

Proposal for a Pilot ArtsCare Social Prescription Program

Presented by Mike Douglas,
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Executive Views Supporting Arts for Mental Health Care

"In a study based on a 2016 Statistics Canada General Social Survey, the Canada Council for the Arts found that 52% of Canadians who participated in 15 arts, culture and heritage activities were more likely to report very good or excellent mental health than non-attendees and participants. This study looked at activities such as live music, art galleries, reading books, art and culture festivals, theatre and comedy shows."

Hon. Michael Tibollo, Associate Minister for Mental Health and Addictions
Comments recorded October 6, 2021, at [Arts for Mental Health Conference](#)

"Today you have the opportunity to harness some remarkable research and brainpower, to help inform practical recommendations for an uplifting arts for mental health program in Peel. It is my hope that by connecting health and social services agencies with creative groups that we can foster a program of creative experiences that will benefit those who need them the most."

Bonnie Crombie, Mayor of Mississauga

"A non-pharmacological solution is needed for the looming unprecedented demands for an overburdened mental health care sector."

Dr. Colin Saldanha, Past Chair, Trillium Health Partners Foundation

"There has never been a time when new mental health services were needed more."

Provincial Mental Health Support report (Ontario), February 22, 2021

"This [Nanos Research, 2017] study clearly demonstrates that people across Ontario believe that the arts make an important contribution to their quality of life and social well-being and that arts activities are key factors in increasing the attractiveness of their communities as places to live and work."

Rita Davies, Chair, Ontario Arts Council, 2017

"..., arts interventions are often low-risk, highly cost-effective, integrated and holistic treatment options for complex health challenges to which there are no current solutions."

World Health Organization Regional Office for Europe, September 2019

"Engaging with the arts is good for you and can tangibly improve lives. While there is increasingly robust research that shows the arts can have a demonstrable impact on health, we still know little about how to implement these interventions at scale and in different cultural contexts."

Nino Berdzuli, Director of the Division of Country Health Programmes at WHO/Europe, April 2021

ArtsCare Participant Views

“When I start with a paintbrush in my hand, you start off with a little line, and your thought process will just go out there. And you turn your bad thoughts into your happy thoughts. Your peaceful thoughts. It gives you a tranquil outlook.”

Participant of Addictions Program, Punjabi Community Health Services (PCHS), Mississauga
recorded on October 17, 2021

“I run for my children. I run for my husband. I run for everything, but for me, now, it’s my turn.”

Fabiola, Participant in the *Now I See Me, Now I Don’t* arts expression program run for newcomer women by Anna Silgado as a part of the ArtsCare Program Development MicroGrant, Mississauga
recorded on May 3, 2023

“This is a platform, providing an opportunity to meet with different people and to spend some good time. Singing and dancing are the two things which really make your mood lighter and happy.”

Tahseen, Participant in the *Now I See Me, Now I Don’t* arts expression program run for newcomer women by Anna Silgado as a part of the ArtsCare Program Development MicroGrant, Mississauga
recorded on May 3, 2023

Executive Summary: Addressing Mental Health Challenges through Arts in Health

The COVID-19 pandemic has exacerbated global mental health issues, particularly affecting vulnerable populations, as evidenced by multiple studies (Earnst et al., 2022; Lin, 2023; O'Neill & Wittnebel, 2020; Pongou et al., 2022; WHO, 2022). Traditional approaches, such as medication and talk therapy, may not suffice for everyone grappling with the full spectrum of mental health challenges.

In Mississauga, a strained public health system has left many children, youth, and adults dealing with mental health crises without adequate support, particularly for those experiencing long term illness (O'Neill & Wittnebel, 2020). Recognizing the need for innovative solutions, the Mississauga Arts Council (MAC) and Mass Culture had initiated a collaborative project to find research (through a datathon) and connect leading professionals (with focus groups and a conference) in the field of arts in health to design an arts prescription model, called ArtsCare. This current pilot extends the successes of the previous funding cycle, from 2019 to 2022.

Based on empirical research and stakeholder consultation, this current proposal builds on the outcome of the National Arts for Mental Health Conference and outlines a 2-year pilot project incubated by MAC in collaboration with regional health bodies and existing community organizations/programs. The pilot project, grounded in arts in health models and aligned with the Ontario Government's *Roadmap to wellness: a plan to build Ontario's mental health and addictions system's* (2022) 4 pillars, seeks to provide patient and community access to multi-tiered supportive arts-based programs within a spectrum of care. The goal is to enhance individual and community health and wellbeing, fostering resilient, sustainable, and creative community support and health services for diverse populations while concurrently aiming to reduce public health costs through prevention, long-term impact, implementing innovative services, improving access to care, and focusing on patient intrinsic strengths.

The comprehensive model, titled ArtsCare, comprises four interconnected components that provide a Spectrum of Care that meets the diverse modern challenges of people are experiencing isolation, mental health challenges, and various forms of distress in Mississauga with the potential to expand across Ontario:

1. **An interactive online navigation website** offering a clear system for socially prescribing and self-prescribing arts in health programs. It will include individualized navigation and follow-up support by trained professionals. This will help improve access to mental health services within a spectrum of care.
2. **Training and education** from credentialed professionals in the field of arts in health for medical providers, artists, and partner organizations, thus implementing innovative solutions and improving quality of care.
3. **Multi-tiered arts in health programming** catering to diverse mental health needs based on a Spectrum of Care, ranging from symptom prevention to complex mental health support, tailored to contemporary community needs. This, in-turn will help provide diverse services to people with different mental healthcare needs.
4. **Research and promotion** efforts collecting diverse empirical data on the effects of arts-in-health programming from inception, including a cost-benefit analysis. These findings will be shared across various platforms, from academic journals to social media, to advocate for and inform policymakers, researchers, and individuals about the program's benefits and outcomes that continuously seek to improve community wellbeing and quality care.

This holistic approach aligns with WHO's (2019) recommendations for multisectoral prevention and promotion of mental health, aiming to build competence, resilience, and empowerment within the community. In addition, this unique and modern holistic approach to mental health and wellness aligns with the Ontario Ministry of Health and Associate Minister of Mental Health and Addiction’s vision for “A province where all Ontarians have access to high-quality, easily accessible mental health and addictions support throughout their lifetime, where and when they need it” (Government of Ontario, 2022, para. 1).

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Why a Pilot ArtsCare Prescription Program? Program Rationale and Context

Navigating the Mental Health Landscape: Context and Imperatives

Prior to the onset of the COVID-19 pandemic, the World Health Organization (WHO) made a noteworthy projection in 2011: anxiety and depression were slated to emerge as prominent global contributors to disability. This development was seen in the context of contemporary "dis-eases," intricately influenced by the social determinants of health, as elucidated by Hanlon and Carlisle in 2016 (p. 21). The term "dis-ease" underscores the sense of malaise associated with the stresses of modern living. In Canada, Statistics Canada reports that approximately 1 in 5 people experience mental distress or illness per year, which would be approximately 300,000 people in the Peel Region, Ontario (O'Neill & Wittnebel, 2020).

The unprecedented public health challenges instigated by COVID-19 have compounded these pre-existing modern issues. Factors such as escalating social inequalities, mounting apprehensions about contagion, suspicions among different social groups, and the erosion of community support programs, as well as reduced access to mental health resources, have all contributed to the amplification of anxiety and depression on a national and global scale (Earnst et al., 2022; O'Neill & Wittnebel, 2020). Vulnerable populations, including women and the elderly, have been disproportionately affected during and in the aftermath of the pandemic, as corroborated by Lin (2023), Pongou et al. (2022), and WHO (2022). Notably, Statistics Canada (2021) has reported elevated rates of discrimination during the pandemic among visible minorities, immigrants, Indigenous populations, and sexual minorities.

The surge in mental distress and social isolation carries implications that extend beyond individual physical and psychological well-being. It has repercussions on various societal structures, including families, communities, and the economy, with discernible impacts on work performance, as documented by McClelland et al. (2020), Steptoe et al. (2013), WHO (2022) and various other studies on economic impacts (Wilson, 2023). For example, approximately 500,000 Canadians experience work limitations due to mental health issues weekly, and around 38 percent have taken time off work over the past five years due to conditions like stress, anxiety, depression, and burnout, as highlighted in a report commissioned by the Future Skills Centre (Wilson, 2023, para. 2-3). This significant absence from work among 1 in 3 Canadians due to psychological distress imposes an annual cost of approximately \$200 billion on Canadian companies. Failure to address these mental health challenges will only exacerbate the economic burden. Notably, the World Health Organization recently published a report on September 19th 2023, indicating the need to address the global and country-level burden of hypertension, a physical condition that is intricately correlated to stress and mental health, including economic losses (WHO, 2023).

Additionally, it is imperative to acknowledge that the conventional medical approach of prescribing medication or engaging in talk therapy may not be suitable for everyone grappling with mental health

challenges. Several factors come into play, including the enduring stigma associated with seeking mental health care, the cost of services not covered by provincial health plans, geographical accessibility, individual suitability, cross-cultural relevance, and the escalating demand for mental health support, which further strains our already overburdened healthcare system. Furthermore, while arts in prescription can complement traditional medication as a treatment for mental health challenges, it also serves as a strengths-based alternative for individuals seeking community support without the risk of long-term side effects associated with prescription medication, such as dependency. These considerations are underscored by both the concept of Social Prescribing (n.d.) and Statistics Canada (2022). Indeed, the WHO Regional Office for Europe (2017) found that, “Overall, the arts help to provide holistic and integrated patient-centred care” (p. 3) as “non-invasive low-risk options” to complement, support, and sometimes extend traditional medical treatment and address complex health challenges in a cost-effective manner.

During the fall of 2020, almost one in five Canadians (18.1%) aged 12 and older reported that they needed some help with their mental health in the past year. Among those who perceived a need, slightly more than half (55.0%) felt their needs were fully met (i.e., they received some form of care or help and did not report needing additional care). The remaining (45.0%) felt that their needs were either unmet (i.e., some care was needed but none was received) (22.5%), or only partially met (i.e., some care was received but was not sufficient) (22.5%). (Statistics Canada, 2021, p. 5)

Arts in Health Programs Addressing Social Determinants of Health

Considering the increased isolation and psychological distress stemming from the COVID-19 pandemic, arts in health programming emerges as a pivotal tool for combating modern "dis-eases" while promoting cultural and community engagement, overall wellbeing, and joy. This necessity becomes even more apparent when considering a population-based study involving 3,772 individuals, which identified a concerning surge in depression and isolation rates, reaching a staggering 34.7%, often referred to as a "loneliness epidemic" (Lin, 2023, p. 7; The U.S. Surgeon General, 2023). Describing the benefits of a synergy between arts and health, the WHO regional office for Europe characterized the arts as "frequently low-risk, highly cost-effective, and comprehensive treatment choices for intricate health issues." To tap into this potential, WHO promotes an intersectoral strategy, asserting that "strengthening connections between the arts, health, and social care can offer innovative solutions towards realizing the Health 2020 objectives and the Sustainable Development Goals" (WHO, 2019, p. i).

The genesis of Arts in Health programming, including the innovative concept of social prescribing, can be attributed to two key factors:

1. The need to improve wellbeing from a strengths-based, quality of life, and community-based perspective, while increased prevention of mental illness and reduce mental health stigma for individuals needing culturally inclusive preventative care support, while also being cost-effective and easily accessible for frequent attenders of primary care.
2. Research findings indicating that community and arts engagement reduces stress and depression (Sumner et al., 2021) while increasing social connection and quality of life for resilient societies (Perkins et al., 2022; Thomson et al., 2020), and cost saving for frequent attenders of primary care (Lynch & Jones, 2022).

Arts in Health Programming and associated models, including social prescription, have evolved across diverse countries and provinces in Canada. This evolution has been driven by the amalgamation of empirical evidence and community needs that contribute to the development of international best practices (Finn & Fancourt, 2019; Van Lith et al., 2013). Notable examples from different countries include Australia, as exemplified by the National Arts and Health Framework by the Australian Government (2014) and research by Young et al. (2015); the United Kingdom, represented by "Creative Health: The Arts for Health and Wellbeing" by the All-Party Parliamentary Group on Arts, Health, and Wellbeing (APPGAHW, 2017); Finland, characterized by the Arts Promotion Centre Finland by Taiké (2018); the United States of America, where the National Organization of Arts in Health published "Arts, Health, and Wellbeing in America" (2017); Sweden, marked by interdisciplinary government initiatives in collaboration with the University of Gothenburg (2015); and Norway, showcased through "Tomorrow's Care" by Kulture, Helse, & Omsorg/National Center for Culture, Health, and Care, in association with the Norwegian Ministry of Health and Care Services (2013) (See Table 1). Nonetheless, Canada has been behind in implementing and providing policy-informed research documents on social and arts prescription programs (Toll, 2019).

