

The health benefits of arts interventions in a primary care setting

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This research was conducted by **Diane Crone and five other people** at the **University of Gloucestershire and elsewhere, UK**

Summary

This study involved patients suffering from a variety of conditions, including anxiety, stress, depression, chronic pain, illness or bereavement. The patients were referred by a health professional to a 10-week art programme that included ceramics, words, drawing, mosaic and painting. 10 patients, 5 artists and 3 health professionals took part in focus groups and interviews in order to evaluate the benefits of arts interventions within a primary care context. In particular, the study looked at the implications of a close interaction between healthcare professionals, artists and patients.

'Worthiness, sense of happiness, calmness, achievement'

These are the results as described by a patient who participated in the research. Patients and healthcare professionals alluded to the relaxation that the therapy made possible, as well as improvements in mood, a sense of increased recovery, and, for a short time, relief from the symptoms of chronic pain. Patients also experienced an increase in confidence, a sense of achievement, as well as a feeling of renewed hope. Clinicians felt they were provided with a holistic, non-medical alternative to prescribing medicines for patients with mental health needs.

The value of a primary care setting

The study highlights the benefits of offering arts interventions within a primary care setting. Ultimately, there was a sense that arts interventions can reduce dependency on clinicians. Fostering close collaboration and contact between artists, patients and healthcare professionals was a key factor in the programme's success, and 'one of the determinants of success is the health professionals having confidence in the art intervention'. This is made more likely if the interventions are happening in the same building as other primary care interventions.

This summary was written by **Richard Mason, King's Knowledge Exchange Associate**

Keywords

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Author email	dcrone@glos.ac.uk

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