

**PATHWAYS -
AN INNOVATIVE APPROACH TO THE USE OF PARTICIPATORY ART PRACTICE IN PRIMARY CARE**

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KEYWORDS

Arts; Primary Care; Patient Participation; Creativity; Wellbeing; Community

ABSTRACT

The paper will explore a case study of Pathways, an Art in Primary Care pilot project that took place at Inverurie Health Centre, Aberdeenshire, Scotland between 2005 to 2006. While arts-in-healthcare is a growing area, relatively few art projects occur within Primary Care settings. The initiators of Pathways recognised the positive impact upon wellbeing that may accompany engaging in art activities sought to provide patients with a more holistic approach to health care by appointing an artist in residence to work creatively and collaboratively within the Centre. Pathways offered both staff and participating patients a sustained experience of creative practice with the artistic outcomes displayed in public areas of the Centre. The overall value of the project will be discussed including benefits for the project's participants, other patients and staff; the impact of the project within the local community; the challenges and concerns encountered, plus recommendations and future vision for the inclusion of participatory art practice within Primary Care.

PATHWAYS - AN INNOVATIVE APPROACH TO THE USE OF PARTICIPATORY ART PRACTICE IN PRIMARY CARE

Introduction

This paper will examine the role of arts in health in Primary Care settings in relation to the *Pathways* case study, where an artist in residence project took place at Inverurie Health Centre, Aberdeenshire, Scotland from 2006 - 2007. Arts projects in Primary Care are relatively new in relation to arts in health practice. Such projects represent an opportunity for the benefits of engaging in creative activities to reach isolated and vulnerable people directly through Primary Care, particularly of value to service users who are not able to access cultural activities for social, health or environmental reasons. The approach also recognises the role of the General Practitioner not only as a medical specialist engaging with physical concerns of the patient but a guide supporting holistic wellbeing.

In 1948, the World Health Organisation defined health as „a state of complete physical, mental and social well being and not merely the absence of disease“ (Loch 2001). There is increasing pressure for health services to address wider health issues particularly as more of life experiences and challenges such as aging, obesity and depression are medicalised (Smith 2008). A recent report addressing the National Health Service (NHS) at 60, proposes a future vision for the NHS as potentially including a „National Wellness Service“ (Boyle, Mulgan & Ali 2006). Such a service existing within the future of the NHS recognises the growing shift of healthcare provision away from illness towards supporting wellbeing and improving the general health of the population. The arts have been steadily rising in prominence across health provision in the United Kingdom since the early 1980s (Daykin & Byrne 2006). There is growing recognition of the ways artists can help inspire different perspectives for both individuals and communities and that participating in creative practice can promote health and improve wellbeing (Clift 2006). Findings have evidenced that engaging in artist-led participatory projects can raise confidence and self-esteem; increase sense of purpose in life; increase environmental mastery; build positive relationships and inspire transformational change (Kilroy et al. 2007).

Arts in healthcare practice can be broadly defined as „creative activities that aim to improve individual/community health and healthcare delivery using arts based approaches, that seek to enhance the healthcare environment through provision of artworks or performances“ (White 2002, p.11). Such a definition does not clarify the very different ways that the arts are perceived, valued and utilised in healthcare settings. The researchers understand that there are differing perspectives on the role of the „Arts in Health“ and that practices known as such use diverse applications of the arts in a range of intersecting and contrasting contexts including: Art Therapy; Improvement of the Built Environment; Creative arts approaches to health education; Participatory art practice in Hospital settings/ Primary Care/ Communities; Medical humanities and the arts; Community arts and social engagement (Smith 2002). The specific nature of the art experience will afford varying health benefits (Staricoff 2004) [or dis-benefits]. For instance, as suggested by Angus (2002) there are different benefits to be gained as a relatively passive viewer of an artwork to those gained from active engagement in a creative practice. The nature of the delivery of the experience will also have an impact on potential patient benefits and also upon the way in which the art outcome is interpreted. Art Therapy, as a recognised clinical treatment for various conditions with the Art Therapist receiving training in arts and therapeutic practice utilises differing methodologies and will determine a different experience and outcome to that of an artist working alongside patients on a collaborative art project.

