

## **The state of arts and health in England**

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This paper provides an overview of the current state of the arts and health field in England, through an examination of practice, research and policy developments. Five features of arts and health practice are identified: the scale of the sector, regional variations, mapping of arts and health initiatives, recent conferences and symposia, and the role of key agencies supporting arts and health initiatives. Eight areas of arts and health research activity are considered: retrospective qualitative evaluations, prospective evaluations with some quantitative assessments, experimental research on arts and health initiatives, economic evaluations of arts interventions, systematic reviews of arts and health research, theory development to underpin research efforts, and the establishment of dedicated arts and health research centres and research programmes. The final section considers three 2007 arts and health publications from the Department of Health and Arts Council England. There has been disappointment that the policy recommendations in these documents have not been acted upon. At the time of writing, however, there are some signs of renewed efforts to encourage national leadership from the Department of Health.

**Keywords:** arts and health; practice; research; policy; England

## Introduction

This paper aims to provide an overview of the current state of arts and health in England<sup>1</sup> at the time of writing (August 2008). This is an ambitious undertaking for several reasons. England is a large and culturally diverse country of over 60 million people. It has a National Health Service regarded as the largest and most complex healthcare organisation in Europe, together with a complex system of social care managed by local authorities. The range and variety of arts and health work across the length and breadth of England are enormous, and this account is unavoidably selective. Consequently, apologies are immediately in order to any hard-working practitioners and researchers in the field who might not be mentioned below.

In preparing this account, however, an approach has been adopted to help ensure that readers will gain an accurate and balanced sense of the current arts and health field in England. The team of authors includes leading practitioners and advocates in the delivery of arts and health initiatives, and academics involved in evaluating practical initiatives and attempting to develop theoretical frameworks for understanding the links between the creative arts and health. The lead in writing the paper was taken by SC, with direct contributions to the text from all remaining authors. Further consultations were also undertaken with officers in most of the Arts Council England regional offices, holding a brief which included "health."<sup>2</sup> A guide is also given to key web-based sources of additional information, any one of which will reveal much more of the wealth of work going on in both healthcare and community settings.

The idea for this article on arts and health in England was stimulated by two apparently contradictory events. The first was the collapse of the National Network for the Arts in Health, after six years of hard and fruitful work advocating for this area of work (Dose, 2006), and the second the launch by Arts Council England and the Department of Health (2007) of *A Prospectus for Arts and Health*. This document aims to celebrate the wealth of arts and health initiatives across the country and highlight the growing body of scientific evidence in support of the value of the arts for health. The former was a source of concern to people in the field that a national flagship for the arts and health cause had disappeared apparently for want of minimal funding (it ran on an annual budget less than the salary of a single NHS General Practitioner); while the latter was a source of some optimism, that a national lead was being taken jointly by the government department responsible for health and the principal national funding body for the arts, in promoting the value of arts for health. As this paper was planned and written one year on from the publication of the *Prospectus*, it seemed timely to consider its impact on the field.

The paper is structured in three sections reflecting the key issues of practice, research and policy highlighted in the title of this journal. This order makes sense chronologically too, as growth in arts and health practice has taken place over many years. This growth has led to an interest in scientific evaluation and research and most recently a call for policy, if the field is to consolidate and develop further. It should be recognised, however, that considerable overlap across these areas exists in many of the key documents and reports referred to below. Practice should be guided by evidence; research clearly has a focus on practical arts for health activities, and best practice and research ought to inform policy and strategy.

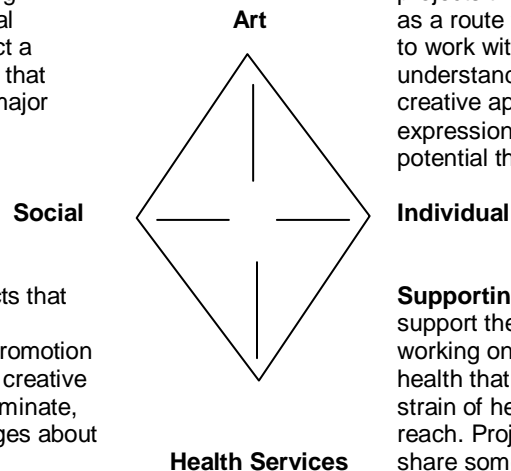
A number of attempts have been made to impose some kind of structure on the diversity of connections between arts and health. Meyrick (2001, in Angus, 2002), for example, provides a map of the arts and health field, distinguishing five distinct areas of work: built environment, art in hospitals, medical humanities, arts therapies and community arts. Dose (2006) favours a typology with four categories: arts in healthcare settings, community arts for health, medical humanities and arts therapies. McNaughton, White and Stacey (2005b) present the arts/health diamond which categorises arts and health projects along two dimensions (see Figure 1). The first dimension is whether the focus is primarily on engagement with the arts (with an assumption that such activity carries benefits for well-being) or more specifically on health improvement (with the assumption that the arts can help to achieve health outcomes); and the second is whether the focus is on individuals and their personal well-being or on working with groups and communities. Attention in this article is focused on arts for health

initiatives in healthcare and community settings, and the creative arts therapies and medical humanities are outside the scope of the current discussion.<sup>3</sup>

### Key dimensions of arts/health

**Unity is health**—projects that start from the point of using creativity to enhance social relationships. These reflect a growing school of thought that good relationships are a major determinant on health.

**Creativity and well being**—projects that emphasise creativity as a route to well being. These aim to work with individuals to better understand their health, using creative approaches as a means to expression. Art is seen as a potential therapy



**Engaging groups**—projects that engage groups to bring communities and health promotion closer together. They use creative methods to explore, disseminate, and communicate messages about health.

**Supporting care**—projects that support the process of care by working on the softer aspects of ill-health that health services, under the strain of heavy demand, cannot reach. Projects in the third group share some common ground, but aim to communicate with communities as a whole.

Figure 1. The Arts and Health Diamond (McNaughton et al., 2005b<sup>4</sup>).

### Practice

#### ***Some history of arts and health in England***

Drawing on the arts in the context of healthcare and in the promotion of community health, has a long history in England, and indeed the whole of the UK. Baron (1999) provides an account of the place of art in British hospitals from the Middle Ages to the present day, charting the changing levels of commitment to the view that hospitals should be beautiful places. The Victorians, for example, believed that “the lives of patients in hospitals and institutions should be made fuller and happier by pictures, plants and decorations” (1999, p. 9), whereas in the first half of the twentieth century, “little or no art was placed in hospitals” due to the rise of modernist movement, with attitudes exemplified by Le Corbusier’s (1923) widely quoted view: “A house is machine for living in...it is the wall which is the work of art.” For many decades, claims Baron, “hospitals, wards and patients had a suffer environments in which colour and decoration were taboo.” (cited in Baron, 1999, p. 11).

Stickley (2007b), in discussing the care of people with mental health needs, also highlights the long history of attention to the creative arts in a context of therapeutic relationships and a willingness “to not only ‘treat’ the patient, but listen to their life-stories” (p. 766).

In the field of community arts for health activities, White (in press) provides an account of the history of the linkages between the arts and community health in the UK, drawing on his own considerable experience and substantial personal contribution to the development of the arts and health field. He traces its origins to the community arts movement that emerged in the late 1960s, and highlights that from the start there have been tensions between whether the arts are seen as “an agent of social transformation or a mere instrumental tool” that can be used to meet government targets. White acknowledges too the importance of the SHAPE network developed in the late 1970s and early 1980s “which brought arts access issues into the health and social services arena from the perspective of service users themselves” (p. 4). Peter Senior played an influential role in establishing Hospital Arts Manchester in 1973, and a further organisation START<sup>5</sup> “to provide arts in non-institutional settings for mental health patient referrals” (p. 4).

White also credits John Ashton, as the earliest champion of the arts in the field of public health:<sup>6</sup>

The earliest instance of community-based arts in health I can find is in the health promotion events at the 1984 National Garden Festival in Liverpool, instigated by the city's then Director of Public Health John Ashton, where music and poetry figured in the 'spot check' health tests offered to visitors. (in press)

Most particularly, however, he pays tribute to the vision of Dr Malcolm Rigler, and his understanding that many of the patients seeking help through his surgery in Withymoor were "psycho-social in origin":

I was overwhelmed by the great number of conditions I saw for which medical solutions seemed inappropriate. Patients came to me in their droves with problems ranging from divorce to family breakdown to unemployment to post-natal depression, but my (medical) training had neither prepared nor qualified me for the responsibility of dealing with problems of a personal or social nature. In its preoccupations with facts and measurements, my medical school had overlooked consideration of an effective communication with patients. (Nuffield, 2000, quoted by White, in press)<sup>7</sup>

White himself worked with Dr Rigler in introducing the arts into his surgery:

Dr Rigler had realised that the arts could provide the necessary communication and education with impact, excitement and insight. We agreed we should find some small practical means to start achieving this. Although I did not know it at the time, I went on to set up with Dr Rigler the first arts in primary care project in the UK.

