

Research Centre for Arts and Wellbeing

Scaling up place-based arts initiatives that support mental health and wellbeing

Research-informed strategic commitments and recommendations using the Arts for the Blues as an example

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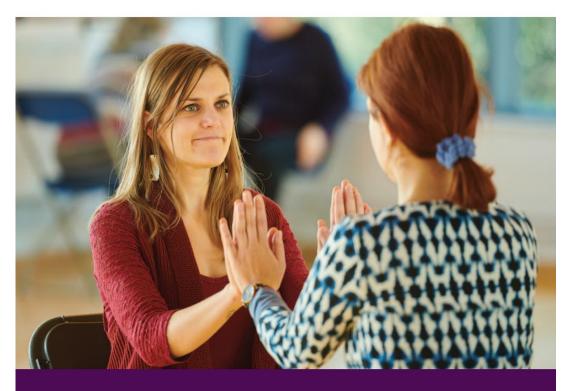
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Scaling up place-based arts initiatives that support mental health and wellbeing



Who has contributed?

- 225 stakeholders
- 6 lived experience experts

Through

- Two stakeholder events
 - Focus groups with 43 participants (managers of healthcare settings, cultural and community organisations and local authorities)
- Four training days
 - Evaluation questions with 182 participants (practising artists, therapists and arts therapists)
 - Numerous consultation meetings and feedback



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Audience

- Artists, therapists and arts therapists
- Training programmes and professional associations
- Arts and cultural organisations
- Mental health or other charities
- Health and social care services

Scope

Garts are important, not a luxury extra (Frontline artist, in-person training day 1)

Place-based arts initiatives that support mental health and wellbeing are included if:

- 1. they have a particular starting point in a service, community organisation or neighbourhood;
- 2. involve an intentional aim to improve mental health and wellbeing;
- 3. they are scalable and sustainable

Challenges in scaling up place-based arts initiatives that support mental health and wellbeing

• Policy priorities

"The current sort of policy situation is very focused on those core bits and my gut instinct is this will be seen as a nice thing to do rather than an essential to do, and therefore introducing it this time would be a challenge." (3.COU.A - Manager)

• Lack of funding

"there are quite a few organisations within the NHS which do have the money and are interested in innovative approaches to problems." (1.NHS.A – Manager)

Permission to use

"there's a reticence to own decision making ..." (1.SP.A - Manager)

Management of risk

"I think risk is something we use to make decisions on rather than [considering] how we manage it." (1.SP.A - Manager)

Professional bias

"sometimes when new therapies are introduced or even, even the existing therapies, my experience is it can be a problem being too evangelical." (3.NHS.A – Manager)

Research evidence

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"we're all meant to deliver high quality care and that's meant to be care that's safe, care that's equal, efficient, effective." (1.NHS.C - manager)

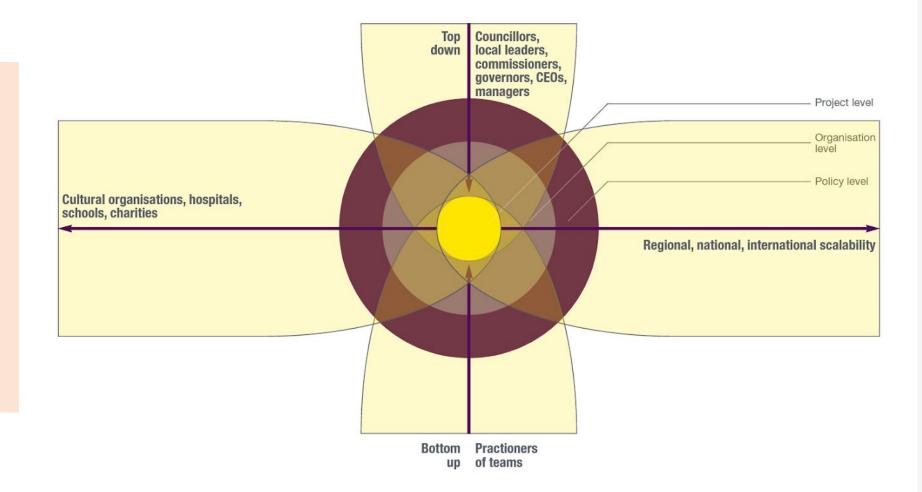


How can place-based arts initiatives that support mental health and wellbeing be scaled up, tackling health inequalities?



