**

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\(^{15}\) Centre for Medical Humanities, Durham University [www.dur.ac.uk/cmh/](http://www.dur.ac.uk/cmh/)
Arts for Health Cornwall and the Isles of Scilly has delivered arts projects within GP surgeries although does not provide an ongoing Arts on Prescription scheme. 
www.artsforhealthcornwall.org.uk

DEVON
PETROC in North Devon is a further education college which has provided an Art on Prescription service since 2005. Following a successful tender to the Learning Skills Council in 2008 a pilot ‘blended learning’ programme was delivered. This involved reduced numbers of visits to a classroom and a specially designed workbook which can be used at home.

Contact: David Baker, Programme Manager for Arts and Health in Community Education
Email: david.baker@petroc.ac.uk

DORSET
REACH Dorset was one of four regional arts and health partnerships www.reach-info.sw. REACH Dorset provided an arts on referral scheme in conjunction with the Improving Access to Psychological Therapies service in West Dorset. A charity is being set up with the aim of providing arts on referral to GP’s across the county. Contact alex@ahsw.org.uk for more information.

GLOUCESTERSHIRE
Art Lift offers drama, music, singing and visual arts workshops across Gloucestershire. Participants are referred to the scheme by their GP. It is currently funded by NHS Gloucestershire. The Walnut Tree GP Practice in Dursley, Gloucestershire has an arts in health toolkit available on their website:
http://www.walnuttreepractice.co.uk/arts_in_health.htm

For more information or to send in relevant information please contact:
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