

Title: *Arts on Prescription in Scandinavia: a review of current practice and future possibilities*

Abstract

Aims: This article reviews current practice relating to arts and culture on prescription in Sweden, Norway, Denmark and in the UK. It considers future possibilities and considers each of the Scandinavian countries from a culture and health policy and research perspective. The UK perhaps leads the field of Arts on Prescription practice and subsequent research is described in order to help identify what the Scandinavian countries might learn from the UK research.

Method: The method adopted for the literature search, was a rapid review which included peer-reviewed and grey literature in English and the respective languages of Scandinavia.

Results: The discussion considers the evidence to support social prescription and the obstacles of the implementation of Arts on Prescription in Scandinavian countries.

Conclusion: The article concludes that of the Scandinavian countries, Sweden is ahead in terms of Arts on Prescription and has embraced the use of culture for health benefits on a different scale compared to Norway and Denmark. Denmark, in particular is behind in recognising ways in which art and culture can benefit patients and for wider public health promotion. All three countries may benefit from the evidence provided by UK researchers.

Key words: *Arts on Prescription, Scandinavia, UK, public health, cultural activities*

State of play: Arts and Health in Scandinavia

There is considerable political and academic interest in culture and health in the Scandinavian countries and there is some evidence that this is being translated into practice. In the first published survey of the culture and health field in the Nordic counties, the relationship between culture and health is being identified as an important factor in a sustainable Nordic welfare model.¹ The survey emphasises the enormous potential that arts can have in the promotion of health and wellbeing. The aim of this article is to provide an overview of how arts and culture are used and is described in the Scandinavian countries and the UK. In this article, we firstly provide a brief overview of the arts and health field in Scandinavia and then we offer an

overview of Arts on Prescription activities in the Scandinavian countries before we go on to consider the research conducted amongst Arts on Prescription programmes in the UK. Such evidence may help to inform developments of Arts on Prescription in the Scandinavian countries.

Method

Because there is so little peer-reviewed studies published with regards to Arts on Prescription in Scandinavia, we adopted a pragmatic approach to the literature search, including peer-reviewed and grey literature in English and the respective languages of Scandinavia for the period 1997 and to May 2016. The approach we used was a rapid review.² Mainly because of the lack of published research around the specific topic in Scandinavia, we did not think that a thorough systematic review was called for. However the rapid review process sought to identify existing key literature related to the topic of Arts on Prescription in Scandinavia and in the UK. Lal and Aadair³ argue that rapid reviews may not be as comprehensive as systematic reviews, but they can still produce valid conclusions and provide an analytic synthesis on a given topic. We also have reasons to believe that a number of publications are reports, in Scandinavian languages. These are available on the Internet, rather than in academic databases.

The keywords we used were: arts, creativity, prescription, participatory or participation and cultural activities. These were applied to databases including: ASSIA, PsychInfo, Cinahl, Web of Science, Embase, Cochrane Library, Google Scholar and Medline. Equivalent searches were used in each of the databases and Internet search engines for the grey literature. Additionally, the reference lists of retrieved articles were hand-searched to identify further relevant literature. Leading researchers in the field of Arts on Prescription were also contacted individually with a request to provide additional relevant research papers. These researchers were based within the UK and Scandinavia. We did not apply a strict inclusion criterion because of the paucity of literature on the subject; we included all articles that we considered to make a contribution to the topic. The results can be found in Table A which identifies the originating country of the articles, together with the methods and key findings and separated into two categories with literature that is specifically about Arts on Prescription and another category that includes general literature about the arts and health field. We have only included what we perceive as the most relevant literature in the table, the remaining references that are used in the article can be found in the reference section.

INSERT TABLE A HERE

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.^{4,5} In 2007 the Swedish Parliament initiated the Culture and Health Association, which has served as a political pressure group for culture and health. Many large-scale culture and health initiatives have been initiated at both regional and national levels. Government sponsored initiatives include the Swedish Arts Council's investment in the project Kultur för äldre/Arts for the elderly, 2011–2013, with the aim of promoting increased participation of senior citizens in the arts.⁶ In 2009 the Ministry of Health and Social Affairs with the Ministry of Culture allocated money to support two pilot-projects on Arts and Culture as rehabilitation. The interventions with arts and culture on prescription were directed to patients with long-standing pain and/or common mental health problems. The primary health care teams referred patients to the programmes.

There is also extensive interest in research on culture and health in Sweden. The Centre for Culture and Health at the University of Gothenburg was established in 2010 and has been responsible for much current research in the field.^{4,7,8,9,10} Chalmers University of Technology specialises in architecture and health and the Cultural Brain research initiative at the Karolinska Institute in Stockholm is producing leading research in the field of culture, the brain, health and knowledge (den kulturella hjärnan).¹¹ Also the *Centre for Social Sustainability* at the Karolinska Institute, Stockholm is involved in research in the area of culture and health.¹² 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. An exception is a large longitudinal study conducted in Sweden that commenced in the 1980s.¹³ In 1996, a large population-based interview study with long-term follow-up was conducted and the results indicate that cultural activities have a positive impact on survival.¹⁴ Another study in a working population participating in cultural activities showed that self-reported health related quality of life increased after the program.¹⁵ In a controlled study from 2015, women in Sweden with burn-out symptoms were randomised to either cultural activities or treatment as usual. At six-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. These improvements were clinically relevant.¹⁶

In a recent report about cultural activities for individuals with mental health problems, the interventions included various cultural, nature and physical activities. The preliminary results indicate that the participants appreciated the project and also showed an improvement concerning self-perceived general health and mental health symptoms, such as anxiety and depression.¹⁷

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.^{18,19,20} Norway also has a public health law and a cultural law that emphasises the importance of arts in health promotion and care.⁵ With policy support, the field of practice is therefore increasing. The government has supported a number of arts and health projects from the 1990s to the present, but there have been no large-scale projects since the government assigned 15 million NOK to a project called Culture and Health in the period 1997-99. The concept 'Nature-Culture-Health' is based on the idea of stimulating 'wholeness thinking' and is established as an important method of health promotion in some regions in Norway.^{21,22} Participants with various health problems engage in arts, cultural and nature activities to promote health.

Research in culture and health is also increasing.^{5,23,24,25,26} The first Norwegian Competence Centre for Arts and Health (Kultur, helse og omsorg) was established in Levanger in July 2014.²⁷ The centre's primary mandate is to bring forth a greater interaction between research, education and practice in the fields of arts and health and support and disseminate research and practice. Arts and health initiatives have increased substantially after the establishment of the centre and the Norwegian Resource Centre is currently carrying out the first survey of arts and health practice in Norway together with Volda University College.

