Original Research

Arts on Prescription: a qualitative outcomes study

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ABSTRACT

Objectives: In recent years, participatory community-based arts activities have become a recognized and regarded method for promoting mental health. In the UK, Arts on Prescription services have emerged as a prominent form of such social prescribing. This follow-up study reports on the findings from interviews conducted with participants in an Arts on Prescription programme two years after previous interviews to assess levels of 'distance travelled'.

Study design: This follow-up study used a qualitative interview method amongst participants of an Arts on Prescription programme of work.

Methods: Ten qualitative one-to-one interviews were conducted in community-based arts venues. Each participant was currently using or had used mental health services, and had been interviewed two years earlier. Interviews were digitally recorded, transcribed and analysed.

Results: For each of the 10 participants, a lengthy attendance of Arts on Prescription had acted as a catalyst for positive change. Participants reported increased self-confidence, improved social and communication skills, and increased motivation and aspiration. An analysis of each of the claims made by participants enabled them to be grouped according to emerging themes: education: practical and aspirational achievements; broadened horizons: accessing new worlds; assuming and sustaining new identities; and social and relational perceptions. Both hard and soft outcomes were identifiable, but most were soft outcomes.

Conclusions: Follow-up data indicating progress varied between respondents. Whilst hard outcomes could be identified in individual cases, the unifying factors across the sample were found predominately in the realm of soft outcomes. These soft outcomes, such as raised confidence and self-esteem, facilitated the hard outcomes such as educational achievement and voluntary work.

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Introduction

This article is based upon in-depth interviews with 10 people who had been interviewed two years earlier about their experiences of participating in an ‘Arts on Prescription’ programme. This work was published previously in this journal.1,2 When the participants were first interviewed, they were asked if they would be prepared to be interviewed in the future; each gave their consent and this article summarizes the findings from this follow-up research in terms of identifying hard and soft outcomes.3 In the previous research, 16 people took part and they experienced Arts on Prescription positively, both socially and psychologically. A number of participants claimed that they also found new opportunities for the future. The present study sought to discover the extent to which these ‘new opportunities’ came to fruition, and by identifying hard and soft outcomes, the authors were able to make observations about ‘distance travelled’.3

As observed in the previously published research on this programme,2,12 little has been published in the peer-reviewed literature regarding the effectiveness of Arts on Prescription delivery. The one exception is a summary of a number of reports and accounts from 11 ‘arts and health’ programmes around the UK.4 To the authors’ knowledge, no further reports have been published since 2010 directly related to Arts on Prescription programmes. This follow-up study may therefore contribute to the body of knowledge relating to this topic.

In brief, the participatory arts have been widely used in the promotion of health for many years, and the social value of engagement with the arts has been endorsed by the World Health Organization,7 who call for partnerships between health and other sectors to address social and economic problems, and recognize the role of the arts (p. 41), and the Royal College of Psychiatrists,6 who assert that creative activities may promote recovery (p. 28), as do the British Medical Association, the Arts Council,8 the Department of Health9 and the new economics foundation in ‘Five ways to wellbeing’.10 In the UK, Arts on Prescription is regarded (as the name suggests) as a form of social prescribing. This is a way of connecting patients of primary care services with community-based sources of support that are usually found in the voluntary sector. There is growing evidence of the effectiveness of such initiatives amongst people with mental health problems.4,11–15

The aim of this study was to revisit the participants of the previous study, and to determine if continued engagement with the Arts on Prescription programme had any positive longer-term effects on those interviewed.

Methods

The authors’ previous paper described a narrative methodology amongst people who had used an Arts on Prescription service. In this follow-up study, the authors were more instrumental in their approach, in that participants were only asked about their experiences since the last time they were interviewed (which was, on average, 24 months prior to the current study). Ethical approval was granted through a relevant ethics committee, and participants gave their consent to be followed-up at the first interview, either by giving their mobile phone numbers or by asking the researcher to contact the service provider at a later date in order to make contact. At the point of contact for the follow-up interviews, participants were reminded of the previous interview and further consent was obtained. At the point of interview, participants were further reminded of the key points of their previous interview, and were told that the authors were interested in what had happened to them since their original interview. Of the 16 original interviewees, 10 agreed to be interviewed for the follow-up study. As the principal investigator was closely connected with the host organization, the interviews were conducted by a research assistant who was unconnected.

Whilst the format of the interviews was more instrumental than in the previous round of research, respect was still given to the importance of participants’ narrative-forming, with interviews taking a ‘light touch’ approach which combined structured questions with respect for individual storytelling, diversion and narrative embellishment. The interviews therefore took the form of a dialogic narrative guided by an underlying structure.

