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The Welsh Dimension for Social Prescribing: Creativity for Health and Wellbeing

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Abstract In Wales, UK there is an alarming statistic: “Between 2010 and 2023, prescriptions for antidepressants doubled, from 3.5 million to 7 million items. However, this included the Covid-19 pandemic—when we relied even more on medications i.e. neurotransmitters, designed to regulate brain chemistry: Serotonin, Dopamine, Oxytocin. So, we must ask: “*Are we treating the cause... or managing the symptoms?*”. The proposition that immersion in creative activity (“flow”) can stimulate neurochemical processes associated with wellbeing offers a compelling explanatory framework for arts-based social prescribing. Flow, conceptualised by Csikszentmihalyi (1990), describes a state of deep engagement in which individuals experience intrinsic reward, loss of self-consciousness, and a sense of meaningful absorption. While originally framed in psychological terms, subsequent neurocognitive research suggests that flow states are underpinned by measurable neurochemical activity, particularly within dopaminergic reward pathways (Dietrich, 2004; Flaherty, 2005). This has led to increasing interest in how structured creative interventions—such as those delivered through social prescribing programmes—may promote wellbeing through naturally occurring biochemical processes. While physical activity and social engagement—often components of creative practice—are associated with serotonin regulation and wellbeing (Meeusen & De Meirleir, 1995; Young, 2007), participation in group-based creative activities may stimulate oxytocin release, supporting social bonding and connection (Carter, 1998; Kosfeld et al., 2005). Therefore, if human connection and creativity can produce the same biochemical effects as antidepressants, through creative activities in the community why not prescribe them first? The current research explores the critical success factors for sustaining Social Prescribing (SP) Arts-on-Prescription (AoP) in Wales, not only from policymakers, but from the *providers* and the *participants* to identify, through triangulation of data, whether *Service User* expectations are met by *Service Provider* perspectives? This is bigger than mental health, alone. It is about lifelong learning, building cognitive reserve, potentially delaying an early onset of dementia.

Keywords: Social prescribing, Art-on-prescription, Creativity, Social interaction, Neurotransmitters, Lifelong learning, Anxiety, Depression, Mental health, Happiness, Antidepressants

Introduction

In Wales, UK, a concerning trend has emerged: between 2010 and 2023, the number of antidepressant prescriptions doubled from 3.5 million to 7 million items. While this increase encompasses the Covid-19 pandemic—a period during which reliance on medication became even greater—it also highlights the growing dependence on pharmaceutical interventions designed to influence neurotransmitters such as Serotonin, Dopamine, and Oxytocin, which play key roles in regulating mood, motivation, and emotional wellbeing.

This prompts a critical question: Are we truly treating the root causes of distress, or simply alleviating its symptoms? Growing evidence suggests that engagement in creative activities may activate neurochemical pathways linked to wellbeing (Hollinger & Kaufman, 2023) offering a persuasive theoretical foundation for arts-based social prescribing. Csikszentmihalyi's (1997) *Coconcerns* and describes a state of deep concentration and immersion in which individuals become fully engaged in a meaningful activity, experience intrinsic reward, lose

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awareness of self-conscious concerns, and derive a heightened sense of purpose and satisfaction. Such experiences may contribute to improved wellbeing by nurturing the psychological resources that underpin resilience, connection, and mental health, (Campbell et al., 2024).

Although flow (Csikszentmihalyi, 1990) was originally understood through a psychological lens, (Asakawa, 2004), later neurocognitive research has indicated that it is associated with identifiable neurochemical mechanisms, especially activation of dopaminergic reward pathways (Dietrich, 2004; Flaherty, 2005). These findings have strengthened arguments for the therapeutic value of creative engagement, suggesting that structured arts interventions delivered through social prescribing may promote wellbeing by harnessing endogenous biochemical processes linked to positive affect, engagement, and personal fulfilment.

Furthermore, the physical, social, and creative dimensions of arts participation may contribute to wellbeing through multiple neurobiological pathways. Physical activity and social engagement, which frequently accompany creative practice, have been associated with Serotonin regulation and positive mental health outcomes (Meeusen & De Meirleir, 1995; Young, 2007). In addition, engagement in group-based creative activities may facilitate Oxytocin release, strengthening social bonds, trust, and a sense of belonging among participants (Carter, 1998; Kosfeld et al., 2005).

Consequently, if creativity and social connection can generate naturally occurring neurochemical responses associated with wellbeing, comparable to those sought through antidepressant treatment, a pertinent question emerges: why not prescribe community-based creative activities before medication where appropriate? This research addresses that question by examining the critical success factors (Ellegard and Grunert, 1993) influencing the sustainability of Social Prescribing (SP) Arts-on-Prescription (AoP) programmes in Wales (2023).

Currently, in the first phase, the research has already gathered data from *Service Providers* using GroupWisdom™ software implementing *Group Concept Mapping* (GCM) advocated as a reliable research method by Kane and Trochim (2007) and Kane and Rosas (2017). Thereby, results are obtained by multifactor analyses, demonstrated in cluster mapping and go-zone graphs that are obtained when participants rate research participant statements, gathered from brainstorming, on bivariate Likert scales (0-5), thereby quantifying qualitative data. (GroupWisdom™ Handbook, 2023) The ongoing, second phase of the research is gathering data from *Service Users* (Pescheny et al., 2020) by in-person focus groups, the South Wales Social Wellbeing Scale (SWSWBS, Yu, Ganesh, Smith, and Wallace, 2024) together with personal interviews.