Realist evaluation

Four levels: Project Organisational Policy Vertical and Horizontal





Project level



Key findings

During our research with stakeholders and frontline staff we found that the Arts for the Blues was appreciated as a scalable project.

Project level

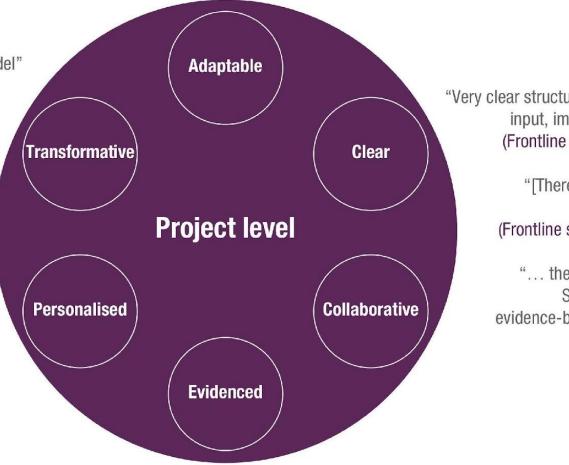
"I like the concepts and the flexibility of the model" (Frontline staff, online training day 1)

"...people finding internal fun, interaction, connection and creativity. That's the attractive bit of it" (1.NHS.C – Manager)

"By providing another form of therapy = increased choice = better engagement" (Frontline staff, in-person training, day 1)

"[We need] new methods in approaching communities"

(Frontline staff, in-person training, day 1)



"Very clear structure, leaving space for your own input, improvisation and interpretation" (Frontline staff, in-person training, day1)

> "[There is a need for] methods which help to connect with others" (Frontline staff, in-person training, day 1)

"... there's a lot of emphasis on data. So, it would be a very much an evidence-based data-based intervention" (3.COU.A – Manager)

Lived experience voice

"I just lost meself, somewhat. And that's what [Arts for the Blues] gave me, it gave me focus, it gave me clarity, it gave me confidence, and it made me feel that I was a better person. And I've carried that forward today" (3.PPI.A)

Recommendations at a project level

ACCEPT

For a place-based arts initiative that supports mental health and wellbeing to become scalable, it needs to be:

- Adaptable to address diverse mental health concerns and wellbeing needs
- Clear so it is easily understood
- **Collaborative** to support trusting relationships
- Evidence-based to convince different audiences
- **Personalised** to meet the specific needs of individuals and communities
- Transformative to energise and support change

Adaptable, Clear, Collaborative, Evidence-based, Personalised, Transformative = ACCEPT



Organisational level



Lived experience voice

"Although we don't see each other all of us, but we keep in touch...you've got that support, if you go through the national health you haven't got anything like that. You come to the end of your 20 weeks and then it's like, off you go and you're lost" (4.PPI.B)

Key findings

During the training and stakeholders' events, we collected useful information about the value of the training for capacity building. We also gathered information about important aspects at an organisational level that require attention when we consider the scaling up of place-based arts initiatives that support mental health and wellbeing.

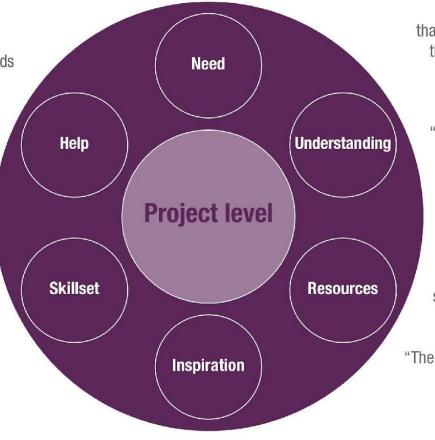
Organisational level

"[Working with people from different backgrounds was] enriching, valuable, expanding" (Frontline therapist, online training day 2)

