A CREATIVE HEALTH COMMUNICATION FRAMEWORK

ADDRESSING THE COMPATIBILITY AND MARKETABILITY OF MENTAL HEALTH AND WELLBEING SERVICES

Jane Hearst

'Whether you are a researcher, practitioner or student, this book helps to decode the language, practice and power dynamics of the interdisciplinary landscape of Creative Health, its systems and services. Written in the UK context, with global relevance, each chapter makes a thoughtful contribution to further informing the Creative Health sector, specific to mental wellbeing. Furthermore, the 'Creative Health Communication Framework' is a valuable tool, prioritising a user-centred voice and approach, whilst giving confidence to individuals and collaborators driving forward the Creative Health movement. An absolute asset!'

– **Dr Rachel Marsden**, *Research Fellow in Creative-Public Health (NIHR SPHR Transdisciplinary Fellowship), University of Birmingham and Keele University, and Regional Champion (West Midlands) for the Culture, Health and Wellbeing Alliance (CHWA)*

'As CMO of an Integrated Care System (ICS), I value resources that harness the power of Creative Health especially for prevention and early intervention. The framework offered in this book is a vital tool towards that mission, supporting healthcare professionals - both medical and creative - in navigating the complexities of Creative Health commissioning. Elsewhere, chapters help to demystify health and cultural systems, strengthening the synergy needed to advance Creative Health partnerships. It's an excellent resource for anyone committed to enhancing well-being through the arts within our evolving healthcare landscape.'

– **Ananta Dave**, *Chief Medical Officer, Black Country Integrated Care Board, Presidential Lead for retention and wellbeing, Royal College of Psychiatrists, Trustee, Doctors in Distress*

'With Creative Health rapidly becoming a widely recognised health intervention, Hearst's work unpicks the importance of using a universally understood language and active voice to address both terminology, and marketability, for those working in the Creative Health field. This book adds significant and equitable weight to understanding the vital practical, and strategic value, arts and culture contributes to health and social care, and population health promotion.'

– **Amabel Mortimer**, *Creative Health facilitator and educator, Arts, Health and Wellbeing Strategic Lead/Programme Director, University of Gloucestershire, Associate Editor International Journal of Art Therapy*

'Working within governmental public health, I view this book as an essential guide to Creative Health that can broaden the knowledge base of policymakers and public health leaders with clear, market centred language to support the development of governmental priorities and the tools and language needed to justify funding, integrate arts within healthcare strategies and to promote sustainable and populational wide health benefits of the Creative Health field.'

– **Rhys Boyer**, *Senior Public Health Officer, Birmingham City Council Public Health*

A Creative Health Communication Framework

This groundbreaking volume offers a theoretical, practical, and evidence-based approach to bridging the gap between service-users, -providers, and -commissioners in order to establish Creative Health as a valued part of healthcare, and a key player in the broader healthcare marketplace.

Offering actionable strategies to strengthen interdisciplinary networks and enrich the Creative Health landscape within modern healthcare systems, the book provides a comprehensive analysis of how economic systems, healthcare philosophy, and societal perceptions shape the uptake and effectiveness of Creative Health services. It outlines the systemic barriers to widespread recognition and identifies how targeted communication can engage both service-users and market forces. Through pragmatic solutions and narrative-based research, chapters present the concept of 'market wellbeing' – a negotiation space that aligns the needs of individuals with healthcare market objectives, fostering stronger connections and sustainability for Creative Health. Ultimately, an entirely novel Creative Health Communication Framework is outlined in the third part of the volume, designed to empower readers with the insights and strategies that can reshape how Creative Health is communicated and valued.

This will be a key volume for scholars, researchers, and postgraduate students in Creative Health, creative arts and expressive therapies, and mental health and health psychology more broadly. Creative Health practitioners should also find this volume of use.

Jane Hearst is a doctor of Creative Health and serves as Midlands Creative Health Associate, National Centre for Creative Health, UK.

