

The Healing Power of Art: Integrating Social Prescribing into Healthcare

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Art and culture play a beneficial role in the life of human societies, through their various expressions and with the purpose of the aesthetic and philosophical cultivation of the members of a society. Their contribution to entertainment is evident even in the etymology of the word “entertainment,” which means the cultivation of the soul, through aesthetics and the search for beauty, from ancient times to the present day. This clearly distinguishes it from the much more limited term of mere amusement.

Beyond their cultural significance, art and culture also contribute to therapeutic interventions, particularly in supporting individuals undergoing medical treatment. Psychological support is essential for patients facing physical or mental health challenges, as it helps them navigate the difficulties imposed by recovery processes.

In the context of mental illness, it is widely acknowledged that a patient’s sense of calm can be enhanced through various forms of cultural events and activities. By attending carefully selected musical, visual, theatrical, or cinematic performances, and even more so by actively engaging as a contributor to artistic activities, patients can cultivate conditions that substantially support the improvement of their mental health.

Social prescribing attempts to bridge the gap between physical and mental health, proposing activities that do not rely solely on medication, but will connect the well-being of patients with society, culture, and the wider environment. This approach is based on evidence-based practices that enhance health outcomes and well-being, by directing individuals to non-medical services and activities, typically provided

by local voluntary and community organizations. This method continues to grow globally, with policies and practices being adopted in various health system contexts around the world [1].

A key strength of social prescribing lies in its person-centered approach, which considers an individual’s unique needs, strengths, and available resources. This leads to their empowerment, as they actively participate in decisions about their health [2]. While beneficial for all, social prescribing is particularly advantageous for vulnerable populations, such as those experiencing poverty, unemployment, and stress in their early life, or social exclusion, as these factors increase susceptibility to chronic diseases [3]. Research has demonstrated the effectiveness of social prescribing in addressing health disparities, thus promoting health equity and reducing health inequalities [3].

Ongoing studies explore the application of social prescribing in urgent and emergency care systems, including its integration into emergency departments, ambulance services, and out-of-hours general practice [4]. Efforts are also being made to raise awareness and integrate social prescribing into preventive healthcare, particularly in areas such as obesity management [5] and pediatric and adolescent health [6].

Specialists known as “link workers” or “community connectors” facilitate social prescribing by assessing individual patient needs and directing them to suitable interventions [2,7]. Therefore, the interaction between the specialists and the patient is the key to the success of social prescribing, offering a renewed approach to integrated health and well-being [8,9].

In Greece, social prescribing is a practice that has

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recently started, with pilot programs being developed. The University of West Attica, in collaboration with local authorities, is pioneering Greece's first social and cultural prescribing initiative. This program aims at co-designing and co-creating stigma-free services with inclusive enrollment criteria to ensure broad participation [10,11].

Another example is the "Music and Motherhood" project, a WHO-led multinational implementation study to assess the benefits of group singing for mothers experiencing postpartum depression. In Greece, the initiative was carried out by El Sistema Greece, a music-based social integration program that provides free music education to children and young people. The study revealed that mothers with moderate to severe symptoms of postpartum depression who took part in ten-week singing sessions with their babies demonstrated a notably quicker improvement in their symptoms compared to those who received standard care [10].

Despite these promising developments, social prescribing in Greece faces challenges due to insufficient infrastructure and limited social support resources. Unlike countries such as the United Kingdom, Canada, and Australia, Greece has yet to fully integrate social prescribing into its healthcare system. The positive thing is that a start has been made, and the competent authorities should continue and strengthen this specific institution, to progressively reduce health inequalities.

We must not disregard that Greece is the cradle of culture and the arts, and implementing social prescribing into national healthcare policy could emphasize the therapeutic value of the arts. Recognizing art as a fundamental component of psychological support, rather than a secondary or decorative aspect of society, is essential. A world without art is undeniably impoverished, and integrating artistic initiatives into healthcare programs underscores the intrinsic value of culture in human well-being.

Finally, we must not forget that the concept preventive medicine was first introduced in Ancient Greece by Hippocrates, who emphasized the importance of environmental factors, diet, and lifestyle in disease prevention. This legacy aligns with the principles of social prescribing, reinforcing the ancient Greek philosophy of "A healthy mind in a healthy body". By embracing this holistic approach, modern healthcare systems can continue to promote well-being through the integration of medical, social, and cultural interventions.

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REFERENCES

1. Khan H, Giurca BC, Sanderson J, Dixon M, Leitch A, Cook C, et al. Social prescribing around the world: a world map of global developments in social prescribing across different health system contexts. London: National Academy for Social Prescribing. 2023 [cited 2025 Mar 5]. Available from: <https://socialprescribingacademy.org.uk/media/1yeoktid/social-prescribing-around-the-world.pdf>
2. Vidovic D, Reinhardt GY, Hammerton C. Can social prescribing foster individual and community well-being? A systematic review of the evidence. *Int J Environ Res Public Health*. 2021;18(10):5276.
3. World Health Organization. A toolkit on how to implement social prescribing. Manila: WHO Regional Office for the Western Pacific; 2022 [cited 2025 Mar 8]. Available from: <https://iris.who.int/bitstream/handle/10665/354456/9789290619765-eng.pdf?sequence=1>
4. Cooper M, Nazar H, Flynn D, Redelsteiner C, Agarwal G, Scott J. Conceptualising social prescribing in urgent and emergency care. *Future Healthc J*. 2024;11(4):100199.
5. Jayasinghe S, Holloway T, Soward R, Patterson K, Ahuja K, Dalton L, et al. "An Ounce of Prevention is Worth a Pound of Cure": Proposal for a Social Prescribing Strategy for Obesity Prevention and Improvement in Health and Well-being. *JMIR Res Protoc*. 2023;12:e41280.
6. Muhl C, Cornish E, Zhou X.A., Mulligan K, Bayoumi I, Ashcroft R, et al. Social prescribing for children and youth: A scoping review. *Health Soc Care Community*. 2025;(1): 5265529.
7. NHS England. Universal Personalised Care: Implementing the Comprehensive Model. 2019. Available from: <https://www.england.nhs.uk/wp-content/uploads/2019/01/universal-personalised-care.pdf>
8. Wildman J, Wildman JM. Impact of a link worker social prescribing intervention on non-elective admitted patient care costs: A quasi-experimental study. *Soc Sci Med*. 2023;317:115598.
9. Kuhn ALR, Rariden CA. Social Prescribing: Healing People Through Community. *J Nurse Pract*. 2024;20(2): 104894.
10. Khan H, Giurca BC, Sanderson J, Dixon M, Leitch A, Cook C, et al. Social prescribing around the world: a world map of global developments in social prescribing across different health system contexts. 2024. London: National Academy for Social Prescribing. 2024 [cited 2025 Mar 5]. Available

from: <https://socialprescribingacademy.org.uk/media/thtjrm/social-prescribing-around-the-world-2024.pdf>

11. Ioakimidis V. Strengthening communities through the power of solidarity and the richness of culture: Social and cultural prescribing in Greece. Oxford: University of Oxford; 2023. Available from: <https://socialprescribing.phc.ox.ac.uk/news-views/views/strengthening-communities-through-the-power-of-solidarity-and-the-richness-of-culture-social-and-cultural-prescribing-in-greece>

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