Culture, Health And Wellbeing in Rural Scotland

26 March 2019

@VHSComms   **@scotruralhealth**

Scottish Rural Health Partnership:

promoting collaboration for excellence in remote & rural healthcare

Karen O'Hanlon, Business Development Manager

Scottish Executive -
6-Fold Urban Rural Classification

Large urban areas (with a population of over 125,000)
Other urban areas (with a population of 10,000 to 125,000)
Accessible* small towns (with a population of 3,000 to 10,000)
Remote small towns (with a population of 3,000 to 10,000)
Accessible* rural
Remote rural

* Accessible is defined as those areas that are within a 30 minute
drivetime from the centre of a town with a population of 10,000 or more

Source:
SE Urban Rural Classification - Scottish Executive 2004

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Scottish Executive Geographical Information Service June 2004

UHI locations

Aim

To provide a single source of knowledge about remote & rural healthcare, to foster collaboration, innovation and idea sharing between educational, academic, industry, community and NHS members, and to influence and shape remote & rural healthcare policy.

And, become bid ready and avoid unnecessary duplication (the Ecosystem)
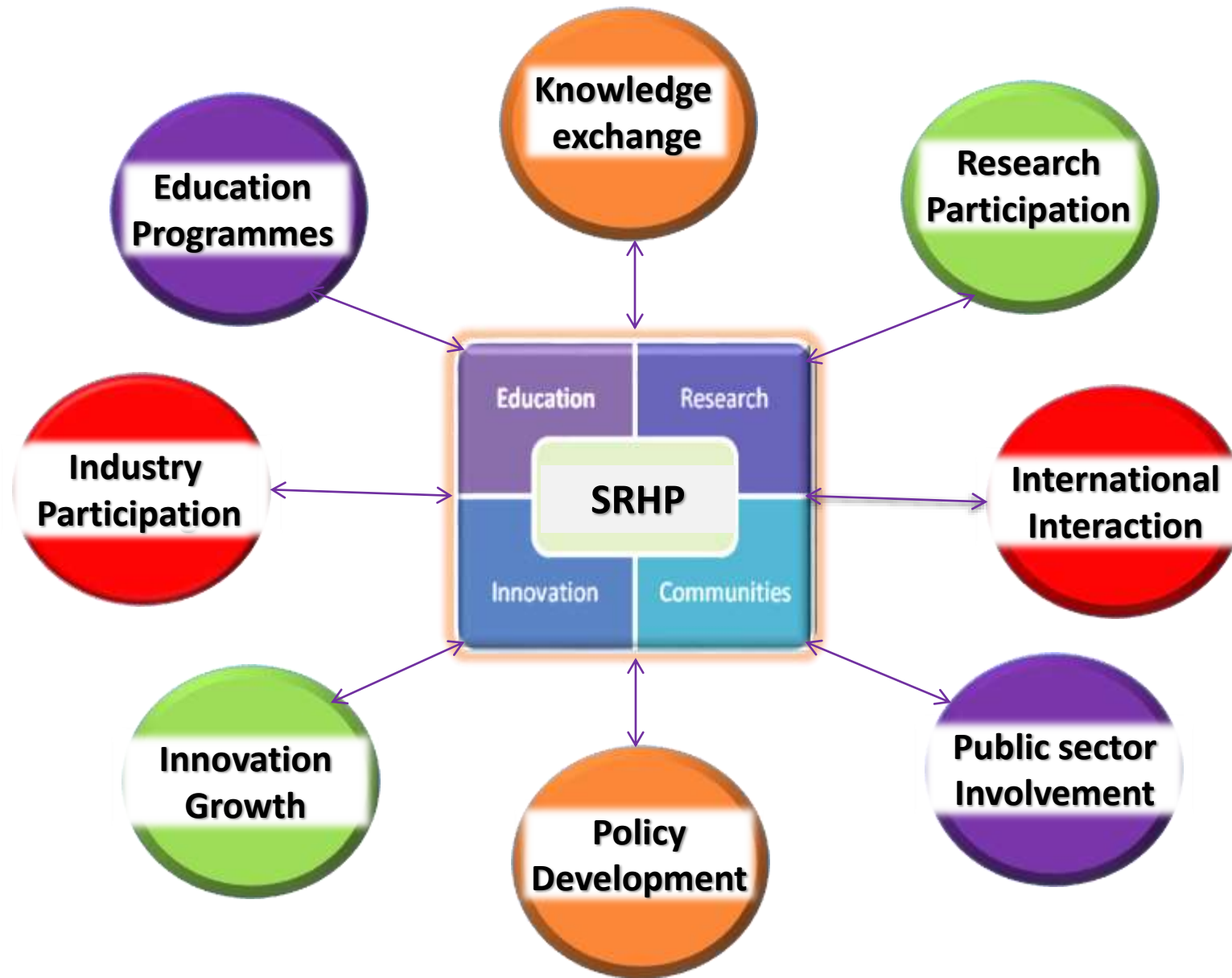
Rural Health USPs