The arts projects at Withymoor Village Surgery brought people together around non-threatening and enjoyable activities and proved helpful to those who were lonely or suffering from mild to moderate anxiety and depression, or panic attacks. The annual lantern procession started in 1990 was initially conceived as a means of bringing together the socially disenfranchised people of the estate and helping to forge a spirit of community. On its tenth anniversary over one thousand people took part, confirming its success in building community and establishing a tradition. (White, in press)

A key turning point for the arts and health field came at the end of the 1990s with the two Windsor seminars organised by The Nuffield Trust and Sir Kenneth Calman, then Chief Medical Officer for England.<sup>8</sup> These conferences resulted in a clarion call arguing that "the link between art and health is now recognised to be a social process requiring new and fundamental research" and they lead directly to the establishment in 2000 of the Centre for Arts and Humanities in Health and Medicine (CAHHM) at the University of Durham.

While in 2008 there may be frustrations at the lack of progress following the publication of the Prospectus in 2007, it is remarkable how much movement there has been in the field in such a short time, and undoubtedly, CAHHM has played a central role in promoting awareness of the value of the arts for health.

### ***The work of two arts and health organisations***

Currently, the arts and health field is very diverse and encompasses work through the whole spectrum of artistic practices in healthcare and community contexts. The Appendix and journal website provides a selection of web addresses of individual organisations and projects which will quickly provide a sense of practical arts and health work across England.<sup>9</sup> As just two examples of the current field, Boxes A and B profile the work of organisations well known for the excellence of their cutting-edge contributions in arts and health – in both hospital environments and in communities. In each case there is clear commitment to health service user involvement, and the careful evaluation of initiatives to document their value for well-being and health.

Going beyond a cataloguing of individual organisations and projects in England, there are five features of arts and health work across England which should be highlighted.

### ***The scale of arts and health practice***

It is important to have a sense of the scale of arts and health provision. There are many hundreds of projects linking arts with health operating across the whole of the country, but how substantial is such activity when seen from the perspective of healthcare as a whole? In their survey of arts and mental health projects across the country, Hacking, Secker, Kent, Shenton and Spandler (2006) attempted to estimate the scale of “participatory mental health and arts provision” and more importantly the annual budgets projects ran on. Their estimates provide a very illuminating insight:

The survey responses indicate that participatory arts and mental health activity is a vibrant strand within the wider English mental health economy. There were indications in projects’ responses, however, that the wide range of activity reported is achieved with limited resources. Even projects with established funding sources appeared to be relying on opportunistic bids to maintain their activity and our estimated national annual spend of £7 million per 100 projects is something of a drop in the ocean compared to the cost of poor mental health in England, estimated at £77 billion each year. (2006, p. 125)

#### **Box A: *Milton Keynes Arts for Health***

*Milton Keynes Arts for Health* started as a medical consultant led voluntary committee back in the late 1980s championing the role of visual arts within the acute hospital and gathering a significant collection of visual art. A growing awareness of the potential role of ‘the arts’ within the wider healthcare context led to the formation of an organisation as a ‘company limited by guarantee with charitable status’ and an arts development officer to run it was duly recruited.

Since 2004, MKA4H has consolidated a hospital art collection larger than many county museum collections; commissioned public art within capital new builds and refurbishments; participated in Department of Health funded schemes to upgrade internal courtyard spaces; managed the UK’s first mentored artist residency scheme to train visual artists to work within acute healthcare settings; developed staff training initiatives for carers within the primary care sector (formally and informally accredited) in partnership with Northampton University, private care organisations and Tate Modern; influenced the drafting of Local Area Agreements with local authority partners; delivered a feasibility study into an inter-regional arts on prescription scheme which is being taken to a full bid for the scheme in partnership with Bedford Creative Arts and Corby Community Arts; brought live music into the hospital and secured trust board support for an arts and environment strategy and budget pooling for artwork within the rolling capital development programme.

*Milton Keynes Hospital Arts for Health* have moved curatorial input a step further by developing their collection as a training resource for carers working within Older People’s Services. This has been developed in partnership with Tate Modern’s excellent artist educator, Liz Ellis, who leads programmes for a wide range of service providers from the public sector. Utilising the collections at both Tate Modern and MK General Hospital Trust, it aims to enable conversation and debate amongst care staff around personal perception, communication and history that will value and assist carers in developing a more rounded and sensitive approach to their care giving. This scheme was funded by a private care firm, but importantly the majority of the funds came from the Milton Keynes Council’s Older People’s Services to help meet their Falls Prevention targets.

### ***Regional variations in arts and health practice***

Regional variations also exist in the levels of arts and health activity and the extent to which it is supported. England is divided into nine government regions, and Arts Council England also has a regional organisation which follows the government region boundaries.<sup>10</sup> In some regions, notably the South West, the North West and the East Midlands, partnerships between health authorities and regional Arts Council offices have been forged with funding made available to support surveys and audits of arts and health activity, promote networking and enable the construction of informative websites. The importance of partnership working between health and other public service organisations, and the private and charitable sectors, has been a dominant feature of UK health policy for the last 20 years, and this is reflected in efforts made to develop partnerships and networks between health and the arts.

**Box B: Lime**

*Lime* is an arts and health NHS department using creative activity to impact on health, bringing culture and the arts into Greater Manchester's healthcare system via the work of a multi-disciplined group of professional artists. Ceramists, glass artists, visual artists, dancers, writers, filmmakers and sculptors – *Lime's* "stable" of artistic partners – have improved the experience and well-being of patients, public and staff within Greater Manchester's healthcare system.

From its birth in 1973, *Lime* has implemented a remarkably diversity of projects. These have ranged from large-scale NHS PFI (Private Finance Initiative) capital build commissions and the creation of art installations in healthcare premises to workshops which enable hospital patients to explore their personal experiences through the arts.

*Lime's* work is about linking communities inside and outside the healthcare system and creating opportunities for artists to develop their practice. Its programme of work explores creative ways of raising self-esteem and adding new dimensions to the modernisation of the NHS.

*Lime's* central office is located within Central Manchester & Manchester Children's University Hospitals NHS Trust. Additional core partners and funders are Pennine Acute NHS Trust, South Manchester University Hospitals Foundation Trust, the Manchester Primary Care Trust and the Arts Council. Additionally, *Lime* projects are based in numerous community settings including local authorities, museums, youth groups, day centres, GP services and support services. The organisation also runs residencies in its own studios and with partners to encourage emerging artists, and introduce them into the specialist field of arts in healthcare.

*Lime* is commissioned by NHS hospital trusts, local authorities, primary care trusts, and "LIFT" (Local Improvement Finance Trust) scheme builds, as well as offering consultancy on policy and management best practice in the field and research initiatives. Substantial time and energy goes into fund raising and grant applications.

One of *Lime's* current 2008 projects is *The Booze Buzz*, a creative experiment related to alcohol misuse and developed through a partnership with the Director for Health Improvement for Greater Manchester. The Booze Buzz will contribute to the Greater Manchester Alcohol Steering Group project plan by stimulating debate in the public arena about alcohol by using creative participatory activities. Artists are working with communities in Manchester, Stockport, Bolton and Oldham in a discussion concerning social attitudes, personal responses and lifestyle choices about alcohol. One of the target groups is professional women who regularly drink at home.

On a regional basis, Arts Council England continues to support a number of major arts and health organisations and projects through its 'Regularly Funded Organisations' scheme.<sup>11</sup> Notable among these are the *London Arts and Health Forum* and *Lime* in Manchester. Some long-standing arts and health organisations have, however, lost this source of support, including *Healing Arts* (based in St Mary's Hospital, Isle of Wight) and *Lapidus* (which promotes the value of creative writing for well-being and health). Arts Council England has also funded a wide range of individual arts and health projects through its Grants for the Arts Scheme.<sup>12</sup>

**Mapping of arts and health activity**

A third feature to highlight is that a number of substantial mapping or surveying exercises have been undertaken to gather intelligence on arts and health projects. Some of these have been national in character (e.g. Angus, 2001; Health Development Agency, 2001); others are more regional (e.g. White, 2002, 2004, reports surveys of arts in health initiatives in the Northern and Yorkshire and East Midlands regions) or local in focus (e.g. Debnam (2007) reports a mapping of arts and health projects in Norfolk; Sheridan and Pring (no date) provide a mapping of arts, health and higher education initiatives in London). Some surveys have had

a specific focus on a defined area of the arts (e.g. Hicks, 2003, provides a mapping of “reading and health” projects). Mapping exercises of this kind have often been part of the process of establishing local or regional partnership organisations, or setting regional agendas for further developments.

### ***Conferences and symposia on arts and health***

Fourthly, there have been a considerable number of conferences and seminars devoted to arts and health in England, following on from the ground-breaking Windsor seminars in 1998 and 1999. One of the advantages of the former National Network for Arts and Health was that it provided regular notices of relevant conferences addressing arts and health issues, and held a national archive of conference programmes and reports for the entire UK. At the time of writing this article it is difficult, given the demise of the NNAH, to obtain a comprehensive list of such events over the last ten years, but it is likely to run into more than a hundred. Box C gives examples of major conference events during 2007/8.

In addition to dedicated arts and health conferences, arts and health increasingly appears as a theme in mainstream conferences organised by health professional associations. For example, the UK Public Health Association (UKPHA) annual conferences over the last four years have given a substantial profile to the value of the arts in the public health arena.<sup>13</sup> Arts and health was also an important theme at the 5th North West Public Health Conference in Liverpool, October 2008.<sup>14</sup> Arts and health also featured as a workshop element within the NESTA<sup>15</sup> event in November 2008 “Innovation Live” which formed part of the 60th anniversary celebrations of the NHS.

