

Culture on Prescription in Belgium

A pilot study

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ABSTRACT

Background: Currently, depression and mental health issues are major global health concerns. According to several studies, cultural prescribing can significantly enhance mental health and wellbeing. However, in Belgium, we have not yet implemented cultural prescribing programs in a structured and permanent manner, and therefore lack related results on participants' well-being.

Aims: Firstly, this study aims to explore how participating in cultural events can affect participants' mental health. Secondly, it examines the processes and procedures required for implementing cultural prescribing in Belgium.

Methods: To achieve the aims of this study, various methods have been employed to find answers. Firstly, a process evaluation using a mixed-methods approach was employed to assess the effect of the intervention on participants' mental health and related external factors. Semi-structured interviews were conducted with patients, general practitioners, and cultural partners to gather qualitative insights. Additionally, pre- and post-intervention measurements were collected through questionnaires to assess the quantitative effects. No control groups were used. Secondly, a narrative review was conducted to investigate the processes and procedures necessary for implementing cultural prescribing.

Results: Interviews with patients, general practitioners, and cultural partners have highlighted the positive impact of cultural prescribing on mental health. To ensure that cultural prescribing becomes a sustainable and successful part of the healthcare system, appropriate procedures and processes—such as buddy systems, link workers, and labelling—must be implemented.

Conclusion: Cultural prescribing provides a valuable approach to enhancing mental healthcare by using cultural activities to complement traditional treatments. By addressing individual needs and interests, promoting social involvement, and integrating with existing cultural organizations, Culture on Prescription in Belgium has the potential to significantly contribute to the promotion and care of mental health.

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Thank you,

Ilke

Art is our one true global language... It speaks to our need to reveal, heal and transform. It transcends our ordinary lives and lets us imagine what is possible. – Richard Kamler

Art should be something that liberates your soul, provokes the imagination and encourages people to go further. – Keith Haring

Art evokes the mystery without which the world would not exist. – René Magritte

The aim of art is to represent not the outward appearance of things, but their inward significance. – Aristotle

The purpose of art is washing the dust of daily life of our souls. – Pablo Picasso

The most beautiful experience we can have is the mysterious. It is the fundamental emotion that stands at the cradle of true art and true science. – Albert Einstein

Art is a line around your thoughts. – Gustav Klimt

Art is the highest form of hope. – Gerhard Richter

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List with abbreviations

AoP	Arts on Prescription
CoP	Culture on Prescription
CREMAH	Centre for Research in Music and Health
EoP	Exercise on Prescription
GP	General Practitioner
MRC	Medical Research Council
NCCH	National Centre for Creative Health
NHS	National Health Service
NOCKS	Nordjysk Center for Kultur & Sundhed
QUAGOL	Qualitative Analysis Guide of Leuven
RSPH	Royal Society for Public Health
SIG	Special Interest Group
WHO	World Health Organisation

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General introduction

Depression and mental health issues are significant global health concerns. The World Health Organization (WHO) predicts a rising trend in mental health issues globally and estimates that by 2030, they will constitute the largest global burden of disease. Depression is a widespread disorder that more than 300 million people suffer from (Jensen & Bonde, 2018).

Depression and mental health issues are frequent reasons for primary care consultations globally, according to WHO¹. Therefore, improving the management of depression and mental illnesses in primary care is crucial to enhance early-stage treatment of these conditions (Jensen & Bungay, 2021).

Moreover, there is a need to reduce the dependence on antidepressants. In Belgium, there was an increase of 46% of long-term burnouts and depressions in 5 years (from 2016 to 2021)². Consequently, poor mental health has major implications for policy not only due to its economic costs but also the costs associated with increasing pressure on primary care, and the social costs to individuals, their families and their communities (Bungay & Clift, 2010).

Social prescribing is a method through which healthcare providers can support patients' mental health and well-being by linking them to various non-clinical services, often involving cultural activities. This approach leverages the arts to prevent or address health issues, thereby extending healthcare services into the community. As will be demonstrated in this thesis, some significant advantages of social prescribing include its potential preventive nature and its complementarity to traditional medicines. The purpose of social prescribing is not to replace conventional therapies but rather to act as an adjunct. Furthermore, its effectiveness in cases where Exercise on Prescription fails, and the wide range of cultural relevant

¹ Fancourt, Daisy & Finn, Saoirse. (2019). What is the evidence on the role of the arts in improving health and well-being? A scoping review. World Health Organisation. Regional Office for Europe. <https://iris.who.int/handle/10665/329834>. License: CC BY-NC-SA 3.0 IGO

² <https://www.riziv.fgov.be/nl/statistieken/statistieken-uitkeringen/langdurige-arbeidsongeschiktheid-hoeveel-langdurige-burn-outs-en-depressies-hoeveel-kost-dat-aan-uitkeringen>

activities that can be organised locally and be easily accessible, will be described. Another aim of social prescribing is to reduce pressures on primary healthcare by referring patients towards community services that can support their needs (Jensen & Bungay, 2021).

The WHO has analysed 3,000 studies, encompassing a range of research methodologies such as uncontrolled pilot studies, case studies, small-scale cross-sectional surveys, nationally representative longitudinal cohort studies, community-wide ethnographies, and randomized controlled trials across various disciplines. Based on this comprehensive review, the WHO has concluded that actively or passively experiencing arts promotes health and general well-being (Fancourt & Finn, 2019). These studies analysed by the WHO indicate that the arts influence mental and physical health as well as general well-being in diverse ways. The arts can promote social cohesion and mitigate social inequality (prevention). Additionally, engaging with the arts can positively affect coping with illness, treating diseases or cognitive disorders, reducing stress, and can lowering the risk of mental illnesses like depression. Furthermore, participation in cultural activities can enhance self-esteem, self-acceptance, and self-confidence. In 2019, the WHO called upon members of the European Region to endorse the development of long-term policies or strategies aimed at fostering synergistic collaboration between health and culture. The WHO report urges policymakers to advocate for arts engagement both at the individual level and within local communities.

In a communication from the European Commission on a comprehensive approach to mental health³, it was noted that social prescribing is an innovative approach to enhancing well-being and mental health. At the individual level, social prescribing can empower individuals with the knowledge, motivation, and confidence to better manage and improve their own mental health and well-being. This approach is applicable in primary care settings, where general practitioners and other health professionals can prescribe activities tailored to the person's needs and interests.

Culture on Prescription (CoP) (also known as Arts on Prescription or AoP) is a form of social prescribing, which enables general practitioners (GPs), nurses, and other primary care professionals to refer patients to a variety of local and non-clinical

³ A comprehensive approach to mental health - European Commission (europa.eu), 2023.06.07

services. Acknowledging that an individual's health is influenced significantly by social, economic, and environmental factors, cultural prescribing aims to address these needs in a holistic manner. CoP programmes are characterized as non-clinical activities offering social and creative opportunities (Jensen, 2019). These non-clinical, community-based arts programmes vary in duration, the number of participants involved, and the range of activities offered. Despite these variations, a shared objective of CoP programmes is to enhance the mental health and well-being of the participants (Jensen, 2019).

Recently, several studies (Fancourt & Finn, 2019; Grossi et al., 2019; Mak et al., 2021; Chatterjee & Thomson, 2015) have concluded that CoP can significantly enhance mental health and wellbeing. CoP involves a general practitioner (GP) or other primary care professionals referring a person to a cultural event or activity. Various European countries, including the UK, Sweden, and Norway, have experimented in recent years with different forms of cultural prescribing ((Bungay & Clift, 2010); ((Jensen et al., 2017))).

However, in Belgium, we have not yet implemented such CoP programmes on a structured and permanent manner, and therefore we do not have related results regarding participants' well-being. Nevertheless, there were some local initiatives and there is significant political, governmental, and academic interest in the impact of cultural prescribing on mental health in Belgium. At the local political level, the city of Brussels promotes a therapy programme where patients are invited to visit museums⁴. On the regional level, the Flemish Institute for Healthy Living (Vlaams Instituut Gezond Leven) supports an integrated preventive health policy that includes cultural events as important components of healthy living⁵. Furthermore, a debate titled "Can Art on Prescription make us healthy again?" was organised by the arts sector at Bozar (Centre for Fine Arts) on June 24, 2021. Finally, the academic interest increases in evidence-based community care ⁶.

⁴ <https://www.cultureforhealth.eu/mapping/arts-on-prescriptions-brussels/>

⁵ <https://www.gezondleven.be/files/gemeente/cultuur-en-gezondheid.pdf>

⁶ Jensen A, Holt N, Honda S, Bungay H. The impact of arts on prescription on individual health and wellbeing: a systematic review with meta-analysis. *Front Public Health*. 2024 Jul 9;12:1412306. doi: 10.3389/fpubh.2024.1412306. PMID: 39045154; PMCID: PMC11264378.

This study tries to provide insights in how cultural prescribing can be implemented in Belgium and how the intervention might affect the patients' well-being by means of a process evaluation. We distinguished two research questions:

- 1) *How can participation to a cultural event or activity have an impact on the participant's mental health?*
- 2) *What are the kind of processes and procedures that need to be implemented for the functioning of cultural prescribing in Belgium?*

1 Research methods

1.1 Research question “How can participation to a cultural event or activity have an impact on the participant’s mental health?”

To address the first research question, "How can participation in a cultural event or activity impact participant's mental health?", a pilot study has been organised to be able to evaluate the process of CoP.

Process evaluation is an essential part of designing and testing complex interventions (Moore et al., 2015). Complex interventions are defined as interventions that comprise multiple interacting components. An intervention might be considered complex because of properties of the intervention itself, such as the number of components involved, the range of behaviours targeted, expertise and skills required by those delivering and/or receiving the intervention, the number of groups, settings, or levels targeted; or the permitted level of flexibility of the intervention or its components. Complex interventions are widely used in healthcare, social work, and other policy areas that affect health. The purpose of the new Medical Research Council (MRC) framework is to develop and to evaluate complex interventions. This framework replaces the previously used guidelines from the UK MRC and considers recent developments in theory and methods, as well as the need to maximize research efficiency, application, and impact. The MRC framework emphasizes the dynamic relationship between the intervention and the context.

The focus of process evaluation varies according to the stage at which it is conducted. The MRC framework which was updated in 2021, recommends a feasibility and piloting phase after an intervention has been developed (Skivington et al., 2021). At this stage, process evaluation can have a significant role in understanding the feasibility of the intervention and optimising its design and evaluation.

The new MRC guidance provides a framework for conducting and reporting process evaluation studies (Moore et al., 2015). Earlier MRC guidance for evaluating complex interventions focused on randomised trials, making no mention of process evaluation. Updated guidance recognised the value of process evaluation within trials, stating that it “can be used to assess fidelity and quality of implementation,

clarify causal mechanisms and identify contextual factors associated with variation in outcomes.

The new framework builds on the process evaluation themes described in the 2008 MRC complex interventions guidance (Craig et al., 2008). An understanding of the causal assumptions underpinning the intervention and use of evaluation to understand how interventions work in practice are vital in building an evidence base that informs policy and practice. The MRC-framework (Moore et al., 2015) also emphasises the relations between implementation, mechanisms, and context (see Figure 1). The implementation of a new intervention will be affected by its existing context, but a new intervention may also in turn change aspects of the context in which it is delivered. The causal mechanisms underlying the intervention are mapped and analysed using process tracing, a method for analysing case studies (Beach & Pedersen, 2019). The goal of process tracing extends beyond determining whether an intervention achieves its intended outcome, encompassing a broader range of inquiries. This includes identifying additional impacts it may have, understanding how it interacts with the context, and using evidence. Context refers to external factors that can act as facilitators or barriers to implementation. Understanding how an intervention brings about change, along with insights into key facilitators and constraints, is crucial for effective evaluation and decision-making support (Skivington et al., 2021).

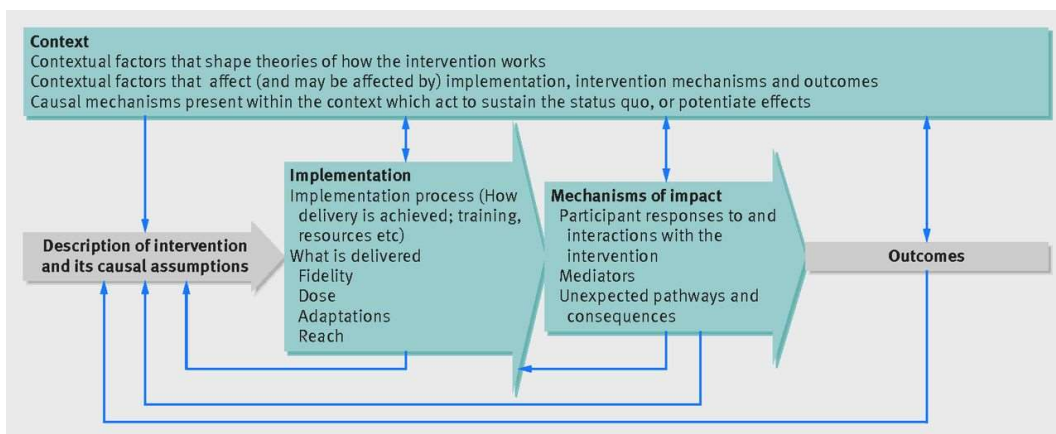


Figure 1: Key functions of process evaluation and relations

Firstly, the implementation needs to be evaluated. On the one hand, an intervention may have limited effects either because of weaknesses in its design or because it is not properly implemented. On the other hand, positive outcomes can sometimes be

achieved even when an intervention was not delivered fully as intended. Hence, to begin to enable conclusions about what works, process evaluation will usually aim to capture *fidelity* (whether the intervention was delivered as intended) and *dose* (the quantity of intervention implemented). Complex interventions usually undergo some tailoring when implemented in different contexts (*adaptation*). Capturing what is delivered in practice, with close reference to the theory of the intervention, can enable evaluators to distinguish between adaptations to make the intervention fit different contexts and changes that undermine intervention fidelity. Process evaluation can usefully investigate how the intervention was delivered. This can provide policy makers and practitioners with vital information about how the intervention might be replicated, as well as generalisable knowledge on how to implement complex interventions. Process evaluations also commonly investigate the *reach* of interventions (whether and how the intended audience comes into contact with the intervention).

Secondly, exploring the mechanisms through which interventions bring about change is crucial to understanding both how the effects of the specific intervention occurred and how these effects might be replicated by similar future interventions. Process evaluations may test hypothesised causal pathways using quantitative data as well as using qualitative methods to better understand complex pathways or to identify unexpected mechanisms.

Furthermore, context includes anything external to the intervention that may act as a barrier or facilitator to its implementation, or its effects. As described above, implementation will often vary from one context to another. However, an intervention may have different effects in different contexts even if its implementation does not vary. Complex interventions work by introducing mechanisms that are sufficiently suited to their context to produce change, while causes of problems targeted by interventions may differ from one context to another. Understanding context is therefore critical in interpreting the findings of a specific evaluation and generalising beyond it. Even where an intervention itself is relatively simple, its interaction with its context may still be highly complex.

Figure 2 lists common data collection and analysis methods adopted by process evaluations, the merits of which should be considered carefully in relation to the research questions. Process evaluation of complex interventions usually requires a

combination of quantitative and qualitative methods, but their relative importance may vary according to the status of the evidence base or stage of the evaluation process. At the feasibility and piloting stage, basic quantitative measures of implementation may be combined with in-depth qualitative data to provide detailed understandings of intervention functioning on a small scale.

