

# *A.R.T.S. for Brain Health*

*Social Prescribing transforming  
the diagnostic narrative for dementia*

*From Despair to Desire:*



Veronica Franklin Gould

Arts 4 dementia  
Empowerment through  
artistic stimulation

**The Rt. Hon. Andy Burnham, Mayor of Greater Manchester:**

*'You have got to start with the person not the patient, prioritise social, cultural and creative interventions to prevent the risk of cognitive decline. In a 21<sup>st</sup> century NHS we need to turn things around. Social prescribing needs to be at the heart of the system. It has got to be about that wider holistic support for people with dementia, not just post-diagnosis, but from the onset of symptoms. I think 'care' is helping people do what they love to do, allowing them to connect with their passions, what animates them in life. Empower them to do what they love doing. That is the starting point for dementia care. It is about the vision of promoting independence, creativity, empowering people to interact and enjoy activities to preserve their brain health.'*

**Baroness Greengross, Co-Chair of the All-Party Parliamentary Group on**

**Dementia:** *Many people think that if you have a diagnosis of dementia, it's the end of a decent life. Arts 4 Dementia has inspired us to understand a new sort of life is just beginning, and it can be inspirational, because the arts can inspire us. They can put us on a different footing, learn to appreciate new things better, in depth, in a way we couldn't do before perhaps. This is part of social prescribing, a prescription that can improve, enhance and in fact create a quality of life we imagined was gone for ever.*

**Dr Michael Dixon, Chair of the College of Medicine & Co-Founder of the National Social Prescribing Network:**

*The important thing is not only to stimulate the mind, but also to create a social experience. We must ensure that people with dementia can access social prescription at a very early point, because that enables us firstly to delay the onset of any deterioration but also to make sure that they are already linked to those arts interventions, familiar with the group at an early stage which might be more difficult as the disease progresses. It also gives their carer a support, and speaking as a GP gives patients another way of improving their lives and improving their health.*

**Professor Martin Marshall, Chair, Royal College of General Practitioners:**

*'We have been working closely with the National Academy for Social Prescribing, supporting the rollout of the link worker role in general practice. We are seeing great examples of social prescribing helping GP teams to support and refer patients at the onset of dementia. These are shared decision-making processes with the individual, their family and carers. The shift for us in general practice is not just engaging with those medical activities which are core, but to engage with social activities, and make sure the two are aligned.'*

**Dr Charles Alessi, Senior Advisor, Public Health England:**

*We know now more than ever that both social isolation and cognitive inactivity are risk factors towards people developing cognitive decline, especially as they grow older. It is fundamentally important for people to retain meaning and purpose and I know no better way than to maintain contact with the arts and the community to achieve this*

**Keith Oliver, AS Ambassador, living with Alzheimer's disease:**

*'It is crucial to make the prescribed arts intervention early – at the point of referral to the memory service. I remember how worried my wife and I were, wondering if I were to have dementia during the testing period of seven to eight months back in 2010. I did feel at a cliff edge and I needed something positive, constructive, rewarding and stimulating to fill the vacuum and anxiety that the condition, the tests and the diagnosis were generating.*

**Alexandra Coulter, Director of the National Centre for Creative Health:**

*That issue of anxiety, waiting to find out whether you have dementia is really emotive. Arts-based processes and activities can have a positive impact on cognition, attention, stimulation, enhanced communication and engagement and we need to make these arts-based activities accessible to people everywhere.*

**Georgia Chimbani, Dementia Lead Association of Directors of Adult Social**

**Services:** *Social prescribing arts for people affected by dementia fits very much with the local authority agenda in terms of early intervention – Prevent, Reduce, Delay.*

**Dr Jenny Elliott, Chief Executive, Arts Care, Northern Ireland:**

*What we have found increasingly working in this field of arts and dementia and arts pre-dementia, has just been the many benefits that the arts can bring in terms of quality of life, self-value, self-confidence, and the management of a healthy life.*

**Robbie McGhee, Chair, Arts, Culture Health and Wellbeing Scotland:**

*We are really interested in the whole conversation around social prescribing. Early intervention to access culture for people who have not had their dementia diagnosis and who are in the early stages, can have a really positive effect.*