In Quebec, an article from the Montreal Gazette quoted Dr. H  l  ne Boyer, vice-president of M  decins francophones du Canada and the head of the family medicine group at the CLSC St-Louis-du-Parc. Dr. Boyer emphasized the mounting scientific evidence supporting the benefits of art therapy for physical health stating:

There's more and more scientific proof that art therapy is good for your physical health... It increases our level of cortisol and our level of serotonin. We secrete hormones when we visit a museum and these hormones are responsible for our well-being. People tend to think this is only good for mental-health issues. That it's for people who're depressed or who have psychological problems. But that's not the case. It's good for patients with diabetes, for patients in palliative care, for people with chronic illness. Since the '80s we've been prescribing exercise for our patients because we know exercise increases exactly the same hormones. But when I have patients who're over 80, it's not obvious that I can prescribe exercise for them. (Kelly, 2018, para, 2)

10 Cost-savings Benefits for an Overburdened Healthcare System

Arts prescription programs have the potential to save health costs in several ways:

1. **Preventative Care:** By engaging individuals in creative arts activities, arts in health programs can help prevent the development or escalation of mental health challenges and address long wait times (a current challenge for those seeking mental health support in Ontario). Early and targeted preventive measures that focus on community strengths and personal resiliency can reduce the need for more costly treatments later, such as emergency visits and hospitalizations, but may assist with progression of more serious mental health challenges. For example, addressing stress and burnout can reduce impacts and development of physical hypertension, which reduces the healthcare costs of cardiovascular disease, heart attacks, strokes, and premature deaths (Decision WHA76(9), WHO, 2023). In addition, Fancourt et al. (2023) found that “Attending the theatre, concerts or the opera once a year or more had protective associations with both memory loss and semantic fluency” in older adults, thus reducing dementia risk (p. 32). In addition, the authors found that, “adults over 50 who visited cultural venues every few months had a 32% lower risk of developing depression over 10 years” (p. 27).
2. **Reduced Reliance on Medications:** Participation in arts programs may lead to improved mental health outcomes, reducing the need for medication and its associated costs because it addresses human needs to express, connect, and experience agency. For example, it may reduce prescriptive medication for treatment of depression or anxiety for those who are experiencing social isolation and hopelessness through increased social connection, belonging, community, and the healing nature of creativity (The U.S. Surgeon General, 2023).
3. **Decreased Hospitalizations:** Individuals who engage in arts-based interventions may experience better mental health and a reduced risk of crisis situations that require hospitalization. This can result in substantial savings for healthcare systems. For example, a cost-benefit analysis case study in Gloucestershire, UK, found that patients with diverse chronic health conditions who were referred to an 8-week arts course that involved diverse arts modalities (drawing, poetry, ceramics, etc.) experienced a 37% reduction in GP consultations and a 27% reduction in hospital admissions, thus saving 216 pounds per participant/patient (Crone et al., 2018).
4. **Lower Emergency Room Visits:** A positive impact on mental health can lower the frequency of emergency room visits related to mental health crises, which are often costly and resource intensive. Furthermore, emergency room visits can be traumatic for patients, depending on the immediacy of care in an overburdened healthcare system.
5. **Improved Compliance:** People who find value and enjoyment in arts-based activities may be more likely to adhere to their treatment plans due to feelings of wellbeing and agency, leading to better overall health outcomes and lower long-term healthcare costs.

6. **Community Support and Connection to Reduce Isolation:** Arts programs can foster a sense of community and support, which can reduce feelings of isolation and the need for extensive mental health interventions due to the "loneliness epidemic" and increased experiences of isolation (Lin, 2023, p. 7; The U.S. Surgeon General, 2023).
7. **Long-Term Impact on Costs:** Positive mental health outcomes from arts programs can have long-term effects, reducing the need for ongoing and costly mental health interventions over time (WHO Regional Office of Europe, 2017).
8. **Productivity and reduced absenteeism:** Individuals who participate in arts programs may experience improved productivity due to positive wellbeing experiences and increased coping skills, reducing the economic burden of mental health-related absenteeism from work. For example, "about 500,000 Canadians are unable to work due to poor mental health every week.... And 38 percent have taken time off work in the last five years due to mental health issues, including stress, anxiety, depression, and burnout, according to a report commissioned by the Future Skills Centre" (Wilson, 2023, para. 2-3). The absence of 1 in 3 Canadians' ability to work costs Canadian organizations approximately \$200 billion each year, with impacts being much greater for younger generations, with the Canadian economy losing \$50 billion due to absenteeism and disability. Therefore, diverse forms of support are needed at various levels of care, or the costs associated with mental health burnout will further compound.
9. **Promotion of Healthy Lifestyles:** Engagement in arts activities can encourage a holistic approach to health, including physical activity, a balanced lifestyle, and an increase in mental health coping skills to mitigate mental health distress, which can lead to lower healthcare costs.
10. **Enhanced Wellbeing:** Improved mental health through arts programs can have positive ripple effects on physical health and overall wellbeing, potentially reducing healthcare expenses in various areas. For example, in a large-scale analysis of over 23,000 people, "Frequent arts participation and cultural attendance were both associated with better mental health (lower mental distress) and higher wellbeing (life satisfaction) (Fancourt et al., 2023, p. 19; Wang et al., 2020).

Rationale for the ArtsCare Pilot in the Peel Region

As Canada's seventh largest city, The City of Mississauga, is located within Peel Region and is considered one of the most "globally connected and culturally diverse" city (City of Mississauga, 2023, para. 3). This region consistently experiences rapid population growth by increasing by 19% between 2006 to 2016, and then by 5% in 2021, according to Statistics Canada (2021). Furthermore, this increase in the need to support individuals with diverse backgrounds is rising, as Ontario welcomed 42.3% of the record-breaking 437,120 newcomer immigrants entering Canada in 2023 according to the Immigration, Refugees, and Citizenship Canada (IRCC) data (Singer, 2023). Thus, Peels' population is expected to exceed 1.7 million by 2031.

However, O'Neill & Wittnebel (2020) report that, "Thousands of children and youth [and adults] in Peel are experiencing mental health crises every year and they are dealing with it on their own" due to "...A chronically underfunded public health system that has not kept up with the fast-paced growth in the region" (para. 1-2). Furthermore, "The scope of the problem has worsened during the COVID-19 Pandemic" (para. 3) with "Central and West Mississauga have among the lowest per capita Community Mental Health funding and the highest number of residents per long term psychiatric beds" (para. 13, Chart 1). At the Doctor's Dinner focus group, hosted by MAC, Dr. Colin Saldanha and his colleagues in the medical field envision a multidisciplinary and strengths-based way to support individuals who experience diverse mental health challenges through creative community and arts-based support before they experience a mental health crisis. Furthermore, it has been documented that artists and participants in Mississauga Arts Council (MAC) programs have found that creative expression and community engagement have a transformative impact on their mental and emotional well-being (Galloway & Nash, 2021; Mass Culture, 2021). Engagement in arts programs, for increased wellbeing and reduced negative health impacts (due to the reasons described above) could be made widely accessible to residents of the Peel Region through a social arts prescription program, where doctors could prescribe arts engagement activities for the wellbeing of their patients, while community members may also have the agency to self-prescribe through an ArtsCare model.

The Mississauga Arts Council (MAC) is a registered charity dedicated to fostering a dynamic and flourishing creative and cultural community with mutually beneficial outcomes for both artists and community members. At the core of our mission lies the following objectives: to fortify the arts economy by establishing impactful and pertinent artistic initiatives that support community development, facilitate artist-audience connections, and commemorate artistic triumphs to invigorate Mississauga's cultural landscape. Therefore, MAC has amalgamated research and stakeholder consultations to inform the development of a program designed to harness the therapeutic potential of arts engagement, with local stakeholders to build a comprehensive community-based mental health support initiative in Peel.

Envisioning an ArtsCare Program

This amalgamation of evidence gathered by national and provincial organizations, and collection of personal and professional experiences, led to a collaborative project, led by MAC and Mass Culture¹, to develop an Arts in Mental Health Conference, Datathon, and community engagement initiatives to seek further feedback from community leaders, policymakers, ministers, artists, patients, medical doctors, and other healthcare professionals. The goal is to collaboratively develop a pilot ArtsCare program tailored to the unique needs of Peel Region's diverse population. Indeed, the City of Mississauga is in a unique position to fund and champion an ArtsCare program, implemented by MAC, because of its commitment to fostering the well-being of its residents and recognizing the transformative potential of

¹ Mass Culture operates as a cooperative support organization that embraces a community-centered approach to empower various stakeholders with the context and networks necessary to advance the equitable advancement of arts and culture research. By convening cultural professionals and academics, Mass Culture establishes a platform for the investigation, widespread comprehension, and effective utilization of knowledge. See massculture.ca

the arts and culture as a catalyst for preventing and supporting mental health wellbeing and community cohesion.

Introducing a Solution: ArtsCare Multi-Tiered Pilot Project and Model

Based on empirical research and stakeholder consultation, this proposal details a 2-year pilot project, initiated, and incubated by the Mississauga Arts Council (MAC) in collaboration with regional health bodies (i.e., Mississauga Local Health Integration Networks), community organizations (i.e., newcomer support programs, cultural programs), and community healthcare leaders in the field. The pilot project, based on Arts in Health Models, aims to develop, and deliver patient and community member access to multi-tiered supportive arts-based programs with the aims of supporting individual and community health and wellbeing with the purpose of building resilient, sustainable, and creative community support and health services for diverse populations. This model addresses “Mental health promotion and universal prevention focus on factors that support mental health” that includes 3 factors:

1. **Individual capital:** physical, emotional, and cognitive skills that reduce stress and increase coping and resilience.
2. **Social Capital,** including networks and institutions that support family relationships, improve work environments, and build social cohesion.
3. **Structural changes** that widely support large systems of community capacity for wellbeing. (Friedl, 2009; WHO, 2022, p. 150).

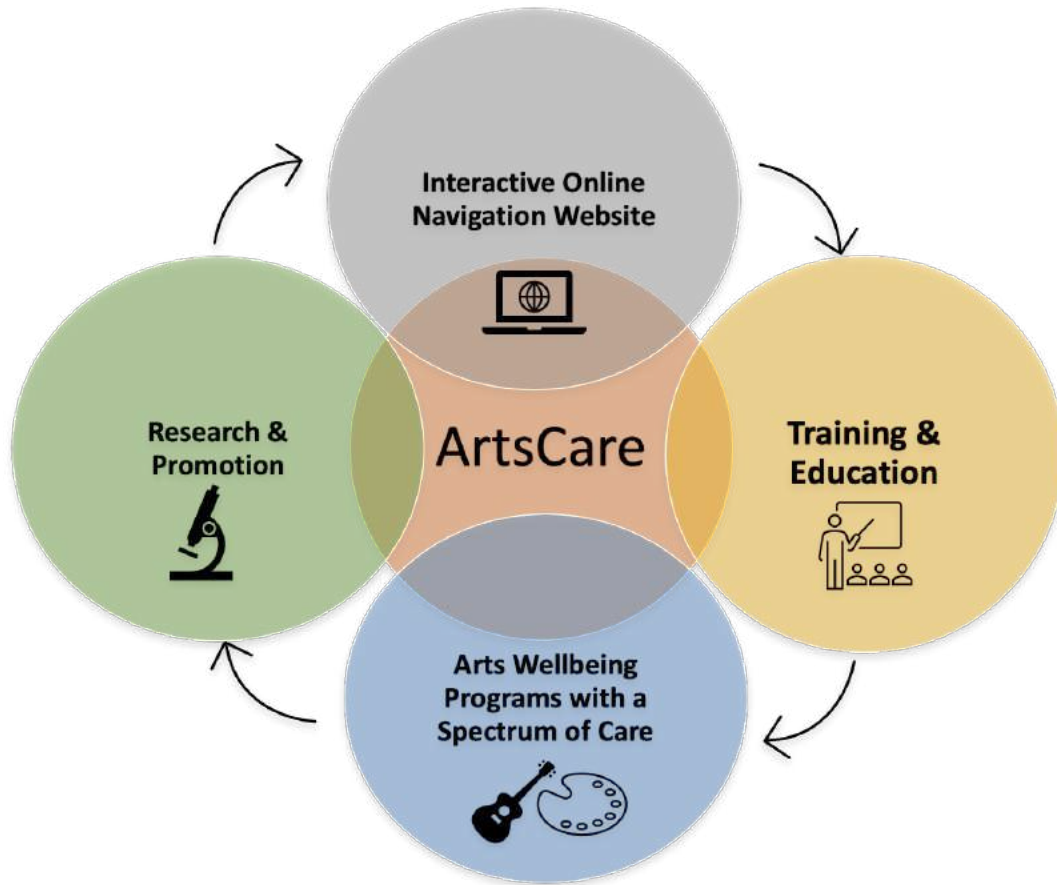
Furthermore, the WHO Regional Office of Europe (2017) provide the following recommendations for arts in health sectoral collaboration to address complicated mental and physical health needs:

- supporting the design and implementation of high-quality arts interventions;
- promoting public awareness of the benefits for health of engaging in the arts;
- identifying and removing barriers to accessing the arts, including among older adults, people with mental ill health, people of lower socioeconomic status, members of ethnic and other minorities, people with a health condition or disability and people living in geographically isolated areas;
- facilitating the development of partnerships and partner-working between the health, social care and arts sectors;
- developing training, resources and guidelines that will support collaboration between the arts and health sectors; and
- incorporating evidence on the health benefits of the arts into relevant policy documents. (p. 6)

Indeed WHO/Europe and the Nordic Culture Fund partnered in developing “effective and sustainable strategies for integrating arts and culture into the wider health-care sector” (WHO/Europe, 2021, para. 1). Based on research and the WHO recommendations, this comprehensive ArtsCare program contains 4 interacting and intersecting components detailed below and further elaborated upon in the proposal with the purpose of building competence, resilience, and empowerment (WHO, 2022) for multisectoral prevention and promotion of mental health. Components include:

1. **An interactive online navigation website** offering a clear system to socially prescribe and self-prescribe arts in health programs with individualized navigation and follow-up support to the patient receiving prescription by a trained professional.
2. **Training and education** of medical providers, artists, and participants by a credentialed professional in the field of arts therapy and arts in health.
3. **Provision of multi-tiered arts in health programming** with a Spectrum of Care that meets diverse levels of mental health needs, ranging from symptom prevention (community engagement of newcomers) to complex mental needs (supporting unhoused youth) and based on contemporary community needs.
4. **Research and promotion** to collect diverse forms of empirical data on the effects of arts-in-health programming from program inception and cost-benefits analysis, while intentionally sharing the research on multi-leveled platforms (from academic journals to social media) to advocate and inform policy makers, researchers, and individuals on the benefits and evidence-based outcomes of the program.

ArtsCare Multi-tiered Arts Prescription Model (Simplified)



Model credit: Toll, H. (2023).

The pilot model above is designed with the intention to scale the ArtsCare service up for the Province of Ontario. Furthermore, applicants understand that this vision contains multiple steps that will take time to implement, while the activities that are socially prescribed can eventually expand beyond the arts on prescription other therapeutic activities, such as horticulture and bibliotherapy, depending on local and national partnerships and funds.

Arts in Health Research Overview

To gain a breadth of understanding of the impacts and effects of Arts in Healthcare, made accessible to the community through social arts on prescription, the Mississauga Arts Council has conducted research regarding the impact of the arts sector on the economy and uncovered a wealth of data and reports about the benefits of the arts and participation in creative experiences on health and wellbeing with over 100 contributions.

