Piloting Arts on Prescription in the Baltic Sea Region

Evaluating health outcomes, costs and implementation strategies

Carsten Hinrichsen
Stine Arp
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Introduction

How can arts and culture contribute to mental health and social inclusion? This question is at the heart of the EU-funded ***Arts on Prescription in the Baltic Sea Region (AoP BSR)*** project, where municipalities and regions in Denmark, Sweden, Germany, Poland, and Latvia have piloted a community-based model for improving mental wellbeing.

Arts on Prescription (AoP) is a non-clinical intervention where individuals with mental health challenges are referred to group-based arts and cultural activities – such as painting, music, dance, or museum visits. The aim is to improve wellbeing, reduce isolation, and foster a sense of belonging.

A report published by the World Health Organization in 2019* highlights the role of arts in promoting mental health, linking creative activities to reduced stress, improved mood, and stronger social connections. These health- promoting effects of cultural and arts engagement are increasingly recognized in research and practice. As Professor Daisy Fancourt (University College London) states, "The arts are a fundamental health behaviour, just like physical activity, diet and sleep."

Cultural institutions also see new relevance through AoP:

> "Arts on Prescription is a way to make our museum more relevant [...] it helps us show politicians and the municipality that we matter."
>
> – Mathias Rude, Brandts Art Museum, Odense

This publication presents key findings from the AoP pilots conducted in the AoP BSR project regarding *mental health outcomes, costs, and implementations lessons* and is aimed at decision makers exploring AoP as a new research-based approach to promote mental health and strengthen cross-sectoral collaboration.

> "Det enda kravet är att inte ha krav. Tillsammans gör vi bättre. KuR är oljefärgen som hjälper mig måla mina drömmar. Ett skepp vi seglar allihopa. Mat för hjärnan, efterrätt för psyket."
>
> > *The only demand is to have no demands. Together we do better. AoP is the paint that helps me paint my dreams. A ship we all sail. Food for the brain, dessert for the soul and psyche.*
>
> - AoP participant, Norrbotten SE

*Fancourt D, Finn S. What is the evidenceon the role of the arts in improving health and well-being? A scoping review. Copenhagen: WHO Regional Office for Europe; 2019.

Arts on Prescription – The Baltic Model

AoP is a cross-sectoral approach that connects health, culture, and community. In the AoP BSR project, partners have developed a shared programme concept – the Baltic Model.

The model has been piloted in selected municipalities and regions to explore how AoP works in different settings. While each local context brings its own needs and circumstances, the Baltic Model is grounded in shared values and standards that resonate across diverse cultural environments.

The project aims to raise awareness among decision-makers and embed AoP in public health and cultural policies, strategies, and funding structures. It also creates new professional opportunities for artists and cultural stakeholders, while strengthening both cultural and healthcare systems by engaging new audiences.

Project partners include:

Denmark: Odense Municipality, University of Southern Denmark

Germany: Bremen Ministry of Health, Bremer Volkshochschule (VHS)

Sweden: Norrbotten Region, Sunderby Folk High School, Northern Dimension Partnership in Public Health and Social Wellbeing (NDPHS)

Latvia: Cēsis Municipality, Saldus District Municipality

Finland: Turku University of Applied Sciences

Poland: West Pomeranian Region, Media Dizajn

Lithuania: Lithuanian University of Health Sciences

"Vi blev taget godt i mod af koordinatoren, og jeg må indrømme, det var en meget positiv oplevelse. Jeg forsatte i programmet efterfølgende, og jeg tror ikke jeg ville være, hvor jeg er i dag hvis jeg ikke havde deltaget. Jeg føler mig mere positiv omkring fremtiden og jeg har lært meget gennem programmet – både kulturelt, men også at vide der findes mennesker, som er interesseret i at tilbyde sådan et program til os."

