

# Improving Access to the Arts for Mental Health

Evidence of barriers and enablers from the MARCH Network



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## How can more people with lived experience of mental illness benefit?



Arts and cultural activities have a vital role to play in supporting mental health and wellbeing. A growing body of scientific literature has demonstrated the influence of the arts in improving mental health, especially among people with lived experience of mental illness<sup>1</sup>. In light of this, arts organisations, policy bodies, individuals, grassroots organisations, healthcare workers and social care professionals are increasingly working to improve mental health within communities and in clinical settings through arts and cultural activities.

However, sometimes the people who could most benefit from arts engagement **are not** those who engage the most. New research shows that people with lived experience of mental illness do not always have equal opportunities to engage and they face unique difficulties. Fortunately, these can be overcome with carefully designed community programmes. This report considers how we can collectively improve access to the arts, drawing on new research and case studies of community practice. It has been developed from research and co-production within the MARCH Mental Health Research Network.

### The MARCH Network

In 2018, [MARCH](#) was founded to connect community groups, clinical centres and arts organisations with researchers to transform mental health research and to support the integration of the arts and broader community activities into health and social care programmes. From 2018-21, MARCH grew to almost two thousand members including researchers, practitioners, policymakers and lived experience experts who have since had local and international influence in the field of Arts in Health. Over its lifespan, MARCH produced dozens of papers and reports on arts and mental health, funded new research, and gathered case studies of best practice.





### **A sample of evidence:**

## Mental health, social factors and arts engagement

By examining data from over 7,000 individuals, MARCH researchers measured the association between happiness levels and how frequently individuals attended cultural events. They found that happiness played an important role in arts engagement. Those with low **levels of happiness were less likely to attend cultural events**, especially popular ones such as live music or the cinema or 'high end' activities such as the opera or ballet<sup>2</sup>.

In another study, MARCH researchers studied why 6,800 individuals engaged infrequently with activities like performing and visual arts, design and crafts, and literature. Among them, **people experiencing loneliness or mental health problems were less motivated to take part** in such activities<sup>3</sup>.

The MARCH team has also found that there is a clear "social gradient" in arts participation. This means individuals from less economically privileged backgrounds are less likely to engage. People from minority ethnic groups are also less likely to take part in the arts<sup>4</sup>. This is a key problem to solve because mental illness is also disproportionately higher amongst both these groups, meaning that **people who could most benefit from the arts for their mental health may be less likely to engage**. However, if arts interventions could be designed to be more accessible to these groups, this could potentially help to **reduce inequalities in population mental health** across the UK.

# Arts engagement amongst people with lived experience of mental illness:

## What are the barriers?

### Individual barriers

MARCH researchers examined data from almost 2,000 individuals with depression or anxiety to see if they experienced greater barriers to arts engagement.

Using the COM-B behaviour change framework they identified common behavioural barriers within this group. Many study participants felt they did not have the capacity (psychologically, physically or socially) to engage. Their mental health difficulties made them feel less capable of arts engagement, less confident about planning activities, or that they knew too little to get involved. Participants also said they faced physical challenges; they thought they lacked the skills, strength, or energy needed for activities. They were also less likely to perceive arts engagement as beneficial or enjoyable and therefore weren't as motivated to engage<sup>2</sup>.

Researchers also interviewed people with mild and moderate mental health problems to explore these findings further. Barriers were again psychological, physical and related to motivation. Lack of confidence in social situations or in one's abilities prevented some people from participating. Some individuals feared that they would be unable to learn new skills or that others would be more skilled than them. If they did not consider themselves creative or if a past experience had suggested they weren't, or if they were fearful of how they would be perceived and would be rejected by a group, people were less motivated to engage. Physical limitations were also preventative, with many participants discussing how chronic illnesses, medication side effects, or other symptoms such as fatigue made it harder for them to take part in the arts<sup>3</sup>.