"...we can partner with the cultural/arts sector to improve patient experience" (Frontline therapist, in-person training day 1)

"The training has enabled the clinical head and a counsellor to feel more confident in presenting and working with creative material." (Frontline therapist, in-person training day 2)

"... innovations require a product champion" (3.NHS.A – Manager)



"[...] you can demonstrate for example, that you have prevented somebody from visiting the GP three times that week because instead they've spent time with you ..." (4.NHS.C - Manager)

"[my organisation] understands and promotes [the arts, which goes] hand in hand" (Frontline staff, in-person training, day 1)

"arts are important, not a luxury extra" (Frontline artist, in-person training day 1)

"You've provided an alternative and you've saved money somewhere else in the system" (4.NHS.C - Manager)

"There's never any new funding for these types of initiatives. We just have to make it work". (2.CHA.B - Manager)

Recommendations at an organisational level

NoURISH

For a place-based arts initiative that supports mental health and wellbeing to be integrated in a service, the organisation will have to have:

- Need for the particular contribution of the arts
- Understanding of the benefits of the arts
- **Resources** that can support new initiatives
- Inspiration to make things happen
- **Skillset** to offer arts interventions that are creative and safe
- **Help** from other professionals and organisations

Need, Understanding, Resources, Inspiration, Skillset, Help = NoURISH



Policy level



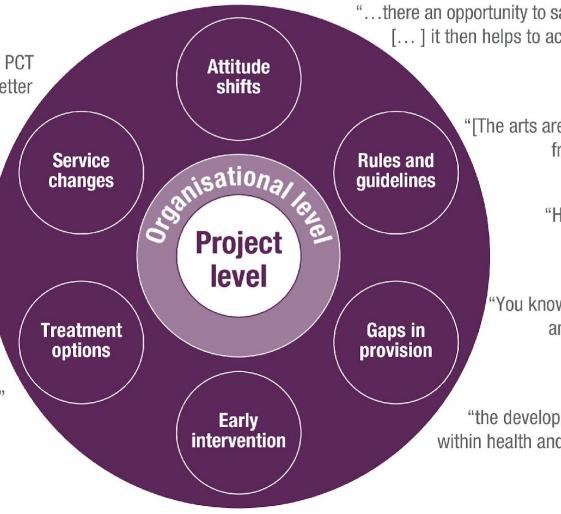
Key findings

Policy Level

"because of ICS', because of the move from 200 PCT and CCGs to 46 ICSs [...] there's never been a better opportunity in the last 20 years to be innovative and align what we do with population need." (1.NHS.C – Manager)

"We just want a system that kind of surrounds the person and meets their needs at whatever spectrum of need they've got really. And this would kind of fill some of that; it would be the fluid really." (4.NHS.C - Manager)

"...it is about being part of a diverse sort of local ecosystem and [the arts are] one of the key bits." (3.COU.A - Manager)



"...there an opportunity to say [...] we've got that menu of options [...] it then helps to achieve those standards and [...] link it into to some of those targets." (1.NHS.A - Research)

> "[The arts are] probably more accessible to people from a wider variety [of backgrounds]" (1.NHS.B – Manager)

> > "How we offer talking therapies in [city] is looking at changing". (2.CHA.A - Manager)

"You know that the sheer level of waiting times and waiting lists [...] And the NHS [...] is unable to fulfil it" (4.ARTS.C - Manager)

"the development of personalisation as a key area within health and social prescribing within that, I think there's an alignment there." (1.SP.A - Manager)

Recommendations at a policy level

tARGETS

For a place-based arts initiative that supports mental health and wellbeing to become scalable, it needs to consider:

- Attitude shifts on how the arts are perceived
- Rules and guidelines that govern services
- Gaps in provision that need to be filled
- Early intervention options such as social prescribing
- Treatment options for those who are more vulnerable
- Service changes and opportunities that come from these changes