- Ageing population
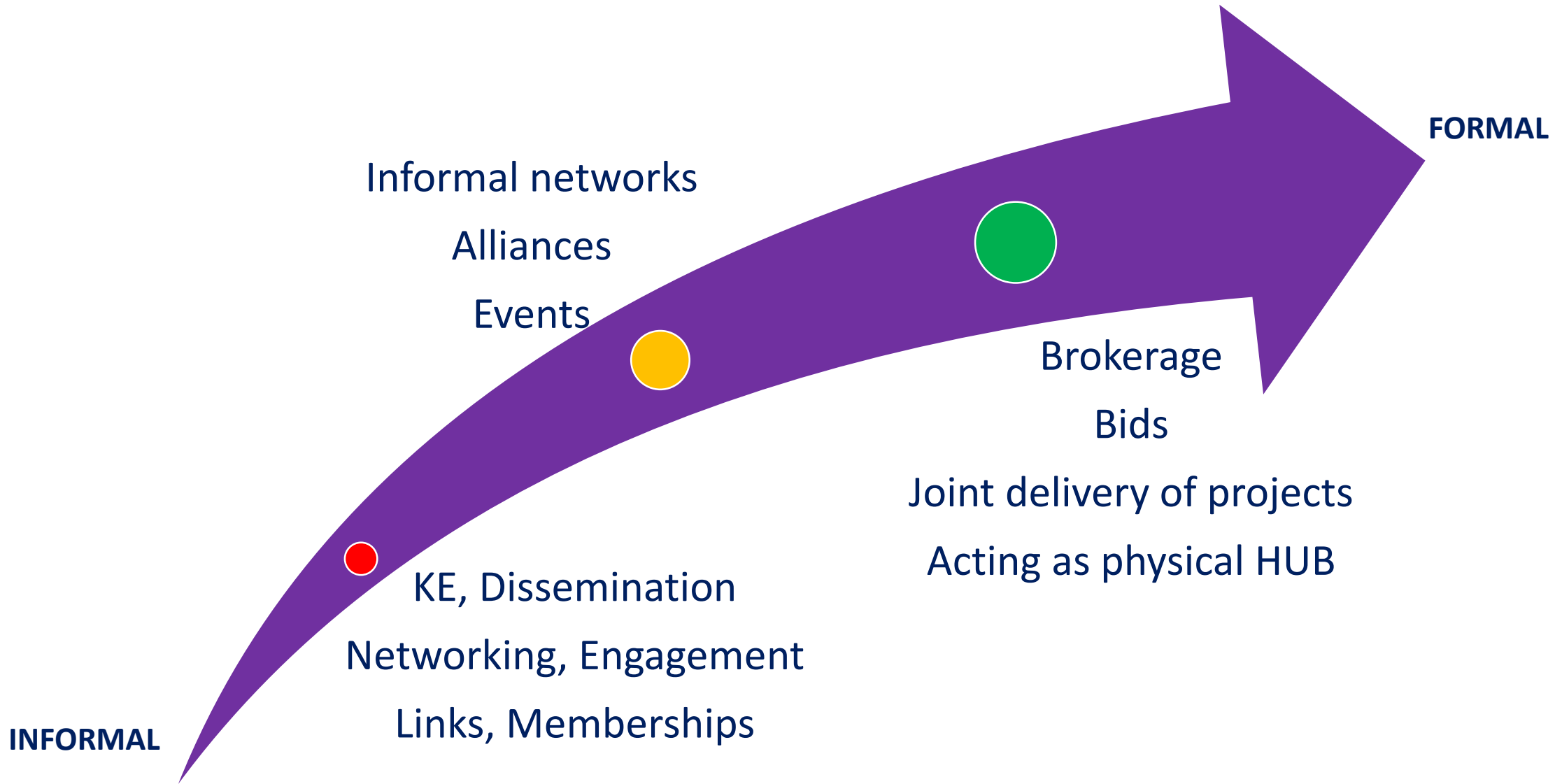- Chronic disease
- **Mental health**

- **Recruitment and retention of health and care workers**
- Integration of health and social care
- Sustainability of service and cost effectiveness

- Increasing use of technology and reduction in travel
- Shifting towards a model of 'co-production'
- Ensuring community voices are heard

Themes

- Through our themes, we aim to address some of the key issues/USPs by providing information, links to relevant websites, useful resources, toolkits and research

- Aspects of remote and rural healthcare that we are very interested in include:
  - **Healthcare workforce recruitment & retention**
  - **Rural mental health & healthy ageing**

- For 2019/20, the focus of our work will be around these 2 themes

Supporting Collaborative Working

FORMAL

Informal networks

Alliances

Events

Brokerage

Bids

Joint delivery of projects

Acting as physical HUB

KE, Dissemination

Networking, Engagement

Links, Memberships

INFORMAL

Supporting Collaborative Working

FORMAL

INFORMAL

Events

Partnerships

ECHAlliance Ecosystem

Website

Social Media

Membership

Newsletter

Nesta

Innovate UK ISCF

Social Enterprise Funding

Interface Vouchers/KTPs

New Collaborations

SG Business case/sustainability

Activities

- Launched website in March 2018
- Invited individuals and organizations to join as 'members' - 103
- Established robust governance – Executive and Steering Groups
- Rethinking Remote 2018 & 2020
- 15 events by end of 2019, including International Rural Mental Health Conference Aug'19
- Developed a presence on social media – 240 twitter followers
- Early decision to work in partnership e.g. Vhs, the Alliance, HIE......
- In partnership with HIE, established a Highlands and Islands Ecosystem for rural mental health and active healthy ageing

Activities

- Invite to speak at the Scottish Parliament's Cross Party Group on health inequalities

- Invited by the Scottish Government to submit a Business Case for funding

- Sold out event at the Gathering in partnership with Vhs

- Pulling together a bid to Innovate UK's ISCF Healthy Ageing call – Highlands and Islands consortium led by SRHP/UHI

  - A community focused, scalable and accessible solution that through delivery of health services and education will support healthy lifestyle choices, keeping people active and healthier for longer

