

The Art of Social Prescribing: Cultural policy and mental health care

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APSS Research Café, 12 October 2016



Research on cultural value in mental health care

- ICC programme of research exploring the [leadership role and value](#) of cultural sectors/organisations in responding and contributing to social policy and public health agendas in the UK:
 - [Crossing Boundaries](#): long-term research project on value and impact of dementia awareness training programme led by National Museums Liverpool, including measures of subjective wellbeing; assessment of professional development outcomes using a situated learning theory framework; and social value research including social return on investment (SROI).
 - [Joining the Dots](#): another long-term project on social and economic value of creative interventions in mental health care in collaboration with Mersey Care NHS Trust, including development of a valuation framework using SROI; informing policy and practice processes including cultural commissioning; cross-sector knowledge exchange platform for evidence-based articulation of collaborative cultural value.

What our research tells us...

Crossing Boundaries:

- Improved **cognitive and emotional understanding** of dementia and its implications;
- Capacity to establish greater sense of **connection** with PWD;
- Enhanced **professional conscientiousness**;
- Trust in and appreciation of **museums as assets** in care practice;
- Enhanced **optimism, confidence and compassion** as dementia carers;
- Renewed commitment to ongoing **training and development**, reducing the stigma of dementia and **improving dementia care environments**;
- Positive Tier 2 outcomes in relation to **person-centred dementia care**;
- Two separate **SROI** studies resulted in: **£1: £8.66** (House of Memories in the Midlands); **£1: £19.06** (Pilot House of Memories Tier 2 Train the Trainer programme).

Joining the Dots:

- Research on impact of individual cultural commissions (e.g. musician in residence scheme with RLP; shared reading groups with TRO) shows:
 - Subjective wellbeing outcomes including **confidence, self-esteem and optimism**;
 - Quality of life outcomes including **social interactions, learning and skills and ontological security**;
 - Organisational learning outcomes relating to **care planning and quality of services**.
- Literature review on [economic benefits of collaborative cultural activity](#) informed ongoing empirical SROI research.

Why does this matter?

Public policy drivers

- ‘Fair Society, Healthy Lives’, a Strategic Review of Health Inequalities in England (Marmot et al, 2010) led to policy emphasis on **social determinants of [mental] health**;
- Acted as a major catalyst in strategic health promotion, **preventive measures and asset-based approaches**;
- Report recommends the active prioritisation of prevention through **integrated primary care, local authority and third sector services**, and the development of ‘healthy and sustainable places and communities’;
- Subsequent developments in [cultural commissioning](#) from statutory health and social services;
- Reconsideration of the [wider public health workforce](#) by Royal Society for Public Health.

The Art of Social Prescribing: applying our research

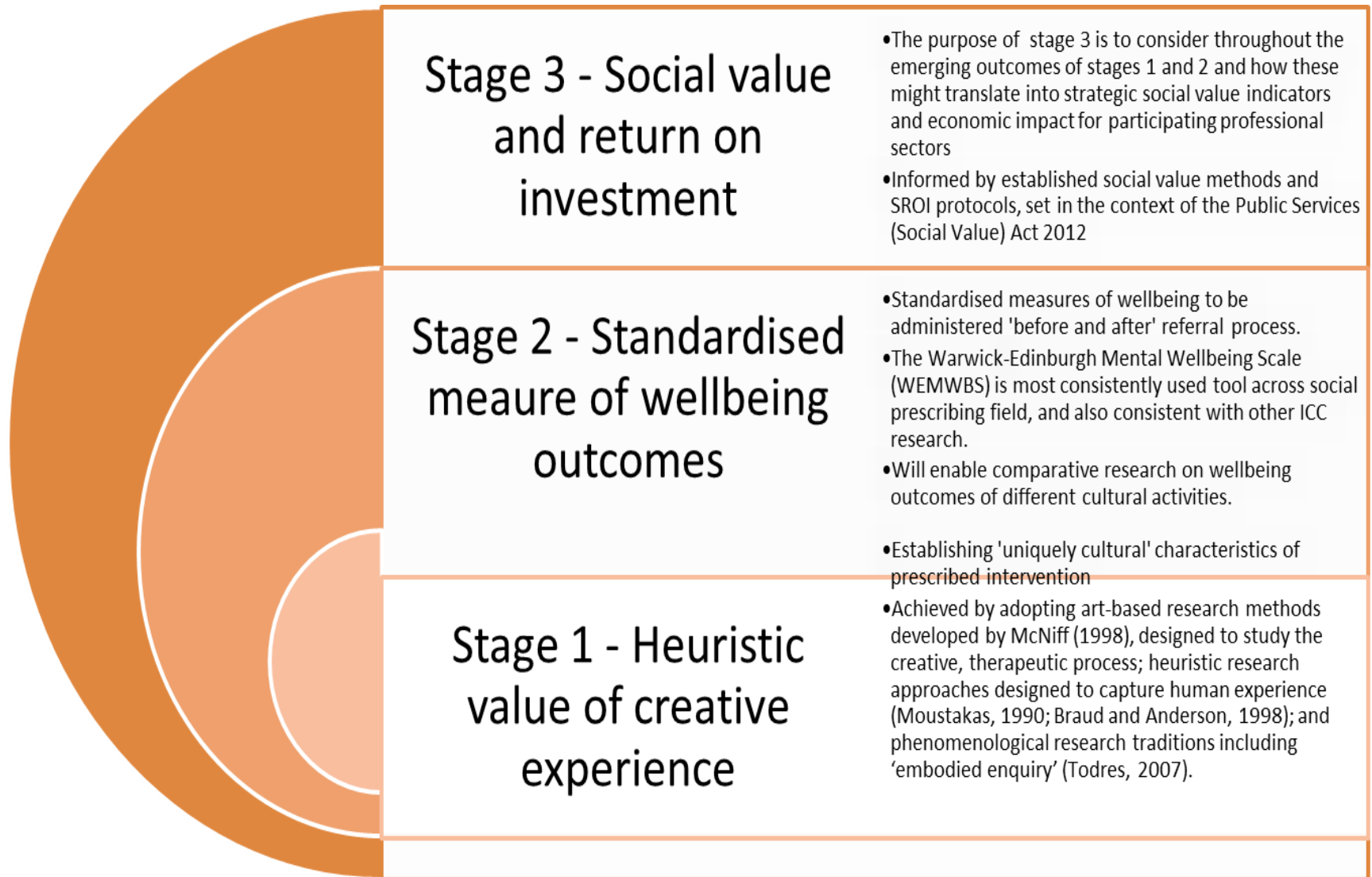
- The [Art of Social Prescribing project](#) was funded by the Arts and Humanities Research Council 2014-15 under 'Public Policy' highlight notice and explored the professional efficacy of social prescribing as a cultural commissioning model.
- Designed to complement existing research in a developmental capacity:
 - Co-design of policy guidelines on arts-based social prescribing model for the city of Liverpool, including framework for policy-relevant research on arts-based social prescribing.
- Arts-based social prescribing defined as the process by which creative and cultural activities are prescribed by health care professionals, and other referral services, to adults experiencing anxiety, stress-related symptoms, depression or other [mild to moderate] mental health problems.
- Systematic review of UK social prescribing schemes describes recurring outcomes including increases in self esteem and confidence and improvements in psychological or mental wellbeing (Thomson et al, 2015).



