

**Report for the Winston Churchill Memorial Trust**  
**CREATING WELLBEING IN AOTEAROA**

**How arts prescriptions could increase access to creativity for wellbeing of people with mental distress**

**Kim Morton, March 2022**



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**Cover photos:** Gallery visits are an essential part of our creative wellbeing practice at Ōtautahi Creative Spaces. Here, Te Korimako Whānau group take a close look at John Pule's painting Not of This Time (Dreamland) 2008 at Christchurch Art Gallery. Back at the studio, John Pule's ideas inspired our work.

## Summary

This project set out to investigate how arts prescriptions are used in England and Denmark and how arts prescriptions could contribute to improved wellbeing for people with experience of mental distress in Aotearoa.

As part of a move to address the social determinants of health through social prescribing, arts prescriptions are long established in England and have substantial infrastructure in place to support them. Government funding has been committed for link workers, but funding for providers is less secure. In contrast, in Denmark arts prescriptions are a recent development. In both countries there's evidence of significant improvements in wellbeing from participating in creativity on prescription. Based on experience in England and Denmark, the research concluded arts prescriptions are a valuable model for re-imagining mental health in Aotearoa, as part of a spectrum of arts and hauora programmes, providing they are tailored for specific communities with health inequities and their cultural and other needs are met. The key benefit identified is increased and systematic access to creativity through relationships and pathways from health services. Arts prescriptions can also increase access to galleries, museums, and nature. Limitations with the model are limits on the number of sessions a person may attend and a lack of diversity in participants. The main barriers to arts prescriptions in Aotearoa is they are not part of government health policy (as green prescriptions are) and the sector has limited capacity to provide arts on prescription services. While the primary care initiative Te Tumu Whaiora will place referral staff in GP practices nationally, in order for arts prescriptions to work, funding must be committed for service providers. Underlying this, there's a need to increase awareness in the health sector of the impact of creativity on health. Aligning arts prescriptions with green prescriptions, and involving ambassadors within the health sector, will make the most difference. Without this, progress will be piecemeal and slow.

In addition to international experience, examples were identified of arts prescription-type programmes already operating in Aotearoa. While the research was being undertaken, funding was secured by Ōtautahi Creative Spaces from Manatū Taonga The Ministry for Culture and Heritage and the Lottery Covid 19 Community Wellbeing Fund to pilot groups run on similar lines arts prescriptions (although not limited in number of sessions attended), including groups targeting Muslim women and LGBTQI+ youth.

Undertaken with the support of a Winston Churchill Fellowship, the project was adapted to be undertaken from New Zealand as travel wasn't possible due to the Covid 19 pandemic. Information was accessed from online sources and people and organisations in New Zealand were consulted about the potential for arts prescriptions here.

## Social prescribing

Social prescribing is an approach which aims to address the social determinants of health, such as loneliness, isolation, poverty, poor housing and debt (The Kings Fund 2020).

This approach creates a referral pathway from health professionals and other support workers to non-clinical support within their local community with a goal of improving health. Referral may be made to exercise groups through a 'green prescription', opportunities to be immersed in nature and the wilderness, an art-making group, or a group visiting museums and galleries. Many programmes contain a number of elements, such as creativity and nature.

At the heart of social prescribing is the role of referrers (often called link workers), to understand a person's interests by having 'the wellbeing conversation': what matters to you?, and connecting them with places in the community where their interests and their needs can be met.

NHS England states that social prescribing has beneficial impacts for a wide range of people, but particularly those who:

- have one or more long-term conditions such as chronic pain)
- have challenges relating to their mental health - stress, depression, anxiety
- are experiencing social isolation or feel lonely
- have complex social needs

At the 2022 Social Prescribing Network Conference the social revolution offered by social prescribing was described as a truly global phenomenon, with countries as diverse as Portugal, Australia, Canada, USA, Iran and Finland implementing social prescribing. Although there are differences in approach, what the countries have in common is substantial health inequalities and a desire to proactively address these inequities. Presenters advocated a universal world language and a global health community, and that social prescribing policies be adopted and implemented with urgency.

The conference featured testimony from people who had benefited from social prescribing about how it had changed their lives. One speaker Daz told the story of how his life was spiralling to the point he considered taking his life, and desperation made him go to his GP. If it wasn't for social prescribing, "I literally wouldn't be here now." ... "I didn't want to be a passenger in my life, I wanted to be the driver. Instead of 'I suffer with mental health condition, I live with a mental health condition'." (Social Prescribing Network Conference 2022). Another speaker Debs Teale credits social prescribing and the art group she was referred to as saving her life and ultimately changing it beyond recognition (Reid 2022).

“Social prescribing is not something new, it's creating an architecture to connect everything that already exists and putting humans at the centre.” Marie Polley, Co-Chair of the Social Prescribing Network, Social Prescribing Network Conference 2021 (Taylor 2021)

## **Arts on prescription**

Arts on prescription (AOP) is part of the spectrum of social prescribing, and describes the prescription of creative and cultural activities by health professionals, and other referral services, to people experiencing anxiety, stress-related symptoms, depression or other mental and physical health problems.

Arts on prescription is known by a range of terms, including include arts on referral, museums on prescription, culture on referral and culture vitamins.

Programmes are targeted to communities with particular health needs and poor health outcomes.

AOP are delivered to small groups, most commonly visual arts- based, but can involve other art forms like creative writing, spoken word poetry and singing. Some arts prescription programmes consist of a series of group visits to museums, galleries and into nature, which include but are not limited to art making. The setting for AOP are diverse, from community centres, GP practices, and cultural institutions. Groups are free or low cost.

While the arts on prescription environment is therapeutic, the creative process is not being used to process or understand a particular experience – it therefore sits outside the therapist and client relationship which is at the heart of art therapy practice.

The main points of difference of arts on prescription programmes, from other community-based art programmes, is the referral/connection pathway between health providers and the programme which has been specially designed for and is available to people with health and social challenges.

## **Evidence of the impact of arts and health**

There's an extensive body of research internationally that demonstrates the social and health impact of the arts. Two recent landmark reports have added weight to the field.

Creative Health: The Arts for Health and Wellbeing (2017) was the culmination of a two year cross-party enquiry by the UK All Parliamentary Group on Arts Health and Wellbeing. The enquiry found:

- The arts can help keep us well, aid recovery, and support longer lives better lived.
- The arts can help meet major challenges facing health and social care.

- The arts can save money in the health service and social care.

The 2019 report *What is the role of the arts in improving health and well-being in the WHO European Region?* synthesises over 900 research reports demonstrating how arts interventions can help improve health and well-being, contribute to the prevention of a variety of mental and physical illnesses and support in the treatment or management of a range of acute and chronic conditions arising across our lives.

As such, arts interventions are often low-risk, highly cost effective, integrated and holistic treatment options for complex health challenges to which there are no current solutions.

Despite all the evidence of the positive potential impact arts interventions can have on health and wellbeing, the impact is not being fully realised, because opportunities for collaboration between the arts and health sectors are not being properly developed. This is particularly important to ensure equitable access to creativity for health. The report advocates for stronger pathways between the arts, health and social sectors. A case study of arts prescriptions is given as one mechanism to achieve this (Fancourt et al 2019).

*“The arts can tackle “wicked” or complex health challenges [in that they] consider health and wellbeing in a broader societal and community context and offer solutions that common medical practice has so far been unable to address.”* The WHO Regional Director for Europe, Dr Pirooska Östlin (Parkinson 2021)

There's a small but growing body of evidence for arts and health in Aotearoa, with most relating to health and social gains for young people as a result of engaging in creativity. Some evidence exists showing the potential role of creativity, arts and culture on wellbeing through cultural identity. An indigenous approach to psychiatric assessment, diagnosis and therapy *Mahi a Atua* in Tairāwhiti/Gisborne primary care incorporates art as a tool to engage whānau in Maori creation stories as a framework for negotiating emotional conflicts and dealing with mental health problems (Rangihuna et al 2018). Evidence demonstrates the wellbeing and deep sense of belonging gained through art making reflecting whakapapa, tipuna and ancestral ties to place (Savage et al 2017).

### **Research about arts on prescription**

Arts on prescription has been found to have a significant impact on wellbeing, even with an 8-week duration (Crone et al., 2018) and reductions in social isolation, anxiety and depression (Clayton & Potter, 2017, Sumner 2021).

Mental health benefits reported in a study of unemployed participants in an arts on prescription programme in Denmark, were increased energy levels, increased self-esteem, fewer panic attacks, increased motivation, a better understanding of own needs, increased level of self-care and for some people they felt more confident about getting a job. (Jensen 2019)

Improvements in mood from the start to the end of a session have been demonstrated, based on measuring participants feeling of contentment, relaxation and energy. The degree of relaxation a person experienced at the sessions was found to be a significant predictor of wellbeing change from the start to the end of the programme. (Holt 2020)

Australian researchers produced the first dose-response style study of arts and mental health, showing that 2-hour “doses” of creative activities per week could enhance mental wellbeing in a general population. (Davies 2015).

Arts on prescription was a catalyst for people connecting with inner resources and unlocking some of the barriers that come with mental ill health. There was a shift in self-perception and people were more motivated for the future (Jensen 2019). There is growing evidence that culture on referral programmes act as stepping-stones to other activities, such as other art groups, more engagement with arts and culture in their daily lives, and further study. (Dowlen 2020).