Music in health or music therapy has a strong and unique position in Norway. The Norwegian tradition of music therapy is humanistic and socially oriented and music therapy is commonly used both in community and in clinical settings. Norway has two research centres for music and health: The Centre for Research in Music and Health (CREMAH) at the Norwegian Academy of Music in Oslo and the Grieg Academy Music Therapy Research Centre at the University of Bergen. The great majority of arts and health research in Norway is related to music therapy.^{25,28,29,30}

Denmark

In Denmark the political support and recognition of culture and health is less than in Sweden or Norway.^{31,32} In the 2013-2016 strategy from the Danish Ministry for Culture there is no mention of arts and health.³³ Mental health wellbeing is, however, mentioned as one of the seven focus areas in the health strategy: 'Healthier lives for all' (Sundere liv for alle) from 2013.³⁴ The strategy, which includes the national public health goals for ten years, also recognises the need for interdisciplinary work across sectors. While there is no documented evidence of arts and culture on prescription programmes in Denmark, the Government has recently allocated resources to a pilot-project stretching over three years. The pilot-project provides individuals with anxiety, stress and moderate depression an opportunity to participate in cultural activities. The initiative enabled local authorities and cultural institutions to join forces and apply for funds to deliver the programme in collaboration. The scheme is administrated by the Danish Health Authority which has also provided specific guidelines and has selected four municipalities (Aalborg, Silkeborg, Nyborg and Vordingborg) as successful applicants to run the programmes over the next three years. Using some of the examples and lessons learned from Sweden and the UK present a significant opportunity for the Danish local authorities to deliver the pilot project specially designed to the Danish context. The political focus on the arts and health field has also meant an increased interest in the area from municipalities and a few cultural institutions resulting in upcoming conferences with emphasis on how to develop the field.

Denmark does not have a research centre for arts, culture and health although recently Aalborg University have made a commitment to establish the first centre for Arts, Culture and Health research in Denmark. Although research is being carried out at some universities it is the efforts of passionate individuals that are the driving force. Because of this lack of infrastructure it is difficult to get an overview of existing research and practice. However, 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.³⁵ The use of music is likewise the focus at the University of Aarhus where a large research project 'Music and the Brain' is being conducted.³⁶ The impact of music and sound is also central to research on the acoustic environment for patients undergoing surgery and for those being transported in ambulances conducted at Aalborg University Hospital.³⁷

While there appears to be some focus on the effect of using music, it is currently difficult to find any evidence suggesting that there are initiatives researching the correlation

between an individual's health and participation in cultural experiences in Denmark as there are in Sweden and Norway.^{5, 25,}

Arts on Prescription in Scandinavia

Sweden

The concept of social prescribing exists on different levels in Scandinavia although Arts on Prescription is less developed. Arts and culture for rehabilitation are also often initiated at local or regional levels in Sweden. Various small-scale projects have been piloted. The projects are organised and followed up in a variety of ways, but in general the aim is to improve health and facilitate the participants to move closer to the labour market. Some projects include collaborations with the Social Insurance Agency and Employment centres and the projects where arts and culture was prescribed as the main intervention.

In the northern part of Sweden a controlled design was applied to arts and culture rehabilitation. At follow-up, stress and sleep was improved among the participants, but no improvements were seen concerning sick leave or bio-markers in the control or intervention group.³⁸ In southern Sweden, results from 12-month follow-ups of a cohort of 123 individuals who participated in a 10-weeks arts and culture rehabilitation program are recently published.³⁹ The participants in this program had musculoskeletal pain and/or mental health problems and were on sick leave or at risk of becoming sick-listed. The aim was to improve their health and move the participants closer to the labour market. The results are in favour for different health outcomes, such as health-related quality of life, function and work ability. Health related quality of life is a widely used patient-reported outcome measure in different rehabilitation studies. This is a generic outcome-measure, which allows that different types of conditions and interventions can be compared. Health related quality of life was found to be improved also in an earlier cited Randomised Controlled Trail on a working population.¹⁵ In the Arts on Prescription described above, no control group was available and the results are based on a before-after design. At 12-month follow-up, 29 % of the participants had a clinically relevant change in health related quality of life and/or work ability.³⁹

Norway

In Norway, there are no large-scale programmes for Arts on Prescription. The concept is, however, being experimented with, and a few municipalities are delivering arts and cultural activities on prescription. Trondheim municipality is delivering a programme called “culture

for health” for senior citizens. In this project, the participants are given a culture prescription by their GP and then an individual plan is coordinated for each participant. On such prescription, each participant gets two different cultural activities each week.⁴⁰ Bergen municipality have a programme called “Art, Culture and Mental Health”. This is a programme that aims to promote mental health and people are recruited on the basis of their involvement with mental health services.⁴¹ Oslo municipality also have different projects to promote mental health through the arts. As an example, Teater Vildenei has been a part of the rehabilitation programme for mental health service users in Oslo for twenty years. Some people are referred to this theatre group through Oslo University Hospital, others are recruited through the regional psychiatric centres in Oslo and others again are recruited through friends.⁴²

Some of the Healthy Life Centres (HCL) in Norway (frisklivssentraler) are also experimenting with Arts on Prescription. In 2015, Levanger HLC offered a choir project on prescription to promote mental health. Scholars from Nord University are conducting research on the project, but no results are available yet.⁴³

Denmark

While the Danish Government has not supported cultural projects aimed at promoting health and wellbeing prior to the three-year pilot on Arts on Prescription, some cultural institutions have delivered projects that include health aims. A couple of museums have used participation in cultural activities to address issues of inclusion and mental health. In this way, Arts on Prescription have already been experimented with within the Danish context and Storm P. Museum in Copenhagen is one such example.⁴⁴ In a local attempt to use aspects of the Arts on Prescription model, Storm P. Museum worked in partnership with a local GP to recruit lonely older people to participate in a reminiscence project. One of the conclusions from the project was that the GP was not adequately prepared for the recruitment process and the museum has now partnered up with the local health prevention centre for the recruitment process. Prior to the reminiscence project the museum delivered another project with focus on art participation for people with mental health problems. This project included art workshops, job training with a long term-goal of offering the participants work as volunteers.⁴⁴

In a partnership project with the local department for health promoting and the job centre, Trapholt Museum in Kolding delivered a project for mental health wellbeing. The aim of the project was to improve the mental health wellbeing of the participants who were recruited through the job-centre and participated in four sessions at the museum.⁴⁵

