

CULTURAL PRESCRIPTION IN CENTRAL ALENTEJO

IMPLEMENTATION OF A PILOT PROJECT FOR CULTURAL
PRESCRIPTION IN THE MUNICIPALITIES OF CENTRAL ALENTEJO



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FINAL REPORT ON THE IMPLEMENTATION AND
EVALUATION OF THE PILOT PROJECT
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TABLE OF CONTENTS

6 / List of Acronyms and Abbreviations

7 / Introduction

10 / Eligibility Criteria

14 / Methodology of the Cultural Prescription Process in Central Alentejo

25 / Descriptive Analysis of the Implementation Process of Cultural Prescription in Central Alentejo

52 / Monitoring and Evaluation of the Cultural Prescription Project

103 / Reflections on the Implementation Process of the Cultural Prescription Project

111 / New Proposals for the Future of Cultural Prescription

118 / Acknowledgments

123 / References

128 / References and Presentations of the Cultural Prescription Project in 2023/2024

**LIST OF
ACRONYMS AND
ABBREVIATIONS**

ARSA

Regional Health Administration of Alentejo

ACES AC

Grouping of Health Centres of Central Alentejo

CIMAC

Intermunicipal Community of Central Alentejo

CSP

Primary Health Care

SDH

Social Determinants of Health

ELI

Local Intervention Team

ENSP – NOVA

National School of Public Health, Nova University of Lisbon

CPM-CA

Cultural Prescription Manual of Central Alentejo

NACJR

Support Unit for At-Risk Children and Youth

WHO

World Health Organization

GDPR

General Data Protection Regulation

SNIPI

National System for Early Childhood Intervention

USF

Family Health Unit

UCSP

Personalized Health Care Unit

UCC

Community Care Unit

ULS AC

Local Health Unit of Central Alentejo

INTRODUCTION

This report aims to respond to the request of the Intermunicipal Community of Central Alentejo (CIMAC), whose investment in extending the implementation period of the pilot project on Cultural Prescription in Central Alentejo allowed for an additional seven months beyond the initial five months (from July to November 2023). This extension, from December 2023 to June 2024, sought to consolidate the prescription process, reaching a milestone of 88 cultural prescriptions across the eight municipalities involved in the pilot project.

This document intends to expand on the topics covered in the November 2023 report, *CULTURAL PRESCRIPTION IN CENTRAL ALENTEJO – IMPLEMENTATION OF A PILOT PROJECT*, as well as assess the feasibility of the proposed approach. Additionally, this report aims to provide a more detailed reflection on the challenges, limitations, and advantages of a Cultural Prescription process based on the collaboration between the health sector, municipalities, and cultural entities.

Evidence-based science (Jensen, Holt, Honda & Bungay, 2024; Fancourt & Warran, 2024) suggests that the implementation of a complex process such as this, which relies on collaborative efforts across different sectors, requires time to materialize, stabilize, and develop sustainable synergies. These synergies must be built on openness, trust, and proximity between professionals from different institutions. Addressing these challenges necessitates continuous and close cooperation between the coordination team and local teams, ensuring that actions and interventions remain adapted to the specificities of each local context.

Similarly, it is crucial to ensure the integration of fieldwork with the research process that accompanies the implementation and evaluation of the project. Addressing the challenges inherent to the implementation process allows for the identification of barriers, including those related to common mental health disorders, the different stakeholders involved, the nature of local contexts, and the existing cultural landscape. On the other hand, it also enables the identification of best practices and successful examples that merit recognition as evidence of the project's effectiveness.

A careful and retrospective analysis reveals that, on a local scale, each municipality presents distinct dynamics and realities that shape how Cultural Prescription can be used as a tool for both local Social Development Plans and the Regional Health Plan. For example, in municipalities with low population density, there is often a lack of cultural

resources and regular activities, compounded by the absence of public transportation networks, which makes it difficult for individuals to access cultural activities. Conversely, in municipalities with a diverse cultural offer and a robust cultural network, the challenge lies in encouraging participation, particularly among individuals facing mental health difficulties that hinder their engagement.

Furthermore, as a pilot project, this initiative faces low creative health literacy among both health professionals and the broader community. Some healthcare professionals may be unaware of the impact of culture on health and, therefore, reluctant to adopt this intervention model. Likewise, communities may react with skepticism to the idea of a cultural activity being prescribed alongside pharmacological treatment.