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*Although the piece of paper can seem like a barrier, it can also become a safe place to hold all of your difficulties and pain.*

Person with lived experience of mental illness



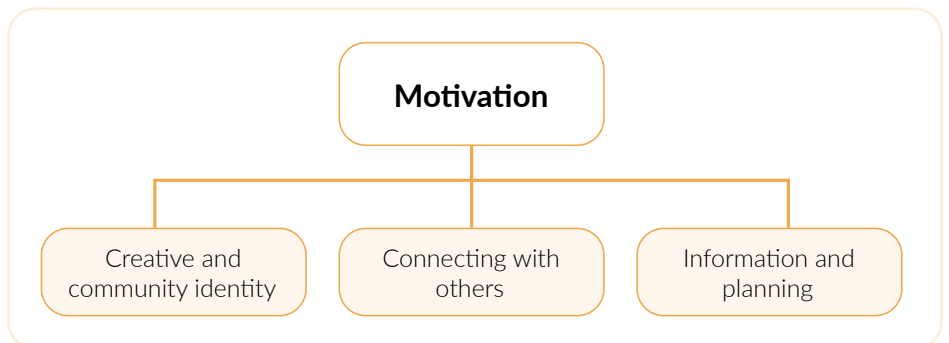
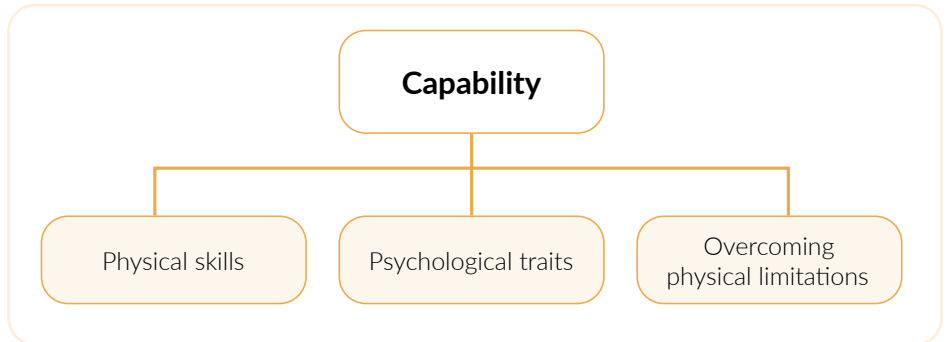
#### COM-B

One of the most influential behaviour change frameworks is the “COM-B” model, which proposes that any behaviour requires three things: capability, opportunity, and motivation. Essentially, individuals need knowledge, skills, supportive social and physical environments, and emotional and objective desires to take part in activities.

There were also structural barriers outside of mental illness that influenced peoples' opportunities to engage. Some people felt they didn't have information about what arts activities were available to them, which was a demotivating factor. In terms of opportunities, affordability was a barrier for most participants and even if activities were free, transport or equipment costs were at times prohibitive. Sometimes even affordable activities weren't accessible and required difficult travel logistics or were offered at times that did not suit people's schedules<sup>3</sup>.

## What are the barriers?

Tinted boxes denote barriers.



### Spotlight on Arts-Mental Health Organisations

MARCH has uncovered an enormous amount of work that focuses on the arts and mental health. Hundreds of arts organisations across the UK are helping people manage mental illness. Visit our [website](#) to see examples of this amazing work and join our MARCH [special interest groups](#).

## Arts-Mental Health Organisations



### Dragon Café

Activities for loneliness, isolation and mental illness.

[www.dragoncafe.co.uk](http://www.dragoncafe.co.uk)

**THE DRAGON CAFÉ**



### Sing Up Foundation

Singing for children and young people.

[www.singupfoundation.org](http://www.singupfoundation.org)

**sing up  
foundation**



### Artlift

For adults living with mental health challenges, chronic pain, or cancer.

[www.artlift.org](http://www.artlift.org)

**Artlift**



### Hoot Creative Arts

Creative activities for adults and young people.