### ***Organisations and trusts supporting developments in arts and health***

Finally, it is relevant to acknowledge the substantial role that a number of important nongovernmental agencies and trusts have had in sponsoring and promoting the arts and health field in England. Considerable support and encouragement for connecting the arts with health has come from The King’s Fund<sup>16</sup> and The Nuffield Trust.<sup>17</sup> An inspiring lead has also been provided by the Wellcome Collection through its collection and innovative programme of exhibitions and events making links between “medicine, life and the arts.”<sup>18</sup> Arts and health can indeed be seen as an aspect of a wider enterprise to bring together science and the arts, in interesting and provocative ways, and the Wellcome Trust has taken a significant lead in this respect through its previous SciArt initiative and its current funding opportunities for the arts.<sup>19</sup>

## **Research**

Together with the growth of interest in the value of the arts for health has been a growing recognition of the need for evaluation and research. It is fair to say that this is still an underdeveloped field of research activity, and it is not difficult to find examples of academics surveying existing arts and health research and finding it wanting (e.g. Hamilton & Petticrew, 2003). There are considerable difficulties involved in evaluating and researching possible links between arts and health practice, given:

- the inherently complex and sometimes subtle nature of artistic and creative endeavours
- the huge range of art forms
- the distinctive individuality of different healthcare and community settings,
- the diversity of individuals participating in projects,
- the huge range of specific health issues that might be addressed, and
- the wide spectrum of health interventions from prevention and promotion, to treatment, rehabilitation and palliative care.

Nevertheless, since the Health Development Agency (2001) review and the survey undertaken by Angus (2001), there has been considerable movement towards improving the methodological rigour of research in the arts and health field. Space precludes a detailed and critical review of such research, but some of the different approaches and issues reflected in recent and on-going research projects can be usefully delineated.

**Box C: Significant arts and health conferences in England 2007/8**

*Creativity Matters: Health and Creativity in Children and Young People*, Critical Connections, Dewsbury, January 2007

*Arteries: The 1st Greater Manchester Arts and Health Network Conference*, Manchester, March 2007

*Inspiring Transformations: The Arts and Health*. The University of Northampton, September 2007

*Critical Friends: An Interdisciplinary Exchange in Arts and Health*, Manchester Metropolitan University, Salford, September 2007

*Developing Best Practice in Arts and Mental Health Care*, University of the West of England, October, 2007

*Vocal Cords: Connecting Body and Mind*, Royal Northern College of Music, October 2007

*Through the Looking Glass: Investigating Perspectives on Arts and Health*, Critical Connections, Leeds, November 2007

*Arts and Mental Health Symposium*, The University of Northampton, April 2008

*Music and Health: Current Developments in Research and Practice*, Sidney De Haan Research Centre for Arts and Health, Canterbury Christ Church University, September 2008

*Music, Health and Happiness*, Royal Northern College of Music, November 2008

*Equipping People to Work in the Arts and Mental Health*, University of Nottingham, November 2008

**Retrospective qualitative evaluations of arts and health projects**

Firstly, a number of significant evaluation studies have been essentially retrospective, with researchers attempting to gather evidence from existing projects to document the benefits experienced by participants. Emphasis in such evaluations are typically given to a case study approach, documenting of “outputs” and the marshalling of participant testimonies gathered through questionnaires, interviews and discussion groups (e.g. Bungay & Skingley, 2008; Duncan, Stickley & Leighton, 2006; Everitt & Hamilton, 2003; Sixsmith & Kagan, 2005; South, 2006; Stickley & Duncan, 2007).

**Prospective evaluations of arts and health projects**

Secondly, important efforts have been made to undertake prospective studies involving existing projects and also to ensure that research and evaluation is built into the development and implementation of new arts for health projects. There is also undoubtedly an increased recognition of the need to employ appropriate standardised measures of health and well-being, to provide quantitative evidence of measurable change, often combined with qualitative data gathering in mixed method studies. Important recent examples of such an approach are provided by the national survey of arts and mental health initiatives undertaken jointly by Anglia Ruskin and Central Lancashire Universities (see Box D), and the evaluation of the *UpStream Healthy Living Centre* in Devon (see Box E).

**Experimental evaluations in arts and health**

Thirdly, there has been some movement towards experimental evaluations of creative arts for health initiatives. While some commentators question the appropriateness of randomised trials in the arts and health field (e.g. Sixsmith & Kagan, 2005), it can be argued that such a methodological approach would help to provide greater credibility to arts and health practice in the wider health/medical fraternity.

Perhaps the most important example of an attempt to undertake controlled trials of arts interventions in a hospital environment is provided by the work of Staricoff, Duncan and Wright (2004) at Chelsea and Westminster Hospital in London. A series of studies took place in ongoing clinical contexts and randomisation of individual patients was not possible. Nevertheless, intervention and control groups were established for comparison purposes, and studies were “carefully crafted to avoid the introduction of bias which might have undermined the validity of the evidence.” (p. 10)



**Box D: Mental health, social inclusion and arts: developing the evidence base**

This study was commissioned by the Department for Culture, Media and Sport (DCMS) and the Department of Health (DH) in response to the Social Exclusion Unit's report on mental health and social exclusion. The team undertook a survey of arts and mental health projects across England and gathered information from 102 projects out of 230 identified. Attempts at internal evaluation was a feature of almost all projects, with the most commonly assessed outcome being "self-esteem" or "confidence," and only a few endeavouring to assess health or social inclusion.

In order to assess the effects of involvement, 22 projects agreed to recruit participants into a non-controlled outcomes study using measures of social inclusion and mental health completed at the start of their involvement and then six months later. The aims of the assessment were "to measure change in medication and service use, occupational activity, empowerment, mental health and social inclusion and to assess the extent to which change could be attributed to arts participation." In total 88 participants (60 women and 28 men) were involved initially and 62 people completed the follow-up questionnaire. Statistically significant improvements were found for the empowerment, mental health and social inclusion measures, and there was a significant decrease in the extent of regular or frequent service use, but no changes were found in medication use or involvement in education or employment.

In addition to the quantitative element of the evaluation, six projects were the focus of case studies which explored "the processes through which projects achieved benefits." Thirty-four participants were interviewed and three key processes were identified in all six projects:

- motivation to engage increased activity and inspired hope;
- focusing on arts activity encouraged relaxation and distraction;
- a supportive social environment reduced a sense of isolation and increased self-confidence.

These processes helped in different ways to reduce mental distress, improve mental wellbeing and increase a sense of social inclusion.

Evidence of five additional processes was also found for some participants and projects, each of which had positive implications for improved personal well-being:

- self-expression assisting catharsis and self-acceptance;
- sense of pride and achievement in using personal abilities;
- having time out from day-to-day concerns;
- rebuilding a personal identity beyond being a service user;
- developing wider aspirations and a sense of self-esteem.

Overall, the authors concluded that their findings "provide sufficient evidence of mental health, social inclusion and in particular empowerment gains to justify support for arts and mental health work" (Secker, Hacking, Spandler, Kent & Shenton, 2007, p. 11). Nevertheless, they are careful not to exaggerate the power of the arts and suggest that involvement in creative activity is not a panacea, with guaranteed benefits for everyone:

While creativity might be viewed as an essential human need, not everyone will find a route to recovery through arts participation. Despite the importance of arts participation for many of the individuals involved in our case studies, we cannot necessarily assume this is a universal feature of recovery. Art may be important for some people, but arts participation (or for that matter involvement in any other activities) should not be predetermined as "good for" people with mental health needs and thereby imposed on them. (Spandler, Secker, Kent, Hacking, & Shenton, 2007, pp. 797–798)

**Box E: UpStream Healthy Living Centre**

Greaves and Farbus (2006) report an evaluation of the *UpStream Healthy Living Centre*, a community-based intervention focused on the needs of socially isolated elderly people in which “mentors work closely with participants to help them engage with creative, exercise and/or cultural activities, with an emphasis on social engagement” (2006, p. 135). This approach was evaluated through interviews with 26 participants. Findings were very positive with most participants “speaking highly of the quality and appropriateness of activities and their enjoyment of them.” A wide range of psychological, social and physical health benefits were also reported (see figure 2 in Greaves & Farbus, 2006, p. 138).

Standardised questionnaires were also used to assess health and social well-being at the start of involvement and then at 6 and 12 months follow up. The measures used were the SF12, which provides scores for physical and mental well-being, the Geriatric Depression Scale, which can identify mild and severe depression symptoms, and six items from the MOS Social Support Survey, which measures experience of positive social support and interaction. Baseline data on these measures were provided by 172 participants, with 70 giving data at 6 months and 51 at 12 months. At first follow up, a significant increase was found in the SF12 mental score, together with a significant reduction in depression. No changes were found, however, in physical health or social support.

It has to be acknowledged that there are some weaknesses in the project which undermine confidence in some of the results reported. Although it is claimed that estimations of sample sizes were undertaken at the design stage to ensure sufficient power, the researchers report numerous non-significant results and suggest that such findings probably reflect small sample sizes. More worrying, however, is the tendency to interpret differences which are not statistically significant as having clinical significance. In the study conducted in the Medical Day Unit, for instance, patients receiving chemotherapy treatment were administered the Hospital Anxiety and Depression Scale (HADS) in one of three conditions: visual arts displayed on the clinic walls, live music playing in the clinic, and a control with no art or music. An analysis is presented which indicates that scores were lower in the intervention conditions, but neither visual arts nor music had a statistically significant effect on depression or anxiety scores compared with the control condition (pp. 46–48). Nevertheless, the authors comment that “the reductions seen are of clinical interest” (p. 48).