Wellbeing Themes
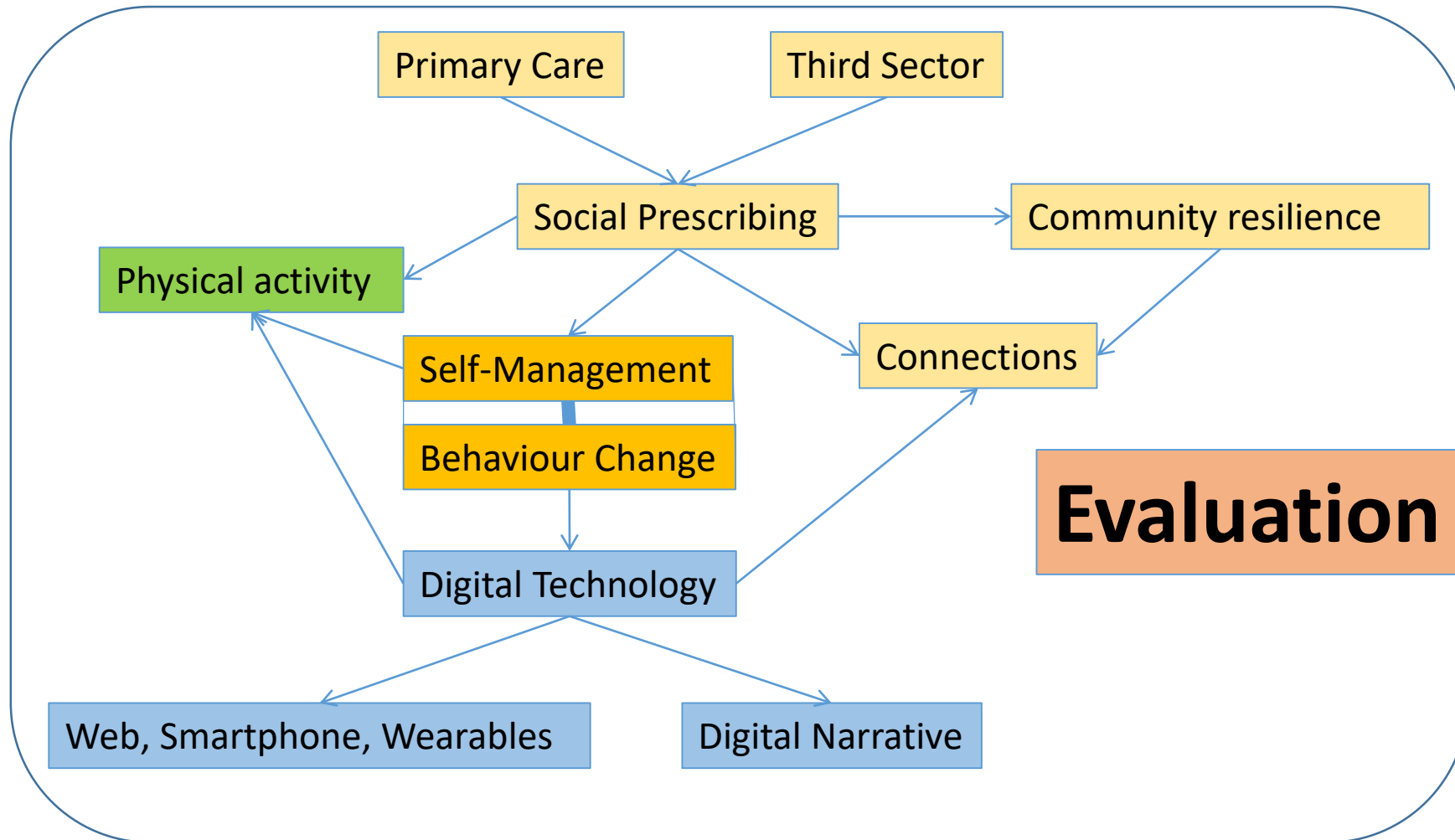
The Ecosystem

- Establish a new Ecosystem for the Highlands & Islands

The Ecosystem will bring together a community of multi-sector stakeholders interested in developing and delivering a joint agenda around **rural mental health and active healthy ageing**. We'll seek to collaborate, identify and address some of the key gaps/challenges, and ensure that we are 'bid ready' for opportunities as they arise.

- Creating a consortium to bid to upcoming Innovate UK call on rural active healthy ageing

- **International Conference in Inverness – 12ᵗʰ/13ᵗʰ August**

- Lobby for new funding to tackle isolation and loneliness in rural Scotland

- Brokerage; information; links to relevant websites & organisations; useful resources, toolkits research; and crucially become 'bid ready'

- Rural mental health now on the ECHAllaince's agenda

H&Is Ecosystem

- Vehicle for informal and formal collaboration amongst partners interested in our themes & rural and remote healthcare more generally

- Working Group established – calls every 6 to 8 weeks

- Themes are rural mental health & active healthy ageing

- Meetings quarterly in Inverness
  - 13 May – mental health stigma & discrimination – young people/workplace
  - 12/13 Aug – International Rural Mental Health Conference
  - 7 Oct - tbc

- Contact

SRHP@uhi.ac.uk

- **Follow us** @scotruralhealth

- www.uhi.ac.uk/srhp

Scottish Rural Health Partnership

Centre of Health Science

Old Perth Road

Inverness

IV2 3JH

Delivering health and wellbeing through the voluntary and third sectors in rural areas

DR. SARAH-ANNE MUNOZ, READER IN RURAL HEALTH AND WELLBEING

ACTING HEAD OF RURAL HEALTH AND WELLBEING UHI

Overview of the presentation

▶ What is the link between health, wellbeing and the voluntary and third sectors?

▶ Why does this link matter to communities, service providers, policy makers and academics?

▶ How is this link is conceptualised differently by the actors and stakeholders involved in, and affected by, the relationship.

▶ What does all this mean for remote and rural communities?

▶ What are some of the challenges, opportunities and research gaps that we should be thinking about?

▶ Examples from the research evidence base.

the link between health, wellbeing and the third sector

▶ My interest in this topic started in around 2007 (12 years ago)

▶ Brown had just become Prime Minister – after ten years of a labour government

▶ The influence of the Third Way and Anthony Giddens

▶ Increasing research interest from 1997 + in delivery of public services by non-state providers

▶ Academics start to consider geographies of voluntarism and social enterprise

Anthony Giddens
THE Giddens
Third Way
With a substantial new introduction
THE RENEWAL OF SOCIAL DEMOCRACY
Anthony Giddens

LANDSCAPES OF VOLUNTARISM

New spaces of health, welfare and governance

Edited by Christine Milligan and David Conradson
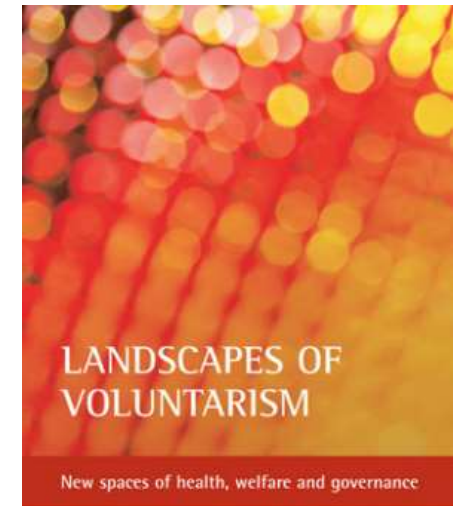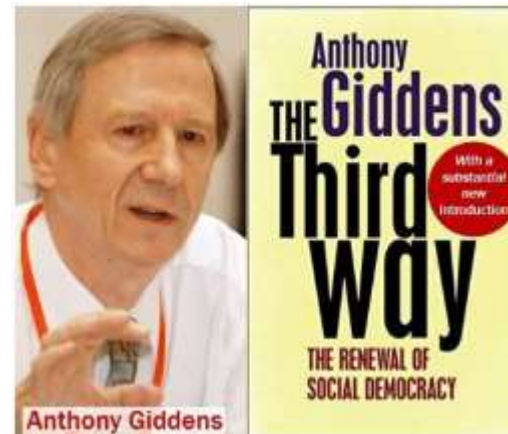
the big questions

- Do/can third sector organisations deliver health and care services that used to be provided by the state (from provider to commissioner)?