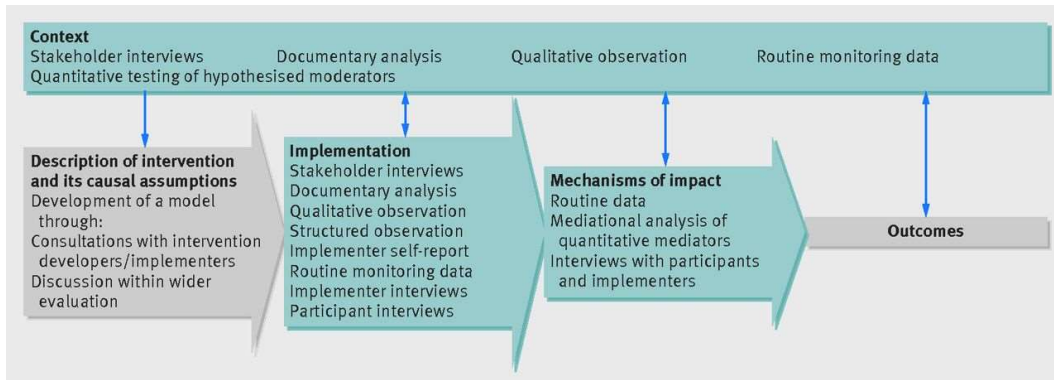


Figure 2: Commonly used data collection and analysis methods for process evaluation

For this pilot study, we used a mixed-methods approach (quantitative and qualitative) as research method ((Chatterjee & Thomson, 2015); (Harper & Thompson, 2011)) to evaluate the implementation of the intervention and external factors to the intervention. The intervention in our pilot study contains individuals (patients), primary care (General Practitioners (GPs)), and the community level (cultural partners). The mixed-method approach (a combination of qualitative and quantitative procedures) has been applied to answer the first research question. This approach where the qualitative combined with quantitative methods are valuable for gaining insight into person-context interactions. Qualitative interviews were conducted with patients, cultural partners and health professionals. Moreover, measurements were taken at the beginning and after the participation to an event (pre-test / post-test) to determine the quantitative effect. No control group(s) were used.

1.2 Research question “What are the kind of processes and procedures that need to be implemented for the functioning of cultural prescribing in Belgium?”

The second research question focuses on the processes and procedures necessary for implementing cultural prescribing in Belgium. A literature study based on a narrative review has been conducted for this purpose. The study investigated the implementation of cultural prescribing in other European countries and drew parallels with the implementation of 'Exercise on Prescription' (Bewegen op Verwijzing) in the Belgian context due to similarities.

For the literature search, we screened on the title firstly and on the abstract secondly. The following medical databases were consulted: PubMed, Cinahl, Cochrane Library, Embase, and Medline. MeSH terms used included *cultural prescribing*, *arts on prescription*, *culture on prescription*, and *culture on referral*. Search abstract terms such as *mental health*, *museum intervention*, *prevention*, *psychological well-being*, *arts participation*, *process*, and *procedure*. We refer to Appendix 6 for the used MeSH-script. The search included articles published in Dutch or English within the past fifteen years. Only studies directly related to cultural prescribing were included, ensuring no duplication of articles. Additionally, related articles from reference lists that met the criteria were included. In total, we selected 20 articles.

2 Pilot study 'Culture on Prescription' in Belgium

To investigate the first research question, a pilot study has been organised in the region of 'Zennevallei' in the Belgian province of Flemish Brabant, situated southwest of Brussels. 'Zennevallei' comprises the municipalities of Beersel, Drogenbos, Halle, Linkebeek, Sint-Genesius-Rode, and Sint-Pieters-Leeuw.

The process of the pilot study as well as the qualitative and quantitative results will be described.

2.1 Process of the pilot study

The process of the pilot study was as follows (see figure 3 here below):

- 1) A patient with mild psychological complaints visited his/her general practitioner, who introduced the concept of CoP (see 2.1.1 Selection and recruitment).
- 2) The patient completed the questionnaire (see 2.1.2 Pre-intervention questionnaire).
- 3) The patient selected an event from a specially designed brochure and reserved tickets for the activity (see 2.1.3 Selection of cultural event).
- 4) The patient could participate in the activity together with a person of their choice (see 2.1.4 Participation to cultural event).
- 5) One week later, a semi-structured interview was conducted with the patient who had participated to the event (see 2.1.5 Semi-structured interview).
- 6) One month later, the patient was requested to complete the questionnaire again (see 2.1.6 Post-intervention questionnaire).



Figure 3: Process of the pilot study

Moreover, general practitioners and cultural partners were involved in this pilot study. The medical partners, involved in this study are GPs that are associated with Huisartsenkring Zennevallei. The cultural partners involved in this study, were:

- CC De Meent is a cultural centre located in Beersel. A dozen cultural events organised by this organisation, have been selected for the pilot study programme.
- Avansa Halle-Vilvoorde brings the inhabitants of the region together for educational activities and innovative projects. The aim of this organisation is to make people stronger and better at what they themselves find satisfying, necessary or important.
- FeliX Art & Eco Museum is a museum situated in Drogenbos in a domain that once belonged to Felix De Boeck (1895-1995), one of the pioneers of Belgian abstract art.
- Zender is a partnership of 15 local authorities in the region and various partners who work together from a cultural perspective to strengthen the living environment in the region. They work together to create an open, participatory and sustainable society.

The timeline of the pilot study is schematically shown in Figure here below. The pilot study commenced in May 2023 by informing interested GPs. Starting from September 2023, GPs selected participants for inclusion in the study (see section 2.1.1). In this study, several general practitioners (GPs) have selected and referred patients with mild common mental health issues to participate in cultural activities.

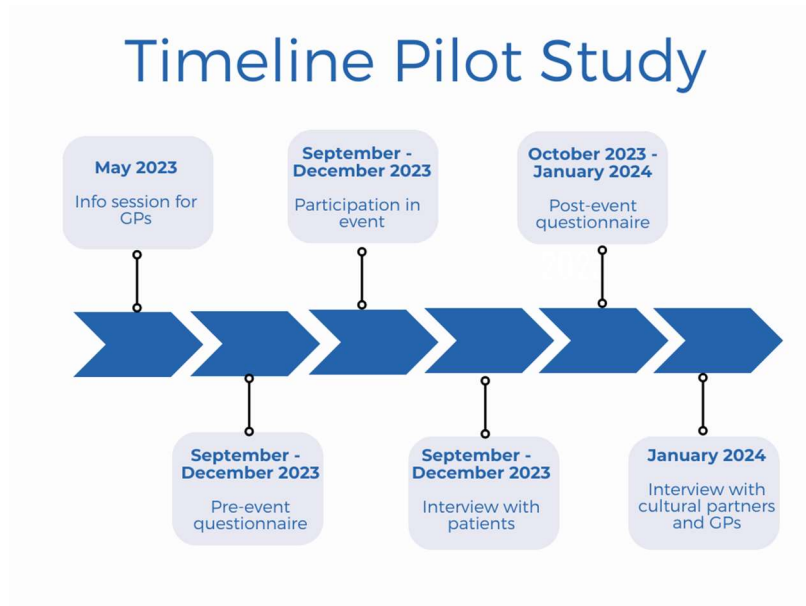


Figure 4: Timeline of pilot study

A combination of questionnaires and interviews with patients is used to assess changes in their mental well-being as shown in Figure 5. Participants were engaged in cultural activities from September 2023 to December 2023. During this period, they completed pre- and post-intervention questionnaires (see sections 2.1.2 and 2.1.6). Additionally, the participants were interviewed (see section 2.1.5.1). The results of these questionnaires and interviews are reported hereunder.

In the beginning of 2024, interviews were conducted with the participating GPs and cultural partners to gain insights into their perceptions of the interventions. The purpose of these interviews was to understand how the intervention operates, its facilitators, successes, and barriers (see sections 2.1.5.2 and 2.1.5.3).

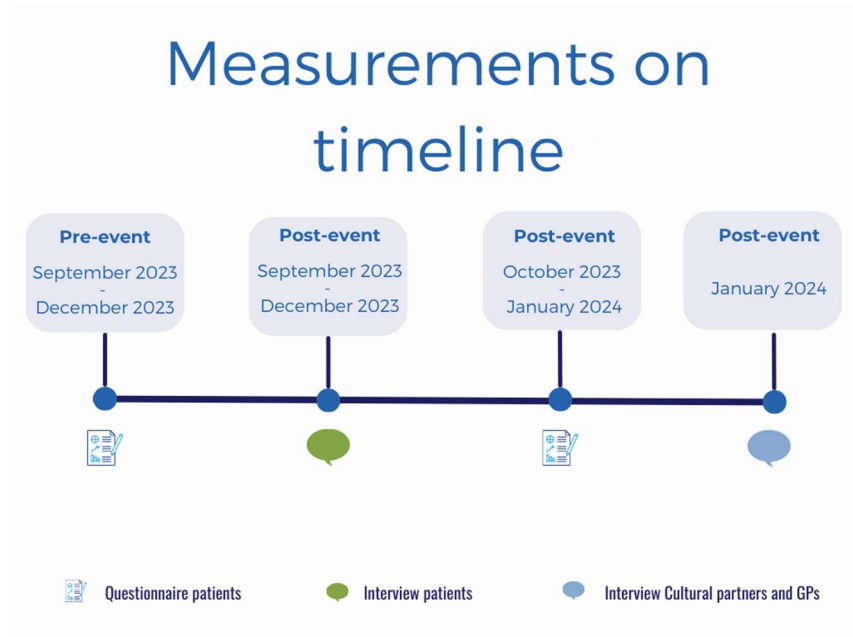


Figure 5: Measurements on timeline

2.1.1 Selection and recruitment of the patients

In addition to standardized care, selected patients were invited by their GP to participate in a cultural activity starting from September 2023.

An informed consent form was provided to participants at the beginning of the study, which they needed to approve before starting their participation. Only those who agreed, signed, and returned the form to the researcher were included in the study.

The study population comprised adults who sought primary care for mild common mental health issues such as burnout, chronic fatigue, anxiety disorders, stress-related depression, feelings of social isolation, or mental discomfort. Patients with diagnosed psychiatric illnesses or serious physical illnesses were excluded from the study (see Table 1).

Table 1: Inclusion and exclusion criteria of the pilot study

<i>CRITERIA</i>	
<i>INCLUSION</i>	<i>EXCLUSION</i>
• Age: > 18 years • Mild common mental health issues related to: ○ Burnout ○ Chronic fatigue ○ Anxiety disorders ○ Depression ○ Stress ○ Feelings of social isolation • Mental discomfort	• Age: < 18 years • Patient with diagnosed psychiatric illness • Patient with serious physical illness • Patient is not willing to sign the ICF

Nine participants were invited into the study by GPs; two patients refused to participate. We were informed by the GP that the reason of refusal of these 2 patients can be the fact that they had to do the reservation by themselves. Especially at the beginning of their condition, it is difficult to make contact according to the GP.

2.1.2 Pre-intervention questionnaire

As already mentioned hereabove, the research method for this pilot study is a mixed-method approach (quantitative and qualitative) to evaluate the implementation of the intervention and external factors to the intervention. For the quantitative procedures, a pre-test/post-test design is used, with measurements taken both at the beginning and after participation in an event to determine the effect of the intervention. The participants in this study had to complete the same questionnaire twice. A baseline questionnaire had to be filled in before the intervention and a follow-up questionnaire had to be conducted one month after the intervention.

In the questionnaires, the following data have been collected from the participating patients:

- Standard characteristics: age, gender, marital status, education level and job
- Healthcare contacts: GP
- Prescribed medication use
- Social network analysis ('Social Exclusion Index for Health Surveys')

- Self-esteem ('Rosenberg self-esteem scale')
- General mental health (General Health Questionnaire 12)
- General health status (EQ-5D-5L)

Descriptive characteristics of the participants were calculated before and after the intervention. For age, the mean and standard deviation were calculated. Furthermore, gender, marital status, and education level were analysed.

Changes in outcomes such as healthcare contacts, prescribed medication use, social network, self-esteem, general mental health, and general health status over time are important. We have to emphasize that no comparison with a control group was made. Instead, changes in questionnaire scores over time were evaluated on a case-by-case basis to support or reject the research question concerning the positive impact of cultural events or activities on participants' mental health status.

For our pilot study, 7 patients completed the pre-intervention questionnaire.

2.1.3 Selection of cultural event

The patients selected a cultural event of their choice, which they were allowed to attend together with a companion. For this purpose, a brochure was created presenting the range of activities from which the patients could choose (see Appendix 1). These activities were selected together with the cultural partners. The patients could choose from a wide range of cultural activities. On the one hand, there were activities where they needed to actively participate, such as workshops. On the other hand, there were also activities where they could attend intimate classical music performances, as well as cabaret and comedian shows. Furthermore, there was also a selection of movies included.

The patient had to do the reservation at the cultural partner directly by himself. The reservation method depended on the cultural partner organising the activity and was specified for each activity in the brochure. For reservations at Felix Art & Eco Museum and at Avansa Halle-Vilvoorde, they had to contact the organisation by phone. For reservations at CC De Meent, the patients could use the attached QR code and reserve the tickets on the website.

2.1.4 Participation to cultural event

The patients' participation in the cultural activities was incorporated into the regular operations of the cultural partners. There was no difference in the booking process or participation between the patients and other attendees. The patients were never treated differently at any point.

The cultural partners covered the cost of participation for the patient and one companion.

2.1.5 Semi-structured interview

Firstly, we have interviewed the patients who attended a cultural event to get an insight in their experiences on a semi-structured basis. The qualitative analyses and results can be found hereunder in section 2.1.5.1.

Secondly, we interviewed the GP and the cultural partners to obtain an understanding of the process and the organisation of CoP. These analyses and results can be found in section 2.1.5.2 for the GP and in section 2.1.5.3 for the cultural partners.

2.1.5.1 Patients

2.1.5.1.1 Introduction

We interviewed in total 4 patients who attended a cultural event. The data are collected through in-depth interviews with the patients having experienced the impact of participation to a cultural event.

The first patient is a man in his late thirties, having a burn-out and sleep problems for quite some time. He experienced a positive impact of his participation to a classical music concert in an intimate setting. He attended the concert together with his spouse. He is willing to attend such cultural events in the future. All quotes of this patient can be found in Appendix 2.

The second patient is a woman in her early forties, having a burn-out for about six months. She participated to an interactive workshop. Her experience was also very positive. She is interested in the topic CoP for both personal as professional reasons. The quotes of this second patient can be consulted in Appendix 3.

The next patient is a woman in her mid-fifties. She has a burn-out for a couple of months. She attended a theatrical performance with singing, but the event was not well received by her. Her experience was not positive. She attended the performance together with her partner. However, she is still in favour of the concept CoP and is willing to attend cultural events in the future. She just had chosen a play that did not match her taste. Her quotes can be found in Appendix 4.

The fourth and final patient is a woman in her early forties, having a burn-out for some months. She is determined to overcome her burn-out without any medication. She attended a stand-up comedy act, together with her husband. Her experience was also very positive. All the quotes of this fourth patient can be consulted in Appendix 5.

We can conclude that the majority of the interviewed patients (75%) reported a positive experience resulted from their participation to a cultural event.