Arts on Prescription research in the UK

Contrary to the Scandinavian countries, Arts on Prescription has been available as part of health promotion for about two decades in the UK and in 2010, Bungay and Clift reviewed the UK literature on Arts on Prescription.⁴⁶ At the time, they recognised the lack of peer-reviewed published research and reported largely on the grey literature. Since this review, a number of other studies have been published on a broader range of community-based arts and health interventions than those narrowly defined as ‘Arts on Prescription’. In respect of Arts on Prescription Goulding⁴⁷ reports on interviews with those providing Arts on Prescription programmes for older people. The study intended to identify the challenges of providing evidence and of sustaining such work. Makin and Gask⁴⁸ interviewed 15 people with anxiety and depression who had attended Arts on Prescription service and had previously received psychological therapy. Participants appear to value attending the Arts on Prescription activities over and above their experience of talking therapies largely because of the social benefits and the therapeutic effect of engaging in arts activities.

There are four published studies from the Arts on Prescription service based in Nottingham in the UK; all four use qualitative research methods by researchers at the University of Nottingham. The first aimed to understand how people told their stories of their involvement with a community-based arts programme promoting mental health.⁴⁹ The research included interviews with 11 participants who were interviewed up to three times over a one-year period. The findings reveal that the programme facilitated new personal, social and occupational opportunities for participants.

The second also explored the experiences of participants who experienced mental health problems.⁵⁰ They conducted 16 in-depth interviews in community-based arts venues. It is reported that participants experience Arts on Prescription as a creative and therapeutic environment. It is considered a safe place, where people can be creative with others who have shared similar experiences. Again, people reported experiencing the social, psychological and occupational benefits. By feeling accepted and amongst people of similar experiences, the study reports that participants also gained a sense a sense of social belonging. As people gain a sense of pride in their work, they also report experiencing psychological, social as well as occupational benefits.

The third study interviewed those making referrals (referrers) to Arts on Prescription asking them about their perceptions of the quality and effectiveness of the service.⁵¹ Ten participants were recruited from a potential total of 148 referrers who had referred their clients to the Nottingham Arts on Prescription programme between 2008-2011. Referrers clearly

valued the programme of work. They saw it as offering a therapeutic, relaxing and safe environment that is professionally led. The social opportunities provided by the programme are reported to be considered significant as well as the peer-support amongst participants that is evident. Social prescribing enables primary care workers to have a greater range of options when helping patients with complex social problems. The programme described by Stickley and Hui⁵⁰ is clearly valued by referrers for their clients and there is concern whether such valuable resources will be commissioned in the future. However, further research on a larger scale would need to be conducted to determine criteria for selection and perceived efficacy of the programme on those referred.

The fourth study was a follow-up study with the participants of the second study.⁵² This longitudinal study reports on the findings from interviews conducted two years after the first interviews to assess the ‘distance travelled’ among participants. Ten interviews were conducted in community-based arts venues. Each participant used or had used mental health services and had been interviewed two years earlier. Participants reported increased self-confidence, improved social and communication skills, and increases in motivation and aspiration. The longitudinal evidence, suggested progress was varied between respondents. While ‘hard’ outcomes could be identified in many individual cases, these were attributed to unifying ‘soft’ outcomes identified across the sample. These soft outcomes, included reports of such things as raised confidence and self-esteem, which were identified as having led to ‘hard’ outcomes such as educational achievement and voluntary work.

Discussion

Internationally, there is a growing awareness and evidence that the implementation of social prescribing can and does promote the possibility of improved mental health outcomes such as increased social contact, improved self-esteem, greater confidence, improved mood and so on.^{53, 54} The delivery of such programmes is often derived from the voluntary, community, and social enterprise sector. Alongside the growing evidence of efficacy for such interventions, there is also an argument that these forums for delivery are potentially less stigmatising than if they were to be delivered by statutory healthcare environments and medically trained staff. Indeed the World Health Organization have stated that improved access to “...non-medical sources of support through social prescribing/community referral...” making suggestions for among other things arts activities in this statement.⁵⁵

The evidence-base to support social prescribing is emerging and there are a few examples from practice that substantiate the impacts of social prescribing as an intervention as

well as the contexts for which it is most effective and for which client-groups.^{52,53,56,57,58,59,60,61} While exercise was a forerunner within these developments; increasingly the arts are now featuring in practice and in the social prescribing literature. Such schemes provide a framework for emerging alternative approaches to mental distress. The Royal College of Psychiatrists (RCP), in their “Case for action” for public mental health, recommend: “participation in arts, and developing creativity” as one such alternative.⁶² Furthermore “community arts” are explicitly identified as promoting social cohesion. Social prescribing however operates within a wider political arena where those from a medically orientated science background may not always value such initiatives or the evidence. The complexities of making a justified case for the associated costs are also not straightforward, and operate as a barrier to mainstreaming social prescribing.⁶³ It is evident from this review that models of social prescribing exist in Scandinavia, although specific arts approaches are scarce. There is limited but useful research of Arts on Prescription in the UK for people who have experienced mental distress. It is argued that this is valued by referrers,⁵⁰ ultimately cost-effective⁶⁴ and of benefit for soft outcomes such as social belonging, confidence-building and self-esteem.^{48,51}

Scandinavian social prescribing is largely for physical activity, especially in Sweden which benefits from precedents of physical activity being routinely prescribed over a sustained period. Therefore, it is imaginable that Arts on Prescription could be successfully introduced in the country. It is recognised that Swedish people with illness or disabilities often become lonely and excluded from the labour market and their local community; an exclusion which often makes the illness or disability worse. Thus, Arts on Prescription outcomes may prove beneficial for this group of people.^{64,48,51} Arts on Prescription has also been directed to patients with prolonged pain.⁶⁵ The results from a pilot study, indicates that the program decreased social isolation and also helped the participants to cope with the long-standing pain.

There is some evidence to suggest that Healthy Life Centres in Norway are keen to try out Arts on Prescription. Levanger HLC has been a forerunner, leading a project on choral singing to promote mental health. Arve Almvik og Grete Daling who initiated the project are now working to make choral singing an integral part of other HLCs in Norway.⁶⁶ Trondheim municipality is also planning a large-scale Arts on Prescription programme and are currently in the process of applying for funding to make this programme possible. It is not, however, easy to find the necessary funding to carry out Arts on Prescription programmes. Lack of major funding is indeed a problem that affects the whole arts and health field in Norway. Political incentives must thus be followed up by a financial commitment to secure the development of culture and health projects and research. And because of this, the economic value of these

initiatives is needed to support a case for the viability of an Arts on Prescription approach to health and wellbeing. Another issue of contention is that some of the municipalities in Norway are very small and do not have the expertise or the community arts projects necessary for Arts on Prescription schemes to work without great cost. The Norwegian Directorate of Health recommendation is, however, that all municipal councils in Norway should establish a Healthy Life Centre.

