



Art Psychotherapy in the community. Addressing health inequalities through Social Prescribing - an Asset Based Community Development (ABCD) approach

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Description

The Art Room @ is an art psychotherapy practice run by the third sector charity LS14 Trust. It is designed to support people within their community addressing the impact their lived experiences brings to bare on their mental and physical wellbeing. Working in partnership with local community members, and strategic partners to form a range of locally driven initiatives including creative arts in health projects, addressing the wider determinants of health inequalities. Combining the Social Prescribing model and Asset Based Community Development (ABCD) approach as part of this psychotherapeutic intervention, supports clients to bring about sustainable behavioural change in addressing health inequalities for themselves and the local area.

Context

The Art Room @ is situated in the Killingbeck and Seacroft ward in Leeds.

The health profile (2019) for this ward indicates it has a GP registered population of 27,175 and ranked the fourth most deprived area in Leeds. GP recorded conditions for 2019 indicates a significant number of the local population have a diagnosis of obesity, COPD, diabetes, as well as both common and severe mental health conditions (Observatory Leeds, 2019) such as depression, anxiety, psychosis, personality disorders and trauma, including managing and maintaining physical wellbeing of diagnosed conditions.

The Art Room @ is a free service providing local and accessible psychotherapeutic support to adults aged 18+ living in Leeds who experience high levels of health inequalities. This service offers a 12 week course of group or 1-1 sessions for clients to explore, come to terms with, draw conclusions from and learn to find new ways of coping with their mental and physical health and overall wellbeing.

Art psychotherapy uses art materials as its focus for expression and communication, enabling individuals to use art to creatively express themselves. Art therapy is a part of therapy in many psychiatric conditions. Art psychotherapists are registered with the Health Care and Professional

Council (HCPC) and are one of the 14 Allied Health Professionals who provide a range of services in connection with healthcare both in the NHS and community settings.

Method

The Art Room @ adopts an Asset Based Community (ABCD) approach to community development (Nesta, 2020). Initially the service was set up as a pilot project in 2015 delivered by a trainee Art Psychotherapist who was also an LS14 Trust volunteer, funded by the local Council Housing Advisory Panel (HAP). The success of the service has grown year on year and is now contracted by Leeds City Council through Live Well Leeds (LWL) to deliver this programme over a 5-year contract ending in 2023.

The referral process is predominantly based on social prescribing from a range of different pathways, i.e. GP social prescribers, LWL, statutory and third sector, personal recommendations from community members and self-referrals. Social prescribing aims to holistically address the needs of an individual enabling them to take greater control of their own health.



GPs and other health care professionals can refer people to a range of local, non-clinical services.

Figure from: Public Health England (2018). *Health matters: community-centred approaches for health and wellbeing*

In excess of 50 referrals are received in any one year and approximately 40 clients a year engage in the programme. Average attendance is approximately 74% over the course of a 12-week programme. The project currently employs one art psychotherapist for 3 days per week.

The service is based in a community building with a café space offering a range of engagement opportunities in creative arts in health activities, community development, volunteering, training programmes, access to digital inclusion and agencies addressing social and economic need. People receive support holistically and seamlessly across their life course, enabling therapy to become an inclusive option for all at any point during their lives.

Evidence suggests that psychosocial pathways are integral to health inequalities and as such should be the focus of consideration in contributing to the reduction of inequalities, including addressing

social determinants of health, early intervention, and developing a comprehensive pathway across the life course as a whole (Public Health England, 2017).

The symbiotic relationship between art therapy and arts in health programmes, in particular, and social prescribing, allows people to engage in community life, balance access to support services when needed and take part in social activities for enjoyment and pleasure. Social prescribing allows a two-way flow both in and out of the therapy, allowing clients to go beyond the therapy space and continue to further develop behavioural change.

Outcomes

To date a range of improvements have been recorded ranging from:

- Maintaining work life balance,
- Strengthening family relationships and widening social networks,
- A reduction in: substance dependency, prescribed medication, self-harm, suicidal thoughts and ideations, social isolation,
- An increase in: volunteering and employment, engagement in wellbeing activities, referrals to financial support services such as housing and councillor surgeries, engagement in further education opportunities.