Anthony, Dearden and Vancil (1972) emphasised the importance of management control systems in aligning organisational activities with strategic objectives. Their framework highlights the need for clear goals, performance measurement, effective resource allocation, and accountability mechanisms. Within arts-on-prescription programmes, these principles suggest that long-term sustainability depends on establishing robust systems for monitoring outcomes, managing resources efficiently, and ensuring that programme activities remain aligned with health and wellbeing objectives.

By incorporating the views of *Policymakers*, *Service Providers*, and *Service Users*, and triangulating data from these perspectives, the study investigates whether the needs and expectations of service users are being met and how these align with provider perceptions of programme delivery and success.

The significance of these interventions extends beyond the promotion of mental wellbeing. Participation in creative activities may support lifelong learning, enhance cognitive reserve (Kotlier, 2025; Meng and D'Arcy, 2012), and contribute to the maintenance of cognitive function, thereby potentially delaying the onset of dementia (Barlach, 2025; Clyde & Ryall, 2014) and promoting healthy ageing throughout the lifespan. (Kostelic et al. 2024)

Creativity for Health and Wellbeing: Growing Evidence-Based Research

Established in 2014, the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW) is dedicated to championing the role of the arts in enhancing health and wellbeing (Richards et al., 2007). The group strives to increase awareness of these benefits and to foster action that ensures they are available to people and communities nationwide (Gillam, 2018). The APPGAHW convened a series of 16 round-table discussions involving approximately 300 participants, including service users, arts practitioners, health and social care professionals, representatives from the prison service and end-of-life care, commissioners, funders, and

academics. These discussions provided a forum for participants to share the challenges they encountered, showcase existing initiatives, discuss future aspirations, and explore the most effective ways (Daniel, 1961) to advance the field. The APPGAHW was particularly impressed by the passion, commitment, and eloquence demonstrated by both providers and beneficiaries of arts-based health and social care interventions. The insights gathered through this extensive consultation process culminated in the publication of the landmark report

Creative Health: The Arts for Health and Wellbeing” (2017).

Three key messages in this report were emphasised:

- The arts can help keep us well, aid our recovery and support longer lives better lived.
- The arts can help meet major challenges facing health and social care: ageing, long term conditions, loneliness and mental health.
- The arts can help save money in the health service and social care

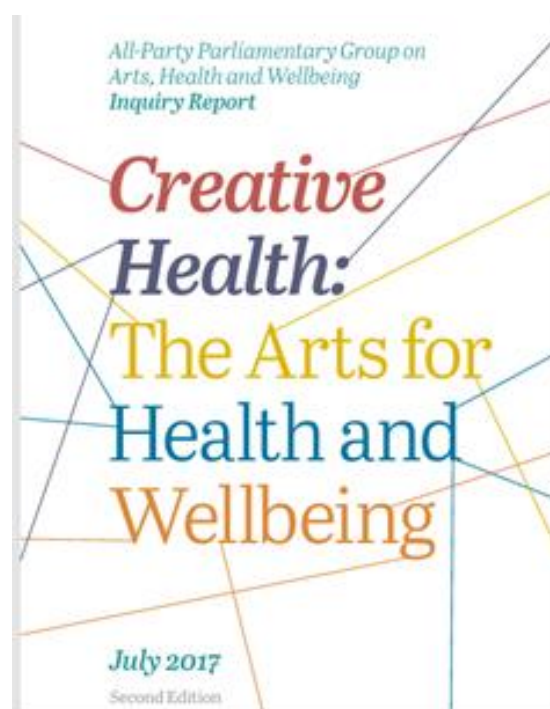


Figure 1. Front cover “Creative health: The arts for health and wellbeing” (APPGHWB, 2017)

Six years on, *The National Framework for Social Prescribing (NFfSP)*, launched in Wales on 7 December 2023, by The Welsh Government, establishes a coherent and standardised approach to social prescribing across the nation while allowing sufficient flexibility to accommodate local delivery models. The framework defines social prescribing as a *person-centred process connecting individuals with community-based resources, activities, and services*, (Rees et al. 2019) delivered either in person or online, to enhance health and wellbeing.

Central to the framework is the recognition of individuals' strengths, capabilities, and personal assets. By encouraging people to engage with community groups, voluntary organisations, and local activities, social prescribing aims to empower individuals to take an active role in improving their wellbeing and strengthening their connections within their communities (Nobel, 2024).