**Christopher Bailey, Head of Arts, World Health Organisation:** *The arts have a key aspect to play in managing dementia, slowing its progression and most importantly, making sure that within this journey, that life is worth living.*

**Dr Kalpa Kharicha, Head of Research, Policy and Practice, Campaign to End Loneliness:** *There is increasing evidence on how loneliness can affect cognitive impairment, where having one increases the likelihood of the other and can set off a negative downward spiral that can really affect self-esteem and motivation. There is great potential for social prescribing to reduce loneliness and the stigma of dementia and really engage people, helping them to connect with tailored support that is meaningful to them.*

**Craig Lister, Wellbeing Lead, East of England, Public Health England:** *From a health perspective we are all very concerned about deconditioning in older adults before diagnosis of dementia, getting people back into activities, heritage sites and green spaces is a prophylactic towards that.*

**Sir Tim Smit, Co-Founder, The Eden Project:** *For me the best part of social prescribing is kissing frogs, finding something which isn't in good heart and putting it into good shape, a damaged clay pot – or actually working with people, older people who believed that their best days were behind them and seeing the joy of finding their 19-year-old self, who they thought they had said goodbye to. Give them another adventure, another journey, another group of people. You will find this tremendously uplifting and life affirming energy coming out.*

**Professor Brian Lawlor, Executive Director, Global Brain Health Institute:** *It is impossible to overestimate the feeling of anxiety and fear around the time of disclosure for diagnosis. Hope being a powerful antidote to the fear and stigma around dementia. The arts offer opportunity for hope, can improve brain health, promote equity and inclusion, decrease anxiety and improve a sense of wellbeing and mood. There are many ways that can help turn the fear and stigma of dementia inside out. Science, arts and medicine need to work together, to transform perceptions, reduce stigma and create a much greater awareness about the value and benefits of arts to improve the lives of people living with dementia.*

**Professor Louise Dubras GP, Foundation Dean of the School of Medicine at Ulster University, Northern Ireland:** *'It is really important for doctors to appreciate the value of arts-based approaches to care for their patients. Social prescribing is the perfect approach in those early stages of dementia because it is an opportunity to slow progress - or, if someone is awaiting assessment, it is an opportunity to engage and find support. Engaging in a range of physical and creative activities maintains and enhances brain health. In other words, it delays cognitive decline. Central to social prescribing is the value of joy, pleasure and fun.*

**Bisakha Sarker, Artistic Director of Chaturangan:** *When one waits for a diagnosis, time looms large, fills with anxiety. Waiting takes away our control. Art gives permission to enter a world of imagination where one can feel in control. Indian dance, with its rich vocabulary of hand gestures and storytelling offers scope to improvise. What art proposes may not be a cure, but it gives precious moments of happiness, a sense of regaining control, away from the grip of fear. In between treatments and diagnosis much autonomy is lost – a session of dance and movement can allow all to put aside sufferings, to enter another space.*

**Sir Muir Gray, Director of the Optimal Ageing Programme at The University of Oxford:** *We cannot prevent Alzheimer's at the moment, but we can reduce the risk of dementia. We know that a combination of stress and inactivity, and disrupted sleeping patterns increase the risk - in terms of pre-sleep rituals, music has a very important part to play. Keeping engaged, joining groups, painting, a choir, arts are playing a part in our programme to reduce the risk or delay the onset of dementia.*

**Fergus Early, Founder and Artistic Director of Green Candle Dance:** *Dance involves much brain power, memory, but in its improvisational form, it involves creativity, taking decisions, negotiating with others and calculating spatial relationships at speed. Emotionally, dance offers the opportunity to express yourself, and allow your feelings to emanate through your whole body. It offers older people a joyous route to health and wellbeing, slowing the symptoms of dementia.*

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Findings from Arts 4 Dementia's two-year  
programme to help advance social prescribing  
at the onset of dementia symptoms

“We must promote the use of arts as soon as diagnostic tests begin. This will protect against cognitive decline and the strains of dementia and will empower people to preserve cultural interests, especially music, and enjoy quality of life in the community for years longer”

Baroness Greengross,  
Co-Chair, All-Party Parliamentary Group on Dementia,

September 2021



**Fig 1:** Participants with mild cognitive impairment hold sketches inspired by Dame Elizabeth Frink CH DBE RA at Dorset County Museum.

