

'The Science, The Evidence and The Importance of Arts for Brain Health'
First webinar, 2 November 2021.

Veronica Franklin Gould, Arts 4 Dementia: Good afternoon – Welcome to this first Arts 4 Brain Health webinar, given by our two magnificent conference chairs,

- Professor Alistair Burns, National Clinical Director for Dementia and Older People's Mental Health for NHS England and NHS Improvement
- John Gallacher, Professor of Cognitive Health at The University of Oxford and Director of Dementias Platform UK
- With Sir Muir Gray, Director of Oxford University's Optimal Ageing Programme in the chair.

Thank you for the knowledge you are about to share.

Many of you here today, from all over the UK, from New Zealand, Uzbekistan, Turkey, Ireland, Canada and the United States, will know something of our Arts 4 Brain Health programme to bridge the gap, those fear-filled months / years leading to a potential dementia diagnosis. Some 10 m people are diagnosed each year.

Thanks to NHS social prescribing, GPs can now refer patients at the onset of symptoms for personal appointments with link workers to help maintain fulfilling active life in the community. Weekly opportunities to engage in whatever means most to them, stimulating active creative life to override the strain in this stressful period.

We have the great privilege today to hear insight as never before, into 'The Science, the Evidence and the Importance of A.R.T.S. for Brain Health'

As we warmly welcome so many delegates - if you have burning issues you would like to raise, please do so in the Chat and at the end the professors' discussion, Cicely and I will pass on your questions.

And now, welcome to Alistair, John – and to Sir Muir Gray

Sir Muir Gray

I've been working with confused people for about fifty years - and I was talking about my colleagues! I find still the majority of the medical profession is very confused, particularly about brain health, dementia and mental health among old people. That's partly due to the way our brain was programmed.

I qualified in 1969, but still right up until 2000, people like me – young, keen medical students – were being taught the liturgy of a man called [Professor Cajal](#), who got the Nobel Prize in 1906. His message was that after childhood the brain dies off, unlike the liver or the kidneys. About 2000 things started to change, and people like John Gallacher started to publish research that showed everything that we thought about the brain was wrong. Now this starts to lead to new ways of thinking and classifying what happens to us. For example, the relationship between the word 'dementia' and Alzheimer's Disease', or perhaps we should have it in the plural 'Alzheimer's Diseases'. Thanks in part of to modern technology we now know a lot, but it does require scientists to study how the brain and the mind work. And our first speaker is John Gallacher from The University of Oxford. He is a scientist, who has been finding out how the brain works. John, I am going to pass over to you now to say a little bit about what we now know about the way the brain works, and the relationship between the brain and the mind.

Well, thank you very much, Muir. It really is my pleasure to join you and thank you very much for joining us in this conversation.

NEUROBIOLOGY OF THE BRAIN I am going to speak in a very limited way about the neurobiology of the brain. What we want to focus on is how arts for dementia and other interventions can assist us as our brain changes with age. First of all, let's just take a step back. We're not really, I think, focussing on dementia. We're focussing on brain health; and just as, if you like, going to the surgery to get a heart transplant is really a last resort having missed the boat, so looking for treatments for severe dementia is a last resort – we don't want to miss this boat. We want to go right back through our lifestyle, our early years, so that we are protected against cognitive decline and neuropathology. What we're really talking about is brain health. We'd like to get to a point in our culture where people are taking just as much care of their brains as they are of their muscles, of their heart and of their liver. That's where I'd like to start.

NEUROPATHOLOGY Now, the evidence on neuropathology: although it's extremely complicated, effectively we have proteins operating in our brain cells which are not operating as they ought to. They are either too much or too little, or in the wrong balance; and this causes the neurons in our brain to deteriorate and eventually to die. It's not just a matter of brain mass, which is reduced. It's a matter of all the connectivity, the information containing connectivity disappearing as well. And then once a neuron has died, that's more or less it.

GENERATING NEW SYNAPSES But what we're discovering more recently is that our neurons – the actual connections between neurons – are made of a little sub-organ called a synapse. Synapses come and go, and this is really exciting, because it means that we can generate new synapses; and if a neuron is generating synapses, it doesn't die.