2.1.5.1.2 Qualitative analysis of the interviews

For the qualitative data analysis of the patients' interview data, the guide Qualitative Analysis Guide of Leuven (QUAGOL) has been used (Dierckx de Casterle et al., 2012). This guide was developed in order to be able to truly capture the rich insights of qualitative interview data. The QUAGOL guide is a theory and practice-based guide that supports and facilitates the process of analysis of qualitative interview data. The process consists of 2 parts, each consisting of five stages.

For the first part named *Preparation of the coding process*, the following research work has been performed:

- *Stage 1 – thorough (re)reading of the interviews*
The four interviews with patients has been transcribed verbatim. The transcript has been read several times in order to truly understand the data. During this reading process, the important phrases and statements have been highlighted. This resulted in a holistic understanding of the patients' experiences.
- *Stage 2 – narrative interview report & Stage 3 – from narrative report to conceptual interview scheme*

The essence of the patients' experiences are formulated in narrative interview reports in order to try to answer to the research question, but stay close to the data.

- *Stage 4 – fitting-test of the conceptual interview schemes & Stage 5 – constant comparison process*

For fitting-test of the conceptual interview schemes, we went back to the interview data. At this stage, the appropriateness of the conceptual interview schemes has been questioned if the concepts can answer the research question. In the stage of constant comparison process, the purpose is the identification of common themes, concepts and hypotheses. This stage ended in an increasing conceptual understanding of the research data as a whole, retaining the integrity of each individual case but taking into account the characteristics of other cases.

For the second part of the process named *Actual coding process*, the following research work has been undertaken:

- *Stage 6 – draw up a list of concepts*

Based on the conceptual interview schemes, a common list of concepts has been drawn up. We have drawn up the concepts coming out of the interviews, in a non-hierarchical order:

- Expectations
- Looking forward
- Interest
- Moment of peace
- Feeling
- Emotions
- Range of events
- Social interactions
- Setting
- Locally organised
- Accessible
- Companionship
- Organisation
- Curiosity in future events

- *Stage 7 – coding process – back to the ‘ground’*

Each interview has been listened and read again, together with the list of concepts at hand. Each significant passage of the interview has been linked to one of the concepts.

- *Stage 8 – analysis and description of concepts*

A thorough analysis of the interview data has given a clear description of the concepts, their meaning, dimensions and characteristics.

- *Stage 9 – extraction of the essential structure*

In this stage, all the concepts have been integrated into a conceptual framework to answer the research question.

- *Stage 10 – description of the results*

The essential findings in answer to our research question *“How can participation in a cultural event or activity impact participant's mental health”* are described here below.

- Expectations

Expectations refer to beliefs or assumptions about what will happen or how things should be in the future. These can be based on past experiences, standards, or societal norms. The patients mentioned that they had certain expectations in advance regarding their participation to a cultural event and that they informed themselves about the cultural activity before. Moreover, they expected to experience a certain “zen feeling” during their participation. They looked forward to a sense of calm, tranquillity, and mindfulness. A feeling that is characterized by a peaceful state of mind, balance, and inner serenity.

*“I was kind of **looking forward** to it. And I can also say why. Because I suspected in advance that... Look, that's going to be **a moment of peace**.” (patient 1)*

*“That will be **a moment of not thinking about anything else** and just experiencing what is being presented. That I was indeed looking forward to that. The event was **in line with my expectations**. And in that sense it fully met my expectations.” (patient 1)*

*"I chose the workshop for making essential oil, because it was **something active**. So I thought, I'm going to do **something interactive** and I specifically chose that, because I was actually **already interested** in everything that had to do with essential oils." (patient 2)*

- Feeling and emotions

Feelings are the conscious experience of emotions. They represent the personal interpretation and internal experience of emotions. While emotions are instinctual responses, feelings are shaped by thoughts, beliefs, and individual context. The patients were asked about their feelings and emotions which they had experienced during the event. We questioned if they considered their participation useful and valuable.

*"I certainly found the event **valuable**. I can literally say that **I didn't think about anything else during the concert**. Which in itself is quite **an achievement or a positive thing**. And it was really such a **moment of peace**. For that reason alone I'd say **it's valuable**. Because it sounds like a zen moment." (patient 1)*

*"There are always many things that we have to do, while when you go to a cultural activity, **you are there to enjoy, to listen, to do something that you enjoy**. That is something positive on the whole, where **nothing is expected of you**. And that is... If you are at home in a burnout, it is nice that you can go somewhere where you are **free from obligations**." (patient 2)*

*"The fact that you have a GP who prescribes that for you does matter... **I don't think most people see that kind of activity as part of their recovery**. You really have to experience it to feel... **There is so much in that, in that cultural aspect**. " (patient 2)*

*"Partly because it was a **bit of nostalgia**... Because I was out for the evening... But I think if you do more of such a social or cultural activity, then you have **some extra input**." (patient 4)*

*"But I notice that an evening like this can give you that **extra energy**. And making the effort to come out once in a while actually helps." (patient 3)*

*"It wasn't easy, I'll put it this way. I didn't like the play very much, neither did my partner. The play itself, **it wasn't our thing**... **But that's a matter of taste or...**" (patient 3)*

- Wide range of events

The patients participating in the pilot study could choose out of a wide range of cultural events (see Appendix 1). The range of cultural events was very diverse and could meet the interests of most participants.

*“Because the selection of events was actually **quite diverse**. The range of Culture on Prescription was **very broad**.” (patient 2)*

- Social interactions and setting

Social interactions refer to the ways in which people act and communicate with one another in various social contexts. Social interactions are fundamental to human relationships and involve the exchange of thoughts, emotions, or behaviors. Social interactions are influenced by cultural norms, social roles, and personal relationships, and they help to build and maintain social connections in society. A setting refers to the time and place in which the event occurs. It provides the context for what is happening and can include not only physical locations but also the social, cultural, and historical environment that influences the events. The setting shapes the atmosphere.

The patients were asked if they had met other people at the activity and about the setting in which the cultural event took place. Some patients prefer high levels of social interaction, while others prefer minimal interaction. Similarly, preferences for large concerts versus intimate settings varied among patients.

*“The performance was organised locally in a small setting (about 35 persons). I find **small settings more pleasant** than to be in a large crowd.” (patient 1)*

*“There was **some social interaction**. But **no really an in-depth conversation**. So that was very interactive and it was fun.” (patient 2)*

*“And you see all kinds of people there who have somewhat the **same interests**. That there is a topic that brings you together. I definitely thought that was positive.” (patient 2)*

*“I think that **Culture on Prescription is a very good idea**. I really like sports. But just walking, I then keep worrying and... **When you watch a performance...you***

have to concentrate on what is coming. So you no longer have time for your thoughts.” (patient 3)

- Locally organised and easily accessible

Locally organised refers to events, activities, or initiatives that are planned and coordinated within a specific local area or community. These are typically organised by local groups, residents, businesses, or authorities rather than large external organisations or institutions. Easily accessible refers to something that is simple or convenient to reach, use, or obtain. It implies that there are few obstacles or challenges in the way, making the thing in question available to a wide range of people. The patients mentioned that the local organisation of the cultural event as well as the easy accessibility, are considered as advantages.

*“The performers also gave a brief explanation between the pieces about where the pieces come from. Or about its composer. But that was also **in an accessible way**. It wasn't boring ... It was not a music history lesson. No, it was cool.”* (patient 1)

*“The fact that it is recommended here by the GP and that there is also a booklet makes it more **accessible**. The fact that you get that overview makes it much **more accessible**, of course. And the fact that a doctor also follows this up makes you want to go.”* (patient 2)

*“While this activity can be done in daily life regularly. So that triggers... The fact that it is **locally organised**, makes it **more accessible** .”* (patient 2)

- Fields of cultural interest

Fields of cultural interest refer to cultural topics that a person is particularly passionate about, curious about, or focused on. Fields of interest can vary greatly from person to person, and they often guide what people choose to engage with in their free time.

Patients were asked about their areas of cultural interest and whether these interests influenced their choice of the event they participated in.

*“I decided to go to a concert in a fairly small-scale. So I went through the offer in the brochure that I had received, and then looked around to see what **might interest me**. I have also played music myself for quite some time now.”* (patient 1)

*"I'm not an artist at all. **I am not really a creative person myself.** And in that sense, I didn't choose something creative. Because... That certainly wouldn't give me any pleasure or peace. Then I prefer to listen or watch something that is performed well and just let it come to me."* (patient 1)

*"I certainly found the **workshop valuable**, because I did things that are really **in my field of interest**... The teacher had indicated that she will publish her future programme for the rest of the year on her website. I will certainly have a look."* (patient 2)

*"If the event really interests you, then you will be **more likely to be triggered to participate afterwards in a future event**..."* (patient 2)

*"As a child, my brother and I always listened to Urbanus cassettes, so that was a bit of **nostalgia**. So I was actually very happy that I was able to see a performance of Urbanus in this way, otherwise I probably would never have gone there."* (patient 4)

- Organisation of the events

The patients experienced also the practical organisation of the cultural events and were asked about recommendation to the process.

*"I really can't say that concrete improvements can be made to the organisation. **Everything was very clear.** The way the tickets had to be booked, was very easy. The way I got the tickets and all that. I can't really say anything negative to be honest."* (patient 1)

*"So the activity itself actually went **quite smoothly** and well."* (patient 2)

- Opportunities for participation to future events

The patients were questioned about any opportunities for participation to future cultural events. We asked if they looked up information about the cultural activity afterwards or if they planned to continue in participating in any cultural activities.

*"I did **look up information about the activity itself before and afterwards.**"* (patient 1)

"But I don't think what I currently experience as problems is something that will really change enormously after a one visit. That is also something that has been built up

*over a longer period of time. For example, **multiple sessions would be even more valuable**, or could have a **greater impact** on you as a person.” (patient 2)*

*“**I am now planning to repeat my participation to cultural events**. But I can imagine that people who have never been involved in culture, might find multiple events useful (e.g. to choose three events that are completely different in nature and see if there is anything that triggers them).” (patient 2)*

We can conclude that patients had expectations of achieving a peaceful state of mind, balance, and inner serenity prior to their participation in the cultural event. For most patients, these expectations were met, as they reported experiencing a sense of calm during the event. The wide variety of locally organized and easily accessible cultural activities was seen as an additional advantage of CoP. Aligning cultural activities with the patient's interests was identified as a key factor for success and encouraging repeated participation. However, the level of social interaction and the setting must also align with the patient's preferences. All interviewed patients expressed an interest in exploring new cultural opportunities in the future.

2.1.5.2 General Practitioner (GP)

The implementation process of the intervention has also been investigated by in-depth interview with an involved GP in this pilot study. Firstly, the interview addressed the four key elements (dose, fidelity, adaptations, and reach) outlined in the MRC framework (see section 1.1. here above). Furthermore, the purpose of this interview was to gain deeper insights into the functioning and contextual aspects of the interventions, as well as to explore the accelerators, success factors, and obstacles encountered during the interventions. The GP enrolled 4 patients in this pilot study.

For the implementation of the intervention, the GP confirmed that all planned activities have been executed (dose) and have been executed as stipulated in the protocol (fidelity). No modifications were made to the intervention (adaptions). Hereunder, we included some quotes from the interview with the GP:

- Reach

Reach ensures that a program or intervention is effectively engaging the right people, particularly those who can benefit the most. The greater and more

representative the reach, the more potential the intervention has to make an impact.

*"The study was helpful **to reach the people I can reach less in that area.** Furthermore, I encourage the people I know who are already working **more artistically, to continue.**"*

*"I am also of the opinion that CoP is also a good topic for the slightly **more serious pathologies.** But maybe with a different approach. For example, I think of a shared coloring moment, maybe in a cleanroom."*

- Information towards the patients

Providing clear and accessible information to patients about the available cultural activities and how these align with their interests is crucial for successful engagement and participation.

*"Explanation to patients about their condition and how we can best approach that in terms of movement, the physical, but also the mental area. So the **study fitted in very easily and it actually went smoothly.**"*

- Recruiting of patients

The recruiting of patients refers to the process of identifying, approaching, and enrolling individuals into a the pilot study. It involves selecting suitable participants based on specific criteria (see section 2.1.1). This process ensures that the selected patients are appropriate for the pilot study and that they provide informed consent before participation.

*"The **recruiting of patients went smoothly.** I had two patients who openly refused. The other patients did not make a problem of participation to the study."*

"Perhaps the cause of those refusals is that they had to do the reservations themselves. For some people, especially at the beginning of their condition, it is difficult to make contact. But yes, once they overcome that issue, that's a good thing."

- Inclusion of patients

The inclusion of patients refers to the process of selecting and accepting individuals into the pilot study based on the inclusion criteria. These criteria determine which patients are eligible to participate and the specific objectives of the pilot study. Inclusion ensures that participants meet the necessary conditions to contribute effectively to the research or intervention.

*“Well, as far as the study is concerned, I was already **very much in favor** of social prescribing. So, in the context of burn-out or depressive moods, having something to do, is very important. I try to get them not only towards movement, but also towards **something artistic**. So the pilot study was completely in line with my idea.”*

“Actually, all these patients that I have included, they actually had nothing, absolutely nothing, to do with culture or art.”

- Selection of the cultural activity

The selection of the cultural activity refers to the process of choosing a specific cultural event or activity for participants to engage in, based on various factors. These factors may include the participants' personal interests, preferences, and cultural background, as well as the goals of a program or study, such as improving mental health or fostering social inclusion. The selection process ensures that the chosen activity is appropriate, engaging, and relevant to the participant's needs and objectives.

We observed that the method of subscribing to cultural events can significantly influence patient choices as well. Subscription methods in the pilot study included internet registration (via QR-code) and telephone bookings. Some patients prefer internet reservations due to the anonymity it provides, while others may hesitate to make phone calls.

*“Sometimes patients had to call for the reservation of the tickets for the cultural activity they had selected. In the first stages of their condition, **most patients want to stay discrete about their condition**, and **preferred to make the reservation anonymously** via the website of the cultural partner.”*

*“You could see that they really sometimes chose activities that I thought, I wouldn't have chosen that in their place, but just really **to avoid that telephone contact**. But that also meant that I could have a conversation with them about that issue, of course.”*

- Results of attending a cultural event

*“We were able to raise a new topic, to get back to **making progress**. Thanks to attending a cultural event, they have been able to **completely disconnect from their work**. That also did the patients good mentally, to be able to completely disconnect”*

“Going for a walk or something, did not work. But going to a cultural performance has been the click for some patients.”

The GP believes that CoP is a new approach to aiding the healing process for patients suffering from mental disorders. She observed that participating in cultural events offered moments of disconnection for the patients. Additionally, she sees potential in extending this approach to more severe pathologies, but in a different setting, such as a clean room.

2.1.5.3 Cultural Partners

Furthermore, the implementation process of the intervention was also investigated through interviews with cultural partners (CC De Meent and Avansa Halle-Vilvoorde), as part of this pilot study. The interview addressed the four key elements (dose, fidelity, adaptations, and reach) outlined in the MRC framework. The interviews rendered more insights on how they have perceived the interventions.

For the process of the intervention’s implementation, the cultural partners confirmed that all planned activities have been executed (dose) and have been executed as stipulated in the protocol (fidelity). No modifications were made to the intervention (adaptions). Hereunder, we included some paragraphs from the interviews:

- Organisation of the cultural events:

The organisation of the cultural events refers to the planning, coordination, and execution of cultural activities. The goal is to create a structured and engaging experience for participants that aligns with the objectives of a program, such as improving mental health or encouraging social involvement.