Since there is wide array of supportive research with an overwhelming number of publications, scoping and systematic reviews that provide summary analysis of research in the field and an overview of diverse participants to make overall conclusions and considerations, are highlighted in **Table 2**. Furthermore, policy reports and whitepapers are presented in **Table 1** and outlined in a scoping review by Dow and colleagues (2023). Some key indicators from prominent publications and reports are offered below:

1. A *World Health Organization (WHO) Health Evidence Network Synthesis Report* commissioned authors Fancourt and Finn (2019) to assess the evidence on the effects of arts engagement in improving health and well-being of different populations with a scoping review of over 3000 studies. The research indicated the following effects on mental and physical health of people from diverse life experiences and ages with the final 900 research publications summarized below. The document concluded that the engaging in diverse arts activities can help with:
 - a. **Health prevention and promotion** through:
 - i. Influencing the social determinants of health
 - ii. Supporting child development
 - iii. Encouraging health-promoting behaviours
 - iv. Helping to prevent ill health
 - v. Supporting caregiving
 - b. **Health management and treatment** through:
 - i. Supporting people who experience mental illness;
 - ii. Assisting holistic care for people with acute conditions;
 - iii. Supporting people with neurodevelopmental and neurological disorders;
 - iv. Assist with the management of noncommunicable diseases;
 - v. Supporting end-of-life care.

With this amalgamation of a “substantial body of evidence on the health benefits of the arts” (p. 52) for diverse people, the authors have the following policy recommendations:

- o Enhance collaboration between culture, social care, and health sectors by implementing joint-funded programs.

- o Create referral pathways from health and social care to arts programs, possibly through social prescribing initiatives.
 - o Incorporate arts and humanities education into the training of healthcare professionals to enhance their clinical, personal, and communication skills.
2. The World Health Organization Regional Office for Europe (2019) published an action plan that recommends intersectoral collaborative actions between arts and health sectors based on the WHO synthesis report results. Based on the research supporting equitable access to arts increasing health and wellbeing, WHO recommends that “Stronger pathways between the arts, health and social care can provide creative solutions to help to achieve the Health 2020 targets and the Sustainable Development Goals. Further, more collaboration between sectors can also enrich cultural capital by ensuring that everyone has equitable access to the arts in community and health-care settings across the Region.” (p. 3). This plan led to a partnership between WHO/Europe and Nordic Culture Fund to pilot and develop large-scale arts-based health programs in Denmark and Romania to further understand how to implement programs and to assess outcomes (WHO/Europe, 2021).
 3. The Australia Council for the Arts (2020) asserts that arts in health programs “save expenditure and provide returns on investment across health services and social care, helping meet major challenges such as ageing, loneliness, chronic conditions and mental health.”
 4. With the support of multi-stakeholder funding, Fancourt et al. (2023) published a recent multi-national report detailing findings on longitudinal studies assessing correlations between arts and culture engagement and health and wellbeing outcomes between 2017-2020 for both US and UK cohorts. The authors found that, “The implications are profound for population health as this evidence offers multiple avenues related to policy and practice for preventing, treating, and managing physical and mental health across society” through direct correlation daily across “our lives” (p. 49). Fancourt and colleagues (2023) concluded that “The arts can be a pillar of population health” (p. 4). Nonetheless, Canadian collaborative and innovative arts in health research and programming, as a G7 country, is lacking.
 5. The *Creative Health: The Arts for Health and Wellbeing Inquiry Report* in the All-Party Parliamentary Group on Arts, Health and Wellbeing (2017) and reported significant benefits to arts programming were evidenced by:
 - a. 79% of people in deprived communities in London (UK) ate healthier, and 82% enjoyed greater wellbeing after engaging in participatory art experiences,
 - b. An arts-on-prescription project in Britain has shown a 37% decrease in GP consultation rates and a 27% reduction in hospital admissions. For every £1 invested in arts on prescription, there was a social return on investment of between £4 and £11.
 6. The National Organization for Arts in Health authored a whitepaper titled *Arts, Health, and Wellbeing in America* (2017) to outline that “when coordinated to align with desired outcomes,

arts interventions used singly or in combination improve clinical, experiential, and holistic outcomes. It illustrates how the arts are being used to enhance the healing environments and patient experience, provide essential clinical-care services, support caregiver wellness, and spearhead public health” (p. 3).

7. A report, titled, *Canadians’ Arts Participation, Health, and Well-Being* (Hill, 2021), Funded by the Department of Canadian Heritage, Canada Council for the Arts, and Ontario Arts Council, assessed statistical correlations between arts and culture participation and wellbeing for 9,844 Canadians (15+ years) found that: “1. There is a strong connection between cultural participation and health, 2. There is solid evidence of a connection between cultural participation and mental health, and 3. There is a moderate connection between cultural participation and satisfaction with life” (p. 2). Nonetheless, pre-post research designs for participation and engagement with specific arts creation and creative arts therapies programs were not assessed, therefore causality and multi-tiered programming was not analyzed.
8. In Ontario, the Ontario Arts Council (Nanos Research, 2017) conducted a randomized telephone survey that included 1,004 Ontario residents and found that:
 - a. “93% of Ontarians agree that arts activities help enrich the quality of our lives.”
 - b. 90% of Ontarians say that the arts are important to improving the quality of life in their communities.
 - c. 85% say that the arts are important to improving the quality of their own lives.
 - d. “88% agree that participating in arts activities builds a shared sense of community identity.”
 - e. “82% of Ontarians agree that helping make the arts available to people in Ontario is an important government investment.” (n.p.)

Therefore, from this information and further details present in the report, Rita Davies, Chair of the Ontario Arts Council, states that, “that people across Ontario believe that the arts make an important contribution to their quality of life and social well-being and that arts activities are key factors in increasing the attractiveness of their communities as places to live and work” (n.d.) Therefore arts engagement and programs have a significant role in prevention and strengths-based approaches to supporting both individual and community health through increasing or maintaining subjective wellbeing and quality of life.

Arts and Culture Prescription Case Example: Culture RX in Massachusetts

CultureRx, the United States’ first arts on prescription pilot program, developed as a partnership between 20 healthcare providers and 12 cultural associations was launched in 2020 in Massachusetts. The organization published a recent outcome-based evaluation report in the *Frontiers in Public Health* Journal. The authors, Golden et al. (2023) collected qualitative data from surveys based on experiences,

participant data, and semi-structured interviews, and found that "...participants enjoyed and hoped to repeat their prescribed experiences, which they saw as beneficial to wellbeing. Providers identified the program as a new and critical addition to their toolkits; they also indicated it had a positive effect on their own wellbeing" (p. 1)... while the authors concluded that the pilot, "offers a model not only for helping mitigate ill health through additional community assets, but also for actively cultivating positive wellbeing—which many providers, facilities, and referral networks are not yet set up to address" (p. 15).

Research Gathered in Mississauga: MAC's ArtsCare Initiatives (2019-2022)

Arts in Health Promotion through Film

Inspired by a substantial body of evidence supporting the positive impact of various arts participation forms on mental health and wellbeing in Canada and worldwide, MAC and Mass Culture jointly developed strategic projects. These projects aimed to establish an empirical foundation for arts and culture prescribing, generously funded by the Ontario Trillium Foundation, with the primary objective of creating an evidence-based framework. The achieved objectives were to generate:

- "Knowledge about [how] the arts and health was organized, presented, and transferred by hosting a 'datathon' to solicit research documents, creating videos, and a building a website repository of these materials.
- A virtual conference was hosted as a learning experience for a diverse audience of artists, health care professionals, politicians, funders, and business people,
- Intentional building of relationships and support for ArtsCare resulted in a pilot program proposal that has been presented to elected representatives to seek their support" (Galloway & Nash, 2021, p. 3).

The outcomes of these objectives are summarized below:

The Art of Wellness Documentary

MAC commissioned "The Art of Wellness" a documentary to introduce arts groups in Mississauga that provide arts services to improve participants' health and wellbeing (Ksiezopolski, 2021). The film delivers meaningful international research and local experiential information in an accessible way with stories and narratives (see https://www.youtube.com/watch?v=OfY3oO2_RnA&t=21s)

Pioneering the first Arts for Mental Health Conference in Canada

In October 2021, MAC established the first Arts for Mental Health Conference in Canada, exploring the benefits of creative programs and their integration into health care practices with the intention to co-design an arts and culture social prescription model. The conference was sponsored by the Trillium Foundation, the City of Mississauga, Bell Canada, and Alectra Utilities. It was attended by 100 health practitioners, academics, artists, politicians, and leaders in the art sector from across Canada. 30 arts and health stakeholders participated in 8 presentations, documenting their experiences with the use of creativity and art for achieving better mental health outcomes. The Conference was recorded and along with over 70 pieces of relevant research are found at www.ArtsCare.ca.

To document learnings, the *Arts for Mental Health (A4MH) Conference Report* (Mass Culture, 2021) gathered 10 recommendations from conference participants (through engaging presentations, breakout sessions, and discussions), that inform the development of a pilot Mississauga ArtsCare arts prescribing program.

Doctors' Focus Group

A Doctor's Focus Group was held on October 6, 2021, where a recorded conversation between general practitioners, psychiatrists, occupational therapists, and other medical professionals discussed the intention, goals, and feasibility of a social arts prescription program, and the effects of artmaking on patients. The focus group was recorded and available here: <https://youtu.be/5Xb27UNaVvY>
Consensus amongst participants revealed first-hand accounts on how creative experiences can:

- stimulate the release of significant, natural, health-giving chemicals into our brains and bodies through psychosomatic engagement;
- produce greater calm, empathy, restore self-confidence, a sense of belonging, invigorating engagement, and enhanced self-esteem;
- provide significant benefits to mental health that in turn affect our whole health.

The pre-conference Doctors' Focus Group provided invaluable information and feedback, including the following list of practical needs to be met for health care practitioners to adopt ArtsCare into their practices:

- an explanatory one-page information sheet in numerous languages
- an online and print information resource outlining how creative therapies work
- a catalogue of creative experiences with location and contact info
- a means of prescribing, like a 'tick-box' prescription pad to use in the clinic.

We have incorporated insights from local arts in health and medical leaders, expansive literature reviews on policy reports, the WHO Health 2020 Policy framework, MAC's datathon outcomes, and the 2021 conference to inform this proposal for a multitiered arts prescription navigation program called ArtsCare. ArtsCare aims to bridge the gap between healthcare and social services agencies by providing free and accessible creative experiences for their clients and community members for individual wellbeing and preventative health (and distress and isolation reduction).

Proposed ArtsCare Initiative and Pilot Program Details

ArtsCare Vision & Description

ArtsCare envisions a transformed Ontario where vulnerable children, seniors, and newcomers to Canada lead healthier and more fulfilling lives through the power of arts in health programming. At the heart of this vision is the concept of "arts prescription," a novel approach to improving well-being through providing increased access to arts participation for the purpose of increased wellbeing and reduced mental health distress through medical doctors prescribing Arts in Health programs with a multi-tiered model (see Figure 1 & 2). To realize this vision, ArtsCare is embarking on a two-year pilot project led by the Mississauga Arts Council (MAC) to develop the foundation for the program and test results.

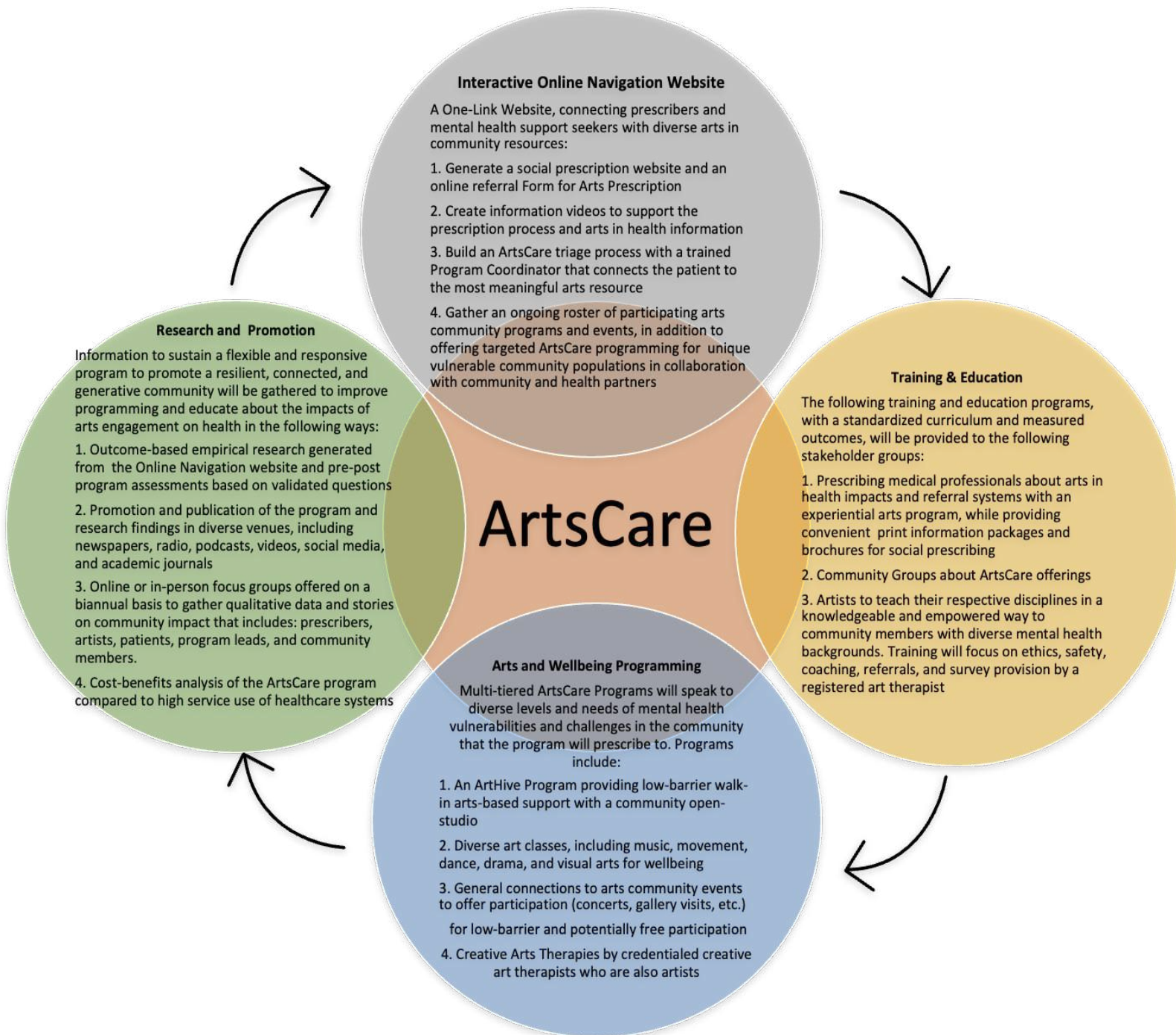
The foundation of ArtsCare rests on the understanding that participation in arts programs has the potential to reduce pain, facilitate emotional expression, reduce isolation, and create uplifting environments. This belief aligns with the National Organization for Arts in Health's description of Arts in Health and Wellbeing (2017), which emphasizes the vital role the arts play in enhancing the human experience, especially for those facing challenges. In essence, ArtsCare aims to provide a path of joy for those who may feel disheartened and isolated. Central to ArtsCare is the notion that the client, an individual with social and medical needs, is at the core of the social prescribing method. This approach places the person's interests, ambitions, and talents at the forefront, recognizing that they are more likely to benefit from such interventions when their well-being is considered.