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A Creative Health Communication Framework

Addressing the Compatibility and Marketability of Mental Health and Wellbeing Services

Jane Hearst

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Introduction

'The next big thing is the one that makes the last big thing usable'

– Blake Ross

Creativity and the arts have always been closely connected to different aspects of our health and wellbeing. In recent years, this creativity has been more formally labelled, recognised, and advocated for, across the globe, via the Creative Health movement. In the last decade, we have seen a dramatic growth in the evidence base for Creative Health provisions, along with increased political support, the early development of conducive systems, and an upsurge of interest in producing Creative Health strategies within health and social systems. But, until Creative Health can be discussed in clearer terms, its actualisation may be hindered by a lack of popular awareness and the historical bias towards medicine and scientific evidence hierarchies. That is where this book offers a valuable contribution.

What Is Creative Health?

According to the National Centre for Creative Health (NCCH), 'Creative Health' is a term that can be used to describe both a type of activity – which involves arts, culture, heritage, or creativity of any kind – and an approach to healthcare – one which is focused on new possibilities and innovative ways of working (APPG on Arts Health and Wellbeing & NCCH, 2023).

Unpicking this further, I would suggest there are five key areas of Creative Health *activity*. I make these distinctions based on what each activity aims to support: 1) physical health; 2) mental health; 3) wellbeing; 4) health promotion; 5) health-related research. Creative Health activities focusing on physical conditions include services such as singing for lung health or dance-based physiotherapy. These are targeted interventions that can prevent or reduce the symptoms of various physical illnesses and impairments. Similarly, Mental Health activities respond to recognised conditions. For example, NICE recommends that arts therapies are considered for everyone

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who has psychosis or schizophrenia (National Institute for Health and Care Excellence, 2014). Wellbeing, on the other hand, is something that extends beyond the medical definition of a mental condition. Activities that support wellbeing are often community based. They respond to issues such as social isolation and health inequalities, or provide a space for improved mood, self-awareness, and playfulness. This often takes place in the form of participatory arts or other creative activities such as community cooking, gardening, or urban design. Health promotion activities use creativity to improve knowledge and behaviour in the population. A good example of this is using museum exhibitions to improve awareness of health conditions. Finally, Creative Health can appear in research activity via the use of unique – and often artistic – research methods, such as Lego serious play, labyrinth making, or digital storytelling.

In regard to Creative Health *approaches*, this is also varied. One example includes the use of local community assets as a way of maintaining capacity in healthcare. Another great example is communicating in non-verbal/non-literal ways of knowing – like using the arts to better understand the experiences of people with dementia. A core value of the Creative Health movement is the inclusion of Lived Experience Experts. For this reason, working equitably with service-users to co-design health solutions may also be considered a Creative Health approach – with or without the use of creative activities as power-levelling facilitators. Likewise, creative responses to health psychology are important for quality health promotion. Some great examples of this include decorating stairs to reduce reliance on lifts/escalators, or putting art in hospitals to increase recovery time and reduce pain. Finally, cultural change in healthcare is a big element of the Creative Health approach. In practice, this can include exercises such as using creative wellbeing activities with staff as a catalyst for more creative, person-centred responses to patient care.

What Does This Book Have to Offer the Creative Health Movement?

With the term ‘Creative Health’ covering such an expansive range of activity and approaches, it becomes increasingly important that Creative Health researchers, practitioners, and advocates can effectively communicate their unique role and impact within this movement. This book supports communication around mental health and wellbeing services – a type of health which I believe to be more difficult to communicate about within capitalist and/or science-informed marketplaces, compared to physical health provisions.

Communicating the role and impact of creativity on physical health needs is easier, as our healthcare systems have pre-designed labels and criteria for these needs. For example, in the UK, the Department of Health and Social Care has a ‘Major Conditions Strategy,’ which seeks to reduce hospital demand in six key areas. The NHS has the ‘Core20PLUS5’ target population

strategy, which seeks to reduce health inequality. Moreover, at the level of Integrated Care Boards (ICBs) stakeholders respond to targets set in their Joint Forward Plans. If using categories like these, stakeholder can assign measurable outputs and goals, and different research methods can be prioritised based on the type of data being collected in these outputs. Whilst there are also 'wicked issues' within physical health, which are less easy to quantify and respond to, Creative Health services working in these areas are no more disadvantaged than other provisions working in this messier landscape.