The framework emerged from a national consultation conducted in 2022, which attracted more than 190 responses from individuals and organisations. Findings from the consultation highlighted the need for greater consistency, clarity, and shared standards, as social prescribing services had evolved unevenly across Wales through a variety of locally developed models. In response, the NFfSP (December 2023) provides a common structure to support effective practice while retaining local adaptability. Furthermore, the framework aligns with broader Welsh Government priorities relating to integrated health and social care, prevention, and community empowerment. (Wales Government, 2014,2015, 2019)



Figure 2. Front cover “National framework for social prescribing” in Wales (2023)

The principles underpinning social prescribing—including early intervention, the promotion of health and wellbeing, the reduction of health inequalities, and the strengthening of community connections—are closely aligned with key Welsh policy and legislative frameworks. These include the *Social Services and Well-being (Wales) Act 2014*, the *Well-being of Future Generations (Wales) Act 2015*, and the Welsh Government’s long-term health and social care strategy, *A Healthier Wales* (2021)

The prominent question, therefore, arises:

“... why not prescribe community-based creative activities before medication where appropriate” ...

Further evidence may be found regarding “*The Concept of Flow*” where *Flow* is a state of complete immersion and optimal experience where individuals feel fully engaged, focused, and intrinsically motivated, leading to deep enjoyment and personal growth. Csikszentmihalyi (1990) defined *flow* as an optimal experience in which people feel a sense of control over their actions, lose self-consciousness, and become fully absorbed in the activity at hand. Flow occurs when individuals are *deeply engaged in tasks that challenge their skills*, creating a balance between perceived challenges and personal abilities. This state is often described as effortless yet highly focused, where time seems to distort and the person experiences intrinsic satisfaction. Csikszentmihalyi (1990) identified several key conditions that facilitate flow:

- *Clear goals*: Knowing what needs to be achieved provides direction and purpose.
- *Immediate feedback*: Receiving timely information about performance helps maintain focus and adjust actions.
- *Balance of challenge and skill*: Tasks must be challenging enough to engage skills but not so difficult as to cause anxiety.
- *Concentration and focus*: Full attention on the task is essential, minimizing distractions.
- *Sense of control*: Feeling capable of influencing outcomes enhances engagement.
- *Loss of self-consciousness*: Individuals become absorbed in the activity, often forgetting themselves and external concerns.
- *Altered perception of time*: Time may seem to speed up or slow down during flow.

Psychological and Practical Implications for SP AoP is evidenced by growing recognition that *Flow* is associated with enhanced happiness, creativity, and life satisfaction. Csikszentmihalyi’s (1990, 1997) research shows that people who frequently experience flow report higher well-being and intrinsic motivation.

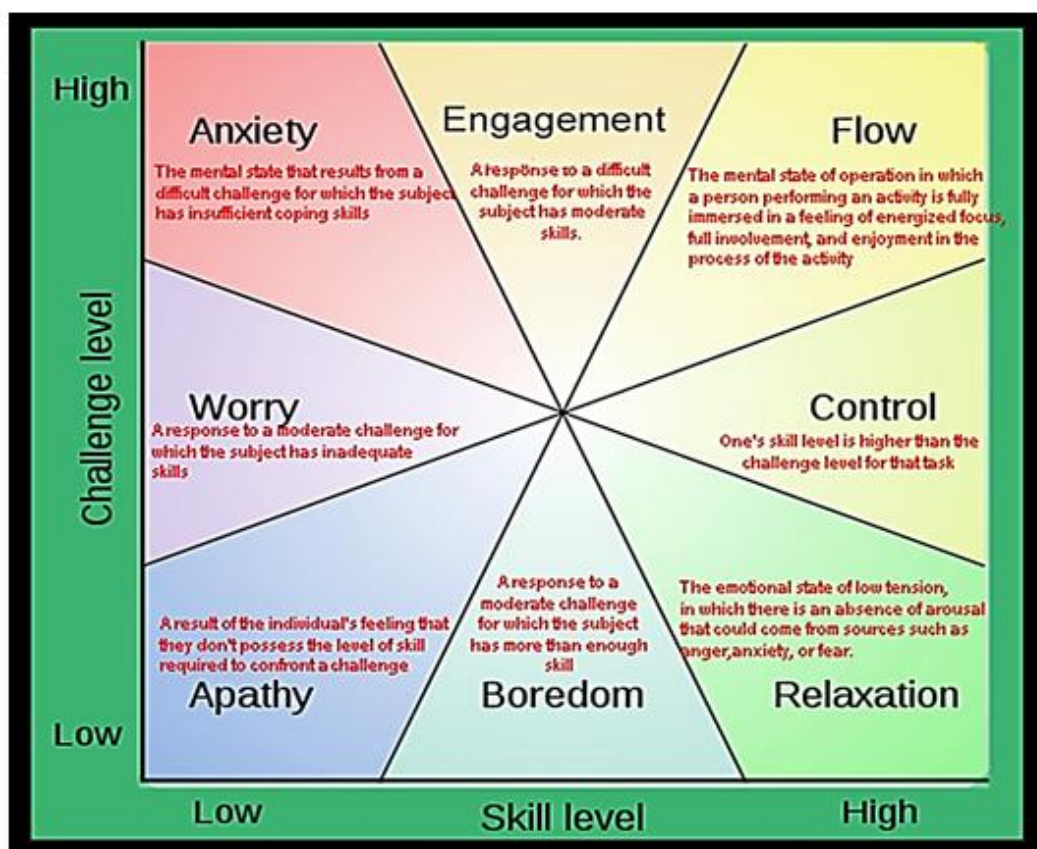


Figure 3. The psychology of flow (Csikszentmihalyi, 2020)

Csikszentmihalyi (2020), concludes that in the state of *Flow* people are completely absorbed in an activity, especially an activity which involves their creative abilities in the achievement of a perfect state of happiness (See Figure 4, below).

