Participatory arts: an antidote to COVID-19?

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Participatory Arts: an antidote to COVID19?

Introduction

As rates of acute COVID19 settle; mild cases of COVID19, post-COVID19 symptoms, and the health consequences of the social impacts of lockdown come to the fore. A recent report by The RCGP (Royal College of General Practitioners, 2020) states they are expecting an influx of patients with “long COVID19” presenting to primary care with both physical and psychological symptoms. The report emphasised the importance of expanding the multidisciplinary workforce in primary care and developing new resources to support patients towards self-care.

One such method is the growing field of social prescribing, a strategy for promoting patient wellbeing; which can also help alleviate increasing burden on medical professionals. Link Workers are key members of Primary Care Networks and during the pandemic, they have continued to check in with vulnerable members of the community and support their wellbeing by connecting them to appropriate community services. (Sekeram, 2020)

An important arm of social prescribing is Arts on Prescription. This approach has been used for nearly 20 years and seeks to make participatory arts free and accessible to those who are most likely to benefit. (Fancourt and Finn, 2019) A common format of this approach is arts workshops run by a trained facilitator. Arts is a broad term used to describe any creative pursuit, and workshops can range from singing to painting or from writing to photography. Participation in arts on prescription schemes leads to a 37% less demand for GP appointments (All-Party Parliamentary Group and on Arts Health Wellbeing, 2017), alleviating GP workloads during this difficult time.

A distinction is to be made between formal art therapy and arts for general health programmes. Art therapy is facilitated by counsellors and psychotherapists trained to use art as a medium to help patients with specific mental or physical health needs. The aim of arts for health programmes is more holistic. Patients may be referred for any or a combination of social, physical or mental health needs. If delivered in the form of a workshop, the groups will have mixed needs, and the facilitator will not know why individuals have been referred. The focus is on delivering creative experience and, through that, enhance overall wellbeing.

Long-term COVID19

Since a pandemic was declared by the World Health Organisation in March 2020, the burden of long COVID19 is increasingly evident. These patients do not fully recover for weeks or months after first developing symptoms. The most common symptom is profound fatigue, but symptoms can be wide ranging, including breathlessness and muscle aches. (Carfi et al., 2020) Patients may also
experience exertional symptoms, especially on exercising, even among those with a high level of fitness pre infection.

Evidence that participatory arts not only promote psychological wellbeing but help physical symptoms suggests that they could be key in supporting patients with long COVID19. Singing lessons taken by patients with respiratory disease have been used as an effective adjuvant treatment leading to improved breathing technique and expiratory pressure, in addition to experiencing improved mood (Goldenberg, 2018). Music therapy has been shown to improve fatigue in cancer patients (Bradt et al., 2016). Other activities, such as knitting can mitigate the pain associated with chronic conditions and dancing can improve exercise tolerance and chronic pain (Fancourt and Finn, 2019). In addition to improving physical and psychological symptoms, the arts have been shown to improve the ability to self-manage health related conditions. (Redmond et al., 2019)

Thus, participatory arts should be advocated as an adjunctive treatment for the chronic illness, including the symptoms of long COVID19. Symptoms such as fatigue and breathlessness cause considerable burden for patients and are often difficult to manage from a medical perspective. The arts offer symptomatic relief and empowers patients with techniques they can continue to use at home.

**Lockdown and Health**

The effects of the pandemic go beyond the direct effects of the virus itself. The UCL COVID19 social study has been exploring the psychological and social effects of lockdown and social distancing. They have found levels of depression, anxiety and feelings of loneliness to be increasing, particularly in certain groups such as those living alone, those living in urban areas and people with a lower household income. People with diagnosed mental illnesses have reported higher levels of symptoms. (UCL, 2020)

These issues are a natural human response to an unusual and uncertain global situation. Social consequences include stress from job insecurity, with 1 in 6 people worried about unemployment and 1 in 3 people about their finances. (UCL, 2020) Given this situation of financial insecurity, it is unsurprising that patients may present to primary care with stress and low mood symptoms. GPs must be cautious of over-medicalising these problems.

