



**Edge Hill
University**

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 a case example



Arts and
Humanities
Research Council



JAMEEL ARTS
& HEALTH LAB



University of
Salford
MANCHESTER


**UNIVERSITY
OF HULL**

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Foreword



The field of arts and health is an innovative and growing research area which is showing significant promise, particularly for addressing complex health challenges that have social, behavioural, as well as biological origins. However, many arts interventions remain hyper-local, even when there is good clinical evidence that they might

be scalable. This guide, which is rooted in WHO's nine steps for developing a scaling-up strategy (2010), fills an important gap, by providing arts and health practitioners with a stepwise, people-centred approach for taking a localised project and making it relevant for health system integration.

Dr Nils Fietje

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This report is based on the project: Arts for the Blues: Towards integrating the use of the arts in healthcare and cultural settings to tackle depression and improve wellbeing in the North West that was funded by the AHRC/UKRI as part of their Mobilising Community Assets to Tackle Health Inequalities research programme (Award No: AH/W007983/1; PI: Karkou).







Summary of 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.

Introduction

According to Public Health England's estimates for 2019/20, almost 17 percent of people in the UK have been affected by a common mental health problem, including depression, generalised anxiety disorder, panic disorder, phobias, obsessive-compulsive disorder and post-traumatic stress disorder. Poor mental health is often associated with poor overall health and exacerbated by health inequalities and socio-economic deprivation. The North West of England, for example, has some of the highest levels of mental health problems in the country (National Health Service [NHS] Digital, 2022) and, at the same time, the highest levels of unemployment and economic deprivation (Ministry of Housing, Communities & Local Government, 2019). The latest Marmot Report (2020) suggests that the amount of time people spend in poor health has increased significantly since 2010. The same report also points out that the increase in poor health also means an increase in the 'public purse' (p.3). Given the impact of the Covid-19 pandemic, it is expected that the problem has worsened even further since this report.

Psychological support for common mental health problems in the UK is mainly offered through NHS Talking Therapies. NHS Digital (2022) reports that only around half of those attending these services (46.4%) complete the therapies on offer.

High dropout rates from current statutory mental health provision may be due to the heavy reliance on talking therapies. The most common amongst them is Cognitive Behavioural Therapy (CBT) (NHS Digital, 2022) an intervention that focuses on cognitive processing, assumes good use of English and a 'good enough' British-based educational background. These assumptions can be problematic in communities that struggle with health inequalities and economic deprivation (Martin et al., 2021; Omylinska-Thurston et al., 2019). The extensive use of CBT in primary mental health services has also raised concerns around its value for Black, Asian and Minority Ethnic communities (Naz et al., 2010), refugee and migrant communities (Colucci et al., 2015), and people with disabilities (Ramsden et al., 2015). The need for additional provision is clear.

A survey completed by Millard et al. (2021) that included 1541 participants (685 mental health patients and 856 members of the general population) showed that 60% were very interested in group arts therapies. However, non-verbal, creative, arts-based interventions such as arts psychotherapies are rarely used in the North West of England in statutory services. At the same time, available community arts activities in the region require support, robust training and evaluation in order to achieve and capture intended mental health outcomes.

The value of the arts in tackling depression, improving wellbeing and supporting aspects of social cohesion is reported in the All-Party Parliamentary Group on Arts, Health and Wellbeing (2017), as well as more recently in the WHO scoping review (Fancourt & Finn, 2019) and evidence summary report to the Department of Digital Culture, Media and Sports (Fancourt et al., 2020). Still, the integration of creative practices in healthcare systems remains limited, more so in deprived areas such as the North West, as is the integration of learning gained from place-based interventions such as the Arts for the Blues model. Similar problems can be found in other sectors, such as cultural organisations, schools, charities and community settings. Safe use of the arts with a long-standing funding record and sustained positive impact on people's mental health is difficult to achieve without a well-informed strategy of how to turn successful projects into an offer with wider and more effective user impact.

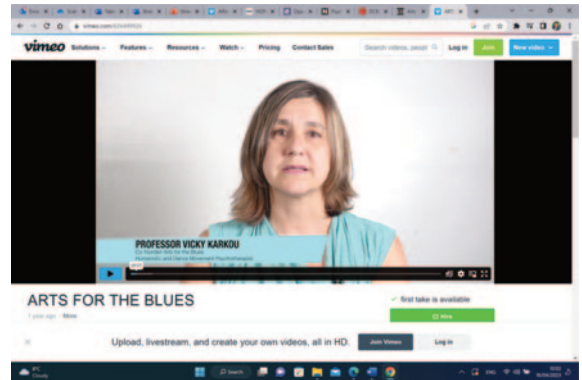
The Marmot Report (Marmot et al., 2020) argues that health inequalities are "unnecessary and can be reduced with the right policies" (Marmot et al., 2020). This calls for a response, which, given the complexity of health inequalities, requires careful consideration of useful place-based interventions from the local level to a system level. Our recommendations for the development of a strategy, described here, is conceived to respond to the Integrated Care Services reform of 2021 (Health and Care Act, 2023) and speak to both personalised care (NHS, 2019) and social prescribing (National Academy for Social Prescribing, 2023), challenging health inequalities and capitalising on the potential of the arts to support the mental health and wellbeing of people with diverse needs.