- Can this happen in rural areas (economies of scale, market failure)?

- What are the impacts of this for remote and rural residents and communities?

- Does this kind of delivery (particularly through social enterprise) have additional or add-on wellbeing benefits?

- Do social enterprises and other types of third sector organisation generate wellbeing in rural communities?

- If so, how do they generate wellbeing? What does this wellbeing look and feel like?

the link

- Third sector organisations provide health, care and wellbeing services.

- Third sector organisations facilitate wellbeing indirectly through their activities (for individuals and communities).

why does it matter?

▶ Services provision, efficiency and suitability.

▶ Public sector budgets and austerity.

▶ Policy that encourages community involvement and co-production.

▶ Policy that encourages preventative spend, e.g. let's keep people healthy and out of hospital.

▶ Increasing evidence that non-pharmaceutical interventions work.

▶ People enjoy engaging with third sector organisations and their activities.

▶ People increasingly recognise that community activities can contribute to 'staying well'.

▶ Wellbeing can help communities thrive and survive.

Provision of services

► Third sector organisations can, and do, provide health, care and wellbeing services in rural areas.

- Community Engagement

  Meeting community members, promoting social enterprise concept, generating trust and confidence

- Identification of service to be delivered

  Identyfying and prioritising community needs, selecting a feasible idea to be taken forward

- Facilitated development of a Social

  Identyfying skills and expertise the community needs in order to set up a social enterprise, enhancing community capacity by providing training, advise on planning and accessing essential resources

- A social enterprise delivers services to community members

  Community Runs Social Enterprise Service Delivery Organisation

Spaces of Wellbeing

Capability
Resources that facilitate physical and social mobility; enabling the abilities and skills to lead a flourishing and satisfying life; helping to overcome or tackle issues of discrimination and stigmatisation

Security
Resources that increase understanding of, and offer protection from, contemporary social and environmental risks

Integration
Resources that facilitate embeddedness in networks of social relations that, especially at the local scale, can build self-esteem and mutual valuing

Therapy
Resources that help with physical, mental and emotional healing

Social Prescribing

- Social prescribing – a way of linking patients in primary care with sources of support within the community to help improve their health and wellbeing (Bickerdike et. al., 2017).

- Despite clear methodological shortcomings, most evaluations presented positive conclusions (Bickerdike et. al., 2017).

- Community-based arts groups that are professionally facilitated may provide a therapeutic environment for participants: feeling accepted; gaining a sense of social belonging (Stickley and Hui, 2017).

- Emerging evidence suggests that SP holistic interventions can contribute to improvement in patient wellbeing, reduction in anxiety and depression and attendance at GP surgeries (Kimberlee, 2015).

- Stakeholders…perceived that social prescribing increased patients' mental wellbeing and decreased health service use (Kilgarriff-Foster, 2015).

Challenges for rural

*The qualitative analysis showed that community members identified some positive aspects of being involved in service co-production, relating to sense of community, empowerment and personal satisfaction. However, negative impacts included increased feelings of **pressure, strain and frustration** among those who took part in the co-production process. Overall the community was reluctant to engage with 'transformative' co-production and **traditional provider-user dynamics were maintained.***

(Munoz, 2013)

Challenges for rural

Dr Carolyn Wallace, Judith Stone and Dr Sally Rees (2018)

- These third sector community and neighbourhood groups are what Welsh Government are calling community assets and the key to maximising the value of care and sustaining our NHS services.
- But, they face inequality in the workplace (where occasionally they are not recognised as part of the multi-agency team)
- Short term funding focused on referrals as opposed to the whole of the social prescribing journey.
- Local community and neighbourhood organisations struggle to survive. They provide these services often free of charge through volunteers or reduced charges subsidised through charitable moneys they have to actively raise. They battle daily with finances, wondering if contracts are going to be renewed due to cuts in public funding, facing clients when services are suddenly discontinued, juggling funds or closing the charity or group when larger organisations don't pay invoices on time.
- *If social prescribing is indeed part of the answer to sustaining our health and social care services for the future, the question we must ask is how can we shift funds to build and sustain the community and neighbourhood assets which receive and resolve the referrals which are at first presented in primary and secondary care or in social services?*

Thank you for listening

www.artinhealthcare.org.uk

All-Party Parliamentary Group
on Arts, Health and Wellbeing
Inquiry

Creative
Health:
The Arts for
Health and
Wellbeing

The Short Report

July 2017

Participatory arts projects in healthcare settings:

Improve Wellbeing
- Make people feel valued and empowered
- Enhance self-esteem and confidence
- Provide positive distraction from anxieties
- Provide routine and structure through daily or weekly participation

Contribute to Personal Development
- Support longer lives lived better
- Positively affect self-perception of wellbeing
- Allow people to connect in new ways with fellow participants
- Enhance general quality of life