> *We were well received, and I must admit it was a very positive experience. I continued with the programme, and I don't think I would be where I am today, if I hadn't participated in the programme. I feel more positive about the future and have learned a lot through the programme, both culturally, but also knowing that there are people who are interested in providing such a programme for us.*

- AoP participant, Odense, DK

Photo credit: Media Dizajn Association

Elements of the Baltic Model
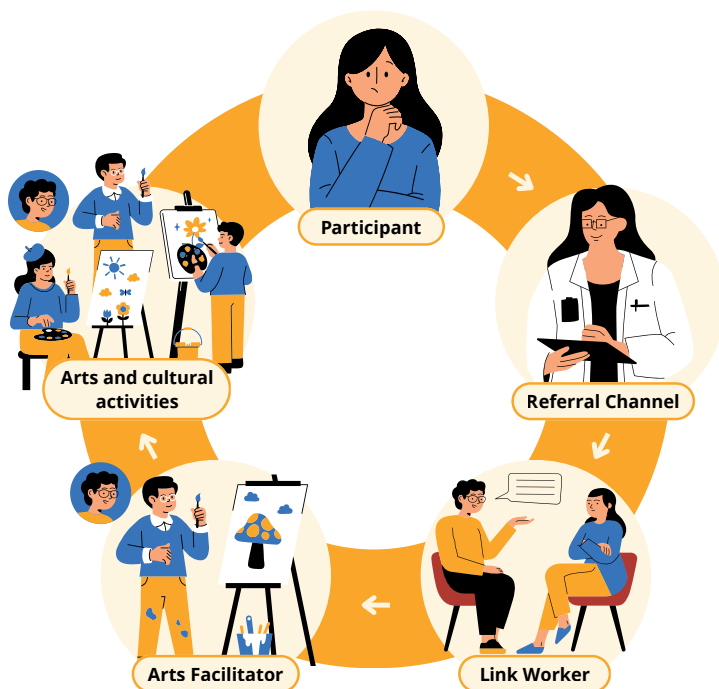
The Baltic Model for AoP provides a structured pathway for supporting people with mild to moderate mental health problems, or those at risk due to factors such as loneliness. **Participants** are referred through **referral channels**, e.g. general practitioners, teachers, or community organizations, when the program is deemed potentially beneficial.

A **Link Worker** then assesses suitability, manages communication, and coordinates with referral channels, cultural institutions, and arts facilitators while acting as the participant's main contact. Once enrolled, participants take part in group-based programmes entailing creative and cultural activities facilitated by **arts facilitators**.

These facilitators, often based in libraries, museums, art schools, music schools, or working independently, **deliver arts and cultural activities** ranging from visual arts, crafts, performing arts, and digital arts to literary activities and cultural participation in museums, galleries, and concerts.

Arts on Prescription activities are **non-therapy**, although participation and immersion in the arts in itself may have therapeutic effects.

The programme consists of **varying arts categories (between 3-5)**, which means the participants will engage with different genres during the programme.

One programme cycle is 8-12 weeks and offers activities between one or two times a week.

To ensure wide accessibility, participating in an Arts on Prescription programme is **free of charge or very low cost.**

The programme **is for people with mild to moderate mental health issues** such as stress, anxiety or depression, or those at risk of developing mental health issues for instance, due to loneliness.

The programme is **group-based** and offers activities that are **facilitated** and **participatory**. Simply providing access to a local museum or theatre is not considered Arts on Prescription.

The programme aims at creating a **'diagnosis-free space'** to approach the individuals for who they are, not focusing on any diagnosis they may have. This is done by creating a non-judgemental environment where the individuals feel safe in the group and feel safe to express themselves and where their unique needs and goals can be addressed.

All Arts on Prescription activities are **voluntary**. Participants are never pressured to participate in anything they find uncomfortable.

The referral channels do not only consist of primary health care providers such as physicians or clinical personnel. Social and other public services can also be a referral option to persons who wish to participate. By doing so we aim to extend access to the programme to people with mild to moderate mental health issues or at risk of developing mental ill-health due to e.g. loneliness.

All professionals receive a **remuneration** for their high professionalism. This includes link workers, artists and arts and culture facilitators. Additionally, all receive **training** before the programme starts to become aware of their own vulnerability and to meet the needs of the participants.

Photo credit: West Pomeranian Region

Photo credit: Media Dizajn Association

Overview of AoP programmes

This section outlines all AoP programmes piloted by the partners in the AoP BSR project during 2023–2024.