There do appear to be some robust findings, however, which demonstrate measurable benefits from exposure to the arts in hospital settings, and even the potential for reductions in treatment costs. For example, live music appeared to have the following effects:

- Live music played to pregnant mothers resulted in a decrease in the mothers’ pulse (an indicator of relaxation), together with an increase in heartbeat accelerations in their babies (an indicator of foetal well-being).
- Live music played in a post-natal ward resulted in significantly lower anxiety and depression scores.
- Live music and visual art for patients in a Day Surgery Unit waiting for a surgical procedure resulted in significant reductions in cortisol levels (a hormone associated with stress), and the need for smaller doses of induction agents prior to analgesia.

The work of Quin, Redding and Frazer (2007) provides a second recent example of experimental methods being used to assess the value of children’s participation in a creative dance programme for well-being and health (see Box F). Clearly, dance has a strong component of physical exercise, and for this reason alone it might be expected to have health benefits, not least with respect to physical fitness. It is also well established that exercise can be beneficial in relation to mental health, and has been prescribed in the context of addressing problems of anxiety and depression.<sup>20</sup> The study has design limitations, not least the lack of suitable control groups, but nevertheless it points towards the appropriateness and value of experimental methods in at least some forms of arts for health interventions.

#### **Box F: The Benefits of Creative Dance for Young People**

Quin, Redding and Frazer (2007) report a non-controlled experimental study on the effects of creative dance for 11–14-year-olds. Young people were assessed initially on a range of physiological and psychological measures at the start and end of an eight-week programme. Physical fitness was assessed by measures of lung capacity, flexibility and aerobic capacity, and psychological assessment focused on self-esteem, intrinsic motivation and attitudes to dance. Full data were available for 226 participants (68 males and 158 females) with an average age of 13.

At baseline, girls had lower lung and aerobic capacity than boys, but higher flexibility. After the dance programme, no significant fitness changes were found for boys, but girls showed improvements on all measures. In part, the significant changes for girls in lung and aerobic capacity could reflect their lower starting point (there being more scope for improvement), but this factor is less likely to explain improved flexibility in girls. For the psychological measures, no significant changes were found for either sex, but females were found to express higher intrinsic motivation at the end of the programme, and this could have contributed to their improved physical performance. The study suggests that creative dance may be of greater value for girls rather than boys in terms of health and well-being benefits.

The researchers are clear that their study is preliminary and had substantial shortcomings, not least the absence of a control group. It is nevertheless to be welcomed as the first study of its kind in England to determine “the extent to which creative dance affects physiological and psychological well-being among young adolescents.” (2007, p. 13)

#### **The move towards economic effectiveness studies**

A fourth area of current development in English research is the attempt to undertake economic assessments of the cost-effectiveness of arts for health interventions. A significant attempt to do this is currently underway on the Isle of Wight in a series of projects funded by “Invest to Save” and managed by the *Healing Arts* unit in St. Mary’s Hospital. Details of this work are given in Box G.

#### **Systematic reviewing of evidence**

A fifth development in the arts and health research in England can be seen in the character of research literature reviews in the field. Many reviews have been essentially discursive and generally undertaken by a single reviewer (e.g. Cave & Coult, 2002; Kilroy & Parkinson, 2006; Lowe, 2006; South, 2004; Staricoff, 2004), but more recently attempts have been made to follow current guidelines in conducting systematic and focused reviews with considerable attention to search strategies, quality screening and data extraction.<sup>21</sup> Interestingly, however, such reviews underline the existing limitations in the research literature, not least the wide diversity of studies undertaken in relatively defined areas making it impossible to achieve any kind of synthesis of evidence. Such reviews are undoubtedly invaluable in making appropriate recommendations for the development of a more coherent and progressive programme of research in the arts and health arena. As Daykin, Orme, Evans and Salmon (2008c) note in their review of research on performing arts and young people:

The research was heterogeneous, making overall synthesis of results inappropriate. The review demonstrates that research on the impact of performing arts on young people is at a relatively early stage. (p. 251)

#### **Development of theoretical frameworks for arts and health**

A sixth important development in arts and health research in England is that researchers are giving more serious attention to the challenge of theorising the connections between arts and health. As Cohen indicates in this issue, progress in the field of arts and health is crucially dependent upon the development of coherent theoretical frameworks for understanding how involvement in the arts can result in benefits for well-being and health. A wide range of theoretical approaches have been brought to bear, including ecological, biological, psychological and sociological perspectives. Recent research in England has drawn on psychosocial notions of identity, exploring the opportunities that arts can offer to reshape identities, particularly when these are damaged by illness (Daykin, 2005; Spandler et al.,

2007). Studies have also drawn on sociological understandings of the role of arts in shaping and giving meaning to everyday experiences of health, illness and well-being (Batt-Rawden, Denora, & Ruud, 2005; DeNora, 2000).

**Box G: Healing Arts Invest to Save Research Project**

*Healing Arts* is the arts and health department of the Isle of Wight NHS PCT, located off the south coast of England. *Healing Arts* seeks to provide a comprehensive range of high quality programmes linking the arts with healthcare to bring about recovery from illness, improvements in health, and promoting the well-being of the Trust's patients, staff and the Island community.

*Healing Arts* is currently in receipt of a research grant from the Treasury's Invest to Save Budget Round 8 to research arts and health interventions with three key health target groups: stroke survivors, people with mental health needs in the community, and children of primary school age (5–10 years). The aim of the arts interventions is to improve the health opportunities for each of these groups and identify through the research the changes in health arising as a consequence of the intervention. This will then enable the cost-effectiveness of the arts in achieving this outcome to be determined and the cost-benefits and potential future financial efficiencies to be identified in the commissioning of healthcare services for the future. The research will also examine the structures that make for effective new partnerships in the delivery of public services. The programmes each have the collective title of *Time Being*.

*Time Being 7* is an "active play" programme for children and adults developed for delivery in Year 3 of Primary School. The programme is delivered over 20 weeks in a weekly 2-hour session. It addresses activities that engage the creativity and imagination of children and that they can engage in and develop for himself or herself or with the involvement of a grown-up. The purpose is to move them and their family away from a sedentary lifestyle. The outcome measure for the research is the level of daily time spent watching TV and engaged in screen-based activities. The research is being conducted over 12 months from November 2007 to November 2008.

*Time Being 2* is a structured participatory combined art form 12-week programme delivered in weekly 2-hour sessions for a group of 10–15 persons experiencing mild to moderate mental health conditions – depression and anxiety – and low levels of personal social capital. Persons are referred via GPs to the Primary Care Mental Team and onto *Healing Arts*. The outcome measures will be changes in participants' self-esteem, depression, personal social capital, mental well-being, and subsequent use of antidepressants, use of primary and secondary health services, and participation in further education, training and work. The research is being conducted over the period April 2008 to December 2009 (see Eades & Ager, 2008, for an evaluation of a pilot study).

*Time Being Stroke* is a pilot and exploratory study on the effect of a participatory arts programme in the rehabilitation of stroke survivors. The programme is being delivered on the acute Stroke Unit at St. Mary's Hospital, Isle of Wight. It is exploring the practical, cultural, political and organisational issues involved in establishing the intervention in the clinical setting of the stroke unit. It is seeking to develop a theory of change relating to the art intervention and the rehabilitation of stroke patients. It is exploring the potential of including in the research patients with communication, mental health or cognitive difficulties. The programme will consist of five 1-hour sessions with the patient during the rehabilitative stage and prior to discharge. An in depth study will be undertaken of the patient-centred arts intervention seeking to identify estimates of the health and cost-benefits of providing participatory arts to stroke patients.

In the English context, it is notable that several recent research initiatives have drawn explicitly on the "realistic evaluation" framework developed by Pawson and Tilley (1997) in developing models of how engagement in arts activities lead to health benefits. Their perspective is based on an endorsement of a realist philosophy of science and a strident critique of positivistic notions of causality and the use of standard experimental designs in evaluation research. For Pawson and Tilley, the 'real' challenge facing evaluation research is

to construct and test models involving “context–mechanism–outcome” configurations, which take seriously the need to understand “what works for whom in what context.”

A number of recent studies have begun to identify causal processes or mechanisms through which participation in the arts can result in change which is beneficial to well-being and health.<sup>22</sup> Such an approach is very significant as it begins to offer the prospect of identifying and distinguishing mechanisms which are specific to particular forms of arts involvement, and others which may be more generic, arising in a similar way in a wide range of arts activities and even non-creative pursuits. It is also possible that particular forms of arts participation bring into play a distinctive profile of generative mechanisms with respect to well-being and health. A good example of this principle is provided by the recent work of Clift et al. (2007, 2008a), exploring the potential benefits of active involvement in choral singing. Analysis of choristers’ accounts of their experience of singing has served to identify at least six mechanisms at work in this activity: positive affect, focused attention, deep breathing, social support, cognitive stimulation and regular commitment. Only one of these mechanisms, deep breathing, is intrinsic to singing, and the remainder overlap with the processes identified by Sixsmith and Kagan (2005) and Secker et al. (2007), in their analyses of arts for mental health projects (none of which involved musical activities or singing).

A second example of an explicit attempt to model the impact of involvement in creativity activity for health, is provided by the recent Invest to Save Project undertaken by the Arts for Health unit at Manchester Metropolitan University (see Box H for an outline of the work of Arts for Health, and Kilroy and Parkinson (2006) and Kilroy, Garner, Parkinson, Kagan and Senior (2007a, 2007b) for a fuller account of the Invest to Save project).