Enhance Community Spirit
- Improve social cohesion and create a sense of belonging
- Facilitate communication with other participants and help to build or strengthen a social network
- Reduce feelings of isolation and prevent loneliness

art in healthcare

Prevention

Early Intervention

Resilience

Health Inequalities

Person-centred Care

Vulnerability

Self-management

Realistic Medicine

Needs Assessment

art in healthcare

ROOM FOR ART

Art workshops for health and wellbeing

NO ART EXPERIENCE NECESSARY

art in healthcare

LOTTERY FUNDED

"We came together, we didn't talk about why...it was just great knowing that people are in the same boat..."
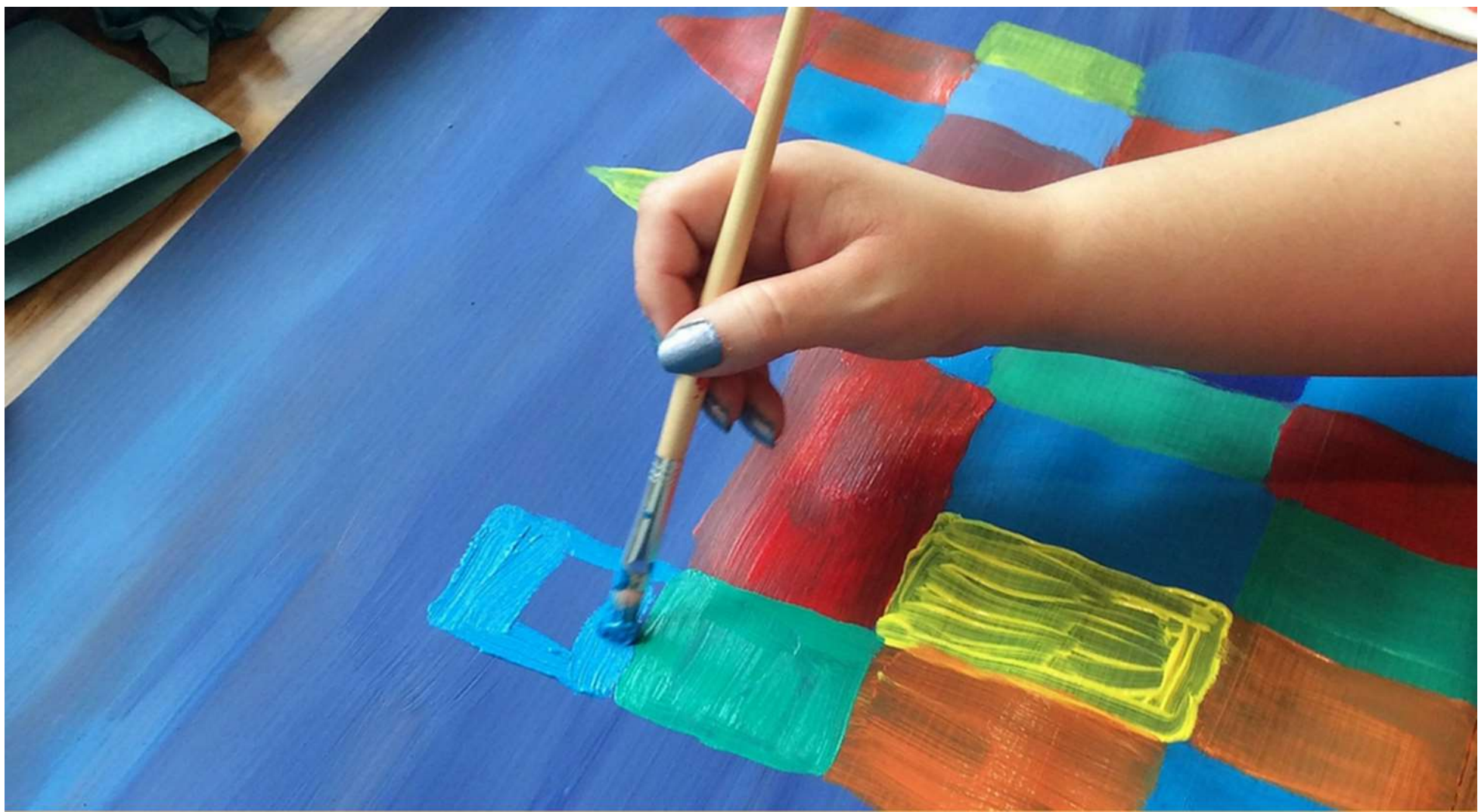
"For me to put a picture up on the fridge....to have pride in something was amazing...because I had lost that..."

"It was really relaxing...just chatting and drawing and just being me for that little while..."

Visual arts in healthcare settings:

Improve Wellbeing
- Create a welcoming environment for patients
- Contribute to a more positive experience of the received care
- Provide staff with a positive and pleasant work environment, shown to affect staff retention rates

Reduce Negative Emotions
- Reduce patients' symptoms of stress, anxiety and depression
- Affect patients' perception of pain

Provide Positive Distraction
- Distract patients from worrying about their illness or treatment
- Make patients feel valued and help them to maintain a sense of dignity

Stimulate Holistic Healing
- Support the view that physical and mental wellbeing are interconnected
- Reduce length of the healing process and amount of drugs needed

art in healthcare

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

QUESTIONS

Culture, Health And Wellbeing in Rural Scotland

26 March 2019

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In 2018:
- 30,500 admissions
- 50 communities visited

Shinty Memories event,
Screen Machine,
Newtonmore

Neatflicks screening,
The Retreat,
Glenesk

James Alison

"Art therapy is a form of psychotherapy that uses art media as its primary mode of expression and communication."

(BAAT 2015)