HOW DOES IT FEEL TO BE IN FLOW?

1. Completely involved in what we are doing – focused, concentrated.
2. A sense of ecstasy—of being outside everyday reality.
3. Great inner clarity—knowing what needs to be done, and how well we are doing.
4. Knowing that the activity is doable—that our skills are adequate to the task.
5. A sense of serenity—no worries about oneself, and a feeling of growing beyond the boundaries of the ego.
6. Timelessness—thoroughly focused on the present, hours seem to pass by in minutes.
7. Intrinsic motivation—whatever produces flow becomes its own reward.

14:32 / 18:41

Figure 4. How does it feel to be in 'flow'? Csikszentmihalyi (2002, 2020)

Furthermore, the physical, social, and creative components of arts participation may promote wellbeing through a range of interconnected neurobiological mechanisms. Creative activities are often accompanied by physical movement and social interaction, both of which have been linked to the regulation of serotonin, a neurotransmitter associated with mood, emotional stability, and psychological wellbeing. Consequently, engagement in artistic practices may support positive mental health outcomes through the combined effects of creative expression, social connectedness, and physiological processes that influence serotonergic functioning (Meeusen & De Meirleir, 1995; Young, 2007).

In addition, neurochemical explanations suggest that participation in rewarding and meaningful activities may enhance health and wellbeing through activation of the brain's dopaminergic reward system. Dopamine is associated with motivation, pleasure, reinforcement, and goal-directed behaviour, and its release can generate positive affect and encourage repeated engagement in beneficial activities. Dietrich (2004) proposed that creative experiences involve interactions between prefrontal cortical networks and subcortical reward systems, supporting states of insight, flow, and intrinsic motivation.

Similarly, Flaherty (2005) argued that mesolimbic dopamine pathways play a central role in creative drive, novelty-seeking, and the motivational aspects of idea generation. According to this perspective, dopaminergic activity not only reinforces pleasurable experiences but also enhances engagement, curiosity, and psychological vitality, all of which are associated with improved wellbeing.

From a health and wellbeing perspective, engagement in creative, artistic, and socially meaningful activities may therefore stimulate reward-related neural processes that contribute to positive mood, motivation, and psychological resilience. This neurochemical mechanism provides one explanation for the beneficial effects of arts-based interventions and social prescribing programmes on mental health and subjective wellbeing.

At the same time, the social dimensions of creative and group-based arts activities may contribute to wellbeing through oxytocin-mediated neurobiological processes. Oxytocin has been shown to support social attachment, trust, and prosocial behaviour, thereby reinforcing social bonds and promoting a sense of inclusion and community among participants (Carter, 1998; Kosfeld et al., 2005).

How is SP Promoted in the Community: The Referral Process in Wales

Social prescribing (SP) in Wales is promoted as *a person-centred, community-based approach* that connects individuals to non-clinical sources of support to improve health and wellbeing (Figure 5). Rather than focusing solely on medical interventions, social prescribing helps people access community assets such as arts activities, exercise groups, volunteering opportunities, befriending services, community gardens, welfare advice, and other local support networks (Galvin, 2018). The NfSP (2023) identifies social prescribing as a key mechanism for empowering individuals and strengthening community wellbeing.

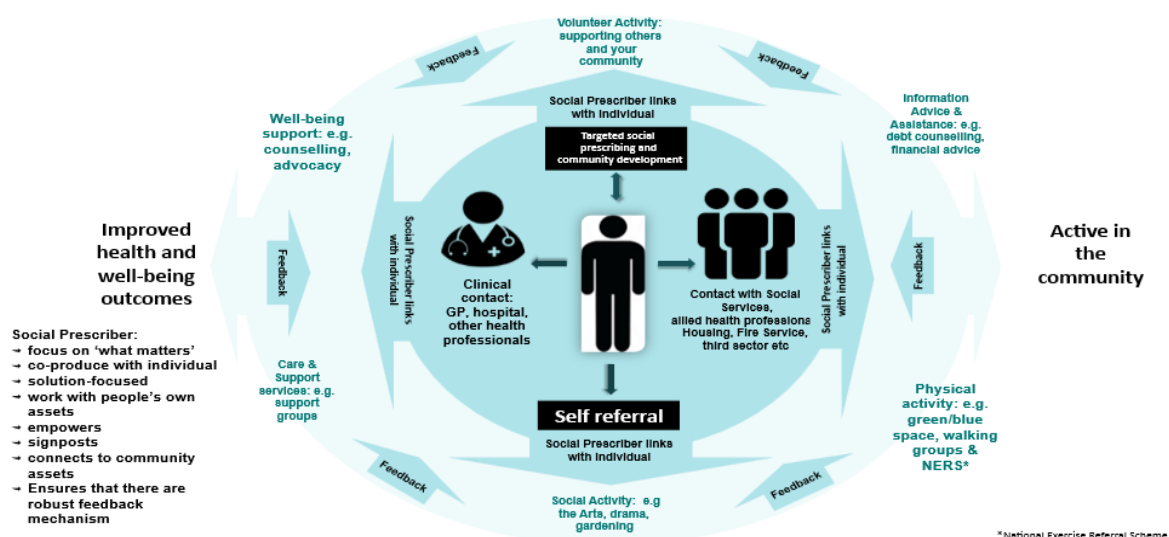


Figure 5. The SP model in Wales (Rees et al., 2019)