Despite the growing recognition that the arts are of value for improving health and wellbeing, measurable benefits remain difficult to determine given the often subtle and unspoken nature of creativity and arts experiences. Arts in health practice is often process-led, involving many variables with outcomes perhaps only revealed in the long term, a factor that further impacts upon evaluation of arts in health projects given project funding and time constraints. However, as Lynn Froggett (2006) points out, there is an urgent need to understand more precisely why and how the arts are of benefit and to ground this knowledge in the context of healthcare. Furthermore, the authors recognise that in order to develop greater insight, new evaluative tools need to be designed using methodologies that are sensitive to the specific nature of creative art practice.

Arts In Primary Care

While representing a relatively new phenomenon in arts in health, the use of arts in Primary Care and art-on-prescription programmes have been steadily increasing in recent years in the UK. Dr Malcolm Rigler, a GP, is a recognised pioneer in the field. At Withymoor Village Surgery in the West Midlands, Dr. Rigler witnessed that many patients attending the surgery, had conditions that were psychosocial, rather than medical in origin. The new housing estate where many of his patients lived, offered very few community services or employment opportunities, which he perceived to be exacerbating poor health and creating a community malaise.

Dr. Rigler believes strongly that individuals are only able to achieve true health in a healthy community. „Health is a common not only a private good“ (Rigler 1996, p.3). In 1979, Dr. Rigler set out to remedy the issues of social exclusion he perceived as impacting upon the health of the community through the provision of a range of inventive approaches. The Withymoor Surgery became a place for social activities to occur and for community networking and exchange, as the housing estate had no designated meeting places. Artists were employed to work with patients to create artwork for the waiting areas to provide a more welcoming environment. The creative practice flourished and community cohesion also grew through a dual approach of art projects based in the surgery for patient benefit as well as projects nurturing community engagement. The projects were diverse and ranged from a writer in residence working with patients to record their stories to the annual Lantern Procession attracting widespread community participation (Tones & Green 2003).

Similar approaches have since occurred in other Primary Care settings such as the Bromley by Bow Centre, East London and the Oxford Terrace Medical Centre, Gateshead (White 2002). Dr. Simon Orpher, May Lane Surgery, Dursley, Gloucestershire has also supported patients to participate in art activities in his practice (Whittaker 2007). The Art-Lift Project of which Dr. Orpher was the initiator has been adopted in ten surgeries in Gloucestershire, with 90 GP referrals and 15 artists in residencies. Evaluative results have found suggestive evidence that there is a positive effect of engaging in the Art-Lift programme on both depression and anxiety, for patients with depression triggered by loss or bereavement and social isolation as well as problems impacting due to chronic illness (Daykin, McClean & Pilkington 2008).

THE CASE STUDY: *PATHWAYS*

Background

Pathways was an experimental pilot project that sought to explore the potential role for creative arts practice within primary healthcare provision and assess the benefits of involvement in visual arts practice for individual service users. While sharing aims of other arts in primary care projects, *Pathways* evidences some groundbreaking approaches. Firstly, the main aim of the project was upon the creation of high quality, sustained artistic experiences for a small number of participants. Secondly, a large number of the healthcare staff also participated in artist led creative workshops, a rarely recorded feature of arts in health projects. Thirdly, artistic outcomes produced by participants and also staff members were installed throughout public areas of the Health Centre to improve the environment.

Hazel McLaren, of Box.Projects (an art management company) conceived of the initial idea of *Pathways* and approached Dr. James Beattie, Senior Partner of Inverurie Medical Group. Together they developed the vision for the project, with Box.Projects independently securing all project funds from a number of key organisations including the Scottish Arts Council, Aberdeenshire Council and Grampian Hospitals Arts Trust. *Pathways* took its starting point from two main sources; a pilot scheme for GP referrals for sports and exercise activities and Inverurie Medical Group's leading role in the development of ideas behind the proposed Garioch Life Centre to be built on the site, which is to incorporate creative activities, sports facilities and a café along with the facilities of the Medical Centre. Currently, Inverurie Health Centre has 21,000 patients, 14 GP partners and a team of more than 40 staff plus community staff. It is located in Inverurie Township, 13 miles from Aberdeen in a semi rural setting. Services on offer include palliative and cancer support care; adolescent health service, cardiac assessment clinic; nurse triage; a midwifery team; community care team and regional minor surgery services.