[www.hootcreativearts.co.uk](http://www.hootcreativearts.co.uk)

**hoot**

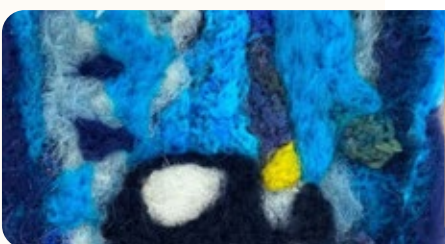


### Move Dance Feel

Helping women affected by cancer.

[www.movedancefeel.com](http://www.movedancefeel.com)

MOVE *Dance* FEEL



### Arts on Prescription

Linking arts groups with health services.

[www.artsonprescription.org](http://www.artsonprescription.org)

**ARTS**  
ON PRESCRIPTION.ORG





“

*Making art helped me to express myself. But outside of hospital, there was a vacuum. I was left to my own devices.*

Person with lived experience of mental illness

## Community barriers

Obstacles aren't just felt by individuals. MARCH researchers launched focus groups with representatives from arts and cultural organisations to learn more about the challenges they face connecting with people with mental illness.

Again, capability factors and opportunities were important. Some arts organisations spoke about feeling concerned that they lacked necessary skills, training and support to work with people who have mental illness and to manage things like statutory responsibilities and GDPR. Staff in some organisations were also worried about the workload of taking on extra responsibilities and being mistaken for mental health organisations rather than arts and cultural groups<sup>4</sup>.

Researchers also learnt through these interviews that opportunity barriers for some arts organisations were considerable. Staff spoke about the challenge of finding opportunities to collaborate meaningfully between the arts sector and health sector or described how some partnerships that had developed were not simply strong enough. Some organisations had experienced situations where they felt underappreciated by health partners or felt their expertise and time were not properly valued. Long-term and reliable funding was also very difficult to find, especially given complicated and confusing commissioning processes for social prescribing<sup>4</sup>.



## Clinical barriers

Fortunately, the NHS has recognised the need to bring non-medical interventions to people with mental illness and has invested in social prescribing. For many people with mental illness, social prescribing is playing a vital role in helping them overcome the barriers they face so that they can connect with community arts organisations and engage in activities.

However, there are still challenges with social prescribing. In primary care, general practitioners (GPs) are often the first port of call for patients seeking help for mental health. However, GPs can face barriers entering into social prescribing schemes and connecting their patients with community groups.

MARCH researchers spoke to GPs across England to learn more about these barriers. Among capability barriers, some GPs reported feeling that they lacked both training in social prescribing and the time to prioritise it or learn more about it. Many also spoke about having little knowledge themselves of local community assets, partly due to community groups often having unsustainable funding that makes their existence precarious. High GP turnover also made it difficult to build relationships with community organisations, and practice infrastructure was often not set up for inviting community groups into clinics or for advertising social prescribing schemes. Although Link Workers often play the role of connecting patients to specific community programmes, many GPs wanted to be more connected with community organisations themselves and described the importance of knowing about such activities to properly explain social prescribing to their patients. In terms of opportunity barriers, some GPs found it difficult to persuade their patients to try social prescribing schemes and to maintain their participation. Finally, while GPs believed anecdotally in the benefits of social prescribing, some felt they lacked formal evidence of its effectiveness in improving mental health and wellbeing<sup>5</sup>.



### Spotlight on Social Prescribing

Social prescribing is the process by which GPs provide patients with holistic care by referring them to community organisations via Link Workers. Social Prescribing is part of the [NHS Long-Term Plan](#), which aims to provide at least 900,000 people with social prescriptions by 2023/24. Link Workers are vital for their role in understanding patients' specific needs and identifying suitable activities within communities.

## What enables people with mental illness to engage in the arts?

Although individuals who have mental illness, community groups and GPs face considerable barriers in taking advantage of the arts to improve mental health, MARCH researchers also identified factors that support arts and cultural engagement. Some of these are summarised in the table below<sup>2-5</sup>.