The cultural partners were questioned about their experiences with the organisation of the events in the pilot study. We can conclude that CoP can be integrated into the regular system of cultural partners.

*“We were an **asking party** from the beginning. I think in the beginning there was a question about how we were going to organize the study and how accessible it would be. But I do think it was **successful**. ” (CC De Meent)*

*"I still see cultural prescribing as an **added value**, also for us. I think, for us it is still important that it is **as simple as possible**. So I might contact the local GPs again to see **how we can implement CoP more sustainably**." (CC De Meent)*

*"We actually didn't have that much contact with the patients, because they were actually **integrated into our regular system**. So we had consciously chosen that, so that the patients did **not need separate treatment**. So yes, I think the organisation went **smoothly**." (Avansa Halle-Vilvoorde)*

*"The pilot study was absolutely **no extra burden for us**. I simply had to inform my administrative colleagues about the agreements. So there's not a lot of additional communication or anything that needs to happen around. Indeed, you could refine this registration procedure in the future." (Avansa Halle-Vilvoorde)*

- Wide range of cultural events

The cultural partners mentioned in the interviews that the wide range of offered cultural events and the accessibility of the events are important.

*"It is important for the patient that the cultural event is **in his area of interest**. That it is something worth to leave the house. (CC De Meent)*

*"An important thing, is the **accessibility of the event**." (Avansa Halle-Vilvoorde)*

- Opportunities for the future

The cultural partners were asked about the possible opportunities of CoP for the future. According to the cultural partners, the scope of CoP in the pilot study could be expanded in several areas. Firstly, CoP could also be used to prevent people from loneliness and to reduce the stigma around mental illnesses. Moreover, CoP could be prescribed by psychologists as already is the case for Exercise on Prescription (see section 3.3 herebelow).

Finally, improvements can be realised by introducing a label for better recognising the cultural partners participating in CoP and by creating a buddy-working. In a system of buddy-working, volunteers accompany the person to a cultural event.

*"I also think you can extend that even further. So more **towards people around loneliness**.." (Avansa Halle-Vilvoorde)*

*"I can imagine that cultural prescribing helps to **reduce the stigma** in order to make it more acceptable in our society, you can actually broaden. People don't always have to go to the GP, but people who are lonely or don't dare or something like that, if they know that they have buddies in that cultural centre to help." (Avansa Halle-Vilvoorde)*

*"**Buddy work**... I think that would also be a good working method, also for people who have mental problems or are just lonely. Cultural centres could start a buddy working for such people." (Avansa Halle-Vilvoorde)*

*"Because now we have collaborated with GPs. Perhaps **psychologists are also an entry point**. There are people who do not actually go through a GP, but who actually go straight to psychologists." (CC De Meent)*

*"Some kind of recognition point, e.g. a kind of **label**, would be useful. In such a way that as a participant you know... I can go to that organisation or that cultural house. A cultural centre or an organisation, for example, receives a **label that says we contribute to mental health and well-being**," (Avansa Halle-Vilvoorde)*

"If I look for our organisation, I think it would be very useful if we knew that we can go to GPs who also support the concept cultural prescribing. So we also give these GPs some brochures for their patients."

Based on the interviews with the cultural partners, we can conclude that the organisation of the interventions, including subscription and event participation, proceeded smoothly and CoP could be integrated into the regular system of the cultural partners. They emphasized several advantages of cultural prescribing, such as destigmatizing mental illness and addressing loneliness. Additionally, they highlighted that cultural prescribing can leverage the diversity of cultural events available. To ensure ongoing support for cultural prescribing, they suggested creating a label for cultural centres as a publicity tool and implementing buddy working.

2.1.6 Post- intervention questionnaire

As already mentioned, the research method for this pilot study is a mixed-method approach (quantitative and qualitative) to evaluate the implementation of the intervention and external factors to the intervention. For the quantitative procedures, a pre-test/post-test design is used, with measurements taken before and after

participation in an event to assess its effect. The participants in this study had to complete the same questionnaire twice. A baseline questionnaire had to be filled in before the intervention and a follow-up questionnaire had to be conducted one month after the intervention. Three patients completed the post-intervention questionnaire.

2.1.6.1 Quantitative analysis

For the details on the post-intervention questionnaire, we refer to section 2.1.2 Pre-intervention questionnaire. We used the same questionnaire for both the pre- and post- intervention assessment.

2.1.6.2 Results of quantitative research

Nine participants were invited into the study by GPs, two refused to participate. All 7 patients completed the first questionnaire. Three patients completed the second questionnaire.

Table 2: Background of the included patients in the pilot study

Variable	N	Mean	Sd	Max
Age	7	45	12	61
Gender				
Female	5	71%		
Male	2	29%		
Education				
Secondary education	2	29%		
Higher education non-university	2	29%		
Higher education university	3	43%		
Household				
Single	2	29%		
Married	4	57%		
Living Together	1	14%		

(N = Number of participants; Sd = Standard deviation; Max = Maximum)

Table 2 shows the background of the 7 patients that filled in the pre-intervention questionnaire. The majority of the pre-test group is feminine and mid-forties, has pursued higher education and is in a relationship. The characteristics of this test group is in line with test groups of a Danish study on engagements with arts and culture activities in the Danish general population (Santini et al., 2023).

Table 3 presents the results of the quantitative analysis from the pre- and post-intervention tests. We acknowledge that this pilot study involves a very small sample size, which limits the generalizability of the results.

Here, we encounter also one of the challenges of CoP. Most of the evidence supporting cultural prescribing is qualitative. CoP is a social intervention with qualitative outcomes such as increased confidence, a sense of belonging, improved social relations, and enhanced identity. These characteristics align well with qualitative research methods, which are consistent with the philosophy of community-based arts interventions. However, CoP is lacking quantitative research.

Moreover, qualitative research provides rich, detailed insights into individual experiences and the nuanced impacts of CoP, but it often lacks the generalizability and statistical power of quantitative studies. This gap can make it difficult to convince policymakers, funders, and other stakeholders who prioritise empirical, numerical evidence of effectiveness. Therefore, there is a need for more robust quantitative research on CoP as describe here below (Clift et al., 2021). Firstly, quantitative studies could include surveys and questionnaires. Designing surveys to gather data on participants' experiences and outcomes. Standardised measures of psychological and social well-being can provide comparable, quantitative data. Secondly, longitudinal studies should be performed. Conducting long-term studies to track the sustained impacts of CoP over time. This can help in understanding the lasting benefits of participation to cultural activities.

We have to conclude that the current lack of quantitative research in CoP is crucial for validating the benefits of cultural prescribing. By combining the depth of the insights resulting from qualitative research with the breadth of quantitative evidence, we can increase the broader acceptance and implementation of CoP's valuable interventions.

Table 3: Quantitative results pre- and post-intervention

	Pre (N=7)				Post (N=3)			
Variable	N	Mean	Sd	Max	N	Mean	Sd	Max
Lack of Social.Participation		0.69	0.12	0.81		0.79	0.14	0.89
Material.Deprivation		0.5	0.12	0.69		0.44	0	0.44
Lack of Normative.Integration		0.74	0.047	0.8		0.78	0.044	0.8
Low.Self.Esteem	7				3			
No	5	71%			1	33%		
Yes	2	29%			2	67%		
Possible.psychopathology	7				3			
No	2	29%			0	0%		
Yes	5	71%			3	100%		
Possible.serious.psychopathology	7				3			
No	3	43%			1	33%		
Yes	4	57%			2	67%		
Prescribed.psychofarmaca.use	7				3			
No	4	57%			2	67%		
Yes	3	43%			1	33%		
EQ5D.VAS		NA				59	16	69

3 Implementation of Culture on Prescription

To investigate the second research question on the processes and procedures necessary for implementing cultural prescribing in Belgium, we performed a literature study based on a narrative review.

We reviewed literature on the implementation of CoP in several European countries. The WHO stated in its report that policy development across different Member States in the European Region has lacked consistency⁷. In Denmark and Sweden, the AoP programmes are delivered in partnership with cultural institutions. This differs from the AoP projects in the UK, where the focus is often on activities organised by health centres, charities, or arts organisations facilitated by professional artists. Therefore, we investigated the implementation of cultural prescribing in the UK and Scandinavian countries (Jensen & Bonde, 2020). These countries have experimented in recent years with different forms of cultural prescribing by GPs ((Bungay & Clift, 2010); ((Jensen et al., 2017)). The results of our review can be found in the section 3.1 and 3.2 here below.

Furthermore, we reviewed the implementation of 'Exercise on Prescription' (EoP) (Bewegen op Verwijzing) in the Belgian context due to similarities between the two concepts (see section 3.3) .

3.1 Cultural prescription in United Kingdom

In Europe, the United Kingdom is pioneer in the field of Arts on Prescription (AoP), which has been utilised as a form of health promotion for several decades (Jensen et al., 2017) .

3.1.1 Evolution of Cultural prescription in United Kingdom

In an article on social prescribing through AoP (Stickley & Hui, 2012), we learned that the arts is on the health agenda in the UK since the 1970s. At that time, the

⁷ Fancourt, Daisy & Finn, Saoirse. (2019). What is the evidence on the role of the arts in improving health and well-being? A scoping review. World Health Organisation. Regional Office for Europe. <https://iris.who.int/handle/10665/329834>. License: CC BY-NC-SA 3.0 IGO

arts in health care became recognised as a legitimate intervention. In the meantime, two journals have emerged in the UK: *International Journal for Arts & Health* and *Journal of Applied Arts & Health* (Stickley & Hui, 2012). The paper on the AoP practice in the UK (Bungay & Clift, 2010) gives an insight into the early stages of the development of AoP in the UK. It states that AoP programmes were facilitated by artists or musicians and engaged groups of people living in the community. Generally, the aim was to provide access to the arts, in the belief that active participation in a creative activity could promote health and wellbeing. In this paper was stated that in the “National Service Framework Health Improvement and Prevention”, it was recognised that to be able to promote health and wellbeing, it is necessary to strengthen social support and to bring resources to deprived communities and improve the community infrastructure. The purpose was putting local government at the forefront of improving health and tackling inequalities. There was a drive to transfer power from central government to local communities.

In the paper on the use of arts interventions, we learned that over the past 30 years, the arts and health field has developed and has grown especially in the Anglo-Saxon countries. Particularly in the UK, the field had expanded across research, practice, academia and policies. A recent inquiry report from the UK All-Party Parliamentary Group on Arts, Health and Wellbeing illustrates the significant impact on personal and public health that participation in activities in a spectrum from clinical arts interventions to non-clinical participatory arts programmes can have. The mental health benefits of participatory arts are highlighted in numerous reports and reviews (Jensen & Bonde, 2018).

Moreover, the recent inclusion of social prescribing in the National Health Service (NHS) Long-Term Plan provides new opportunities for arts, creativity and community engagement to have a greater role in public health. Social prescribing programmes are now being integrated into the strategic plans of the UK's National Health Service. The *National Academy for Social Prescribing* was established in October 2019⁸. Referral into these programmes is provided as an adjunct to standard primary care for those patients who are identified as either having complex care needs (such as multimorbidity) or have identified psychosocial

⁸ <https://socialprescribingacademy.org.uk/>

morbidity such as loneliness or social isolation. Social prescribing in the UK can be described as the process of enabling health care professionals to refer patients to a link worker who helps to co-design a non-clinical social prescription to improve the patient's health and wellbeing. The recruitment of thousands of link workers provides both an opportunity and a challenge for arts and community organisations as they form closer links with referrers across the health system. The interventions remain managed by artists from the local community, and participants are referred for holistic health reasons.

In 2019, the World Health Organisation published 'What is the evidence on the role of the arts in improving health and wellbeing? A scoping review' signalling a commitment to embed arts and health across its global health programmes and activities. In fact, the *Royal Society for Public Health* (RSPH) in the UK was an early adopter of the understanding of the need to make better links between arts and health research, policy and practice, supporting the formation of a *Special Interest Group (SIG) in Arts, Health and Wellbeing* in 2015. The RSPH Arts and Health SIG advocates advances in high-quality research that lead to innovative policy and practice and serves to guide the strategic development of research within the field of arts and health (Bungay et al., 2021).

However, there remains still a significant need to develop a shared understanding of what works, how and why. One of the key recommendations from the Creative Health Report was the formation of a national strategy centre to advance good practice and research, inform policy, promote collaboration and foster the conditions for creative health to be integral to health, social care and wider systems. As a response, the UK's *National Centre for Creative Health* was launched in 2020. This National Centre for Creative Health (NCCH)⁹ is a registered Charity with a board of trustees and a staff team that plays a significant role in promoting collaboration to enable creative health to become integral to health and social care and wider systems.

⁹ <https://ncch.org.uk/>

3.1.2 Effectiveness of Cultural prescribing in UK

A study examining the effectiveness of AoP programmes in the UK investigated their potential role in addressing the rising challenges of public mental health issues. The findings indicated that these programmes could contribute significantly to supporting social capital, community engagement, and overall health and well-being. The study concluded that AoP programmes could serve as a valuable complement to conventional treatments for mental health issues and facilitate social involvement. Additionally, a qualitative research study underlined the creative and therapeutic aspects of AoP programmes, highlighting their ability to deliver social, psychological, and occupational benefits. Participants reported discovering new opportunities for personal growth and development. Subsequent follow-up research demonstrated how AoP initiatives acted as catalysts for positive transformations, leading to enhanced self-esteem, improved social and communication skills, increased motivation, and heightened aspirations among participants (Jensen, 2019).

A number of studies have been published on a range of arts and health interventions in the UK since 2010. Participants appear to value attending the AoP activities because of the social benefits and the therapeutic effect of engaging in arts activities. There are four published studies from the AoP service based in Nottingham in the United Kingdom; all four use qualitative research methods by researchers at the University of Nottingham (Jensen et al., 2017). Participants reported increased self-confidence, improved social and communication skills and increases in motivation and aspiration. An analysis of each of the claims made by participants enabled them to be grouped according to emerging themes: education (practical and aspirational achievements), broadened horizons (accessing new worlds), assuming and sustaining new identities, and social and relational perceptions.

While social prescribing programmes are acknowledged for their effectiveness in enhancing patient well-being, there is a lack of studies examining clinical indicators in the UK. A small-scale study noted a decrease in GP visits and hospital admissions. Another recent study, although in a limited patient cohort, indicated that a social prescribing intervention led to enhanced self-esteem. However, there were no observable improvements in general practice workload. Additionally, the study conducted a longitudinal analysis of the programme by tracking participants

who were re-referred across two cycles, giving insights on their progress over time. This aspect is significant within the broader literature on social prescribing, as patients are increasingly being re-referred to the same program or other social prescribing initiatives for sustained support (Sumner et al., 2021).

3.1.3 Economic and organisational aspect of Cultural prescribing in UK

Results from AoP schemes in the UK suggest economic benefits in terms of a reduction in visits to the GP and participants reported gaining transferable skills moving them closer to employment (Jensen et al., 2017).

The WHO-report (Fancourt & Finn, 2019) states that funding for the CoP schemes in the UK come from the Arts Council, local authorities or councils, or from health-care budgets at local levels. Evaluations of the schemes have calculated an average return on investment of £2.30 for every £1 spent; cost-savings occur through reductions in unnecessary prescribing and use of health services. In 2019, the UK Government announced funding for 1.300 more link workers to help the spread of the programme nationwide. The aim is to have 4.000 link workers and to refer 900.000 people to social prescribing schemes in the coming years.