Research Method : Phase 1

Kane and Trochim (2007) provide a comprehensive guide to Group Concept Mapping (GCM), a participatory research method that integrates qualitative and quantitative data. Six major steps in the GCM process are (i) Preparation (ii) Generation of statements (iii) Structuring of statements (iv) Representation of statements (v) Interpretation of maps (vi) Utilization of results. This method combines multidimensional scaling and hierarchical cluster analysis to visualize group thinking. It is widely used in program evaluation, strategic planning, and community-based research. Having studied research carried out by the Wales School for Social Prescribing Research (WSSPR) it was seen to be a sound basis for the current research (Elliot et al. 2022). It was also realised that GroupWisdom™ (2023) would be an appropriate software tool to utilize for carrying out the six GCM stages online with a sample population of Service Providers as shown in Figure 6 below.

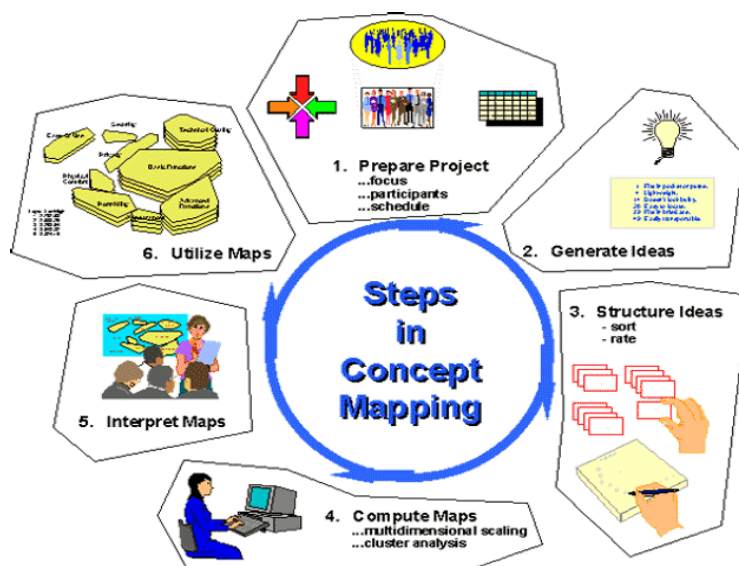


Figure 6. Multi-step process in concept mapping implementing GroupWisdom™ s/ware
Reference: GroupWisdom™ online handbook

The GroupWisdom™ software tool was found to be readily adaptable for the investigation of the research objective.

Methodology

Professor Wallace encouraged a mixed methods methodology implementing Group Concept Mapping (GCM) (Kane & Rosas, 2017). Researchers Kane and Trochim (2007) also provide extensive examples for the application of GCM relating to several exploratory research programmes in healthcare environments. The mixed methods approach allows both qualitative data collection and quantitative data analysis by a Multistrand Conversion Mixed Method which was adopted as shown in Figure 5. Focus Prompt Qualitative Data Collection Qualitative Data Analysis Inference Quantitative Data Analysis Analysis Analysis

Dr Rogers presents the Current Research Paper relating to the exploration of perceived Critical Success Factors defined by Rockart (1979) as: *"Those few key areas where things must go right for the business to flourish."* that *Service Providers* in Wales, UK regard essential for the sustainability of Social Prescribing (SP) Art-on-Prescription (AoP) for Health and Well-being in Wales. The focus prompt, an open-ended question was supplied as . . . "A CSF for the sustainability of SP AoP in Wales is. . . ? This generated 191 statements from 3 a sample population of Service Providers (n=30/38). The Project Advisory Group (PAG) managed to reduce these by careful synthesis to 125 that were manageable for the Sorting Activity. After the List of 125 statements were given to all the research participants for sorting into 'labelled' piles of their own choice. . . thereby capturing qualitative data, the next stage required the research participants to rate each of the 125 statement, using a Likert scale (1=low – 5=high=) on a bivariate scale, namely (i) importance and (ii) degree of effectiveness for sustainability for each of the 125 statements. In this way the data was quantified such that the software was utilised to generate visual mappings as shown in the next section. These mappings became a source of discussion to identify those CSFs that would lead to increased sustainability of SP AoP from a sample population of *Service Providers* in Wales.