## Foreword

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The creative health movement is reaching across boundaries, from the NHS to the arts and voluntary sector, and demonstrating the power of collaboration to prevent ill health and enhance health and wellbeing.

The NHS Long Term Plan launched in January 2019 placed a new emphasis on prevention with social prescribing central to the strategy and the arts central to social prescribing.

At the Creative Health conference at the Southbank Centre in June 2019, Simon Stevens, then CEO of NHS England, for the first time affirmed the acceptance by the NHS of the important contribution that the arts could make to the promotion of health and wellbeing, leading to better outcomes.

Under new policy we are to be liberated into collaboration. Health, Social Care, Local Government and the voluntary and community sector are at last to be brought together in place-based, shared endeavour to improve health and wellbeing.

Arts Council England's ten-year strategy *Let's Create* (2020) committed to partnership working for arts and health. The *Creative Health* report of the All-Party Parliamentary Group on Arts, Health and Wellbeing recommended establishing a UK strategic centre, independent of government, to support the advance of good practice, collaboration and delivery, and the National Centre for Creative Health is now up and running. The Department of Health has established the National Academy of Social Prescribing.

The role of the arts in combating loneliness and cognitive decline is now widely recognised as providing vital benefit to patients. GPs are also recognising that engagement by their patients with the arts eases the pressure on them. Working with social prescribing link workers, GPs can look to cultural and creative organisations to empower their patients at the onset of dementia – earlier than ever before. The arts help patients to preserve their brain health, and keep active, connected and inspired in community life for years longer.

The Rt. Hon. Lord Howarth of Newport CBE,  
Chair, National Centre for Creative Health  
Co-Chair, All-Party Parliamentary Group  
on Arts, Health and Wellbeing

# Executive Summary

## *A.R.T.S. for Brain Health – Social Prescribing for Dementia*

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Everyone has the right freely to participate in the cultural life of the community.<sup>1</sup> Yet, referral to A.R.T.S. (Activities to **R**evitalise **T**he **S**oul) support for dementia requires a diagnosis. For people in the lonely, fear-filled months/years awaiting memory assessment and diagnosis, the right to A.R.T.S. participation has been hard to access – until now. GPs can at the onset of symptoms refer them to their practice social prescribing link worker (SPLW) for non-medical support – ie, for re-energising A.R.T.S. to help preserve their brain health, relieve fear and nurture their resilience in the community. If people are engaged in a social arts group when diagnosis comes, their sense of identity, purpose and belonging can continue, despite dementia – for years longer.

Over 200,000 people are diagnosed with a dementia each year in the UK. One-third more will not receive a diagnosis, either due to personal or cultural fears – the word ‘dementia’ itself and associated stigma is a deterrent. Of those referred to memory services for assessment for their cognitive challenges, one-third will not have a dementia diagnosis<sup>2</sup>. All would derive cognitive benefit and enhanced wellbeing through participating in A.R.T.S. programmes to preserve their brain health.

The report, informed by 400 speakers at A4D’s two national conferences and 15 regional cross-sector meetings throughout the UK, leaders in dementia prevention, creative ageing, social prescribing, culture, health and wellbeing, people with lived experience, GPs, memory services and local authorities, includes

- How engaging in A.R.T.S. addresses modifiable risk factors for dementia and protects against the advance of cognitive decline.
- Current diagnostic practice for dementia, with case studies from patients, how GPs and memory services offer or plan to offer SP.
- SP, creative ageing and A.R.T.S. for brain health, with case studies
- Models for collaborative practice, for arts organisations to raise awareness to SPLW and achieve sustainable A.R.T.S. programmes

### Preventing well – A.R.T.S. modifying risk factors

As one-third of cases of dementia could be prevented, risk factors and how A.R.T.S. protect against the advance of dementia are examined.

### Learning vs lack of education

Learning music, poetry or drama, exploring works of art, discovering the artist’s intention, challenges the brain to create new neural

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<sup>1</sup> Universal Declaration of Human Rights, 1948. United Nations, Article 27.

<sup>2</sup> Alzheimer’s Research UK; Tim Sanders, Commissioning Lead for Dementia, Leeds City Council and Leeds CCG quoted other memory assessment outcome as 35% at A4D Yorkshire SP meeting, also quoted by Dr Frances Duffy, Consultant Lead Clinical Psychologist, Northern Health & Social Care Trust, at A4D Northern Ireland SP meeting.