Analysis of 13 peer reviewed studies in the UK, Australia and Denmark showed positive impacts outcomes on participants' wellbeing, with participants reporting feeling more confident, less socially isolated and having better self-esteem. There was a lack of diversity in the participant groups (mainly female, aged over 50 and white British.) The extent to which this is influenced by recruitment, relevance of the programme or other barriers is unclear. (Dowlen 2020)

Arts prescriptions have been shown to reduce pressure on clinical mental health services and to be cost effective. Research shows Artlift resulted in a 27% drop in GP consultations, 27% drop in hospital admissions, and for every £1 invested in AOP there's between £4 – 11 social return on investment. The programme has resulted in fewer visits to GPs; outpatient appointments; and hospital admissions. Each session costs less than £35 per participant but delivers a cost saving of over £470 per patient. (Opher 2011)

The process used in arts on prescription groups is an area that's less well examined. Arts on Prescription: Practice and Evidence ( Holt et al 2020) includes a detailed description of the facilitating artist's practice from the time of receiving a referral. The care taken with each aspect of the programme, from individual conversations with each artist before it starts, the welcoming set up of the space and the process used in sessions

demonstrates a multi-faceted professional practice that ensures a safe and positive experience, which aligns with the concept of 'tailoring' (Tierney et al 2022). The creative process itself encourages a sense of play which diverted attention away from health conditions (Holt et al 2020, White 2021).

'Tailoring' for the specific community targeted by the arts on prescription intervention is a key element of best practice in arts prescriptions (Tierney et al, 2022). In that case, tailoring for the diverse needs of older people by link workers and cultural staff from public gardens, libraries and museums. Adaptation, flexibility and adequate resources were needed to meet older people's needs, due to their different expectations and requirements of an arts prescription.

The skills of artists practitioners are critical to successful delivery of arts prescriptions services. 'A wealth of skills' captured the qualities of flexibility and adaptability, together with a 'warm personality', described as crucial by practitioners (White 2021). Another theme in the research is the creation of a 'therapeutic alliance' between artist facilitators and participants (Holt et al 2022).

Ensuring that individuals within a group were supported was essential, as was the ability to guide conversation away from health conditions and maintain clear boundaries. Practitioners recognised the boundaries of their competence, and were knowledgeable about the differences between their practice and art therapy, and asserted they were not therapists of any sort. Their role was not to 'therapise' (White 2021).

Practitioners needed to have the capacity and support to manage the emotional impact of this work (Tierney et al 2022). Research in the UK has highlighted the lack of support for artist facilitators, such as clinical supervision (Holt et al 2022).

Inclusion of galleries and museums in arts prescriptions can be instrumental in improving wellbeing. Access behind the scenes and connection with curators gave a sense of privilege; there were benefits from art making and getting to know people in a different context (Thomson et al 2017). Research into the perspectives of museums and cultural institutions in Denmark showed positive attitudes towards interdisciplinary collaboration through arts prescriptions and there were benefits from working with groups of people they didn't regularly engage with, people with mental health problems, and this enabled the development of new skills. (Jensen et al 2020)

Distinct synergistic benefits are gained through creative green prescription programmes, using a combination of arts and nature-based activities. Use of indoor and outdoor collections in museums, parks and gardens maximised

the benefits of engagement with nature, art and wellbeing (Thomson et al 2020).

Research conducted in Sweden with health practitioners showed that AOP was seen as beneficial in increasing motivation, creating routines, providing social interactions and increasing self-esteem. However time pressures on practitioners and the continuing dominance of the medical model of care were barriers to wider acceptance among medical practitioners. A further limitation was that arts prescription services were often time limited and project funded. Sustainable levels of funding is required for AOP to be included as wider range of interventions for mental health, and for medical practitioners to have confidence in making referrals (Jensen 2021).

*"I think ten weeks is not enough ... you have to do something more because this is a very long process. If you have been 'out from life' for maybe two or three years you can't get it back in ten weeks."* Research participant health practitioner (Jensen 2021)

Knowledge about the health benefits of arts among GPs in the UK has increased, according to a 2109 study commissioned by Aesop which found 74% of GPs believing arts can prevent ill health (up from 66% in 2018) and 54% agree that arts-based interventions can be a cost-effective way to deliver primary care to the public to improve health outcomes (up from 44%) (Aesop 2019).

*"This reveals a massive culture change in a very short time. It shows that my fellow GPs have quickly recognised the power of the arts to benefit patients, reduce calls on the NHS and stop the prescribing of ever more drugs."* Dr Michael Dixon, NHS England Clinical Champion for Social Prescribing, Chair of the College of Medicine and former President of NHS Clinical Commissioner (Aesop 2019)

## **Research gaps**

There are limitations with some of the research about the health outcomes due to small sample sizes and a lack of a control group. Areas identified for further research includes:

- the nature of the AOP programmes themselves, and what works with different groups (Holt et al 2022, Dowlen 2020)
- the reasons for the apparent lack of diversity in participants (Dowlen 2020)
- the longitudinal impact of arts prescriptions - the 'ripple effect' over the longer term (Dowlen 2020)

## United Kingdom

### Context

In the UK's population of 68.5 million there is an increasing burden of mental health, with one in four people experiencing mental ill health over the course of a year, and 30% of all consultations involve a psychiatric problem, mainly depression and anxiety. It's estimated that around 20% of patients consult their GP for what is primarily a social problem (Polley 2017). Around another one in five people live with a condition or symptoms where medicine isn't the sole, or even the best, solution. As a result, GP practices are under strain, and are not well equipped to handle all the psychosocial problems that people present with.

At the 2022 Social Prescribing Network Conference Professor Michael Marmot spoke powerfully and unequivocally about the increasing gap in health inequalities in the UK, as documented in his 2020 report *Health Equity in England: The Marmot Review 10 Years On*. That report found people can expect to spend more of their lives in poor health, improvements to life expectancy had stalled and declined for some, and the health gap has grown between wealthy and deprived areas (Marmot et al 2020). The health inequities have been further exacerbated by the pandemic.

### Arts on prescription

Arts on prescription has been around in the UK for the past 30 years, with pioneering work done by the Bromley by Bow Centre in London and Artlift in Gloucester in the 1980s and 1990s (The Kings Fund 2020). In the last five years it has rapidly grown in exposure and delivery. The high profile All Parliamentary Inquiry and the Creative Health report (2017) played a big part in this, articulating the evidence base and case studies of successful delivery and paving the way for government support across the UK.

Recommendation 6 of the Creative Health report states: "NHS England and the Social Prescribing Network support clinical commissioning groups, NHS provider trusts and local authorities to incorporate arts on prescription into their commissioning plans and to redesign care pathways where appropriate."

Political support for the arts and health is very visible, for example Secretary of State for Health Matt Hancock's 2018 speech (6 November) 'The power of the arts and social activities to improve the nation's health': "*We know what the NHS does is life-saving. But what the arts and social activities do is life-enhancing. You might get by in a world without the arts, but it isn't a world that any of us would choose to live in.*" (College of Medicine 2018)

Arts Council England's 10-year strategy 'Let's Create' (2021) sets ambitious goals for greater diversity, a more inclusive way of looking at culture and

creativity, and an acknowledgement of the value of creativity and culture for wellbeing. The Council's vision is that people should have access to cultural opportunities wherever they live –they want to create a nation that has better access to culture in every “village, town and city” by 2030, where creativity in each individual is valued and “given the chance to flourish”.

‘Let's Create’ uses the example of social prescribing and arts prescriptions as a mechanism for improved health and wellbeing. The Council's aim is to develop deeper partnerships with the Department of Health and Social Care, NHS England, social care providers and others to support further research, learn from what is proven to work internationally, and explore the potential of promising new approaches such as social prescribing.

One city in England imagines a world that goes far beyond social prescribing. In becoming the world's first Creative Health City, Manchester's vision is to elevate the role of arts, culture and heritage in the wellbeing of its diverse residents. It envisages linking green spaces, blue spaces, heritage and the arts and resourcing neighbourhoods to ensure that creativity is accessible to all. This addresses the apparent lack of diversity in participants accessing arts prescriptions. *“We should not be afraid to move our focus to where communities fall outside the system for reasons of culture, ethnicity or religion.”* (Clive Parkinson, launch of The Social Glue)

There are a number of factors which make the UK AOP system effective: the inclusion of arts prescriptions in government policy, the level of government funding and support, national and regional infrastructure, and the development of best practice.

### **Government funding and support**

Following the launch of the Creative Health report, in August 2018 the government announced funding of £4.5m for 23 pilot social prescribing referring schemes across England; and in January 2019 funding to support 1000 link workers, with a goal of having them in place by the end of 2021. (According to a speaker at the 2022 Social Prescribing Network Conference, the number of link workers appointed is already double that.) The NHS Long Term Plan goals are to have one link worker for each GP Network usually treating 50,000 people and 900,000 people are referred to social prescribing schemes by 2023/24 (NHS England).

Government funding for providers is so far limited to the Thriving Communities Fund which is administered by the National Academy for Social Prescribing (which includes a contribution from Arts Council England). In some areas Clinical Commissioning Groups provide funding for work through their own budgets; other funding comes from trusts and arts/cultural funding.

Despite the government commitment to access to arts and culture for wellbeing, the question as to adequate funding of organisations and artists to deliver these services is far from resolved. There's been some criticism of the government's social prescribing policies for failing to adequately address funding for providers, given that not-for-profit funding sources are increasingly under pressure and Covid 19 has seen the community sector's income fall while the needs for the sector have increased. Clive Parkinson from the Manchester Institute of Arts, Health, and Social Change issued a caution about thinking that the arts offer a 'free social cure': 'it sounds like the arts are being offered up as a cheap way of decorating over the cracks of an already fragile health system' (Parkinson 2021). Funding for providers must be addressed if it is to be sustainable in the long term (The Kings Fund).

### **Infrastructure supporting arts on prescription in UK**

The momentum and impetus of the All Party Parliamentary Enquiry report Creative Health has led to strengthened infrastructure to support social prescribing. Since that report was released two national peak organisations have been set up: the National Academy for Social Prescribing and the National Centre for Creative Health.