The domain of mental health and wellbeing, on the other hand, is an ever-changing landscape. People's definitions and conceptualisations of mental health and wellbeing differ between systems, cultures, communities, and timelines. Even when a vague definition is shared across stakeholders and collaborators, it can be difficult to attain quantifiable evidence. Perspectives differ on what the relationship is between a defined health need and the proposed 'ideal' outcome.

This book explores some of the key power dynamics, historical conceptualisations, health cultures, public needs, and systematic limitations that shaped the development of the Creative Health Communication Framework and promoted the importance of its creation. Through this exploration, I present pragmatic and cutting-edge options for conducting quality, person-centred Creative Health research, paying close attention to how research and practice are shaped by the barriers of a market system and service-users' unique lifeworlds. I then describe the Creative Health Communication Framework in detail, showcasing real stories from members of the public and Creative Health exemplars from across the cultural and health industries.

Who Is This Book for?

This book is primarily targeted towards readers who are working in Creative Health or with Creative Health collaborators. My exploration of theory will be particularly useful to researchers and practitioners in the field. I hope that this increased sophistication of research, communication, and design will have rippling impacts, improving the accessibility and compatibility of services to those who use them. I consider commissioning bodies to be a secondary beneficiary of this book, as improved precision in promotional communication will improve the quality of the services they fund. I hope that, thanks to this, commissioning bodies – whether public, private, or charitable – can feel more confident in the value of Creative Health and, therefore, funding in this sector can increase.

The framework will be particularly useful for creative practitioners who work outside of traditional healthcare systems and structures, as it helps to communicate with a precision that is not compulsory in the cultural industries. This reflects my experience of working with grassroots Creative Health providers, as opposed to accredited Creative Arts Therapists. I approach

artistic promotion from point zero, assuming no particular prior knowledge of the researcher or provider above another. Consequently, different aspects of the framework will prove more helpful to different readers, depending on their personal background.

My work is embedded within a UK context, but there are many elements of it that can prompt discussions that are relevant to other countries. The UK system is world-leading, despite the limitations imposed on it, making it a great exemplar to unravel. Moreover, by limiting examples to a single country, I have been able to demonstrate the ripple effects of the multiple, overlapping systems that influence the power dynamics of a marketplace. It should be noted, however, that countries where healthcare systems are less developed may not face the same opportunities and challenges.

Since the language used within the framework was developed around a user-centred model of wellbeing, readers can become pioneers in user-centred healthcare. Through this, I hope that creative, medical, and community providers, alike, may use this de-pathologised model in their own work. This would allow for more cohesive mental health and social care systems, which are collaborative, equitable, and user-centred, discussing mental health in terms that resonate most meaningfully to the patients and participants they serve.

Key Terminology in This Book

The term '**Creative Health**' was popularised by the APPG on Arts Health and Wellbeing's Creative Health Inquiry Report in 2017. It is a term that is still in its infancy and is not yet widely recognised within the health and care systems. The phrase builds upon terms such as 'arts-in-health,' but expands past the limitations of these terms to celebrate creativity in its widest definition. I will largely be referring to artistic contexts throughout this book; however, my framework can be applied to much broader contexts – even those which do not centre creativity.

My observation is that '**arts-*for*-health**' is typically used to describe services where the arts practitioner is central to the delivery of care, and where they design specifically with the intention of aiding the health or wellbeing of their service-user. This differentiates from '**arts-*in*-health**,' where any type of artistic input is included – such as medical provisions that use the arts only for marketing purposes. Whilst I do not use these terms within this book, it is important to note that I am primarily concerned with the former.