Time is, therefore, an essential factor in establishing an intersectoral articulation that relies on ongoing dialogue and reflection. The goal is to embed the experience of culture as a component of a holistic health solution, emphasizing prevention and health promotion in favor of individual and community well-being.

ELIGIBILITY CRITERIA

Based on the Social Diagnosis of Central Alentejo (2017) conducted

by CIMAC, aligned with scientific evidence on Cultural Prescription, and in accordance with health indicators related to overprescription of pharmaceuticals (Department of Health and Social Care, UK, 2021), the following conditions were identified as potentially benefiting from this intervention. These were validated by ACES AC (Hoffmeister L, Henriques J, Figueiredo C, Gama A, Dias S. Beyond medication: Exploring social prescribing for mental ill health in Portugal. *Eur J Public Health*. 2023 Oct 24; 33 (Suppl 2): ckad160.1611. doi: 10.1093/eurpub/ckad160.1611):

1. Depressive symptoms or disorders and/or anxiety symptoms or disorders in patients not currently receiving psychiatric hospital care (regardless of age).
2. Individuals experiencing social isolation, particularly elderly people facing geographic/social isolation, identified by local entities.
3. Unemployed individuals.
4. Children and families receiving support from SNIPI (National System for Early Childhood Intervention).
5. Children and adolescents with psychological issues or diagnosed psychopathological disorders.
6. Frequent patients of medical consultations (high-frequency health service patients).

The first three criteria correlate with municipal social diagnoses of Central Alentejo, which highlight the link between the COVID-19 pandemic and the worsening of social exclusion due to increased poverty, unemployment, job insecurity, isolation, gender-based violence, and other factors.

Additionally, various Cultural Prescription initiatives in Europe have focused on mild to moderate depression, mild to moderate anxiety and stress, social isolation, and unemployment as key areas of intervention. These align with the recognition of Mental Health as a priority in health promotion and disease prevention strategies (Jensen, 2019; Jensen, Torrisen, Stickley, 2020; Zbranca et al., 2022).

Other criteria were defined based on the need for targeted interventions at different life stages, in line with the broad recommendations of the Marmot Review (2010). This review outlined six key policy objectives to reduce health inequalities in the UK, which have since been widely

integrated into local health action strategies:

1. Giving every child the best start in life.
2. Enabling all children, young people, and adults to maximize their capabilities and take control of their lives.
3. Creating fair employment and good work for all.
4. Ensuring a healthy standard of living for all.
5. Creating and developing healthy and sustainable communities.
6. Strengthening the role and impact of health prevention.

These recommendations have been incorporated into UK health services in partnership with local governments to enhance self-esteem, confidence, and personal responsibility, promote healthy lifestyles, and adapt community spaces to facilitate healthy choices for all members of society.

As a result of integrating the above intervention domains, the following **clinical eligibility criteria** were included in the Cultural Prescription enrolment form:

1. Depressive symptoms
2. Anxiety symptoms
3. Sleep disorders
4. Somatization
5. Neurasthenia/Burnout
6. Children/adolescents with psychological issues or diagnosed psychopathological disorders

In addition, the following **social conditions were considered as potential eligibility factors**, based on findings from the initial implementation phase:

1. Unemployment
2. Social/geographic isolation
3. School absenteeism
4. Social/economic vulnerability (poverty, precarious living conditions, etc.)
5. Socio-cultural challenges
6. Beneficiaries of Social Integration Income (RSI – Rendimento Social de Inserção)
7. Other conditions considered relevant by the prescribing professional

Furthermore, other vulnerability-related factors were identified as relevant to potential eligibility, including:

1. Frequent patients of medical consultations (Magalhães, A., Penetra, J., Pereira C., Carvalho, R., Neto, M., Santiago, L., 2013)
2. Polypharmacy patients (taking more than 10 different medications)
3. Children/families receiving support from SNIPI (National System for Early Childhood Intervention)
4. Children/adolescents receiving support from NACJR (Support Unit for At-Risk Children and Youth)
5. Other vulnerability-related contexts deemed relevant at the time of prescription

METHODOLOGY OF THE PILOT PROJECT: THE CULTURAL PRESCRIPTION PROCESS IN CENTRAL ALENTEJO

The Cultural Prescription

process described here is the result of presentations and discussions involving all stakeholders in the Cultural Prescription network. It has benefited from suggestions and adaptations to suit the specific characteristics of local realities.