ArtsCare's Multi-Tiered Community Support Model is designed to begin in Mississauga, and to be scalable across Ontario. It acknowledges the importance of taking incremental steps and expanding socially prescribed activities, extending beyond the arts if necessary, depending on local and national partnerships and funding opportunities. These activities may include horticulture and bibliotherapy, reflecting the diverse range of options available for social prescribing. Understanding both successes and challenges documented in research evaluating other arts in prescription programs enhance the design of ArtsCare (Golden et al., 2023; Sumner et al., 2020). For example, Sumner et al. (2020) highlight the significance of baseline well-being as a critical factor in the success of social prescribing interventions. Those with lower well-being may stand to gain the most but may also require additional support to engage fully, which would be mitigated by joint efforts between the Program Director and the GPs.

ArtsCare's primary objectives are ambitious: to enhance individual and community health and well-being while establishing resilient, sustainable, and creative community support and health services for diverse populations. The program is specifically tailored to individuals suffering from mild to moderate anxiety or depression, offering an alternative or in conjunction with pharmacological treatments for medical practitioners to subscribe. To implement ArtsCare effectively, the program will require a dedicated team, including a Program Director and Communications Producer. These individuals will be responsible for liaising with medical practitioners, patients, and artists, forging connections, and ensuring informed referrals.

Thus, ArtsCare is poised to bring about a transformation in Ontario's approach to well-being by harnessing the healing power of the arts. Through the multi-tiered community support model, ArtsCare seeks to make arts prescription a reality, promoting holistic health and well-being for all, while building resilient and creative communities in the process.

ArtsCare Multi-tiered Arts Prescription Model



Model credit: Toll, H. (2023).

1. Interactive Online Navigation Website

A One-Link Website, as a simpler but similar version to or in collaborative partnership with the one-Link: Connecting you to addictions and mental health services (one-link.ca, Ontario: Mississauga Local Health Integration Network, n.d.) Thus, the proposed program will build on the existing one-Link Mental Health Service infrastructure to deliver additional services to 300-500 clients in need of diverse creative experiences catered to their needs and therefore increasing access to innovative mental health promoting resources. This design is targeted to address an identified challenge for Ontarians seeking mental health support who have “little understanding of what services are available and where to find them” (Government of Ontario, 2022, para. 28) and the associated challenge of “fragmentation and poor coordination” (para. 28). Building upon existing infrastructure, ArtsCare will provide an online navigation site with interactive coaching, updated information on available programs enabling referrals and prescription fulfilment for tickets and placements. Furthermore, this creates a meaningful opportunity for intersectoral collaboration between health, arts, and social services disciplines (WHO Office for Europe, 2020).

The website is designed be a hub that holds relevant arts in health information and simultaneously be a space to connect prescribers (such as medical doctors, occupational therapists, psychologists, and social workers) and mental health support seekers (community members of diverse backgrounds) with different arts in community resources. This platform offers a clear system for arts medical and self-prescription of arts in health programs. It provides personalized navigation and follow-up support to patients, initiated by a trained professional. The new ArtsCare website will provide a one-stop-shop for all arts for mental health programs in a clear, easy to navigate website, that outlines the benefits of each therapy and the location/schedule/availability of the programs.

By initiating a pilot referral and prescription service, the community will have the information and navigation information necessary to connect the health care prescriber and their patient to the right creative therapeutic activity provider – the artist or group – who are leading the event or program that makes patients feel better.

1. **Generate a social prescription website** and an online referral Form for Arts Prescription. In this interactive website, the Program Director will connect prescribers and prescriptions with arts program and event suppliers where both clients and health care professionals will be able to select or prescribe free tickets and placements to creative experiences with trust in their delivery.
2. Create **information videos** to support the prescription process and arts in health information. The educational hub will include video testimonials and tutorials, serving as a valuable resource for all stakeholders.

3. Build an **ArtsCare triage process** with a trained Program Director that connects the patient to the most meaningful arts resources. This will include accessible coaching and personal mentoring services, further enriching the participant experience.
4. **Gather an ongoing roster of participating arts community organizations and events**, in addition to offering targeted ArtsCare programming for unique vulnerable community populations in collaboration with community and health partners. The pilot project will provide information about and access to arts programs and a diverse roster of arts groups, creative program producers, performance and entertainment partners, exhibition partners, community health centres, and medical professionals, who choose to participate in the referral and prescription program.

2. Training and Education

The education component involves the training of medical providers, artists, and participants by certified professionals in arts therapy and arts in health to establish a knowledge-base and core competencies for the program to work. This would require developing meaningful education plans and curriculums that would be established and developed through research by the Program Director once the program has been funded. In addition, custom flyers and brochures will be developed to highlight the value and types of available creative experiences for the three trainee groups defined below while promoting the program's accessibility. Meaningful and relevant training will be delivered to the following stakeholders:

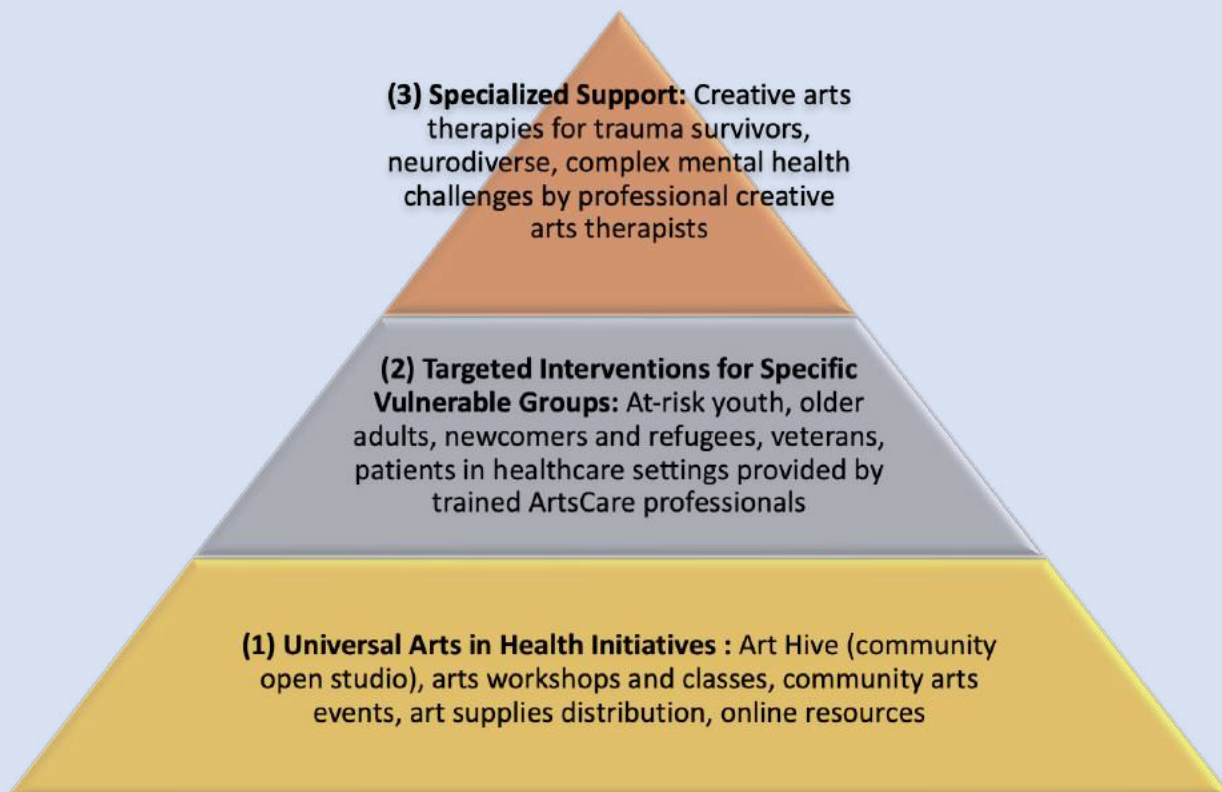
1. **Prescribing medical professionals**, such as GPs, occupational therapists, psychiatrists, nursing practitioners, and hospital department leaders, about arts in health impacts and referral systems with an experiential arts program, while providing convenient print information packages and brochures for social prescribing. In-line with WHO's Office for Europe (2020) recommendation that, "Incorporate the arts into the training of health professionals, both for the well-being and skills development of personnel and to raise awareness of the value of the arts within health" (p. 7), the training will be experiential, and arts based.
2. **Community partner groups** about ArtsCare offerings through virtual or in-person seminars that complement the information and education documents on the online website, while fostering mutually beneficial and trusting sustainable relationships.
3. **Artists** to teach their respective disciplines in a knowledgeable and empowered way to community members with diverse mental health backgrounds. Training will focus on ethics, safety, cultural humility, basic supportive skills, referrals, and pre-post survey provision (for data collection) and will be provided by a credentialed creative arts therapist or other established professional in arts in healthcare. WHO Regional Office for Europe (2020) recommends that, "Provide training and development opportunities to support the development of artists, including building knowledge and skills on working with specific health populations" (p. 7). NOAH's *Core Curriculum for Arts in Health*

Professionals (2021) and the *Code of Ethics for Arts in Health Professionals and Standards for Arts in Health Professionals* (2018) will inform this training and be adapted for relevancy in Ontario, Canada.

3. Provision of Multi-Tiered Arts in Health Programming

The program is designed to meet a wide range of mental health needs, catering to individuals at various stages of their mental health journey, from those seeking to prevent symptoms (such as newcomers) to those requiring support with complex mental health issues (such as unhoused youth). These efforts are closely aligned with the current needs of our community within a **Spectrum of Care** (see Figure 2 below).

Spectrum of ArtsCare Program based on Mental and Physical Health Needs



Model credit: Toll, H. (2023).

In-line with this Spectrum of Care to meet people experiencing diverse mental health needs and from diverse backgrounds, the ArtsCare Program Model proposes the following programs, described in detail below:

1. **An open studio program, called an Art Hive**, provides a low-barrier walk-in arts-based support with a community open-studio. These can either be permanent spaces, pop-up spaces, or hosted virtually. An Art Hive is an inclusive community art space with the idea that everyone is embraced as an artist and have been hosted in libraries, a community studio, art galleries, etc. The intention of an Art Hive is to foster respect, learning, and creativity, where community members are invited to participate in open and expressive artmaking in accessible spaces to ultimately build community resiliency (see: <https://arthives.org/>)

Developed by Dr. Janis Timm-Bottos (currently at Concordia University in Montreal) over the past two decades, this program is founded on anti-oppressive practice, cultural humility, and community-based psychology that is person-centered. There is a growing network of over 100 Art Hive community open art studios across the world (Hobby, 2021). For example, Art Hives are hosted by the Art Gallery of Mississauga, with one taking place on September 23, 2023 (<https://www.artgalleryofmississauga.com/workshops/>) Furthermore, these are low-barrier and cost-effective spaces for individuals from diverse backgrounds and life experiences to experience the healing and connecting nature of artmaking in a safe place and without any particular curriculums. There is a recognized theory and philosophy, connected to research on artmaking on health, and established with published “How-to Guides” and trainings for developing and hosting open art studios (Timm-Bottos & Chainey, 2015). Art hives are also helpful points of entry to engage in other art for wellness classes, programs, and creative arts therapies services. The following locations can be contacted to host community art open studios:

1. CreativeHub 1352 within the Community Living Room of the Small Arms Inspection Building, owned and operated by the City of Mississauga:
<https://www.creativehub1352.ca/>
 2. Visual Arts Mississauga at Riverwood: <https://www.visualartsmississauga.com/>
 3. Joshua Creek Heritage Art Centre integrated within the Wellness Programs:
<https://www.joshuacreekarts.com/wellness/>
2. **We aim to provide a range of diverse short and medium-term arts classes**, encompassing music, movement, dance, drama, and visual arts, all designed to promote wellbeing. These classes will be offered free of charge and culturally-informed, ensuring accessibility for individuals seeking improved wellbeing, self-expression, social connections, and ways to combat isolation. We have already established virtual and in-person arts-based programs that offer support to individuals working through mental health challenges. Our programs have garnered interest from family physicians, community centres, and seniors centres to host these classes. Whether it's participating in painting or dance classes, creating music or pottery, writing stories, or even acting in them, individuals can engage in these enriching activities that promote mental wellbeing. The target groups for the pilot will be ascertained based on the

competencies and programs developed by the contributing artists who have completed the training program.

Our dedicated team of artists and arts educators, who will be responsible for developing these curricula, will undergo specialized training (please refer to the education section above for more details). This training will emphasize research-based ethics of care, guidance for referrals to mental health services when necessary, and the creation of safe, nurturing environments for creative expression.

MAC has already established the necessary infrastructure and systems to implement these programs. You can explore our Wellness Arts Workshop Series: <https://www.mississaugaartscouncil.com/2023/06/15/microgrant-success-alethia-caraccioli-2022/>

What is needed now is facilitation for these programs and funding to provide tailored creative experiences to their clients, both in person and online. These arts programs are designed to be accessible and free, offering diverse creative experiences.