Credits: 'Black lives matter' public engagement event, Edge Hill University

Our research

What is Arts for the Blues and what do service users think about it?



<https://vimeo.com/626449926>

By scaling up this project, we have been able to gain considerable learning which we are sharing in this document.

Our recommendations for the development of a scaling up strategy are based on UKRI-funded research that involved 225 stakeholders and frontline staff in scaling up an arts-based group intervention entitled Arts for the Blues to the North West of England (see Appendix A for further details on the study: Omylinska-Thurston et al., 2020 for the model and the Arts for the Blues website www.artsfortheblues.com for full details). The Arts for the Blues lived-experience experts, i.e., people who had attended an Arts for the Blues group in the community, guided the process of public consultations.

The Arts for the Blues model was originally designed to address the needs of users of primary mental health services and specifically NHS Talking Therapies services (or what until recently was known as Improving Access to Psychological Therapies [IAPT] services). We wanted to tackle depression in deprived communities and address health inequalities inherent in mental health services delivered in deprived parts of the country. We began in a primary care healthcare setting in inner city Manchester (Karkou et al., 2022) and since then, we have piloted the work with adults in local mental health charities and with children and parents in school settings in the North West (Aithal et al., 2021; Moula et al., 2020), in community settings (Parsons et al., 2022), in mental health charities (Omylinska-Thurston et al., in preparation) and cultural organisations (Thurston et al., 2022) with promising results. These findings resonate with Cochrane Reviews in the field (Aalbers et al., 2017; Meekums et al., 2015) and other systematic reviews (Karkou et al., 2019) indicating that when the arts are added to standard care with a clear therapeutic framing it is more effective than standard care alone in reducing levels of depression.

Scope

“arts are important,
not a luxury extra

(Frontline artist, in-person training day 1)

Our recommendations relate to place-based arts initiatives that support mental health and wellbeing that:

- 1** Have a particular starting point in a service, organisation, community or neighbourhood, i.e., in a particular ‘place’,
- 2** Have an explicit aim to improve the mental health and wellbeing of those engaged in the initiative.

Arts projects that do not have as their primary aim to improve the mental health and wellbeing of participants are not part of the scope of these recommendations. Outside the scope of this document are arts-making practices in their own right or attending exhibitions, concerts or the theatre as a leisure activity. Also excluded are arts projects designed to meet short-term needs at specific times and in specific places.”

Examples of arts initiatives for which these recommendations may be relevant are:

- arts and health projects that target mental health and/or wellbeing outcomes facilitated by artists
- therapeutic arts delivered by therapists
- any form of arts therapies delivered by qualified arts therapists

Audience



Credits: Public engagement event, Edge Hill University

These recommendations can be used when individuals and organisations, such as those listed here, want to scale up place-based arts initiative that support mental health and wellbeing:

- Artists, therapists and arts therapists
- Training programmes and professional associations
- Arts and cultural organisations
- Mental health or other types of charities
- Healthcare services

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

Our research suggests that some of the key challenges in scaling up place-based arts initiatives that support mental health and wellbeing relate to:

• Policy priorities

Narrow policy priorities do not allow willing organisations and individuals to allocate time to new interventions. For example, one of our stakeholders argued that:

“The current sort of policy situation is very focused on those core bits and my gut instinct is that this will be seen as a nice thing to do rather than an essential to do, and therefore introducing it [at] this time would be challenging.”

(3.COUNCIL.A - Manager)

However, shifts in perceptions relating to the role of the arts towards personalised care, user choice and holistic approaches to care are now gradually entering government policies (NHS, 2023).

• Lack of funding

There is a general concern about funding and the limited resources available in the health and community sectors. Interestingly, some of our stakeholders argue that this might not always be the case:

“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 offer new services

The hierarchical structures of many organisations, healthcare settings in particular, often create systematic disempowerment that doesn't allow for people to make decisions on what they think is a useful intervention for their clients:

“There's a reticence to own decision making ...”

(1.SOCIAL PRESCRIBER.A - Manager)

This can be experienced as a barrier to offering the best services possible as indicated by the social prescriber in this example. Shifts in attitudes including changes in power dynamics may be needed here.