Enablers of arts engagement			
	Capability factors	Opportunity factors	Motivation factors
<b>Individuals</b>	<ul style="list-style-type: none"> <li>Knowing about different types of artistic activities</li> <li>Feeling more mentally capable of participating</li> <li>Being able to plan when and how to engage</li> <li>Being skilled in an activity</li> <li>Overcoming physical illness or limitations</li> </ul>	<ul style="list-style-type: none"> <li>Attending activities with family and friends</li> <li>Having peer support and encouragement</li> <li>Having access to activities that have a clear purpose, are well-structured, and have specific tasks or processes</li> <li>Knowing more people who engage in arts activities</li> <li>Feeling it is socially acceptable to engage</li> </ul>	<ul style="list-style-type: none"> <li>Having the desire to develop a creative identity</li> <li>Having positive experiences with the activity in childhood</li> <li>Having a belief that the activity could help with recovery or coping with mental illness</li> <li>Experiencing enjoyment and fun from the activity</li> <li>Having a desire to make friends or interact with others</li> </ul>
<b>Community organisations</b>	<ul style="list-style-type: none"> <li>Believing that the activities the organisation offers are effective and novel compared to mainstream mental health interventions</li> <li>Having time to spend with participants to build trust</li> <li>Feeling excited about doing something new and innovative</li> </ul>	<ul style="list-style-type: none"> <li>Having cross-sector collaborations that provide beneficial outcomes for all partners</li> <li>Having training and learning opportunities for staff and partners</li> </ul>	<ul style="list-style-type: none"> <li>Knowing from personal experience the mental health benefits of community participation</li> <li>Having the organisational desire to improve inclusion in activities and to make the arts more accessible</li> <li>Having the desire to help others</li> <li>Having the goal to increase the sustainability of the organisation through more funding and partnerships related to mental health</li> </ul>
<b>General practitioners</b>	<ul style="list-style-type: none"> <li>Having people skills such as perseverance, proactivity, listening abilities and a personalised care approach</li> <li>Being able to build trust with patients</li> <li>Taking a 'whole practice' approach and involving all staff in social prescribing schemes</li> <li>Having a practice with a community-centred atmosphere</li> </ul>	<ul style="list-style-type: none"> <li>Formally collaborating with wider health and care services such as Primary Care Networks and neighbouring GP practices to pool resources and share knowledge</li> </ul>	<ul style="list-style-type: none"> <li>Having an individual ethos or professional culture and philosophy that emphasises the community</li> <li>Having the desire to de-medicalise conditions and believing in the limitations of certain medications</li> <li>Feeling unable to help patients with only the clinical tools available and therefore seeking new options</li> <li>Having fun and rewarding experiences from engaging with community groups</li> <li>Receiving informal evidence and feedback about how well patients responded to social prescribing</li> </ul>

## How can we make the arts more accessible to people with mental health challenges?

Now that we have a better idea of what prevents or enables people with mental illness to take part in arts and cultural activities, we can take action to increase engagement.

This includes designing behavioural **interventions** that respond to the capability, opportunity and motivational factors outlined above<sup>6</sup>. Below are examples of work already being done to address barriers to arts engagement.