Pilot sites	Target group	Activities	Referral channels	Group size	Duration
Odense, DK	**Youth (16-30)** with or at risk of mild to moderate mental health issues, men in life crisis, and immigrants/new residents	Historical city walks and storytelling; Circus theater and theater shows; Intimate concerts, music from nature and electronic programming; Painting; Cyanotype; Shared reading; Pottery; Sewing and embroidery; Textile print; Art exhibitions; Photography	Mental health organisations, youth organisations and youth counsellors advisors from the child and youths' municipality administration	10-19 participants	10 weeks
Norrbotton, SE	**Adults (18+)**, mainly on sick leave, with mild to moderate mental health issues	Art with natural materials; Movement (Dancing); Visual art; Creative painting; Singing/Vocal training; Creative writing	Primary health care centers via Rehabilitation Coordinators and the Coordination Association	10-12 participants	9 weeks
Cēsis, LV	**Mixed groups (16+)** with health issues or socially isolated, unemployed adults, elderly in rehabilitation and senior housing, youth with developmental challenges	Art with natural materials; Ceramics; Literature; Museum visits; Music; Singing; Theatre; Traditional crafts; Visual art; Poetry	State Employment Agency of Latvia, Cēsis branch, rehabilitation centre "Ligatne", Cēsis hospital, Cēsis social services department	15 participants	8 weeks
Saldus, LV	**Adults (18+)** with mild to moderate mental health issues and/or socially isolated	Nature inspired ceramics; Gastronomy culture; Culture walks; Sound baths; Creative design	Self-referral, general practitioners, mental health professionals	12 participants	8-10 weeks

Pilot sites	Target group	Activities	Referral channels	Group size	Duration
Bremen, DE	**Adults (18+)** with or at risk of mild to moderate mental health issues	Creative writing; Singing; Drawing; Painting; Improvisational theatre	Psychotherapists, general practitioners, other medical doctors, psychiatric day clinic, psycho-social counselling centres, rehabilitation programme, community health workers, family support teams	A total of 19-28 participants per piloting round, 2-6 participants in activities*, up to 15 participants in AoP group meetings	10-12 weeks
West Pomeranian Region, PL	**Youth (14-19)** with mild mental health issues, and youth from rural areas and with immigrant backgrounds	Acting; Dancing; Stage make-up; Theatre education; Vocal training; Drawing; Photography; Visits to cultural institutions such as theatre and community centre	Teachers and school psychologists	10-19 participants	8-10 weeks
Media Dizajn, PL	**Youth (16-25)** with or at risk of mild to moderate mental health issues	Art of graphic design; Candle making; Collage/Decoupage workshops; Drying flowers flat; Illustration; photography; Improvisational theatre; Jewelry making; Pouring/fluid art; Yoga; Creating puzzles; Museum visits	Self-referral via social media campaign	15 participants	8 weeks

*In Bremen, the AoP programme was implemented as an inclusive model in which particpants join art courses from the regular cultural programme of the Bremen VHS (adult education centre). This model is further explained here: https://interreg-baltic.eu/project-pilots/germany-an-inclusive-model-at-bremen-vhs/

What Did Participants Experience?

Through surveys sent out at the beginning and the end of the AoP programme, participants across the Baltic Sea Region reported noticeable changes regarding selected mental health outcomes*. Among the 80 participants who reported life satisfaction in both surveys, average life satisfaction increased by 0.9 points (on a 0–10 scale). Among the 78 participants who reported stress scores in both surveys, average stress score decreased by 0.3 points (on a 1–6 scale).

Further, the proportion of participants reporting low mental wellbeing decreased from 60.8% to 41.8% during the programme.

Among those with low mental wellbeing at the beginning, 70.8% reported improved scores at the end of the programme.

FIGURE Proportion of participants reporting low, moderate and high mental wellbeing (n=79).