• Management of risk

Concerns about service users' risk of harming themselves or others are also named by our stakeholders as barriers to engagement with new place-based arts initiatives, especially in deprived areas with high levels of poverty and crime. The same social prescriber as above suggests that managing risk might be a better way forward:

“I think risk is something we use to make decisions on rather than [considering] how we manage it”.

(1.SOCIAL PRESCRIBER.A - Manager)

• Professional bias

The danger of practitioners with specific expertise offering a biased view of what may be the outcomes of their work has also been named as a challenge:

“sometimes when new therapies are introduced or even the existing therapies, my experience is it can be a problem being too evangelical”

(3.NHS.A –Manager).

Working in interdisciplinary teams may be a way to address this challenge.

• Research evidence

Providing robust evidence has the capacity to enable decision-making processes:

“In terms of kind of scaling up and implementation for new interventions, which aren't fully evidence based and were commissioned for, our hands are tied” (2.NHS.B - Manager).

“Personal testimony is very compelling but when it comes to commissioning services, unfortunately they do want to see those numbers and I think that could potentially be a barrier to scaling this up.”

(1.NHS.A – Research)

• Nature of the arts

A common belief in the field is that the arts are resistant to research:

“it always has to be measured. And sometimes some things just can't be measured.”

(3.ARTS.B – Practitioner)

Engaging with high quality research, both qualitative and quantitative, is possible in the arts and important for moving in the right direction.

“I think of the use of the arts as a level playing field in which to engage people where they are at and take them on a journey; it makes it more accessible.

(1.SP.A- Manager)

Our theoretical assumptions

In our study, we set out to discover whether our four theoretical assumptions were grounded in people's experience. These assumptions were influenced by the nine steps for scaling-up projects from WHO (2010) and our own experience of arts projects that target therapeutic outcomes. We needed to find out if these assumptions were meaningful for frontline workers as well as those in decision-making positions, people well-represented amongst our stakeholders.

Our first theoretical assumption related primarily to project level considerations:

If a complex arts-based intervention is simplified for initial use by practitioners with different or less experience, this will improve the spread and adoption of the innovation in the healthcare and cultural sectors.

Our second theoretical assumption related mainly to the organisational level:

Understanding the value of an innovation will support its adoption at a local level.

Our third theoretical assumption was closely linked with policy level concerns:

If the innovation responds to current calls for reform, it has greater opportunity to become a useful addition to regular provision, reaching a wide user base and advancing its horizontal and vertical scalability.

Our last theoretical assumption related to vertical and horizontal scalability:

Engaging in vertical and horizontal activities can allow an innovation to gain influence, reach a wide user base and advance its chances for adoption.

Project level



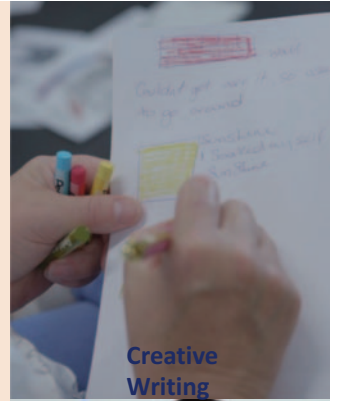
Visual Art



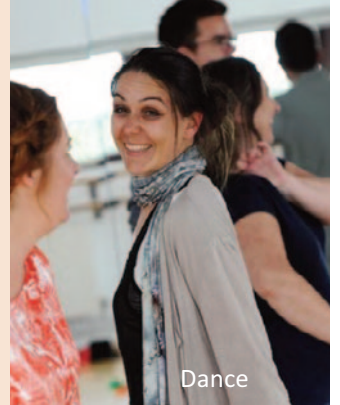
Music

Theoretical assumption:

If a complex intervention is simplified for initial use by practitioners with different or less experience, this will improve the spread and adoption of the innovation in the healthcare and cultural sectors.



Creative Writing



Dance

What we did

In response to the need to offer choice in local mental health services, we developed the Arts for the Blues model, a creative group psychological intervention that articulated safe ways in which to engage with the arts.

We had extensive engagement with lived experience experts, professional experts and results from empirical research to explore whether this model of work could be appropriate:

Lived experience voice

"It's a very good model because it doesn't use language, it's mark making [...] that is being used that allow us to express ourselves" (1.PPI.A)

"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)

- Not only for people with depression but also for other groups and individuals.
- Not only to be facilitated by arts therapists but also by artists and talking therapists.
- Not only to be supported by professionals but to also be used by individuals for self-care.

Our offer expanded to include:

- Creative activities for individuals and groups for self-care.
- Creative group workshops for improvement of wellbeing and quality of life.
- Creative therapy for reduction of depression and anxiety.