### ***Emergence of an academic community of arts and health researchers***

Finally, a particularly significant development in the field of arts and health research in England has been the establishment of academic centres and research programmes in several universities, committed to furthering work in this field (see Box I for brief descriptions and key publications).

There are also the beginnings of a national arts and health research network, as research groups seek to establish links with one another and exchange perspectives and ideas, and even to work collaboratively. This journal is in fact an example of such a process, being the result of joint working between academics in the University of the West of England and Canterbury Christ Church University. Another example of such collaboration is provided by a 2008–09 British Psychological Society (BPS)-funded arts and health seminar series jointly organised by Manchester Metropolitan and Canterbury Christ Church universities. The BPS specifically funded this series as a way to provoke discussion about research possibilities involving psychology, the arts and health.

### ***Policy***

While the general stance adopted in this paper is “pro arts and health” it is recognised that the art in health movement has not been without its critics. In 2006, the Policy Exchange published a collection of papers largely condemning the Arts Council arts in health agenda as politicised rhetoric (Belfiore, 2006; Brighton, 2006; Heartfield, 2006; Selwood, 2006). The collection of essays challenges all of the claims made for the personal and social benefits of the arts citing inadequate evidence and exaggerated claims:

Arts policy today...is infused with the idea that the arts are good for society, and that they can help achieve a number of social policy objectives. The people who fund the arts, provide the arts, and research the arts have all produced a consensus about the value of what they do, which hardly anyone challenges...If you read the policy literature, it seems uncontroversial that the arts can stimulate economic growth, reduce social exclusion and improve our health – in short, transform our society. Yet...there is surprisingly little evidence for these claims. We may have a government that calls for “evidence-based policy” but as its support for the arts demonstrates, they don’t have much of a leg to stand on. (Mirza, 2006, p. 15)<sup>23</sup>

**Box H: Arts for Health, Manchester Metropolitan University**

Between 2004 and 2007, *Arts for Health at Manchester Metropolitan University (MMU)* facilitated a programme of research and advocacy around the arts and health agenda. Under the banner of the *Invest to Save: Arts in Health Project (ISP)*, the work explored the potential impact of creativity, culture and the arts on the public health agenda across the North West region.

It is suggested that the arts play a significant role in reducing symptoms of ill health and act as a catalyst for change; and there is a growing belief that they can contribute to a healthier society, but little by way of acceptable evidence. There are constant calls from HM Government to address health inequalities and deficits in societal aspirations, with policy putting emphasis on individuals taking responsibility for health and lifestyle choices. The framework that governs this thinking however is largely focused on ill health, morbidity and deficit. The work at MMU has not only revealed the potential for the arts to impact on health and well-being, but has opened up the debate around the place of creativity, culture and the arts as a mechanism for transformational change within individuals and communities and a re-framing of health and well-being in terms of assets. This represents a significant shift in our thinking, moving from illness to health; looking at what is health generating, not what is illness reducing. This direction was certainly not anticipated at the outset of the project.

Through its alliance with the *Department of Health, Public Health Group, North West and Arts Council England, North West*, the ISP have worked in six settings across the region to understand this potential impact. This includes a focus on older people, mental health and the impact of the environment on staff well-being.

Using a mixed methodological data collection, including *Ryff's Scale of Psychological Well-being*, the *Hospital Anxiety and Depression Scale* and *General Health Questionnaire*, the project involved significant stakeholder input through an *Appreciative Inquiry* process, generating a rich mixture of qualitative and quantitative data. The research has shown that engaging in the arts has a significant impact on the symptoms of ill health; particularly in reducing the symptoms of depression, stress and anxiety and increasing feelings of wellbeing. We have observed that engaging in cultural activity, gives people often marginalised by inequalities, the space to practice being well, setting the potential for transformation.

Building on the process and partnerships that have emerged over the life of the ISP, *Arts for Health at MMU*, the *Department of Health, Public Health Group, North West and Arts Council England, North West* have committed to working together between 2008 and 2010 to disseminate the ISP; develop further understanding and strategy; and build capacity within the arts and health community.

In very real terms, the *Invest to Save: Arts in Health Project* has contributed to this growing field of enquiry. Through its publications, high level advocacy, training and support of sub-regional networks, it has raised both the profile and understanding of arts and health practice and impact. Whilst there are constant calls for economic and biological understandings of this impact, the ISP has developed a climate for critical discourse that will resonate throughout the field and influence our understanding of the arts as a transformative element of human well-being.

Nevertheless, three further three documents of national significance for the arts and health sector were produced by the Department of Health (DH) and Arts Council England (ACE) in early 2007. These were widely welcomed by practitioners in the field, and have been useful in helping to advocate for the value of the arts for health across the country, particularly within NHS trusts. It is clear at the time of writing this article, however, that the national leadership from the Department of Health and Arts Council England, promised by these documents, has failed to materialise.

**Box I: Academic centres for arts and health research in England**

*Arts and Health Research Programme, University of the West of England*

This programme is based within the Centre for Public Health Research (CPHR) at the University of the West of England, Bristol. A multi-disciplinary programme, it was established in 2004 in order to bring together research on a number of strands including music, music therapy, visual arts, performance and drama (see: Bunt, Burns, & Turton, 2000; Burns, Harbuz, Hucklebridge, & Bunt, 2001; Daykin, Byrne, Soteriou, & O'Connor 2008a; Daykin, McClean, & Pilkington, 2008b; Daykin et al., 2008c; Orme, Salmon, & Barrett, 2006; Orme, Salmon & Mages, 2007; Salmon & Rickaby, 2008).

*Arts for Health, Manchester Metropolitan University*

*Arts for Health* has a strong history within the growing field of enquiry. Established by Peter Senior in the mid 1980s, the organisation led the way in understanding the relationship between the arts and health environments. Its current focus is around the public health agenda and organisational development (Kilroy & Parkinson, 2006; Kilroy et al. 2007a, 2007b).

*Centre for Arts in Healthcare and Medicine, Durham University*

CAHMM was established in 2000, and aims to pursue inter-disciplinary research and educational initiatives that will explore and extend the relationship between the humanities, the arts and medical and healthcare practice (Angus, 2001; Everitt & Hamilton, 2003; Macnaughton et al., 2005a, 2005b; White, 2002, 2004, in press).

*East Midlands Arts and Health Research Group, Universities of Nottingham and Northampton*

This is the most recent research group to be formed in England, established in October 2007 in partnership with a wide range of health and arts organisations in the region. The remit of the group is to develop a programme of arts and health research for the East Midlands (Stickley, 2007a, 2007b; Stickley & Duncan, 2007).

*Sidney De Haan Research Centre for Arts and Health, Canterbury Christ Church University*

The Sidney De Haan Research Centre for Arts and Health, established in 2004, is committed to researching the contribution of music and other participative arts activities in promoting the well-being and health of individuals and communities (Bungay & Skingley, 2008; Camic, 2008; Cliff et al., 2007, 2008a, 2008b).

**Report of the Review of Arts and Health Working Party (Cayton, 2007)**

The Arts and Health Working Group was established in the Department of Health in 2005 under the chairmanship of Harry Cayton. The Working Party took evidence from health and arts professionals from across the whole of England and reached the following conclusions:

- arts and health is, and should be, firmly recognised as being integral to health, healthcare provision and healthcare environments, including supporting staff;
- arts and health initiatives are delivering real and measurable benefits across a wide range of priority areas for health, and can enable the Department and NHS to contribute to key wider Government initiatives;
- there is a wealth of good practice and a substantial evidence base;
- the Department of Health has an important role to play in creating an environment in which arts and health can prosper by promoting, developing and supporting arts and health; and
- the Department should make a clear statement on the value of arts and health, build partnerships and publish a Prospectus for arts in health in collaboration with other key contributors.

**A Prospectus for Arts and Health (Arts Council England/Department of Health, 2007)**

*A Prospectus for Arts and Health*, as recommended by the Review of Arts and Health Working Group, was also launched in 2007. It was endorsed by Andy Burnham (a DH Minister<sup>24</sup>) and David Lammy (a DCMS Minister). Their Foreword states:

Those who are involved in the wealth of activity across the country have amply demonstrated the tangible benefits of arts and health. Hundreds of research projects, organisations and individuals are showing that the arts are an integral part of the nature and quality of the services we provide. They reveal the effectiveness and value of arts and health initiatives, and the benefits they bring to patients, services users and their carers, and to communities and healthcare workers in every sector. (2007, p. 2)

The *Prospectus* demonstrates through numerous examples of practice across England, that the arts can be used in the NHS and in community settings in a wide variety of ways to improve health and well-being. It also highlighted progress made in research and evaluation in the field.