The National Academy for Social Prescribing (NASS) was set up in 2019 and is driving a strategic agenda based on a goal of "people living the best life they can". They have four priorities:

- (1) to make some noise – to raise the profile of social prescribing;
- (2) to improve relationships - broker and build relationships across all sectors;
- (3) find resources – develop innovative funding partnerships; and
- (4) increase the evidence – shape and share the evidence base.

The Academy also provides funding for social prescribing through their Thrive Fund, and runs a social prescribing week in March each year to raise public awareness.

The leadership of NASS demonstrates the importance of health sector support at the highest level, with its' Chair Helen Lampden-Stokes a well-known medical professional (Helen is a GP Principal, Chair of the Academy of Medical Royal Colleges, and Professor of GP Education; she was Chair of the Royal College of General Practitioners (RCGP) until Nov 2019).

In March 2021 the National Centre for Creative Health (NCCH) was set up, aiming to make creativity integral to health and social care systems. They do this by advancing good practice and research, informing policy and promoting collaboration – in other words, helping create the conditions for creative health to flourish.

Two areas of their work implement recommendations from the 2017 Creative Health report – research partnerships and a network of creative health champions. The champions are senior leaders in clinical commissioning groups, NHS trusts, local authorities and health and wellbeing boards, who take the lead on policy on arts, health and wellbeing at an organisational level.

Initiatives in the UK have also engaged the medical profession in social prescribing. The Social Prescribing Students Champion Scheme is a peer-led scheme to increase doctors knowledge of social prescribing, and involves a network of champions representing all medical schools in the UK (Chiva Giurca 2018).

*“The aim of the scheme is to train students and future doctors to see the person not the patient, to work together with the patient, and promote the idea of patient activation, co-creation, co-design and shared decision making, creating plans together with the patient.”* Bogdan Chiva Giurca, Founder Social Prescribing Students Champion Scheme

A 2019 study which explored the value of teaching sessions about social prescribing led by student champions found 93% had not heard of social prescribing before the session, and after the session almost all (98%) indicated that it was useful and relevant to their future careers (Santoni et al 2019). This research highlights the importance of social prescribing being incorporated into medical training.

There are a number of national and regional organisations to support social prescribing and arts in the UK, including the Social Prescribing Network, Arts South West and the Manchester Institute of Arts, Health, Social Change.

The Culture Health and Wellbeing Alliance (CHWA) is a national membership network sharing knowledge and resources about how creativity and cultural engagement can transform our health and wellbeing.

The Social Prescribing Network promotes best practice and shared resources, and leads an annual conference.

Leading regional groups have produced visionary strategies, which help create an enabling environment in which arts prescriptions can operate. Arts and Health South West places creativity at the heart of human flourishing. It's a learning, advocacy, networking and development organisation, with a clear strategic framework for arts, health and wellbeing. Social prescribing is one of three regional priorities (the others being loneliness and mental health). [Arts and Health South West]. In Manchester a new strategy The Greater Manchester Culture Strategy – Grown in Greater Manchester: Known Around The World, and The Social Glue envisage a bold new world where arts and culture are central to the wellbeing of the region's people.

## **Education and best practice**

With the experience that's built up in the UK over the period AOP has been operating there, the UK offers much in the way of best practice in areas such as evaluation methods and arts and health courses. For example the website Creative and Credible provides excellent resources for evaluating arts and health programmes.

Courses in creative wellbeing include the Culture Health and Wellbeing Alliance's online training course and a Masters of Creative Health at UC London (claimed to be a world first, both as a masters level qualification in arts and sciences, and the academic field of study, creative health). The course aims to create a new generation of socially engaged scholars and practitioners to meet the needs of a changing health, social care and voluntary third sector, where personalised care, social prescribing, health equity and the patient experience are mainstreamed into public health.

## **Delivery of arts on prescription – England**

### **Artlift, Gloucestershire: Arts to help you feel better**

One of the longest-established and most comprehensive arts on prescription programmes, Artlift runs arts workshops in GP surgeries and community spaces across the county (although during the pandemic they had to operate online). Artlift has been running for over 14 years and for 13 years has had a research partnership with the University of Gloucester. A case study of Artlift was featured in the 2017 Creative Health report.

Artlift runs a range of programmes targeted at different groups, including adults living with mental health challenges or long-term health conditions like chronic pain, chronic fatigue, or ME, and people living with cancer. Courses are now offered for people who are living with the long term impact of Covid (people who were in intensive care or who have long Covid). This reflects the increase in mental distress as a result of the pandemic.

Art forms include visual arts, sketch and rhyme with hip hop artists, combining writing their own hip-hop lyrics and bringing them to life with graffiti art.

Although Artlift is for people registered with a GP in Gloucester and Wiltshire, referral can be by other health workers or people can refer themselves. Referral forms includes important information for safe participation. For example, people must meet a threshold of being well enough to take part, and are asked about psychosis, self harm, and suicidal thoughts.

Groups are 10 weeks long, free and led by professional artists. Participants can also have up to three individual creative 'check-ins' with the lead artist, using a coaching approach with gentle goals.

While there are many benefits of being in groups, Artliff recognises that some people's needs may not be met in the group setting. Some can't access online groups. Artliff therefore has creative navigators who can provide one on one support to people who can't access the groups and those have complex mental health needs.

Promotion of Artliff's groups emphasises that no experience is needed, and you don't need to be good at art. The language is positive and engaging:

'Creative Writing & Visual Art for Mental Health support – Ten weeks of pure inspiration. Find joy in the everyday and learn how to create art in words, objects and images on this ten-week course. Starting with the theme 'a lovely place to be', you will weave through a range of activities, including collages, poems, text, line drawings, 2D storyboards, and magic boxes.'

It is also acknowledged that one ten week arts on prescription cycle is not enough for most people and a system of 'follow-on' groups has been put in place so that people can continue to engage in creativity and stay connected with each other. Artliff does this through move on plans or groups, and access to private/password protected online groups and resources, such as arts activity resources. So arts on prescription at Artliff is an entry point to an ongoing creative community both online and in person.

Simon Opher, GP and Founder of Artliff is a strong voice in support of arts on prescription. He has observed that if patients started to come in to see the artist, they tended to stop coming to see him: *"The primary reason why we need to invest in AOP – quite simply, it makes people better. The second thing is it saves money in other areas. If you've got a mild depressive anxiety related illness and long-term condition, your outcomes are much worse than if you just had the long-term condition. We can improve their outcomes, and therefore reduce their cost to the NHS, by investing in arts on prescription."* (Artliff website)





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 (Create Well participant 2020)

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- The positive environment
- It provides pride and confidence using an ability. It is self-therapy
- Learning something new which has also helped me to manage pain
- Producing something I can be proud of
- It was fun – something I'd not had in a long time
- It has helped me divert attention from chronic pain into something constructive
- Helps with my PTSD and depression
- I look forward to each session. It's a very nice distraction



“Artlift has made such a huge difference to my life. Before joining the course, I felt hopeless, a failure. I've made new friends, something I thought would be impossible, it has even made me look positively at the future. I feel that I have a purpose and drive now that wasn't there before.” Participating artist (Artlift website)

## **Bristol Arts on Referral Alliance (BARA)**

Bristol, a city with a population of just under 700,000, has taken a city approach to arts on prescription, described as “a city-wide, sustainable and resilient journey to wellbeing”. The goal is to work together to connect patients and professionals with therapeutic art services across the city.

Bristol Arts on Referral Alliance (BARA) is an alliance of arts on prescription providers (CreativeShift, Wellbeing Arts, and FreshArts) and Bristol City Council Arts & Events. BARA acts as a gateway to access arts AOP and helps people navigate to the groups that are available. It functions as a capacity building organisation, with quality assurance, training, best practice and shared resources such as evaluation and monitoring tools. BARA has a strategic focus, using data and research to advocate for arts prescriptions as a mainstream health intervention in Bristol, to and to raise the profile of AOR across the city, nationally and internationally.

Together arts on prescription providers in Bristol deliver 13 groups and support 9 follow-on/independent groups. Sessions are held in community centres and target areas of greatest need, such as Knowle West Healthy Living Centre a community wellbeing centre in an area of high deprivation in Bristol.

The process used by BARA providers is described in detail in 'Arts on Prescription: Practice and Evidence' (Holt et al 2022). As with Artlift, the referral process includes both a written referral and a follow-up call from the lead artist, to make sure people are a good fit with what's offered and safe to participate. The artforms offered are influenced by the experience of different lead artists, and include printmaking, ceramics, drawing, mosaics, collage, stitching, felting, painting textiles and photography. The workshop environment is carefully curated to be welcoming, safe, and inspiring. Participants choose how they engage with the artmaking - usually an activity will be demonstrated, to explore the materials using a theme and make work by instinct rather than overthinking it. The artist role is to encourage, give confidence using a process of discovery and experimentation, and to dispel myths around artmaking (Holt et al 2022).

Over time, the lead artist adapts the programme to meet the needs of each group and the participants in it. So it is both planned and responsive. This includes coaching each participant in how they want to continue their creativity and connecting them up with other opportunities like follow-on groups and connecting with galleries and museums. (Holt et al 2022)

### **CreativeShift, Bristol**

Creativeshift is one of the leading providers in Bristol. People get the opportunity for up to 18 sessions, with follow-on groups so people can

continue to be connected and creative. While delivery is usually in-person, during the pandemic groups have been held on Zoom.