As instigators of *Pathways*, McLaren and Dr. Beattie, brought specialist skills from the arts and health sectors respectively, with the shared vision of offering a professional and sustained experience of arts practice in the context of Primary Health Care. Drawing on her own career as an artist and curator, McLaren noticed a difference between how the arts are considered in arts in healthcare and the creative approaches of professional artists in the wider community. She observed that there may be a tendency in arts in health projects for the art practice and outcomes to be perceived as a diversionary hobby rather than recognised as a challenging and dynamic creative practice with the potential to offer participants significant creative skills and new vocational directions. *Pathways* came out of the desire to offer the participants a rigorous and in depth experience of the visual arts and creativity through collaborative practice with a professional artist. Dr Beattie, who also fully embraced the ambitions for *Pathways*, championed the project and formally introduced and advocated the value of the project to both patients and staff.

Dr. Beattie believes that „art is, philosophically a holistic humanity that has, with the humanity of medicine nested within it and hence reflects the disparate nature of real health.“ While *Pathways* was promoted as Art on Referral, Dr. Beattie is not enthusiastic about the practice of „prescribing“ art for a patient.“ He perceives the „prescription“ of patients to participate in art activities as upholding the primacy of the medical model, replicating an already existing power relationship between patient and doctor. In contradistinction, he describes the *Pathways* project as personal „guided creativity“, beyond the medical model that can change self perception, rather than a form of occupational or diversional therapy which upholds the medical model.“ Patients with known conditions associated

with emotional or affective symptoms were *offered the opportunity* to take part rather than *referred* therefore affirming patient's autonomy in determining the nature of their relationship to creative opportunities.

Pathways aimed to enable individuals to consider change in their lives, providing them with the potential to regain control over the direction that their lives were taking and to establish more positive autonomous thinking patterns. If patients embraced the opportunity of engaging creatively, of exploring new potentials within themselves, the feelings of stress and anxiety that had been having a negative impact on both their medical condition and their lives, may well be reduced. Through the creative experiences, Dr. Beattie envisioned that participants could realise skills that they were not previously aware of and hence gain insight to alternative perspectives on their self-image and circumstances. „Change a person's beliefs“, argues Dr. Beattie, „and their behaviour can change more easily, if not effortlessly.“ He postulates that the „surprised delight“ and empowerment in realising new found skills could stimulate new ways of thinking and being that can manifest in improved individual autonomy, wellbeing and general health.

PROJECT METHODOLOGY

Initial recruitment of patients

All participants in the project were women apart from one man who participated in the Taster Workshops. Recruitment was via invitation and directed to patients who were suffering from conditions exacerbated by stress and anxiety, such as Migraine and Irritable Bowel Syndrome. These conditions were recorded as mainly affecting women patients.

Patient Confidentiality

Given that the workshops were to take place within the Health Centre, one of the concerns raised by staff was in regard to the maintenance of patient confidentiality. The project coordinators, the Inverurie staff team along with the appointed artist shared the perception that the artist's role was not to engage with participants about their condition, as this was not her area of expertise and in respect of issues of patient confidentiality. This aspect of the project was commented upon in the follow up questionnaires:

During the 6 weeks and following exhibition „migraine“ was never mentioned which made me feel like it was some sort of taboo subject and therefore I started wondering if I was on the correct workshop! (Participant, *Pathways*)

There were other reasons apart from ethical issues that the workshops focused upon the creation of the art practice. Grant pointed out that to discuss personal feelings could affect the mood of the participant and/ or the group. The authors also note that the model of arts practice for *Pathways* mirrors the approach of attending an art class in another setting such as a university or college. In these contexts it would be considered inappropriate and unethical to spend time during the class focusing on the participants' personal concerns as well as representing a distraction from the creative process.

The Case Study

A total of 108 participants were involved in *Pathways* which can be broken down to 29 individual participants on 6-week taster courses; 5 long-term participants; 5 school children; 11 staff members involved in photography workshops; 58 staff members participated in artist led workshops during Practice Learning Time.