Key findings

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

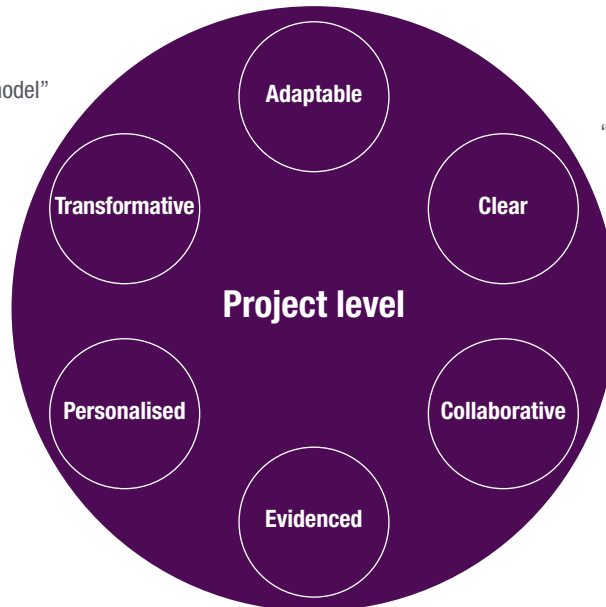
Project level

“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.COJ.A – Manager)

Recommendations

Our extensive public engagement, consultation and research enabled us to recommend the following. 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

Our strategic commitment:

We are committed to working collaboratively with individuals and organisations to enhance current delivery of place-based arts initiatives, supporting them to become **ACCEPTed**.

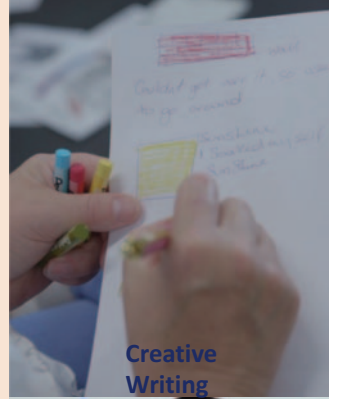
Organisational level



Visual Art

Theoretical assumption:

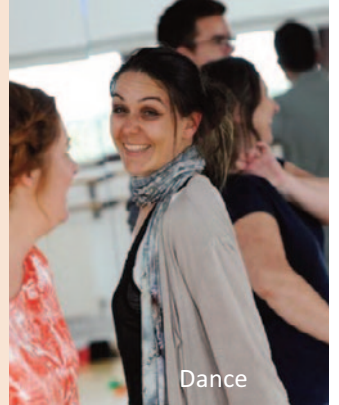
Understanding the value of an innovation will support its adoption at a local level.



Creative Writing



Music



Dance

What we did

We offered training on the Arts for the Blues model over two days that included the key ingredients of the model and group phases to:

- mixed groups of artists, therapists and arts therapists.
- practitioners working in diverse work environments such as healthcare settings, schools, charities, cultural organisations and other community settings.
- recent graduates and students in arts, health and therapy subjects.

Following our two day in-person training, and due to extensive demand, we offered additional online training that reached people further afield.

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.

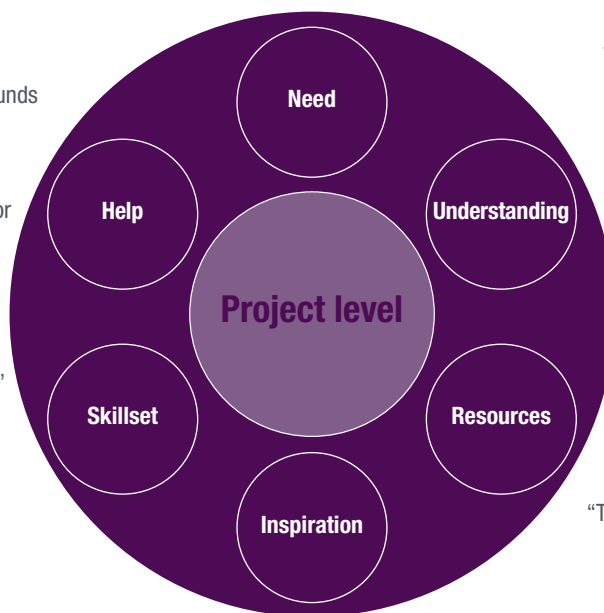
Organisational level

"[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

Feedback from participants in the training and the stakeholder events allowed us to make the following recommendations at an organisational level.

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

Our strategic commitment:

We are committed to working closely with organisations providing health and social care to **NoURISH** good practice in place-based arts initiatives that support mental health and wellbeing.