So there is great hope that we can be continually learning throughout our years, continually generating strong signals across synapses, generating new skills, new ones as we learn new skills, new competences and this will extend the functionality of our brain. The evidence on this is strong; it comes from many sources – we won't go into them all now – but it's not disputed that this is not just ongoing, it's something we can enhance and improve with our lifestyle and perhaps other interventions.

A.R.T.S. EVIDENCE Let's move on to the evidence about arts for dementia. By and large, the evidence is weak, that's not to say poor – I think it's good – but it's nevertheless weak because the studies we have at our disposal are too small; therefore, it's difficult to detect effects with the level of confidence that many sceptics would like. However, by and large, the studies do support a very strong impact of social prescribing - let's include it as arts for dementia – on psychological wellbeing. The quality of life is undoubtedly improved. We'll talk about that shortly. The extent to which it prevents pathology is open to debate. It may well do, in terms of maintaining synapses, and that is a very plausible argument.

MAINTAINING THE BRAIN'S SOFTWARE OR HARDWARE?

But there is a basic issue: Are we improving or maintaining the software in our brains through these different interventions, or are we building and maintaining the hardware in our brains through these different interventions? I think it's probably a combination of both, the proportion of which we just do not have the data to discuss, so in the time-honoured phrase the jury is out on that one, but nevertheless both those options are there.

So when we go and do dance or cookery, gardening, singing or paint a lovely picture, what is actually going on to improve the wellbeing and potentially enhance and extend brain function? Well, I think several things are happening. It's worth reflecting your own experience on how this may helped you. Say for example, I don't know whether you paint at all. I'm an extremely poor watercolourist. These colours go everywhere, and even though it is meant to be part of the skill, it certainly doesn't make me feel at all in control of the painting. But when I'm painting my concentration is focussed. Time seems to pass and there's a sense of what psychologists call 'flow' and throws everything else out of the cognitive window. You're focussed on this one thing and it really is therapeutic. You come away thinking, 'That's absolutely fantastic!' Also, I only paint things I find beautiful – even if I'm not very aesthetic, I know what I like. It triggers emotion through imagery in me. I can imagine dance and music triggering emotion in other people. A beautiful piece of music is just so satisfying, even if it brings tears to your eyes, it is thoroughly satisfying.

INCREASING COMMUNICATION Engaging in these activities also increases our communication. Communication is important, at two levels – a high touch level and a low touch level. To be talking about meaningful things to those in our social networks is really important, but also to be talking about everyday events, news gathering, this, that and the other, that's what you get only by broad contact, social groups. These things help us frame our frame of mind. It's very easy for us to be locked inside our own thinking, inside our own philosophical cave, as Plato would say, and we do not understand. We begin fail to appreciate broader pictures, broader perspectives, broader context and communication is absolutely critical for giving us this broader context, a more balanced view of our place in the world.

SELF-REALISATION – EXPRESSION Then there's self-realisation, and to some extent this is related to flow, to be able to express ourselves in a meaningful way is something that we as human beings, if you are interested in human origins you would discover that anatomically modern humans occurred some 300-500,000 years ago, but actually, culturally, modern humans, where they are painting, creating music is a much more recent phenomenon, but it is fundamental to who we are and whether you are very good at something, whether you are just a learner to be able to have that sense of expression in something you have created is very, very satisfying.

SOCIAL COHESION A final function is social cohesion. We are social animals, so to speak. We find our place in terms of our relationships. To be building relationships so that it's not just one relationship that you're over dependent on, but actually, there's a network of relationships that you're interdependent with; and that brings a great sense of meaning and social dignity to be contributing to other people's lives and enabling and allowing them to contribute to you.

So there we have some basic functions of what's going on. We've discussed also the mechanisms very briefly in terms of generating synapses and keeping the brain as healthy as you can. But there's, I think, a slightly broader perspective I'd like to end on.

STIMULATING THE MIND Really, we're talking about brain and body health, stimulating the mind, stimulating the body, so for example, if you were to have some very basic public health analogies, one would be

- Exercise – Do More!
- Smoking – Stop!
- Alcohol – Drink Less!
- Obesity - Change your Diet!