The artist in residence was recruited to achieve a number of objectives including the provision of a series of short-term introductory workshop sessions; the identification of key service users to work collaboratively with the artist; produce with those key service users a series of art installations within the centre; create an installation of her own artwork within the centre and to introduce the arts into a primary healthcare environment through staff engagement. For the first 3 months the artist worked with small groups on 6-week courses, the following five months were spent working with a core group of 5 service users. The artist aimed to spend 2 days a week with service users and 2 days a week on her own practice.

The workshops and artist's working space were accommodated in a large consulting room from which one of the GP's vacated to a temporary extension of the building for the project's duration. Given that free space was in such high demand, the location of the project in the centre of the building signified the value and ambition of the arts project for the Health Centre.

Participants were introduced to the project through Taster Workshops where the artist guided participants to experiment with drawing, painting, digital/ traditional photography and concrete poetry and to learn basic skills of visual art: line, tone, colour, composition and theme along with ways to generate creative thinking. The initial taster sessions allowed for everyone to develop confidence in the arts and a familiarity with working creatively. The artist then progressed to collaborating individually with five selected participants to produce final works. These, alongside a new piece by the artist were installed within the Health Centre, with a major launch and exhibition taking place at the end of the project.

Arts workshops for the staff were integrated with training and team building during allocated Practice Learning Time, leading to a short series of photography workshops with eleven members of the staff team. During the Photography workshops the staff learnt about photographic skills and styles and also creatively documented the positive and negative aspects of their workplace for further exchange and discussion.

About the Final Artworks

The creative process undertaken by the five long-term participants and Grant was fully collaborative and all aesthetic, title and exhibiting decisions were made together. The resulting artworks were conceived in direct response to specific sites within the Health Centre. It is worthwhile to note the quality of the artworks created and the ways in which they evidence the participants' passions as well as responding to the physical and social concerns of the surrounding environment - within and outwith the Centre. To maintain patient confidentiality, for the purposes of this paper, the five patients who collaborated individually with Grant to create the artworks will be referred to in the text as Collaborator A, Collaborator B and so on.

What is strongly evident in surveying the resulting artworks is how the images resonate in diverse and valuable ways in the setting – both in terms of subject and material approaches. While all of the artworks offer aesthetic

improvement of the environment for both staff and patients, the work addresses a surprisingly wide range of themes and interests. Some of the artworks directly negotiate the experience and role of the Health Centre. For instance, a mixed media assemblage, *The Meaning is in the Waiting* installed in a waiting area evokes the experience of the visit to the GP and offers some alternative musings on the nature of waiting.



Image 1 – The Meaning is in the Waiting (2006), Collaborator A/ Susan T Grant Photograph copyright of the artists and Inverurie Medical Group

Another artwork, a series of collages, playfully and artfully engages the senses, and conveys to users of the Health Centre, in both text and image – the daily and dynamic sensory engagement between the human body and the surrounding world. Other works draw upon lived experience from the Aberdeenshire community, touching upon the history, surrounding environment and current concerns that both shape and resonate in this rurally located community. While visually engaging, in the process, the artist and collaborators have gently invited patients, staff and visitors to consider issues of international as well as local import.

Artist in residence, Grant addresses the politics of commuting and energy consumption in her own aptly titled artwork, *The life contest is primarily a competition for available energy* (2006). Installed in the waiting room, the series of images in illuminated light boxes sought to discuss issues around the current role of Inverurie as a commuter town for Aberdeen – the oil capital of Europe where housing prices are so high that many are forced to live outside of Aberdeen and commute to work.



*Image II: The life contest is primarily a competition for available energy (2006) Susan T Grant
Photograph copyright of the artist and Inverurie Medical Group*

Grant comments that:

The residency took place at a time when the price of oil had just started to rocket and mainstream media finally proliferated widespread and constant coverage of issues of climate change. 'The life contest...' is a quote from Austrian physicist Ludwig Boltzman, 1886 and seemed to strike a cord with me in terms of the medical environment, humankind's warfare and struggle for power based on energy ownership' (Grant, 2006).

Grant utilised an X-ray machine to create the images and mimicked a medical display, wittily implying the unavoidable impact of oil upon human health and survival, she intensified the work's message. While perhaps not the kind of artwork to expect in the main waiting area of a large health centre, the work's sense of physical threat is countered and balanced by a kind of ethereal and vulnerable beauty.