The interviews were digitally recorded and analysed. As the purpose of the study was to discover any follow-up outcomes, the analysis process merely identified such statements of either positive or negative outcomes of engagement with the programme or, indeed, withdrawal. Once these statements were identified, they were grouped into themes across the data set. Quotations are used in the presentation of the findings, and the pseudonyms are maintained from the previous study.

The researcher summarized each of the interviews into short vignettes and highlighted the progress or otherwise of each of the 10 participants. The research team validated the narratives by reading each of the transcripts and compared them with the vignettes. Once these were completed, very brief summaries were added to a table (Table 1) that compared the summary findings from the original study. In this way, it became possible to identify ‘distance travelled’3 since the original interviews, two years previously.

Results

Hard outcomes are identifiable in the follow-up research but these are relatively few. Both Alana and Nate had initiated their own arts groups, Ivan had gone on to achieve a Btec qualification in visual arts at college, Noah had commenced a Bachelor of Arts course, Alana claimed that she had increased in assertiveness and confidence, Ralph reported improved social contact, and Ron said that he was more motivated.

However, there was variation across the sample. For some participants, Arts on Prescription acted as a catalyst for the initiation of new life narratives since they were interviewed in 2009. For others, developments over this period were articulated on a more personal and affective level, with the emphasis lying on subtle but valuable changes in personal well-being, their relationships with others and their place in the world. Across the sample, however, respondents consistently pointed to specific benefits that they had drawn, and continue to draw, from their time with the programme. Much
<table>
<thead>
<tr>
<th>Name</th>
<th>Baseline data in 2009</th>
<th>Follow-up data in 2011</th>
<th>Hard outcomes</th>
<th>Soft outcomes</th>
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<tbody>
<tr>
<td>Alana, White British, female</td>
<td>Alana was retired and her husband had died three years earlier. She had felt at a loss after his death. AOP gave her purpose and prevented her from being isolated and had increased her confidence. She welcomed the opportunity for people of different age groups to meet at AOP. Alana was retired and her husband had died three years earlier. She had felt at a loss after his death. AOP gave her purpose and prevented her from being isolated and had increased her confidence. She welcomed the opportunity for people of different age groups to meet at AOP.</td>
<td>After AOP, Alana started her own (unfunded) arts group. This continued to help her get used to mixing with people from different backgrounds, and she had made friends and was able to be supportive to the other members of the group. She has grown in assertiveness and confidence, and has started other activities.</td>
<td>Initiated a new group.</td>
<td>Increased assertiveness. Increased confidence. Increased sense of social integration.</td>
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<td>Alfie, White British, male</td>
<td>Alfie was retired and had been attending AOP for 18 months. Within the group, he found acceptance and caring, and felt he was just able to be himself and say what he wanted to say. He said he was becoming more assertive. The group helped distract him from intrusive thoughts. Alfie was retired and had been attending AOP for 18 months. Within the group, he found acceptance and caring, and felt he was just able to be himself and say what he wanted to say. He said he was becoming more assertive. The group helped distract him from intrusive thoughts.</td>
<td>After AOP, Alfie had joined the Thursday group (this was set up for people who had completed AOP) but was only attending intermittently. He continued to develop creatively – botanical drawing and kiln glass work.</td>
<td>Increased assertiveness.</td>
<td>Increased ‘positive outlook’ Identity claims as an artist and musician.</td>
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<tr>
<td>David, White British, male</td>
<td>David had found AOP inspiring. It boosted his confidence and was a creative release, and he felt like he was doing something worthwhile. He was hoping to access a Foundation Art course at a local college. He had been doing voluntary work with the AOP provider for 18 months. David had found AOP inspiring. It boosted his confidence and was a creative release, and he felt like he was doing something worthwhile. He was hoping to access a Foundation Art course at a local college. He had been doing voluntary work with the AOP provider for 18 months.</td>
<td>David was still thinking about applying for a Foundation Art course. He was prioritizing music over art and his band had released an album. He would like to do more voluntary work, but there were fewer opportunities with projects due to funding cuts.</td>
<td>Increased artistic interests, skills and aspirations.</td>
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<td>Gracie, Black British, female</td>
<td>Gracie had been attending AOP for about 2–3 years. She was experiencing bouts of depression. AOP had been empowering and helped her with feelings of isolation. She had become, in her words, ‘addicted to art’, and welcomed the feelings of safety and support she experienced at AOP. Gracie had been attending AOP for about 2–3 years. She was experiencing bouts of depression. AOP had been empowering and helped her with feelings of isolation. She had become, in her words, ‘addicted to art’, and welcomed the feelings of safety and support she experienced at AOP.</td>