- For your cognitive health - Use it or Risk Losing it!
- And for your mental health – Focus on your Wellbeing!

Those last two are particularly relevant for us today. It is not self-indulgent at all, it's just taking yourself seriously to be able to work out how I can contribute to my cognitive health, my mental health and through those how I can contribute to the lives of others. Thank you.

Muir Gray

Well, that was very clear. Some very important messages, to focus on the positives of brain health - to focus on brain Health. In our new book, we focus on the positive *Increase your Brainability and Reduce your Risk of Dementia*. and the key issue that has emerged for me is the importance of activity. We are going to have an activity prescription linked to every drug prescription - we've got that on the back of the GP information systems to make that happen. The GP doesn't even have to remember to press the button.

Now activities, John said we don't think sharply about the distinction with mind and body, we think of physical, cognitive and emotional; and the ideal types of activity I'd like you to think about and in the Chat Room put down some suggestions. For me, for example, I would like the older people, like me, of Leeds competing with the older people of Sheffield to see which population can raise more money for the Yorkshire Wildlife Trust, which employs young people. It's a mission and purpose; and competition I think is very important.

We see now what we need. We need services, like mental health services to cope with problems when they occur.

What you're hearing today is a revolutionary message, a cultural revolution.

Our next speaker Alistair Burns is leading the revolution in the NHS. As a consultant in mental health and old age, he is seen when he was in his day job, before he went to NHS England, as someone who ran a unit or delivered services. But Alistair has always had a clear understanding that his job was education; and that the more highly trained the professionals are, the more difficult they are to educate because they have to unlearn what they have learned beforehand. So, Alistair is a very influential person. He is very highly respected; and he is bringing about changes in the way people think. We are more worried about what the professionals think as they are more difficult to change. Alistair, over to you.

Alistair Burns (immediately offers generous donation to the Yorkshire Wildlife Trust – fab competition!)

Thank you very much for the opportunity to talk about something that is incredibly important and, as Muir suggests, something that is close to my heart.

Sir Muir, you said that you qualified in the 1960s. I qualified in 1980; and I remember at that time there was still when we talked about 'cancer' as young medical students, we talked ways to avoid about saying 'cancer'. You were talking about a lump or a tumour or a growth. One of the things that we have learned in dementia – and I take John's point absolutely - we're not just talking about dementia here, we are talking about brain health. But, certainly in dementia, there was something about the fact that in cancer we're probably a generation behind in terms of awareness and the engagement that we have around dementia and brain health, as an extension of that.



Alistair Burns (cont)

And John, fantastic to hear the scientific evidence. As you said Muir, when I was a student, we thought that once your brain had shrunk that was it, but to see those improvements that can be made and that Arts 4 Dementia has codified, I think are clear.

One of the opportunities for me was really to look in terms of personalisation. Early on in the pandemic we looked at the six areas in terms of ways that we can improve the care for people with dementia. We articulated these as The Wellbeing Pathways – excellent report that Veronica and Cicely and colleagues have reported on was about Preventing Well.

We know that probably one third of new diagnoses of dementia could be prevented, by taking care largely but not exclusively, for vascular risk factors, but also in the Lancet Commission which is freely available, led by Gill Livingstone ([https://www.thelancet.com/article/S0140-6736\(20\)30367-6/fulltext](https://www.thelancet.com/article/S0140-6736(20)30367-6/fulltext)), We talked about the modifiable risk factors for the development of dementia. We are not talking about preventing dementia, but if we address preventing dementia and brain health, they are essentially not too far apart.

DEAFNESS & SOCIAL ISOLATION Some of the things that surprised us slightly about looking about how you could reduce your risk of dementia, a very common one was deafness. I know in work with support from John and Muir, one of the things that we are looking at is: Should we be paying more attention to issues of deafness and hard of hearing as a risk factor? That brings in a point that John made, social isolation. We know for example that deafness that can make social isolation very much worse. One of the hallmarks when we discuss mild cognitive impairment in dementia, it cuts the person off from themselves, it cuts the person off from their communities, and from their families.