Policy level



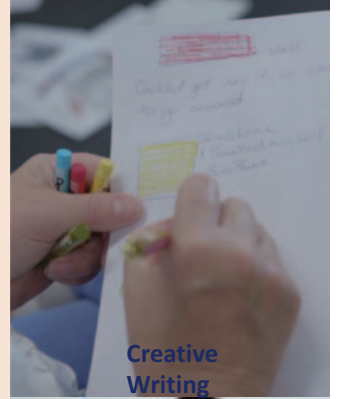
Visual Art



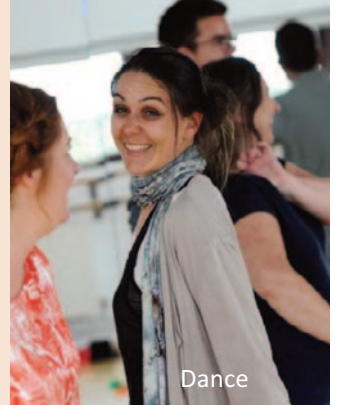
Music

Theoretical assumption:

If the innovation responds to current calls for reform, it has greater opportunity to become a useful addition to regular provision.



Creative Writing



Dance

What we did

In exploring ways in which Arts for the Blues projects could fit current practice, we engaged with organisational policies in different settings.

In particular, we:

- Considered how the model could be included as an additional option in NHS Talking Therapies and NHS-led community services.
- Identified gaps in provision, argued that the Arts for the Blues can address waiting times, and offered modified versions as activities for self-care and as workshops for the wellbeing of staff.
- Adapted the work to institutional standards, changing the length and number of sessions and adding relevant outcome measures.
- Developed artistic performances that contributed towards building public awareness of the role of arts in improving mental health and wellbeing.
- Connected with important regional and national cultural and health developments such as the National Centre for Creative Health, the National Academy for Social Prescribing, and the Culture, Health and Wellbeing network.
- Contributed to relevant consultations, guidelines and governmental briefings including the NICE guidelines for depression, the government's inquiry in relation to prevention in health and social care, briefings and reports to WHO.

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)

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.”

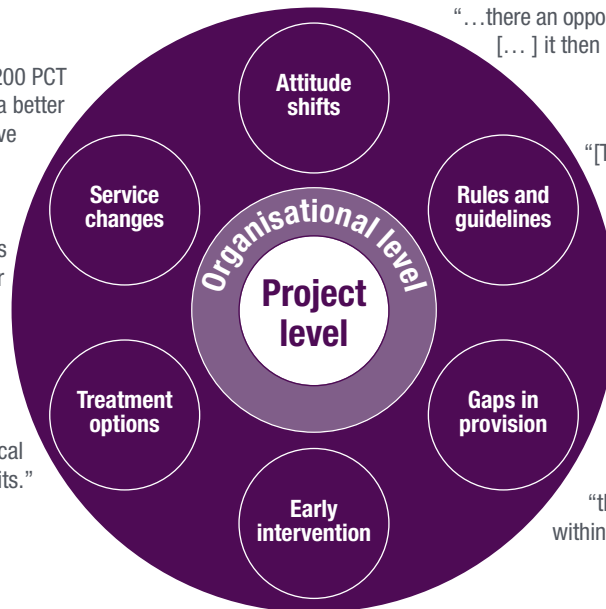
(1.NHS.C – Manager)

“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.SPA - Manager)

Recommendations

Our research supported us to make the following recommendations.

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

- **Attitude** shifts in 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
Rules and guidelines
Gaps in provision
Early intervention options
Treatment options
Service changes

= tARGETS

Our strategic commitment:

We are committed to 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.

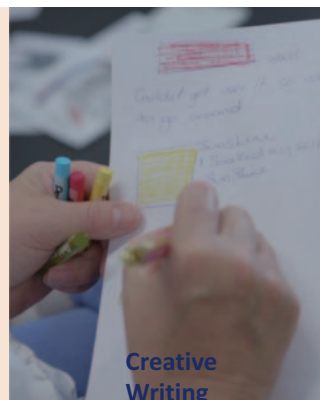
Vertical and horizontal scalability



Visual Art

Theoretical assumption:

Engaging in vertical and horizontal activities can allow an innovation to gain influence, reach a wide user base and advance its chances for adoption.



Creative Writing



Music



Dance

What we did

In our project, vertical and horizontal scaling up involved:

- Working with people (service users and staff) attending cultural organisations, healthcare settings, schools, charities and other community contexts.
- Talking to local authority leads, directors of national centres, professional associations.
- Preparing feasibility studies with minority groups in the UK and in countries such as Czechia, the Baltic countries, Israel, Pakistan, Malaysia and Colombia.
- Engaging leads of international initiatives on arts for social justice, arts and health and arts therapies, e.g., UNESCO ambassador on Arts for Peace, the WHO leads on arts and health and the International Creative Arts Therapies Research Alliance.