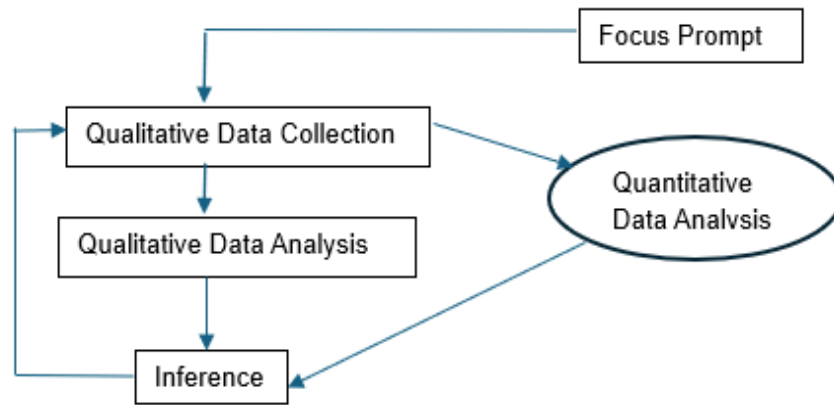


Figure 5. Flowchart for multistrand conversion mixed method
Design adapted from Tashakkori and Teddlie (2003p.689)

Results and Discussion

After the completion of five online GCM Activities, the GroupWisdom™ ‘Final Landing Page’ (Table 1) below shows the number of Research Participants at each stage of their Research Journey.

Table 1. GroupWisdom™ ‘final landing page’

Activity	Assigned	Started	Finished
Participant Questions	89	59	58
Brainstorming	81	38	30
Sorting	90	35	35
Importance	40	40	40
Degree of effectiveness for sustainability	40	40	40

Note. Available participants = 58/100.

It is observed that initially the number of participants ($n = 89$) that were engaged in the research, screened through an ethics approval form had agreed to participate with their ‘informed consent’.

Visualization of Results: The ‘Point Maps’

The GroupWisdom™ Point Maps display individual ideas or statements (each represented by a numbered point) based on how participants grouped them during the sorting phase of the concept mapping process. The Numbered Points (1–125) are such that each number corresponds to a specific idea or statement generated by participants (i.e. perceived CSF). Looking at the Spatial Distribution, those Points that are closer together were more frequently grouped together by participants, indicating conceptual similarity as shown in Figure 6 below.

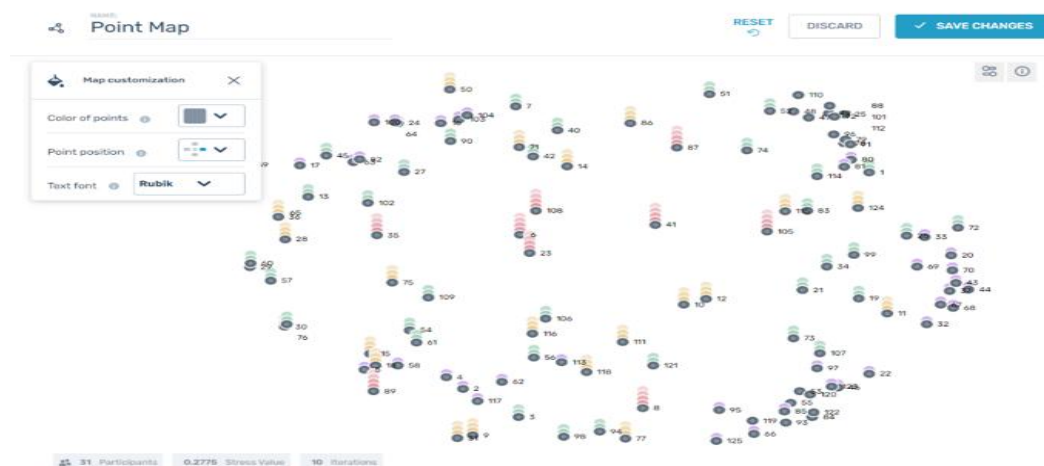


Figure 6. GroupWisdom™ point map analysis for 125 statements

The above Point Map produces participant and analysis information from 31 participants. The stress value: 0.2775 is a measure of how well the map represents the sorting data (values below 0.365 are generally acceptable). 10 iterations refer to the number of times the algorithm refined the map layout. The purpose of a Point Map may be seen as (i) Foundation for Cluster Maps: This Point map is often the first step before applying cluster analysis to group related ideas (ii) Visual Insight: Helps identify which ideas are conceptually close or distant.

Visualization of Results: The ‘Cluster Maps’

Cluster Mapping is a useful analytic tool to understand the thematic structure and relationships within the data. Bridging values measure how much a particular item (or point) connects different clusters or themes in a concept map e.g. 7-Cluster Map shown in Table 2. Bridging values range from 0 to 1 such that (i) Low bridging value (close to 0): The item is conceptually focused; It was consistently sorted with similar items; It likely belongs strongly to one cluster. (ii) High bridging value (close to 1): The item is conceptually broad or ambiguous; It was sorted with items from multiple clusters; It may act as a “bridge” between different themes.