Where I refer to a '**Creative Health service**', this is inclusive of all artforms and creative activities that have the intention or scope of supporting mental health and wellbeing. This includes less conventional therapeutic services, such as sandplay, digital storytelling, zine making, and tattooing, as well as more traditional art forms, such as painting, singing, and dancing. Whilst

I prioritise artists in my examples, other Creative Health activities can include gardening, reading, heritage, and play-based activity.

I have been mindful in prioritising '**mental wellbeing**' over discussions of '**mental health**'. Mental wellbeing is distinct from mental health, as the latter appears most frequently within medical literature where it has often been defined as the absence or presence of acute illnesses of the mind. Mental wellbeing, on the other hand, embraces a eudaemonic approach to psychological measurement, whereby joy and self-actualisation denote a lifestyle that goes beyond simply surviving. By designing around a broader variety of experiences of the mind – from short-term negative emotions to longer-lasting negative wellbeing, and through to clinically significant mental ill-health – I acknowledge the relationship between these states and can provide a language framework to professionals working anywhere along the continuum. Moreover, I recognise the interdependent relationship between physical, mental, and social health (World Health Organisation, 1946). Consequently, the framework I have constructed can be used, both, by service-providers who have designed around specific wellbeing agendas and those who wish to communicate the indirect wellbeing benefits of other provisions.

I define '**promotional communication**' as any interaction between a researcher or service-provider and their service-users, participants, readers, or funders, whereby an opportunity exists to clarify their role and the strengths of Creative Health. This promotion is not, therefore, restricted to marketing material. This is an important distinction, as my goal is to investigate and respond to underdiscussed aspects of the service-user experience. By bringing attention to weaknesses in communication, readers are able to respond to them better pre-, during, and post-engagement with an artistic provision. Within this, I advocate for clear communication about a service's limitations and scope, so that service-users are empowered to manage their expectations and make smart market decisions. I demonstrate how service promotion can be used to increase the mental health literacy of the public and how this can shape their ability to engage with multiple wellbeing services, which specialise in different but complimentary aspects of wellbeing. The framework also provides measures and strategies that can guide researchers and service-providers in the way they *design* their projects and provisions. Through this, I intend to aid Creative Health specialists in making their work more transparent and fundable; ensuring that they can reach the right service-users and demonstrate the place for their service within a collaborative wellbeing market.

I made the choice to investigate '**market value**,' as opposed to the '**moral**' or '**aesthetic**' values of the arts. This choice centres my inquiry within market barriers, paying recognition to that which shapes a service-user's ability to access care. I maintain that a service can hold high moral value and low market value at the same time, and it is only by directing the attention of readers

to one specific type of value acquisition that my framework can be appropriately discussed, critiqued, and developed in relation to our current market.

In this book, I define market value as a negotiated output that seeks, both, to benefit a service-user and strategically survive within a philosophically biased environment. Within many market systems, like that of the UK, services are not prioritised based on their moral value to society or the individual, but on their ability to directly develop profit or to supply enough social capital to enhance an individual's engagement within the economy in years to come. Within this system, provisions are talked about in terms of limited financial resources and the services that will be lost if an arts provision is prioritised for funding. I argue, therefore, that being able to articulate the unique mental wellbeing benefits of a Creative Health service in market terms significantly improves the ability for artistic service-providers to successfully advocate for the funding of their provisions. This is true because public, private, and individual funders, alike, are all interested in ensuring value for money within their financial exchange.

Importantly, Creative Health is not limited to services within a marketplace. Everyday engagement with creativity has been shown to significantly improve the quality and length of people's lives (Mansfield et al., 2024; Wright, 2022). However, since the purpose of my framework is to support the compatibility and promotion of fundable provisions, this book will almost exclusively discuss Creative Health in terms of services.

One of my secondary goals for the language framework is to support the accessibility of funding for Creative Health services. However, my primary goal remains to assist service-providers in *attracting users* towards their services, whilst maintaining service-user safeguarding and the compatibility. Consequently, I focus on promotional communication *to* service-users. By increasing public awareness and advocacy for arts services, my hope is that the pressure for public funders and private sponsors to engage in support will increase and the success rate of Creative Health services can naturally rise. To achieve this, service-providers must be able to speak to users on their own terms, paying respect to their ideals and perspectives, and enhancing their sense of trust through transparent and clear communication.