Lived experience voice

“I am passionate, seriously, seriously passionate about this model and the people and the whole concept of the programme. And I said, I’ll do anything to support it. I’ll go stand on that roof. [Inaudible] I’m scared of heights, you know, I want to do what I can, because it helped me so much” (2.PPI.A)

Key findings

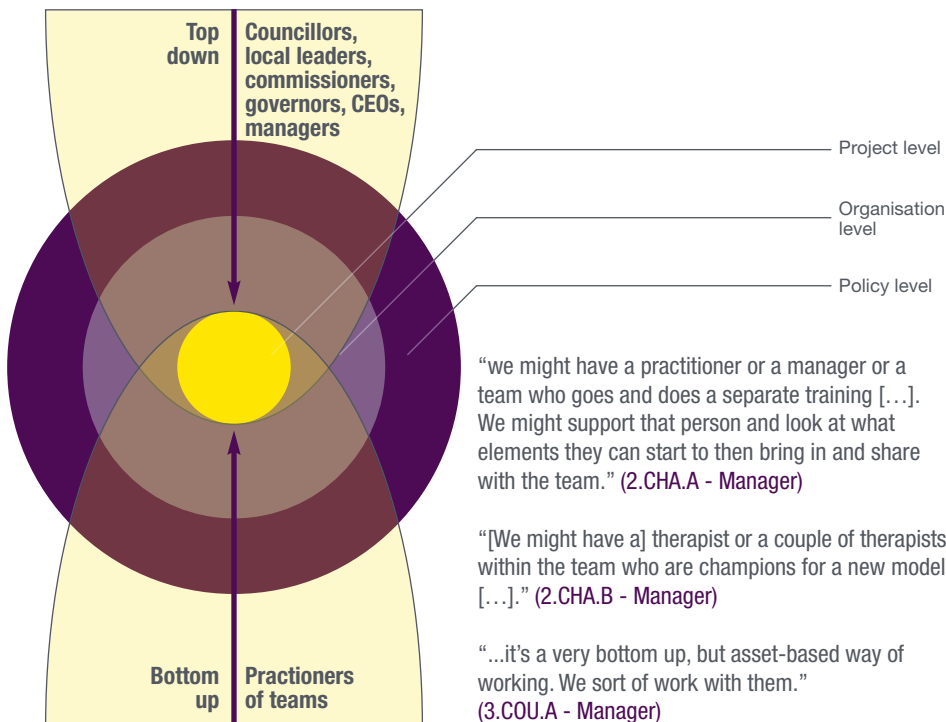
Our findings suggested that both an asset-based (or bottom up) as well as a top-down approach are needed, supporting vertical scalability.

Vertical scalability

“[A] way that things get introduced into our organization is where it’s a political decision by our county councillors.”
(3.COU.A - Manager)

“We have to go through quite a kind of governance process now. [...] if it’s a pilot [it needs to be] approved by the governance structures.”
(3.NHS.C - Manager)

“[We are] a relatively small organization where we have a CEO and three managers. So, it’s fantastic. We make a decision and then we implement it.”
(1.CLI.A - Manager)



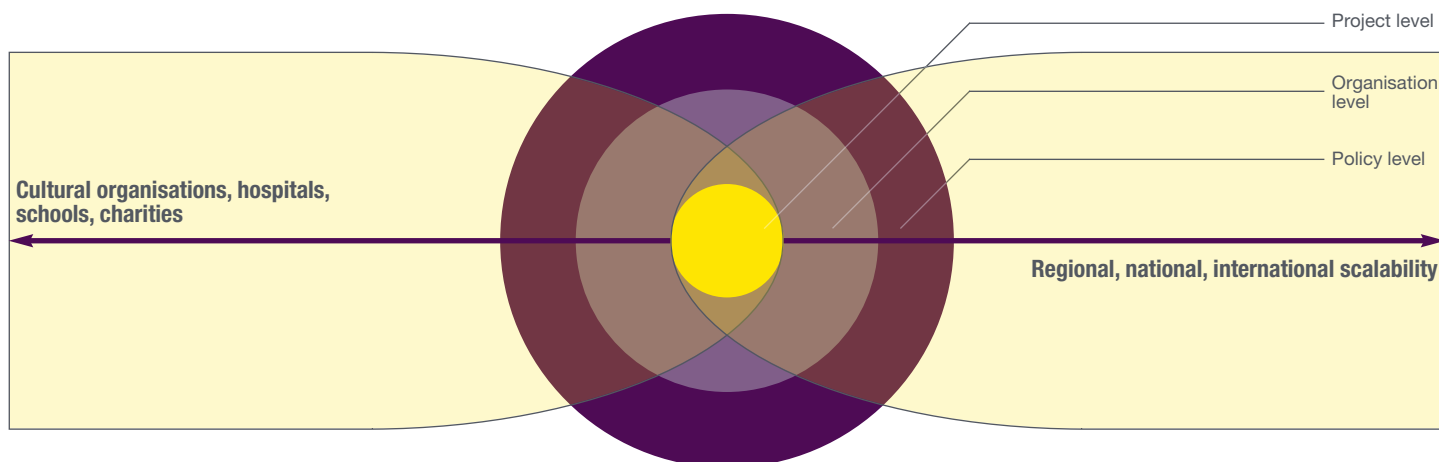
“we might have a practitioner or a manager or a team who goes and does a separate training [...]. We might support that person and look at what elements they can start to then bring in and share with the team.” (2.CHA.A - Manager)