The methodology of Cultural Prescription is based on scientific evidence demonstrating that the connection between culture, health, and well-being has a positive impact on the way communities care for their citizens (Zbranca et al., 2022). While all individuals can benefit from artistic and cultural activities in support of their health and well-being, this process aims to emphasize the importance and positive impact of cultural approaches for vulnerable groups. It also seeks to promote collaboration between different sectors that work towards public well-being, ensuring a sustainable and structured approach (Hoffmeister et al., 2021; Dias et al., 2021).

WHAT CAN BE EXPECTED FROM A CULTURAL PRESCRIPTION PROCESS?

- Intersectoral collaboration, connecting the arts, health, and well-being sectors.
- Public awareness of the health benefits associated with participating in artistic and cultural activities.
- Identification and removal of barriers that limit access to the arts and cultural expressions for older adults, low-income individuals, people with disabilities, minority groups, and those living in geographically isolated areas.

The Cultural Prescription model unfolds in several phases, always mediated by one or more key actors. Below is a description of the partners and stakeholders involved in this project.

Referral Professional

The referral professional identifies individuals who, based on their profile and the established eligibility criteria, could benefit from Cultural Prescription. Referral professionals may include: Primary health care professionals (e.g., family nurses, psychologists, social workers, physiotherapists, speech therapists); Community Care Unit (UCC) professionals; Early Childhood Intervention Local Team (ELI) professionals; Other local social partners (e.g., municipal social workers, professionals from private social welfare institutions).

Prescribing Professional

In agreement with ACES AC, it was established that only general practitioners from participating health centres can issue Cultural Prescriptions, following the model adopted in similar international initiatives.

Focal Point

The focal point is a social worker based at the health centre of each participant. This person must be informed (preferably via email) whenever any stakeholder identifies urgent health-related needs in a participant. These may include psychological or other health concerns that arise during the course of the Cultural Prescription process.

Patient/Participant

Within the framework of Primary Health Care (CSP), individuals receiving Cultural Prescriptions are referred to as patients. However, once involved in the Cultural Prescription process, they are referred to as participants in the context of their interactions with cultural agents and local coordinators.

Link Worker

The link worker is the liaison person or team in each municipality, facilitating collaboration between the health and cultural sectors. Their main responsibilities include: supporting participants throughout the cultural prescription process; conducting motivational interviews to assess participant interests and match them with suitable cultural activities; maintaining contact with cultural agents and the cultural prescription coordination team; providing feedback to healthcare professionals, ensuring that the cultural prescription process aligns with participant needs and progresses effectively.

Cultural Agent

The cultural agent plays a crucial role in ensuring the diversity of cultural offerings and making them accessible to local communities. A cultural agent may be: a non-profit organization (e.g., associations, cooperatives); a public institution (e.g., museums, libraries, municipal cultural centres); an independent artist. Specific responsibilities of cultural agents in the Cultural Prescription Project: Sharing event schedules with the link worker and Coordination Team.

Welcoming and integrating prescribed participants into cultural activities.

Maintaining regular communication with the link worker.

Alerting health professionals if urgent health concerns arise in a participant. Providing ongoing feedback to the Coordination Team. Ensuring non-discriminatory treatment of participants, particularly those with mental health challenges or other vulnerabilities.

Cultural Prescription Coordination Team

This team consists of specialists contracted by CIMAC within the framework of TRANSFORMA – Program for Inclusive Culture in Central Alentejo. It works in collaboration with the Cultural Department of CIMAC and external consultants as needed. Main Responsibilities: providing technical and scientific support for the Cultural Prescription process; maintaining ongoing dialogue with all stakeholders; ensuring ethical compliance through validation by ARSA's Ethics Committee; offering specialized guidance, including clinical psychology expertise, to support participants and professionals involved.

1.ª FASE: DA REFERENCIAÇÃO À PRESCRIÇÃO

1

REFERENCIAÇÃO

Quem?

Referenciadores

- a) Referenciação de outros serviços
- b) Referenciação interna (centro de saúde)
- c) Autorreferenciação

2

A PRESCRIÇÃO MÉDICA

Quem?

Médico de Família

- a) Verificação da pertinência da prescrição
- b) Verificação de critérios de elegibilidade do utente
- c) Consulta da agenda cultural
- d) Preenchimento de formulário próprio

Cultural Prescription Methodology – Process

Phase 1: From Referral to Prescription

REFERRAL PROCESS

The referral process can occur in three ways:

- a) External referral by professionals outside the health sector.
- b) Internal referral within the health centre, made by a family nurse, psychologist, social worker, physiotherapist, speech therapist, or other health professionals from the Health Centre, UCC, or ELI.
- c) Self-referral during a consultation with a general practitioner (GP) or another health professional at the health centre.