3. Establishing broad connections within the arts community to facilitate **accessible participation in arts events** such as concerts and gallery visits. As part of this effort, MAC's ArtsCare Community Partners hosting these events will be encouraged to offer free or low-cost admission options. Additionally, MAC will actively explore various fundraising strategies to provide free admission opportunities for our programs.
4. Ethical and safe mental health support for those who need **specialized care from trained professionals is integral to ArtsCare. Creative Arts Therapists** are credentialed professionals that are trained to provide drama, music, and art therapy to clients of different backgrounds. According to the Canadian Art Therapy Association, art therapy integrates the creative process with psychotherapy, helping individuals explore and understand themselves better. Through the use of imagery, color, and shape in this therapeutic creative approach, people express thoughts and emotions that may be hard to put into words. In Canada, professional art therapists are mandated to hold a master's degree or master's level diploma in art therapy to practice in addition to supervised clinical practicum hours. These requirements ensure the safety of the clients and the professional accountability of agencies and employers offering this therapeutic modality. In addition, most creative art therapists are also Registered Psychotherapists with the College of Registered Psychotherapists of Ontario, which will enable art psychotherapists to bill most private insurance companies for psychotherapy support. For community members who are seeking care for trauma, collaboration and liaising with private creative arts therapists is crucial and relationships will be developed with the following creative arts therapies organizations:

1. Art as Therapy Clinic - <https://www.artastherapy.ca>
2. The Arterie - <https://www.arterie.ca>
3. Artful Serenity- <https://www.artfulserenity.ca>

Among others.

4. Research and Promotion

A crucial aspect to ArtsCare is collecting empirical data on arts in prescription program outcomes from inception. Information to sustain a flexible and responsive program to promote a resilient, connected, and generative community will be gathered to improve programming and educate about the impacts of arts engagement on health. The findings will be shared across various platforms, from academic journals to social media, to advocate for the program's benefits and inform policymakers, researchers, and the public to increase “awareness of the benefits for health of engaging in the arts” (WHO, 2020, p. 5).

This final aim, intended to reciprocally inform program development, will be provided in the following ways:

1. **An outcome-based empirical mixed methods (quantitative and qualitative research)** initiative will be implemented to holistically evaluate the programs and to inform international arts in health initiatives. Participant data will be gathered from the Online Navigation website when a participant has been prescribed to a program. This information will both be gathered from the arts in prescription “pads” and from the pre-interview triage connection with the Program Director. This is in-line with Al-Khudairy and colleagues’ (2022) recommendation to evaluate the program using “currently available, routinely collected healthcare, costing, and outcomes data” (p. vi) and to monitor attrition rates. The data generated for the research will be stored confidentially. Consent will be asked to engage in program evaluation research when the participant has been registered to a program, and therefore engagement, attrition, and subjective reports of mental health outcomes, in addition to recommendations, can be assessed over the span of the program. This will also enable the potential to engage in longitudinal studies to track deeper individual change, if the program is expanded beyond two years, as often program participants may choose to participate in subsequent arts in health programs. As an art therapist who previously worked at the Cross Cancer Institute in Alberta and coordinated the Arts in Health groups, I found that once participants (oncology adult patients) tried one arts program, they often registered to more arts programs from diverse disciplines because they enjoyed the wellness benefits of participation.

In addition, data from pre-post program assessments, based on validated questions (i.e., The Warwick-Edinburgh Mental Wellbeing Scale; WEMWBS by Tennant et al., 2007), will measure impacts of the art education and creative arts therapies programs provided.

The WEMWBS has been identified as a meaningful assessment to ascertain ArtsCare and Creative Arts Therapies program effects on individuals for the following reasons:

- a. The scale focuses on positive components of wellbeing, thus being strength-based.
 - b. It is a “short and psychometrically robust scale” developed by an expert panel, literature, psychometric assessments, and focus groups (Tennant et al., 2007, p. 1).
 - c. It shows high correlations with other scales that measure overall and mental health.
 - d. It has been identified and used by other arts in prescription and arts in health researchers, thus being able to contribute to the amalgamation of effect and impact-based research through a potential meta-analysis in the future (Holt et al., 2020).
 - e. More research will need to be done regarding cultural inclusiveness once the pilot begins.
2. **Promotion and publication of the program evaluation and research findings** will be published in diverse venues, including newspapers, radio, podcasts, videos, social media, and academic journals. Therefore, the information will be disseminated in diverse forms to inform academics, healthcare leaders, medical practitioners, policy makers, and potential participants. For example, MAC has already successfully created various films outlining the impact of ArtsCare and continue to document and disseminate program outcomes through e-newsletters and online (see: <https://www.artscare.ca/videos/>). Along with the Communications Producer, the Program Director and the MAC director will use their extended professional networks to disseminate the meaningful information to contribute to a deeper understanding of the impacts and potential of the ArtsCare model, and by extension arts in health prescription programs on both a local and global scale.
3. Furthermore, qualitative narrative data will be gathered from an **open online or in-person focus groups** that will be offered on a biannual basis. These focus groups will be generated with the intention to listen to meaningful feedback co-created by stakeholders from different socioeconomic, professional, cultural, and wellness backgrounds to improve programming and inform the growing body of arts in health research. Invited participants can include (but are not limited to) prescribers, artists, patients, program leads, community members, and community leaders. The Program Director and Communications Producer, along with MAC, will lead and gather meaningful information from these groups.

4. **A cost-benefit analysis (CBA)** comparing the ArtsCare program to healthcare costs will involve assessing both the financial costs and the benefits associated with the program and comparing them to the healthcare cost savings it may generate. A CBA provides meaningful insights into the economic value of the ArtsCare program in providing healthcare cost savings and improved well-being to inform possible program continuation, expansion, or modification.

5. Here's how you can approach this analysis. This CBA will be conducted with the following steps:

1. Identify Costs:

- **Program Costs:** Costs associated with running and implementing the ArtsCare program, including salaries, training, facilitation, marketing, administrative expenses, and operational costs.
- **Healthcare Costs:** Data on the healthcare costs related to mental health and well-being for individuals served by the ArtsCare program will be obtained including costs associated with doctor visits, hospitalizations, medication, therapy, work absences, and any other healthcare services related to mental health, and any other costs incurred if the program did not exist.

2. Identify Benefits:

- **Healthcare Cost Savings:** Estimate the potential reduction in healthcare costs due to the program. This can be based on research findings and historical data that show the impact of arts-based interventions on mental health. For example, if studies suggest that participation in arts programs reduces the frequency of doctor visits or hospitalizations for mental health issues, calculate the potential savings.
- **Improved Well-being Benefits:** Consider the non-monetary benefits associated with improved well-being, such as improved quality of life, increased productivity, and reduced absenteeism from work. Assign a monetary value to these benefits where possible.

3. Calculate Net Benefits: The total program costs will be subtracted from the estimated benefits to calculate the net benefits: $\text{Net Benefits} = \text{Benefits} - \text{Costs}$

4. Sensitivity Analysis and Discounting: Sensitivity analyses to account for uncertainties and variations in assumptions is conducted. This may also include discounting future values to their present value to account for the time value of money.

6. Present Findings to inform decision-making: Findings are presented in a clear and concise report with highlighted net benefits, cost savings, and any other relevant findings to inform decision-making on program continuation.

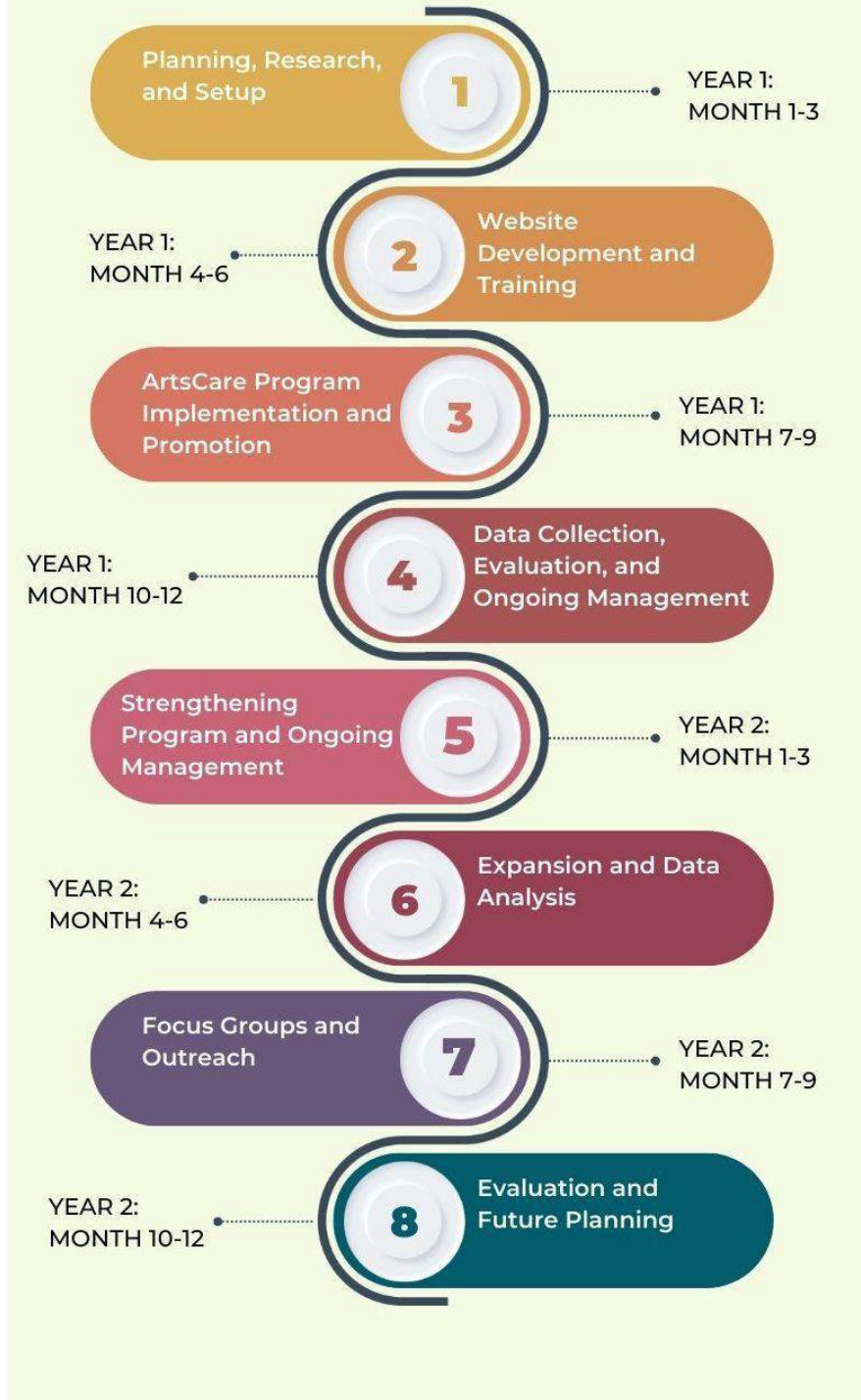
7. Continuous Monitoring: CBA will be adjusted as new data becomes available and as the program grows over time.

ArtsCare Timeline

This multimodal ArtsCare model that offers information, knowledge dissemination, education, a spectrum of programs, marketing, and research over the span of two years. Therefore, the timeline intersecting tasks that will be completed by MAC (initially), a BoD, the Program Director, a Communications Producer, and other hired contractors. During the beginning of the program, MAC will allocate some internal funding to launch the program, building upon the foundations established in previous years. This includes provisions for human resources, training, the initial ArtsCare website platform, arts programming, research initiatives, and promotional efforts. The timeline is designed to remain flexible to adapt to unexpected challenges, findings, or opportunities that may arise during the project implementation. See Figure 4 for the Timeline Summary and details below.

MAC's role in the Incubation and Launch of ArtsCare: Once the component resources are in place and approved, and the healthcare community and the Ministry are satisfied, MAC will step back and hand over all management to the Program Director, while volunteering support and advice where needed. MAC will support communication efforts to the healthcare roundtable and other groups of community and mental health care providers, informing them of progress and availability with direction from the Board and the ArtsCare Program Director. MAC will assist in establishing program costs, budgets and scheduling as needed. Planning to step back in favour of the ArtsCare staff. MAC envisages this development process lasting 4-6 months and involving added work for MAC's Executive Director, and he will help facilitate the transition of the project into the hands of the operational lead, the ArtsCare Program Director.

TIMELINE



Year 1 Detailed Timeline

Month 1-3: Planning, Research, and Setup

- o **Formation of Board of Directors (BoD):** Within the first 3 months, a Board of Directors will be established, consisting of healthcare professionals, community health service leaders, arts group leaders, and cultural leaders. This diverse BoD will serve as a platform to discuss priorities, considerations, and program needs related to referrals and prescriptions. Jointly, MAC and the BoD will allocate a budget dedicated to compensating the Program Director and Program Coordinator, including salaries and benefits.
- o **ArtsCare Foundations:** MAC will allocate funds to initiate the program, building upon the ArtsCare foundations established in previous years. This will include provisions for human resources, training, the development of the ArtsCare website platform, ongoing research, and promotional efforts.
- o **Personnel:** MAC and the BoD will administer a job-search for the new ArtsCare Program Director (See Appendix 2 for sample job description for the Program Director and Appendix 1 for a sample job description for a Communications Producer). MAC will work with the Program Director to hire the Communications Producer and part-time administrator² and to source the office space. MAC will provide candidates for a part time Accountant, recommend/purchase the Accounting/bookkeeping programs as needed.
- o **Website Development and Collaboration with One-Link:** Begin the development of the interactive online navigation website by engaging a web development team or agency to create the site. Connections with One-Link Ontario website hosts, such as the Mississauga Local Health Integration Network, will be made to discuss potential for collaboration. MAC would begin by transitioning and transforming the www.Artscare.ca website into Artscare Mississauga (Halton and Peel), as needed.
- o **Training and Education:** Start developing training materials and curriculum for medical providers, artists, and community partners based on international arts in health research and best practice.
- o **Multi-Tiered Arts in Health Programming:** Begin planning the Art Hive program and identify potential facilitators and organizational collaborators.
- o **Research and Promotion:** Start planning the research initiatives and data collection methods. Begin preparing for the promotion of ArtsCare.
- o **Networking with Community Partners:** Identify meaningful community partners and solidify relationships with existing partners. MAC will act to develop, organize, and mobilize qualified and experienced arts groups and artists, suitable entertainment venues and event producers to prepare them to provide access to their programs and events through ArtsCare prescriptions.

