

# **Culture Health and Wellbeing in Rural Scotland**

## **Key Messages**

26<sup>th</sup> March 2019

### **Introduction**

VHS in collaboration with Scottish Rural Health Partnership (SRHP) hosted this event exploring culture, health and wellbeing in rural settings, at the University of Highlands and Islands (UHI) in Inverness. 42 delegates registered from across a wide range of voluntary and public sector organisations, UHI and the arts and cultural sector. The aim of the event was to shine a light on the impact of art and culture on health and wellbeing with specific reference to activities taking place in rural settings. This paper summaries the main ideas presented and discussed, as well as providing VHS's own reflections on the overall topic of culture, health and wellbeing.

The event was chaired by VHS's Chief Executive Claire Stevens, with an opening address by Karen O'Hanlon, Business Development Manager at SRHP. Other presenters were:

- Dr Sarah-Anne Munoz, Reader and Senior Lecturer in Rural Health, University of the Highlands and Islands, Division of Rural Health and Wellbeing
- Margaret O'Connor, Chief Executive, Art in Healthcare
- Cathy Steer, Head of Health Improvement, NHS Highland
- Duncan MacInnes MBE, Creative Director, SEALL (Skye Events for All)
- Robert Livingston, Director, Regional Screen Scotland
- Dr Ania Zubala, Research Fellow, UHI Division of Rural Health and Wellbeing,
- Dr Mark Grindle, Senior Lecturer in Digital Health, UHI Division of Rural Health and Wellbeing

### **The case for arts and culture being good for our health**

We know that engagement with culture and the arts has tangible effects on people's health by supporting recovery, shortening the length of hospital stays and reducing reliance on GP visits and medication. It also reduces stress levels, encourages social interaction that reduces people's loneliness and social isolation, as well as fostering improved doctor and patient relationships. However, the health benefits of cultural interventions are still not well understood in clinical or community settings, and socio-economic inequalities that underpin health inequalities and disability limit access and participation. For this reason, the Creative Health report of the UK All Party Parliamentary Group on Arts, Health and Wellbeing was a significant and welcome milestone.

## **Health inequalities, arts and culture**

Art in Healthcare's research shows that around 50% of the patients that they have surveyed at hospital sites say they have never visited an art gallery. When hospital admission data is mapped to data zones, it is clear that people from the most deprived areas of Scotland are disproportionately represented amongst the users of hospital services. So a hospital visit or stay is a means to reach people with contemporary art who may not otherwise be engaging.

The Scottish Government is currently developing the Culture Strategy for Scotland which aims to position culture as having an intrinsic value that contributes both directly and indirectly to the health, wealth and success of Scotland. Many of the conversations around the development of the Culture Strategy have been centred on culture as both a human and community right, where every citizen has a right to participate in culture. Evidence shows that there are inequalities in engagement with culture. Those from lower socio-economic groups, living in poverty and in areas needing regeneration, or people living with long-term physical or mental health conditions, and those who do not have university degrees are not engaging in culture as we currently measure it.

## **Film and community, digital and story telling**

The importance of thinking outside the box in terms of arts and culture interventions that foster health and community benefits was also raised. Richard Livingston of Regional Screen Scotland spoke about their Screen Machine which brings cinema to small communities. He spoke about the role of film being underrated in relation to health and wellbeing and community engagement in rural Scotland, as cinema/film is generally not community led but is brought in from outside. However, cinema screenings provide an accessible safe, social place that is agenda-less whilst supporting really isolated communities with access to media that is not readily available to them.

Story telling as a key component to what it is to be a human being, explained Mark Grindle of UHI. Mainstream media, digital media, the internet and the games industry can play an important role in story telling for health and wellbeing, for example by addressing taboo subjects and stigma. The former soap opera Take the High Road's story line about a man with breast cancer was ground breaking when first screened.

An emerging new role for art therapy in rural and remote communities in the digital age was explored by Ania Zubala of UHI, who took delegates on a journey through the international literature on this. Art therapy delivered through digital means can be less intimidating and give people a greater sense of mastery and independence, but the challenge is to avoid it being dehumanising, synthetic and impersonal and to ensure people's privacy and confidentiality is maintained.