Referral professionals identify and forward the participant's information to the general practitioner (GP), who then validates the Cultural Prescription.

CULTURAL PRESCRIPTION

Only general practitioners (GP) can issue Cultural Prescriptions.

Based on the referral professional's suggestion and/or in consultation, the physician determines whether Cultural Prescription is appropriate for the participant, verifying their eligibility according to the established criteria.

During a consultation, the general practitioner (GP) discusses the participant's motivational profile, identifies areas of interest, and determines suitable cultural activities.

The general practitioner (GP) will have access to an updated cultural agenda available online via CIMAC's website.

If the physician cannot fully assess the participant's interests during the consultation, they complete a basic enrolment form (including the participant's name, age, contact information, and informed consent). The participant is then informed that a link worker will contact them within 72 hours to schedule a motivational interview.

2.ª FASE: ENCAMINHAMENTO E ARTICULAÇÃO

1

**ABORDAGEM MOTIVACIONAL
DE ACORDO COM PERFIL
DO PARTICIPANTE**

Quem?
**Interlocutor (de acordo com
a indicação do Médico de Família)**

- a) Acordo de compromisso de participação

2

**ENCAMINHAMENTO E CONTACTO
COM O AGENTE CULTURAL**

Quem?
Interlocutor

- a) Agendamento de primeiro encontro entre participante e agente cultural
- b) Participação nas Atividades Prescritas

Phase 2: Follow-up and Coordination

MOTIVATIONAL APPROACH (ACCORDING TO THE PARTICIPANT'S PROFILE)

The link worker is responsible for following up on the Cultural Prescription process, using the information provided in the enrolment form filled out by the prescribing general practitioner (GP).

After receiving the completed form, the link worker contacts the participant within 72 hours to schedule an interview to confirm their intention to participate and conduct a motivational assessment.

During this interview, the link worker and the participant discuss the participant's interests, motivations, and expectations. Together, they identify the most suitable cultural activities from the options available in the cultural agenda, determine the number of activities the participant wishes to engage in (ranging from one to three), and explore the possibility of attending special events or performances that may take place during the project period.

At the end of the interview, the participant and the link worker establish a commitment agreement, specifying the conditions of participation, including the duration of the activities, regular attendance, feedback provision, and participation in the project's qualitative and quantitative evaluation.

REFERRAL AND CONTACT WITH THE CULTURAL AGENT

Following this interview, the link worker schedules the first meeting between the participant and the cultural agent, setting the location, date, and time. Whenever possible, the link worker accompanies the participant to this first meeting, facilitating their integration into the activity.

The cultural agent welcomes the participant in the same manner as any other attendee, ensuring that their inclusion in the program remains discreet and non-stigmatizing.

The participant's confidentiality must be safeguarded at all times.

The link worker provides the cultural agent with an updated contact list, including the focal point at the health center (the professional responsible for liaising with the prescribing general practitioner and other healthcare providers involved in the Cultural Prescription process).

THE ROLE OF THE CULTURAL AGENT IN ARTISTIC AND CULTURAL ACTIVITIES

Throughout the participant's involvement in the activity, the cultural agent is responsible for monitoring their attendance, level of engagement, and satisfaction.

If any issue arises, such as the participant's withdrawal from the program or a mismatch between their interests and the selected activity, the cultural agent must inform the link worker..

If, during the activity, the cultural agent identifies an urgent health-related concern, whether psychological or physical, they must immediately notify the focal point at the health center.

Healthcare professionals will then provide the necessary follow-up. Additionally, the cultural agent should inform the link worker of the situation.

3.ª FASE:
PARTILHA DE INFORMAÇÃO
SOBRE A PRESCRIÇÃO CULTURAL
AO MÉDICO DE FAMÍLIA
E OUTROS ATORES

1

ACOMPANHAMENTO DO PARTICIPANTE
AO LONGO DA DURAÇÃO DO PROJETO

Phase 3: Information Sharing with the Prescribing Physician and Other Stakeholders

PARTICIPANT FOLLOW-UP THROUGHOUT THE DURATION OF THE PROJECT

Since Cultural Prescription is a medical prescription, it is essential to monitor the participant's progress throughout the intervention.