In Denmark, this paradigm shift could be facilitated by municipalities developing interdisciplinary programmes to support health promotion.³¹ This requires authorities to work across health and culture in partnership with academic institutions that would consolidate knowledge and develop robust research methods for evaluation. A report from the ministry of health (Sundhedsstyrelsen) from 2015 illustrated that mental health issues such as anxiety and depression had increased significantly over the past two years.⁶⁷ The report highlighted the economic costs associated with the increase in days off work, early retirement and premature death. Results from Arts on Prescription schemes in the UK suggest economic benefits in terms of a reduction in visits to the doctor and participants reported gaining transferable skills moving them closer to employment.^{45,53} Embedding cultural activities within future health strategies could be a starting point for local authorities, however in order for this to happen political support is imperative.

Finally, it is noticeable that most of the evidence supporting social prescribing and Arts on Prescription in particular is qualitative and often narrative in nature. Social prescribing which includes Arts on Prescription is essentially a social intervention with qualitative outcomes such as increased confidence, a sense of belonging, increased social relations and strengthened identity.^{49,50} The characteristics are best suited to qualitative research that harmonises with the philosophy of community based, arts interventions and positivistic evaluation frameworks are not always appropriate.

Conclusion

Based on the current situation in Scandinavia it can be said that Sweden has embraced the use of culture for health benefits on a different scale to Norway and Denmark. Denmark in particular is lagging behind in recognising ways in which culture can be used to benefit patients and promote public health generally. Looking beyond Scandinavia it is possible to find the concept of Arts on Prescription in the UK where it exists in various forms and contexts across the country.

A precondition to make Arts on Prescription work in Scandinavia (as undoubtedly with other European countries) is the need for evidence, both of efficacy and the economic viability. Evidence is also a strong facilitator to justify public funding. In Scandinavia an obstacle for Arts on Prescription could be that most efforts in research and health care practice mainly is based within the medical model of research where a randomised controlled design is requested. This design is not easy to apply to interventions such as Arts on Prescription especially in circumstances where participants may be referred for a multiplicity of physical, social and psychological reasons.

In Sweden, research findings are more likely to be obtained by researchers who study interventions based on medical perspectives and therefore Sweden might benefit from more holistic approaches to their research and learn from other countries such as the UK. Although, in Norway the population generally welcomes non-medical interventions and therefore there is a great potential for Arts on Prescription to work, at least in some of the larger cities. There is a need however for more research to test out how arts and health interventions can be applied in a number of contexts around the country and to also persuade policy-makers to invest in such activities. As the area of research and practice is new to the Danish context it is difficult, at this stage to discuss whether such schemes can be successful in Denmark as it significantly depends on the delivery framework. However, if arts and culture is to become part of health strategies in Denmark, it is necessary for Governmental departments to use a cross-sectoral approach and interdisciplinary working strategies where arts and culture could be included in delivering a healthcare.

Learning from the UK models of practice we see potential for using the Art on Prescription programmes for health prevention and to address some of the existing health issues in Scandinavia.

Ethical approval

None to declare. The research is based on publicly available literature

Funding and conflict of interest

None to declare.

References

¹ Austin K. Vändpunkt. Förslag om kultur och hälsa i nordisk samverkan. Rapport til Nordiska ministerrådet från Region Skåne. Region Skåne, Sweden, 2014.

² Khangura S, Konnyu K, Cushman R, Grimshaw J and Moher D. Evidence summaries: The evolution of a rapid review approach. *Systematic Reviews* 2012; 1:10.

³ Lal S and Adair CE. E-mental health: a rapid review of the literature. *Psychiatric Services* 2014; 65:1: 24-32.

⁴ Sigurdson O. Culture arts and health: A multi-disciplinary Swedish perspective. *Journal of Applied Arts and Health* 2015; 6:2: 139.

⁵ Theorell T, Knudtsen MS, Horwitz EB and Wikström BM. Culture and public health activities in Sweden and Norway. In: Clift S and Camic PM (eds) *Oxford Textbook of Creative Arts, Health, and Wellbeing: International perspectives on practice, policy, and research*. Oxford: Oxford University Press, 2015, pp. 171-177.

⁶ Statens kulturråd. Kultur för äldre, http://www.kulturradet.se/Documents/publikationer/2013/kultur_aldre_low.pdf (2013, accessed 5 October 2016)

⁷ Sigurdson O (ed.). *Kultur och hälsa: Ett vidgat perspektiv/Culture and Health: A Wider Perspective*, Göteborg: LIR Varia, 2014.

⁸ Nilsson M, Åström R, Theorell T and Von Scheele B. Musical piloerection. *Music and Medicine* 2012; 4:2: 82–89.

⁹ Sandell A. *Musik för kropp och själ: Modell för interaktiv musikterapi/Music for body and soul: Model for interactive music therapy*. Göteborg: Nordic School of Public Health, 2013.

¹⁰ Holmberg S and Weibull L. Kultur befrämjar hälsa/Culture promotes health. In: Weibull L, Oscarsson H and Bergström A (eds) *I framtidens skugga/In the shadow of the future*. Gothenburg: University of Gothenburg, SOM Institute, 2012, pp. 363–370.

¹¹ Den kulturella hjärnan. The Cultural Brain Initiative, <http://www.kulturellahjarnan.se/us/om-oss/> (2013, accessed 8 March 2016).

¹² Centre for Social Sustainability, <http://ki.se/forskning/centrum-for-social-hallbarhet-css> (2016, accessed 5 May 2016).

¹³ Johansson SE, Konlaan BB and Bygren LO. Sustaining habits of attending cultural events and maintenance of health: A longitudinal study. *Health Promotion International* 2001; 16: 229–234.

¹⁴ Bygren LO, Konlaan BB and Johansson SE. Attendance at cultural events, reading books or periodicals, and making music or singing in a choir as determinants for survival: Swedish interview survey of living conditions. *BMJ* 1996; 313:7072: pp. 1577-80.