art therapy

music therapy

dance movement therapy

dramatherapy
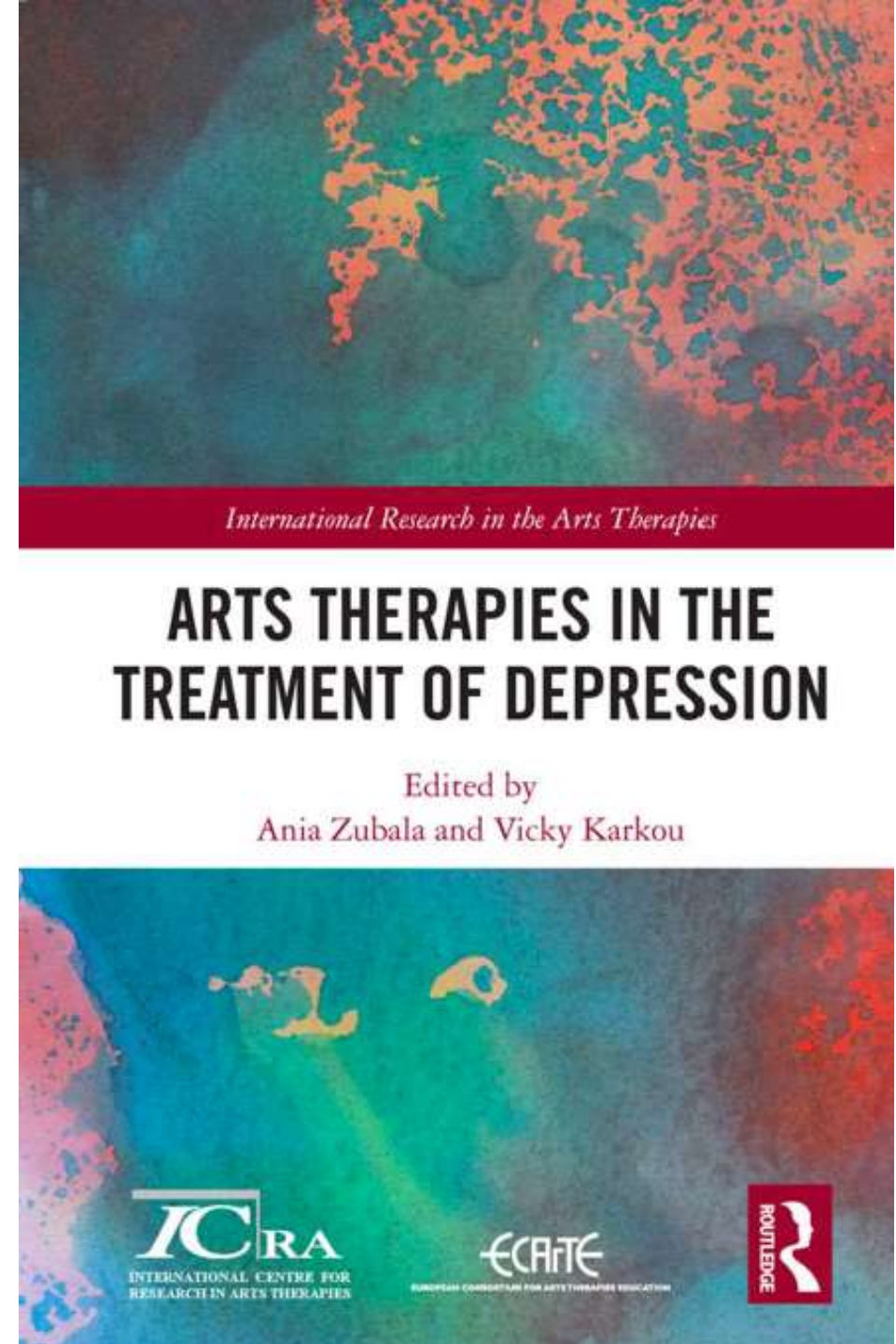
Scottish Government Urban Rural Classification 2016

3-fold Classification

- ■ 1 - Rest of Scotland
- ■ 2 - Accessible Rural
- ■ 3 - Remote Rural
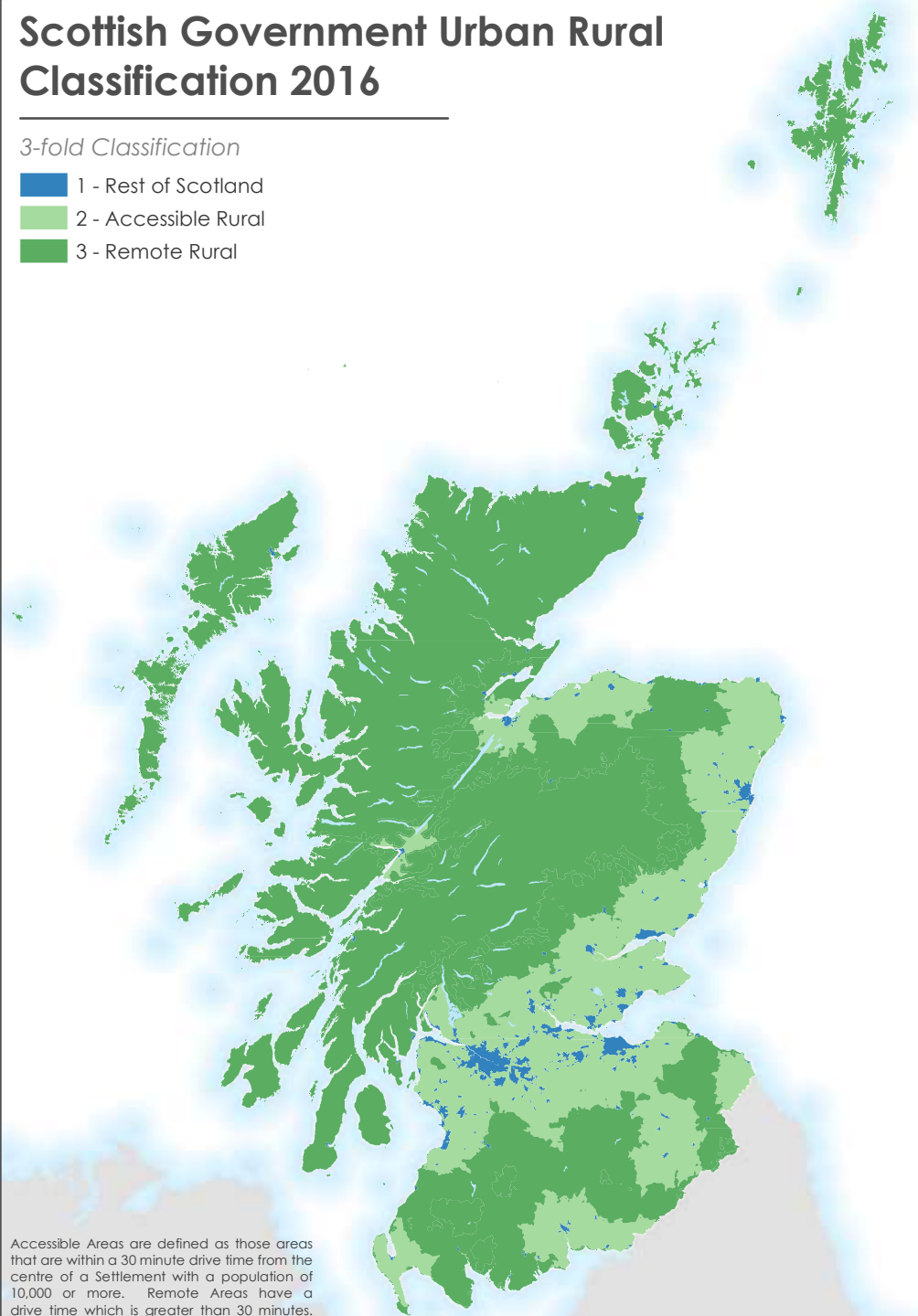
Accessible Areas are defined as those areas that are within a 30 minute drive time from the centre of a Settlement with a population of 10,000 or more. Remote Areas have a drive time which is greater than 30 minutes.

rural

remote

art therapy?