The National Academy for Social Prescribing (established in 2019) reports that their work in social prescribing is resulting in a 12% reductions in GP appointments, 15-20% reduction in secondary care costs, a return on investment of £3.50 for £1 invested and measurable improvements in wellbeing, physical and mental health¹⁰.

3.2 Cultural prescription in Scandinavian countries

An article on the current practice and the future possibilities of AoP in Scandinavia (Jensen et al., 2017) provides an insight in the evidence to support social prescription and the potential obstacles of the implementation of AoP in the Scandinavian countries. The article concludes that of the Scandinavian countries, Sweden is ahead in terms of AoP and has embraced the use of culture for health benefits on a different scale compared to Norway and Denmark. Denmark, in

¹⁰ <https://socialprescribingacademy.org.uk/about-us/the-story-so-far/>

particular, is for the moment behind in recognising ways in which art and culture can benefit patients and for wider public health promotion.

A brief overview of the arts and health field in the Scandinavian countries Sweden, Norway and Denmark is stipulated here below as well as an overview of AoP activities in these countries.

3.2.1 Sweden

3.2.1.1 Evolution of Cultural prescription in Sweden

In Sweden, arts and health is supported at policy level and, from 2000 cultural activity, has officially been acknowledged as an important vehicle for public health work (Jensen et al., 2017). In 2007, the Swedish Parliament initiated the *Culture and Health Association*. Many large-scale culture and health initiatives have been initiated and sponsored at regional and national levels. In 2009, the *Ministry of Health and Social Affairs* with the *Ministry of Culture* supported pilot projects on arts and culture as rehabilitation. The primary healthcare teams referred patients to the programmes.

There is also academic interest in research on culture and health in Sweden. The *Centre for Culture, Cognition and Health*¹¹ at the University of Gothenburg was established in 2010 and has been responsible for current research in the field. Also the *Centre for Social Sustainability*¹² (established in 2013) at the Karolinska Institute, is involved in research in the area of culture and health.

3.2.1.2 Effectiveness of Cultural Prescription in Sweden

The effects of cultural participation in clinical settings in Sweden are mostly studied among small groups, and very few studies have been published regarding public health outcomes. The results of the studies performed, indicate that cultural activities have a positive impact and that self-reported health-related quality of life increased after the participation to a programme. In a controlled study from 2015, women in Sweden with burn-out symptoms were randomised to either cultural

¹¹ <https://www.kulturellahjarnan.se/en/the-centre-for-culture-cognition-and-health-2/>

¹² <https://ki.se/en>

activities or treatment as usual. At 6-month follow-up, the participants in the intervention group had improved more than in the control group, concerning self-rated health, burn-out symptoms and alexithymia (Jensen et al., 2017).

A Swedish study on primary healthcare practitioners' perspectives on the impact of AoP for patients and the wider society (Jensen & Bungay, 2021), learned us the need for more holistic approach to care for those with mental health issues. AoP facilitated primary healthcare practitioners to provide an additional treatment alongside conventional medication. On one hand, primary healthcare practitioners observed direct impacts on individual patients, such as increased confidence and motivation. While AoP is a person-centered approach and is perceived as beneficial for individuals, it also has a broader impact. On the other hand, AoP has the potential to alleviate pressures on primary healthcare services. Consequently, there is an increasing demand for social prescribing initiatives. While social prescribing may not fully tackle all social determinants of health or inequalities, its holistic and personalised approach, leveraging non-medical support, could complement traditional healthcare treatments. Furthermore, the paper noted the necessity of integrating appropriate frameworks into primary healthcare services, alongside adequate funding. Lastly, the study concluded that there is a lack of research exploring healthcare practitioners' perspectives on the impact of AoP programmes.

3.2.1.3 Economic and organisational aspects of Cultural Prescription in Sweden

The paper on the use of arts interventions stated that at the *Center for Social Sustainability* at the Karolinska Institute in Sweden, research areas include cultural activities in primary care centres and one of the centre's researchers has edited *Kulturhälsoboxen* which is a research-based set of small popular books (covering dance, music, theatre, film/photo and silence) about how arts and culture can be used with health benefits. The box set has been distributed across GP practices in Sweden. In the region of Skåne, there are many arts and health initiatives in hospitals, homes for older people and schools. Skåne delivered 'Kultur på recept' (Arts on Prescription) as a pilot project from 2012 to 2014 to citizens who were off work due to ill health which showed improved mental health wellbeing among the participants (Jensen & Bonde, 2018).

3.2.2 Norway

3.2.2.1 *Evolution of Cultural prescription in Norway*

The Norwegian *Ministry of Culture* and the *Ministry of Health and Care Services* are recognising that participation in arts and cultural activities can be effective measures for addressing health issues and support arts and health initiatives. Norway also has a public health law and a cultural law that emphasises the importance of arts in health promotion and care. With policy support, the field of practice is therefore increasing. The government has supported a number of arts and health projects, but there have been no large scale projects (Jensen et al., 2017).

Research in culture and health is also increasing. The first Norwegian *Resource Centre for Arts and Health*¹³ was established in July 2014. Music in health or music therapy has a strong and unique position in Norway. Norway has two research centres for music and health: *The Centre for Research in Music and Health* (CREMAH)¹⁴ (established in 2008) at the Norwegian Academy of Music in Oslo, and the *Grieg Academy Music Therapy Research Centre*¹⁵ at the University of Bergen. The great majority of arts and health research in Norway is related to music therapy (Jensen et al., 2017).

3.2.2.2 *Effectiveness of Cultural Prescription in Norway*

In the paper on the use of arts interventions, we learned that in Norway, the *Norwegian Centre for Arts, Health and Care* stimulates to create and to improve interaction between research, education and practice in the field of arts and health. The CREMAH in Oslo has published more than 10 scientific reports on music activities and experiences as a health resource (Jensen & Bonde, 2018).

3.2.2.3 *Economic and organisational aspects of Cultural Prescription in Norway*

In Norway, there are no large-scale programmes for AoP. The concept is, however, being experimented with, and a few municipalities are delivering arts and cultural

¹³ <https://kulturoghelse.no/>

¹⁴ <https://nmh.no/en/research/centres/cremah>

¹⁵ <https://www.uib.no/en/gamut>

activities on prescription. Some of the *Healthy Life Centres* (HLCs) in Norway are also experimenting with AoP (Jensen et al., 2017).

3.2.3 Denmark

3.2.3.1 Evolution of Cultural Prescription in Denmark

In Denmark, the political support and recognition of culture and health was less than in Sweden or Norway (Jensen et al., 2017). However, we noticed that interest has increased in recent years.

The political focus on the arts and health field has also an increased interest in the area from municipalities and a few cultural institutions resulting in upcoming conferences with emphasis on how to develop cultural prescribing. Recently, Aalborg University has established a *Centre for Arts, Culture and Health Research*¹⁶ in Denmark. The University of Copenhagen has created a department of Arts and Cultural Studies¹⁷ where research on Art and Health is being performed. Moreover, the *Centre for Music Therapy* at Aalborg University has a long tradition for educating practitioners as well as conducting research and similar to the Norwegian tradition, music therapy is used both in community and clinical settings (Jensen & Bonde, 2018).

3.2.3.2 Effectiveness of Cultural Prescription in Denmark

Participants in the 'Culture Vitamins' AoP project in Denmark experienced improvement in their mental health well-being (Jensen, 2019). The mental health benefits were reported as: increased energy level, increased self-esteem, more joy in life, less panic attacks, increased motivation, better understanding of own needs and increased self-care. The 'Culture Vitamins' project can be regarded as a catalyst for connecting with inner resources and unlocking some of the barriers that mental ill has created. The experience has shifted the participants' experience of themselves in the world and initiated motivation for the future. Furthermore, the 'Culture Vitamins' project offered a positive contribution to a public health challenge associated with stress, anxiety and depression in individuals.

¹⁶ <https://www.en.culture.aau.dk/about-the-department/contact-the-department>

¹⁷ <https://artsandculturalstudies.ku.dk/research/art-and-health/>

Another Danish study on engagement with arts and cultural activities in the general population supports the inclusion of the cultural and creative sectors in health strategies. Mental health promotion initiatives, as well as the arts and culture sectors, may encourage the public to participate in arts and cultural activities at least once per quarter (Santini et al., 2023).

3.2.3.3 *Economic and organisational aspects of Cultural Prescription in Denmark*

In the paper on the use of arts interventions (Jensen & Bonde, 2018), we learned that with inspiration from Skåne, four local authorities in Denmark are currently (2016–2019) delivering ‘Arts on prescription’ (AOP) programmes for citizens on sick leave, mostly due to depression, stress and anxiety. The programmes are supported by the central Government’s SATS funding. In addition, Aalborg University in Denmark hosts *Nordjysk Center for Kultur & Sundhed (NOCKS)*¹⁸ which is a collaboration between Aalborg University, Aalborg University Hospital, the local authority and the regional authorities. The centre aims to generate knowledge, improve practice and to focus on dissemination of results and findings. Such evidence is demanded from regional as well as national health agencies.

Furthermore, in a paper on the perspectives of the cultural institutions engaged in an AoP programme learned us that it is for them important not to take the responsibility for the health of the AoP participants as they are not skilled to deal with such issues (Jensen & Bonde, 2020). In this paper was also stated that most cultural institutions consider how to be more inclusive and how they can best engage with wider society combatting exclusivity and inaccessibility. Willingness to engage in strategies that include health partners does require explicit policies and policy-driven initiatives. Finally, some cultural institutions were concerned about the impact on their resources if they had to deliver future activities without additional funding. Others did not understand why they were financially compensated for delivering the activities as they understand it to be part of their duty as a publicly funded institution.

¹⁸ [Nordjysk Center for Kultur og Sundhed — Aalborg University's Research Portal \(aau.dk\)](https://aau.dk/research/centres-and-institutes/nordjysk-center-for-kultur-og-sundhed)

3.3 Exercise on Prescription in Belgium

Exercise on Prescription (EoP) and CoP serve different but complementary purposes in promoting health and well-being, with EoP focusing on physical activity and CoP addressing broader holistic health needs related to social isolation, mental health issues, burnout, and depressive moods (Bungay & Clift, 2010).

In Belgium, EoP is supported by the Flemish Institute for Healthy Living (Vlaams Instituut Gezond Leven¹⁹), which plays a role as a not-for-profit organisation collaborating closely with the Flemish government. The institute serves as a centre of expertise for health promotion, disease prevention, and various health-related domains including nutrition, exercise, mental health, and more. It provides strategic guidance, methodologies, policy support, and professional resources to promote health and well-being across the Flemish community.

The Flemish steering group for EoP consists of various stakeholders including the Flemish Institute for Healthy Living, local authorities, Domus Medica (professional organisation for GPs), mutual insurance companies, the network against poverty, and representatives from the Flemish government. This collaborative effort ensures that EoP is organised effectively and addresses the needs of the community by leveraging the expertise and resources of multiple sectors and organisations.

Given the similarities between EoP and CoP, we propose a possible process for CoP based on the existing framework of EoP. We have to emphasized that this proposed process here below, is not the process followed in our pilot study. We included link workers in the process here below (similar to coaches in EoP and link workers implemented in CoP in UK).

¹⁹ <https://www.gezondleven.be/projecten/bewegen-op-verwijzing>

Table 4: Process Exercise on Prescription and Culture on Prescription

	Exercise on Prescription (see Appendix 7)	Culture on Prescription
Step 1	The GP gives the patient a referral letter for the Exercise on Referral coach.	Similar to EoP
Step 2	The patient makes an appointment with the coach himself or the GP contacts the coach.	Similar to EoP (coach = link worker)
Step 3	The patient has an intake interview with the coach and they draw a tailor-made exercise plan together.	The patient has an intake interview with the coach (link worker) and they look together for cultural events according to the patient's interest.
Step 4	The patient tries out the exercise plan.	The patient tries out the culture programme with multiple cultural activities.
Step 5	The patient visits the coach occasionally and discusses what is going well and what not. The coach motivates the patient to continue.	Similar to EoP
Step 6	The patient moves more every day and starts feeling better.	The patient starts feeling better, has more self-esteem, has social contacts, ...
Step 7	The coach regularly provides a report to the GP.	Similar to EoP

EoP has several positive outcomes. We consider EoP and CoP similar to each other and therefore we expect that the following advantages of EoP also can apply to CoP. First of all, CoP could benefit from refunds for participants and making cultural activities more accessible. Secondly, the aid of a coach or a link worker could relieve GPs of the time-consuming task of coaching and advising cultural activities to the patients. Moreover, a coach can provide the support that many patients may seek, such as guidance and companionship during cultural events, similar to how coaches support exercise activities in EoP. Finally, GPs remain informed about their patients' progress through feedback from coaches and link workers and ensuring continuity of care.

However, there are considerations unique to CoP. Some patients may prefer not to share details of their mental health issues with cultural partners, link workers or

coaches, preferring instead to keep these discussions within the trusted relationship with their GP. To address this concern, CoP programmes can be designed with options for patients to choose the level of information sharing they are comfortable with. This might involve clear communication of privacy policies, ensuring that participation in cultural activities does not require disclosure of sensitive health information unless desired by the patient.

By adapting successful elements of EoP while respecting the unique needs of CoP participants, such as privacy concerns, Culture on Prescription can potentially achieve similar positive outcomes in enhancing mental health and wellbeing through cultural activities.

4 Discussion

Research in the UK and the Scandinavian countries, as well as the results from the pilot study, indicate that cultural prescribing can be considered a valuable complement to conventional treatments for mental health issues and can facilitate social involvement. In this chapter, we will examine main outcomes and statements.

4.1 Broadening the scope of Culture on Prescription

The population of the pilot study consisted of adults who consulted a GP, experiencing mild common mental health issues related to burnout, chronic fatigue, anxiety disorders, stress-related depression, feelings of social isolation, or mental discomfort (see section 2.1.1). As discussed with GP and cultural partners, the target audience was narrow, and referrals were limited to GPs (see section 2.1.5.2 and 2.1.5.3).

In the article on the use of arts interventions for mental health (Jensen & Bonde, 2018), we learned that participatory arts activities and clinical arts interventions are made more widely available in health and social settings. Such cultural activities can be used as non-medical interventions to promote public health and wellbeing. Participation in activities in a spectrum from clinical arts interventions to non-clinical participatory arts programmes is beneficial and an effective way of using the arts to promote holistic approaches with health benefits. Studies show that arts interventions covering a spectrum from clinical arts interventions over specially designed arts activities with a therapeutic approach, to non-clinical participation in arts activities and experiences – have both positive and reliable psychological effects for patients within a wide range of diagnosed illnesses.

We created the model in figure 6 here below, wherein we demonstrate the possible broadening of the CoP's scope. On the vertical axis, the degree of care is shown from self-care, over primary care (1st Line Healthcare) to specialized care (2nd Line Healthcare). On the horizontal axis, the degree of mental state is shown in a continuum from mentally healthy to severe mental illness. As mentioned before, the limited target group of the pilot study (patients with mild common mental health

issues (burnout, stress-related depression)) is shown in the orange eclipse. The possible scope of CoP is the area in the blue circle and demonstrates that the scope can be extended in the degree of care as well as in the degree of the person's mental state. Firstly, as demonstrated on the vertical axis, CoP can be enlarged upwards to more specialized care (2nd Line Healthcare) via stepped care²⁰. Moreover, the degree of care can also be enlarged downwards and be offered by a broader range of referrers (psychologists and other primary care workers). Psychologists in primary care can prescribe EoP to their patients (see section 3.3). Therefore, we propose that psychologists in primary care should also be authorised to prescribe CoP.