STIGMA Being cut off from your community I think is in no small part behind the stigma that we know that exists for people with dementia. We know it's the most feared illness for people over the age of fifty and that part of that is driven by a sense that that nothing can be done – there is no treatment or cure for dementia. But as we've heard from John and the excellent work of Veronica and Cicely and colleagues, there is in fact a huge amount that we can do. It's true that we don't have one pill that will make everything right, but if we look at the approach which is common in a number of disorders, it is extremely important.

DIAGNOSING WELL The second was looking at Diagnosing Well. We know that still probably only two-thirds of people who we think have dementia come forward for diagnosis and can access that support. We know that the ways in which that diagnosis is made. Usually it is in memory clinics, but increasingly it is done in neurological clinics and primary care.

PERI-DIAGNOSTIC SUPPORT When someone presents with symptoms of dementia it can sometimes take a little while to confirm a diagnosis. In that area which we call the peri-diagnostic space, there's lots that can be done; and again the opportunities for looking at the creative arts – John has given examples – to concentrate the mind to look at prevention and look at mental health are clearly important. So one of the things that I would like to do is to begin to concentrate on that peri-diagnostic support and not wait – often it can be several months before diagnosis is given; and with the Dementia Change Action Network and colleagues as well, people like James Sanderson who is in charge of Personalisation at NHS England, we've got lots that we can do to give people activity and to give people not just something to do, but to give them a real opportunity to improve things while that process goes along.



We've heard from John the issue of use it or lose it. We know that in terms of that peri-diagnostic support, what's good for your heart is good for your head. And in fact there's

Alistair Burns (cont)

some evidence even when people have a diagnosis of dementia, looking at those vascular risk factors, making sure that someone's hearing is optimal can improve the situation there.

The other two aspects of the Pathway, as well as Treating well and Dying well, were Living well and Supporting Well – these are really two sides of the same thing. When we talked about Supporting Well, we used to concentrate on that immediate post-diagnostic period; and in Scotland there was an aspiration that people would have support for the year following the diagnosis. Living Well is that lived experience of the person in their community. I am often reminded that the vast majority of the experience of a person with dementia, their families and carers are in their own communities and not with the NHS, so that Living Well is clearly extremely important.

LONELINESS AND ISOLATION John also mentioned the issue of loneliness and we know that particularly during the Covid pandemic, that enforced isolation has been very difficult for people with dementia, their families and carers; and the Alzheimer's Society and other charities have done a great job bringing to the fore the importance of that. This brings in the aspects of depression as well. We know that people who are lonely are at greater risk of developing dementia; and that goes down to the issue of if people don't have social contacts, that can be a risk. It's also a risk factor for depression. If people look at the difference between isolation and loneliness, I think a definition of loneliness that I've heard – it's the difference between those social contacts you want and those social contacts you have.

I know that some people who I visit at home and see people, who are caring for someone who has memory problems and dementia, that can be very lonely. So the importance of looking at the opportunity for arts is key and as John has said looking at the mind and the brain and looking at the interaction between depression and dementia is key.

PERSONALISATION I think the big prize for me is the issue of personalisation. We talk about personalisation, particularly in the care of people with dementia and support for their carers and families, that personalised approach is key. We see it, for example in music. As has been said, there are aspects of music that can bring back good memories, some that aren't so good. Everyone will remember that first dance at the disco, perhaps that first kiss at the time of a particular piece of music. Also, we know that those emotional memories are much more strongly held, much firmer held than memories for facts. So bringing back through music, as an example, or through art, those memories from a long time ago, to get that support is key.

I think for me, in conclusion, Sir Muir, if there were things that I think are the real opportunities here, it's the huge potential for arts and looking at dementia and difficulties with memory, It's something that everyone can enjoy, which is key, It's something that can be done. It can be personalised, It can be done with a relatively modest investment. So we're not talking about building a brand new hospital, or a huge expensive medication. It can be done easily and well.

LINKING HEALTH AND SOCIAL CARE As we move forward post-pandemic in the NHS, linking health and social care, of which there has been lots of discussion recently, I think dementia, I always say as a condition it is an exemplar, where linking health and social care is important. I think arts and dementia is a huge piece of glue which can bring people together and that ultimately will be better for people with dementia and their carers.