# Executive Summary

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connections and pathways that can compensate for reduced activity in other regions. Opening the door to new discoveries, interests are the essence of cognitively stimulating A.R.T.S. workshop programmes, run through arts organisations' learning or community teams, as well as community arts hubs or healthy living centres. Co-curating A.R.T.S. programmes, heightens sense of identity, purpose and connectivity as members of a resilient socially active group.

## Social contact vs loneliness and isolation

The social connectivity involved in person-centred A.R.T.S. plays a vital role protecting people at this vulnerable cusp, across all social backgrounds and cultural ethnicities. A.R.T.S. fulfil their core psychological need, nurture social bonding, personal identity and collaborating in creative endeavour.<sup>3</sup>

## Dance movement vs physical inactivity, obesity and depression.

Dance offers a joyous route to health and wellbeing, more effective than an exercise class in reducing body fat, fall prevention and, through the role of music, in improving mood, reducing stress and helping to maintain attention. Learning new steps, to lead and follow, enhances hand-eye coordination.<sup>4</sup>

## Music vs depression

As we age, music-making provides a tool for a total brain workout, improves plasticity in the cortex, which enhances the ageing brain's cognitive abilities – perception, motor function, working memory – improves cardio-vascular strength, allows creative self-expression, reducing stress and giving a joyful sense of accomplishment.<sup>5</sup>

## Conn4cting actively with nature vs physical inactivity

Group activities for wellbeing camaraderie in nature help protect against obesity, sleep deprivation, anxiety, depression and social isolation.

## Diagnosing well - The patient journey

According to GPs, it takes several years from the start of symptoms to get a dementia diagnosis and the wait for a memory assessment appointment can be three to fourteen weeks, or more. Memory services who hitherto proposed arts as post diagnostic support now advise patients awaiting appointments to take up A.R.T.S. – this is partly due to our supporter the Dementia Change Action Network, who attended our regional meetings, then including this guidance in their new [Next Steps](#) website.

## Supporting well – social prescription

Introduced through the NHS Long Term Plan in 2019, there are now 1,500 SPLW around the UK available to every GP, who has only ten minutes per

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<sup>3</sup> WHO (2019), *What is the evidence on the role of arts*, pp.9-10.

<sup>4</sup> WHO, 2019, 16 and *Creative Health* (2017), pp.12 and 90.

<sup>5</sup> WHO 2019, p.24; Korte et al, 2013; Särkämö et al, 2013;; Sutcliffe et al, 2020.

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appointment and can now refer patients to their SPLW for non-clinical, psychosocial sources of support, such as A.R.T.S., whatever is of greatest interest to the patient and if it doesn't exist locally, they may well have contacts, community builder who can help support its set up. SPLW are trained and supported by the social prescribing network's regional learning coordinators.

## Living Well – A.R.T.S. to preserve brain health

Thanks to GPs' easy access to SPLW, A.R.T.S. can be offered at the onset of symptoms and, in so doing, transform the diagnostic experience, reduce anxiety and preserve resilience for the individual and their partner together in the community for years longer. [Culture Health and Wellbeing Alliance](#) disseminate innovative models through regional and national conferences. The type of arts we propose for brain health are weekly participatory activities, challenging but achievable, designed to re-energise and inspire, the arts teams informed by early-stage dementia training to give insight into the challenges people face as early symptoms of mild cognitive impairment and the various dementia subtypes arise. There is no sense of dementia here – except that it is understood and if a diagnosis is confirmed, participants remain part of the group, co-curating, improvising, inspiring each other, as regional case studies and the Arts 4 Dementia [web-listing](#) for brain health and for dementia illustrate.

## [ArtsPAL](#)

To enable individuals to access A.R.T.S. prescription programmes, and accompany them in creative endeavour, Arts 4 Dementia has set up a cultural and creative befriender network ArtsPAL, by region.

## The Way Forward

For sustainable A.R.T.S. programmes, we highlight the National Academy for Social Prescribing (NASP)'s place-based [Thriving Communities Fund](#), which established the an ideal model for sustainable A.R.T.S. programmes. The Fund is now closed. We feature examples of programmes it is supporting and we urge NASP, in partnership with Arts Council England and other national bodies to continue the Thriving Communities Fund.