Projects that connect participants with galleries are central to CreativeShift's art practice. CreativeShift has developed a relationship with Arnolfini, Bristol's International Centre for Contemporary Arts which is located on the harbourside in the heart of the city. A partnership between Arnolfini, CreativeShift and Fresh Arts, University West England Bristol and Bristol City Council Culture team has seen collaborative projects, creative wellbeing sessions held for adults at Arnolfini and exhibitions of projects done by arts on referral participants held there. A positive outcome of this relationship is increased access to Arnolfini for a community which has traditionally had less access.



Arnolfini Gallery, and the Harbourside tapestry project.

One project Tapestry was inspired by Grayson Perry's Tapestries, which had been shown at the Arnolfini in The Most Popular Art Exhibition Ever. Participants of art on referral groups worked to produce a tapestry that reflected their cultural experiences of Bristol Harbourside, telling the story of the water flowing through the city, and the shipping and natural world.

Another project Imaginary Living Room was undertaken in late 2020 and early 2021, a partnership between CreativeShift, the Bristol Photo Festival and Arnolfini. Themed around the idea of home during lockdown, the project explored what home means. Armed with disposable cameras, 13 CreativeShift participants took part in regular Zoom sessions, getting creative with what they had at home. Everyone was encouraged to experiment, developing their photographic work with writing, collage, and story, resulting in an exhibition at the Arnolfini which captures the reflections, dreams and hopes of participants during the long winter of lockdown.

*"Through the long winter of lockdown we spent most of our time in living rooms by ourselves, or home-schooling children, dreaming of the world outside, reflecting on life, change, the future, what we missed."*

Barbara Disley, CreativeShift Director

The relationship with Arnolfini has evolved so that the experience of mental distress is valued, and opportunities have been created for arts on prescription participants beyond exhibiting work. For example, artists from CreativeShift and FreshArts were invited to co-curate an exhibition of photography by women which aimed to de-stigmatise mental health.

## INSIGHTS FROM ENGLAND

- **Adequate funding for providers:** Many arts on prescription providers don't have adequate or secure funding, yet to implement the policy of social prescribing it requires secure funding for organisations and artists to deliver programmes.
- **The importance of link workers:** Described as the 'glue in health and social care', link workers are the critical link in the chain between the health system and the arts on prescription providers. They are valuable for their in-depth knowledge about the arts prescription groups in their area.
- **The wellbeing of lead artists:** The wellbeing of artists who deliver arts on prescription should be kept front of mind, with support such as professional supervision put in place.
- **Diversity:** The reasons for the lack of diversity in participants are not fully understood.
- **Sustaining creativity in the long term:** Priority needs to be given to how participants can continue to be supported with creativity, both through flexibility about attending more than one cycle of arts prescriptions, and by connecting people to opportunities afterwards through follow-on groups or other arts and health programmes
- **The value of infrastructure:** the national and regional organisations to support and promote arts on prescription is a key factor in a strong and sustainable sector.
- **A city-wide approach:** This approach sees greater awareness of arts prescriptions and more equitable access.
- **Research partnerships:** A number of research partnerships have developed which has resulted in a lot of research on arts on prescription. However more research is needed to fill the gaps identified.
- **Medical profession awareness:** Special initiatives to build the health sector's knowledge of social prescribing and arts prescription have made a difference.
- **Collaboration between sectors:** Rather than thinking of arts prescriptions as an 'add-on' to the health system, they will be most successful where there's partnerships, shared goals and support for delivery from both the arts and health sectors.

- **Creative green prescriptions:** There's value in combining green prescriptions and arts prescriptions to include the benefits of being in nature.
- **Partnerships with galleries and museums:** These partnerships are mutually beneficial: arts prescription participants benefit from access to these cultural facilities, and galleries and museums reach groups who have barriers to access. A cultural shift in valuing arts and health occurs over time.
- **Political support and government policy:** Support at political and policy level is a game changer; the biggest challenge is matching that with funding for arts prescription providers.

## DENMARK

### Context

Denmark has a population similar to Aotearoa, and is known as a socially progressive nation with high levels of social trust. Art and culture are treasured. Denmark often rates highly in global surveys on liveability and happiness. Education and healthcare is free in Denmark, for which Danes pay one of the highest tax rates in the world.

Despite the high happiness ratings, Denmark is not immune from the poor mental health that plagues the developed world. It is estimated that 38% of Danish women and 32% of Danish men will receive professional help for mental health issues during their lifetime (Nageswaran 2021). Figures from the Danish National Institute of Public Health indicate that approximately 20% of the Danish population (between 700 and 800 people) will experience mental health problems in the course of a year. Mental distress is most prevalent in young adults aged 16 – 34. Depression and anxiety along with drug addiction are the most common mental health problems (Sommer 2017).

### Arts on prescription in Denmark

In 2016 research drawing on the impact of AOP in UK and in other parts of Scandinavia revealed the untapped potential for arts on prescription to contribute to health outcomes in Denmark (Jensen et al 2016). While arts and health projects gathered momentum in the rest of Scandinavia, Denmark had been slower on the uptake. The research and policy from UK supported an interdisciplinary approach with the arts and health sectors working together, and a national network in Denmark and a Scandinavian arts and health network would help support a strategic approach to arts and health and an interdisciplinary approach (Jensen et al 2015).

Culture on prescription (Kultur på Recept) is in its infancy in Denmark. A pilot project run in 4 regions between 2016 and 2019 (Aalborg, Nyborg, Vordingborg and Silkeborg) targeted people who were unemployed, with referrals coming from their Job Centre (equivalent to our Work and Income) with a goal of improving wellbeing to increase employment. Participants were off work due to depression anxiety or stress. (Jensen 2019)

The programmes were led by 'culture guides' rather than practicing artists as in the UK, and a culture coordinator oversaw the programme. In each area the programmes constituted a series of small-group cultural encounters over 10 weeks, with 2 – 3 sessions each week.

A total of 7 million krone was invested in the four regions. The 10-week course cost 12,000 Danish krone (NZ\$2,700) per person. In comparison, a single session with a psychologist is about 1,000 krone and a week on sick leave costs about 4,000 krone (including benefits and cost to employers). (Russell 2019)

*"Culture on Prescription moves in the field between health, culture and employment. And it forces us to work across and see the whole human being. We experience that the citizens for a period of time let go of the thought of health challenges and gain a belief in the future. The offer gives participants a new experience of their situation, which has a positive impact on the opportunity to return to the labour market."* Helle Holm Marcussen, Function Manager at Sickness Benefits in Silkeborg Municipality.





Promotion, and participants in Kulturvitaminer and arts prescriptions, Denmark

### **Culture Vitamins Aalborg**

The Culture Vitamins project partnered with cultural institutions Museum of Modern Art, Aalborg Library, Aalborg City Archive, The Rhythmic Centre and Aalborg Theatre. (Jensen 2019). The programme was made up of diverse cultural experiences including singing, visits to the city archive to learn about local history and genealogy, nature walks, music appreciation, visits to local theatre (incorporating coaching sessions with actors build confidence for job interviews). Through a relationship with the Aalborg Symphony Orchestra, participants had the opportunity to watch rehearsals and performances. Participants also visited the local art gallery and take part in creativity workshops.

Another element of the programme is 'guided reading'. During visits to Aalborg library participants are encouraged to snuggle up under blankets in a dimly lit room in while a librarian reads to them for two hours: *"I spent so much of my life reading to others, but this time I needed help and I felt taken care of. It was very powerful."* Evy Mortenson, participant (Russell 2019)



A nature walk in Jutland, Denmark; Aalborg Symphony Orchestra



Aalborg Library, view of the centre of Aalborg

Research into the Culture Vitamins programme found that participants had experienced positive changes in their lives as a result of being part of it; being in 'the space' with the group where the focus was not on illness; and they had moved from being self-critical to self-caring. (Jensen 2019).

*"It was an activity that would get me out of the house, something that wasn't a medical appointment, where I was treated as 'normal'. Because I am not my anxiety, I'm me. And the course helped me feel like 'me' again." ... "The course altered my outlook – I've redefined what success looks like. I went from being very isolated to being ready for the job market and happier, too. It changed my life."* Participating artist Jonas Thrysoe (Russell 2019)

## Nyborg

One of the culture on prescription groups in the Nyborg region, 'Culture Rider' targeted unemployed men. The basis for the programme was historical cultural facilities Nyborg Castle and the Cultural History Museum Borgmestergården and activities which drew on this rich historical context. Referencing the historical collections, the programme included physical activities such as shooting with a bow and arrow and cutting up a pig (!) as they would have in Medieval times:

*"We had a theme week about fighting in the Middle Ages, and about war. A big subject. It started out with me sharing my knowledge, and then we discussed it. Then I pulled out ten long swords, and I said we were going to try out everything I had told them about. We went outside and started fencing – it was hard – it's a hard sport! ... The next day I bought a pig's head and with a sharp weapon showed them the techniques I'd taught them. They were really curious. We started out reading about it in an old book, and suddenly we were doing it by ourselves!"* Nicolai Knudsen, Director of Østfyns Museums (Arts as Health Promotion Videos 2020)

"Men are generally harder to reach than women with health promotion offers. By developing an offer specifically targeted at men and in the unique setting around a medieval royal palace, we hope to offer something that men perceive as more relevant than, for example, an offer of mindfulness," Project manager Mathilde Kihl Kellermann, Nyborg (Washuus 2016)

"Authentic, historical sites have an inherent power that takes the focus away from yourself. From our communication work, we know how the historical framework can inspire our guests and spark activities and imagination." Janus Møller Jensen, head of department at Nyborg Castle and Borgmestergården (Washuus 2016)



Nyborg Castle and evaluation report Kultur på Recept

### **Evaluation of pilot Culture on Prescription**

An evaluation was commissioned by the Danish Health Authority (unfortunately the evaluation is not available in English so I was able to access the key findings but not all the nuances of the report). The evaluation aimed to examine whether art and culture have a positive impact on long-term unemployed and people with mild to moderate depression, stress and anxiety.