¹⁵ Bygren LO, Johansson SE, Konlaan BB, Grjibovski AM, Wilkinson AV and Sjöström M. Attending cultural events and cancer mortality: A Swedish cohort study. *Arts & Health: An International Journal for Research, Policy and Practice* 2009; 1:1: pp. 64-73.

¹⁶ Grape Viding C, Osika W, Theorell T, Kowalski J, Hallqist J and Horwitz EB. “The Culture palette” - a randomized intervention study for women with burnout symptoms in Sweden. *JBMP* 2015; 8:2: a813.

¹⁷ Andersson A, Harris U, Sandström B, Wästerberg B. Kultur och hälsa- ett samverkansprojekt inom psykiatri och socialpsykiatri i Blekinge. Report 2, <http://ltblekinge.se/globalassets/forskning-och-utveckling/blekinge-kompetenscentrum/projekt/kultur-och-halsa/rapport-kulturochhalsa2016.2.pdf> (2016, accessed 18 August 2016).

¹⁸ Helse-og omsorgsdepartementet. *Resept for et sunnere Norge/Prescriptions for a Healthier Norway*. Meld St. 16. Oslo: Helse og omsorgsdepartementet, 2002-2003.

-
- ¹⁹ Helse-og omsorgsdepartementet. *Folkehelsemeldingen God helse – felles ansvar / Public Health Report Good health – a common responsibility*. Meld St. 34. Oslo: Helse og omsorgsdepartementet, 2012–2013.
- ²⁰ Kulturdepartementet. *Kultur, inkludering og deltaking/Culture, inclusion and participation*. Meld. St. 10. Oslo: Kulturdepartementet, 2011–2012.
- ²¹ Tellnes G. How can nature and culture promote health? *Scandinavian Journal of Public Health* 2009; 37: 559–61.
- ²² Bratt-Rawden KB and Tellnes G. The benefits of nature and culture activities on health, environment and wellbeing: a presentation of three evaluation studies among persons with chronic illness and sickness absence in Norway. In: Nordby H, Rønning R and Tellnes G (eds) *Social Aspects of Illness, Disease and Sickness Absence*. Oslo: Oslo Academic press, 2011, pp. 199-222.
- ²³ Knudtsen MS, Holmen J and Håpnes O. Hva vet vi om kultur deltakelse og helse?/What do we know about participating in cultural activities and health? *Tidsskrift for Den norske legeforening* 2005a; 125: 3418-3420.
- ²⁴ Knudtsen MS, Holmen J and Håpnes O. Kulturelle virkemidler i behandling og folkehelsearbeid/Cultural approaches to treatment and public health work. *Tidsskrift for Den norske legeforening* 2005b; 125: 3434-3436.
- ²⁵ Cuypers FC, Knudtsen MS, Sandgren M, Krokstad S, Wikström BM and Theorell T. Cultural activities and public health: Research in Norway and Sweden. An overview. *Arts & Health: An International Journal for Research, Policy and Practice* 2011; 3:1: 6-26.
- ²⁶ Balsnes AH. Choral singing, health and quality of life: The story of Diana. *Arts & Health: An International Journal for Research, Policy and Practice* 2012; 4:3: 249-261.
- ²⁷ Norwegian Resource Centre for Arts and Health, <http://kulturoghelse.no/english/> (2014, accessed 4 March 2016).
- ²⁸ Ruud E. *Music Therapy: A Perspective from the Humanities*. Gilsum: Barcelona Publishers, 2010.
- ²⁹ Aasgaard T. *Musikk og Helse*. Oslo: Cappelen Akademisk Forlag, 2006.
- ³⁰ Stige B and Aarø LE. *Invitation to Community Music Therapy*. London and New York: Routledge, 2012.
- ³¹ Jensen A and Wille GG. A Danish perspective of culture and health – towards an interdisciplinary approach. *Journal of Applied Arts and Health* 2015; 6:2: 129–138.
- ³² Jensen A. Beyond the borders: The use of art participation for the promotion of health and well-being in Britain and Denmark. *Arts & Health: An International Journal for Research, Policy and Practice* 2013; 5:3: 204–15.
- ³³ Kulturministeriet. *Strategi for Kulturministeriets departement 2013-2016*. Copenhagen: Kulturministeriet. 2013.
- ³⁴ Ministeriet for Sundhed og Forebyggelse. *Nationale mål for sundhed. Sundere liv for alle de næste ti år / National measures for health. Healthier lives for all during the next ten years*. København: Ministeriet for Sundhed og Forebyggelse Publikation, 2013.
- ³⁵ Bonde LO. Uddannelsen af musikterapeuter i Danmark. In: Bonde LO (red.) *Musikterapi. Teori, uddannelse, praksis, forskning*. Århus: KLIM, 2014, pp. 469-499.
- ³⁶ Gebauer, L. and Vuust, P. Music intervention in health care. White Paper. Copenhagen: Danish Sound Innovation Network, 2014.
- ³⁷ Thorgaard P. Music intervention and acute illness. Presentation, *Care for Sound symposium*, Lund Universitet, Sweden, 2014.