***The Arts, Health and Well-being (Arts Council England, 2007)***

To coincide with the launch of the *Prospectus*, Arts Council England also published its own strategy for promoting the role of arts in health. In its Foreword, Peter Hewitt (then Chief Executive of ACE) highlighted the role the arts can play, not only in the NHS, but also within communities in addressing the wider social determinants of health, and improving social capital and social inclusion:

Our new vibrant communities priority is founded on the recognition that the arts have a major part to play in helping to galvanise community engagement and participation in civic life. We believe that active participation in the arts can have a significant impact on the wider determinants of health such as improving living environments, increasing educational attainment and building social capital. (2007, p. 2)

The document goes on to identify “two overarching aims” in promoting this area of work:

- to integrate the arts into mainstream health strategy and policy making, in order to make the case for a role for the arts in healthcare provision across the whole country and for a wider remit for the arts in terms of health living and well-being.
- To increase, and more effectively deploy, resources for arts and health initiatives, through funding, quality assurance of artists’ work and advocacy. (2007, p. 8)

It also gives a wide range of specific actions Arts Council England intended to pursue. It says, for example, that the Arts Council will:

- develop partnerships with the health sector and build partnerships with those who develop and influence public health strategy;
- develop partnerships with local authorities and enable Local Strategic Partnerships to build arts into their strategies;
- improve the skills and status of artists, arts managers, arts coordinators and arts organisations working in health by developing appropriate tools and training; and
- develop partnerships with those delivering training and continuing professional development for the healthcare sector.

These documents, and especially the *Prospectus*, were generally welcomed by the arts and health fraternity as helping to raise the profile of arts and health work, especially within the National Health Service. Some voices, however, were decidedly critical, with Stickley (2007a), for example, describing these documents as “full of air,” and “full of glossy pictures and pop-up pages but of little substance” (2007a, p. 336). Stickley goes on to say:

The problem with the Arts and Health Agenda is that it has been subject to far too much recycling of information. Nothing new emerges; furthermore it is evident that the policy writers’ ears are a long way from the grass-roots voice. (2007a, p. 336)<sup>25</sup>

Since the publication of these documents, there has been a decided lack of leadership from central government departments, and Arts Council England has certainly failed to act on its own framework document. Following the recent McMaster review (2008), there has been a shift within Arts Council priorities towards supporting “high quality” artistic endeavour, which appears to be at the expense of fostering wider community involvement in creative activity. In addition, there has been a squeeze in funding available from public and National Lottery



sources for arts organisations and projects, given the finance requirements of the 2012 London Olympic Games.

Concern about lack of government action following the Cayton Review prompted a House of Lords debate on arts and health on 6 March 2008.<sup>26</sup> In his introduction to the debate Lord Howarth of Newport asked HM Government how they intended “to develop their policies to link arts with healthcare.” Lord Howarth gave an excellent overview of the recent major research contributions to this field in England, and argued that what is needed now is “political leadership”:

More than money, what is needed is political leadership. It was, up to a point, pleasing to see the foreword to *A Prospectus for Arts and Health* signed by Andy Burnham and David Lammy on behalf of the Department of Health and the DCMS. The two Ministers said appropriate things, but somehow that failed to be the endorsement needed. The document was signed by two junior Ministers when it could have had the explicit backing of the two Secretaries of State. Its launch was so low-profile as to be invisible.<sup>27</sup> It was not a serious effort to induce culture change in the NHS.

The energy and creativity will always come locally, but we need to know whether the Government intend to take forward the recommendations in the report of the Review of Arts and Health Working Group, produced by Harry Cayton in 2006.

We also need to know whether the DCMS and Arts Council England are still committed to the strategy set out last year in *The Arts, Health and Well-being*, which was billed as the first formal national strategy for arts and health.

Most of all, we need a statement from the Department of Health at the highest level giving permission to chief executives of PCT's and hospital trusts to spend money on the arts in healthcare and otherwise legitimising support for the arts as part of mainstream NHS and social services activity. We need best practice guidance from the department but, most importantly, we need a speech by the Secretary of State, Alan Johnson, energetically promulgated throughout the NHS that decisively raises the status of the arts in healthcare.

Lord Howarth and a number of arts and health practitioners and researchers subsequently met with Alan Johnson in July 2008. In response to the Lords debate and visit, an internal “Arts/Health group” has been established within the Department of Health, and Alan Johnson endorsed the value of arts for health at the launch in September 2008 of “Open to All,”<sup>28</sup> a new resource to raise awareness of “arts, social inclusion and mental health” among gallery and museum staff:

I would like to see the benefits of participation in the arts recognised more widely by health and social care professionals, particularly those involved in commissioning services for people with mental health problems. This is not some kind of eccentric add-on – it should be part of the mainstream in both health and social care. And through the Arts/Health group that's been set up in my department, we will be looking at what more we can do to provide guidance, where to go for advice on best practice and sources of funding for clinicians and arts professionals.<sup>29</sup>

This public statement of support from the Secretary of State for Health will be welcomed by practitioners and researchers alike. It remains to be seen, however, whether it will mark a new phase in the development of arts and health in England.

### **Final reflections**

The view that the creative arts have a role in health promotion and healthcare settings is firmly established in England. From its early beginnings in the 1960s, the field has grown steadily through the commitment and energies of a number of key champions (White, in press), and currently, arts and health projects can be found across the length and breadth of the country. Also with the development of practical initiatives has come increased calls for research to provide a satisfactory evidence base of arts and health interventions, and a growing network of academic researchers are rising to this challenge. There is still a considerable distance to go, and while some argue that the evidence base for such practice is “considerable and robust,” it is clear that further research is needed. While significant progress has also been made towards establishing the credibility of the arts and health

agenda in the context of health and social care services, and the wider efforts to promote community well-being in England, there is still some way to go to convince central policy makers of the need to adequately support the arts and health sector.

Finally, it is hoped that this account of the current “state of arts and health in England” will encourage practitioners and researchers in other countries to undertake a similar overview. As such accounts are produced interesting parallels and divergences may become apparent which could be the focus for further international exchanges of developments in practice, research and policy development.

## Notes

1. England is one of four countries making up the UK of Great Britain and Northern Ireland (England, Northern Ireland, Scotland and Wales). The decision was made to focus on England alone as the four countries have different legal and administrative arrangements covering the health sector, and each country has its own Arts Council responsible for supporting the arts.
2. Thanks are due to Jane Beardsworth, ACE North West, Meli Hatzihrysidis, ACE National Office, Hutton Ho, ACE East, and Dom Jinks, ACE East Midlands.
3. Arts therapies are clearly an important field of professional practice within the National Health Service in England. Individuals and organisations involved in creative arts therapies and arts and health projects have expressed the need to explore the respective roles, contributions and relationships of the different groups. London Arts in Health Forum hosted a panel discussion on this theme in 2008 that was well attended and helped to reach an understanding of the need to collaborate around some shared agendas. Further details of training, practice and research activity in the creative arts therapies can be found through the relevant websites given in the Appendix. Medical Humanities is also an important field with the UK, and has the potential to contributing to the wider evidence base on the importance of the cultural context for medicine. Two important centres of medical humanities in England are the Centre for Arts and Humanities in Health and Medicine at the University of Durham, and King's College London. These institutions have recently received new funding from the Wellcome Trust to establish centres of excellence (see: <http://www.wellcome.ac.uk/News/releases/2008/WTX049941.htm>).  
Media-office/Press-
4. Devised by Tom Smith, Centre for Art and Humanities in Health and Medicine.
5. START in Manchester still promotes arts activities in the community for people with mental health needs. See: <http://www.startmc.org.uk/>
6. John Ashton developed a close association with the poet and painter Adrian Henri, and celebrated his contribution to the field of public health in an obituary appearing in the *Journal of Epidemiology and Community Health* (2002), available from: <http://www.johnrashton.securemachines.co.uk/>
7. See Tones and Green (1999) for a case study of the Withymoor Village Surgery.
8. See: Philipp, Baum, Macnaughton and Calman (2002), available from: <http://www.nuffieldtrust.org.uk/>
9. The journal website: <http://www.informaworld.com/smpp/title~db=all~content=t790627366>
10. Arts Council Regional websites can be accessed via: <http://www.artscouncil.org.uk/regions/index.php>
11. See: <http://www.artscouncil.org.uk/funding/regularfunding.php> for information on the organisations which receive regular funding from Arts Council England.
12. According to the Framework document *The Arts, Health and Well-being (2007)*, “441 projects with a focus on arts and health have been awarded a total of £6.52m,” since the funding scheme started in 2003.
13. See UKPHA Report 25 for an account of the arts and health programme at the 2008 Liverpool conference <http://www.ukpha.org.uk/>
14. See <http://www.artsforhealth.org/pdfs/2008%20NW%20PH%20Conference%20final%20flyer.pdf> for details