<td>Gracie was still involved in creative work. She had found it hard to continue being creative outside of the group, and was looking forward to rejoining. She was still experiencing bouts of depression. She was anxious about funding and was very keen on recycling materials to aid funding.</td>
<td>Increased self-confidence. Increased sense of self-worth and positive outlook.</td>
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<td>Nate, White British, male</td>
<td>Nate had been attending AOP for one year. He had had a period of stress following a car accident. AOP helped speed up his recovery, and gave him strength and a sense of purpose. He had made friends, had been able to express himself and had exhibited his work. Nate had been attending AOP for one year. He had had a period of stress following a car accident. AOP helped speed up his recovery, and gave him strength and a sense of purpose. He had made friends, had been able to express himself and had exhibited his work.</td>
<td>After AOP, Nate did digital photography and Adobe Photoshop classes. He has volunteered with three charities. After AOP, Nate did digital photography and Adobe Photoshop classes. He has volunteered with three charities.</td>
<td>Undertook further training in art and photography. Initiated and continues to run a new group.</td>
<td>Increased self-confidence and self-esteem. Increased sense of social integration. Identity claims as an artist and poet.</td>
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<th>Soft outcomes</th>
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<tbody>
<tr>
<td>Noah, White</td>
<td>Noah was just about to give up AOP and start a Foundation Art course. He was a successful</td>
<td>Noah was at a crossroads. He had completed the Foundation Art course and had got on to a three-year Bachelor of Art course. He was missing AOP. He said he was very busy and creative.</td>
<td>Completed Foundation Art Course. Enrolled on a Bachelor of Art course.</td>
<td>Increased self-confidence. Identity claims as an artist. Shift in social perceptions: feeling of empathy, trust and inclusion.</td>
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<td>British, male</td>
<td>hairdresser and businessman. He had been a heavy drinker and drug user. Engagement with the arts had helped in his recovery. AOP had helped him change some of his preconceptions about art.</td>
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<td>Patricia, White</td>
<td>Patricia had been attending AOP for about 3.5 years. She found that through AOP, her confidence had increased. She saw art as a means of expression, an alternative to language. She found that art at AOP was liberating and unforced.</td>
<td>After AOP, Patricia had been attending the Thursday group (see above). She had financial and health problems so had had to stop attending for a while but had missed the group a lot. It was very supportive even though she found it difficult as she experienced feelings of inadequacy and with finishing her work.</td>
<td>Increased self-confidence. Increased interest in arts and crafts. Increased tendencies towards social contact.</td>
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<td>British, female</td>
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<td>Ralph, White</td>
<td>Ralph had been attending AOP for six years and was shocked it was going to close. He was very enthusiastic about the arts. Ralph had previously been to art school and had had bad experiences there. AOP had increased his belief in his artistic abilities, boosted his confidence, and staved off loneliness.</td>
<td>Ralph was still involved in the arts, going to the Thursday group (see above). He was proud of the projects he had been involved with and was sad that a number of projects had closed. He was still working on his own and would like to go to art college. Attending the arts groups was important in helping him get out of the house.</td>
<td>Increased motivation. Improved social contact.</td>
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<td>British, male</td>
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<td>Ron, Black</td>
<td>Ron had been attending AOP for two years. He liked the relaxed atmosphere and little pressure. He had learned about individuality in art. AOP provided new and different opportunities from art college. It had boosted his confidence and he was very disappointed about the closure.</td>
<td>After AOP, Ron had been quite depressed and had attended a 'mental health' group for a while. He was attending the Thursday group (see above). AOP had helped him keep up his motivation to do creative activities at home and with his children. AOP helped him feel better about himself and had helped him in his domestic relationships. He was considering doing an electronic music course.</td>
<td>Increased motivation. Increased social contact. Increased self-confidence and self-worth. Improved family relationships.</td>
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<tr>
<td>British, male</td>
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AOP, Arts on Prescription.
of this was related to increased self-confidence and feelings of self-worth, social and communication skills, and increased motivation and aspiration. These outcomes come into sharper focus as the individual voices are brought together into a collective narrative of ‘distance travelled’.³

An analysis of each of the claims made by participants enabled them to be grouped according to emerging themes. The themes were:

- education: practical and aspirational achievements;
- broadened horizons: accessing new worlds;
- assuming and sustaining new identities; and
- social and relational perceptions.

The remainder of this section is structured under these four headings.