The World Health Innovation Summit has agreed to fundraise to further this programme, in particular, longitudinal, academic research, starting in September 2022.

We propose an amendment to the NICE guideline 97 for Dementia, [1.2 Diagnosis : Initial assessment in non-specialist settings, page 15](#): to insert before 1.26 a recommendation to social prescribing for brain health.

## Arts 4 Dementia Social Prescribing Programme 2019-21

Our conference [Towards Social Prescribing \(Arts & Heritage\) for the Dementias](#) (2019), Southwark Social Prescribing pilot and D-IAGNOSIS campaign picture and tour are discussed. Conference talk links. ['Arts for Brain Health: Social Prescribing as Peri-Diagnostic Practice for Dementia](#) (2021).

## 2.1 Diagnosing well – Lived experience

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*I did feel at a cliff edge. I needed something positive, constructive, rewarding and stimulating to fill the vacuum and anxiety that the condition, the tests and the diagnosis were generating.*

*Involvement in the arts builds resilience which is absolutely necessary if one is able to live as well as possible with dementia.*



**Keith Oliver** A, a primary school head teacher, visited his GP in March 2010 after a series of falls, fatigue and inability to concentrate. The GP, suspecting a brain tumour, referred him for a brain scan, which, three weeks later, a neurologist suggested may indicate early onset Alzheimer's disease. Always proactive, Keith fulfilled his role as headmaster while continuing tests, each one recorded in his now published diary.<sup>6</sup> In September, his GP signed him off work for two months and on his first day off, Keith and his wife overrode health issues by taking

a Canterbury Arts Society day trip to the artist John Constable's Flatford Mill. On 31 December, after nine months' neurological testing, Keith was formally diagnosed with Alzheimer's, which, on his retirement, opened the door to a major new role as founder of the National Young Onset Dementia Network and international ambassador for the Alzheimer's Society and exploring art and photography. Keith spoke at our Oxford SP meeting and national conference.

### Anastasia and Alphonse

**Baptiste.** Since 2010, Alphonse, 83, a dustman, had been experiencing memory loss, lack of sleep and showed signs of behavioural change. Drinking masked symptoms until an out of character event in 2014 led him to the GP. He was referred for memory assessment and partly due to difficulties with communication,



a year later vascular dementia was diagnosed. Anastasia, 81, a cleaner, has early symptoms of Alzheimer's disease, which began in 2018. She has no diagnosis, but their daughter brought both parents to A4D 'Dance for the Brain' at Siobhan Davies as a result of meeting David at Rambert Dance.



**Paul Bowdage**, 74, an analytical planner, experienced memory issues for some years, but his mathematical expertise and political interests enabled him to pass the cognitive tests.

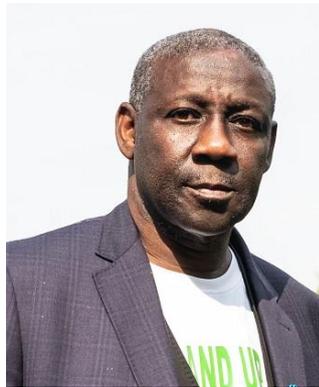
In 2017, his GP referred him for memory assessment; and after a lumbar puncture in 2018, Alzheimer's disease was diagnosed. A keen rambler, he and his wife joined A4D drama in 2020.

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<sup>6</sup> Oliver, K., 2019. *Dear Alzheimer's: A Diary of Living with Dementia*. (JKP)

## 2.1 Diagnosing well – Lived experience

*I'm really excited about being an art student on this project. I thought my first drawing experience was so enjoyable and it did such a great job bringing what I term as therapeutic calm, to my Brain. While on the workshop I literally forgot the stress related issues, which have been occupying my mind.*



**Ronald Amanze**, 58, musician and poet, had had a stroke, experienced loss

of memory and blocked arteries due to brain injury and found difficulty in expressing feelings. In 2013 he visited the GP. After five MRI scans, he was diagnosed with Alzheimer's disease in 2015. He felt culturally stigmatised, so he used to disguise symptoms through songs and in hospital started doodling, which developed into art. A trustee of A4D, he uses poetry, art and music to help raise awareness of happiness that can be

generated through involvement with the arts and joined our Central Saint Martin's student art programme.

