

# Social Prescribing Arts for Brain Health as Peri-Diagnostic Practice for Dementia—From Despair to Desire

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Research Article

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**Abstract**

A.R.T.S. for Brain Health: Social Prescribing transforming the diagnostic narrative for Dementia: From Despair to Desire, (2021, Arts 4 Dementia) demonstrates how referral to weekly arts from the onset of symptoms empowers individuals and family carers to maintain fulfilling active life in the community and thereby relieve strain in the isolating fear-filled period leading to memory assessment and diagnosis.

**Keywords:** Dementia; Brain Health; Diagnosis; Symptoms; Pathways; Longevity Centre.

**Dementia prevalence, the need for support from the outset of symptoms**

Each year, there are some ten million new cases of dementia worldwide. One-third more will not receive a diagnosis, either due to personal or cultural anxieties. As our most feared condition, progressive degeneration of the brain, its name ‘dementia’ itself and associated stigma is a deterrent; and one-third of those referred for memory assessment will not have a dementia diagnosis [1]. With no available cure or vaccination and until diagnosis, no support, all would derive cognitive benefit and enhanced wellbeing participating in arts programmes to preserve their brain health—from the outset of symptoms,

**A.R.T.S. to Preserve Brain Health**

Engaging in social A.R.T.S. (wide-ranging Activities to Revitalise The Soul) enables individuals to address modifiable risk factors for dementia, combat stress, reduce isolation, preserve their sense of identity, of purpose, of belonging, so that peri- and post-diagnosis, their resilience in the community can continue for years longer.

Everyone, according to the Universal Declaration of Human Rights, (1948, Article 27), has the right freely to participate in the cultural life of the community. Whereas referral to A.R.T.S. support for dementia has required diagnosis, through social prescribing (SP), GPs can now at the onset of symptoms refer them to their practice link worker (SPLW) for prescription to arts of personal interest.

**Social Prescribing**

Social prescribing (SP) is a key component of the UK National Health Service’s [Universal Personalised Care](#). Introduced through the NHS Long Term Plan in 2019, SP enables GPs – through their primary care networks – memory services and local agencies to refer patients to a SPLW for non-clinical sources of support for

their wellbeing and, being personalised, to empower them to take greater control of their own health.

**The A.R.T.S. for Brain Health report**

The 400 specialists at A4D’s national and regional cross-sector conferences, who provided the evidence presented in the A.R.T.S. for Brain Health report, include leaders in dementia prevention, creative ageing, SP, culture, health and wellbeing, people with lived experience, GPs, memory services and local authorities. The report examines [2]:

- 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-how engaging in A.R.T.S. helps modify risk factors**

Mindful that one-third of cases of dementia could be prevented, the report highlights risk factors and demonstrates how A.R.T.S. protect against the advance of dementia.

**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 connections and pathways that can compensate for reduced activity in other regions.

- Opening the door to new discovery and engaging interest is 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:**

- 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 through collaborating in creative endeavour [3].

#### **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 [4].

#### **Music vs depression:**

- 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.
- It allows creative self-expression, reducing stress and giving a joyful sense of accomplishment [5–8].

#### **Connecting actively with nature vs physical inactivity:**

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

#### **Diagnosing well—The patient journey**

According to GPs and patients, it can take 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 have directed patients to arts as post diagnostic support, now advise patients awaiting appointments to take up A.R.T.S. This is now suggested in Dementia Change Action Network's [Next Steps](#) website.

#### **Supporting well—social prescription**

There are some 1,500 SPLW around the UK available to GPs and local agencies who 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. If it doesn't exist locally, SPLW, who are trained and supported by the Social Prescribing Network's regional learning teams, may have access to a community builder who can help support its set up.

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

If patients are referred for arts prescription at the onset of symptoms, actively engaging in sociable arts activity of real interest will help reduce anxiety, preserving resilience for the individual and their partner together in the community. The

report highlights A.R.T.S. practice for brain health as weekly participatory activities, challenging but achievable, designed to re-energise and inspire, with arts teams trained in early-stage dementia, understanding 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 by trained course leaders; and if a diagnosis is confirmed, participants remain part of the group, co-curating, improvising, inspiring each other, as regional case studies and the A4D web-listing for brain health and for dementia illustrate.

#### **Cultural and creative befrienders**

To enable individuals to access A.R.T.S. prescription programmes, and accompany them in creative endeavour, A4D set up a cultural and creative befriender network Arts PAL, by region.

#### **Sustainability A.R.T.S. prescription model**

For sustainable A.R.T.S. programmes, the report highlights the National Academy for Social Prescribing (NASP)'s place-based Thriving Communities Fund, which was A.R.T.S. based, with a signed-up SPLW and partners including health teams, local authorities and cultural groups as a partnership model ideal to raise awareness to stakeholders and funders. Although the Thriving Communities Fund itself has now closed, its structure sets a fine international model and NASP is planning further developments.

#### **Arts for Brain Health Webinars in association with Arts 4 Dementia**

Alistair Burns, Professor of Old Age Psychiatry at the University of Manchester and National Clinical Director for Mental Health in Older People at NHS England and John Gallacher, Professor of Cognitive Health at the University of Oxford and Director of Dementias Platform UK, who chaired our Arts for Brain Health conference, inaugurated our continuing monthly A.R.T.S. for Brain Health webinars, chaired by our webinar partner, Sir Muir Gray, Director of the Optimal Ageing Programme at The University of Oxford. Webinars, whose themes included: dance, music, drama, visual arts, poetry, cultural diversity, some in partnership with the International Longevity Centre and the Global Brain Health Institute, have attracted delegates and speakers from across the sectors and around the world.

Webinar recordings and their typescripts with full resource links are available on [veronicarts.org/webinars](http://veronicarts.org/webinars).

#### **Acknowledgments**

None.

#### **Conflict of interest**

Authors declare that there is no conflict of interest.

#### **References:**

1. Universal Declaration of Human Rights, 1948. United Nations, Article 27.
2. Alzheimer's Research UK; Tim Sanders, Commissioning Lead for Dementia, Leeds City Council and Leeds CCG quoted other memory assessment outcome as 35%, also quoted by Dr Frances Duffy, Consultant Lead Clinical Psychologist, Northern Health & Social Care Trust, at A4D Yorkshire and Northern Ireland SP meetings.

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