Developing a model of asset-based cultural prescribing

- Effective referral schemes dependent on:
 - established **collaborative networks**;
 - extensive local knowledge via **human resource infrastructure** including project management and co-ordinating roles;
 - strong **leadership and advocacy**.
- Model emulates asset-based social prescribing methods e.g. [Rotherham Social Prescribing Service](#). **Cultural asset-mapping process** will identify directory of existing arts/cultural activities to be prescribed.
- Led and managed by **'anchor' cultural organisation** as administrative gateway, including referral manager post.
- Important that university is integral part of network: resources to support research programme; fits with **civic university** aspirations; reflects call for more **sustainable mutually beneficial relationships between universities and the creative economy** based on a process of reciprocity (Comunian and Gilmore, 2015).
- Pilot programme to be evaluated on formative basis.

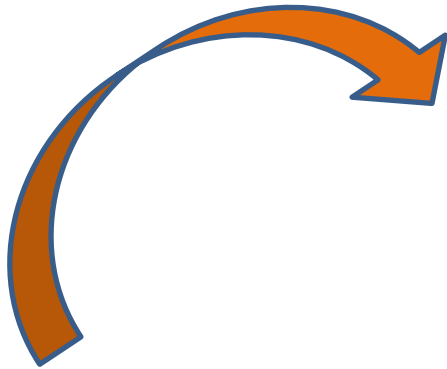
Cultural prescribing research framework



Shifting the paradigm: cultural policy and the *cultural* determinants of wellbeing

- Department for Culture Media and Sport (DCMS) commissioned research on health and wellbeing outcomes of participating in arts and culture (2015), but this has **not translated into cultural policy making** (so far).
- [Culture White Paper](#) (March 2016) **emphasises instrumental value of culture and advocates 'better collaboration'** with agencies including health and care services, police and community safety organisations.
- Professional identity of sector – **fears that will become ancillary health and social care services**. Strategic reclaiming of health and wellbeing agenda by cultural policy and practice communities can mitigate this risk.
- Critique of research in arts and health field questions levels of attribution and causality between stated outcomes and cultural/artistic experience: ICC research framework(s) designed to overcome this and **shift narrative to *cultural determinants of health and wellbeing*** and a more sophisticated articulation of cross-sector cultural value.

Evidencing impact through cultural wellbeing research



Identifying key policy agendas: national focus on health promotion and localised, asset-based preventive approaches; cultural policy interests in contribution of sector to health and wellbeing; devolution and integrated health and social care.



Engagement and influence:

continue to engage extended community of practice via sharing of research findings; disseminate widely across multiple platforms, feeding into key research, policy and practice networks and debates; keep a record of all activities and outcomes.



Evidencing cultural value: build research relationship with cross-sector community of practice; understand how different stakeholders value different outcomes; create a holistic approach, with the right research methods to capture an *attributable* evidence base and *causal relationship* with cultural experience.

Thanks and keep in touch!

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