*I would never have put art, objects and music together, so (A4D at Central Saint Martins) has opened my eyes.*

*I can't do numbers anymore, I can't do letters, I can't read, but I can now do painting and music and I think this has been fantastic.*

**Chris Maddocks**, 71, a police officer, retired from the Environment Agency due to ill health in 2016. Having had three strokes, she was told her symptoms would recover, but instead experienced depression, anxiety, extreme fatigue, memory problems and difficulty in decision making. She felt lost, went to the GP, who said she was here for her physical not mental health 'I'd refer you to the memory team if I thought you needed it, but you don't.' She thought she was going mad. After a further stroke in May 2016, she was taken back to hospital and diagnosed with vascular dementia.. Chris, who spoke at the A4DConf19 and took part in A4D at Central Saint Martin's,



*Music helps me cope. Difficulties are eased.*

*As the notes float away, so do my cares.*

*I like the comradeship. I felt part of it straight away. I'm accessing skills I'd thought had gone. I haven't looked at a bass clef since 1975.*

*Dementia hasn't got me. I'm still in charge!*

**Chris Norris**, 67, started his working life when he joined the army as a musician in HM Life Guards Mounted Band. On leaving, he joined the Kent Police and was a founder member of the Kent Police Band. In 2004, he became a Driving Examiner but on professional advice after a third heart attack in 2009, he gave up playing. In 2012 he was having difficulties processing the sequential order of the Driving Tests and visited his GP, who initially thought this due to depression which Chris knew was not the case. Following further problems and GP visits, Chris was eventually referred



the local memory clinic where that December, aged 58, he was diagnosed with Frontotemporal dementia (FTD), whereupon Chris resumed his Tenor Horn playing. In 2015 he joined A4D's programme where English Chamber Orchestra musicians and London College of Music students worked with him on sequences and transposition which had been challenged by FTD together performed in a concert at the Wigmore Hall in London. Chris continues to play in Brass Bands and presented at A4D's 2020 Kent Meeting.

## 2.1 Diagnosing well – Lived experience

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**David Parsons**, 70, a retired actuary, had been concussed seven times playing rugby and had memory issues for ten years, but would pass GP cognitive tests. In 2018, his memory declined more noticeably. He returned to the GP. In December 2019, he was diagnosed with Alzheimer's. The GP immediately referred him to A4D 'Muse of Fire' drama at Southwark Playhouse, A4D 'Dance for the Brain' with Siobhan Davies Dance and 'Dance for Dementia' at Rambert.

**Sue Treacy**, 70, a food hygiene teacher, had a mini stroke that affected her memory and ability to read and write. She was referred for memory assessment at her local hospital and her GP gave her a diagnosis of vascular dementia in 2017. Sue took up art at the Hart Club in Lambeth which champions neurodiversity in the arts and created a witty range of characters in our A4D drama.. Her memory and reading have since considerably improved. Handwriting remains a challenge. Even though a new GP confirmed in 2021 that she does not have dementia, Sue continues drama with Southwark Playhouse and 'Clay for Dementia' at the Garden Museum.



**Eugenie Johnson**, age 82, a hospital dietitian, has no diagnosis yet. Signs of memory loss and high blood pressure began in 2017. Her GP memory test indicated problems and due to COVID19, it was her GP who carried out the assessment and arranged for blood tests in September 2020. Still awaiting results, her daughter encourages a good diet and exercise. Eugenie's naturally active lifestyle has been curtailed by lockdown, which brought down her mood and exacerbated symptoms. The surgery SPLW referred her to A4D 'Dance for the Brain'(see page 00), which cheer and is important to her.

**Ron Bennett**, 61, a French polisher, was suffering from lack of sleep, low mood, trauma, anxiety, hernia, leg pain and was about to go for memory assessment when his GP referred him to A4D drama (see page 00), to raise his morale, which through camaraderie, creating person-centred comedic scenarios, restored his confidence, and proved life-transforming. Despite no dementia diagnosis and believing drama wasn't for him, he acts with relish, continuing the drama with others who do have a diagnosis, his confidence and sense of purpose has returned and he is consciously using his brain more.