“[We might have a] therapist or a couple of therapists within the team who are champions for a new model [...]” (2.CHA.B - Manager)

“...it’s a very bottom up, but asset-based way of working. We sort of work with them.”
(3.COU.A - Manager)

Horizontal scalability was also present in the findings from our research.

Horizontal scalability



“if the aspiration is to have [arts initiatives] across a larger geography, then it takes time in terms of both the practicalities of implementation, but also the process of approval”.
(1.SPA - Manager)

“if we were to do it as a pilot, first one I think most people would meet the criteria to come for this sort of therapy.”
(1.NHS.B – Manager)

“it’s probably more accessible to people from [...] a south western community, black communities, rather than it being therapy for white people and nobody else”
(1.NHS.B – Manager)

“...building [shared evidence] across a number of different projects nationally and internationally”
(4.ARTS.A - Manager)

Recommendations

For a place-based arts initiative that supports mental health and wellbeing to be scaled up vertically, it is important that:

- Individuals and teams act as champions to encourage a bottom-up approach.
- Managers of services and Chief Executive Officers of organisations, local councillors, local leaders with pastoral roles, commissioners in the new Integrated Care Boards, Health governors, Members of Parliament with health or culture portfolios need to be onboard to support a top-down approach.

For a place-based arts initiative that supports mental health and wellbeing to be scaled up horizontally, it is important that:

- The intervention is implemented in different settings, regionally, nationally and internationally.

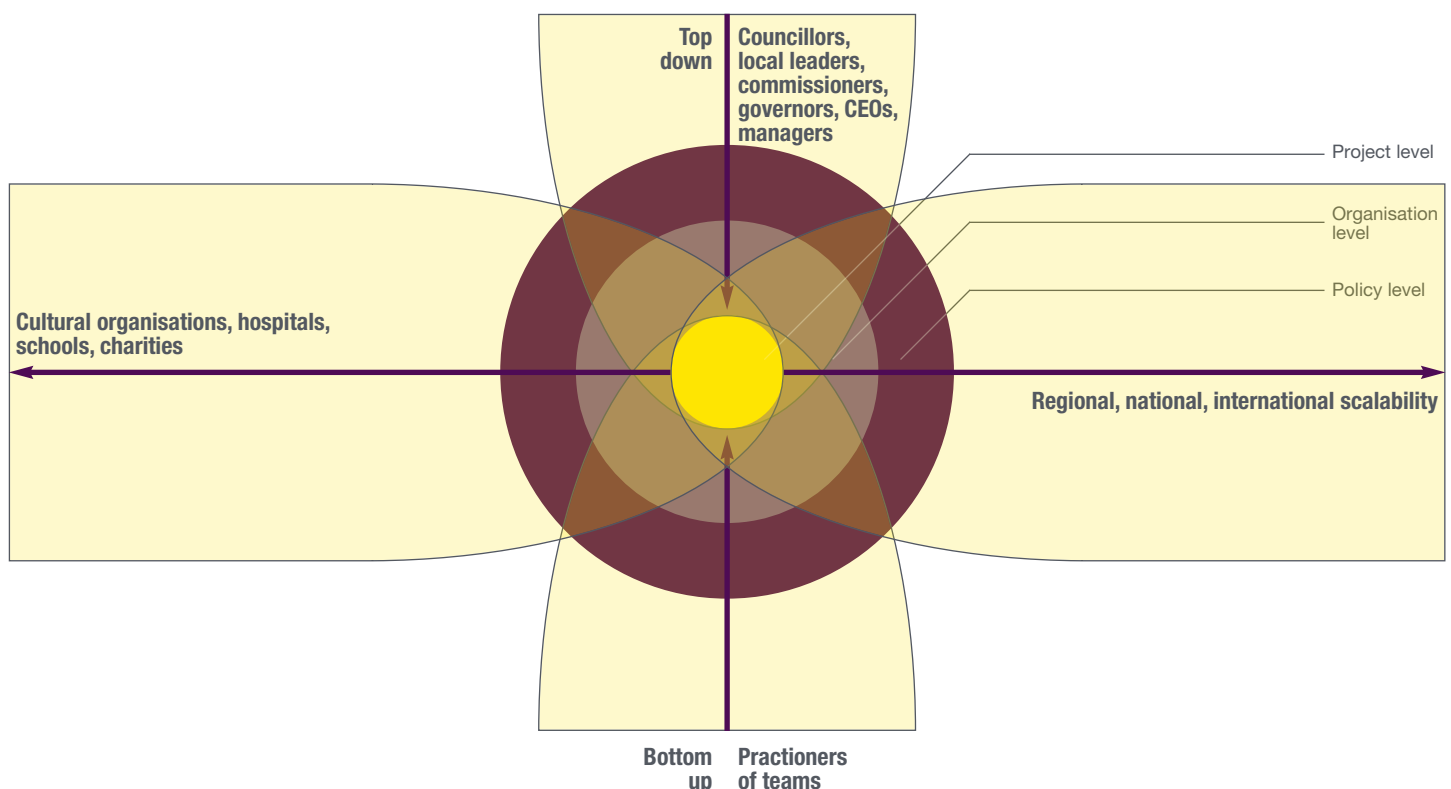
We are committed to working closely with lived experience experts, frontline staff and local leads and encouraging shared learning across sectors and regions.