Using arts and culture to support wellbeing within international development contexts and agendas
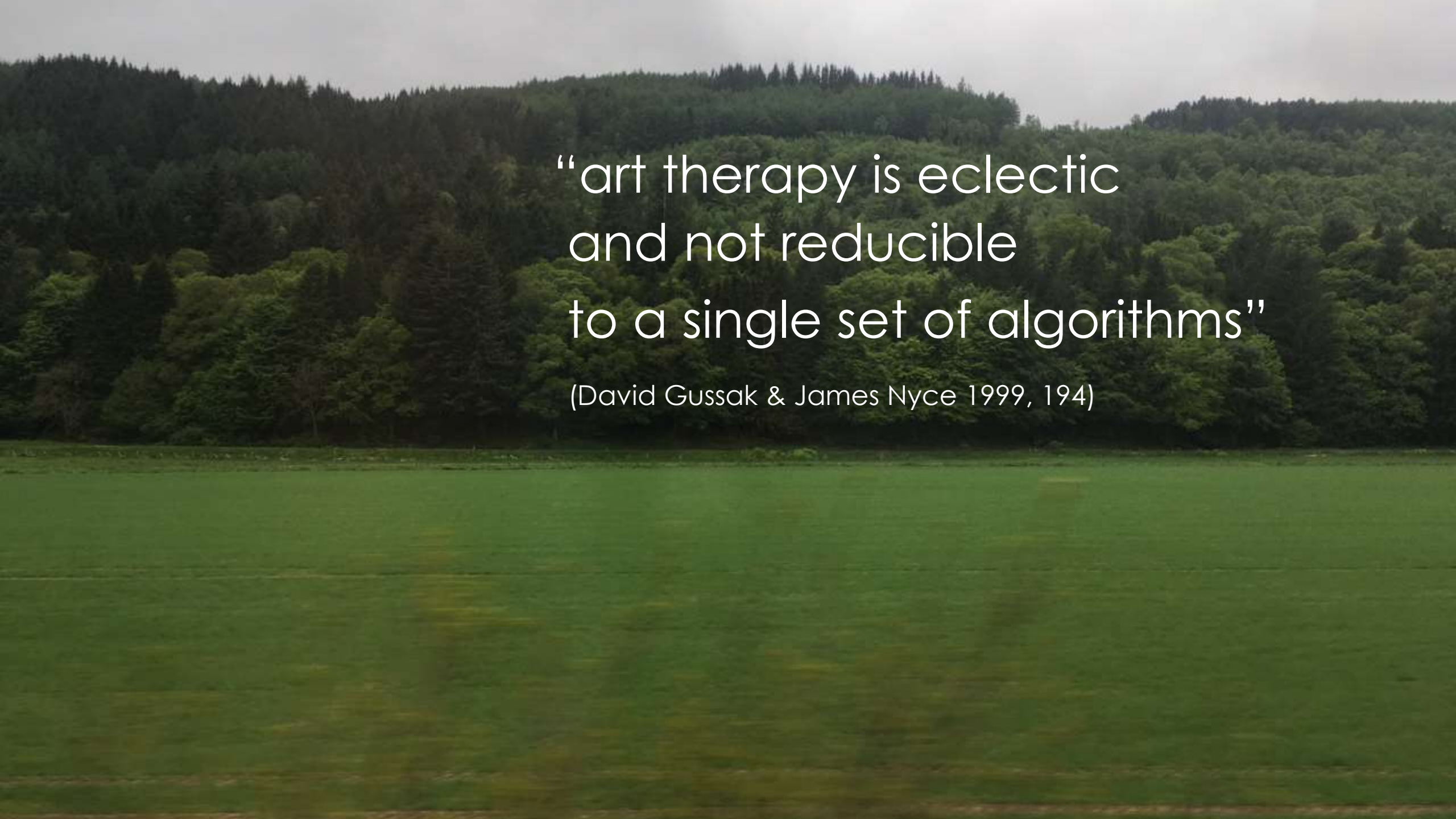
Arts on prescription in Scandinavia: a review of current practice and future possibilities

Creative health: the arts for health and wellbeing

The Value of the Arts in Therapeutic and Clinical Interventions:

A critical review of the literature

"art therapy is eclectic
and not reducible
to a single set of algorithms"

(David Gussak & James Nyce 1999, 194)

"Will we limit ourselves
to critical observers in clinical settings,
or will we actively contribute
to exciting technological innovation
that is altering the creative landscape?"

(Brian Austin 2009, 85)