Month 4-6: Website Development and Training

- o **Website Development:** Continue website development and aim for a soft launch by the end of the sixth month.
- o **Training and Education:** Complete the training materials and curriculum. Begin organizing training sessions for medical providers, artists, and community partners, in addition to inviting them to trainings.
- o **Multi-Tiered Arts in Health Programming:** Finalize plans for the Art Hive program and identify the location (physical). Begin actively recruiting artists for arts classes and programs.
- o **Research and Promotion:** Continue preparations for research initiatives and start laying the groundwork for promotional activities. Identify arts in health conference venues and timelines to present preliminary findings and program model.

Month 7-9: ArtsCare Program Implementation and Promotion

- o **Website Development:** Complete the website, including interactive coaching features, educational documents, and the online prescription pad referral form.
- o **Training and Education:** Conduct training sessions for medical providers, artists, and community partners. Provide print information packages and brochures for arts prescribing.
- o **Multi-Tiered Arts in Health Programming:** Launch the Art Hive program. Begin offering arts classes and programs to the community.
- o **Research and Promotion:** Start collecting data for research purposes, including facilitating the first round of focus groups. Initiate promotional activities to raise awareness of ArtsCare within the community.

Month 10-12: Data Collection, Evaluation, and Ongoing Management

- o **Website Development:** Focus on website maintenance and updates to ensure its functionality.
- o **Multi-Tiered Arts in Health Programming:** Continue managing the Art Hive program and the arts classes. Evaluate program effectiveness through qualitative and quantitative feedback from participants and facilitators.
- o **Research and Promotion:** Continue data collection and analysis, in addition to consolidating findings from year 1. Host the second focus group to collect qualitative narrative data. Share preliminary findings with stakeholders and funders, in addition to local and international news networks.
- o **Miscellaneous Expenses:** Allocate funds for ongoing administrative costs and marketing.

Year 2 Detailed Timeline

Month 1-3: Strengthening Program and Ongoing Management

- **Personnel:** Continue to allocate funds for the salaries and benefits of the Program Director and Communications Producer.
- **Website Maintenance and Expansion:** Focus on website maintenance, address user feedback, and consider expansion features.
- **Training and Education:** Refine training materials and curriculum based on feedback and experiences from Year 1. Provide continued rounds of training to medical practitioners, artists, and community partners based on availability, deepened partnerships, and interest.
- **Multi-Tiered Arts in Health Programming:** Expand the offerings of arts classes and programs based on demand and feedback. Implement Creative Arts Therapies options for participants and patients who require more profound mental health support using the creative arts, based on prescriptions and recommendations from previous artist facilitators.
- **Research and Promotion:** Continue data analysis and preparation for the publication of research findings in relevant academic journals and news sources. Identify target academic journals and news channels, in addition to submitting abstracts to relevant arts in health conferences.

Month 4-6: Expansion and Data Analysis

- **Website Maintenance and Expansion:** Implement enhancements and additional features on the website.
- **Multi-Tiered Arts in Health Programming:** Consider extending the Art Hive program to new locations or virtually. Expand outreach efforts.
- **Research and Promotion:** Consolidate research and prepare diverse forms of publications targeted to various platforms (such as scholarly, social, policy, and local news platforms, etc.) Complete third round of focus groups from diverse stakeholders.

Month 7-9: Focus Groups and Outreach

- **Research and Promotion:** Conduct final round of focus group sessions with stakeholders to gather feedback and insights. A cost-benefit analysis will be conducted to compare the ArtsCare program to mental healthcare costs for those who participated in the program.
- **Publication of Findings:** Share and disseminate research findings through various channels to reach diverse audiences, including academic journals, news sources, and social media.
- **Multi-Tiered Arts in Health Programming:** Continue program expansion efforts and outreach to new communities based on evaluative feedback.

Month 10-12: Evaluation and Future Planning

- **Research and Promotion:** Conclude final data collection and analysis. Summarize program outcomes and make recommendations. A cost-benefit analysis report will be created to inform future decision-making.
- **Program Evaluation:** Assess the effectiveness of the ArtsCare program over the two years, including generating the cost-benefit analysis of the program, program evaluation, and both qualitative and quantitative effects on wellbeing, while also highlighting meaningful narratives regarding experiences of the program from patients.
- **Preparation for Expansion:** Prepare documentation and proposals for potential expansion of the program beyond the pilot phase.

Miscellaneous Expenses: Throughout Year 2, allocate funds for ongoing administrative costs, marketing, and any unforeseen expenses.

Impact and Outcomes of ArtsCare

ArtsCare aims to offer healthcare professionals and their clients a wide range of free creative experiences, including creative resiliency-building virtual and in-person programs and events to increase individual and community wellbeing, while reducing and preventing impacts of mental distress and mental health challenges. In addition, ArtsCare provides a comprehensive and streamlined referral system, logistics, accessibility, communication outreach, research, education, and training on arts in health to increase community wellbeing and a resilient Mississauga. The details and projected outcomes of the program are detailed below.

Material Outcomes

- **An online social prescription referral virtual navigation website**, containing direct access to social prescription, program knowledge, and access to a professional to directly coordinate and follow-up with patients and to engage in a client-centered triage process. Addressing the Ontario Ministry of Mental Health and Addiction's strategy to develop accessible mental healthcare that is evidence-based, the interactive data online dashboard on the website showcases real-time program availabilities, performance, and outcomes. This dashboard can include key metrics like participant demographics, mental health improvements, program engagement rates, and more.
- **An ongoing roster and list of community partner organizations** offering community programs and arts events, beyond ArtsCare, for referral, and available on the ArtsCare website.
- **Printed prescription materials** including prescription pads and ArtsCare program brochures for doctors.
- **Educational materials** including curriculums, brochures, information sheets, and referral lists.
- **Research Reports:** Comprehensive research reports detailing the findings from the outcome-based empirical mixed methods research initiative and cost-benefit analysis of the program. These reports should include quantitative data analysis, qualitative insights, and program performance indicators on the piloted arts in prescription program in addition to a cost-benefits analysis report.
- **Academic Publications:** Peer-reviewed academic publications summarizing the research findings. These publications should be submitted to relevant journals in fields such as arts in health, public health, and psychology.
- **ArtsCare Educational Video and Program Impact Videos:** Short videos highlighting the impact of ArtsCare and information about ArtsCare, featuring testimonials from program participants, prescribers, and artists. These videos can be shared on the organization's website and social media platforms.

- **Annual Research Summaries:** Annual summaries summarizing the research findings, program achievements, and areas for improvement. These can be shared with program stakeholders, including funders and partners.

Projected Targets and Direct Number of People Reached through ArtsCare

Program	Year 1	Year 2	Total number of people reached
Arts Workshops/Classes, 6–8-week courses, lasting 90 minutes each, with 10-15 people per course	10 x 6 to 8-week courses of 90 min. workshops live or virtual = 100 to 150 people	12 x 6-week courses of 90 min. workshops live or virtual = approximately 120 to 180 people	220-330 people
Open Community Art Studio (Art Hives) walk-ins offering low-barrier ArtsCare support	120 walk-ins	200-250 walk-ins	Approximately 330-380 people
One or two-day workshops facilitated ArtsCare in the community with 8-10 participants	5 -9 x one or two-day ArtsCare workshops reaching 40- 60 people	8 -10 x one or two-day ArtsCare workshops reaching 64-90 people	104-150 people reached
Arts Concert, Museum Visits, Cultural Events Referrals	300 people	400 people	700 people
Referrals to Creative Arts Therapies Community Programs for mental health care	60 people referred	120 people referred	180 referrals to CATs programs for mental health care
Creative Arts Therapies Programs hosted for participants with trauma and mental distress		5 CATs programs conducted with 6-8 sessions, reaching 6-10 participants per program to support trauma and mental distress	30 to 50 people with severe mental health and trauma reached
Prescribing healthcare professionals (GPs,	100 medical professionals	150 medical professionals	250 medical professionals

specialist MDs, psychiatrists, occupational therapists, etc.) receiving education about arts in health programs	trained and empowered to prescribe	trained and empowered to prescribe	trained and empowered to prescribe
Artist Facilitators receiving ArtsCare Training to provide meaningful and impactful workshops dedicated so arts wellness	15 artists	30 artists	45 artists trained
Community partner organizations receiving education about arts in health programs	30 community organizations with approximately 1-2 representatives each	20 community organizations with approximately 1-2 representatives each	50 community organizations empowered to host and support ArtsCare Programs and educated about arts in health
Conference Presentations on ArtsCare	1-2 Conference Presentations on ArtsCare reaching approximately 120 professionals directly	2-4 Conference Presentations on ArtsCare reaching approximately 400 professionals directly	Approximately 520 professionals, researchers, and policymakers reached and educated about arts in health
Total number of people and organizations reached	885-955	1,534-1,700	2,419- 2,655

Please note that this does not include people indirectly reached through media, videos, and family systems who will be educated about and receive wellbeing benefits through ArtsCare. Therefore, extended benefits can be projected beyond individuals directly affected by ArtsCare programs, including increased wellbeing in families and the community at large.

ArtsCare Projected Impacts include:

This pilot project projects that 2,429- 2,635 people and organizations will be reached, supported, and trained through the ArtsCare program, thus simultaneously increasing capacity and wellbeing of helping and creative professionals and organizations, reducing pressure on an overburdened healthcare system, and supporting community members and patients in a resiliency-building and strength-based manner. Please see projected benefits below:

Patients/Community members supported through the program will benefit by:

- reduced visits to general medical practitioners by a 35% reduction
- reduced visits to hospitals and hospital beds being used by a 25% reduction
- Increased subjective reports of wellbeing
- Increased art creation skills, affecting an increased sense of agency
- Increased coping skills to help mitigate future life challenges
- possible reduction in pharmaceutical prescriptions for heavy service users due to preventative support or symptom management of anxiety and depression related to isolation and disconnection

Local community artists in Mississauga will benefit from

- ArtsCare training, directly impacting their wellbeing through engagement and capacity building
- Being fairly compensated for services and performances
- Providing meaningful support to local communities in a culturally sensitive manner

Medical practitioners in Mississauga and medical care staff will benefit from:

- Experiential ArtsCare training that simultaneously provides arts-based support while increasing capacity and knowledge about the benefits of arts creation for wellbeing
- Increased capacity to prescribe arts in health programs to patients
- Reduced professional and psychological burden related to helplessness in supporting patients who would benefit from, but who are unwilling or unable to receive other forms of counselling for various reasons
- Reduced hospital and clinic visits by heavy medical service users

Community Partner Organizations in Mississauga will benefit from:

- Experiential ArtsCare training that simultaneously provides arts-based support while increasing capacity and knowledge about the benefits of arts creation for wellbeing
- Increased capacity to support diverse people by hosting ArtsCare programs
- Increased relationships with other organizations, thus synergistically contributing to the overall benefit of society and streamlining support and collaboration for a healthy Mississauga
- Reduced professional and psychological burden related to helplessness in supporting people who require extended mental health support

Economic and healthcare benefits:

- Healthcare cost savings of \$150+/participant per year (based on Britain)
- Increased engagement in employment and economic activity for both medical professionals and patients due to reduced burnout and increased creative agency

The Overall ArtsCare Projected Outcomes include:

- More healthy people, living better and longer with reduced dependency on pharmacological treatment and time spent in medicalized care.
- Greater engagement and productivity of individuals formerly inhibited by moderate mental health obstacles.
- Reduced local demand on mental health care services.
- Contemporary relevant multi-cultural research documenting the course and value of a new arts prescription program.
- Clarifying measurable benefits of arts programs from different disciplines, showing how they work
- Building a groundswell of support for mental health.
- Bolstering arts community resiliency and health through increased capacity, training, and employment focusing on community wellness and betterment.
- Removing stigma from mental health needs and providing non-pharmacological alternatives for mild to moderate cases.
- Providing a model for implementation and scaling up for the Province of Ontario and beyond
- Attracting Federal and philanthropic support for the continuation and expansion of ArtsCare programs.

ArtsCare Partners

The Mississauga Arts Council (MAC) is a well-established registered charity with a 40-year history of receiving support from various levels of government, local stakeholders, and private sector members. Since its inception, MAC has actively engaged in collaborative efforts with community partners, fostering meaningful connections in the process. MAC maintains strong affiliations with over 50 arts group members and has a network of 400 individual artists. Notably, MAC's introduction of the arts for mental health project garnered positive reviews from the Peel Health Round Table, which includes healthcare and community service providers. This track record positions MAC as an ideal partner for the launch of the new arts prescription service, which aims to establish vital partnerships with community health centers and health services.

In alignment with the WHO's guidance on *intersectoral action in the arts, health, and well-being* (2019), MAC and ArtsCare are committed to nurturing collaborative relationships that transcend sectors and disciplines. These collaborations encompass arts organizations, healthcare entities, social services, and cultural community services. The ongoing development of these partnerships is a central priority in the initial phase of ArtsCare program implementation in addition to the program sustainability. Currently, some of our valued partners include:

1. WriteWell
2. Heart House Hospice
3. Baycrest@Home
4. Joshua Creek Heritage Arts
5. Living Arts Centre
6. Mind Forward Brain Injury Services
7. City of Mississauga
8. Canadian Mental Health Association- Peel Dufferin
9. SnapMED
10. Toronto Writers Collective
11. Momentum
12. UNITY Charity
13. Nexus Youth Services
14. Mississauga VegFest
15. Hip Hop Nrthrn
16. P.E.A.C.E.
17. Studio 89
18. The Studio Paint Bar
19. Full Step SAGA
20. LCI Movement
21. Arts in Momentum
22. Peel Travel Clinic

Targeted Marketing Plan and Timeline

This proposed ArtsCare Pilot marketing plan emphasizes transparency, engagement, and the use of diverse media channels to document research results effectively and engage the ArtsCare community over the span of two years. It ensures that stakeholders and the broader public across Ontario and internationally are well-informed about the program's development, achievements, and its potential for future growth. Please see the Marketing Plan two-year timeline below for details.