Table 2. To show range of bridging values for statements in each of the 7 clusters

Cluster Number + Label	Range Bridging Values	Comment	Recombination from 15-Cluster Map
1. Arts Workshop Facilitators’ Training	0.16–0.25	Relatively Low	1 + 2
2. GP and Social Prescribers/Link-Workers	0.50–0.58	Relatively High	3, 4 + 5
3. Outside Bodies Supporting Service	0.41–0.50	Moderate	6
4. Workshop Participants	0.50–0.58	Relatively High	7, 8 + 9
5. Belief in the Efficacy of Art-on-Prescription for Health and Well-Being	0.50–0.58	Relatively High	10 + 11
6. Procedures for Workshop Sessions	0.41–0.50	Moderate	12 + 13
7. Creative Art Workshop Activities	0.16–0.25	Relatively Low	14 + 15

Figure 7 below shows the 7-Cluster Map with n=31 research participants, Service Providers who completed online tasks Figure 6 The 7-Cluster Map with n=31 research participants, Service Providers who completed online tasks Cluster mapping describes the process of systematically measuring the presence, size, and performance of clusters across locations, applying common definitions of cluster categories derived from evidence about patterns of location-specific linkages and spillovers across locations

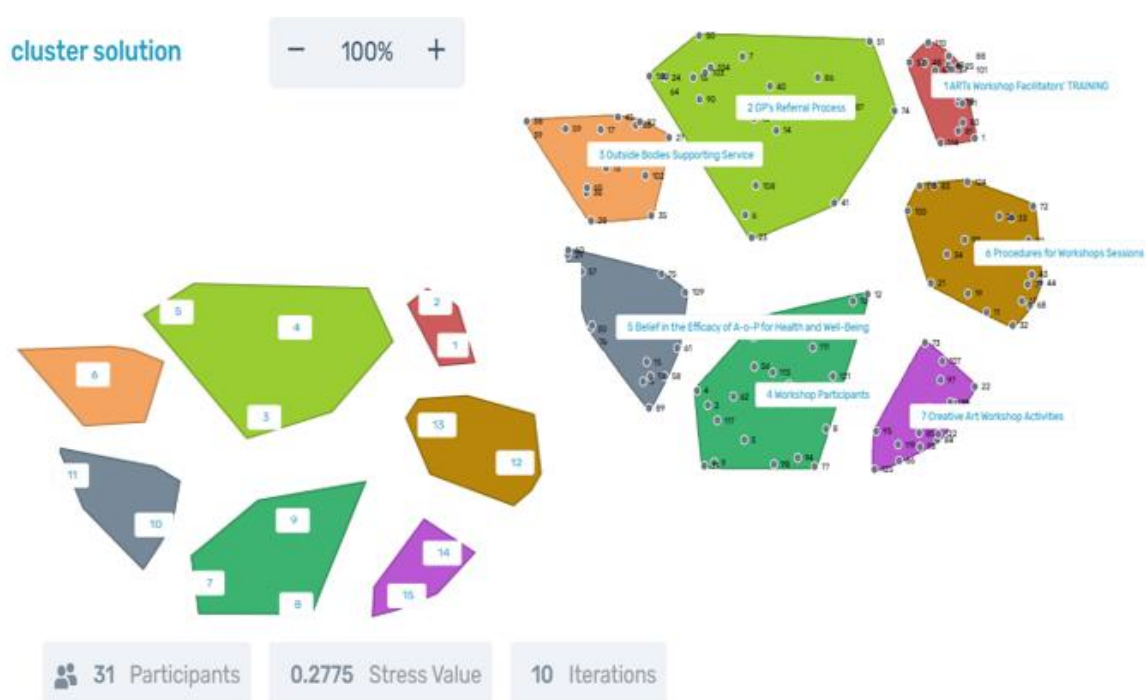


Figure 7. The 7-cluster map with n=31 research participants, *service providers* who completed online tasks

Visualization of Results : The ‘Go-Zone Map’

Interpreting the Go-Zone Map, it visually communicates those items (perceived CSFs) that are of high priority, in comparison of those that are of low priority. This map is made up from the ratings that Service Providers rated on a bivariate scale. The map plots items based on two dimensions: • X-axis: Degree of effectiveness for sustainability • Y-axis: Importance Each item (perceived CSF) is represented by a numbered point, in the map, Figure 8, that is divided into four quadrants.



Figure 8. To show range of values of statements indicative perceived CSFs by *service providers* for SP AoP in Wales

The plot is divided into coloured zones to help interpret the data:

- Green Zone (Top-Right): High importance and high effectiveness — these are the most promising items (perceived CSFs).
- Yellow Zone (Bottom-Right): High effectiveness but lower importance — potentially under-recognized strengths.
- Blue Zone (Bottom-Left): Low importance and low effectiveness — typically low priority items.
- Orange Strip (Top): High importance but lower effectiveness — items that may need improvement

The above findings shed light on the perceived CSFs (from the 125 statements gathered from the focus prompt) i.e. to their importance and degree of effectiveness for sustainability. The six statements that each received the score of 5 on both axes are shown in Table 3 below. The most important finding is the need for General Practitioner, GPs role in referrals.