Muir Gray Thank you very much, Alistair.

Muir Gray (cont)

What we would like is to get ideas and proposals. We know where you live, so if you have ideas, we will be looking to come to you to put into practice.

There is a wonderful report that has just been published by the Department of Health and Social Care, with the to me astonishing title, Dept of Health & Social Care (2021) *Good for me Good for us Good for Everybody: A plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions* (September 2021)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019475/good-for-you-good-for-us-good-for-everybody.pdf It is about over-prescribing at all ages, and the estimate is that about £2 billion of drugs do no good, are pointless – ‘pointless’ is the term used – this is not just drugs for mental health and many of them are for older people, in their 80s or 90s. I think what we need to do is to shape up some budgets, some bids, so I have put in a question in the Chat *Imagine you are responsible for brain health and disease in a population of a million and you have just been given £1m from the drugs budget, what would you invest in?* **Holly Marland** says *it would depend on the economic/ethnic demographic of the population* and we would want to spend more on the deprived subsection and the wealthy subsection who are very good at working the system

John Gallacher – It strikes me that a lot of this is to do with the social fabric of our communities. You don’t have to be a Michelin-starred chef to lead a cookery group, & you don’t have to be Monty Don to lead a gardening group You probably do need to know what a dance move is to lead a dance group but you don’t need to be a member of the Royal Ballet. To facilitate community activity where there is some necessary but not overqualified leadership to gather p around their interests in group I think would be a very cheap way of achieving a substantial impact.

Muir Gray Yes and we would find that many of the people running these groups could be run by people over the age of 60. So we need to think of low-cost activities

Veronica Actually an area we haven’t tapped, thinking about low cost is the University of the Third Age where people can teach other and people with cognitive challenges can get the satisfaction of knowing that they can be useful to each other; and it doesn’t have to cost a great deal and Yes it would be fantastic to get the infusion of funds, partic because that would enable the partnership funding between the arts organisation, the integrated care system, the link workers, spiritual and ethnic groups etc and local authorities.

In a way, it’s more a matter of joining the dots; and now the GPs know that all you are saying – we are learning so much now - link workers can relieve them of time and worry, that it is of great value to them to have arts as treated whether it physical/mental/creative activities, but it’s the act of doing. yes it does need an infusion of funds because arts work on time-limited projects and we need to have ongoing activities, so yes an injection of funds’ and I would say that the return on investment for this sort of thing would be huge, because if you can keep people healthier – we found that arts keeps people healthier with A4D for some three years for longer in the community, as Henry Simmons also found, that will save a lot of GP and care time in the community.

Alistair Burns Muir, Just to build up on the things that you were saying. One of the things that People always need permission to do something. There are a couple of great examples. **Melanie Hammond** in the chat - thank you very much for describing your experience in running a group. You mentioned that some people who attended the group are now leading it. One of the things that we try and do is give examples of good care.

Alistair Burns (cont)

We have a very active [FutureNHS](#) page on the NHS England where it would be fantastic to highlight some of the examples, Veronica, I know that Arts 4 Dementia do a great job at advertising what's there, but Melanie if any of you or colleagues would like to write to me c/o A4D or directly to me alistair.burns@manchester.ac.uk it would be great to see if any of these could be put on the website and we can get ideas and steers from each other.

Muir Gray DIGITAL Can I ask John about digital and the internet? And obviously isolation complicated and sometimes caused by deafness is a major issue. Mobility is a big problem and there is some evidence that digital communication and links I am working on the assumption on the evidence that I've seen that as well as encouraging face to face communication, digital inclusion is a very important feature.

I often say without strong evidence there must be 1780 people in care homes who love Schubert – that's one for every seven care homes. Imagine that coming together as a community It may be, Veronica, we need to think not just of the excellent local initiatives we've seen, but starting to think nationally. There might be 25 people love Shostakovich in care homes, But when an orchestra comes in. It's very nice when young people come in and play, but they would love to go to a Shostakovich concert, or to see one particular artist that most people have never heard of, I think that might be another theme for discussion, John, if you think there might be an evidence base, a value from digital –we are looking at virtual reality – and you can actually stand in a chorus of an opera for virtual reality

John Gallacher It depends what you mean by evidence because if we're looking at formal scientific studies I don't think they've been done, but if you looking at people's social preferences as enacted by millions of people around the world, it's a fantastic idea!