Due to my interest in how the market affects the success of Creative Health provisions (both financially and in terms of user satisfaction), this book might be considered to hold a business-informed epistemology. Importantly, however, I refer to other epistemological features, such as phenomenology, in my chapter on research methodology. I argue that these pre-existing ways of thinking are implicitly shaped by the market, and that my application of business frameworks is used as a mechanism to make those implicit influences explicit. By demonstrating the persistent effect of markets on the everyday functioning of our health and cultural systems, I aim to provide a discussion ground in which traditional health providers and Creative Health professionals, alike, can discuss the provision of care and unite their understandings.

Finally, the breadth of activity that falls within the Creative Health umbrella means that it would be unjust to consider it a single industry. Rather, Creative Health is a multi-sectoral and interdisciplinary landscape, with messiness at its core. From this messiness comes innovation, adaptability, and a sense of humanity, which is why it is important for me to acknowledge. For this reason, I refer to Creative Health activity as both '**industry**' and '**movement**.' This terminology seeks to honour the vast number of stakeholders who are collaboratively progressing the values and visibility of Creative Health, both at national and international scales.

References

APPG on Arts Health and Wellbeing and NCCH (2023) *Creative Health Review: How Policy Can Embrace Creative Health*. London: National Centre for Creative Health and All Party Parliamentary Group on Arts Health and Wellbeing.

Mansfield, L. et al. (2024) Understanding everyday creativity: A framework drawn from a qualitative evidence review of home-based arts. *Annals of Leisure Research*, 27(1), pp. 55–86.

National Institute for Health and Care Excellence (2014) P*sychosis and schizophrenia in adults: Prevention and management*. London: NICE.

World Health Organisation (1946) *Preamble to the Constitution of WHO as adopted by the International Health Conference*.

Wright, J. (2022) *Research Digest: Everyday Creativity*. Leeds: Centre for Cultural Value.

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Part 1

Navigating the Existing Market

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Chapter 1

The Story That Prompted a Creative Health Communication Framework

Let me tell you a story. A story about Amber. Amber is an intelligent young woman, with a strong will and a curious mind. She loves to reflect, so she has collected mementos throughout her life. But, unfortunately for Amber, some things are not worth remembering.

In 2016, when Amber's family found out about the sexual assault she endured as a teenager, Amber could no longer choose which memories to hold on to. Whilst her family was consumed with rage, focused on notions of justice and revenge, Amber was quietly breaking down under the trauma of her memories and their social interpretations. She felt like an outsider to her own life – everybody loudly declaring their opinion about her assault, but nobody asking what actually happened or how she felt (Figure 1.1).

It is clear from this story that Amber could have benefitted from formal wellbeing support. Yet, when Amber approached the National Healthcare

Figure 1.1 Amber sits on a bed, her clothing out of place, her face forlorn.

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Service (NHS) in the UK, she was told she may have to wait up to 3 years before she would have access to publicly-funded counselling. As she started to feel like she was losing grip of her reasons to live, Amber knew she couldn't wait that long.

I have started with this story as it sets the scene for what will be explored in this book. Namely, it demonstrates how the weaknesses of a system can negatively impact the wellbeing of an individual who relies on that system. In this case, Amber was affected by the lengthy waiting lists for mental healthcare which have become commonplace in the UK. These waiting lists point towards a bigger problem plaguing the NHS; the fact that there is now more demand for mental health services than there are providers available to deliver care (Baker, Canvin and Berzins, 2019; NHS England and NHS Improvement, 2020). Specifically, it has been estimated that '75% of people with mental health problems in England may not get access to the treatment they need' (Davies and Bucur, 2021, p. S317) and 'policy documents show there [was] an estimated need for more than 6,000 more mental health clinical support staff [between 2021 and 2024]' (Palmer et al., 2021, p. 3).