-
- ³⁸ Janlert U and Littbrand AH. Kultur på recept/ Culture on prescription, <http://www.kulturradet.se/Documents/Verksamhet/Kultur%20och%20halsa/Slutrapport-%20Kultur%20p%C3%A5%20recept.pdf> (2011, accessed 28 October 2015).
- ³⁹ Stigmar K, Åström M, Sarbast S, Petersson IF. Kultur på recept 2.0, <http://www.skane.se/siteassets/kultur/dokument/utvardering-kultur-pa-recept-april-2016.pdf> (2016, accessed 5 May 2016)
- ⁴⁰ Djupmyr GN. Evalueringsrapport «Kultur for Helse» del I, 2012 – 2014/Evaluation Report ”Culture for Health” part 1, 2012-2014. Report no. 3. Trondheim: Senter For Helsefremmende Forskning, 2015.
- ⁴¹ Bergen Kommune. About, <http://kkph.no/omoss> (2015, accessed 14 March 2016).
- ⁴² Torrissen W. “Better than medicine”: Theatre and health in the contemporary Norwegian Context. *Journal of Applied Arts and Health* 2015; 6.2: 149-170.
- ⁴³ Levanger Kommune. Nyhetsbrev februar 2015: Frisklivssentralen i Levanger, http://www.levanger.kommune.no/PageFiles/361982/2015_02_frisk.pdf (2015, accessed 8 March 2016).
- ⁴⁴ Overgaard I and Sørensen NØ. Can an Art Museum Help in Combating Loneliness, *Journal of Applied Arts and Health* 2015; 6:2: 187-203.
- ⁴⁵ Kolding Kommune. *Kunst og Trivsel*. Et projekt i samarbejde mellem Trapholt, Jobigen og afdelingen for sundhedsfremme og forebyggelse. Kolding: Kolding Kommune, 2014.
- ⁴⁶ Bungay H. and Clift S. Arts on Prescription: An overview of practice in the UK, *Perspectives in Public Health* 2010; 130: 277-281.
- ⁴⁷ Goulding A. Arts on prescription for older people: Different stakeholder perspectives on the challenges of providing evidence of impact on health outcomes. *Journal of Applied Arts and Health* 2014; 5:1: 83-107.
- ⁴⁸ Makin S and Gask L. ‘Getting back to normal’: the added value of an art-based programme in promoting ‘recovery’ for common but chronic mental health problems. *Chronic Illness* 2011; 8:1: 64-75.
- ⁴⁹ Stickley T. The arts, identity and belonging: a longitudinal study. *Arts & Health: An International Journal for Research, Policy and Practice* 2010; 2:1: 23-32.
- ⁵⁰ Stickley T and Hui A. Social prescribing through arts on prescription in a UK city: participants’ perspectives (part one) *Public Health* 2012a; 126: 574-579.
- ⁵¹ Stickley T and Hui A. Social prescribing through arts on prescription in a UK city: referrers’ perspectives (part two) *Public Health* 2012b; 126: 580-586.
- ⁵² Stickley T and Eades M. Arts on Prescription: A qualitative outcomes study. *Public Health* 2013; 127:8: 727–734.
- ⁵³ Brandling J and House W. *Investigation into the feasibility of a social prescribing service in primary care: a pilot project*. Bath: University of Bath, 2008.
- ⁵⁴ Gorden-Nessbit R. Exploring the Longitudinal Relationship Between Arts Engagement and Health. Report, Arts for Health, Manchester University, 2015.
- ⁵⁵ Friedli, L. *Mental health, resilience and inequalities*. Geneva: World Health Organization, 2009.
- ⁵⁶ Grayer J, Cape J, Orpwood LL, Leibowitz J and Buszewicz M. Facilitating access to voluntary and community services for patients with psychosocial problems: a before-after evaluation. *BMC Family Practice* 2008; 9:27: DOI: 10.1186/1471-2296-9-27.
- ⁵⁷ Huxley P. *Arts On Prescription*. Stockport: NHS Trust, 1997.

- ⁵⁸ McPherson S and Armstrong D. Negotiating 'depression' in primary care: A qualitative study. *Social Science & Medicine* 2009; 69: 1137–1143.
- ⁵⁹ Popay J, Kowarzik U, Mallinson S, Mackian S and Barker J. Social problems, primary care and pathways to help and support: Addressing health inequalities at the individual level. Part I: The GP perspective. *Journal of Epidemiology and Community Health* 2007a; 61: 966–971.
- ⁶⁰ Popay, J, Kowarzik, U, Mallinson, S, Mackian, S and Barker, J. Social problems, primary care and pathways to help and support: addressing health inequalities at the individual level. Part II: lay perspectives. *Journal of Epidemiology and Community Health* 2007b; 61: 972–977.
- ⁶¹ South J, Higgins T, Woodall J and White SM. Can social prescribing provide the missing link? *Primary Health Care Research & Development* 2008; 9: 310-318.
- ⁶² Royal College of Psychiatrists, *No health without public mental health: The case for action*. London: Royal College of Psychiatrists, 2010, p. 28 and 30.
- ⁶³ Eades G and Ager J. Time Being: Difficulties in integrating arts in health. *The Journal of the Royal Society for the Promotion of Health* 2008; 128: 62.
- ⁶⁴ McDaid D and Park A. *Investing in Arts on Prescription: an economic perspective*, http://artsandminds.org.uk/wp/wp-content/uploads/2013/10/Investing-in-Arts-on-Prescription_report-2.pdf (2013, accessed 17 April 2016).
- ⁶⁵ Rydstad M, Löfgren M and Drakos G. Rapport från ett pilot projekt: Kultur på recept vid långvarig smärta, <http://www.mynewsdesk.com/se/kulturforvaltningen/documents/rapport-kultur-paa-recept-vid-laangvarig-smaerta-ett-pilotprojekt-45379> (2016, accessed 5 May 2016)
- ⁶⁶ Nasjonalt kompetansesenter for psykisk helsearbeid. Vær så snill og inviter oss!, <http://www.napha.no/content/20348/-Var-sa-snill-og-inviter-oss> (2015, accessed 8 March 2016).
- ⁶⁷ Flachs EM, Eriksen L, Koch MB, Ryd JT, Dibba E, Skov-Ettrup L, Juel K. Statens Institut for Folkesundhed, Syddansk Universitet. Sygdomsbyrden i Danmark – sygdomme. København: Sundhedsstyrelsen, 2015.

TABLE A: Results from the rapid review

Arts on prescription articles referred to in this review				
Country	Reference	Year published	Methods	Key findings
Sweden	Janlert U and Littbrand AH. Kultur på recept/Culture on prescription, http://www.kulturradet.se (2011, accessed 28 October 2015).	2011	Controlled design	At the follow-up stage, stress and sleep was improved among the participants, but no improvements were seen concerning sick leave or bio-markers in the control or intervention group.

Sweden	Stigmar K, Åström M, Sarbast S, Petersson IF. <i>Kultur på recept 2.0</i> , http://www.skane.se/siteassets/kultur/dokument/utvardering-kultur-pa-recept-april-2016.pdf (2016, accessed 5 May 2016)	2016	Before-after design	The results are in favour for different health outcomes, such as health related quality of life, function and work ability. No control group was available. Due to this, it is not possible to describe effects, rather differences over time at group level. At 12-month follow-up 29 % of the participants had a clinically relevant change in health related quality of life and/or work ability.
Sweden	Rydstad M, Löfgren M, Drakos G. Rapport från ett pilot projekt: Kultur på recept vid långvarig smärta, http://kultur.sll.se/sites/kultur/files/kultur-pa-recept-med-bilaga-1.pdf (2016, accessed 24 August 2016).	2016	Pilot project Before-after	Nine patients with long-standing pain took part of cultural activities. Self-reports after the program indicate that health related quality of life increased and pain, decreased,
Norway	Djupmyr GN. <i>Evalueringsrapport Kultur for Helse</i> , del I , 2012 – 2014. Report no. 3. Trondheim: Senter For Helsefremmende Forskning, 2015.	2015	Qualitative interviews	Arts on Prescription provides new opportunities and good experiences, and can reduce loneliness. Health workers and GP's are positive to the programme. A randomised control trial is needed to provide "hard" evidence.
Denmark	Overgaard I and Sørensen NØ. Can an Art Museum Help in Combating Loneliness? <i>Journal of Applied Arts and Health</i> 2015; 6:2: 187-203.	2015	Qualitative interviews	We found that the Storm P. Museum has potential as an agent of social inclusion via co-creation, and that museums may address community building and recovery.
UK	Huxley P. <i>Arts On Prescription</i> . Stockport: NHS Trust, 1997.	1997		This early report is widely cited in the literature but is now very difficult to obtain.