Ongoing Marketing Activities

- **Newsletter Updates:** Send regular e-newsletters to ArtsCare website subscribers with program updates, success stories, and invitations to webinars or events.
- **Social Media Engagement:** Maintain an active presence on social media platforms, such as on the MAC social media platforms, and in a created ArtsCare Facebook and Instagram account, sharing engaging content, participant stories, and research findings.
- **Community Engagement:** Collaborate with local partner healthcare organizations, arts groups, and cultural community centers to host joint events or workshops and expand outreach.
- **Media Outreach:** Continue to collaborate with local news media outlets to feature ArtsCare's success stories and research results. Publish press releases on major milestones and engage in podcasts and diverse forms of media to share successes and program outcomes.
- **Feedback Loops:** Encourage users to provide feedback through the website, surveys, and social media. Actively respond to feedback and demonstrate how it contributes to program improvement.
- **Scholarly Publications:** Submit abstracts and findings to relevant academic journals and conferences, and research exchange groups, to reach a wider audience interested in arts in healthcare research.
- **Stakeholder Engagement:** Continuously engage with stakeholders, including funders and partners, to update them on progress and seek their input for future planning.

Year 1 Marketing Plan

Month 1-3: Planning and Setup

1. **Board of Directors Announcement:**
 - Develop a visually appealing announcement on the ArtsCare website and social media platforms introducing the Board of Directors with a specific website page. Include their credentials and quotations about their commitment to ArtsCare's mission.
2. **Personnel Recruitment:**
 - Create a dedicated careers page on the website with detailed job descriptions for the Program Director and Communications Producer positions. Promote these job openings on relevant job boards (i.e., Indeed, LinkedIn), healthcare forums, and arts communities, in addition to focusing on personal networks.

3. **Website Development Teaser:**
 - o Begin a series of blog posts or video updates on the existing ArtsCare website, sharing insights into the website development process. Highlight the importance of an interactive online platform.

Month 4-6: Website Development and Training

4. **Website Soft Launch:**
 - o Officially launch the ArtsCare website with a blog post and a press release. Encourage visitors to explore the site's features, sign up for newsletters, and provide feedback.
5. **Training and Education Promotion:**
 - o Create a dedicated training page on the website outlining the curriculum for medical providers, artists, and community partners. Share this page on social media and via email newsletters. Highlight the benefits of ArtsCare training for artists, organizations, and medical practitioners. Leverage MAC networks and community events to increase engagement.

Month 7-9: ArtsCare Program Implementation and Promotion

6. **Official Website Launch:**
 - o Celebrate the official website launch with a virtual event or webinar featuring key stakeholders. Record this event and make it accessible on the website for those who missed it.
7. **Training Sessions:**
 - o Share regular updates and behind-the-scenes glimpses of training sessions on social media platforms. Feature interviews with participants sharing their expectations and excitement.
8. **Art Hive Program Launch:**
 - o Promote the launch of the Art Hive program through a dedicated blog post and a press release. Share stories and testimonials from the first Art Hive sessions.

Month 10-12: Data Collection and Ongoing Management

9. **Website Updates:**
 - o Share monthly website update posts detailing any enhancements, improvements, or new features. Invite users to provide feedback.
10. **Program Evaluation Awareness:**
 - o Start a blog series or a video series explaining the importance of program evaluation and how data will be collected. Share examples of the types of data being gathered.
11. **Holiday-Themed Promotion:**
 - o Launch a holiday-themed social media campaign emphasizing the role of arts in mental well-being during the holiday season. Share creative content and stories from participants and align posts with mental health awareness days and months.

Year 2 Marketing Plan

Month 1-3: Ongoing Program Management

12. Website Expansion Announcement:

- o Announce any website expansion features or updates, highlighting how these improvements will benefit users through mailing lists and social media.

13. Training Continuation:

- o Share testimonials and success stories from participants who have completed the training through videos and social media posts, showcasing the positive impact of arts in healthcare, including personal experiences.

14. Arts Program Expansion:

- o Promote the expansion of arts programs by showcasing the diversity of classes, locations, and partnerships. Share participant stories and achievements.

Month 4-6: Expansion and Data Analysis

15. Website Feature Showcase:

- o Highlight specific features on the website that make it easier for users to access and engage with arts programs. Share tutorials or demos.

16. Program Success Stories:

- o Create a dedicated "Success Stories" section on the website where participants can share their personal journeys and improvements in well-being. Feature these stories in newsletters and on social media.

Month 7-9: Focus Groups and Outreach

17. Focus Group Insights:

- o Share snippets of insights gathered from focus group sessions on the website and social media. Showcase ArtsCare's commitment to continuous improvement.

18. Cost-Benefit Analysis Teaser:

- o Start promoting the upcoming release of the cost-benefit analysis report, highlighting the potential savings and benefits of ArtsCare.

Month 10-12: Evaluation and Future Planning

19. Program Impact Summary:

- o Create a visually engaging program impact summary that highlights key findings, statistics, and testimonials. Share this summary widely on the website and social media.

20. Preparation for Expansion:

- o Begin sharing information about the program's plans for potential expansion beyond the pilot phase. Highlight the success achieved during the pilot as a key driver for expansion.

21. Year-End Reflection:

- o Close the year with a reflective message, expressing gratitude to the ArtsCare community. Share the program's excitement for the future and its commitment to improving well-being through arts.

ArtsCare Budget

For this integrative and well-research ArtsCare pilot model to be implemented, a total of \$1,093,500 in Provincial funding is required for two years: \$497,500 for year one, and \$596,000 for year two. Budget figures provided are rough estimates and may vary based on specific circumstances and negotiations with vendors, contractors, and partners, and rising costs related to inflation.

Year 1: \$497,500 in funding from the Ontario Government creates:

- Development of an interactive ArtsCare online navigation website.
- Administrative staff to run and maintain the ArtsCare website, prescription process, patient triage, and community partnerships.
- Create the foundations for the implementation of an innovative and creative ArtsCare model, including the creation of educational curriculums, educational materials, information packages (brochures, prescription pads), and marketing materials for the programs, in addition to ensuring content is accessible for diverse beneficiaries.
- Building and continuously developing outreach connections and capacity to deliver different and unique creative programs on demand for approximately 885-955 residents in need of the healing benefits of estimated 2,500 creative, social, and therapeutic experiences within a spectrum of care model and a focus on resiliency-building, cultural humility, and ethics of care.
- Preliminary research on program effects to inform program development, policymakers, and the international health community published and shared in various venues.
- Increased community partnerships and collaborations for synergistically contributing to a healthy Mississauga.
- Experiential training of artists, medical practitioners, and community organizations.

Year 2: \$596,000 to support:

- Building on the first year's successes, year 2 generates growth in program implementation, trainings, patient uptake, website amendments, and marketing of programs to reach diverse populations.
- Serve 4,000 experiences for 1,534-1,700 residents (including patients, medical practitioners, community organizations, and other stakeholders) by leveraging existing overhead of program administration costs.
- Multimedia reports and materials focused on education and program results.
- Empirical mixed methods evidence-based research reports on the effects of arts in health in addition to a cost-benefit analysis report of the program, comparing ArtsCare to heavy medical service use for the population served by the programs. Reports disseminated to media outlets, academic journals, and presented at conferences.

Item	Year 1 Cost	Year 2 Cost	Items and Notes
Personnel	195,000-245,000	195,000-245,000	<p><u>Year 1</u></p> <ul style="list-style-type: none"> ● Program Director: \$90,000 - \$120,000 ● Communications Producer: \$70,000 - \$80,000 ● Part-time Program Administrator: \$35,000 - \$45,000 <p><u>Year 2</u></p> <ul style="list-style-type: none"> ● Program Director and Educator: \$90,000 - \$120,000 ● Communications Producer: \$70,000 - \$80,000 ● Part-time Program Administrator: \$35,000 - \$45,000
Communication Tools & Resources	\$30,000	\$21,000	<p><u>Year 1: Development of Interactive Online Navigation Website</u></p> <ul style="list-style-type: none"> ● Web Development: \$10,000 ● Interactive Features: \$2,000 ● Testing and Quality Assurance, and accessibility features: \$2,000 <p><u>Year 2: Website Maintenance, Expansion, and enhancements</u></p> <ul style="list-style-type: none"> ● IT Support and content updates: \$5,000 <p><u>Year 1 & 2</u></p> <ul style="list-style-type: none"> ● Brochures, Flyers, & Print Prescription Pads, and miscellaneous information package materials - \$6,000 ● Program Webinars, Promotion, and Marketing - \$12,000
Office Expenses	\$33,500	\$30,000	<ul style="list-style-type: none"> ● Office Rental - \$25,000/year ● Furnishings (Year 1) - \$3,500 ● Tech – phone, printer, computers - \$5,000
Programming, including ArtsCare Courses, tickets, and community arts studio.	\$92,000	\$230,000	Fees paid to hired artists is budgeted for (\$50 - \$65/hr) and arts organizations, and creative arts therapies programs hosting ArtsCare programs.

			<p><u>Arts programs Year 1:</u></p> <ul style="list-style-type: none"> • 10 x 6-to-8-week courses of 90 min. arts workshops (live or virtual) including art equipment and materials and facilitator fees– \$60,000 (supporting 10-15 people per course) • One or two-day workshops facilitated ArtsCare in the community with 8-10 participants x 5 = \$10,000 • Community Arts Studio (Art Hive)- facilitating, space rental, art materials = \$12,000 • Additional arts programs and tickets including accessible alternatives, if needed = 10,000 <p><u>Arts programs Year 2:</u></p> <ul style="list-style-type: none"> • 12 or 15 x 6 to 8-week courses of 90 min. arts workshops (live or virtual) including facilitator fees = \$100,000 (supporting 10-15 people per course) • One or two-day workshops facilitated ArtsCare in the community with 8-10 participants x 10 = \$20, 000 • Creative Arts Therapies x 6 -8 weeks x 1.5 -2 hours x 5 = 45,000 • Community Arts Studio (Art Hive)- facilitating, space rental, art materials = \$30,000 • Admission tickets to plays, museums, dance recitals, and concerts= 25,000 • Other potential costs associated with using ArtsCare services (transport for people in need, stipends, etc.) including accessible alternatives for diverse populations= \$10,000
Education and Training	20,000	20,000	<p><u>Training Sessions Year 1 & 2:</u></p> <ul style="list-style-type: none"> • Venue Rental (if applicable): \$5,000

			<ul style="list-style-type: none"> ● Training Materials: \$5,000 ● Printing and Other Materials: \$5,000 ● Travel and Accommodation: \$5,000
Video Production and Promotion, Marketing, Outreach	\$25,000	\$10,000	Creation and promotion of diverse testimonial videos and short tutorials/explanatory videos for training, education, dissemination, and marketing
Evaluation, Research, Reporting	\$5,000	\$10,000	<ul style="list-style-type: none"> ● Research, training, and program evaluation progress and outcome data monitoring, evaluation, and assembly interpretation and report generation ● Biannual focus group – \$1,000/group x 4 groups over 2 years
MAC ED Oversight, development	\$25,000	\$0	MAC overhead for incubation/pre-launch costs including staff salaries for web development, hiring, defining scope and sourcing services
Accounting	\$12,000	\$15,000	Part-time Accountant fees and accounting software costs.
Miscellaneous Expenses and outreach (conference presentations)	\$10,000	\$15,000	<ul style="list-style-type: none"> ● Misc. Administrative Costs: \$15,000 ● Marketing, Outreach, and Conference Presentations: \$15,000
TOTAL	\$497,500	\$596,000	Overhead prices will go down in Year2 and Arts Tickets/Fees will go up to service a larger client base without increasing administration costs

N.B Additional funding from additional funders, including private and corporate donors, foundations, and other public sector granting bodies will be sought.

Concluding Summary

The ArtsCare Pilot Proposal underscores the pressing need to address the escalating mental health challenges, particularly anxiety and depression, which have surged globally due to the influence of social determinants of health. The COVID-19 pandemic has exacerbated these issues, amplifying mental distress, exacerbating social disparities, and limiting access to mental health resources, especially for vulnerable groups like the elderly, women, and youth. The ripple effects of this heightened mental distress extend beyond individual well-being, impacting societal structures and the economy, including work performance and economic losses.

Conventional mental health care approaches, such as medication and talk therapy, may not be universally effective due to factors like stigma, cost, accessibility, language barriers, and appropriateness. Arts in health programs, including arts prescribing, emerge as a vital solution to address contemporary mental health challenges while fostering well-being and community involvement. Importantly, it does so without the potential for long-term side effects and prescription dependency commonly associated with medication. These programs offer low-risk, cost-efficient, and holistic treatment options for complex health issues. In addition, participants can experience joy, skill development, and identify new personal strengths, which can increase engagement and attendance.

The proposal presents compelling evidence supporting the potential cost savings associated with arts prescription programs, including preventative care, reduced reliance on medications, decreased hospitalizations and emergency room visits, enhanced treatment adherence, reduced social isolation, and long-term cost-effectiveness. Introducing the ArtsCare pilot project, this innovative, evidence-based model aims to tackle mental health challenges and alleviate the strain on the healthcare system in Mississauga. It is structured as a multi-tiered, arts-based program promoting individual and community health and well-being, with a strong emphasis on preventing mental health issues and fostering resilience through a strengths-based approach.

This program aligns with the Government of Ontario's Roadmap to Wellness (2022) strategy, reflecting a commitment to address the fragmented mental healthcare system by reducing wait times and eliminating access barriers through a comprehensive, evidence-based, and client-centered approach, benefiting over 2,500 residents directly. The model encompasses an online navigation website, training and education, multi-tiered arts programming, and research and promotion, to be established and tested over a two-year period in Mississauga. The Mississauga Arts Council (MAC) is well-positioned to incubate and support this initiative, with the intention of scaling the ArtsCare service province-wide through collaborations with established and potential community partners.

Concluding Expert Remark

“As a doctor, I've always loved hearing patients share the story of their recovery especially when the arts were a part of their healing. I've had patients join dance groups and painting classes. Others volunteered at a community theater or composed music on an instrument they used to play. But no matter the medium, all of them experience the powerful yet largely untapped source of healing provided by the arts. When I became surgeon general, I began to see this healing on an even wider scale. I saw how the arts gave us a way to process the moment we are in as a society. They allow us to express pain and purpose, joy, and solidarity. They give us a way to share individual experiences and to connect to one another. I believe that's because at their best the arts help us understand our distinct identities and our universal humanity... The arts can help us build a foundation for engaged, integrated, and connected lives, and that has everything to do with health.”