Baseline — 2.5%, 36.7%, 60.8%

Endpoint — 5.1%, 53.1%, 41.8%

- High mental well-being
- Moderate mental well-being
- Low mental well-being
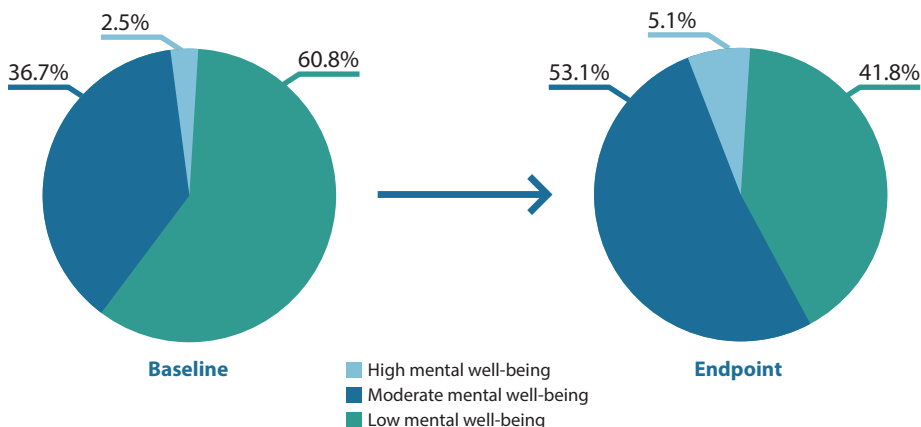
The proportion of participants at risk of other mental health conditions also declined:

- Depression symptoms (n=78): from 41.0% to 30.8% (−25.0%)
- Anxiety symptoms (n=78): from 51.3% to 35.9% (−30.0%)
- Loneliness (n=78): from 44.9% to 39.7% (−11.6%)

Further information about evaluation design are provided in the AoP Guide - see QR code on page 20.

"Šajā projektā es sajutu, ka seniori nav vieni, viņi nav vientuļi, viņi nejūtas, kā pavasarī upē vientuļi peldošs pēdējais ledus gabals. Mēs varējām iekļauties. Seniori nav atstumti"

In this project, I felt that seniors are not alone, they are not lonely, they do not feel like the last piece of ice floating alone in the river in spring. We were able to fit in. Seniors are not excluded.

-AoP participant, Cecis, LAT

Photo credit: Media Dizajn Association

Participants' satisfaction with the programme was high across sites and the average rating was 8.3 out of 10, and, at the end of the programme, 91.7% of the respondents (n=121) reported that they would recommend the AoP programme to others.

FIGURE Percent who would recommend the AoP programme to others at endpoint (n=121).

5.8%   0.8%
1.7%   91.7%

- Yes
- No
- Don't know
- Do not wish to answer
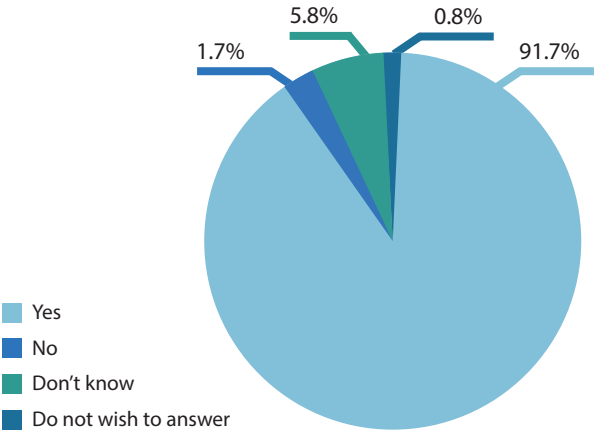
„Ich habe durchweg positive Erfahrungen gemacht und habe das Gefühl, dass der Kurs mir geholfen hat auf andere Gedanken zu kommen und um in den Austausch zu gehen, was ich als sehr heilsam empfunden habe."

> *I have had consistently positive experiences and feel that the course has helped me to take my mind off things and to enter into exchange, which I found very healing.*
>
> - AoP participant, Bremen, DE

Methodological Reflections – Survey

The findings from the survey are only of descriptive character. The evaluation did not include a control group, and no statistical significance testing was conducted due to the small sample size.

A central challenge was low survey response rates after participants finished the AoP programme – many participants completed only the baseline survey whereas few completed the survey after the last activities of the AoP programme (endpoint). We conducted analysis of whether the people who didn't complete the endpoint survey were different from those who did: they were slightly younger on average but otherwise seemed similar. It was not possible to assess whether participants who did not respond to any questionnaire differed systematically from those responding to the baseline questionnaire.

Another issue concerned the use of standardized questionnaires across different cultural contexts. Some items were perceived as unclear or unfamiliar, which may have affected how participants interpreted and responded to them, leading to cross-country variation in the results.

These limitations point to the need for improved follow-up strategies and culturally responsive evaluation tools in future AoP programmes. To better assess the direct effects of AoP interventions, future evaluations should ideally include a control group. Unfortunately, this was not feasible within the current project.