UK	Stickley T. The arts, identity and belonging: a longitudinal study. <i>Arts & Health: An International Journal for Research, Policy and Practice</i> 2010; 2:1: 23-32.	2010	Qualitative interviews	The findings reveal that the programme facilitated new personal, social and occupational opportunities for participants. Notably participants established a sense of social belonging.
UK	Bungay H and Clift S. Arts on Prescription An overview of practice in the UK, <i>Perspectives in Public Health</i> 2010; 130: 277-281.	2010	Review	At the time this review was conducted there were few (if any) published research reports specifically on AoP. Instead the authors reviewed reports and documents in the grey literature and advocate for investment in the area of arts and social prescribing.
UK	Makin S and Gask L 'Getting back to normal': the added value of an art-based programme in promoting 'recovery' for common but chronic mental health problems. <i>Chronic Illness</i> 2011; 8:1: 64-75.	2011	Qualitative interviews	Participants appear to value attending the Arts on Prescription activities over and above their experience of talking therapies largely because of the social benefits and the therapeutic effect of engaging in arts activities.
UK	Stickley T and Hui A. Social prescribing through arts on prescription in a UK city: participants' perspectives (part one) <i>Public Health</i> 2012a; 126: 574-579.	2012a	Qualitative in-depth interviews	It is reported that participants experience Arts on Prescription as a creative and therapeutic environment. People reported experiencing social, psychological and occupational benefits.
UK	Stickley T and Hui A. Social prescribing through arts on prescription in a UK city: referrers' perspectives (part two) <i>Public Health</i> 2012b; 126: 580-586.	2012b	Qualitative interviews	Referrers clearly valued the programme of work. The social opportunities provided by the programme are reported to be considered significant as well as the peer-support amongst participants that is evident. Social prescribing enables primary care workers to have a greater range of options when helping patients with complex social problems.

UK	Stickley T and Eades M. Arts on Prescription: A qualitative outcomes study. <i>Public Health</i> 2013; 127:8: 727–734.	2013	Qualitative interviews	Participants reported increased self-confidence, improved social and communication skills, and increases in motivation and aspiration. While ‘hard’ outcomes could be identified in many individual cases, these were attributed to unifying ‘soft’ outcomes identified across the sample. These soft outcomes, included reports of such things as raised confidence and self-esteem, which were identified as having led to ‘hard’ outcomes such as educational achievement and voluntary work.
UK	McDaid D and Park A. <i>Investing in Arts on Prescription: an economic perspective</i> , http://artsandminds.org (2013, accessed 17 April 2015).	2013		The study compares cost benefits of AOP with Increased Access to psychological Therapies in the UK. It is estimated that AOP would need to produce a recovery rate from depression of 70% to be cost-effective.
UK	Goulding, A. Arts on prescription for older people: Different stakeholder perspectives on the challenges of providing evidence of impact on health outcomes. <i>Journal of Applied Arts and Health</i> 2014; 5:1: 83-107.	2014	Qualitative interviews	Interviews with health, arts and voluntary sector professionals involved in five AoP programmes in England, Interviewees noted the tension between arts and health requirements. Using both qualitative and quantitative methods and demonstrating cost-savings was felt necessary.
<i>Selected Arts and health articles referred to in this review</i>				
Country	Reference	Year published	Methods	Key findings

Sweden	Johansson SE, Konlaan BB and Bygren LO. Sustaining habits of attending cultural events and maintenance of health: A longitudinal study. <i>Health Promotion International</i> 2001; 16:3: 229–234.	2001	Longitudinal interview study	Low cultural attendance or decreased attendance was associated with poorer self-reported health.
Sweden	Sigurdson O (ed.). <i>Kultur och hälsa: Ett vidgat perspektiv/Culture and Health: A Wider Perspective</i> , Göteborg: LIR Varia, 2014.	2014	Book	Addressing questions in for the culture and health field in Sweden including how the field has emerged, how academics approach research and how to avoid and instrumentalising of the arts and culture.
Sweden	Sigurdson O. Culture arts and health: A multi-disciplinary Swedish perspective. <i>Journal of Applied Arts and Health</i> 2015; 6:2: 139-148.	2015	Opinion article	Academic research on art and culture in Sweden is multidisciplinary which is seen as being useful for both pragmatic and aesthetic purposes.
Sweden	Grape Viding C, Osika W, Theorell T, Kowalski J, Hallqist J and Horwitz EB. “The Culture palette” - a randomized intervention study for women with burnout symptoms in Sweden. <i>JBMP</i> 2015; 8:2: a813.	2015	RCT	The results indicate clinically relevant results on self-rated health, burn out symptoms and alexithymia, in favour for the intervention group.
Sweden	Andersson A, Harris U, Sandström B and Wästerberg B. Kultur och hälsa- ett samverkansprojekt inom psykiatri och socialpsykiatri i Blekinge. Report 2, http://ltblekinge.se/globalassets/forskning-och-utveckling/blekinge-kompetenscentrum/projekt/kultur-och-halsa/rapport-kulturochhalsa2016.2.pdf (2016, accessed 24 August 2016)	2016	Before-after design	Individuals with long-standing psychiatric disability were offered cultural activities. Preliminary results indicate that the participants experienced the program as positive.
Sweden	Bygren LO, Weissglas G, Wikström BM, Konlaan BB, Grjibovski A, Karlsson AB, Andersson SO and Sjöström M. Cultural participation and health: a randomized controlled trial among medical care staff. <i>Psychosomatic Medicine</i> 2009; 71:4: 469-73.	2009	RCT	101 individuals were randomized to an intervention including art visits, once a week over 8 weeks. The control group had a delayed start, after the trial. The results indicate that self-reported physical health improved in the intervention group and decreased in the control group.

