

**Written evidence submitted by Implementing wide-spread access to community arts activities for mental health prevention and promotion Maria Grazia Turri (Senior Lecturer (Associate Professor) at the Wolfson Institute, Queen Mary University of London, and co-director of MSc Creative Arts and Mental Health at Queen Mary University of London) (PHS0310)**

Implementing wide-spread access to community arts activities for mental health prevention and promotion

**Proposal** (730 words excluding references)

Mental health difficulties are frequent and on the increase. Before the pandemic, mental health disorders affected at least one in four people in the UK, constituting a fourth of the burden of disease (23%) and costing the UK economy £ 100 billion per year (Hamilton et al., 2015). The risk of suffering from a mental disorder has increased further after the start of the COVID-19 pandemic, especially for the most disadvantaged groups (Weich, 2022). In 2017, an All-Party Parliamentary group produced a report highlighting the benefits of arts for health, mental health and wellbeing, across the lifespan and including their contribution “in mitigating the effects of the social determinants of health” (All-Party Parliamentary Group for Arts, Health and Wellbeing, 2017). The World Health Organisation (2019) also issued a sector brief which urged the development of collaborations between the arts and the health sectors, given that the arts can deliver highly cost-effective interventions that can address “complex health challenges to which there are no current solutions”. Importantly, the effectiveness of the arts in improving mental health, health and wellbeing at population level derives from their ability to **enhance mental health prevention and promotion**, as well as treatment and recovery. Research has shown that the arts can positively impact the social determinants of health, encourage health-promoting behaviours, support child development and support caregiving, all essential dimensions in health promotion and illness prevention (Fancourt & Finn, 2019).

While accepted in principle, these findings are far from finding a way into the everyday life of people, mostly because there is a profound divide between the health and the arts sectors. On the one hand, health services, such as GP practices, have frameworks in place to think ‘arts’ as a possible intervention for their patients. On the other, there are many arts organisations delivering projects designed to have an impact on mental health and wellbeing (Fancourt et al., 2021). However, there are 3 obstacles to the implementation of a proper Creative Health system. My metaphor for the limitations of the system is that at present the arts for health activities delivered are like having 100 COVID vaccines for a population of 10,000: it will benefit a few, but it will not make any difference at population level.

The obstacles are all related to the lack of a solid connection between the health and the arts sector:

- 1- Lack of established referral pathways: Some people exit the health system with a ‘prescription’ for arts in their hands, and some people with mental health difficulties and other health issues attend arts activities, but we keep these two groups disconnected even if in practice there may be many overlaps.
- 2- Lack of mechanisms for the shared collection of engagement and outcome data: The positive outcomes found for arts participation can never be directly referred back to their actual impact on health services, including rate of prevention, rate of recovery, and cost-effectiveness.
- 3- Lack of meaningful funding pathways for arts activities: No framework exists for providing adequate commissioning to the arts sector for delivery of the services for which ‘prescriptions’ are issued. This leads to all sorts of difficulties, including lack of capacity due to funding

volatility; short terms interventions that can do more harm than good as they give people a hopeful start only 'leave them in the lurch' after a short time; lack of specific frameworks for linking arts organisations to a quality assurance process.

The UK Parliament has a unique opportunity to harness the UK's world-leading expertise in mental health prevention and in the role of the arts for mental health prevention and promotion. The British Psychological Society has issued an innovative framework for identifying and treating mental health difficulties, linking social exclusion with increased risks of developing mental illness and putting a much-needed emphasis on the role of prevention (Johnstone & Boyle, 2018). The Social Prescribing Agenda, which includes 'Arts on Prescription' and the presence of various national organisations dedicated to the promotion of arts for health, such as the 'The National Centre for Creative Health' and 'The Culture, Health and Wellbeing Alliance' are all testimony to the potential embedded in the sector. These form an untapped resource that is primed to provide preventive measures through arts in the community. An enquiry is urgently needed to identify opportunities and challenges to implementation of widespread access to community arts activities for mental health prevention and promotion.

#### About the author:

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I am a Senior Lecturer (Associate Professor) at the Wolfson Institute, Queen Mary University of London, and the co-director of MSc Creative Arts and Mental Health, a unique programme which draws on interdisciplinary knowledge produced in science, arts and humanities and across disciplines on the multi-layered intersections between the arts and mental health. My professional background is of working as a psychiatrist and psychotherapist for mental health NHS trusts for 15 years, where I witnessed first-hand how people who come to our services are often assessed and treated too late, and within a restricted medication-centred model, while preventive and more holistic and community-based interventions could have helped people earlier and better. I am passionate about the creative arts agenda, with special interest in the arts for mental health prevention.

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