Muir Gray Have you heard of [Fortnite](#)? These guys in the virtual reality business can do anything you like, go down the Grand Canal, walk over the Accademia Bridge It's a gaming industry that has created the opportunity to not just go to an art gallery but walk upstairs including your niece in Toronto? That's one thing I'd like to take forward, encouraging local, but, Veronica, as a national organisation ...

Veronica I joined the Self Isolation Choir, the camera's eye direct from conductor to you, and providing a professional singer for each voice part = personalised. Also free organ recitals in churches all over the country, brilliant opportunity for person and carer to enjoy live music, also opportunity for organists to perform rather than accompany. This inspired our A4D church choir and choral programme in 2017 and we are now thinking of promoting this nationally. Music on zoom – one of the advantages is that personal touch.

Muir Gray Another problem group – Men. There are not many opportunities for men. I am asking people to comment in the chat room:

Alistair Burns – [Sporting Memories](#), not just for men, but looking at brain health and football, and has a great network. The other one is [Men's Sheds](#). There are gender specific opportunities available. In relation to the very important point of digital consultations in memory clinics is to make sure there is no exclusion – we must be mindful for people who don't have access and make sure there are opportunities for them as well.

CHAT – MEN

Veronica & Kate Mundy (15:40) Sporting Memories are fantastic

Sue Hughes (15:41, Suffolk Dementia Forum) I am visiting a friendly club on Thursday where men do take part & they've been known to enjoy cha cha & jive 😊

Claire Cowell - Whitworth Art Gallery (15:41, Manchester) We are working with a local men in sheds project to make/craft items for sale in our gallery shop. (V adds & some years ago produced terrific Men's Guide)

Nora - Wellsbourne Healthcare CIC to Everyone (15:42) Working in more deprived areas issues are often more complex so joining groups especially arts one takes more time and support and for social prescribers/ link workers we must be mindful that they can only do so much.

Beth Mitchell (15:42, Active Ageing, Greater Sport, Manchester) Physical activity is so important, and best when integrated into other approaches so people don't necessarily know they are being active e.g. the men in sheds concept.

Ruthanne (15:42) [Sporting memories](#) is a terrific model and something similar is happening in Scotland, led by Lucy Brown, on social history more broadly working closely with a variety of libraries across Scotland

Melanie Hammond (15:43) We find quiz nights bring out mostly men - maybe its the competition :)

Maria.Blanche (15:46, Essex County Council) ECC Challenge Prize Winners 'The Wayback' uses Virtual Reality to bring back sporting memories of World Cup 1966. Link below to find out more: <https://www.thomasthomasfilms.co.uk/work/the-wayback>

Muir Gray – We're starting to see some things come in. Let's just focus a bit more on arts. The term A.R.T.S. covers a broad range of activities. There are quite a few comments on music, that could be developed as a theme. There are the arts as in creative arts, painting, for example. Reading and writing. Veronica, what's the balance you see between these?

Veronica – [Men's Sheds in Swansea](#) they got together with Swansea City Opera and together composed a coal mining song where they rub along together, *Shoulder to Shoulder*. It's just a terrific idea.

Some people say that arts isn't for us! It can be a challenge to encourage people to do something they're not used to, but once there, they love it. I always recommend doing what people enjoy most, a little bit more. If you're looking at a picture, look longer at it, discuss it together. Looking at a double portrait, one can discuss their individual characteristics, their relationship etc – you're not relying on memory but contemporary thought and imagination, exercising the brain.

When we were starting out at Kenwood, the guide proposed a picture which to me seemed too full of people, but it was wonderfully controversial. A controversial subject generates passionate group dialogue, even argument, which is fun. Rather than speed by, to preserve your brain health you can give time, time to each other, examine how's the paint has been laid on, you can really explore.