In the four regions in the pilot, a total of more than 800 people participated in cultural activities on prescription, the majority of whom were referred from the regions' job centres. Three out of four participants were women, and the average age was 44 years.

The evaluation found that the health of eight out of 10 participants had improved after a 10-week course, and for three out of four the prescription of culture had greatly or to some extent improved their well-

being. It also found that almost half of the participants felt that the project has to a large or some extent helped them to be able to handle a job.

The role of cultural guides is identified as a key success factor, due to their experience in teaching cultural offerings and their awareness of the participants needs and circumstances. The experience of the participants reflected the guides' commitment and the engaging way they opened up a world of art and culture for participants. Another success factor was having the local agencies and cultural institutions involved early in the planning of the activities. (Danish Health Authority 2020)

Video presentations for the Arts in Health Promotion Conference 2020 in Denmark video presentations brought the arts prescriptions programmes to life and highlighted some important aspects of the evaluation. The programme in Nyborg had at the heart three elements: free spaces, storytelling and community. Culture on prescription provided an "appropriate disruption" for participants who felt their life was at a standstill. Participants were preoccupied with the activities and forgot about their sadness and illness. Key success factors were the partnerships between culture, health and employment divisions. An unexpected outcome was the change in attitudes for the cultural institutions – described as an 'eye-opener' for them – and the Job Centres, seeing how culture on prescription could overcome some of the pervasive barriers to people getting jobs.

## **INSIGHTS FROM DENMARK**

- **Skills of the cultural guides:** The programmes are run by people who are who are experts in their fields and who understand the situation and needs of the participants.
- **Programmes are intensive:** The programme is for ten weeks with two - three encounters each week in arts, culture and nature
- **Cultural and historical foundation:** Incorporation of history and Danish culture into the programme helps builds cultural connection and wellbeing.
- **Sustaining creativity:** There's challenges continuing the benefits once the programme finishes.
- **The group experience:** The group experience creates a sense of obligations to others with shared experience.
- **Increasing access to cultural institutions:** The programmes open the door to places galleries, museums and libraries as well as free cultural performances, which would normally be outside people's reach. This helped the institutions reach audiences they normally wouldn't, and more diverse groups accessing their services.

- **An interdisciplinary approach:** - The importance of overcoming scepticism of partners/referrers: after initial scepticism by the employment service, this changed once they saw the benefits.

### **Arts prescriptions in Denmark and UK and implications for Aotearoa**

With arts prescriptions relatively new in Denmark, and long established in the United Kingdom, the experience of these countries provides valuable insight into the potential for arts prescriptions in Aotearoa.

A comparative study in 2013 of two arts organisations supporting people with mental distress in UK and Denmark found comparable problems with restricted resources, funding and organisational limitations to service delivery. The British case study shows a bottom-up or grassroots approach, in contrast to the Danish case study where the approach is top-down (Jensen 2013). Denmark doesn't have a tradition of community-initiated arts and health initiatives, which may be due to perceptions that the need was not so great and that there weren't significant gaps in the Danish health care system. It was therefore anticipated that arts and health initiatives would be instigated by local authorities than being community driven.

In Denmark the programmes capitalise on their historical and cultural context, through partnerships with cultural institutions. There's less of a focus on art making, and more on the group having creative experiences together. The pilot programmes in Denmark are more intensive than in the UK, with 2 – 3 sessions per week, compared to weekly sessions in in England.

In contrast, arts prescriptions are long established in the United Kingdom, with arts prescriptions now embedded in government policy and government funding supports link workers and some providers. The majority are based on art making, although some involve museum visits and experiences in nature.

The UK has substantial infrastructure to support arts prescriptions, whereas Denmark does not. Both countries place importance on research and have created research partnerships to increase the evidence base for arts prescriptions.

### **Aotearoa New Zealand**

#### **Context**

The New Zealand government now includes the nation's wellbeing as a measure of success (Treasury Living Standards Framework). However pervasive health inequities remain. These inequities affect Māori in particular; An article in Lancet in New Zealand points to the long term and ongoing impact of colonisation as the central factor in the health inequalities affecting Māori. The lack of progress in reducing inequity between Māori

and non-Māori raises questions about the effectiveness of measures to date, and it is proposed that New Zealand needs to revisit deep-rooted historical, cultural and systemic issues (Hobbs et al 2019).

Specific events in Aotearoa's recent history have resulted in trauma and mental distress including the Christchurch earthquakes, Whakāri White Island disaster, 15 March terror attack, and the Port Hill Fires. The climate crisis is a further source of anxiety.

The impact of the pandemic has compounded existing inequalities through loss of employment, ill health, and the division in our communities through the rise of the conspiracy and misinformation movement.

Our mental health system is under enormous pressure, often described as being in crisis, with clinical treatment unable to keep up with demand and long waiting lists to access help. A monitoring report by the Mental Health and Wellbeing Commission (March 2022) found that despite investment of \$1.9 billion through the 2019 Wellbeing Budget, the expected improvements had not materialised. The Commission found long wait times for specialist support, more prescriptions being handed out for anti-depressants, and more Māori being put into solitary confinement.

Consistent with the experience of doctors in the UK, many people seen in primary care in Aotearoa with stress and mental distress have needs that are social and related to the wider determinants of health, such as poverty, housing, family violence and social isolation.

## **Directions in mental health in Aotearoa**

Aotearoa's unique context and way of thinking about health is expressed in Sir Mason Durie's holistic framework for wellbeing Te Whare Tapa Whā which he describes as moving away from treating an illness to facilitating wellbeing. Te Whare Tapa Whā is based on four cornerstones of health: taha whānau family wellbeing, taha hinengaro mental health, taha tinana physical wellbeing, and taha wairua spiritual wellbeing. An international model 'Five Ways to Wellbeing' is also a guiding model in our public health system.

The crisis in mental health led the Government to undertake an enquiry into Mental Health and Addiction which produced the report He Ara Oranga. It led to the establishment of the Mental Health and Wellbeing Commission, and the Maori Health Authority Te Mana Hauora Māori.

In 2021 the Ministry of Health released Kia Manawanui Aotearoa, the government's high level plan for transformation over the long term. Programmes that encourage involvement in the outdoors, sports and arts are identified as a way of supporting mental wellbeing and addressing the wider determinants of health. The report includes an action to strengthen

investment in promoting the mental wellbeing benefits and opportunities relating to recreation, arts and cultural activities.

### **Social prescribing in New Zealand - Te Tumu Waiora**

Although the concept of social prescribing seems to have a low profile in New Zealand, a major development in social prescribing has taken place through the new primary care initiative Te Tumu Waiora.

Implementing recommendations from the Government Inquiry into Mental Health and Addiction's report He Ara Oranga, as part of its 2019 Wellbeing Budget the government announced funding to roll out a new primary health initiative Te Tumu Waiora ('to move towards wellness'), which had been piloted in Auckland, to all GP practices from 2019 – 2024/25.

The roles of Te Tumu Waiora workers are similar to that of link workers in the UK. Te Tumu Waiora aims to provide people with mental distress or addiction with holistic support when people need it, starting with the question 'what matters to you?' It draws on a behavioural health consultant model from the USA and an extended model of multi-disciplinary care within GP practices. Underlying Te Tumu Waiora is recognition of the limitations of antidepressants and limits on availability of talking therapies with long waiting lists. It also aims to respond to the social determinants of health where treatment and therapy alone will not meet these needs(Codyre et al 2021).

### **Green prescriptions**

Green prescriptions for adults originated in Aotearoa in 1998 and since that time have become an accepted part of our health landscape. Green prescriptions are available nationwide to help improve physical and mental health through exercise and physical activity.

Initially under the domain of Sports and Recreation New Zealand, in 2009 they were transferred to the Ministry of Health along with Green Prescriptions for Healthy Families. The aim was to align more closely with other services to manage long term conditions. While largely used as a means of weight loss, green prescriptions also help in preventing and/or managing long term conditions such as cardiovascular disease, diabetes, arthritis and depression.

Green prescriptions are still overseen by the Ministry of Health, however in 2012 the Ministry of Health devolved funding to District Health Boards (DHBs) to provide a coordinated approach. While most funding is provided by the Ministry of Health, some DHBs and Primary Health Organisations (PHOs) contribute further funding to provide more intensive group programme support and strengthen the nutrition component.

Currently 16 providers nationally are contracted to provide green prescriptions support for physical activity to patients and families. Fourteen of these are regional sports trusts and two are PHOs to cover all DHBs. Sports Canterbury manages green prescriptions in the Canterbury and West Coast regions by handling the referrals and providing programme support.

The process involves a patient being issued with a written or electronic green prescription by a health professional. The script is forwarded to the local green prescriptions provider, who makes a physical activity plan with the patient and supports them through monthly phone calls or in person meeting for 3 – 4 months, or group support in a community setting for 3 – 6 months. An update is provided to the referrer about progress made. If a person feels they'd benefit from ongoing support, they can ask their referrer for another green prescription.

Research shows green prescriptions are a cost- effective way of increasing physical activity. This can improve not only physical health but also mental and social wellbeing (Ministry of Health).

A study exploring Pacific Women's experience of green prescriptions found that the majority had positive experiences due to the social and friendly atmosphere created by their peers and staff(Tavae et al 2012).

The experience of Māori adults with green prescriptions was the subject of a Masters thesis (Albert 2020). Tikanga and kaupapa Māori strategies, such as beginning with whakawhanaungatanga and pōwhiri, are important because they culturally enhance the experience for Māori who use the green prescription service. It's equally important for green prescription providers to understand the barriers for Māori within mainstream health services, and to find ways to alleviate these barriers.