There is a minimum required communication frequency between the cultural agent, link worker, and healthcare providers during the first five weeks of participation.

The link worker must inform the prescribing general practitioner (GP) of the participant's progress at three key points:

Initial update: At the start of the program, the physician is informed about the participant's selected activities, expected duration, and attendance frequency.

Midway update: If relevant information arises, the physician is informed about the participant's attendance patterns or if they have discontinued the program.

Final evaluation: At the end of the intervention, the participant completes an evaluation form, assessing their satisfaction with the activity and its impact on their health and well-being. This information is shared with the Cultural Prescription Coordination Team and the prescribing physician

**DESCRIPTIVE
ANALYSIS OF THE
IMPLEMENTATION
OF THE PILOT
CULTURAL
PRESCRIPTION
PROJECT IN
CENTRAL
ALENTEJO**

This chapter provides a detailed analysis of the implementation process of the pilot Cultural Prescription project over 11 months (from July 2023 to June 2024) by the project coordination team. The objectives of this chapter are:

- To analyse the implementation of the project between July 2023 and June 2024.
- To detail the activities developed during this period, highlighting the close support provided by the coordination team to each of the local teams and their respective prescription teams (referral professionals, prescribing professionals, focal points at the health centres, link workers, and cultural agents).
- To describe how local teams coordinated among themselves and developed their local networks as part of the Cultural Prescription Project.
- To identify the challenges encountered in each municipality and reflect on these as potential barriers or facilitators for the implementation of Cultural Prescription.
- To analyse the flow of cultural prescriptions issued between July 2023 and June 2024.

From the total of 99 cultural prescriptions, 4 were found to be duplicate records, and 6 were cancelled due to an inability to establish contact with the participant. Therefore, the number of cultural prescriptions analysed in this report is 88. Between July and December 2023, there were 36 prescriptions, with 26 occurring between September (11 prescriptions) and October (11 prescriptions). Between January and June 2024, there were 52 cultural prescriptions, with 11 occurring between January and February and 41 between March and June, indicating a growing trend toward regular prescription of cultural activities (as shown in Table 3).

Currently, 14 health units from 8 municipalities in Central Alentejo (Évora District) are involved in the Cultural Prescription process.

The data suggest that the increasing regularity of Cultural Prescription over time is due to its growing recognition as a valuable resource among Primary Health Care teams and the communities they serve.

At present, Cultural Prescription occurs:

- Primarily during consultations with general practitioners (GP), as a complementary approach to pharmacological prescriptions.
- Through referrals by other healthcare professionals who are familiar with the participants and the project.
- Through self-referral, when participants become aware of the project through information provided at their Family Health Units (USF) and Personalized Health Care Units (UCSP).

As a result of cross-sector collaboration between healthcare, municipalities, and cultural organizations, a close and efficient network has been established. This network is characterized by both interdisciplinary cooperation and the engagement of numerous stakeholders, including healthcare professionals, municipal officials, and cultural agents. However, the process requires time to fully consolidate.

This perspective is supported by evidence-based research (Jensen, Holt, Honda & Bungay, 2024; Fancourt & Warran, 2024) and the *Manual de apoio à implementação de iniciativas de Prescrição Social* (Dias S, Hoffmeister L, Figueiredo C, Coelho A, Marques MJ, Canas M, Pedro AR, Gama A, 2024), of which CIMAC is a partner. These sources emphasize the importance of continuous mediation and ongoing support by the coordination team, ensuring that all stakeholders integrate Cultural Prescription into their regular professional practices.

This approach facilitates the identification of best practices, encourages the engagement of professionals, and strengthens evidence-based interventions aimed at improving the health and well-being of participants.

Since Cultural Prescription represents an additional task for all involved professionals, the coordination team has invested considerable time and effort in maintaining proximity and regular communication with local teams. This effort has been crucial in aligning the work of referral professionals and prescribing doctors, strengthening collaboration between the focal points at health centres and link workers, and ensuring an efficient connection between link workers and cultural agents.

The persistence and commitment demonstrated by all stakeholders throughout the implementation process have been fundamental in ensuring the success of the project. Maintaining clear and open communication has also played a key role in facilitating the exchange of information between all parties involved, thereby reinforcing participant

commitment to the prescription process.