Given the social determinants of presentations to GP with stress-related symptoms, social prescribing of arts offers a constructive way forward: a safe environment to learn new skills, boost confidence, and importantly, relax. Arts on prescription has historically been offered to patients with anxiety, depression and loneliness, either as a sole therapy or an adjunct. Individual music therapy
combined with standard care (medication and psychotherapy) has been shown to lead to greater improvements in mood than standard care alone. (All-Party Parliamentary Group and on Arts Health Wellbeing, 2017) Interestingly, previous music ability is not required - a single group drumming session leads to less stress and increased happiness.(All-Party Parliamentary Group and on Arts Health Wellbeing, 2017) Furthermore, drawing and sketching can reduce depressive symptoms, anxiety and PTSD symptoms.(Fancourt and Finn, 2019)

*The Marmot Review: 10 Years On* has shown that socioeconomic inequality has worsened in the past decade, and the gradient of health has widened. The link between the pandemic and socioeconomic inequality is cyclical, with one worsening the other. Arts cannot solve socioeconomic inequality, but they can act as a protective factor. Arts on prescription can lead to ‘soft’ outcomes in patients such as increased confidence and social skills, which in turn facilitates ‘hard, economically valued’ outcomes such as educational achievements and employment. Indeed, some patients have pursued arts qualifications with the intention of facilitating their own arts workshops.(Stickley and Eades, 2013)

The All-Party Parliamentary Group on Arts, Health and Wellbeing examined how engagement with arts and culture can help to mitigate the negative effects of social disadvantage, with participation in the arts having an impact on health as positive as giving up smoking. The chronic distress of socioeconomic disadvantage has epigenetic effects, increasing susceptibility to chronic conditions. However, these social determinants of health are not destiny, they can be modified through social and financial intervention. Environmental changes enrich the mind and as people’s circumstances alter, levels of distress diminish, and epigenetic changes can be reversed. Arts engagement is a form of environmental enrichment, which is then embodied as cortisol levels decrease, and less pain is felt.(All-Party Parliamentary Group and on Arts Health Wellbeing, 2017)

**Arts for Health in a post-COVID19 world**

As lockdown rules repeatedly tighten and loosen, arts for health services, like all services must adapt to remain sustainable. Brighton Health and Wellbeing Centre, an inner-city practice on the south coast is an innovative practice offering NHS medical care, complementary therapies, and participatory arts workshops all under one roof. The arts workshops are run by a charity (Robin Hood Foundation) and offer workshops in narrative writing, drama, dance, group singing, creative coding, photography and visual art.

Since the pandemic, the programme has adapted by moving creative workshops online through video conferencing software, allowing patients to participate from the comfort of their own
home. This has advantages and disadvantages for accessibility, negating need to travel but also requiring computer literacy and fast internet speeds. Charities such as Diversity & Ability have been working with workshop facilitators to help make the sessions as accessible as possible to patients who may have different needs, such as hearing difficulties, but challenges remain to ensure these workshops are fully inclusive. Some socially distanced activities such as photography walks, group-singing and dance can all continue outdoors with social distancing in place. However, the limited group size (and the weather) can restrict accessibility.

Conclusion

The effects of this pandemic are wide ranging and will weigh on the shoulders of primary care for years to come. As advised by the RCGP, GPs require the funding, resources and a strong multidisciplinary team to cope. Hospitals will rightly focus on illness and treatment, but community health care must integrate social interventions into day-to-day clinical practice to focus on a wellness-based model of health. Social prescription represents a key strategy to achieve this.

This approach includes valuing arts engagement. Further research in this area is important, especially for arts for health services to attract funding. It must be recognised that the benefits may be indirect, hard-to-measure and long term. Research, therefore, requires qualitative approaches. A further key area for future research is the role of arts for health in minority groups.

GPs need non-pharmaceutical strategies to support patients who present with social problems and/or chronic symptoms. As part of this holistic, whole-person conception of care, GPs should be encouraging participatory arts - either self-directed by a patient at home or by referring to social prescribing Link Workers. Making this connection and empowering the patient might just be offering patients a lifeline in a year of unpredictability. Arts will not stop the spread of a pandemic and cannot cure COVID19. However, engaging in the arts might just bring connection, hope and deliverance at a time of anxiety and restriction.
Bibliography


UCL (2020) COVID-19 Social Study. Available at: https://www.covidsocialstudy.org/.