15. National Endowment for Science, Technology and the Arts, <http://www.nesta.org.uk/about-us/>
16. The King's Fund launched its "Enhancing the Healing Environment" programme in 2000. "By the end of 2007" according to their website, "130 teams from 119 NHS trusts, two hospices and five HM prisons across England had participated in the programme, and more than 1,500 staff and patients had been involved in improving their hospital environments." See: <http://www.kingsfund.org.uk/> for further details, including a report from an independent evaluation by the York Health Economics Consortium.
17. <http://www.nuffieldtrust.org.uk/> From the Nuffield Trust website: "The Nuffield Trust is one of the leading independent health policy charitable trusts in the UK. The Trust's mission is to promote independent analysis and informed debate on UK healthcare policy. The Trust's purpose is to communicate evidence and encourage an exchange around developed or developing knowledge in order to illuminate recognised and emerging issues." One such issue is "arts and health" and the Trust has published three significant reports in this area.
18. See the Wellcome Foundation website: <http://www.wellcomecollection.org/> for information about its programme of exhibitions, events and debates.
19. For details of previous awards within the Wellcome Trust SciArt initiative and current arts awards, see: <http://www.wellcome.ac.uk/>
20. See, for example, the case made by the Mental Health Foundation for "exercise on prescription" for people with depression: <http://www.mentalhealth.org.uk/campaigns/exercise-and-depression/>
21. See: Daykin et al. (2008b) for a systematic review of research on art, design and environment in mental healthcare; Daykin et al. (2008c) for a systematic review of the impact of participation in performing arts on adolescent health, and Clift et al. (2008b) for a systematic mapping and review of research on singing and health.
22. Pawson and Tilley's perspective has influenced the work of research teams at Anglia Ruskin/Central Lancashire, Manchester Metropolitan and Canterbury Christ Church universities.
23. As noted in the last section, efforts have continued to provide appropriate evidence for the efficacy of the arts in terms of personal, social and health outcomes. It remains the case, however, that until the right kind of evidence is produced for the NHS, the evidence which does exist will be open to criticism within the scientifically dominated healthcare arena.
24. At the time of writing, Secretary of State for Culture, Media and Sport.
25. It should also be noted, however, that the Cayton Review took evidence from arts and health practitioners from across the country and undoubtedly made an effort to have its ears to the ground.
26. For the text of the debate visit the following site and search for debates on 6 March 2008: [http://www.publications.parliament.uk/pa/ld/lords\\_hansard\\_by\\_date.htm](http://www.publications.parliament.uk/pa/ld/lords_hansard_by_date.htm)
27. The Department of Health did not issue a press release, and no press attended the launch of the Prospectus at the Evelina Children's Hospital in London.
28. Stickley, T., Price, V. and Foster, M. (2008) *Open to all: Arts, social inclusion and mental health awareness training for museums and galleries*. London: The National Social Inclusion Programme, the Museums Libraries and Archives Council, Tate Modern, the Wallace Collection and the V&A. See: [http://www.socialinclusion.org.uk/work\\_areas/index.php?subid=112](http://www.socialinclusion.org.uk/work_areas/index.php?subid=112)
29. For the full text of Alan Johnson's speech see: [http://www.dh.gov.uk/en/News/Speeches/DH\\_088160](http://www.dh.gov.uk/en/News/Speeches/DH_088160)

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## Appendix

See the journal website for a detailed listing of websites related to arts and health in England:  
<http://www.informaworld.com/smpp/title~db=all~content=t790627366>

### Appendix: Key English Arts and Health websites Government departments and national agencies

#### *Department of Health*

The UK government department responsible for policy and guidance related to health and social care. The Report of the Review of Arts and Health Working Group (2007) is available through this site.

<http://www.dh.gov.uk/en/Home>

#### *Department for Culture, Media and Sport*

The UK government department responsible for policy and guidance related to media, culture and sport. In the field of culture, the Department works to support and promote the widest access to excellence in culture – in the arts, in museums and galleries, in architecture and in the built and the historic environment, and libraries. A search for “health” will provide information on the department’s involvement in arts and health projects.

[http://www.culture.gov.uk/about\\_us/culture/default.htm](http://www.culture.gov.uk/about_us/culture/default.htm)

#### *Arts Council England*

Arts Council England is the national development agency for the arts in England, distributing public money from Government and the National Lottery. Search for “health” under publications to find relevant strategy documents and reports published by the Arts Council.

<http://www.artscouncil.org.uk/>

#### *A Prospectus for Arts and Health, Department of Health and Arts Council England*

This prospectus produced jointly by the Department of Health and Arts Council England celebrates and promotes the benefits of the arts in improving everyone’s well-being, health and healthcare, and its role in supporting those who work in and with the National Health Service. The prospectus shows that the arts can, and do, make a major contribution to key health and wider community issues.

[http://www.artscouncil.org.uk/publications/publication\\_detail.php?browse=recent&id=581](http://www.artscouncil.org.uk/publications/publication_detail.php?browse=recent&id=581)

*Commission for Architecture and the Built Environment (CABE)*

CABE is the government's advisor on architecture, urban design and public space. It has produced a range of interesting publications on "healthy hospitals" highlighting the importance of good design.

<http://www.cabe.org.uk/>

*National Endowment for Science, Technology and the Arts (NESTA)*

NESTA is the National Endowment for Science, Technology and the Arts – a unique body with a mission to make the UK more innovative. We invest in early-stage companies, inform and shape policy, and deliver practical programmes that inspire others to solve the big challenges of the future.

<http://www.nesta.org.uk/about-us/>

*National Social Inclusion Programme*

The National Institute For Mental Health (England) is co-ordinating the overall delivery of the Mental Health and Social Exclusion report (2004) and is bringing together individuals and organisations from a range of backgrounds and social inclusion expertise.

**University research groups**

*Anglia Ruskin University/University of Central Lancashire*

Researchers from the two universities collaborated on a major national study, "Mental Health, Social Inclusion and the Arts: Developing the evidence base" funded jointly by the Department of Health and the Department for Culture, Media and Sport. Researchers at the University of Central Lancashire are also collaborating with the Bromley by Bow Centre in East London (see below) to evaluate health promotion activities with older people.

<http://www.socialinclusion.org.uk/resources/index.php?subid=71>

<http://www.uclan.ac.uk/facs/health/socialwork/research/mental%20health/projects/>

*Arts and Health Research Programme, University of the West of England*

The Arts and Health Research Programme seeks to build on established research strands relating to music and visual arts, extending traditional methodologies to explore emergent issues in arts and health research. The programme seeks to inform practice and engage with policy agendas at local, national and international levels.

<http://hsc.uwe.ac.uk/net/research/Default.aspx?pageid=229>

*Arts for Health, Manchester Metropolitan University*

Arts for Health has been at the leading edge of arts for health for over 20 years. The centre is currently developing and expanding a portfolio of work in research, enterprise, teaching and training. Arts for Health has recently completed a major government funded "Invest to Save" project on arts and health.

<http://www.artsforhealth.org>

<http://www.mirriad.mmu.ac.uk/investtosave/>

*Centre for Arts and Humanities in Healthcare and Medicine, Durham University*

The Centre for Arts and Humanities in Healthcare and Medicine aims to pursue interdisciplinary research and educational initiatives that will explore and extend the relationship between the humanities, the arts and medical and healthcare practice.

<http://www.dur.ac.uk/cahbm/>

*East Midlands Arts and Health Research Group, Universities of Nottingham and Northampton*

This recently formed research group is currently working with the East Midlands Participatory Arts Forum (see below) in developing a programme of arts and health research. For further details, contact Theo Stickley, Associate Professor of Mental Health, School of Nursing, University of Nottingham.

<http://www.nottingham.ac.uk/nursing/staff-lookup/>



*Peninsula Medical School, Universities of Exeter and Plymouth*

Researchers from the medical school have undertaken evaluation of the *UpStream* healthy living project in Devon (see below).

<http://www.pms.ac.uk/pms/research/upstream.php>

<http://www.upstream-uk.com/Evaluation.html>

*Sidney De Haan Research Centre for Arts and Health, Canterbury Christ Church University*

Sidney De Haan Research Centre for Arts and Health aims to promote the value of music and the arts for the well-being and health of individuals and communities. A programme of research on singing, well-being and health was completed in 2008.

<http://www.canterbury.ac.uk/centres/sidney-de-haan-research/>

### **Arts and Health networks**

*Arts for Health: Cornwall and Isles of Scilly*

Arts for Health: Cornwall and Isles of Scilly exists to promote the role of the arts in improving health and well-being. They advocate for the value of the arts in promoting physical, mental and emotional health and well-being.

<http://www.artsforhealthcornwall.org.uk/>

*Arts & Health South West*

Arts & Health South West is an organisation for everyone interested in the arts and health sector in the South West of England. Our aim is to raise the profile and influence the development of the arts and health sector across the region as well as provide information and support.

<http://www.ahsw.org.uk/>

*Creative Remedies*

Creative Remedies is the arts and health website for the West Midlands. It showcases projects, has a contacts database, features current news and provides advice to those involved or wanting to become involved in arts and health activity.

<http://www.creative-remedies.org.uk/>

*Critical Connections*

Critical Connections is the arts and health website for the Yorkshire and Humber region. It provides information, advice and guidance, around health and arts and highlights work generated through the Critical Connections programme.

<http://www.criticalconnections.org.uk/>

*East Midlands Public Health Network: Arts and Health*

East Midlands Public Health Network includes pages which highlight the regions arts and health work. The region is particularly strong in terms of addressing issues of mental health and matters affecting young people. There is also an East Midlands Participatory Arts Forum, which profiles arts and health work.

<http://emphasisnetwork.org.uk/networks/artsandhealth.htm>

<http://www.empaf.com/>

*Greater Manchester Arts and Health Network*

Greater Manchester Arts & Health Network (GMAHN) aims to promote arts and health best practice, build awareness of local and Greater Manchester programmes and benefits plus help initiate, support and sustain GM arts and health work.

<http://www.wlct.org/gmahn/gmahn.htm>

*London Arts in Health Forum*

London Arts in Health Forum is a London-based networking organisation for health and arts professionals and health-related organisations. LAHF promotes knowledge and understanding of the arts in health care, encourages best practice in the field and stimulates new ideas.

<http://www.lahf.org.uk/>

#### *Norfolk Arts and Health Partnership*

Norfolk Arts and Health Partnership is a multi-agency advisory group which was set up in June 2006 to lead the strategic development of the arts and health sector in the county.