Interventions (Adapted from Michie et al.)	Examples of arts-for-mental health interventions	Examples of barriers addressed by the intervention
<b>Communications and Marketing</b>	The annual <a href="#">BEDLAM Arts &amp; Mental Health Festival</a> showcases a variety of art performances focused on mental health and wellbeing.	<p><b>Capability</b> (e.g. increasing awareness amongst individuals who have experienced mental illness about the arts and cultural activities that are available to them)</p> <p><b>Motivation</b> (e.g. providing a safe space where people who have experience of mental illness can engage in the arts without judgement)</p>
<b>Education</b>	London Arts and Health created a <a href="#">Social Prescribing Myth Buster guide</a> for arts and cultural organisations.	<p><b>Capability</b> (e.g. increasing knowledge amongst community organisations about social prescribing and how to implement it)</p> <p><b>Motivation</b> (e.g. providing community organisations with information on funding channels for social prescribing)</p>
<b>Persuasion</b>	<a href="#">64 Million artists</a> launched the January Challenge: a series of daily activities to encourage people to be creative to enhance their wellbeing.	<p><b>Motivation</b> (e.g. promoting enjoyment and fun for people looking for creative activities to improve their wellbeing)</p> <p><b>Opportunity</b> (e.g. providing structured ways for individuals who have mental illness to engage in the arts with others, feel social acceptance, and receive peer support)</p>
<b>Incentivisation</b>	The Royal Society for Public Health has established an <a href="#">Arts &amp; Health Award</a> to recognise organisations that have furthered the contribution of the creative arts to health and wellbeing.	<p><b>Motivation</b> (e.g. creating the potential for reward and recognition for arts organisations involved in promoting mental health)</p>
<b>Training</b>	Every week, <a href="#">Corearts</a> offers more than 80 art, music and multimedia courses for people with experiences of mental illness.	<p><b>Capability</b> (e.g. offering training to help individuals who have mental illness to feel more capable of engaging in an arts activity)</p>
<b>Restriction</b>	The <a href="#">Free Space Project</a> is a charity supporting arts and community initiatives in north London.	<p><b>Opportunity</b> (e.g. increasing opportunities for arts engagement for people with mental health needs by limiting participation in activities to patients registered with two local GP partners.)</p>
<b>Environmental restructuring</b>	The <a href="#">Bromley by Bow Centre</a> works with health centres, community organisations and funders to provide a wide variety of services to patients, including creative arts activities and courses.	<p><b>Motivation</b> (e.g. Embedding GPs in a larger, community-centred initiative that emphasises social factors for promoting health.)</p> <p><b>Opportunity</b> (e.g. situating GP practices close to the Centre so that services are easily accessible to patients.)</p>



Interventions (Adapted from Michie et al.)	Examples of arts-for-mental health interventions	Examples of barriers addressed by the intervention
<b>Modelling</b>	British diver and Olympic gold medallist <a href="#">Tom Daley</a> openly shares his love of knitting for its positive effect on mental health.	<b>Motivation</b> (e.g. Providing individuals with an influential example of how creative activities can improve mental health, thereby creating the belief amongst individuals experiencing mental illness that doing the same may help them.)
<b>Enablement</b>	Tonic Music offers free services, such as their <a href="#">Recovery Through Music</a> programme, to help people recover from mental illness.	<b>Capability</b> (e.g. offering services free-of-charge to remove the financial barriers people with mental illness may face)  <b>Opportunity</b> (e.g. Having organised activities with a clear purpose so that individuals with experiences of mental illness feel guided in a structured environment designed to improve their mental health.)

Source: Michie, S., van Stralen, M.M. & West, R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Sci* 6, 42 (2011). <https://doi.org/10.1186/1748-5908-6-42>



*Arts organisations could hire group facilitators to support people in their creative journeys and build collective community.*

Person with lived experience of mental illness

Overall, greater barriers to engaging with the arts may exist for people with experience of mental illness. Individuals face behavioural barriers related to capability, opportunity and motivation. We also see barriers amongst community arts organisations and in clinical settings. These all make accessing the arts difficult and, given the health and wellbeing benefits of arts engagement, could be worsening mental health inequalities across the UK. However, such challenges can be overcome with well-designed interventions that address the barriers outlined above.

Artists, arts organisations, charities, mental health service representatives, clinicians, and the NHS can play a powerful role in implementing thoughtful programmes that guide people through creative processes to improve their mental health. It will be vital to co-produce these initiatives with people with lived experience of mental illness and to create partnerships across health and arts sectors, especially as evidence continues to grow for the critical influence that arts and cultural activities have in preventing and treating mental illness.

## Learn more



The research summarised in this briefing, as well as policy documents, case studies, and further resources for community groups and health organisations, are provided on the MARCH website. Visit [www.marchlegacy.org](http://www.marchlegacy.org) to learn more. Also visit the [WHO Collaborating Centre for Arts & Health](#), a product of MARCH and the first centre of its kind in the world. Follow at [@ArtsHealthCC](#).

The MARCH Network would like to thank Dr Lorna Collins and Dr Hei Wan Mak for offering valuable insight and advice for this briefing, and we are particularly grateful to UKRI for funding this work.



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