Being physical is great, walking together. Stimulation on a weekly basis, and encourage those who lead the groups to give homework.

Practice in between sessions, partly to keep the interest, but also because of the nature of the brain challenges, people might be worrying about something, but if you're enjoying creativity together, it takes your mind off. You can be writing scenarios for dram, photographing objects or each other. As Alistair says, personalisation is the thing, with activity.

John Gallacher – If I could just chip in, in my tender years as a researcher I was working on the Caerphilly study in South Wales, and I did a survey of people's lifestyles and what

John Gallacher (cont)

would predict healthy behaviours. But curiously, a health message was irrelevant. Although it was important. It was not associated with levels of behaviour. The three things that were associated a with high level of behaviour

1. Enjoyment
2. Convenience
3. People to enjoy behaviour with.

Those three things consistently predicted high levels of exercise, high levels of good diet – it was a curious combination, now with hindsight it's obvious. But actually it wasn't obvious until we measured it.

Muir Gray Transport is coming up in the Chat Room

TRANSPORT

Kate White Transport helps

Susan Mitchell (Community Navigator, Age Connects, Torfaen, Wales) I agree, lack of transport excludes people from attending.

Ruthanne Agree with Kate / Susan re transport and other access barriers

Kate White Very difficult to get funding for practicals like transport

Ruth B Kerr (Museums and More) yes Kate. As does the right marketing. I've just started offering activities for older people (inc people living at home with dementia). Have run 2 free sessions so far, with no takers. We know there are older people out there.... but struggling to reach them with the right message!

Kate White People need support to get to activity - a companion to overcome fears of new experience

HERITAGE I see, RuthAnn – we are encouraging focus on heritage in arts

Ruthanne Heritage comes under the broader culture banner, rather than the arts, but heritage has a huge amount to bring to this space and that's what we're focusing on here, at University of Edinburgh Museums

Susie D (Phoenix Stroke Club, Sussex) In our local Stroke Club in West Sussex, our members took it in turns to pick a picture and talk about it, why they chose it, what they liked about it etc. etc. Veronica is so right. A single picture can stimulate great discussion.

Anything that involves the three aspects, emotion, cognition and physicality, I think is what we're looking it.

You can start off with a walking group, but if they're raising money to support young musicians. I would call that an arts project. I think again we're looking at the sense of mission is something else, which is important.

Someone else said Why doesn't the art world put money into it? Well I think There's more money wasted in the NHS actually, if you look at the prescribing budget and the increase in the number of MRIs. I think the NHS needs to recognise that.

It is very interesting that the report *Good for You Good for Us Good for Everybody* does say that one of the reasons for over-prescribing is a lack of social and active prescribing opportunities. So the message is getting through. What would be very good - I don't know if there GPs in the audience. - I wonder if we could have Volunteer PCN who could even

Muir Gray (cont)

switch funds £5k from drugs spending to arts spending – any GPs like to comment - tiny amounts for the health service, huge amounts of money – Transport £5k if you are running a club, you can do a hell of a lot for £5k.

ARTS AS THERAPEUTIC INTERVENTIONS. I think you should refer to therapy. V, you have been a champion for arts therapy and the word reaches the subconscious of people in the NHS.

CHAT: **Holly Marland** Therapy” needs to be differentiated. To be a therapist you need a Masters Degree and to be registered with HCPC. **Claire Cowell** - Whitworth Art Gallery (Manchester) Art Therapy is specialist and I wouldn't claim that our creative sessions as therapy **Sarah A** group can be therapeutic without being a form of therapy **Holly Marland** Agreed.

GP AWARENESS Alistair Burns People talked about social prescribing and Melanie has made the point again in the Chat of GPs being aware of what's available, which is why advertising and Veronica the info you have on what's available is important.

CHAT **Melanie Hammond** (GPs need to understand the benefits of Voluntary organisations and Volunteering in general I suggested our programme to my GP for referring people with ill mental health and he said 'Oh no Mental Health is for me to refer to a Psychiatrist'

Jane Lavender (artist) I remember being laughed at by consultants when I have suggested the arts .