This communication strategy allows general practitioners (GP) to access detailed information on prescribed activities and assess whether the intervention has led to any therapeutic changes over the course of 10 weeks (or a longer period in cases where prescriptions extend beyond the 10-week timeframe). It also enables them to identify potential barriers to participation, such as resistance to non-pharmacological interventions.

“Although the term ‘Prescription’ may suggest a unilateral recommendation from a health professional, within the context of Social Prescription – and by extension, Cultural Prescription – it involves the co-creation of a personalized action plan, based on a bidirectional and collaborative process. The term ‘Social’ [or ‘Cultural’] reflects a systemic approach to the social determinants of health, adopting a biopsychosocial and intersectoral perspective. More than just a referral or signposting process, Cultural Prescription requires the commitment of all professionals involved to understand the various factors influencing an individual’s health and to provide integrated, close, and regular support for their well-being.

In summary, Cultural Prescription presents an opportunity for structural change in how individuals navigate between the health, social, and cultural sectors, fostering a more holistic and community-driven approach to health and well-being.”

In Dias S, Hoffmeister L, Figueiredo C, Coelho A, Marques MJ, Canas M, Pedro AR, Gama A (2024) Prescrição Social: Manual de Apoio à implementação de Iniciativas, p. 11

The Connection Between the Coordination Team and Local Teams and the Scope of the Cultural Prescription Network in Central Alentejo

The first indicator to be analysed in this section is the relationship between the series of visits and meetings conducted by the Coordination Team with the Primary Health Care Teams and other key stakeholders in the Cultural Prescription process, and the peaks in prescription activity. The periods with the highest number of prescriptions occurred immediately following field visits by the Coordination Team. These visits and meetings were intended to raise awareness among health professionals about Cultural Prescription and to identify potential participants who met the eligibility criteria during team meetings. As a result, they became catalysts for increasing awareness among project stakeholders regarding the value of Cultural Prescription as a health promotion strategy.

In early 2024, specifically between February and March, the Clinical Director for Primary Health Care at ULS AC proposed visiting the functional health units that had not yet joined the Cultural Prescription pilot project. This resulted in the March 2024 enrolment of three additional Functional Health Units in Évora: USF Sol, USF Lusitânia, and UCSP Évora.

Currently, the Cultural Prescription Project is carried out with the involvement of the CIMAC Team, the 8 participating municipalities (Alandroal, Arraiolos, Borba, Évora, Estremoz, Montemor-o-Novo, Portel, and Redondo), the Local Health Unit of Central Alentejo (ULS AC), and the National School of Public Health (ENSP – NOVA). A total of 134 professionals are integrated into this regional network, alongside a range of cultural agents who contribute to the ongoing development and implementation of the project in their respective territories.

Tables 1 and 2 below illustrate the current scope of human resources allocated to the Cultural Prescription pilot project, including the number of partner institutions, professionals involved, cultural agents, artistic and cultural activities, and participant age groups.

Table 1 – Number of Partner Entities and Professionals Assigned to the Cultural Prescription Pilot Project

Partner entities / Prescribing professionals / Focal Points / Link Workers / Coordination Team / Evaluation Team / IT Team

ENTIDADES PARCEIRAS ENVOLVIDAS NO PROJETO-PILOTO DE PRESCRIÇÃO CULTURAL	PRESCRITORES	PONTOS FOCAIS	INTERLOCUTORES LOCAIS (LINKWORKERS)	EQUIPA DE COORDENAÇÃO	EQUIPA DE AVALIAÇÃO E INVESTIGAÇÃO DO PROJETO DA ENSP-UNL	EQUIPA INFORMÁTICA - APLICATIVO DA PRESCRIÇÃO CULTURAL NO SCLÍNICO
UNIDADE LOCAL DE SAÚDE DO ALENTEJO CENTRAL (ULSAC)	77 Médicos de medicina geral e familiar + 26 Médicos internos	7 Assistentes Sociais				2 Engenheiros Informáticos (1 ULSAC e 1 ARSA)
MUNICÍPIOS (ALANDROAL, ARRAIOLOS, BORBA, ÉVORA, ESTREMOZ, MONTEMOR-ONOVO, PORTEL E REDONDO)			9 apoiados na sua maioria por colegas da área da cultura			
CIMAC				Entre julho e dezembro 2023: 3 elementos da Unidade de Promoção e Desenvolvimento da Cultura da CIMAC + 3 elementos da equipa Pó de Vir a Ser + 1 Psicóloga Clínica e da Saúde	Entre janeiro e junho 2024: 3 elementos da Unidade de Promoção e Desenvolvimento da Cultura da CIMAC + 1 Psicóloga Clínica e da Saúde	
ESCOLA NACIONAL DE SAÚDE PÚBLICA - UNL					Entre julho e dezembro de 2023 4 Entre janeiro e junho de 2024	
TOTAL DE PROFISSIONAIS AFETOS AO PROJETO					6	
				134 profissionais		