Photo credit: Cesis Municipality

„Szczerze mówiąc, początkowo obawiałam się tych warsztatów. Nie uważałam ich za dobry pomysł i byłam bardzo sceptyczna. Bałam się, że będę wyśmiewana i obrażana, ale na szczęście się myliłam. Wszyscy okazali się bardzo mili i przyjaźni. Szybko się z nimi zaprzyjaźniłam – wszyscy byli wspaniali, przyjaźni i bardzo wyrozumiali. Ogólnie rzecz biorąc, cieszę się, że się zapisałam i nie żałuję ani jednej sekundy spędzonej tutaj"

To be honest, I was initially afraid of these workshops. I didn't think they were a good idea and was very sceptical. I was afraid that I would be laughed at and insulted, but luckily, I was wrong. Everyone turned out to be very nice and friendly. I quickly became friends with them — they were all wonderful, friendly and very understanding. Overall, I'm glad I signed up, and I don't regret a single second I spent here.

- AoP participant, West Pomeranian Region, PL

What does it cost?

The Baltic model was piloted in seven sites, each implementing a unique, locally adapted AoP programme. As a result, both the actual costs during the pilot phase and the projected future costs vary across sites. Cost pertained to project staff (e.g. coordinator, link worker, and arts facilitator) and arts activities (e.g. rent of venue, materials, and transportation).

Pilot Phase Costs ('23 – '24)
The average cost per pilot varied significantly – from approximately € 8,400 in the West Pomeranian Region to over € 57,800 in Bremen. Similarly, the average cost per completed participant varied from € 684 to € 5,349. These differences reflect variations in project organization, salary levels, number of participants, and the extent of support functions such as project management and facilitation.

Estimated Future Costs
Most sites anticipate lower costs in future implementations. The main reasons include:

- Reduced need for project management and coordination due to established infrastructure.
- Delegation of responsibilities to local actors (e.g., cultural partners and co-moderators).
- More efficient recruitment and referral processes.
- Lower salary and transportation costs.

For example, Odense Municipality expects the cost per participant to decrease from € 5,349 to € 1,175. In contrast, Norbotten, Media Dizajn, and Saldus Municipality do not foresee significant changes in cost levels.

The costs presented in the table below are based on the AoP programmes described earlier in the section Overview of AoP Programmes. The first two columns show reported average costs per pilot round and per completed participant, excluding those who dropped out. Columns three and four present estimated costs for continued implementation per round and per participant, assuming full enrolment and completion. These estimates are projections based on how the programmes might be delivered in future rounds. As such, comparing pilot and continuation costs may not be meaningful.

Pilot site	Pilot		Continuation		Rationale for changes in future costs
	Average cost per pilot round	Average cost per completed participant	Estimates on costs per round	Estimates on average cost per participant	
Odense, DK	€ 42.789	€ 5.349	€ 14.105	€ 1.175	Costs are reduced due to a lighter workload after the project infrastructure is established, fewer coordination meetings, more efficient participant recruitment and referrals, cultural partners running activities independently, lower salary levels, and reduced transportation costs.
Norbotten, SE	€ 42.286 (both sites)	€ 2.883	€ 34.875	€ 2.066	No major changes expected.
Cesis, LV	€ 10.051	€ 914	€ 6.000	€ 400	Costs are reduced for project management, training, materials, and external facilitators.
Saldus, LV	€ 14.600	€ 1.752	€ 14.600	€ 1.217	No major changes expected.

Pilot site	Pilot		Continuation		Rationale for changes in future costs
	Average cost per pilot round	Average cost per completed participant	Estimates on costs per round	Estimates on average cost per participant	
Bremen, DE	€ 57.766	€ 2.751	€ 34.875	€ 894	Project management tasks are significantly reduced because the AoP structure is established. Costs are further reduced due to that one link worker is replaced by co-moderator and there will be no AoP BSR project activities.
West Pomeranian Region. PL	€ 8.438	€ 684	€ 8.127	€ 542	Additional costs added due to training of link workers and arts facilitators. Travel costs are reduced as future programs will be delivered only locally.
Media Dizajn PL	€ 14.784	€ 1.478	€ 8.200	€ 547	No major changes expected.