*Image III and Image1V: The life contest is primarily a competition for available energy (2006) Susan T Grant
Photograph copyright of the artist and Inverurie Medical Group*

Each artistic collaboration carefully and thoughtfully sustains the viewer and brings both a sense of place and identity to the Centre, by depicting a number of varying perspectives – both from the natural and human environment. *Leaf Shelter'd: The Devils Ivy Makes Work For Idle Hands To Do* delicately encircles the front entrance to Inverurie Health Centre.



*Image V: Leaf Shelter'd: The Devils Ivy Makes Work For Idle Hands To Do (2006) Collaborator C/ Susan T Grant
Photograph copyright of the artists and Inverurie Medical Group*

The cut-out poetry pages on the Centre's glass windows was created in shared recognition by Grant and Collaborator C that the entrance was austere and required softening. As Collaborator C described, „A house without a flower is like a face without a smile“. A comment which reflects not only a personal love of plants and gardening but also gestures towards the very strong civic pride within the community of Aberdeenshire and the obvious value placed upon the maintenance of both individual and public gardens which flourish in the region. In addition, the work invokes the importance of poetry to the Scots, significantly a country that celebrates *Burn's Night* annually in honour of the birthday of Scotland's most famous poet, Robert Burns.



*Image VI: Discarded (2006) Collaborator D/ Susan T Grant
Photograph copyright of the artists and Inverurie Medical Group*

Another artwork that materially and visually brings the external world into the Health Centre is *Discarded*, a series of Black and White digital photographs shown on a Digital photoframe surrounded by a circular installation of slates from the surrounding landscape. Collaborator D's life in the countryside had considerable influence on the work. When set the challenge of taking photos with a B&W disposable camera during the initial course, she took striking images of discarded, dilapidated and abandoned objects and buildings around rural Aberdeenshire. Grant taught her how to use a manual SLR camera, and together they developed a series of photographs in the landscape and in disused farm buildings.

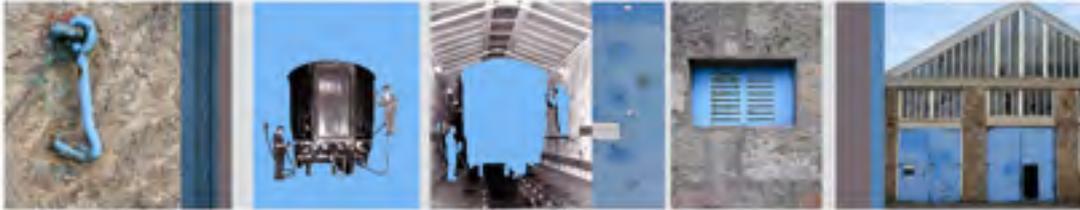


Image VII: Missing in Action: Locoworks (2006) Collaborator E/ Susan T Grant Photograph copyright of the artists and Inverurie Medical Group

One of the most complex artworks on display in the Inverurie Health Centre is *Missing in Action: Locoworks*. The Health Centre sits on the site of part of the old Locoworks, as Inverurie was a centre for locomotive manufacturing and maintenance. The growth of the railway had been the primary reason for the growth of Inverurie town. Collaborator E and Grant located historic photos of the workers and were struck by both the loss of the workforce pictured and the decline of heavy industry in the United Kingdom. They set out to acknowledge this historical legacy for the community of Inverurie. Grant taught Collaborator E Photoshop and together they digitally manipulated figures from the archive photos and juxtaposed them with photographs of the now derelict railway hangers still standing in Inverurie. Presented as long, semi narrative 'film strips' mounted in light boxes the work was created to illuminate a lengthy, dark corridor of the Centre.



Image VIII: Missing in Action: Locoworks (2006) Collaborator E/ Susan T Grant (Photograph remains copyright of the artists and Inverurie Medical Group)

In *The People's Wall*, a series of framed photographs by patients, staff and the artist in residence, there is a sense of equality and shared engagement – the photographic installation is literally a shared exhibition by all involved, displayed without any identifying captions to determine who created which photograph. *The People's Wall* represented an opportunity to exhibit everybody's work but anonymously so. This sense of inclusion is

visually granted by the harmonising quality and aesthetic strength of the B&W photography. *The People's Wall* typifies the democratic approach of *Pathways* and perhaps represents the project's heart, installed on a very public wall in the main reception area.