Sweden	Bygren LO , Konlaan BB and Johansson SE . Attendance at cultural events, reading books or periodicals, and making music or singing in a choir as determinants for survival: Swedish interview survey of living conditions. <i>BMJ</i> 1996; 313:7072: 1577-80.	1996	Population-based interview study	Results indicate that cultural activities have a positive impact on survival.
Sweden	Bygren LO, Johansson SE, Kolaan BB, Grjibovski AM, Wilkinson AV and Sjöström M. Attending cultural events and cancer mortality: A Swedish cohort study. <i>Arts & Health: An International Journal for Research, Policy and Practice</i> 2009; 1:1: 64-73.	2009	Cohort study	Rare and moderate attendance in cultural activities increased the risk for cancer mortality.
Sweden / Norway	Cuypers FC, Knudtsen MS, Sandgren M, Krokstad S, Wikström BM and Theorell, T. Cultural activities and public health: Research in Norway and Sweden. An overview. <i>Arts & Health: An International Journal for Research, Policy and Practice</i> 2011; 3:1: 6-26.	2011	Survey of the scientific literature in Norway and Sweden	Mostly effects of cultural participation in clinical settings were studied, focused on small groups. Very few studies have been published regarding public health aspects. The few epidemiological studies were for the most part carried out in Sweden. In Norway the prime issue has been music therapy.
Sweden / Norway	Theorell T, Knudtsen MS, Horwitz EB, Wikström BM. Culture and public health activities in Sweden and Norway. In: Clift S and Camic PM (eds) <i>Oxford Textbook of Creative Arts, Health, and Wellbeing: International perspectives on practice, policy, and research</i> . Oxford: Oxford University Press, 2015, pp. 171-177.	2015	Descriptive study	The field of arts and health is rather quickly gaining attention and recognition in Sweden and Norway. There are many regional and locally based projects and participants are representative of the general population and art forms include music, dance, theater, visual arts and writing.
Norway	Knudtsen MS, Holmen J and Håpnes O. Hva vet vi om kulturdeltakelse og helse?/What do we know about participating in cultural activities and health? <i>Tidsskrift for Den norske legeförening</i> 2005a; 125: 3418-20	2005	Non-systematic review	Review emphasises association between cultural participation and health/quality of life.

	Knudtsen MS, Holmen J and Håpnes O. Kulturelle virkemidler i behandling og folkehelsearbeid / Cultural approaches to treatment and public health work. <i>Tidsskrift for Den norske legeforening</i> 2005b; 125: 3434-3436	2005	Non-systematic review.	Review reveals association between cultural participation and health/survival.
Norway	Cuypers K, Krokstad S, Holmen TL, Skjei Knudtsen M, Bygren LO and Holmen J. Patterns of receptive and creative cultural activities and their association with perceived health, anxiety, depression and satisfaction with life among adults: the HUNT study, Norway. <i>Journal of Epidemiology and Community Health</i> 2011; 66:8: 698–703.	2011	Quantitative data.	The logistic regression models, adjusted for relevant cofactors, show that participation in receptive and creative cultural activities were significantly associated with good health, good satisfaction with life, low anxiety and depression scores in both genders. Especially in men, attending receptive, rather than creative, cultural activities was more strongly associated with all health-related outcomes. Statistically significant associations between several single receptive, creative cultural activities and the health-related outcome variables were revealed
Norway	Bratt-Rawden KB and Tellnes G. The benefits of nature and culture activities on health, environment and wellbeing: a presentation of three evaluation studies among persons with chronic illness and sickness absence in Norway. In: Nordby H, Rønning R and Tellnes G (eds) <i>Social Aspects of Illness, Disease and Sickness Absence</i> . Oslo: Oslo Academic press, 2011, pp. 199-222.	2011	Qualitative ethnographic interviews	The main findings were that NaCuHel (nature, culture, health) experiences might help participants construct meaning, identify coping mechanisms and identify resources. Participants felt good about themselves. Salutogenic factors in the participant's lives were strengthened.
Norway	Balsnes AH. Choral singing, health and quality of life: The story of Diana. <i>Arts & Health: An International Journal for Research, Policy and Practice</i> 2012; 4:3: 249-261.	2012	Case study	Findings from the analysis illustrate ways in which singing can be a means for developing competency and empowerment, producing vitality, and as a resource for building social networks as well as a way to provide meaning and coherence in life.

Norway	Torrissen W. "Better than medicine": Theatre and health in the contemporary Norwegian Context. <i>Journal of Applied Arts and Health</i> 2015; 6.2: 149-170.	2015	Qualitative/ Case study	Theatre in health initiatives can promote health and well-being by focusing on resources, personhood, enablement, social support and empowerment.
Denmark	Jensen, A. Beyond the borders: The use of art participation for the promotion of health and well-being in Britain and Denmark. <i>Arts & Health: An International Journal for Research, Policy and Practice</i> 2013; 5:3: 204–15.	2013	Qualitative data	Although the benefits from participation in art activities in the two countries were influenced by a complex set of different interacting factors, outcomes were typically similarly positive: finding identity, feeling a sense of well-being and increased self-confidence. A comparison of two counties demonstrates how different stories, contexts and institutions engage in different ways to facilitate and enable service users as well as generating different challenges.
Denmark	Kolding Kommune. <i>Kunst og Trivsel/Art and Wellbeing</i> . Et projekt i samarbejde mellem Trapholt, Jobigen og afdelingen for sundhedsfremme og forebyggelse. Kolding: Kolding Kommune, 2014.	2014	Report of pilot project	Trapholt museum may play a part in reducing stress and maintaining wellbeing of people participating in project working with the museum's collection.

Denmark	Jensen, A and Wille, GG. A Danish perspective of culture and health – towards an interdisciplinary approach. <i>Journal of Applied Arts and Health</i> 2015; 6:2: 129–138.	2015	Opinion article	To develop arts and health in a Danish context requires an interdisciplinary approach and while some initiatives are happening the lack of a cross-sector approach makes it difficult to develop a strategic field Denmark. Recommendations for a national and a Scandinavian network, to inform decision-making processes for an interdisciplinary political approach, and to uncover untapped potential in arts and health projects are made.
UK	Eades G and Ager J. Time Being: Difficulties in integrating arts in health. <i>The Journal of the Royal Society for the Promotion of Health</i> 2008; 128:2: 128: 62.	2008	A mixed-methods evaluation	An evaluation of an AOP type programme where participants report health benefits, although much of the discussion is identifying political and institutional barriers.