Secondly, on the horizontal axis, it is indicated that CoP can be extended to patients with more severe mental illnesses, using a different setting (e.g. clean room), but also for persons with less mental health issues wherefore CoP can combat loneliness and even be used as a preventive measure for mentally healthy persons. Arts can play a major role in prevention and promotion of health by enhancing social bonding. Arts provide a recognised solution for reducing loneliness and social isolation. Moreover, arts engagement can also help to reduce the risk of developing mental illness such as depression. Participating in arts activities can build self-esteem, self-acceptance, confidence and self-worth, which all help to protect against mental illness.

Finally, we can conclude that the role of arts and culture in general (shown as the yellow circle in figure 6) to affect social determinants of health is significant (Fancourt & Finn, 2019).

²⁰ Stepped care is a healthcare approach that provides the least intensive and most cost-effective treatment first, escalating to more intensive and specialized interventions as needed, based on patient response. This model aims to optimize resource use while ensuring patients receive the appropriate level of care at each stage.

Scope of Culture on Prescription

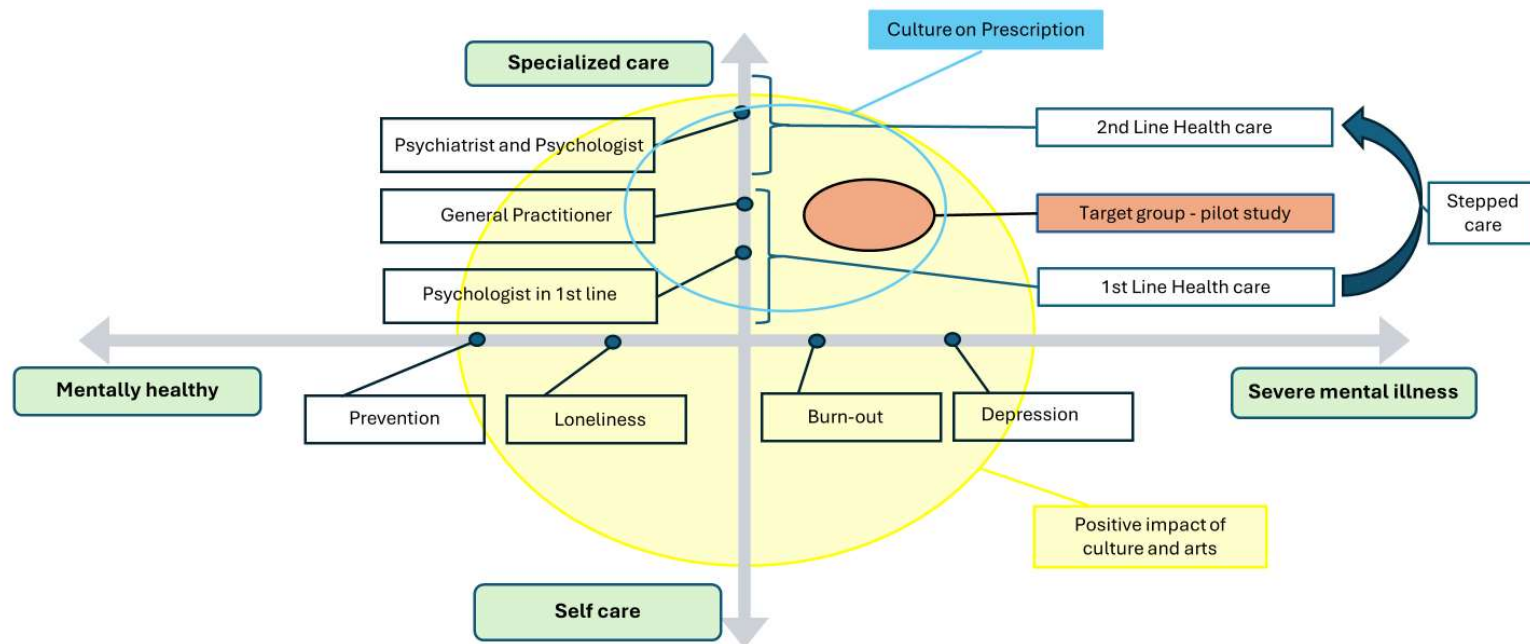


Figure 6: Scope of Culture on Prescription

4.2 Integration into the regular culture centre's organisation

Participation in the cultural activities through the pilot study was integrated into the regular operations of the culture centre. The cultural partners confirmed that there was no special organisation necessary to offer the concept of CoP. In the pilot study, we did not work with buddies or with link workers.

We can conclude that CoP can be integrated into the regular operations of cultural centres. Consequently, CoP can leverage the wide range of locally organised cultural events and their accessibility. A diverse array of cultural events ensures that the majority of patients can find activities aligned with their interests, encouraging repeated participation.

The integration into the regular system also aligns with community-based care principles, focusing on providing support within the community and potentially reducing the stigma associated with mental illness (Jensen et al., 2017) .

Nevertheless, we learned from the Denmark experience that collaboration needs to be supported by policy-driven initiatives.

4.3 Introduction of Buddy and Link workers

During interviews with cultural partners, a suggestion was made to introduce Buddy-working in cultural centres. Buddy-working could operate as follows: individuals who are lonely or who enjoy attending theatre performances but feel anxious about going alone could contact the cultural centre and request a buddy to accompany them to the event. These buddies could be volunteers who enjoy meeting new people and sharing cultural experiences. Cultural activities provide opportunities for social interaction, which can alleviate feelings of loneliness and enhance social connections. Combating social isolation through cultural engagement can prevent escalation of mental issues as well.

In the concept of CoP, a Link Worker refers to the coach in EoP. Link workers serve as intermediaries between patients, referrers (such as GPs and psychologists), and the cultural sector. They may serve as the initial point of contact for patients

participating in a Culture on Prescription programme. However, the extent to which patients are willing to share information about their condition with a Link Worker varies. Some patients will be open to this interaction, while others may prefer to maintain the trusted and confidential relationship with their GP.

The concept of Link Workers has already been implemented in the UK and Scandinavian countries. We have also introduced Link Workers in the process of CoP we have built based on EoP (see section 3.3).

4.4 Creation of Well-being label for culture partners

In the interviews with the cultural partners (see section 2.1.5.3), it was mentioned that it is important to enhance publicity regarding the role of cultural centres as partners in enhancing mental health and wellbeing among citizens. Therefore, we suggest creating a label that cultural centres can use to indicate their partnership with cultural prescribing, link workers and/or buddy working.

4.5 Enhanced political and academic support

Both in the UK and the Scandinavian countries, there is sustainable political and academic support for social prescribing through the establishment of an academy or centre within a national institute and/or universities.

A paper on the perspectives of the cultural institutions that are involved in an AoP programme stipulated that if cultural institutions are to engage with the mental health wellbeing agenda, then policy-driven initiatives can support collaborations that involve groups of people with mental health problems (Jensen & Bonde, 2020).

The advantages of such a dedicated organisation are manifold. Research, development, and the organisation of cultural prescribing can be conducted efficiently and effectively.

4.6 Gaps in Evidence Based Research

A prerequisite for the success of Arts on Prescription (AoP) is the requirement for evidence, both in terms of efficacy and economic viability. Strong evidence also facilitates the justification for public funding. However, a potential obstacle for AoP is that much of the research and healthcare practices are predominantly rooted in the medical model of research, which typically demands a randomized controlled design. This design is challenging to apply to interventions like AoP. On the one hand, participants may be referred for a variety of physical, social, and psychological disorders. On the other hand, the interventions are not standardized either. Different types of cultural events are attended by the patients included in CoP programmes.

Most of the evidence supporting social prescribing, particularly Arts on Prescription (AoP), is qualitative and often narrative in nature. Social prescribing is fundamentally a social intervention with qualitative outcomes such as increased confidence and self-esteem, a sense of belonging, improved social relations, and enhanced identity. These characteristics align well with qualitative research methods that are in harmony with the philosophy of community-based arts interventions.

In the paper on observed changes in anxiety, depression, and well-being across referral cycles (Sumner et al., 2021), evidenced based research is included that proves that AoP changes the level of anxiety, depression, and well-being in a cohort of patients participating in up to two eight-week. The sample consisted of 245 individuals referred into the programme from 2017 to 2019, with a sub-sample of participants (N = 110) with identifiable multimorbidity. No control group was included in this study. Outcomes were measured pre- and post-intervention at both initial and rereferral. The study results that anxiety, depression, and well-being were all significantly improved after initial referral, re-referral, and overall from initial to post re-referral for this intervention in the whole sample and multimorbid sub-sample. Multivariate analyses revealed that no participant variables appeared to account for the variance in outcome change scores. We can conclude that the research provides further support for AoP interventions, finding associations with reduced anxiety and depression and increased well-being. Additionally, these outcomes are evidenced in those with multimorbidity, as well as across initial- and re-referral cycles.

There remains large gaps in the research literature (Bungay et al., 2021):

- *Gaps in Research on Cost-Effectiveness and Long-Term Outcomes:*
Few studies have examined the cost-effectiveness or long-term outcomes of different interventions involving arts. There is a lack of detailed information about the nature and quality of these interventions, making it difficult to assess their true impact.
- *Methodological Concerns:*
Existing research often relies on small sample sizes and observational study designs. These methodological limitations raise questions about whether the observed effects are due to the arts and cultural activities themselves or other confounding factors.
- *Need for Large-Scale and Longitudinal Studies:*
Some large-scale epidemiological studies suggest associations between arts activities and health outcomes, but these studies do not establish causation. There is a call for robust longitudinal studies to better understand the long-term effects and causal relationships.
- *Requirement for High-Quality Reviews and Meta-Analyses:*
High-quality systematic reviews and meta-analyses are needed to synthesize the evidence. For these reviews to be meaningful, the evidence base must be coherent, with a clear understanding of the nature of the arts and cultural activities, their target populations, and the contexts in which they occur.
- *Call for Critical Academic Debate:*
There is a need for ongoing critical academic debate to support the integration of arts and culture in healthcare settings. Such debate should focus on refining research methodologies and clarifying the role of arts and cultural activities in promoting health and wellbeing.

In the paper on the use of arts interventions (Jensen & Bonde, 2018), we read that despite the numerous positive results from the AoP programmes, the evaluations of many of the AoP programmes remain in the category of 'grey literature'. As mentioned before, the field lacks larger studies, in order to better

understand the potentials for mental health associated with the different art forms as well as longitudinal studies to establish long-term effect (Jensen & Bonde, 2018).

In summary, while there is evidence suggesting a positive impact of arts and cultural activities on health, the research is still in its early stages. There is a pressing need for more rigorous, large-scale, and long-term studies to establish a robust evidence base. Additionally, detailed descriptions of the interventions and their contexts are crucial for understanding their effectiveness and for conducting meaningful systematic reviews and meta-analyses.

General conclusion

Based on the research conducted in the UK, the Scandinavian countries, and the pilot study, cultural prescribing emerges as a promising adjunct to conventional treatments for mental health issues.

Firstly, we can conclude that participation to a cultural event or activity have a positive impact on the participant's mental health. We noted that the patients had expectations of achieving a peaceful state of mind, balance, and inner serenity before participating in the cultural event. Most of the patients in the pilot study experienced a *zen-feeling* during the event. The *wide range of locally organised* cultural activities and their *easily accessibility* were seen as additional benefits of CoP. Factors contributing to success and repeated participation in cultural events are the alignment of the activities with the *patients' interests* and the level of *social interaction* and *setting* matching the patients' preferences. Activities aligned with personal preferences serve as catalysts for repeated participation, potentially leading to sustained mental health benefits. All interviewed patients expressed an interest in discovering *new opportunities* for attending cultural activities in the future.

Secondly, the processes and procedures for increasing the chances of making CoP a success in Belgium, can be described as follows:

- Implementation of CoP in a *broader scope* which encompasses on the one hand primary healthcare and specialized healthcare. On the other hand, CoP can be utilised for mentally healthy persons as well as persons suffering more severe mental issues.
- Integration of CoP into the *regular operations* of cultural centres. CoP can leverage the *wide range of locally organised* cultural events and their *easily accessibility*. A diverse array of cultural events ensures that the majority of patients can find activities aligned with their interests, encouraging repeated participation.
- Creation of *buddy-working* for helping individuals who are lonely or who enjoy attending theatre performances but feel anxious about going alone.
- Engaging *link workers* who act as intermediaries between patients, referrers (GPs and psychologists), and the cultural sector. They may serve as the initial point of contact for patients participating in a CoP programme.

However, patients' willingness to share information about their condition with a Link Worker can vary. Some patients may be open to this interaction, while others might prefer to maintain the trusted and confidential relationship with their GP.

- Increasing publicity about the role of cultural centres in promoting mental health and well-being is crucial. Creating a *label* for indicating cultural centres' partnership with CoP, link workers, and/or buddy working can promote awareness, inclusivity, destigmatization of mental illness and community support for CoP initiatives.
- Enhancing *political and academic support* by creating a (regional or national) centre, academy, or institute dedicated to social prescribing with the aim to create new opportunities for arts, and to engage community to play a more significant role in public health.
- Formulating a (national or regional) *strategy* to enhance best practices and research, inform policy decisions, stimulate collaboration, and create an environment where arts become an integral part of health care.

Finally, there is emerging evidence suggesting a positive impact of arts and cultural activities on health. However, there is an urgent need for more rigorous, large-scale, and long-term studies to establish a robust evidence base. Furthermore, providing detailed descriptions of the interventions and their context are essential for understanding their effectiveness and for convincing policymakers to fund CoP in the future.

We can conclude that CoP offers a valuable approach for enhancing mental health care by leveraging cultural activities to complement traditional treatments. By addressing individual needs and interests, promoting social involvement, and integrating with existing culture centre's organisation, CoP in Belgium has the potential to significantly contribute to mental health promotion and care across varying levels of persons' mental health states.

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Appendix 1 - Brochure



CULTUUR OP VOORSCHRIFT

IN SAMENWERKING MET



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RESERVEREN

Je zal een culturele activiteit waaraan je wenst deel te nemen, kunnen kiezen uit deze brochure. Jij en 1 persoon om jou te vergezellen zullen gratis kunnen deelnemen aan deze activiteit.

De reservatiemethode is afhankelijk van de culturele partner die de activiteit organiseert. De reservatiemethode wordt bij elke activiteit vermeld.

Methode A: Voor de reservatie bij FeliXart & Eco Museum dien je telefonisch contact op te nemen met het onthaal van het museum (+ **32 (0)2 377 57 22**)

Methode B: Voor de reservatie bij Avansa Halle - Vilvoorde dien je telefonisch contact op te nemen met het onthaal (+ **32 (0)2 454 54 01**)

Methode C: Voor de reservatie bij CC De Meent kan je gebruik maken van bijgevoegde QR-code. Op hun website kan je de tickets reserveren.

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KUNSTENPARCOURS 'SHIFTING SCENERIES' SAMENGESTELD DOOR CURATOR BENEDICT VANDAELE



© John Stael

Shifting sceneries is de nieuwe tentoonstelling met hedendaagse kunstenaars in het Felix Art & Eco Museum. Shifting sceneries kadert in het grotere geheel van GIST, een gloednieuwe triënnale in de Zennevallei. De tentoonstelling sluit aan bij een beeldenparcours langs de kronkelende Zenne, waar wandelaars, fietsers en kunstliefhebbers kunnen genieten van het mooie groen in de Zennevallei.