**Education: practical and aspirational achievements**

Across the sample, respondents stressed the pedagogical as well as the therapeutic value of their experiences of the programme:

I progressed a lot because of that, must have been 18 months I was with Arts on Prescription. I learned a lot. (Alfie)

…it felt like a kind of… art college experience than a mental health thing. (David)

The legacies of this experience over the past two years manifested in various ways. For some, experiences with Arts on Prescription prompted and facilitated further education and training over this period:

What I didn’t realize was, when I started with Arts on Prescription, is that I would actually get a portfolio to get me into art college. (Noah)

I did a BTEC in visual arts at [name of college] and that was really good, that upped my game a lot. (Ivan)

I did Adobe Photoshop training as well and got a student medal for that, doing that course. And, it makes you feel that you want, that I really wanted to really get out there and show my skills. (Nate)

For others, the impulse towards continuing the educational experience of Arts on Prescription was articulated on a more aspirational level:

I’d be interested in going to art, like, an art college or something, because you, you learn, they particularly teach you different techniques and all sorts of things like that. In more depth. (Ralph)

…being here has, does make me want to do more; I’d love to do like a music production course. (Ron)

I’m thinking of even taking like a drawing course this September/October. (David)

A number of interviewees also expressed an altruistic desire to share and communicate knowledge gained through Arts on Prescription with others, taking on roles as educators. In several cases, this had been acted upon through the establishment of user-led groups which acted as points of continuity for former participants over the past two years:

…there was a strong urge at the end of those classes to pass on information. (Patricia)

I’ve helped lots, lots of people and, and now, I wouldn’t have thought I’d be able to do that again, when I had mental health, I didn’t think I’d be able to do anything, to tell you the truth. (Nate)

I took a class on of the people what had finished the 10 weeks, and then it ended. There was no more funding, so I decided to take a class for them people what wanted to come into my group and do some, just arts and crafts. (Alana)

Having moved on from Arts on Prescription, it is clear that some former participants were motivated to take steps to replace that environment, either by developing their skills in the context of further education, or by continuing the compassionate ethos of Arts on Prescription through self-directed projects.

**Broadened horizons: accessing new worlds**

It has been suggested that that one of the principal benefits of offering Arts on Prescription as a form of mental health provision lies in providing an environment that takes service users away from everyday demands and an environment orientated towards ‘illness’.¹⁶ It is notable in this regard that various interviewees across the sample talked of gaining confidence following the cessation of their Arts on Prescription group to continue to access environments from which they had previously felt excluded or estranged, or which would not previously have figured in their field of interest.

The sense of continued access to a ‘new world’ as a legacy of Arts on Prescription was a common theme, most notably articulated in relation to ‘cultural’ environments:

…it’s changed me completely because, whereas, in the past, I might have gone to the National Portrait Gallery, and had a quick walk round, and think, ‘Well, I’ve seen that room, I’ve seen that one’, now, I will research, I will always look what’s on and plan the trip around it. I don’t really think I ever go to London now without going to a gallery. (Noah)

I’d never been in an art gallery, wasn’t anything I thought I would ever understand but thoroughly enjoyed it and something I’ll do more of. (Alfie)

This sense of having accessed a ‘new world’ was also articulated on a more affective level, in relation to personal perceptions and responses to lived environments. In some cases, interviewees suggested that Arts on Prescription had initiated a change in the way they perceived the world:
Every time I’m out, I’m always looking... I’m always looking at everything, you know. ‘That’s useful, ooh, that’s nice. Ooh, can I have that?’ (Patricia)

I think I must be the only person who has epileptic fits, fall to the floor, ‘Oh look at that up there’, noticed that [...]never noticed that gargoyle on that building before. (Ralph)

...the sense of achievement when you create something that you’re proud of [...] that boosts you in everyday life. And, when you get to be creative in one environment, you can kind of take it into another as well. (Ivan)

Assuming and sustaining new identities

When asked about their lives since 2009, numerous interviewees took the opportunity to narrate their sense of new identities and life roles assumed over this period. In several cases, this related to the assumption of new creative identities and self-identification as artists following their experiences of Arts on Prescription:

The lasting changes are a growing interest in art, a growing increase in my abilities, and to try new things and to be freer in some of the things that I might paint [...] I’m sure it was very good for me, and that, that has stayed with me to a certain extent, it has made me freer in what I do. (Alfie)

...well, I class myself as an artist. (Ralph)

...my work is good so I suppose I’m an artist and a poet. (Nate)

...art is my life now. (Nate)

I feel a bit more professional. (Ivan)

In other cases, as suggested above in relation to the lasting pedagogic legacies of Arts on Prescription, interviewees talked of assuming compassionate roles of emotional responsibility, acting as carers, educators and facilitators for the progress of others:

...it’s helped with my motivation and there have been a lot of things that I’ve learned there that I’ve taken home to the kids and like, they’ve done as well. (Ron)