Whilst these figures are UK-specific, they point to a mental health crisis that is being experienced globally. The World Health Organization explains that mental disorders are the leading global cause of disability worldwide (2021) and the third leading cause of overall disease burden within the European region (2018). In 2022, a team of 41 researchers confirmed that 'mental disorders remained among the top ten leading causes of burden worldwide, with no evidence of global reduction in the burden [across their 29-year dataset]' (GBD Mental Disorders Collaborators, 2022, p. 137). They comment that 'to reduce the burden of mental disorders, coordinated delivery of effective prevention and treatment programmes by governments and the global health community is imperative' (p. 137).

One way of addressing this problem is by diversifying the type of service-providers that can contribute to the delivery of mental health and wellbeing care, such as Creative Health practitioners. This is the first motivation that informs the creation of this book. My logic is that the more we can support Creative Health entrepreneurs to succeed, both, in their service development and promotional communication, the more likely it is that we can increase the number of mental health services available and improve the speed at which service-users can access support.

However, bringing artists into historically medical healthcare systems is not simple. Medical treatments typically respond to patterns that take place in a physical body. They seek predictable outcomes based on non-sentient aspects of human biology. These biological measures can be studied with precision to reduce adverse effects and to maximise the efficiency of treatments, resulting in limited but precise solutions to mental health. Artistic treatments, on the other hand, often respond to wellbeing

phenomena that have been uniquely moulded by a sentient mind. These phenomena are impacted by social discourses, culture, politics, physical and emotional environments, physiological sensations, personality types, family dynamics, systematic power relations, popular media, education, philosophy, physical health, neurological processing, communication styles, work pressures, love, interpersonal connection, and so much more. These phenomena are ever-evolving and interact in complex, irregular ways. Consequently, at this side of the mental health continuum, two people faced with relatively similar hardships can hold completely different perspectives and/or experiences of wellbeing. As a result, they require bespoke artistic solutions.

This places Creative Health researchers and service-providers at odds with the current healthcare system, as the established philosophies and procedures can be antipathetic. At the heart of medical procedures, however, are ethics relating to safeguarding, minimising risk, and ensuring valuable returns for taxpayers'/patients' money. I believe that these are values that *should* be embedded into Creative Health services as well. It is for this reason, that I argue there may be a mis-conceptualisation of Creative Health services, by both medical and artistic practitioners alike…

Take a look at academic literature or access professional discourse via a Creative Health event, and it will not take long before you encounter rhetoric about the conflict between scientific precision and artistic flexibility. Conversely, I believe that elements of *both* precision and flexibility must exist in conjunction with one another for Creative Health services to thrive. Specifically, the arts speak well to the conscious and evolving aspects of wellbeing, as they are adaptable. They often reposition the 'patient' into the position of 'knowledge-specialist' (regarding their lived experience or life narrative), and use the arts simply as a tool at their disposal. But, like medical solutions, artistic tools *can* be used more or less effectively, depending on the compatibility of an art-from or facilitator and based on the service-user's mental health literacy. For this reason, precision is an important ethical decision when evaluating the *compatibility* of a Creative Health service, whereas flexibility is important in the *application* of artistic tools, when applied to an individual's unique context.

Without acknowledging this distinction, on where both precision and flexibility belong in the therapeutic arts process, artistic researchers and practitioners may be tempted to communicate to medical peers via the stable truths of their service – such as target demographic, environmental context, or the education of practitioners – even when the key to their success lies in their philosophical approach or intended outcomes. By linking these promotional choices back to their impact on potential service-users, like Amber, I demonstrate how this may negatively impact the success of Creative Health services within a marketplace.

Existing Frames of Promotion

Based on my research, I observe that it is common for artistic provisions to be promoted via their target demographic, particularly when the focus is on vulnerable groups such as young people or the elderly. Amber was 17-years old when she was assaulted and she was 22-years old at the time of experiencing her mental health crisis. She would have fit, therefore, into the categorisation of 'young person' or 'young adult'. Moreover, it would be the vulnerability associated with this aspect of her identity that contributed to her experience of assault. However, I challenge whether this is enough to make a youth-focused provision compatible to her needs. Arguably, there are safeguarding and disclosure concerns related to whether Amber would have felt comfortable to share this information in a group setting and whether the voices of young people were the type that could help her to make sense of her circumstance.