The journey

Literature review

Resistance towards digital media, slow adoption process
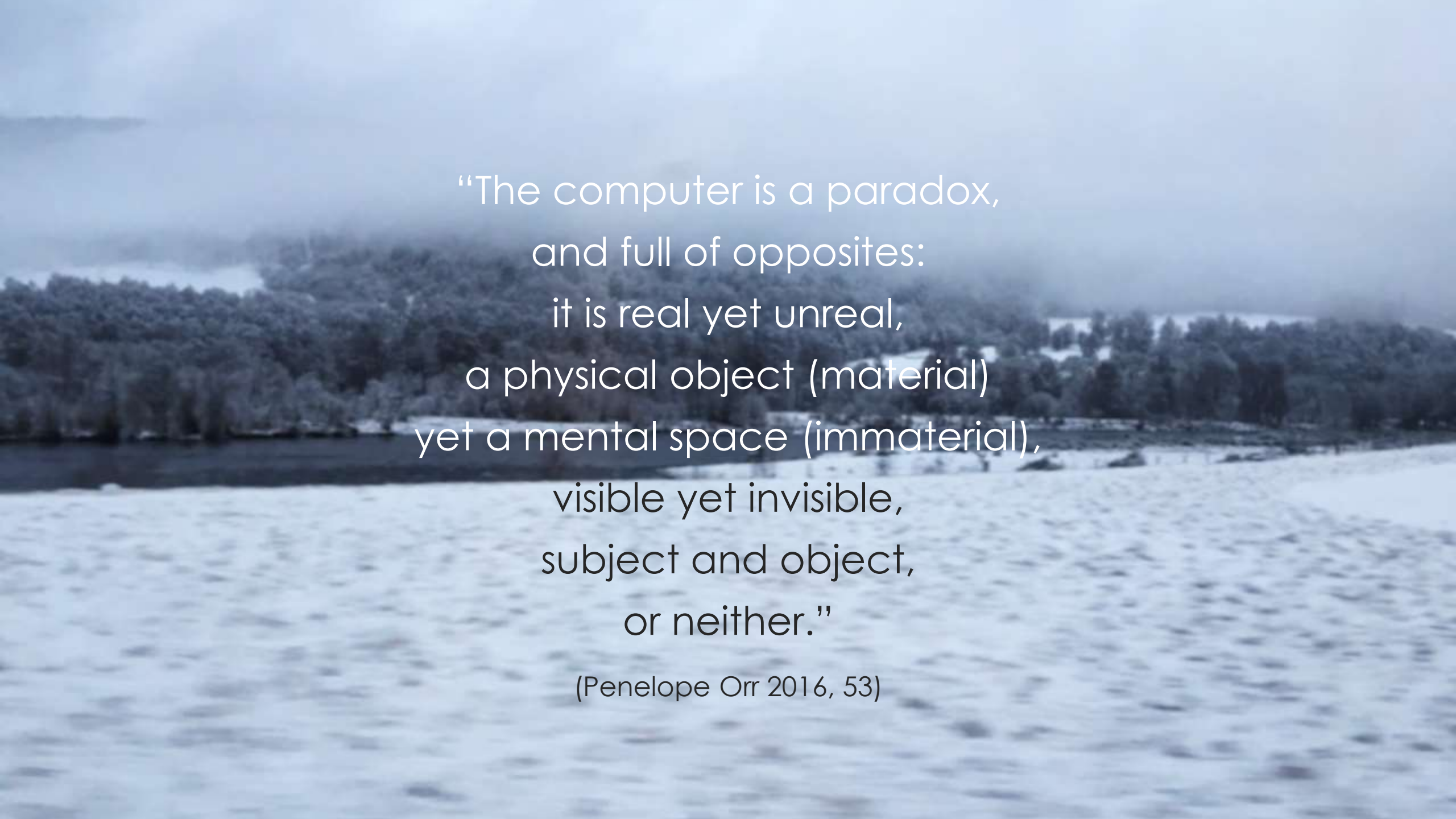(Carlton 2014, Choe 2014, Kuleba 2008, Klorer 2009, Potash 2009)

Emotional factors and biases
(Asawa 2009)

High ethical standards and professional responsibility

(Orr 2006, Orr 2012)

Readiness to adapt practice if sure of client benefits

(Peterson 2005, Peterson 2010)

"The computer is a paradox,
and full of opposites:
it is real yet unreal,
a physical object (material)
yet a mental space (immaterial),
visible yet invisible,
subject and object,
or neither."

(Penelope Orr 2016, 53)

distance/online
art therapy

reach & access

clients who may not be able
to access traditional services

digital media
in art therapy

scope & toolbox

clients who may not be able
to use traditional media

meet clients where they are

by Jeremy Collins
https://www.tiltbrush.com/air/artists/jeremy-collins/

people with mobility and/or physical limitations

hospitalised patients with long term conditions

people with tactile or olfactory sensitivity

people living in rural or remote areas

benefits

actions can be undone (Collie 1999, Edmunds 2012, Canter 1987, McLeod 1990, Parker-Bell 1999, Peterson 2005, Orr 2016)

less intimidating (Collie 1999, Evans 2012, Hartwich 1997, Kaimal 2016, Moon 2010, McLeod 1999, Orr 2012, Thong 2007)

sharing / re-visiting / playback (Edmunds 2012, Canter 1989, Hartwich 1997, Evans 2012, Mosinski 2010, Carlton 2014, McLeod 1999, McNiff 1999, Orr 2016)

sense of mastery and independence (Edmunds 2012, Canter 1989, Orr 2012, Darewych 2015)

flexibility and portability (Evans 2012, Orr 2016, Dawerych 2015)

improves therapeutic rapport (Orr 2012, McLeod 1999)

challenges

dehumanizing / impersonal / 'synthetic' (Collie 2002, Collie 2006, McLeod 1990, Orr 2006, Gussak 1999, Kuleba 2008, Carlton 2014)

disconnecting from relationships (Klorer, 2009; Potash, 2009, Orr 2012)

disconnecting from sensory experience (Klorer, 2009; Potash, 2009, Kuleba 2008, Orr 2006, Orr 2012, Garner 2016)

not adequate container for emotions (Collie 1999)

privacy, confidentiality at risk (Levy 2018, Orr 2012, Edmunds 2012, Klorer, 2009, Alders 2011)

technical issues and cost (Orr 2006, Kuleba 2008, Levy 2018)

"Digital media is developing toward more **human-responsive interfaces** (…) - the cold technology is becoming more integrated with human interactions, human senses, and human emotions in an intuitive and responsive way"

(Penelope Orr 2016, 192)

by Rosie Summers @rosesummervr
https://twitter.com/rosesummervr/
status/1047230678125953024

by Atma
https://www.tiltbrush.com/air/artists/atma/

by Jonathan Yeo

Jonathan Yeo

"computer art
will never replace
the three-dimensional
presence of the actual
thing being made"

(Shaun McNiff 1999, 199)

The journey

Literature review

Pilot study

Prototyping

Testing

"The future of technology in art therapy
will be complex but unmistakable, (…)
its only limits bound by ethics and the imagination"

Brent Christian Peterson (2010, 31)

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ania.zubala@uhi.ac.uk

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@aniazub

University of the
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