## **Working better together across the arts, culture and health sectors**

Cathy Steer of NHS Highland reminded us that Public Health is both a science (applied methodology) and an art (creative). There is a need for a shift in health from a medical to a social model which will allow for a focus on empowerment, co-

production and wellbeing. The social model will provide the potential for developing relationships between culture and health; for example, through initiatives such as social prescribing which provide practical opportunities for developing these partnerships.

The importance of data and evidence was emphasised by Cathy Steer, and she invited delegates to take a walk in NHS shoes. In health there is a hierarchy of evidence, with clinical data and evidence such as randomised control trials having more value than qualitative data. The tough message is that the arts and culture sector has to be able to evidence success using measures that the NHS recognises as robust. Duncan McInnes of SEALL spoke about the valuable information organisations that host and organise events have about the impact of arts and culture on people's lives. However, they are never asked for their data and don't know how to share these stories. No-one talks to them about the benefits of participating in research. SEALL have organised over 2,000 events in the last 30 years and are a community-led rural touring arts promoter on the Isle of Skye which aim to bring performing arts and wellbeing to rural communities.

The NHS is under severe stress and its resources are over-stretched. Instead of focussing discussions with health professionals on wellbeing this could be usefully reframed to focus on the reduced pressure that health services can experience by collaborating with arts and culture initiatives. The health sector is very risk averse so an emphasis on quality assurance with strong processes in place can help develop and maintain partnerships between the arts and health. Evaluation Support Scotland is currently working with Art in Healthcare to support their development of robust measures for their work.

Reframing what we do in language that both the arts and culture sector as well as health sector can learn, understand and relate to is important. For some delegates at the event the language of IJBs and health and social care partnerships was quite new. Can we be creative about getting arts into healthcare settings? We can introduce targeted interventions for particular patients (e.g. older people and mental health patients) but could we also make our hospitals art galleries and music halls for everyone using them? Duncan MacInnes remarked that he had always resisted the idea of arts and culture being part of 'social services' but that today's event had given him pause for thought, because "we ARE part of the wider diaspora of community".

### **Sustainable social prescribing**

Both Margaret O'Connor and Sarah-Anne Munoz discussed social prescribing, as a model that can achieve significant health benefits, sometimes where other support and intervention has not been able to achieve success. The Scottish Government has made a commitment to social prescribing and is recruiting 250 community link workers to work in general practice to mitigate the impact of the social determinants of health for people who live in areas of high socio-economic deprivation. Many third sector organisations, particularly community health organisations, work in this way already: prescribing art, gardening, exercise, cookery classes etc. It is just one model for using art to address health inequalities and there is a growing evidence

base demonstrating its success in Scotland and other parts of the UK. Nonetheless, as Sarah-Anne Munoz pointed out, shifting funds in order to develop and sustain the community assets that people are being prescribed is a very real challenge.

There was agreement that initiatives need to be sustainably funded so that we do not simply lift people up and provide support for a small period of time, only to leave them with nothing afterwards. In rural settings there are fewer initiatives and they are widely dispersed so it creates a situation where there are limited resources but a high level of people being prescribed to them, coupled with the other barriers such as staff shortages and transport. It is therefore important to also invest in the wider infrastructure that supports people to access initiatives.

### **Driving forward change**

The need for a collective voice for arts and health was also raised. In its response to the Scottish Government consultation on the draft Culture Strategy, VHS highlighted the lack of a dedicated resource to support better understanding and partnerships between the arts, culture and health. VHS drew attention to examples from the rest of the UK where health, culture and arts work more closely. The Royal Society for Public Health has an Arts, Health and Wellbeing Group which exists to share current research and best practice, organise conferences, seminars and workshops and influence government policy as a professional body. In 2018 Arts Council England established the Culture, Health and Wellbeing Alliance, a network designed to support the practice and professional development of cultural practitioners wishing to engage with health and wellbeing.

A dedicated resource could carry out a number of functions such as policy work, teasing out the impact of arts and culture on issues such as mental health and loneliness, promote partnership and collaboration, facilitate interdisciplinary conversations about the strategic importance of art and health, and provide training and professional development for the arts, culture and health sectors, amongst other things.

### **Final word**

“Think big and bold, concrete and practical!” was the message from Robert Livingston.

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