## **The arts and health environment in Aotearoa**

There is no policy framework for arts and health in Aotearoa, and arts prescriptions are not recognised in government policy. Aotearoa does not have a national arts strategy for Aotearoa within government or outside it by the arts sector, although there have been calls for one.

Although some arts and health organisations have been operating in New Zealand for over 30 years, arts and health is not a well recognised field here. It could be described as an emerging community of professional practice. Similar to the experience in the UK, in Aotearoa the arts and health movement has arisen out of community-based arts and health initiatives. Momentum is building for more recognition of the impact of these interventions on the health of New Zealanders.

Te Ora Auaha, an alliance of people and organisations working in the field of arts and health was established in 2018. Aiming to have national reach, the work of Te Ora Auaha to date is concentrated in Auckland, Hamilton and Christchurch. Te Ora Auaha's advocacy is raising the profile of arts health and the network is growing. The website is a valuable repository of evidence relating to arts and health and a series of webinars have explored the impact of arts and health programmes in New Zealand. Te Ora Auaha led a number of presentations at the 2021 International Culture, Health and Wellbeing Conference.

Te Taumata Toi A Iwi, which Te Ora Auaha is affiliated with, is a strong advocate for creativity, arts and culture in the Auckland region although takes a leadership role that's felt nationally.

Arts Access Aotearoa provides support and advocates for access to the arts for people who face barriers to participation. Their role now extends to providing funding support to creative spaces which are funded by the Ministry of Culture and Heritage. This has enabled a greater focus on training, capacity building, support for leadership and best practice.

The funding picture for arts and health is patchy, reflecting ad hoc development over time.

The creative spaces sector – organisations which use creativity, art and culture for health and social outcomes - received a badly needed boost of recognition, funding and support through Manatū Taonga the Ministry for Culture and Heritage as part of its Covid 19 investment package. Te Tahua Whakahaumarū Creative Arts Recovery and Employment (CARE Fund) Ngā Wāhi Auaha aims to increase access to creativity for people experiencing barriers and create employment opportunities for artists. This \$18 million investment over three years is enabling creative spaces to reach more people and to test out new approaches. There is however no certainty that this funding will continue after the initial three year period and a case must be made for investment to continue.

Other than that, funding for arts and health is best described as fragmented and inequitable, with a small number of programmes funded by district health boards, and others by philanthropic trusts and a range of other funding sources.

Individualised funding for wellbeing does not exist in the mental health sector in Aotearoa, with the exception of ACC which provides activity fees to improve wellbeing in certain circumstances (for people who have experienced traumatic brain injury or sexual assault).

A number of government ministries contribute project funding to arts and health including Ministry of Health, Ministry of Social Development, and the Department of Corrections.

It is difficult to get a clear picture of the extent to which Creative New Zealand funding goes to arts and health, including sector development. Dedicated project funding targeting specific communities such as rangatahi was stopped when the pandemic placed extraordinary demands on Creative New Zealand's funds. Generally Creative New Zealand's funding is project based and not ongoing operational funding, other than for Kahikitea or Totara funded organisations. Some Kahikitea and Totara organisations undertake projects which have health and social outcomes, for example Christchurch Symphony Orchestra's programme in Christchurch Mens' Prison.

### **Arts prescriptions in New Zealand**

In 2014 Community and Public Health Canterbury District Health Board investigated arts prescriptions for Christchurch (Shannon 2014) and Primary Health Organisation Pegasus Health prepared a literature review on evidence for arts and health (Bidwell 2014). Pegasus Health took steps to pilot arts prescriptions with three organisations in Christchurch but this didn't go ahead.

Creative New Zealand advocated for arts on prescription to the government's enquiry into Mental Health and Addiction and called for Vote Health funding to meet the cost (Creative New Zealand 2018). Although arts prescriptions didn't get a specific mention in the Inquiry report, the report concluded that people should have more choice and access to the tools that would help their mental health. In March 2022 Creative New Zealand's draft Statement of Intent includes wellbeing as one of three strategic focus areas for the next four years and it remains to be seen whether they will advance work towards arts prescriptions within the strategic focus on wellbeing.

A feasibility study investigating arts on prescription was undertaken by Creative Bay of Plenty in 2019. That investigation concluded that it was not feasible to implement arts on prescription programmes at present in that region, due to the lack of a national framework and health sector funding. It was highlighted that kaupapa Māori was vital to embed from the outset, as was the involvement of the health sector and local government. Other models such as that of Ōtautahi Creative Spaces creative wellbeing practice were identified as alternative approaches (Manuireva 2020).

### **Arts on prescription programmes in Aotearoa**

Arts prescriptions for creative wellbeing services are already happening in NZ to some degree but are not called that. For example In Christchurch small-

group visual arts programmes are offered for people with experience of mental distress and addiction by Purapura Whetu, Art East and Ōtautahi Creative Spaces, with close referral relationships with primary health and mental health and addiction services. In Dunedin Artsenta delivers small group creative wellbeing programmes in North and Central Otago; people connect with these from a range of places including health services. These are staffed by an artworker and an intentional peer support worker.

At Ōtautahi Creative Spaces we have traditionally worked with small groups - originally due to space limitations, but we came to see it as a strong and effective approach. Some groups are run in partnership with health services, such as Totara House (an early intervention in psychosis service, Canterbury District Health Board) and Kakakura Health Services. Visits to cultural institutions Christchurch Art Gallery, Canterbury Museum and workshops with craft initiative Rekindle form part of our group programmes. We've had some opportunities for free access to cultural performances (free access to a Footnote Dance Company rehearsal and a concert by Yo Yo Ma).

In 2021 we secured funding from Manatū Taonga Ministry for Culture and Heritage and Lottery Covid 19 Community Wellbeing Fund to test out 'lets get creative' groups which incorporate elements of arts prescriptions including a closer relationship with PHO Pegasus Health. These are primarily delivered in person but have been run online when Covid 19 necessitated that.

Our welcome and registration process includes an individual meeting and registration form completed to give us a picture of each person's situation and needs.

Experience with these groups has shown that leading accessible and achievable creative activities in a small group environment gives people safe parameters in which to explore their creative world. The small group setting is conducive to people feeling safe and connected with each other. We found that participants valued flexibility about attending each week, and how long a person could attend a Lets Get Creative group. People felt pressured if they felt they had to come each week and they didn't feel up to it (which has associated challenges for us meeting supply and demand). Participants also valued being able to come to as many sessions as they needed to., with some moving into other creativity groups which require more independence. Online groups were less successful because participants preferred the experience of being in the studio, and some were not comfortable using Zoom. We therefore adapted our practice by creating suitcase studios for people to use at home, with follow-up phone calls.

Two 'Lets get creative' programmes targeted specific communities, Muslim women, and Rainbow youth.

## **Let's Get Creative - Muslim Women's Group**

This programme was established following consultation with the Muslim community, to see how we could support that community in the aftermath of the 15 March terror attack. Funding was secured from Manatū Taonga the Ministry of Culture and Heritage with a goal of supporting Muslim women. This enabled us to employ a Muslim Outreach worker to build relationships and referral pathways, which evolved into a collaboration with the Muslim Wellbeing Team at Purapura Whetu (a Māori mental health organisation contracted by the Canterbury District Health Board to support the Muslim community).

The group is led by the Muslim outreach worker who provides peer and cultural support and a creative wellbeing art worker (artist practitioner).

Referrals for this group have come from the Muslim Wellbeing Team and personal networks of the outreach worker.

The group meets weekly and there is a focus on creating a calm and welcoming atmosphere, with flowers for each person and activities that allow gentle creative exploration. Informed by the Qur'an and Islamic art traditions, and with opportunities to be in the comforting embrace of nature, the activities aim to create cultural connection and space for the participants to use as they need. Cultural protocol is incorporated with whakatauki and Islamic prayer.

There is no expectation that people come each week, but that they come when it is right for them. Whānau have joined in, with daughters and mothers-in-law creating together. Women who can't join in person have 'suitcase studios' sent home and individual creativity coaching.

The group is in its infancy – in time we will have guest Muslim artists to lead workshops in calligraphy and Islamic geographic patterns, craft making workshops by Rekindle, and group visits to Christchurch Art Gallery.

Informal feedback shows that participants have found this group beneficial, and that it has helped people cope with the ongoing trauma of 15 March. Group participants had the opportunity to be part of art events during Unity Week which commemorated 15 March, including hearing guest Muslim and non-Muslim artists speaking about their work done in response to 15 March, and seeing a public art work by Iranian artist Sudi Dargipour take shape in the sand on New Brighton beach.

Our experience with this group shows a limit on the number of sessions participants can attend would not be appropriate, and that arts prescriptions can go beyond supporting people with mild to moderate distress. They can also be beneficial in helping people who have experienced severe trauma,

providing that the design of the programme accommodates this, and that the intervention is long term.

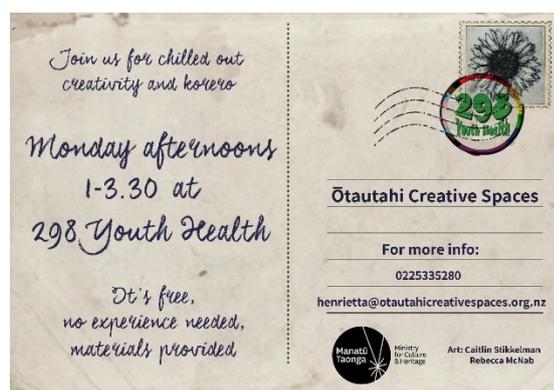


Tiles (detail) Iran, 16<sup>th</sup> century; panui promoting the Muslim women's group.