U.S. Surgeon General Vivek Murthy
National Endowment for the Arts
October 21, 2021

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Table 1: Arts in Health and Arts in Wellbeing National and Provincial Reports (Toll, 2019, updated 2023)

Country	Organization	National Documents & Frameworks	Territorial/Provincial documents/frameworks
United Kingdom	All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW)	<p>Creative Health: The Arts for Health and Wellbeing (APPAHW, 2017)</p> <p>Prospectus for Arts and Health (Arts Council England, 2007)</p> <p>Policy Briefings:</p> <ol style="list-style-type: none"> 1. Creative health: The arts for health and wellbeing report (APPGAHW, 2017); 2. The role of the arts and culture in social care (Director of Public Health Briefing, 2017) 3. The role of arts and cultural organizations in health and wellbeing (APPGAHW,2017); 4. Local government support for health and wellbeing through the arts and culture (APPGAHW, 2017); 5. Arts engagement and wellbeing (APPGAHW, 2017). 	
United States of America	<p>The National Coalition of Creative Arts Therapies Associations</p> <p>National Organization of Arts in Health (NOAH)</p> <p>International arts+mind lab: Centre for Applied Neuroaesthetics</p>	<p>Arts, Health, and Wellbeing in America (NOAH, 2017)</p> <p>Well-Being across the Military Continuum: White Paper and Framing a National Plan for Action (Americans for the Arts, 2007)</p>	

		<p>Creative Arts Therapies Professions Overview (2016)</p> <p>Social Prescription in the U.S.: A Pilot Evaluation of Mass Cultural Council’s “CultureRx” (2023)</p> <p>Mass Cultural Council’s “CultureRx”: Evaluation of a Social Prescription Pilot</p> <p>NeuroArts Blueprint: Advancing the Science of Arts, Health, and Wellbeing</p>	
Australia	<p>Australian Centre for Arts and Health</p> <p>Creative Australia: Australian Government’s principal arts investment and advisory body.</p>	<p>National Arts and Health Framework (2014)</p> <p>Creating our future: health and wellbeing (2020)</p> <p>Valuing the Arts in Australia and Aotearoa New Zealand (2022)</p>	<p>Arts and Health: The Evidence (Tasmanian Government Department of Health and Human Services: Population Health’s research paper, 2012)</p> <p>NSW Health and Arts Framework (New South Wales (NSW) Government with the Ministry of Health, 2016)</p>
Norway	<p>The National Norwegian Centre for Arts, Health and Care (2018)</p>	<p>Tomorrow’s Care (Kulture, Helse, & Omsorg/National Center for Culture, Health and Care, 2018; Norwegian Ministry of Health and Care Services, 2013)</p> <p>HUNT Research Centre in the Faculty of Medicine and Health Sciences at the Norwegian University of Science and Technology</p>	
Sweden	<p>The Society for Culture and Health-cross-party Society for Culture and Health since 2007</p>	<p>Arts-on-prescription initiative</p> <p>15 seminars: health from humanities perspective and discuss regional</p>	

		<p>arts/culture-on-prescription systems</p> <p>Paper titled, “Let’s Try Social Prescribing in Sweden (SPiS) – an Interventional Project Targeting Loneliness among Older Adults Using a Model for Integrated Care: A Research Protocol” (Johansson et al., 2021)</p>	
Finland	Arts Promotion Centre Finland	<p>18 crosscutting inter-ministry proposals aiming at integrating arts in health initiatives for beneficial impact into legislative reform were created between 2010-2014 (Ministry of Social Affairs and Health and the Ministry of Education and Culture)</p> <p>Research initiative to explore how the arts can meet upcoming social challenges in the 2020s (University of Arts in Helsinki)</p>	
Singapore	National Arts Council Singapore	<p>National Arts Council Singapore’s Arts Strategy for 2018–2022</p> <p>National Arts Council Singapore’s Arts Strategy (2023 – 2027)</p>	
Canada	The Arts Health Network Canada	<p>Canadians’ Arts Participation, Health, and Well-Being (Hill, 2021)</p>	<p>On the map: Arts & Health in BC (Arts Health BC, 2014).</p> <p>Médecins francophones du Canada, doctors will prescribe museum visits</p> <p>ArtsCare (MAC) Conference & Datathon</p>

Table 2: Systematic, literature, and Scoping Reviews that assess the effects of arts engagement on wellbeing and health (mental and physical) (Toll, 2019, updated 2023)

	Authors	Year	Type	Description
1	Boehm, Cramer, Staroszynski & Osterman	2014	Systematic review and meta-analyses	Arts Therapies for Anxiety, Depression, and Quality of Life in Breast Cancer Patients: A Systematic Review and Meta-Analysis
2	Boyce, Bungay, Munn-Giddings, & Wilson	2018	Critical review	Impact of the arts in healthcare on patients and service users
3	Boydell, Gladstone, Volpe, Allemang, & Stasiulis	2012	Scoping review	Production and Dissemination of Knowledge: A Scoping Review of Arts-Based Health Research
4	Bungay, Munn-Giddings, Boyce, & Wilson	2014	Critical review	The impact of the arts in healthcare on patients and service users: A critical review. Diverse arts interventions were found to reduce burnout, improve the work-environment, and improve job performance of staff members. Nonetheless, not all of the art interventions were considered helpful-Music-playing had mixed results regarding perceived effectiveness for relaxation
6	Daykin et al.,	2018	Systematic review	What works for wellbeing? A systematic review of wellbeing outcomes for music and singing in adults
7	Fancourt & Finn (WHO)	2019	Scoping review	HEALTH EVIDENCE NETWORK SYNTHESIS REPORT (67) What is the evidence on the role of the arts in improving health and well-being? A scoping review
9	Fancourt, Bone, Bu, Mak & Bradbury	2023	Multiple Longitudinal study report	<i>The Impact of Arts and Cultural Engagement on Population Health: Findings from Major Cohort Studies in the UK and USA 2017 –2022</i> . Social
9	Jensen & Lo	2018	Literature review	Use of arts interventions for mental health and wellbeing in health settings

10	McQuade & O’Sullivan	2023	Systematic review	Examining arts and creativity in later life and its impact on older people’s health and wellbeing: a systematic review of the evidence
11	O’Donnell et al.,	2022	Systematic Review	The acceptability, effectiveness and gender responsiveness of participatory arts interventions in promoting mental health and Wellbeing: a systematic review
10	Staricoff & Clift	2011	Literature review	Arts and Music in Healthcare: An overview of the medical literature: 2004-2011
11	Staricoff	2006	Literature Review	Arts in health: a review of the medical literature
12	Tomlinson et al.,	2020	Systematic review of qualitative research	Qualitative findings from a systematic review: Visual arts engagement for adults with mental health conditions
13	Uttley et al.,	2015	Systematic review	Systematic review and economic modelling of the clinical effectiveness and cost-effectiveness of art therapy among people with non-psychotic mental health disorders
14	Van Lith, Schofield, & Fenner	2013	Critical review	Identifying the evidence-base for art-based practices and their potential benefit for mental health recovery: A critical review. <i>Disability and rehabilitation</i> , 35(16), 1309-1323.
15	Williams, Dingle & Clift	2018	Systematic review	A systematic review of mental health and wellbeing outcomes of group singing for adults with a mental health condition
16	Wilson, Bungay, Mun-Giddings, & Boyce	2016	Critical review	Healthcare professionals' perceptions of the value and impact of the arts in healthcare settings: A critical review of the literature

Appendix 1: Draft Program Director Job Description

Job Title: Program Director

Location: Mississauga, Ontario, Canada

Salary Range: CAD 90,000 - CAD 120,000 (Depending on Qualifications and Experience)

About ArtsCare: Developed by the Mississauga Arts Care Council, in collaboration with community partners, ArtsCare is a transformative initiative dedicated to improving the well-being of vulnerable populations, including children, seniors, and newcomers to Canada, through the power of arts in health programming through our innovative ArtsCare Model. Our innovative "arts prescription" approach connects medical practitioners with creative interventions to enhance well-being and reduce mental health distress based on a diverse spectrum of needs and programs. We are committed to fostering resilient and creative communities while promoting holistic health and well-being in Mississauga.

Position Overview: We are seeking a dedicated and dynamic Program Director to lead our Arts in Prescription program in Ontario. The Program Director will play a pivotal role in developing, implementing, and overseeing this groundbreaking initiative. Depending on qualifications and experience, the selected candidate will earn a competitive salary within the range of CAD 80,000 - CAD 105,000.

Key Responsibilities:

Program Leadership and Management:

- Oversee all aspects of the Arts in Prescription program, including planning, execution, and evaluation.
- Collaborate with stakeholders, including medical practitioners, artists, community partners, and healthcare professionals, to ensure program success.
- Provide visionary leadership, setting program goals, and developing strategies for achieving them.
- Drive program growth and scalability, aligning with our mission to serve diverse populations.

Project Management:

- Manage program-related projects, ensuring timelines and objectives are met.
- Implement project management best practices to optimize program efficiency.
- Monitor and report on project progress, making data-driven decisions to enhance outcomes.

Research, Evaluation, Education, and Training:

- Lead research initiatives to collect and analyze data on program outcomes and impacts, including identifying relevant academic journals to publish.
- Implement mixed-methods research approaches, including quantitative and qualitative research, to assess program effectiveness.

- Develop educational materials and curriculums to train medical practitioners (prescribers), artists, and partner programs on ArtsCare Initiatives
- Facilitate the training of diverse stakeholders, including medical practitioners, artists, and community organizations
- Develop a curriculum for ArtsCare Practitioner trainings and implement trainings
- Use findings to inform program development and continuous improvement.

Stakeholder Engagement:

- Foster strong relationships with a diverse range of stakeholders, including artists, healthcare professionals, government agencies, and the community.
- Act as a liaison between medical practitioners, creative intervention providers, and partner organizations, facilitating informed referrals and sustainable relationships.

Budget Management:

- Assume responsibility for budget management, including allocation of resources and financial reporting in collaboration with the program accountant.
- Ensure fiscal responsibility and transparency in program finances.

Program Development:

- Contribute to program planning, curriculum development, and the design of creative arts in health interventions within a multi-tiered model.
- Stay informed about developments in the arts and health sector, including policy and research documents, incorporating best practices into program design.

Qualifications:

For CAD 95,000 Salary Range:

- Bachelor's degree in a relevant field, such as healthcare administration, public health, social work, or arts administration.
- 3-5 years of relevant experience in program management or coordination.
- Demonstrated project planning and execution skills.
- Strong organizational, communication, and interpersonal skills.
- Familiarity with the arts and health sector is an asset.

For CAD 100,000 Salary Range:

- Master's degree in a relevant field. A master's degree in healthcare administration, public health, creative arts therapies, or a related field is preferred.
- 6-10 years or more of progressively responsible experience in program management or leadership roles.
- Proven track record of successful project management and leadership.
- Exceptional organizational, communication, and interpersonal skills.
- In-depth knowledge of the arts and health sector.

How to Apply: Interested candidates are invited to submit their resume, cover letter, and salary expectations to [Contact Information]. Please indicate in your cover letter whether you are applying for the CAD 95,000 or CAD 120,000 salary range. The application deadline is [Application Deadline]. ArtsCare is an equal opportunity employer. We thank all applicants for their interest in this position; however, only those selected for an interview will be contacted.

Appendix 2: Draft Communications Producer Job Description

Job Title: Communications Producer

Location: Mississauga, Ontario

Position Type: Full-time

Organization: ArtsCare

About ArtsCare: Developed by the Mississauga Arts Care Council, in collaboration with community partners, ArtsCare is a transformative initiative dedicated to improving the well-being of vulnerable populations, including children, seniors, and newcomers to Canada, through the power of arts in health programming through our innovative ArtsCare Model. Our innovative "arts prescription" approach connects medical practitioners with creative interventions to enhance well-being and reduce mental health distress based on a diverse spectrum of needs and programs. We are committed to fostering resilient and creative communities while promoting holistic health and well-being in Mississauga.

Position Overview: ArtsCare is looking for a dedicated Communications Producer to play a pivotal role in promoting our arts in health initiative and advancing our vision. The Communications Producer will be responsible for crafting compelling narratives, managing digital content, and building relationships with stakeholders to enhance ArtsCare's visibility and impact.

Key Responsibilities:

1. **Communication Strategy:** Develop and execute comprehensive communication strategies that align with ArtsCare's mission and objectives. Collaborate closely with our team to ensure consistent messaging and effective outreach.
2. **Content Creation:** Create captivating content, including articles, press releases, social media posts, videos, podcasts, and other multimedia materials. Tell the inspiring stories of how the arts are transforming lives through our programs.
3. **Media Relations:** Cultivate and maintain strong relationships with local media outlets, journalists, and influencers. Pitch stories and coordinate interviews to increase media coverage for ArtsCare's initiatives.
4. **Digital Presence:** Manage and update ArtsCare's website and social media channels regularly. Monitor online engagement, respond to inquiries, and drive audience growth.
5. **Collaboration:** Collaborate with ArtsCare's multidisciplinary team, community partners, artists, and stakeholders to collect information, testimonials, and data for communication materials.
6. **Event Promotion:** Create promotional materials for ArtsCare's events, workshops, and programs. Develop marketing campaigns to maximize participation and engagement.
7. **Publications:** Oversee the production of ArtsCare's newsletters, e-blasts, and annual reports. Ensure accurate and timely distribution to our supporters and subscribers.
8. **Evaluation:** Monitor and evaluate the impact of communication efforts. Use data and feedback to refine strategies and achieve optimal results.

Qualifications:

- Bachelor's degree in communications, marketing, public relations, or a related field (equivalent experience may be considered).

- Proven experience in communications, public relations, or a similar role.
- Exceptional writing, editing, and storytelling skills.
- Proficiency in social media management and digital marketing tools.
- Familiarity with graphic design and video editing software is a plus.
- Strong organizational and project management skills.
- Creativity, attention to detail, and a passion for the arts.
- Ability to work both independently and collaboratively within a diverse team.
- Knowledge of the Mississauga arts and cultural sector is advantageous.
- Alignment with ArtsCare's mission and values.

Compensation: The salary for the Communications Producer role will be competitive and commensurate with experience. ArtsCare is committed to offering fair compensation packages to our team members.

How to Apply: Interested candidates are invited to submit their resume, a cover letter, and a portfolio of relevant work (if available) to [email address]. Please include "Communications Producer Application" in the subject line of your email. We will be accepting applications until [closing date].

ArtsCare is an equal opportunity employer. We celebrate diversity and are dedicated to creating an inclusive work environment for all team members.

We appreciate all applicants for their interest in ArtsCare. Only those selected for an interview will be contacted.