Datum: van 26/08/2023 tot 5/11/2023

Plaats: Felix Art & Eco Museum

Reservatiemethode A

De veranderende omgeving van de kronkelende Zenne inspireert een twintigtal beeldende kunstenaars. De deelnemers van Shifting Sceneries bevinden zich in verschillende fases van hun oeuvre en resideren in het binnen- en buitenland. Al fietsend of wandelend ontdekken de bezoekers de kunstenroute die zich uitstrekt over Halle, Sint-Pieters-Leeuw, Beersel en Drogenbos.

GIST

Tijdens het openingsfeest van GIST op **26 augustus 2023** zijn er ook tal van activiteiten en workshops voor gezinnen met kinderen.

Van **26/08/2023 tot 5/11/2023** is er ook een fietstocht en 4 wandelingen: je kan meer informatie vinden op <https://www.gist-zennevallei.be/>

Reservatiemethode A



FELIX ART & ECO MUSEUM



Wil u deel uitmaken van het vrijwilligersteam van het Felix Art & Eco Museum in Drogenbos?

Als onthaalmedewerker, gastvrouw of -heer in de hoeve van Felix De Boeck of archiefmedewerker komt u in een fijne omgeving terecht.

1 à 2 dagen per maand, vrijwilligersvergoeding voorzien.

Graag meer weten: info@felixart.org of 02 377 57 22

LEAGUE & LEGEND (KINDERTHEATER)



Kom met het gezin naar het Colomapark voor een namiddag vol plezier. **Vanaf 14 uur** is er tal van randanimatie te vinden, met **om 15 uur** de voorstelling 'League & Legend'. G eniet ondertussen van een hapje en een drankje op het grote terras.

In 'League & Legend' vecht 15Feet6 het uit op de grasmatt. Gewapend met polsstokken en tape breken ze elk record op hun weg naar de top. De naam van het spel is irrelevant, de show allesbehalve.

15ft6 (of te wel 4.75m) is de lengte van de Russian bar, een bijzondere circusdiscipline. Een Russian wat? Een lange lat waarop één acrobaat tot wel 7m hoogte, gelanceerd wordt, gedragen door de twee andere acrobaten. Een soort supersonisch dynamisch turnen, of te wel een spectaculaire circusdiscipline, die je niet zo vaak voorbij ziet komen. Een vrolijke voorstelling van internationale toppers met tape, polsstokken, bascule, Chinese mast en natuurlijk ook de Russian bar. Een ode aan creativiteit, uithoudingsvermogen en een snuffje competitie: sport of toch circus zoals je het nog nooit eerder zag! De drie acrobaten uit drie windstreken van Europa (Spanje, Finland & België/GB), gaan de strijd aan met elkaar, en de zwaartekracht, om erachter te komen: alleen ga je sneller, maar samen kom je verder.

Datum: 9/9/2023

Plaats: Colomapark (Sint-Pieters-Leeuw)

Reservatiemethode A

INITIATIE MANDEN VLECHTEN (CREATIEVE WORKSHOP)

Kom zelf een mand vlechten met wilgentenen. Voorkennis of ervaring is niet nodig: Lieve leert je alles over deze ambachtelijke techniek. Je krijgt praktische tips en gaat naar huis met een unieke, zelfgemaakte mand.

Datum: 10/9/2023 (10:00 tot 17:00)

**Plaats: Hoeve Felix De Boeck
Grote Baan 379, 1620 Drogenbos**

Reservatiemethode B

Praktische informatie: We maken een asymmetrische mand zoals afgebeeld op de foto. Bij mooi weer werken we buiten. Voorzie zelf een lunchpakket. Breng ook een eigen snoeischaar en een scherp mes mee. Heb je dit niet? Geef ons een seintje en wij voorzien het materiaal.



INITIATIE BLAUWDRUK (CREATIEVE WORKSHOP)

Maak kennis met het oudste en blauwste fotografische drukproces! Je kan er afdrukken mee maken van eigen tekeningen of fotonegatieven, maar ook van natuurlijke en gevonden materialen zoals planten, kantwerk, plastic... Voor cyanotypie heb je geen donkere kamer nodig, want de belichting gebeurt door de zon. Het resultaat is een uniek beeld in Pruisisch blauw. Deze activiteit vindt plaats tijdens Open Monumenten dag.

Datum: 10/9/2023 (11:00 tot 15:00)
Plaats: Kasteel Coloma
Jozef Depauwstraat 25, 1600 Sint-Pieters-Leeuw

Reservatiemethode B

Praktische informatie: We experimenteren tijdens deze initiatie op papier. Breng gerust eigen voorwerpen mee die een mooi silhouet kunnen opleveren. Bijvoorbeeld plat gedroogde planten of bloemen, kant of andere texturen die gedeeltelijk lichtdoorlatend zijn.



SCHILDEREN IN DE NATUUR (CREATIEVE WORKSHOP)

Wie graag eens in de openlucht wil experimenteren met verf en penselen mag deze workshop niet missen. We maken een mooi schilderijtje op doek. Eerst bestudeer je de organische vormen van planten en hun mooie kleuren. We tonen je hoe kleuren gemengd worden en hoe een evenwichtige compositie tot stand komt. Ook als je nog nooit een penseel in handen had, breng je de opdracht tot een goed einde.

Datum: 16/9/2023 (10:00 tot 16:00)
Plaats: Landhuis De Viron
Jozef Depauwstraat 11, 1600 Sint-Pieters-Leeuw

Reservatiemethode B

Praktische informatie: Voorzie een eigen lunchpakket. Al het nodige materiaal is aanwezig, maar breng gerust je eigen schilderspullen mee als je die hebt.



SCHILDEREN IN DE TUIN VAN FELIX DE BOECK (CREATIEVE WORKSHOP)

Ben je graag in open lucht en wil je eens experimenteren met verf en penselen? Grijp dan je kans en laat je inspireren door het werk van kunstschilder Felix De Boeck. Na een korte rondleiding neem je met een schildersezeltje plaats in de tuin van zijn hoeve. Lieve demonstreert hoe je kleuren mengt en een evenwichtige compositie opbouwt. Voorkennis of ervaring is niet nodig. Je kan ook meedoen als je nog nooit eerder een penseel vastnam.

Datum: 1/10/2023 (10:00 tot 16:00)

**Plaats: Hoeve Felix De Boeck
Grote Baan 379, 1620 Drogenbos**

Reservatiemethode B

Praktische informatie: We schilderen buiten. Draag aangepaste kledij en breng een lunchpakket mee. Bij regenweer voorzien we een waardig alternatief. Al het nodige materiaal is aanwezig, maar je mag ook je eigen schilderspullen meebrengen.



VAN KOP TOT TEEN GEWASSEN (CREATIEVE WORKSHOP)

Wist je dat je zelf shampoo en doucheschuim kunt maken met eenvoudige en natuurlijke materialen? Tijdens deze activiteit ontdek je hoe dat kan. We leren je de kneepjes van het vak en je maakt zelf een doucheschuim of een shampoo die je kunt meenemen. Je krijgt ook verschillende recepten mee die je thuis verder kunt uitproberen.



Datum: 25/10/2023 (19:00 tot 22:00)

**Plaats: Landhuis De Viron
Jozef Depauwstraat 11,
1600 Sint-Pieters-Leeuw**

Reservatiemethode B

MOODY BLUE PRODUCTIONS – MAURICE TILLEUX (PREMIERE)



Het beeldverhaal is de kunstvorm bij uitstek met een snuifje surrealisme à la belge. Hergé en Franquin zijn namen die zelfs de grootste stripanalfabeet kent. Ook Maurice Tillieux (GUUS SLIM, YOKO TSUNO,...) hoort thuis in dit rijtje. Deze theatervoorstelling werpt een blik op zijn boeiende leven en de keuzes die hij diende te maken in zijn carrière. De première van deze voorstelling vindt plaats in CC de Meent!

Datum: za 23/9/2023 (20:15)

Plaats: CC de Meent, Alseberg/Beersel

Reservatiemethode C

CIRCUS RONALDO – DA CAPO (THEATER)

Circus Ronaldo verlangt ernaar om hun familieverhaal te vertellen. Een beeldende, filmische voorstelling over een geschiedenis van liefde, noodzaak, schijnbaar toeval en passie. Van de kleine Adolph die in 1842 op zijn 15 jaar wegliep met een circus tot vandaag, waar de 7de generatie na Adolph haar intrede doet in de piste van Circus Ronaldo. En de karavaan trekt verder!

**Data: vrijdag 29 & zaterdag 30/09/2023
(20:00)**

zondag 01/10/2023 (15:00)

Reservatiemethode C

Geschikt voor iedereen vanaf 10 jaar.
Een organisatie van GIST



FRANK VANDER LINDEN ZANGER – GITARIST (MUZIEKOPTREDEN)



Een man trekt zijn jas aan en gaat de baan op. Hij neemt zijn gitaar en reist naar een plek waar mensen naar zijn songs en verhalen komen luisteren. Dat doet hij al jaren, meestal met De Mens, maar soms zoals nu, helemaal alleen (of hoogstens begeleid door meesterpianist David Poltrock). Onder zijn arm zitten een aantal covers, maar vooral songs uit zijn solo-albums.

Datum: zaterdag 7/10/2023 (20:15)
Plaats: CC de Meent, Alseberg/Beersel

Reservatiemethode C

CHRIS JORIS UNTIL THE DARKNESS FADES – JAZZLAB (MUZIEKOPTREDEN)

WERF Records en JazzLab vieren samen hun 30ste verjaardag met drie tournees/albums waarvoor ze de handen in elkaar slaan. Een daarvan is met percussionist Chris Joris, een veteraan van de Belgische jazz die uitpakt met een beklijvend nieuw project. De grootmeester wordt begeleid door cello en viool.

Datum: vrijdag 13/10/2023 (20:15)
Plaats: CC de Meent, Alseberg/Beersel

Reservatiemethode C



LAÏS – DE LANGSTE NACHT (MUZIEKOPTREDEN)



Na een release-pauze van meer dan 8 jaar, heeft LAÏS nog eens een nieuwe plaat uit. Voor het eerst zonder Annelies Brosens. Dit afscheid luidt een nieuw hoofdstuk in voor Jorunn en Nathalie. Met beide voeten op de grond hebben ze de succesformule van LAÏS herontdekt en uitgediept. Ze worden muzikaal bijgestaan door hun beide partners, Bjorn Eriksson en Tomas de Smet (Zita Swoon). Sluit je ogen, geniet en dans.

Datum: zaterdag 14/10/2023 (20:15)

Plaats: CC de Meent, Alseberg/Beersel

Reservatiemethode C

DUO EOLIEENNE – KLEPPEN EN SNAREN KLASSIEK CONCERT IN DE GEEST VAN TEIRLINCK

Het Huis van Herman Teirlinck is opnieuw gastheer voor een aantal klassieke concerten "in de geest van Teirlinck". In de hedendaagse kamermuziekscène komt de bezetting saxofoon-harp zelden aan bod. Geheel onterecht, zo blijkt uit dit bijzonder programma.

Een fris en origineel programma dat steeds toegankelijk en meeslepend blijft door zijn sterke uitdrukingskracht en gevarieerd harmonisch landschap, gebracht door Kurt Bertels en Emma Wauters!

Datum: zondag 15/10/2023 (15:00)

**Plaats: Huis van Herman Teirlinck
(Uwenberg 14, 1650 Beersel)**

Reservatiemethode C

Kurt Bertels (saxofoon)

Emma Wauters (harp)



HET NIEUWSTEDELIJK – SURFER ROSA BEGIJNTJE (THEATER)



Hoe kan je haarfijne taal uit de poëtische roman 'De zeer schone uren van Juffrouw Symforosa, begijntjen' van Felix Timmermans combineren met hele grote muziek zoals deze van de Pixies op hun debuutalbum 'Surfer Rosa'? Adriaan van Aken laat zien dat rockend én intiem perfect samen gaan. Hij kan hiervoor rekenen op twee rasentertainers Joke Emmers en Pieter Embrechts.

Datum: vrijdag 20/10/2023 (20:15)
Plaats: CC de Meent, Alseberg/Beersel

Reservatiemethode C

JEAN BLAUTE – MET VALLEN EN OPSTAAN (MUZIEKOPTREDEN)

Een muzikale boekvoorstelling waarin het verhaal wordt verteld van de 'zoon van de muzikwinkel' die uitgroeide tot de 'George Martin van de Lage Landen'. Als zoon van een muziekhandelaar in Zottegem kreeg Jean Blaute een levenswijshede cadeau van zijn moeder: 'Het is niet de schuld van Eddy Wally dat mensen geen platen van Miles Davis kopen'. Dit blijft tot vandaag een leidraad voor de veelzijdige muzikantproducer.

Datum: zaterdag 21/10/2023 (20:15)
Plaats: CC de Meent, Alseberg/Beersel

Reservatiemethode C



SOFIE ENGELN, FRANKY DE SMET-VAN DAMME & BAND - HISTORY OF METAL (MUZIEKOPTREDEN)



Of je nu Paranoid bent of een Trooper met een T-shirt van Metallica: Nothing Else Matters, want na deze voorstelling voel je je gegarandeerd helemaal Thunderstruck! Sofie Engelen staat te popelen om samen met de Belgische metalen grootheid Franky De Smet-Van Damme te grasduinen in de rijke geschiedenis van de Metal. Van Led Zeppelin tot Motörhead, van Fleddy Melculy tot Channel Zero, allemaal komen ze aan bod in deze bangelijk beukende voorstelling.

Datum: vrijdag 27/10/2023 (20:15)
Plaats: CC de Meent, Alseberg/Beersel

Reservatiemethode C

SVEN DE RIDDER COMPANY - AANGESPOELD (THEATER)

Vijf schipbreukelingen spoelen compleet uitgeput aan op een onbewoond eiland ergens in een godvergeten gat. Geraken ze hier ooit nog weg of zullen ze de rest van hun dagen samen moeten doorbrengen, vergeten door de rest van de wereld? Dan ontdekken ze dat er toch nog iemand op hun eiland woont: Robby, een verwilderde zonderling die allesbehalve blij is met zijn nieuwe burens.
 Een kletsnatte komedie van Brik Van Dyck en Sven De Ridder.

Datum: woensdag 01/11/2023 (20:15)
Plaats: CC de Meent, Alseberg/Beersel

Reservatiemethode C



THEATER MALPERTUIS – GELUKZOEKERS



Mokhallad Rasem interviewt mensen en laat hen hun verhaal doen. 'Wat is geluk voor jou? Waar zit het 'm in? Wat versta je eronder? Moet je er wel of niet naar streven? Of heeft het juist met loslaten te maken? Kunnen we ook tevreden zijn met ongelukkig zijn?'. Samen met Charlotte Vandermeersch ging hij aan de slag met de verhalen. Het resultaat is een ultieme theatervoorstelling over de kunst van het geluk.