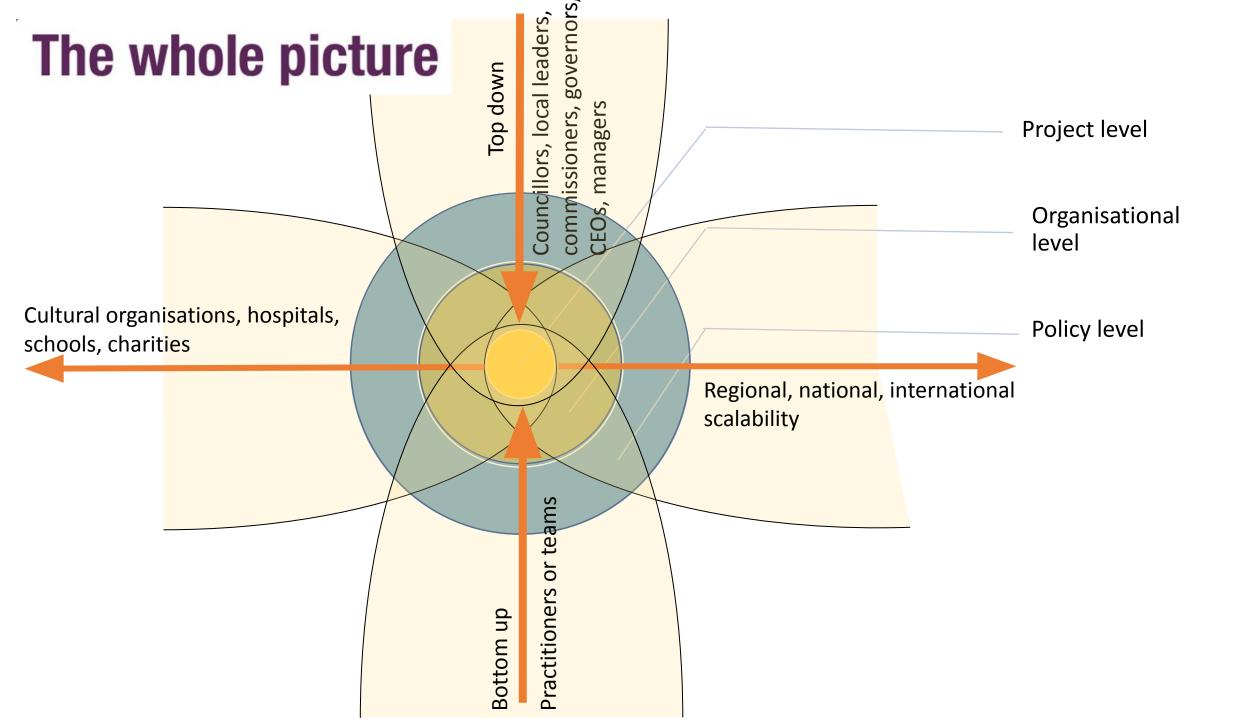
Attitude shifts, **R**ules and guidelines, **G**aps in provision, Early intervention, **T**reatment options, **S**ervice changes = **tARGETS**

Lived experience voice

"a lot of people who need this model might not get that help at the time they need it. And that's what scares me, 'cause they really do need it" (3.PPI.A)

"Because of ICSs, [...] there's never been a better opportunity in the last 20 years to be innovative and align what we do with population need" (1.NHS.C - Manager)





Our strategic commitments



We are committed to:

- 1. Working collaboratively with individuals and organisations to enhance current delivery of place-based arts initiatives, supporting them to become ACCEPTed.
- 2. Working closely with organisations providing health and social care to NoURISH good practice in place-based arts initiatives that support mental health and wellbeing.
- 3. Responding to and influencing relevant policy that can enable the integration of place-based arts initiatives in health and social care in a tARGET(s)ed way.
- 4. Working closely with lived experience experts, frontline staff and local leads and encouraging shared learning across sectors and regions.

Acknowledgements

Our Arts for the Blues lived experience experts









Foreword



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