Image IX: The People's Wall (2006)

All 30 patient participants were given disposable black and white film cameras and were given exercises in composition, light and tone. They were able to photograph anything they liked in terms of imagery. Staff were also given the same cameras and used them to capture elements of their jobs and had opportunities to creatively engage in ways to improve communication across the Health Team.

PROJECT EVALUATION

Patient Hospital Anxiety and Depression (HAD) forms were filled in by 29 participants at the beginning of the project and at the end of the Taster Workshops with 18 respondents. The artist also created her own „how did you find the workshops“ questionnaires which were also filled out by the same 18 participants from the Taster Workshops. The five patients who collaborated with Grant to create the artworks filled out questionnaires at the culmination of *Pathways* and filled out a further follow up questionnaire nearly six months later. Seventeen staff members also filled out questionnaires.

FINDINGS

The pilot was numerically too small and too short term to draw any formal conclusions from the HAD scores which did not show any general trend. From personal statements of participants there is an indication that some

have felt personally transformed by the process, a reaction confirmed by staff comments and echoed by patients viewing the artworks once displayed in the Health Centre. The major benefit reported by participants was in the building of confidence and self-esteem. Participants also valued learning new skills, recognising the value of „Me“ time, as well as achieving significant outcomes in an area where they didn't previously see themselves as having skills:

I feel that the aims of the project were to bring something different, challenging and interesting to the Medical Centre and to challenge and push the boundaries of creativity in people like me who had no experience and no confidence in this particular field. I found that my confidence grew, as I got more and more involved in the project. Some of the effects of the involvement were definitely therapeutic and I also learned how to become comfortable and about getting involved in an activity that was way beyond my own comfort zone! (Collaborator/patient participant, Pathways)

Staff also relayed comments from people attending the Health Centre who had responded to seeing the artworks on display. Reports included that „it had brightened the place up“; „Think the artwork looks good, adds interest, reflects well on the practice.“ There was also interest in the idea that the art project had helped in patient care. While most patients' responses were predominantly positive, comments from patients attending appointments included that „it was a waste of money“, that „the works are dust collectors“. Some thought there was no work that would be of interest to children.

Comments about the project from the Primary Care Team were also mainly positive with a staff member reporting that it was „like working in a new building.“

Staff valued the artist in residence's contribution to Practice Learning Time and workshops; a comment from a staff member concluded that participating in the photography workshops „Made me see things differently“. Staff also recognised the value for patients attending the workshops noting increase in confidence and obvious enjoyment of the experience. There were also reports by staff of the value of seeing the patients in a different context.

OUTCOMES

Pathways represents a unique approach to other arts in health projects, given its focus upon arts practice and creativity. The project demonstrates genuine creative and collaborative engagement, more in keeping with experience of an art school environment or artist's studio than a medical practice. The range of artworks created has transformed the Centre. Furthermore, the artworks are appropriately linked through being made by local people and embracing a range of relevant issues for the community including social history, cultural identity as well as contemporary concerns. Importantly, the staff were also engaged in creative practice, a democratic approach that also supports the opportunity for staff to increase understanding of the potential benefits of arts in health and to gain insight into patients' perspectives.

A staff member at the Centre indicated that the success of such a project really depended upon finding the right artist especially given the concerns voiced by staff at the beginning of the project. These included not only ethical issues but also the potential demands of the project on staff time and the giving over of a treatment room to house the project in an already cramped working environment:

Susan showed an appreciation of general practice and the importance of confidentiality. The patients she worked with were clearly put at ease, and encouraged to be positive in them. It is difficult to say that large no's of patients have individually benefited but those that produced the final work clearly did. Together with the improved atmosphere created by the art this makes it a worthwhile project. (Staff member, Inverurie Health Centre)