Table 3. To show the six perceived CSFs with the topmost scores

Average	Zone	Rank	Item	Statement from list of 125 statements (29.04.2023)
5	GREEN	1st	16	Making sure that the GP's are aware of how Art on Prescription can help in mental health
5		1st	19	Access for people with disabilities
5		1st	36	National policy support for the service
5		1st	39	Funding is appropriate
5		1st	48	Arts Practitioners have a good understanding of safeguarding
5		1st	100	Strong referral process - every step is clear to all the stakeholders

The Way Forward

The proposal to investigate ‘*Service User*’ perspectives looks at the question “To what degree/extent do the three factors (i) socialising (ii) creative activity and (iii) Relationship/Aptitude of Arts Facilitator contribute to the feeling of well-being in SP AoP?” Further to investigating a sample population of ‘*Service Users*’, the results will be triangulated with those findings from the study that used a sample population of ‘*Service Providers*’. Caution is necessary to avoid ‘generalizations’ (Gerring, 2012) due to the small size of the research sample in all three online data capture activities (Brainstorming, Sorting and Rating). Nevertheless, the methods for data capture provided results that gave rise to a means of investigating and interpreting those factors that the research sample, characterized by individuals with professional understanding of ‘social prescribing’ had perceived to be relevant to the sustainability of social prescribing ‘art-on-prescription’ in Wales.

Why Service Users?

Whilst the research has highlighted the perceptions from *Service Providers* relating to a range of CSFs that indicate the necessary efforts that are to meet the needs of the *Service Users*, it becomes essential to investigate further whether these do meet the expectations/desires/perceptions of the *Service Users* themselves. By pursuing the needs of the *Service Users*, the task of the continuing research centres around discovering through an exploratory study, from a sample population of *Service Users* what their perceptions of CSFs might be. By triangulation of the data, Table 4, there arises the opportunity to see whether the perceptions of *Service Users* match those of the *Service Providers*.

Table 4. To show types of triangulations in research

Triangulation Type	First Component	Second Component
Data Triangulation	Data Source 1	Data Source 2
Methodological Triangulation	Quantitative Method	Qualitative Method
Investigator Triangulation	Researcher 1	Researcher 2
Theory Triangulation	Theory 1	Theory

There is then, the opportunity to find out whether the activities incorporating creativity/socialising are seen to be efficacious in helping people suffering from anxiety, stress / depression to recover to better states of health and wellbeing.

Contribution to Knowledge

Nowhere in the literature relating to social prescribing is the notion that ‘learning new skills’ through creativity and socialising contributes to the increase of ‘cognitive reserve’...

The study by Meng and D'Arcy, (2012) explores the concept of Cognitive Reserve (CR) which refers to the brain's resilience to neuropathological damage. By definition (Stern et al., 2018) ‘*Cognitive Reserve*’ is the idea that people develop a reserve of thinking abilities during their lives, and that this protects them against losses that can occur through ageing and disease.

Most importantly, Goodwill and Chen (2021) advocate for individuals, throughout life, to stay curious, cultivating a ‘mindset of curiosity’ by asking questions, seeking out new experiences and to be open to learning from different sources. At the same time by engaging actively with groups or forums, sharing one’s knowledge and experience with others, can enhance lifelong learning, making learning a lifelong ‘habit’. Lifelong learning stimulates neural pathways, promotes mental flexibility, and supports brain health by encouraging ongoing cognitive development. Continuing education and intellectual engagement are associated with enhanced cognitive reserve and a reduced risk of cognitive decline.

McNiff (1992) proposes that the healing power of art lies in the artist’s relationship with their creative “familiar” — the images, symbols, materials, and processes that emerge through artistic engagement. He contends that when illness is accompanied by a loss of meaning or ‘soul’, artistic expression can serve as a restorative force. From this perspective, the imagination functions as a natural mechanism for healing, allowing individuals to renew their sense of self, process emotional experiences, and enhance wellbeing through creative practice. This may be seen as the ‘heart’ of SP in Wales, where AoP refers to the opportunity for individuals to engage in the creative arts not only to unleash their inner creativity for health and well-being, but also to explore

the health benefits emerging from social interactions. The research explores how, through unleashing their creative spirit within for health and wellbeing, within social contexts, levels of anxiety, depression and mental health problems of people may be managed. The ongoing research will, therefore, contribute to knowledge in this area through 'lifelong' learning.

Conclusion

Whilst the research, so far, highlights the perceptions from *Service Providers* relating to a range of CSFs to meet the needs of the *Service Users*, further research will explore expectations/desires/perceptions of *Service Users* themselves. Work-in-Progress may then triangulate the data to see whether the perceptions of *Service Users* match those of *Service Providers*.

Limitations

The research, so far, highlights the perceptions of *Service Providers* regarding a range of Critical Success Factors (CSFs) necessary to meet the needs of *Service Users*. Further research will explore the expectations, experiences, and perceptions of *Service Users* themselves. The current findings are therefore limited by their reliance on a single stakeholder perspective and may not fully capture the priorities or lived experiences of those accessing the service. As the study progresses, data obtained from *Service Users* will be used to triangulate the findings, allowing comparison between provider and user perspectives. This process will strengthen the validity and credibility of the research by identifying areas of convergence and divergence between the two groups. Furthermore, the current phase is constrained by the relatively small sample size and context-specific nature of the study, limiting the extent to which findings can be generalised beyond the participating organisations (Gerring, 2012). Future stages of the research will seek to address these limitations by incorporating a broader range of stakeholder voices and providing a more comprehensive understanding of the factors that contribute to the sustainability and effectiveness of arts-on-prescription services.

Scientific Ethics Declaration

* The author declares that the scientific ethical and legal responsibility of this article published in EPES journal belongs to the author.

Conflict of Interest

* The author declares that there is no conflict of interest.

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