Kate White Referring for the health of a RELATIONSHIP is so important as it invigorates a relationship which may be at the end of its tether!!

Natasha Davies (Dementia Support, Chichester) We specify the wife/husband/ or carer needs to attend an activity session with the person with dementia and therefore have a fairly equal split male female to in our groups

DOGS Alistair Burns I was just going to ask John in terms of the evidence from what you were describing about what's easy, social interaction. do you think we should all have a dog? Alzheimer Scotland has a specific initiative Dogs for Dementia. I say they are *Guide dogs looking for a career change*. The benefits of being out with them

Muir Gray There's a big Harvard report called Dogs and health at Harvard Medical school – and Cats in medical school.

Alistair Burns When I go out with a dog everyone stops, everyone talks to you,. Exercise, if you can't find your way home, the dog will bring you home.

John Gallacher Provided you can look after the dog, it's a great idea.

CHAT **Kate White** and CATS and hens

Ruth B Kerr (Museums and More) There's a great project in the NE of England "Hen Power" - brilliant project! <https://www.equalarts.org.uk/our-work/henpower> I'm not involved in HP, but I follow them on Facebook - they're amazing

Sung-Hee Pak Animals are healing! **Kate White** Hens sit on laps!

Beth Mitchell (Active Ageing, Greater Sport, Manchester) Dogs are the future, they are the solution to most things!!

Melanie Hammond Everyone I know who bought Dogs have lost weight !

Susan Mitchell (Age Connects, Wales) Haha.I agree Beth. I have a crazy cocker spaniel.

Sarah (OT, Birmingham & Solihull) An animal group would be beneficial for people unable to afford them personally, I have bantam silkie chickens and they have helped me personally through covid and a springer!

Holly Marland If you can't afford food for your family, you're unlikely to be able to afford a dog

Jane Lavender I agree Holly .**Kate White** Good point re costs Holly

Alistair Burns Thanks to Ruth Kerr for Hen Power. I was in the north-east. That was the origin, I think sheltered accommodation. An elderly gentleman had episodes of confusion, when he would call out names, turned out that he was calling his chickens. So they brought in some hens - it was really significant. It is an example of looking in a different way. ...

Sir Muir sums up: What we need is

- Use the A4D website, link to Alistair's website.
- Videos If you have got a little video of something happening in your project, send a video link to Veronica. There's nothing like showing things, Sporting Memories, for example, or the Heritage project. We need action, more than words. Wittgenstein said *Every idea is a picture* so we need pictures of what people can do to excite this.
- PCNs Then we need to look at ways, with Alistair's help, we can start to build this in. We've got to reach the PCNs - 6 or 7 for each of the partnerships.
 - Finance shift And I would go for a little bit of shift of finance. Other Health and Wellbeing coaches can be funded from some new NHS funds. We've got to look at ways in which we can get these small sums of money, I think, when there are issues about transport- (big sums of money too) -
- We'll feed back on this in the next webinar on 7 December.
- There's a need for brand. This is important. I think A4D is a good brand - for Brain Health'. and interventions - doing things.
- I think we'll have a digital and virtual theme at the next meeting. Poor people are less likely to be online than wealthy people, but that is starting to change quite quickly. It's like the telephone was 50 years ago when there were people without telephones. But that's not going to last.
- We'll have to start thinking *How can people have something stimulating every day of their life?*, whether it is bagpipes or Schubert is a matter of personal choice and preference. If you don't behave, we'll give you bagpipes

Veronica closes Thank you very much indeed. There's so much food for thought: emotion, cognition and physicality being what we all need and of course social connections. It's been an immense privilege to hear you experts explain it; and Muir, we shall follow through on your suggestions. I should like to close with our participant whose vascular dementia diagnosis, after a year of art and drama that revived her memory and reading ability, was

revised as stroke damage and she continues arts with people living with dementia – ignoring stigma, superb!

Muir Gray Join the revolution - I generate new work!

A4D will follow up the above

- Circulate this report,
- Encourage videos to Alistair & *FutureNHS*, link A4D web events & social media,
- A4D Arts for Brain Health monthly newsletter item
- Update in next webinar Tuesday 7 December