Star Recovery is the evaluation tool and uses point score differences as a measurement of outcomes. By far the most effective illustrative evaluation, in this services experience, is personal client narratives. Greenhalgh (2016) cites narrative as “an essential tool for reporting and illuminating the cultural contexts of health” and “used appropriately, stories can complement more conventional forms of research.”

One such client, Andrea (pseudonym) 57 years old. From attending art therapy in 2015, referred through GP social prescribing experienced stress, anxiety and an underlying undiagnosed stomach complaint. Andrea was referred through her local GP social prescriber. At the end of therapy she recorded a point score increase of 3 in confidence and self-esteem, 2 in relationships, 5 in area of work. Andrea progressed from art therapy to volunteering, further education and training, has become self employed as a community aromatherapist, no longer requires medication and no longer under a hospital consultant. Andrea says her journey to recovery began in taking part in art therapy which offered opportunities beyond the therapy room in the same place, illustrating that “Community-centred ways of working are important for all aspects of public health, including health improvement, health protection and healthcare public health” (Public Health England, 2018).

Key learning points

The LS14 Trust became the host organisation for the Ward Covid Response Hub during 2020/21. The community, through the collaboration of all organisations involved, is beginning to see positive effects of this way of working.

Overtime it would be beneficial to scale-up a whole-system community-centred approach, a ‘challenge’ cited by Public Health, that many localities face (Public Health England 2018). There is the potential to develop a ward-wide wellbeing engagement strategy developed at local level encompassing a variety of support services and engagement activities including a range of therapy services, including all arts therapies modalities, such as drama, music, art, dance and movement, including environmental and talking therapies. Aiming to embed a model of therapies working

alongside arts in health and socio-economic support and health care services, developed by and with community members.

It is clear the Art Room service addresses, to some degree, health inequalities and the public health model. A healthy number of referrals continue to be maintained through social prescribing. Approximately three quarters of those referred go on to receive a programme of support during therapy. Beyond therapy a number of clients continue to benefit as they are referred to additional services or engagement opportunities.

There are gaps in referrals that would benefit from collaborative working with other AHPs and health professionals both at local PCN and Trust levels. Referrals from Occupational Therapists, Community Mental Health Teams (CMHT), Community nurses, Therapeutic Nursing Team, Dieticians, Paramedics as examples. The aim would be to co-ordinate and design art therapy groups that encompass a psychoeducational approach, developing patient understanding of their conditions, build confidence and autonomy to elicit behavioural change. Working with groups recently diagnosed with an illness, experiencing chronic pain, recovering from surgery, living with mental health, people in the ECV category and improving better health outcomes, reducing dependency on services for non-clinical conditions as examples.

Return on investment (ROI) has not yet been undertaken. It can be seen that aspects of ROI are present. This would be an area of focus service development, strengthening future commissioning opportunities. The infographic below demonstrates the impact of the Arts on social and health determinants in addressing health in equalities.