### Let's Get Creative @298 Youth Health

This programme aims to reach rangatahi who identify as being part of the LGBTQI+ rainbow community. Funded by Manatū Taonga the Ministry for Culture and Heritage, it is a partnership with 298 Youth Health which provides free GP services and counselling to rangatahi aged 18 – 24. It's an unconventional medical practice with a friendly dog roaming around, free clothes in the waiting room and an especially inviting space. Their staff are highly committed to access to creativity for hauora, with one GP dispensing art materials to her patients, saying it gives her something to ask about when she next sees them.

This partnership gave us the opportunity to work onsite at the premises of a busy GP practice for the first time, based on the participants familiarity and comfort with this place. Referral was direct from GPs, counsellors and youth workers onsite as well as some who are not onsite, by way of an inviting postcard. Early on in the pilot, the Omicron outbreak occurred and 298 Youth Health needed all available space for their clinical services, so we re-located the programme back to our base.



298 Youth Health is a lead agency in a planned purpose-built Youth Hub in Christchurch which will include a creative space for rangatahi, so it is hoped that this group is a step towards increased access to creativity for rangatahi in Christchurch.

## **Themes from consultation in New Zealand**

A number of themes emerged from consultation in New Zealand: the level of support for increased access to creativity, tailoring for different communities, access pathways, career pathways, the potential for involvement of museums and galleries, the low level of awareness of the health sector, finding our own language, and the need for a new funding model.

### **Support for arts prescriptions**

There's overwhelming support for increased access to creativity for hauora. Likened to the loosening of a very tight knot, creativity was described by one health worker as a 'buried resource for a lot of people, covered up with layers of crap'. Digging through and reconnection with creativity is seen as linked to playfulness, a sense of freedom and reclaiming control over our lives.

By bringing creativity into our thinking about mental health, there's an opportunity to challenge the language and paradigms of health. Put by the health worker, 'the health system has swallowed the textbook', pathologising experience as depression, anxiety and low mood. Creativity can be a bridge to framing our wellbeing from a strength-based position, seeing fluctuations in emotions as part of a normal spectrum of human experience, with a range of interventions and support available for people to decide what's helpful for them. 'Art's a very helpful way of encouraging people to think about expression of emotion that's normal.'

### **Arts on prescription must be tailored for different cultural communities**

Rather than the approach taken in the UK and Denmark, arts prescription programmes could be tailored for particular cultural communities in Aotearoa with the programme design incorporating the kawa, world view, and art forms of relevance to that community. With Te Whare Tapa Whā as a foundation, there's scope for participants to explore and express turangawaewae, whakapapa, whanau and spiritual beliefs. Learning about other artists is a powerful way to explore and make sense of our own experience.



Learning about Māori artists is an integral part of the partnership group run by Ōtautahi Creative Spaces with the support of Kakakura Health, Te Korimako. We talk about art works through the lens of Te Whare Tapa Whā. For example, Robyn Kahukiwa's painting *My Ancestors Are Always With Me* (1995), with artwork created in response by participating artists (detail).

### **Access pathways**

Any implementation of arts prescriptions should consider relationships which create access for the people who need this intervention the most. In addition to Te Tumu Waiora workers, mental health services, and whānau ora navigators, this could include organisation such as Kainga Ora and other social housing providers.

### **Career pathways**

Work opportunities in arts and health are limited. Arts prescriptions opens up a new world of career opportunities for artists. Given the health inequities experienced by Māori and Pacific communities, arts prescriptions offer a potential career pathway for young Māori and Pacific artists. This could be supported through opportunities for internships and arts and health scholarships.

### **The potential for museums to be involved in arts prescriptions**

Staff from Dunedin Art Gallery and Christchurch Art Gallery expressed interest in expanding access through an arts prescriptions approach. The galleries recognise that not everyone in the community feels comfortable accessing what they offer, and that a group approach would help overcome barriers. (In my own work a Māori mental health support worker accompanied us on a group trip to Christchurch Art Gallery: she had lived in Christchurch for 30 years and had never been to the gallery before. She was delighted to find so

much she could relate to there, and said she'd now be confident to go back).

There are existing relationships with health organisations which could be built on, for example Christchurch Art Gallery's relationship with Dementia Canterbury and the group Artzeimers which is run for people with dementia with support from Rymans Healthcare (Wood 2019).

While arts prescriptions creating more access to galleries is seen as something with great potential, galleries don't feel particularly well equipped to advance this. They welcomed partnering with arts prescriptions providers, and imagined a world where galleries might be resourced to have a team member dedicated to wellbeing programmes and partnerships, however this wasn't realistic in the short term.

### **There's a low level of awareness in the health system of the power of creativity**

There was consensus among people I spoke to that the NZ health system does not generally recognise the powerful impact that creativity, art and culture can have on health, although some health funding is invested in creativity art and culture in an ad hoc way.

By way of comparison, arts prescriptions are gathering support amongst medical professionals in Australia with endorsement by the Royal Australian College of General Practitioners, and support in the UK is very obvious.

GPs I spoke to described the challenges they face when they have exhausted treatment options, such as chronic pain, and they welcomed more options to refer people to (although in practice referrals would be more likely made by a Health Improvement Practitioner, practice nurse or social worker, who have more time to address the holistic needs of a patient).

There's scope to strengthen content about social prescribing in training of doctors and other health workers. Otago University Medical School includes information about green prescriptions and social prescribing in lectures and small group teaching sessions about healthcare and the community. This aligns with moves being made to broaden the knowledge and experience of trainee doctors, for example at the Otago Medical School students are encouraged to do a combined arts and medical degree. The possibility of internships of health professionals in arts and health organisations could be explored.

Medical professionals own experience of creativity may help build bridges between the sectors, for example through the New Zealand Association of Artist Doctors.

### **The language of arts prescription**

Due to the level of acceptance of green prescriptions, some people saw benefits in using the term arts prescriptions. It would more easily gain recognition among the health sector as it introduces a familiar concept.

While the intervention may be seen as more worthy if a trusted health worker recommends it, the use of the medical term 'prescription' could medicalise a process that was essentially creative and social, and it could reduce people's agency in making decisions about what will be helpful for them.

Terms like 'culture vitamins' convey a more positive image while also retaining a link to health. In promoting any arts on prescription scheme, the words used should be carefully chosen to overcome feelings of inadequacy and barriers to the world of art. Gentle invitations to get creative are preferred: Creative wellbeing: connecting you with creativity for your hauora.

Using a shared language for arts prescriptions will help us advocate for recognition and resources and is critical to building understanding in the health profession.

### **A new funding model is needed for arts and health**

The adequacy of funding for arts and health, and sources of funding for arts prescriptions, was a key concern. An approach that was recommended was to consider the funding of participating in sports as a model for arts participation, as both have many positive impacts on mental health. As noted above, funding for green prescriptions comes from the Ministry of Health and is administered through regional sports trusts. Manatū Taonga Ministry for Culture and Heritage funds Sport New Zealand which in turn funds Regional sports trusts for community participation in sports and recreation, based on both population and deprivation modelling. Sport New Zealand's three approaches 'Insights, locally led, physical literacy' translates well to the arts – 'creative literacy' has so many benefits. A distinct advantage of this approach is local knowledge of community needs and services.

Special funds to increase access to sports have been established, for example Tumu Ora fund set up by Te Putahitanga, the whānau ora commissioning agency for Te Wai Pounamu South Island which again provides a valuable model for special funds to increase participation in creativity.

### **Creative opportunities for promoting arts prescriptions**

Audrey Baldwin's Art Chemist project is both performance art and health intervention, which promotes the idea of arts prescriptions. The playful take on prescribing invites us to think creatively about mental health, and

what makes us feel better. Based on a conversation with each person about how they're doing, and what they enjoy, a prescription is prepared tailored to each person and dispensed in a pill bottle: it might be viewing a public art work or visiting an exhibition, and a map to get there. It's a personalised response – there's a conversation about how the person is doing, and what they enjoy, and each person is connected with a creative experience.



*“It’s about inviting a vulnerability from the audience. It’s about an exchange. As much as this could be described as an interactive theatre piece, I would call it a performance because it’s not about a script. It’s not about us playing a character. It’s about us hosting people and having a conversation and listening and responding to the individual.”* Audrey Baldwin (Allright)

## **FINDINGS**

Arts on prescription programmes in the UK and Denmark provide a valuable model for re-imagining mental health in Aotearoa, as part of a spectrum of arts and hauora approaches.

The key benefit for Aotearoa of an arts on prescription approach is a closer alignment between primary health/mental health and the arts and hauora sector, which has great potential to increase access to creativity, art and culture for wellbeing.

Arts on prescription aligns with the government's approach to increase support to people and whānau so they have agency over their own lives, and primary care approach Te Tumu Waiora. It is also a way of activating Māori health model Te Whare Tapa Whā and the the Five Ways to Wellbeing.

The strengths of arts on prescription include the ability to target people with greatest health inequity and to tailor programmes for cultural needs and the needs of specific communities; increased opportunities for new career

pathway for artists and increased sustainability of arts and health organisations. Another benefit is opening doors to museums, galleries, cultural facilities and nature, resulting in more equitable access.

### **Limitations of arts on prescription**

The key limitation of arts on prescription programmes is that they are designed to be a short term intervention, although some have 'follow on' programmes that help people stay connected. It can take time to reap the benefits of participating in creativity.

There is a lack of diversity in participants, with many being older, female and white.

### **The time is right**

Pressure on mental health services, and shifts in our approach to mental distress in Aotearoa make the idea of arts prescriptions timely. There is a revolution in health systems internationally where social prescribing is being used to address the social determinants of health.