Other ways that research literature promotes provisions include the setting in which they are delivered, such as arts in hospitals or arts in care homes. Amber was not residing within a specific health-related centre at the time of her mental health crisis, which would have isolated her from setting-specific provisions.

Another prominent feature of promotion within research literature is the type of specialism that is held by a service-provider, such as certified art, dance, or music therapists, or participatory arts practitioners from more diverse artistic pathways. Amber could have received care from any number of specialists, which might suggest that choosing a service based purely from the job titles of practitioners was not the most optimal way for her to assess which of these services was right for her.

Outside of the research environment, within the Creative Health market, my observation is that provisions are often promoted for their broad wellbeing benefit, with little information about the who, how's, or what's of the provision. For example, a practitioner who currently uses music for therapeutic purposes within Leicester, promotes her Gong Baths by saying 'Allow yourself to immerse in the healing vibrations of sound' (Kozera, 2022, para. 1), but they do not follow this up with any information about what type of health or wellbeing concerns this music is able to heal. Other provisions are clearer about the type of wellbeing they support, but do not indicate what kind of person or wellbeing context this support is particularly useful for. For example, the public museums and galleries in Leicester promote that 'Museums can be good places to make you feel happy; they give you the space to discover what you like and how you feel as you walk around' (Leicester Museum & Galleries, 2022, para. 1).

If we compare these examples to physical health provisions, surgery may be a great solution for some physical health issues, yet we would not expect it to be the go-to response for every ailment we experience. Accordingly,

without context of what a provider defines as healing, and what aspect of wellbeing this contributes to, service-users risk getting lost within the Creative Health landscape or they could find themselves involved with a misaligned service.

If we take these two promotional examples from Leicester as an illustration, we can see that Amber could theoretically have benefitted from either of these services. She was 1) searching for healing and 2) wanted to better understand how she was feeling. But from these descriptions alone, it is unclear whether they can meet her specific needs relating to *trauma* and *relational overwhelm*. This introduces a second problem with the existing market: that promotional material does not communicate clearly enough about what the unique benefits are of different services.

Since Amber's experience back in 2016, social prescribing has been introduced into the UK's healthcare system to help members of the public to access social provisions, such as Creative Health services, more easily. Here, patients who are struggling with their mental health can be directed by their General Practitioner (GP) towards a Social Prescriber who is able to recommend a social provision that can best aid them in their healing or uplift their wellbeing. Social Prescribers – otherwise known as Link Workers or Care Co-ordinators – rely on the promotional material of service-providers and their research partners to allocate suitable provisions to each of their clients.

It is my conviction that the benefits of Creative Health services need to be more clearly articulated to both Social Prescribers and service-users, so that this allocation of support can better fit with service-user needs. This notion is supported by recent evidence. Namely, despite a wealth of literature indicating that the arts can have tremendous effects on the way that people feel, connect, understand themselves, and develop resilience, a recent systematic review on social prescribing in the UK showed that social provisions are failing to demonstrate improved mental health results or provide evidence of their cost effectiveness (Kiely et al., 2022). I hypothesise that this is not an indication that Creative Health research findings are wrong but that, when implemented via social prescribing, there is not enough information to pair the right users with the right projects, or to hold these projects to a sustainable standard of delivery.

There is a crucial reason why I hold this to be true, and it is not something that I could have gathered through literature alone. That is, that Amber's story is, in fact, my own. I was once the individual in need of a support service and, whilst I am a strong advocate of the power of the arts to improve mental health and wellbeing, I know first-hand that the *type* of arts service that is accessed is a vital piece of the mental health puzzle.

To illustrate, one of the services I accessed during my time of need was an artistic mindfulness class where we were encouraged to observe and play with tactically interesting objects, to soak in creative joy, and harness a sense of being present. This service appeared to have a positive impact on other