<http://www.norfolkartsforum.co.uk/norfolkartsandhealth/home.asp>

#### *North West Arts and Health Project Audit*

North West Arts and Health Project Audit is an openly accessible database of arts and health projects and contact information across the North West of England.

[http://www.nwph.net/arts/pages/user\\_index\\_new.aspx](http://www.nwph.net/arts/pages/user_index_new.aspx)

#### *South East Arts and Health Partnership*

South East Arts and Health Partnership brings together people with a strong commitment to developing links between Arts and Health across the South East Region in community, health and social care settings. The partnership aims to act in a strategic and advisory capacity for Arts and Health issues, and as a network that brings together Arts and Health "champions" across the South East Region to develop and promote evidence-based practice. Website currently under construction.

### **Arts and Health organisations and projects**

#### *Arts into Health, Walsall*

Arts into Health Walsall is a joint programme of work undertaken by the Creative Development Team within Walsall Council working in partnership with Walsall Primary Care Trust. This work enables health issues to be profiled in an engaging and accessible way within local communities in Walsall.

[http://www.walsall.gov.uk/index/leisure\\_and\\_culture/creative\\_development\\_team/](http://www.walsall.gov.uk/index/leisure_and_culture/creative_development_team/)

#### *Bromley by Bow Centre*

Bromley by Bow Centre is an innovative voluntary organisation that runs a wide range of courses, including artistic activities to help develop and empower individuals and regenerate the local community. Bromley by Bow are currently collaborating with a team of researchers at the University of Central Lancashire to evaluate health promotion activities with older people.

<http://www.bbbc.org.uk/>

<http://www.uclan.ac.uk/facs/health/socialwork/research/mental%20health/projects/>

#### *City Arts, Nottingham*

City Arts has a wealth of experience in delivering Arts and Health projects, including our groundbreaking Art In Mind Project. City Arts has developed a broad health agenda, establishing joint health projects and partners. We continue to work creatively to further community well-being in a number of projects.

<http://www.city-arts.org.uk/>

#### *Creative Alternatives*

Creative Alternatives advocates a holistic approach to health care and believes that rekindled meaning, creativity and imagination play a central role in every patient's journey towards health.

<http://www.magicdrum.co.uk/creative/benefits.html>

#### *Enhancing the Healing Environment*

Enhancing the Healing Environment is an innovative grants and development programme originally launched by the King's Fund in 2000. Following its success in London it has been extended across England where it has now worked with over 150 NHS Trusts.

<http://www.enhancingthehealingenvironment.org.uk/>

[http://www.kingsfund.org.uk/current\\_projects/enhancing\\_the\\_healing\\_environment/index.html](http://www.kingsfund.org.uk/current_projects/enhancing_the_healing_environment/index.html)

#### *Guy's and St. Thomas' Charity*

Guy's and St. Thomas' Charity has organised various art exhibitions within Guy's and St. Thomas' Hospital reflecting on health-related themes.

<http://www.gsttcharity.org.uk/arts/exhibitions.html>

#### *Hospital Arts, Chelsea and Westminster Hospital, London*

Hospital Arts seeks to create a healing environment where the visual and performing arts are combined to help relieve anxiety and assist in recovery. The Hospital was the first in Britain to provide weekly entertainment for patients, staff and visitors in the mall, on the wards and in the clinics.

[http://www.chelwestcharity.org.uk/articles.php?id=57&link\\_id1=1](http://www.chelwestcharity.org.uk/articles.php?id=57&link_id1=1)

#### *Lapidus*

Lapidus is a membership organisation which promotes the idea that words used creatively—through the writing, reading and performing of poetry, prose, fiction, drama and story—can be a powerful tool for health and personal and community development.

<http://www.lapidus.org.uk/>

#### *Lime*

Lime acts as a channel between the arts and healthcare, developing, co-ordinating and implementing a wide range of creative projects to deliver positive outcomes for individuals' well-being, lifestyle choices, clinical treatment and recovery.

<http://www.limeart.org/>

#### *MK Arts for Health*

MK Arts for Health is based in Milton Keynes General Hospital with a mission to enhance health and healing through creativity. The programme delivers numerous new initiatives within the Hospital in Milton Keynes, and undertakes community-based work, particularly in the area of mental health. MK Arts for Health has also worked in collaboration with Tate Modern in London. See the Tate Modern website for more information on their work to promote community involvement.

<http://www.mkartsforhealth.org.uk/page.cfm?pageid=338>

<http://www.tate.org.uk/modern/eventseducation/community/#>

#### *Music in Hospitals*

Music in Hospitals is a registered charity, whose mission is to improve the quality of life of adults and children with all kinds of illness and disability through the joy and therapeutic benefits of live music.

<http://www.music-in-hospitals.org.uk/>

#### *Paintings in Hospitals*

Paintings in Hospitals is a national charity which aims to improve the environment of hospitals and other healthcare establishments by providing original works of art on loan.

<http://www.paintingsinhospitals.org.uk/>

#### *Sing For Your Life*

Sing For Your Life Ltd, in partnership with Making Music and The Sidney De Haan Research Centre for Arts and Health, designs and delivers programmes of social music-making for older people who may be socially isolated or suffering from the effects of age-related health problems.

<http://www.singforyourlife.org.uk/>

#### *Sing Your Heart Out*

Sing Your Heart Out is a series of singing workshops designed to get people together to enjoy themselves, and to gain the known benefits to mental health from singing.

<http://syho.org/default.aspx>

### *Start in Manchester*

Start in Manchester is an Arts and Mental Health Project for Adults. Start helps people to improve, maintain and protect their mental well-being through art and gardening. Our service users are recovering from a period of serious and long-term mental ill health, and want to use art to build confidence, self-esteem and practical life skills.

<http://www.startmc.org.uk/>

### *Survivors' Poetry*

Survivors' Poetry is a national charity which promotes the writing of survivors of mental distress. A Survivor may be a person with a current or past experience of psychiatric hospitals, ECT, tranquillisers or other medication, a user of counselling services, a survivor of sexual abuse, child abuse and any other person who has empathy with the experiences of survivors.

<http://www.survivorspoetry.com/>

### *The Comedy Trust*

The Trust is the organisation responsible for delivering the annual Liverpool Comedy festival. In addition, the Comedy Trust deliver a wide range of comedy and humour-based community, education and health projects.

<http://www.liverpoolcomedyfestival.co.uk/>

### *The Hearth Centre*

The Hearth Centre research, write and produce drama on health themes, specialising in mental health. Drama and creative writing are used to explore ethical issues with health professionals.

<http://www.thehearthcentre.org.uk/>

### *Willis Newson*

Willis Newson is a Bristol-based arts consultancy specialising in healthcare and the built environment. Through our projects, we aim to make a difference. While much of our work is concerned with enhancing physical spaces, we believe that the arts can be a powerful tool in unlocking both individual and community potential. Collaboration and participation are at the heart of our work, with projects designed to actively engage and involve local communities.

<http://www.willisnewson.co.uk/>

### *University College Hospital Slade Art Programme*

The art in the new University College Hospital has been made to create a welcoming, uplifting environment for patients, visitors and staff and in so doing improve patient well being, boost staff morale and widen access to the arts across the trust.

<http://www.uclh.nhs.uk/New+developments/New+University+College+Hospital/>

### *Upstream*

Upstream is a healthy living project that encourages stimulating creative and social activities for people's well-being and lifelong independence.

<http://www.upstream-uk.com/>

### *Vital Arts*

Vital Arts delivers a high-quality, ground-breaking, vibrant and collaborative programme of integrated arts projects for the comfort, healing and well-being of patients, staff and the wider hospital community of Barts & The London NHS Trust.

<http://www.vitalarts.org.uk/>

### *Zest: Arts for health*

Zest: Arts for health, is working to improve healthcare environments across Plymouth. We are based in the planning department of Plymouth Hospitals NHS Trust. Zest works with project teams on the design of new and refurbished healthcare buildings. Zest is also active in promoting and developing a wide range of arts projects to help improve both the patient experience and staff working lives.

<http://www.zestarts.org.uk/pages/1>

### ***Creative arts therapies***

Health Professions Council

Art Therapy is one of 13 health professions currently regulated by the Health Professions Council (HPC). Regulation extends to the protected titles of Art Psychotherapist; Art Therapist; Drama Therapist and Music Therapist. These professionals must be registered with the HPC in order to work in the UK. Qualified therapists work within a range of areas including Mental Health, Disability, Education, Social Services and in the Prison Service.

[www.hpc-uk.org](http://www.hpc-uk.org)

### ***Professional associations***

Over the last 40 years a number of professional associations have been established to promote and develop the work of the various arts therapy professions. As well as professional support, these organisations provide information for the general public and employing organisations. Further information about the respective organisations can be found at the following websites:

British Association of Drama Therapists

<http://www.badth.org.uk/>

British Association of Art Therapists

<http://www.baat.org/>

Association of Professional Music Therapists

<http://www.apmt.org>

The British Society for Music Therapy

<http://www.bsmt.org>

Association for Dance Movement Therapy UK

<http://www.admt.org.uk/>

### ***Medical humanities***

#### ***Association for Medical Humanities***

The study of the medical humanities as an academic discipline in the UK and Ireland is still relatively new to medicine and the other healthcare professions. The Association for Medical Humanities therefore aims to fill an identifiable need by bringing together those in these professions, both inside and outside the universities, who work in the field or have a belief in its value and expansion.

<http://www.amh.ac.uk/>