The Covid 19 pandemic has highlighted the mental health impacts of isolation on the wider population and this has helped create momentum for access to the arts to help mental health. If there was ever a time to champion the creative wellbeing agenda, this is it!

### **The barriers to arts prescriptions in Aotearoa**

- (1) The capacity of the sector is the critical issue - increasing access is dependent on an arts and health sector that is ready and able to deliver. In order to introduce arts prescriptions on anything other than an ad hoc/ local level, government funding would need to be committed to the organisations and artists to deliver the programmes for people to be referred to.
- (2) There's low levels of knowledge in the health sector and across government ministries about the health benefits of engaging in creativity.

### **The enablers for arts prescriptions in Aotearoa**

- (1) Te Tumu Waiora, a new method of primary care that aims to address patients social needs, is being rolled out nationally. This effectively places link workers throughout the country.
- (2) Telling the story of the powerful impact of engaging in creativity on the wellbeing of people with mental distress, and building relationships with health services and funders on a local or regional level may help secure support to trial arts prescriptions for particular communities.

- (3) A national arts and health strategy would lay the foundations for the relationships, policies, funding, services and infrastructure that would see arts prescriptions made available on an equitable basis nationally.
- (4) Green prescriptions provide a valuable template for arts prescriptions, because they are already an accepted part of our health system.
- (5) Long term, it would be beneficial to have arts prescriptions incorporated into government health and social development policy.
- (6) A social investment funding model with government funding for arts prescription services, potentially mirroring the green prescriptions and sports funding model.
- (7) A strategic approach to workforce development, with training and mentoring opportunities for young artists.
- (8) National infrastructure to support social prescribing, such as there is in the UK, would speed up implementation and support the quality of arts prescription delivery. Realistically this will take time.

## Other findings

- (1) Access to museums and galleries: There's huge potential for galleries and museums to be partners in arts on prescription programmes, enabling more diverse communities to access the taonga they care for.
- (2) Access to nature: Programme design could consider the benefits of being in nature as well as the benefits of creativity – together they are a potent force.
- (3) Access to cultural experiences usually beyond reach: relationships enabling free access could enrich arts prescription programmes.
- (4) A shared language: Use of 'prescription' may help familiarise the medical profession with the idea and create value in the minds of referrers. However it may be a barrier for some people.
- (5) A specialist area of practice: Be explicit about professional creative wellbeing practice to gain trust of health sector and to ensure safety and quality standards for participants.
- (6) Education and training The tertiary sector could support this career pathway by increasing access to specialist arts and health training and qualifications (Auckland University has a post-graduate course 'Arts and Social Change' for example), and a workforce development plan.
- (8) Practitioner wellbeing: Supporting people who have experienced trauma and distress can take its toll, without the right support in place. Systems for support such as professional supervision should be included in the design and funding of programmes.
- (9) Creative wellbeing spectrum - arts prescriptions are one part of a spectrum, and won't meet everyone's needs. A range of programmes

are needed, including independent creative practice and leadership roles which people can progress to.

(10) Collaborations between arts and health: Arts prescriptions are most likely to be successful when there's collaboration between arts and health services. It's critical that it's not considered an add-on to the health system, rather it is an integral part with all involved actively supporting it.

## **RECOMMENDATIONS**

### **Tell the story of the impact of creativity on wellbeing, and how arts prescriptions could help**

- Find ambassadors in the health sector, who can advocate effectively to increase knowledge about the evidence for arts and health and arts prescriptions
- Use consistent language to help spread the message
- Align arts prescriptions with green prescriptions
- Seek out opportunities to present to health professionals who can support relationships with the arts sector on a local level

### **A cross-ministry approach**

- Advocate for a cross-ministry approach be taken to advancing understanding about arts and health, towards gaining acceptance of the value of arts prescriptions, including Manatū Taonga Ministry for Culture and Heritage, Creative New Zealand, the Ministry of Health, Ministry of Social Development, Te Puni Kōriki, Ministry for Pacific People, Ministry for Ethnic Communities, and the Ministry for Disabled People.

### **National Arts Strategy**

- Advocate for a cross-ministry national arts strategy incorporating an arts and health strategy which would lay out a bold vision for how arts can enrich the lives of all people in Aotearoa, and create the conditions for an environment in which arts prescriptions could flourish.

### **Relationships between arts and health agencies**

- Advocate for Creative New Zealand and Manatū Taonga to take a leadership role in strengthening relationships with the health sector including the Ministry of Health, Mental Health Foundation, Mental Health and Wellbeing Commission, Te Anamata o Te Oranga Māori Health Authority, Whānau Ora commissioning agencies and primary health organisations.

## **Test out arts prescriptions using existing funding sources**

- From the outset, clearly identify the groups targeted by the arts prescription intervention and create access pathways for those groups from the health sector and beyond the health sector
- Develop relationships and partnerships to support arts prescriptions including with primary health/Te Tumu Waiora, mental health and Whānau Ora services
- Document creative practice methods and evaluate outcomes, and share with others in the arts and health field

Longer term:

- Aim to secure funding to pilot a city-wide or regional approach to arts prescriptions

## **Plan for research to add to Aotearoa evidence**

- Identify research partnerships which could bring expertise and resources to the area
- Identify potential areas of research to build the evidence base for arts and health, including the nature of creative practice for specific communities in Aotearoa and level of knowledge within the health sector.

Longer term:

- Build research partnerships and funding for research to help build a body of evidence for creative wellbeing interventions in Aotearoa including arts prescriptions.
- Plan for longitudinal research into impact of arts prescriptions over time.

## **Funding**

- Support Creative New Zealand's proposal to have wellbeing as one of its three strategic priority areas in its Statement of Intent consultation, and advocate for a strategic goal to support arts prescriptions through sharing knowledge and relationships.

Longer term:

- Advocate for a new model for funding arts and health, along the lines of funding for green prescriptions and community participation in sports.

- Advocate for a more equitable and sustainable funding for arts and health beyond the three year Manatū Taonga Ministry for Culture and Heritage investment.
- Advocate for funding to be based on equity of access for people with the highest need, so that access to creativity for wellbeing does not mirror other inequalities.

### **Broker opportunities for participants with museums, galleries and arts experiences that would normally be out of reach**

- Arts and health providers be encouraged to develop relationships with museums and galleries and to consider this as part of arts prescription group programmes.
- Advocate for Creative New Zealand to facilitate access to rehearsals and performances by its Totara and Kahikatea-funded organisations.

### **Infrastructure**

- Advocate for resources be made available to Te Ora Auaha to provide support to the sector through quality assurance, best practice, training and capacity development, evaluation and research.

### **Workforce development**

- Advocate for a workforce development plan for artists to work in arts prescriptions programmes to harness the talents of an untapped group, particularly young Māori and Pacific artists.
- Advocate for more access to tertiary training courses to support a career pathway into arts and health.

## Winston Churchill's life as an artist

Winston Churchill's own creative life lays out the foundations for this project. Often described as an "amateur artist", Winston enjoyed painting and drawing and produced more than 500 paintings.



Churchill was aged 40 when he was demoted from his role as First Lord of the Admiralty in May 1915, following the attack he had ordered on Gallipoli. He resigned from his government post and became an officer in the army. Deflated of power and consumed with anxiety, he took up an unexpected new hobby: painting. In his book *Painting as a Pastime* written in 1948, Churchill wrote "*Painting came to my rescue in a most trying time.*"

Churchill found that painting improved his mood. He was known to suffer from bouts of depression, which he described as a 'black dog' that plagued him throughout his life. In middle age Churchill was diagnosed with Bi-Polar disorder. (Taylor 2017)

*"Happy are the painters, for they shall not be lonely. Light and colour, peace and hope, will keep them company to the end, or almost to the end, of the day."* (Churchill 1948)

*"If it weren't for painting, I would not live; I couldn't bear the extra strain of things."* (Churchill 1948).

## Process

Soon after I confirmed my itinerary to travel to Denmark and the UK, Aotearoa's borders were closed. Although we weren't to know it then, the pandemic would cause worldwide disruption for an extended period. This created an opportunity to do things differently – instead of travelling overseas, I accessed information about arts on prescriptions in England and Denmark online, and turned the lens on what it would take to offer arts on prescription in Aotearoa: what support could be leveraged, and how it could

be delivered to meet the cultural, social and health needs of our communities. The pandemic also led to new investment from Manatū Taonga, which the organisation I lead was fortunate to receive, allowing us to begin testing our some arts prescription ideas in Christchurch in 2021.

The project was undertaken between January 2021 and March 2022, with a three week stay at the Caselberg House in February 2021. I attended the Social Prescribing Network international conference online in March 2022. (The bonus of this was seeing many of the leaders and researchers in the field whose work I'd read about.) In addition to accessing information online, I consulted people and organisations in New Zealand about the potential for arts prescriptions in Aotearoa.

Dissemination of findings is underway, and has included a seminar for the mental health community hosted by Ashburn Clinic in Dunedin, and a submission on Creative New Zealand's draft Statement of Intent. Dissemination will continue in 2022 with Manatū Taonga the Ministry for Culture and Heritage, the Mental Health and Wellbeing Commission and the Ministry of Health.

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*“Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next. We can choose to walk through it, dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies behind us. Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it.”* From, 'The pandemic is a portal', Arundhati Roy

UK arts and health leader Clive Parkinson highlighted the opportunities for more equitable access to creativity art and culture as a result of the pandemic:

*For all the horrors of the pandemic ... we must build on some of what the pandemic has opened up to us. On one hand, the terrible inequalities which demand action - on the other - a blossoming of creativity and a deeper*

*understanding that the arts are for everybody, not just the elite. (Launch of The Social Glue 2021)*

My thanks also go to:

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