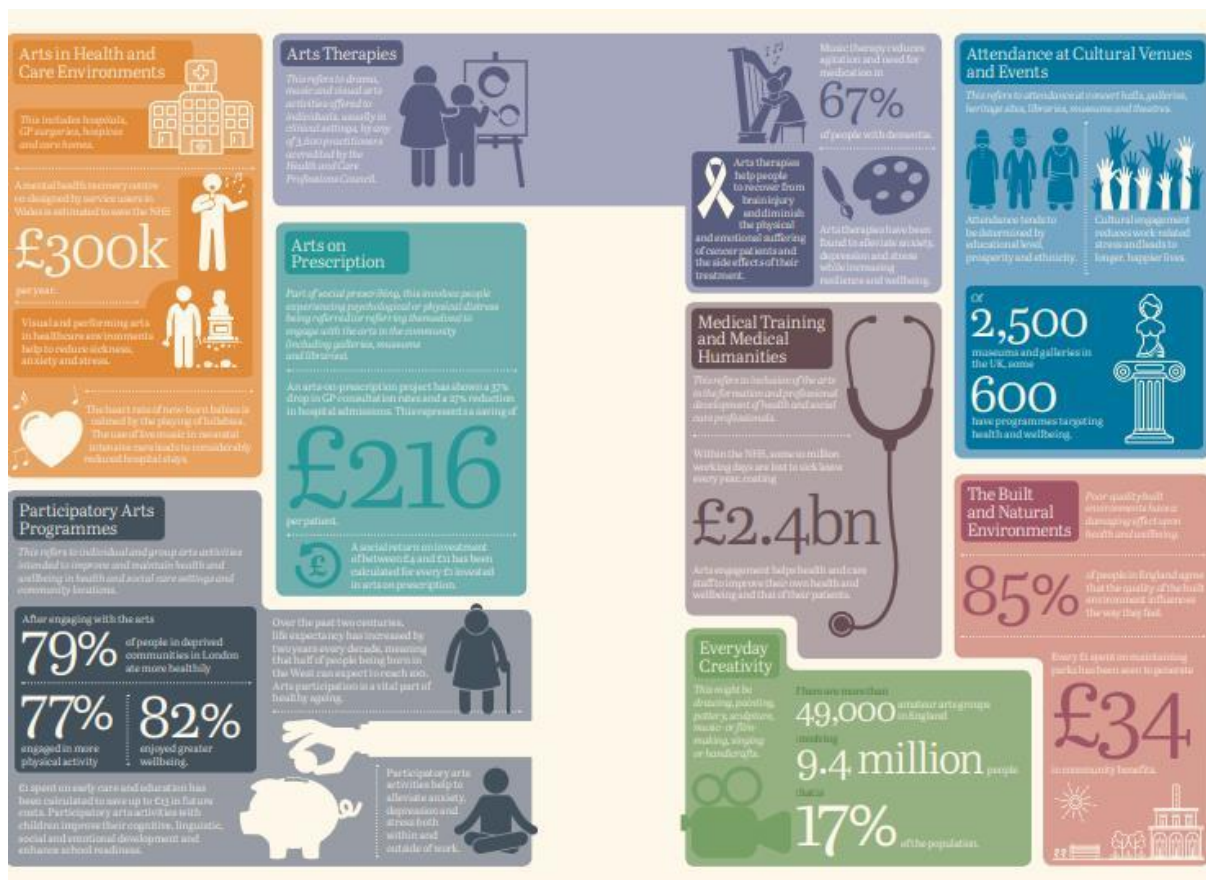


Figure from: culturehealthandwellbeing.org.uk. (2014) *All-Party Parliamentary Group on Arts, Health and Wellbeing*

An expansion of the service with more practitioners across all modalities of therapy would provide diversity enabling people to engage in therapy suited to their needs, addressing the NHS Long Term plan to personalise recovery pathways that bring about personal and community growth by holistic, systemic change in addressing health inequalities.

Longitudinal research would be beneficial to explore sustainability of behavioural changes made in the art therapy programme. Working with clients over a timeframe between 12 weeks to five years, using robust arts therapy based evaluation and research. Demonstrating how art therapy can contribute to addressing health inequalities through a community-based approach is, I suggest, the way forward.

References

Culturehealthandwellbeing.org.uk. (2014). *All-Party Parliamentary Group on Arts, Health and Wellbeing*. [online] Available at: <https://www.culturehealthandwellbeing.org.uk/appg-inquiry/>.

Greenhalgh, T (2016). Cultural contexts of health: the use of narrative research in the health sector. [online] Available at: <https://apps.who.int/iris/handle/10665/326310>

Health profile overview for Killingbeck and Seacroft ward. (n.d.). [online] Available at: <https://observatory.leeds.gov.uk/wp-content/uploads/2019/04/Killingbeck-and-Seacroft-Ward-April-2019.pdf>.

Nesta. (n.d.). *Asset-Based Community Development for Local Authorities*. [online] Available at: <https://www.nesta.org.uk/report/asset-based-community-development-local-authorities/>.

Public Health England (2017). *Psychosocial pathways and health outcomes*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/psychosocial-pathways-and-health-outcomes>.

Public Health England (2018). *Health matters: community-centred approaches for health and wellbeing*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/health-matters-health-and-wellbeing-community-centred-approaches/health-matters-community-centred-approaches-for-health-and-wellbeing>.