The range and scope of the project is evidenced in the range of interests, passions and concerns that the artworks investigate and the use of a variety of aesthetic and technical processes to achieve results, while bringing imagery and experiences of the outside environment in order to enhance the setting of the Centre. The commissioning of artwork for health care environments is complex given the number of stakeholders involved and sometimes the artworks chosen or artistic approach utilised takes place without significant consultation – often due to time restraints on the part of the building development. Resulting outcomes can be very enthusiastically received but in other cases may be met with disappointment and at times down right hostility. Working closely with the local community to regenerate a building not only engages the community through learning new skills, it leaves a legacy for the future for that community. Furthermore, as has been witnessed in the case of the *Pathways* project for Inverurie Health Centre, the subject and nature of the artworks created is more likely to inspire the interest of other patients and staff, through being created by the service users themselves.

Although the project had a number of benefits, there were challenges including the lack of funding for the project which impacted significantly on the artist who had a huge remit to achieve within a relatively short time frame. Time demands on staff at the Centre meant that the artist felt that she must be very self-sufficient and resourceful. Funding constraints also impacted upon the amount of time for project management and project coordination. For instance, recruiting the participants prior to the artist's involvement could have lessened demands on the artist's time. Grant found herself making her own artwork in her own time outside the project – so what was meant to be a residency where the artist had half the time to work on her own work was not the case.

CONCLUDING REMARKS

In *Pathways* the quality of the artwork and the creative experience was the focus of the project and given the evaluative evidence, could offer a model worthy of further study. The project demonstrates how both the arts and medicine can work together through shared recognition of and respect for the different nature and requirements of each practice, in order to co-exist in a way that is mutually beneficial, for patients and staff alike.

However, the authors suggest that the ambitions and aims of such a project could be in contradiction, if participants find the experience more stressful than inspiring. Obviously integral to developing a successful outcome where participants are fully supported includes: finding the right artist; the advocacy, support and guidance from key Primary Care staff who are able to in turn effectively engage the interest of both patients and other staff as well as sustained project management and appropriate funding.

Further evaluative research needs to be undertaken to identify best models of practice of arts in Primary Care. Evaluative findings from Arts-Lift, another arts in Primary Care project stated a preference by patients to undertake an arts activity in a healthcare setting rather than in the community because the environment was

perceived of as comparatively „safe“ and offered peer support and mutual understanding (Daykin, McClean & Pilkington 2008).

The lack of reference to the health of the individuals involved in the *Pathways* project is unusual in Arts in Health practice and has given participants the opportunity to focus directly upon the experience of the arts. However, this has meant that the patients were not able to benefit from potential benefits of mutual understanding described by (Daykin et al. 2008). It would be of value to examine the benefit of the *Pathways* model against another similar project where each patient's illness was disclosed to other participants in order to measure the value of peer support.

Inverurie Health Centre is now participating in follow-up arts in health project, *Mindspace*. This is a two-year project addressing the potential impact of extended professional artist guided personal creative experience on mild to moderate mental health issues. *Mindspace*, which follows on from the pilot seeks to evaluate on a longer-term basis potential patient benefits such as self-determination and social autonomy, medication usage and patient consultation frequency.

NOTES

1. Where the project instigators, Hazel McLaren of Box.Projects and Dr. James Beattie are quoted or referenced within the text relates to interviews undertaken by the authors at Inverurie Health Centre in January 2008 and from further correspondence.

2. Unless otherwise acknowledged, where Susan T Grant is referenced relates to interviews undertaken in Inverurie (June 2006) and Edinburgh (January 2008) by the authors and artist reports submitted to the Scottish Arts Council.

3. Where patient participants and collaborators are referenced relates to questionnaire summaries collated by Inverurie Medical Group and Hazel McLaren of Box.Projects.

4. Where other staff members of Inverurie Health Centre are referenced relates to questionnaire summaries collated by Inverurie Medical Group and Hazel McLaren of Box.Projects as well as interviews undertaken with staff members by the authors in January 2008.

5. All images remain copyright of the artists and Inverurie Medical Group.

The authors would like to whole heartedly thank: Dr. James Beattie; Susan T Grant; Dr. Sally Harkness; Hazel McLaren of Box.Projects; Dr. Eunice Ross and all the other staff of the Inverurie Health Centre who so generously gave of their time during interviews over the course of the research and during the writing up of the case study.

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