Datum: vrijdag 02/11/2023 (20:15)

**Plaats: CC de Meent,
Alseberg/Beersel**

Reservatiemethode C

CLAIRE CHEVALLIER & GEORGE VAN DAM KLASIEK CONCERT IN DE GEEST VAN TEIRLINCK

Het Huis van Herman Teirlinck is opnieuw gastheer voor een aantal klassieke concerten "in de geest van Teirlinck". Claire Chevallier (piano) & George van Dam (viool) brengen een puur samenspel van piano en viool in een intens en gedreven repertoire van tussen 1910-1925. Technisch veeleisend, maar ook inhoudelijk behoren de stukken tot het hoogtepunt van muziek gecomponeerd voor viool en piano. George Van dam componeerde recent nog de muziek voor THE CHAPEL (Dominique Deruddere).

Datum: zondag 26/11/2023 (15:00)

**Plaats: Huis van Herman Teirlinck
(Uwenberg 14, 1650 Beersel)**

Reservatiemethode C



KOMMIL FOO – GRIND (MUZIEKVOORSTELLING)



GRIND is vintage Kommil Foo: ontroerend, absurd, hilarisch en muzikaal. Een vrouw wacht gespannen op een stoel. Luisterend, hopen op het flinterdunne geluid van voetstappen op het grind. Al jarenlang.

De nieuwe voorstelling van de broers Walschaerts is, toepasselijk, een familiesaga. Groteske, hartverscheurende verhalen, soms gebulderd aan de feesttafel, soms fluisterend in een hoekje van de keuken, vaak verzwegen uit schaamte.

Datum: vrijdag 01/12/2023 (20:15)

**Plaats: CC de Meent,
Alsemberg/Beersel**

Reservatiemethode C

LOUISE VAN DEN HEUVEL SONIC HUGH JAZZLAB (MUZIEKVOORSTELLING)

WERF Records en JazzLab vieren samen hun 30ste verjaardag met drie tournees/albums waarvoor ze de handen in elkaar slaan. Een daarvan is met bassiste Louise van den Heuvel, een groot talent van de Belgische jazz dat uitpakt met een beklijvend nieuw kwartet met jonge muzikanten die momenteel hun stempel nalaten op de Belgische Jazz. Wil je weten wat er NU gebeurt? Dan is dit een niet te missen afspraak.

Datum: zaterdag 02/12/2023 (20:15)

**Plaats: CC de Meent,
Alsemberg/Beersel**

Reservatiemethode C



ROEL VANDERSTUKKEN & LIZE FERYN THE BROKEN CIRCLE BREAKDOWN (THEATER)



Wat doe je wanneer je het kostbaarste uit je leven kwijtspeelt? Wordt je kwaad? Wordt je depressief? Of loop je weg van uw verdriet? Waarnaartoe, dat maakt niet uit, maar weg! Alabama (Lize Feryn) en Monroe (Roel Vanderstukken) ontdekken wat rouwen doet met een mens. Een intens verhaal over liefde voor mekaar, liefde voor een kind en liefde voor de dood. Ze grijpen hiervoor terug naar de oerversie van THE BROKEN CIRCLE BREAKDOWN, het muziektheaterstuk van Johan Heldenbergh en Mieke Dobbels.

Datum: zaterdag 16/12/2023 (20:15)
Plaats: CC de Meent, Alseberg/Beersel

Reservatiemethode C

URBANUS – BIS BIS BIS (THEATER)

Na 2 jaar opgesloten te zijn achter het theatergordijn door Sint Corona, mag ook het publiek terug buiten. Ze roepen Bis, Bis, Bis! van in de zaal en dus vliegen de gordijnen terug open. Na een carrière van 50 jaar springt Urbanus weer vol enthousiasme de planken op. Al zullen de peesjes en gewrichten af en toe wat tegenwringen.

**Datum: vrijdag 22 & zaterdag
23/12/2023(20:15)**
Plaats: CC de Meent, Alseberg/Beersel

Reservatiemethode C



WEKELIJKSE FILMVOORSTELLING CC DE MEENT

Vanaf oktober 2023 biedt CC De Meent een filmvoorstelling aan op zondagavond om 20u. Het filmaanbod kan geraadpleegd worden op de website van CC De Meent (www.demeent.be/film).

Reservatiemethode C

Appendix 2 - Patient 1

- Expectations

*"I was kind of **looking forward** to it. And I can also say why. Because I suspected in advance that... Look, that's going to be **a moment of peace**." (patient 1)*

*"That will be **a moment of not thinking about anything else** and just experiencing what is being presented. And so in that sense, a little bit. That I was indeed looking forward to that. The event was **in line with my expectations**. That is indeed what I chose this for. And in that sense it fully met my expectations." (patient 1)*

- Feelings and emotions during the event

*"I certainly found the event **valuable**. That might make sense based on what I've already said. Because it really has been like that. I can literally say that **I didn't think about anything else during the concert**. Which in itself is quite... Let's call it **an achievement or a positive thing**. And it was really such a **moment of peace**. We sat there quietly, comfortably with pleasant music. And without thoughts of other things. For that reason alone I'd say **it's valuable**. Because it sounds like a zen moment." (patient 1)*

- Social perceptions and setting

*"The performance was organised locally in the Herman Teirlinckhuis in Beersel. I think there were about 35 people. I find **small settings more pleasant** than to be in a large crowd." (patient 1)*

"We did not meet any other people during the activity. That possibility was there. In the sense that after the performance, they opened some kind of bar. But we went home directly after the event." (patient 1)

- Fields of interest

*"I decided to go with something that was a concert in a fairly small-scale. So I went through the offer in the brochure that I had received, and then looked around to see what **might interest me**. I have said, okay, I guess that's something. **I have also played music myself for quite some time now**." (patient 1)*

"The performers also gave a brief explanation between the pieces about where the pieces come from. Or about its composer. But that was also in an accessible way. It wasn't boring ... It was not a music history lesson. No, it was cool." (patient 1)

*"I'm not an artist at all. **Not really a creative person myself.** And in that sense, I didn't choose something creative. Because... That certainly wouldn't give me any pleasure or peace. Then I choose to listen or watch something that is performed well and just let it come to me." (patient 1)*

- Organisation of the events

*"I really can't say that concrete improvements can be made to the organisation. **Everything was very clear.** The way to book the tickets was very easy. The way I got the tickets and all that. I can't really say anything negative to be honest." (patient 1)*

- Opportunities for the future

*"I did **look up information about the activity itself before and afterwards.** We received a sheet with the titles of the pieces that they presented. I would like to do that again with my father who has also played music much longer than me. So afterwards I looked it up a bit, and also looked for where they still play in. So, for example, I actually looked at the harpist's website." (patient 1)*

*"Did your participation in the activity have any impact on the future? It could be that that's something **we'll do again**, so to that extent, yes. I can't say yet, ah yes, anyway, or ah, and we have already booked something for next month, really not yet." (patient 1)*

Appendix 3 - Patient 2

- Expectations

*"I chose the workshop for making essential oil, because it was **something active**. Unlike a theatre performance or a music performance, where you still sit on a chair. So I thought, I'm going to do **something interactive** and I specifically chose that, because I was actually **already interested** in everything that had to do with essential oils and such." (patient 2)*

*"But I was actually **looking forward** to it. More than going to something where I had to sit in my chair for a few hours, I enjoyed the fact that we were going to make something. And that I also knew that I would receive information. Which I can then work on afterwards. It's not just those two hours. It's more of... I was actually mainly interested in... Ah, then I'll get recipes and then I can do something with them." (patient 2)*

- Feelings and emotions during the event

*"There are always many things that we have to do, while when you go to a cultural activity, **you are there to enjoy, to listen, to do something that you enjoy**. That is something positive on the whole, where **nothing is expected of you**. And that is... If you are at home in a burnout, it is nice that you can go somewhere where you are **free from obligations**." (patient 2)*

*"The fact that you have a GP who prescribes that for you does matter... **I don't think most people see that kind of activity as part of their recovery. You really have to experience it to feel...** Ah yes, that shifts your focus. For example, you worked during the day. In the evening you are more likely to say... I'm tired, I'm going to sit on my couch. So no one is going to say... I mean in my condition. Healthy people do, of course, but if you are tired, you don't do extra activities because you think you need to recover. But I don't think you ever think that culture can help with that. So the fact that a GP recommends this to you, and when you follow up with that GP, he also asks what you have done and helped you, that gives it a more scientific cachet, where you might otherwise completely wouldn't think about." (patient 2)*

*"If you shift that, you've become focused, I think. It's when you focus and you concentrate on something completely different. It is also **a kind of mindfulness***

exercise. Apparently that appeals to different brain areas in your brain than those that you normally use or that have gotten you into trouble.” (patient 2)

“Every cultural activity has its added value. At plays... When did I go to see a play? That was sometime in June. So I just dropped out, but I went to watch anyway. Yes, there you have more of a storyline that gives you more perspective on problems that may be bothering you yourself. So you have... That may be the good thing about culture, that it **broadens your view** without you having to make a huge effort to do so. But living through your emotions, your stories of other people, social contacts... **There is so much in that, in that cultural aspect.**” (patient 2)

- Social perceptions and setting

“So then we didn't really have the chance to really speak to other participants. And then everyone was busy making their own recipe. So yes, there was **some social interaction**. But **no really an in-depth conversation**. So we were allowed to walk around, then had to collect our ingredients, cook them, weigh them. So that was very interactive and it was fun.” (patient 2)

“And you see all kinds of people there who have somewhat the **same interests**. So that's... Wow, that's pretty cool. That there is a topic that brings you together. I definitely thought that was positive.” (patient 2)

“The fact that it is recommended here by the GP and that there is also a booklet makes it more accessible. The fact that you get that overview makes it much **more accessible**, of course. And the fact that a doctor also follows this up makes you want to go.” (patient 2)

“While this is more something that in daily life is a casual activity that you can do regularly. For example, there were also... I had never been to that house, in Sint-Pieters-Leeuw, where the event took place. I didn't know they had a programme. So that triggers both... That's **local**, that's close to you. That makes it **more accessible**. It's affordable.” (patient 2)

- Fields of interest

“I certainly found the **workshop valuable**, because I did things with it afterwards and it was really **in my field of interest**. So yes, absolutely. Do you mean the appreciation expressed in a score? If I were to give it a score, I would give it an eight or a nine. It's also something I'd **like to do again**. The teacher has indicated

that she will publish her further programme for the rest of the year on her website. I will certainly have a look.” (patient 2)

*“If I had a recommendation, I think it might be good for a GP to have a good idea of who exactly the patient is. And the **prescription is adjusted accordingly**. My GP also makes many recommendations about what I could do in terms of free time to keep your energy level up. Perhaps in a step further, she could also say that there is a range of cultural activities. But then you have to know them very well. Maybe you should do something in this or that direction. For example, something more with music or theatre. Or something more interactive...” (patient 2)*

*“The only thing is that if you only go once, and that is something that really interests you, then you will be **more likely to be triggered to participate further afterwards**. Whereas if that's something that feels forced, or something that's outside your interest, or that you would not do spontaneously, then you may be less likely to follow through with it afterwards.” (patient 2)*

“You could also adjust that to... Yes... To interests. For someone who already regularly goes to the theatre, presenting them with a theatre performance again will not have much effect.” (patient 2)

*“For me, one session is good, because **I am now planning to repeat it**. But I can well imagine that people who have never been involved with culture might find it useful to say to choose three events that are completely different in nature and see if there is anything that triggers them.” (patient 2)*

- Organisation of the events

*“So the activity itself actually went **quite smoothly** and well.” (patient 2)*

- Opportunities for the future

*“Would you recommend Culture on Prescription to someone else? Yes. Of course to my friends. Because the selection of events was actually **quite diverse**. The range of Culture on Prescription was **very broad**.” (patient 2)*

*“But I don't think what I currently experience as problems is something that will really change enormously after a one-off visit. That is also something that has been built up over a longer period of time. For example, **multiple sessions would be even more valuable**, or could have a **greater impact** on you as a person.” (patient 2)*

“And in the meantime I have also made other things with the recipes we had received during the workshop. So that was really cool.” (patient 2)

*“In my job, I am actually also concerned with well-being of the employees. I regularly see people who are in pre-burnout... I mean people who suffer from work pressure or other stressors. So **I will recommend Culture on Prescription to them.**” (patient 2)*

Appendix 4 - Patient 3

- Expectations

"Did you look up information about the lecture in advance? No. I might have done that better. To some extent it can be estimated according to interests." (patient 3)

- Feelings and emotions during the event

*"It wasn't easy, I'll put it this way. I didn't like it very much, neither did my partner. The lecture itself, **it wasn't our thing**. During the lecture, and now it's going to get better, and now it's really going... It didn't happen. It's not... **But that's a matter of taste** or..."(patient 3)*

- Social perceptions and setting

*"I think that **Culture on Prescription is a very good idea**. Yes. I really think so... Because the GP told me, you have to go for a walk. And I like to do that. I really like sports. But just walking, I then keep worrying and... But here, **when you watch a performance...you have to concentrate on what is coming. So you no longer have time for your thoughts.**" (patient 3)*

- Opportunities for the future

*"But I notice that an evening like this can give you that **extra energy**. And making the effort to come out once in a while actually helps. I'm also feeling a bit tired. We could pay a little more attention to that. Because we have also noticed that that is really fun." (patient 3)*

*"I notice that I also need to get out more and do something different. Yes, just some **new input**. That it can also give you a **different perspective**." (patient 3)*

"I like to go to plays, opera, ballet. Because that clears your mind. You come outside. You come among people. So it has been valuable to just come out, hasn't it? Yes, I am already home from September with a burnout." (patient 3)

Appendix 5 - Patient 4

- Feelings and emotions during the event

*“Something we would otherwise not do so quickly. We still had some **quality time** together.” (patient 4)*

*“Did you say that you look back on that with a good feeling? Well actually yes. Partly because it was a **bit of nostalgia**. Because I was out for the evening. Because I said, I should really do things like that more often. I think that Belgians already go out to eat or drink. And sometimes I get a bit tired of always eating or having a drink. But I think if you do more of such a social or cultural activity, then you have **some extra input**.” (patient 4)*

- Social perceptions and setting

“So I actually really liked it. I went there with my husband, it was at the beginning of the Christmas holidays, so that was actually a night out for us too. So that was fun too.” (patient 4)

- Fields of interest

“As a child, my brother and I always listened to those Urbanus cassettes, so that was a bit of nostalgia. So I was actually very happy that I was able to see a performance of Urbanus in this way, otherwise I probably would never have gone there.” (patient 4)

Appendix 6 - MeSH-script

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((("art"[MeSH Terms] OR "culture"[MeSH Terms] OR ("art"[Title/Abstract] NOT  
("antiretroviral"[Title/Abstract] OR "state-of-the-art"[Title/Abstract])) OR  
"arts"[Title/Abstract] OR "artistic"[Title/Abstract] OR "creativ*"[Title/Abstract]) OR  
(((("religio*"[Title/Abstract] OR "spiritua*"[Title/Abstract] OR "cultural"[Title/Abstract]))))  
AND ("prescriptions"[MeSH Terms:noexp] OR "referral and consultation"[MeSH  
Terms:noexp] OR "prescri*"[Title/Abstract] OR "referr*"[Title/Abstract])) OR ("social  
prescri*"[Title/Abstract] OR "cultural prescri*"[Title/Abstract] OR ("culture on"[Title/Abstract]  
AND "referral"[Title/Abstract]) OR ("culture on"[Title/Abstract] AND  
"prescription*"[Title/Abstract]) OR "arts on prescription*"[Title/Abstract] OR "arts on  
referral"[Title/Abstract])
```

Appendix 7 - Process EoP



Source: brochure « Bewegen op Verwijzing »



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