Our strategic commitment:

We are committed to working closely with lived experience experts, frontline staff and local leads and encouraging shared learning across sectors and regions.

The whole picture

The chances of scaling up a place-based arts initiative that supports mental health and wellbeing will be increased if the whole set of recommendations is considered including project, organisational and policy levels as well as vertical and horizontal activities.



How can we move forward?

In summary, in order to be successful in scaling up arts initiatives that support mental health and wellbeing, we believe the following need to be considered:

- their fitness for purpose (project level),
- their organisational context (organisational level),
- their capacity to influence and be influenced by the wider policy context (policy level),
- their potential for engaging in vertical and horizontal activities.



Project level

For a place-based arts initiative that supports mental health and wellbeing to be scaled up it needs to be:

Adaptable, **C**lear, **C**ollaborative, **E**vidence-based, **P**ersonalised and **T**ransformative = **ACCEPT**

Organisational level

The organisation can be more ready to integrate a place-based arts initiative that supports mental health and wellbeing, if there is:

Need, **U**nderstanding, **R**esources, **I**nspiration, **S**killset and **H**elp = **NoURISH**

Policy level

A place-based arts initiative that supports mental health and wellbeing can benefit wider populations if it considers:

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

Vertical scalability

For vertical scalability, it is important that:

- Individuals and teams act as champions to encourage a bottom-up approach.
- Local and/or national leads are onboard to support a top-down approach.

Horizontal scalability

For horizontal scalability, it is important that:

- The intervention is implemented with different groups and/or in different settings, gaining geographical spread.

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Dr Paul Wallis, Director of Psychological Services for CAMHS - Central Manchester NHS Foundation Trust.

“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)

Appendix A

The study

Our recommendations for developing a scaling up strategy were underpinned by engaging in scaling up activities regarding the Arts for the Blues project in the North West of England and beyond.

Research Question:

During the study, we wanted to answer the following research question:

How can the Arts for the Blues intervention be scaled up for integration within healthcare and cultural organisations to tackle depression and improve wellbeing in communities across the North West of England?

Methodology and results:

To answer this research question, a 'realist evaluation' (Pawson & Tilley, 1997) was adopted. Realist evaluation drove the development of a programme theory describing how our intervention could be scaled up and under which circumstances, as well as where the potential challenges may be. In realist evaluation language this involved articulating and evaluating configurations of 'contexts' and 'mechanisms'. In our study we considered contexts in the form of 'project', 'organisational' and 'policy' levels and associated mechanisms summarised through ACCEPT (project level), NoURISH (organisational level) and TARGETS (policy level).

Contributions:

The strategy was based on extensive involvement of lived experience experts (5 members who attended an Arts for the Blues group), stakeholders (43 mostly managers of psychological services, cultural organisations, community organisations and local authority representatives) and frontline staff (182 mostly practitioners in therapy, the arts and arts therapies) through in-person and online events and consultation meetings that took place from 2022 to 2023.

This report is based on the project: Arts for the Blues: Towards integrating the use of the arts in healthcare and cultural settings to tackle depression and improve wellbeing in the North West that was funded by the AHRC/UKRI as part of their Mobilising Community Assets to Tackle Health Inequalities research programme (Award No: AH/W007983/1; PI: Karkou).

Contact

If you want to discuss how you can use this set of recommendations and/or you want to develop your own strategy of scaling up place-based arts initiatives, contact:

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