Implementation Strategies

Although the potential of AoP is increasingly recognized, implementation can be challenging. Based on both existing research and real-world experiences from stakeholders, such as link workers and project managers, involved in AoP across the Baltic Sea Region, we identified several practical strategies to support the successful design, delivery, and long-term sustainability of AoP programmes*.

We have grouped the strategies into five themes. The themes are intended as a helpful starting point for anyone involved in developing or running AoP programmes in different settings. For each, we briefly present: main implementation barriers, example strategies and what these strategies are meant to achieve.

1. Awareness of Arts on Prescription

The limited awareness and understanding of AoP among stakeholders can be a key challenge. When AoP is not well known or clearly communicated, it can lead to low referral rates, limited participant engagement, and weak institutional or financial support.

Strategies include targeted outreach campaigns, public events, social media communication, and the use of ambassadors to promote AoP. These approaches are intended to inform key audiences about what AoP is, how it works, and why it matters, hereby building credibility and interest in the programme. For example, offering introductory sessions or programme "taster" activities can help both participants and referrers better understand the experience before committing.

2. Knowledge, Skills, and Competences Related to AoP

A lack of knowledge or confidence among stakeholders in how to deliver or support AoP can challenge implementation processes. This includes uncertainty about the programme's goals, the roles of different actors, or how to engage participants in a meaningful and inclusive way.

Strategies in this category include targeted training for link workers, referral channels, and arts facilitators, as well as the development of educational materials and collaborative learning spaces. These efforts aim to ensure that all actors involved have the necessary skills and understanding to implement AoP effectively and consistently across different settings. Site visits and ongoing training also support continuous learning and capacity building.

3. Organisational Set-up, Collaboration, and Infrastructure

AoP programmes often face structural challenges, such as unclear roles and responsibilities, weak inter-organisational collaboration, or the absence of stable funding and governance frameworks. These issues can hinder programme start-up, delivery, and sustainability.

Strategies include establishing steering groups, advisory boards, and working groups; defining stakeholder roles; securing long-term agreements between partners; and setting up referral systems. These actions are designed to create clear communication pathways, distribute responsibilities effectively, and ensure that programmes are well integrated into existing local structures.

4. Facilitating the Arts on Prescription Experience

Participants' engagement and retention in AoP can be affected by how the programme is experienced. Barriers include poor group dynamics, timing issues, mismatched expectations, or environments that feel uncomfortable or exclusive.

This theme includes efforts to create a welcoming and inclusive atmosphere, such as balancing group and individual activities, offering flexible scheduling, and supporting positive group dynamics. Providing materials, guidance, and opportunities for participant feedback also enhances the overall experience. These strategies aim to ensure participants feel supported and comfortable throughout the programme.

5. Evaluation and Feedback

Without proper evaluation mechanisms, it is difficult to assess the impact of AoP programmes, justify continued funding, or improve the programme over time. Lack of feedback loops can also reduce motivation among stakeholders and hinder programme learning.

Strategies include developing accessible and engaging evaluation tools, establishing dedicated evaluation teams, gathering participant feedback, and adapting implementation strategies based on findings. These actions aim to ensure that programmes are responsive, evaluation-informed, and continuously improving.

* Hinrichsen, C., Hassing, J., Mairey, I., & Broholm-Holst, M. (2025). Identifying and defining implementation strategies for Arts on Prescription programs – A realist informed scoping review [Preprint, manuscript under review]. SDU Research Portal.

The Way Forward

AoP is ready to be scaled and adapted across regions. The pilot programmes in the Baltic Sea Region show that AoP can be implemented in diverse settings and offer meaningful benefits to participants.

To support future implementation, the project has developed a comprehensive **online guide** with practical tools, training materials, and evaluation frameworks. The guide entails sections specifically for 1) Link Workers/Project Managers, 2) Culture and Arts Facilitators, and 3) Decision Makers.

If you are planning an AoP programme in your community, we recommend:

- Consulting the online AoP guide (via the QR code)
- Initiating dialogue with local stakeholders
- Considering the Baltic Model for AoP as a flexible framework
- Consulting mentors listed in the guide for tailored support

Arts on Prescription is not just an arts and health intervention – it is a social investment. By bridging health, culture, and community, AoP offers a new way to promote wellbeing and inclusion.