I’m into all of the different formats of teaching [...] helping myself and helping others. (Gracie)

I can’t help being a teacher. You know what I mean? (Patricia)

These motifs find their clearest articulation in Alana’s narrative, which explores the experience of running a user-led group for former Arts on Prescription users:

In my group. As I say, nobody’s turned away. (Alana)

...if they feel they want to go for a meal, I go for a meal with them, or if they’re down and out and don’t know what to talk about and they’re lonely, I just pick up the phone and talk to them. (Alana)

It was therefore noted across numerous respondents in the sample that their experiences with Arts on Prescription had initiated an identity shift that emphasized an active sense of themselves as ‘carers’ rather than a passive sense of being ‘cared for’. The potentially empowering effects of these shifts in self-perception and identity forming are discussed in more detail below.

Social and relational perceptions

Coupled with these shifts in personal identity, a unifying theme across the narratives collected was the sense related by various interviewees that Arts on Prescription had played a lasting role in changing their social perceptions and reactions to others. In many cases, this was articulated in terms of challenging personal assumptions and prejudices:

When I walked in at first, like Hey [...] what the hell have I got in common with these people? But then you listen to them, and then, feel ashamed. You know? (Noah)

...you look at a person, normally, you look them up and down, and think, ‘Oh, he’s a down and out’. But it’s not true. It’s the person themselves what are important. To me now they are. I mean, before, if I’d seen a bad’un, cross on the other side of the road. Because I was brought up like that, I suppose. (Alana)

For some, this was articulated as a process that was ultimately socially empowering:

The environment of Arts on Prescription [...] it was really giving me the confidence to actually get back into working again, because I was bullied at work, and, and this led to my mental health and just doing an odd, doing arts with other people, it gave me the ability to communicate with them and to integrate with them and, and, yeah, it’s made me into a better person. It’s made me think, well, yeah, I can live with people despite me having a mental health condition. (Nate)

It becomes far more about creativity and understanding what your gifts are, what your voice is, what you want to say through your art, you know, what you share in common with other people. Those things, you know, are empowering, you know, and it’s not the kind of empowering that makes you feel egotistic or egocentric, it’s the kind of empowering where you share. (David)

Discussion

As noted on an individual basis in the vignettes, the narratives collected in this sample offer abundant evidence of distance travelled over the past two years, which can be articulated in terms of both hard and soft outcomes. Interviewees have, over this time, moved on to quantifiable achievements in education and training, narrated breakthroughs in their individual creative practices, taken on new social roles and responsibilities through voluntary work and community
The findings have illustrated unifying themes from the data whilst respecting the diversity and integrity of individual voices. Given the diversity in the ages, social backgrounds, genders and ethnicities of those who chose to participate in the study, and reasons for their initial referral to Arts on Prescription (ranging from long-term physical and emotional disability, to shorter-term personal life crises, to alcohol and drug dependency), it is to be expected that progress over a two-year period has varied between respondents. Whilst hard outcomes could be identified in some individual cases, the unifying factors across the sample lie predominately in the realm of soft outcomes. These soft outcomes, such as raised confidence and self-esteem, have facilitated the hard outcomes. Furthermore, engagement over a period of time has enabled people to make personal and social identity claims that individuals have experienced as transformative. Such claims are difficult to categorize as either hard or soft outcomes, and this highlights the methodological difficulties inherent to narrative-based studies of this kind. The authors are aware that this research (and their previous study) puts the programme of work in a very positive light, and this may reflect the individuals’ social desirability towards supporting such work in the future and wishing to cast a positive light on the research to help secure further funding in the future. Such issues are not to be underestimated, and highlight the difficulties of drawing quantifiable outcomes from narrative interviews. Indeed, it is hoped that the very complexity of the narratives explored in this study, and the methodological questions raised in the analysis, will prompt broader discussion of the continuing need for innovation in the research methodologies suited to practices of this kind.

In 2011, the coalition government’s policy strategy ‘No health without mental health’ presented the ‘First public health strategy to give equal weight to both mental and physical health’, and to create ‘parity between mental and physical health services’ (DH: 2). In this climate, in which the importance of both innovative modes of mental health provision and research methodologies through which to assess them are more pressing than ever, this outcomes study presents a contribution to an ongoing debate. Arts on Prescription services, which can draw upon and foster volunteer-led initiatives within a supporting, professional framework, are ideally placed to assert a central place in such debates, and to provide a dynamic way forwards for community mental health provision.

Author statements

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University of Nottingham.

Competing interests

The first author is a non-executive director of City Arts Nottingham.

REFERENCES