Table 2 – Number of Cultural Agents Assigned to the Cultural Prescription Pilot Project, Artistic and Cultural Activities Developed, and Age Groups

Municipalities / Cultural Agents / Cultural Activities / Age

Municípios	Agentes culturais	Atividades artísticas e culturais	Faixa etária
Alandroal	Biblioteca Municipal	Conta tu, conto eu	Todas as idades
	Universidade Popular Túlio Espanca	Tuna da Universidade Popular	Todas as idades
	Associação Núcleo de Cultura e Formação das Hortinhas	Aulas de Instrumentos Musicais	Todas as idades
	Fórum transfonteiriço de Alandroal	<ul style="list-style-type: none"> • Danças Orientais • Sessões de Cinema (quinzenais) • Banda Filarmónica do Centro Cultural de Alandroal 	Todas as idades
Arraiolos	Centro Interpretativo de Tapete de Arraiolos	<ul style="list-style-type: none"> • Workshop de desenho do tapete de arraiolos • Bordar o Tapete 	Todas as idades
	Sociedade Musical União Vimeirense	Grupo de Teatro Amador	Todas as idades
	Projeto Sénior da CM Arraiolos	diversas atividades entre as quais Teatro, Música, Canto, Narração Oral	Idosos
	Associação Social Unidos de Santana do Campo	Aulas de dança de Hip-Hop	Crianças/Jovens
Borba	Santa Casa da Misericórdia de Borba	Tuna da Universidade Sénior Grupo de Teatro Amador	Adultos e Idosos
	Borba Compassiva	<ul style="list-style-type: none"> • Death café - Conversas • Cine Compassivo (dinema) 	Todas as Idades
	Os Garridos	Grupo de Cante Alentejano	Todas as Idades
	Banda Filarmónica do Centro Cultural de Borba	Banda Filarmónica do Centro Cultural de Borba/ Escola de Música	Todas as Idades
Estremoz	Ginarte - Associação Desportiva e Cultural de Estremoz	Dança para crianças, jovens e adultos	Todas as Idades
	Junta de Freguesia de São Bento do Cortiço (Francisco Pardal)	Folclore e danças Tradicionais	Todas as Idades
	Coletivo Cultura Alentejo	Oficina de Teatro	Todas as Idades

Municípios	Agentes culturais	Atividades artísticas e culturais	Faixa etária
Estremoz	Associação Cultural e Musical do Concelho de Estremoz	<ul style="list-style-type: none"> Música cavaquinho (Grupo de cavaquinho de Estremoz) Música Violino 	Todas as Idades
	Órfeão de Estremoz (Tomaz Alcaide)	<ul style="list-style-type: none"> Música / Canto Dança contemporânea Dança clássica 	Adultos e Idosos Todas as Idades
	Academia Sénior de Estremoz (Câmara Municipal de Estremoz)	Várias Oficinas	Adultos e idosos
	Centro Interpretativo do Boneco de Estremoz	Modelação de "Bonecos de Estremoz"	Todas as Idades
	Museu Municipal de Estremoz	Atividade de voluntariado - património Cultural e Religioso	Adultos e Idosos
	Biblioteca Municipal de Estremoz	"Quintas-feiras de encantar"	Crianças/Jovens
	Centro de Ciência Viva de Estremoz	Atividades de Promoção pontual	A definir
Évora	Fundação Eugénio de Almeida	<ul style="list-style-type: none"> Exposições regulares Visitas guiadas Visitas guiadas com oficinas Oficinas para jovens Sábados criativos 	Todas as idades Adultos e crianças Crianças/jovens 10 aos 15 anos Crianças
	Eborae Música	<ul style="list-style-type: none"> Canto individual Coros infantojuvenis Aulas de instrumentos musicais 	Todas as idades Crianças e jovens
	Associação Cultural Tritono	Vocal <i>Coaching</i>	Jovens e adultos
	Associação Filarmónica Liberalitas	Aulas de instrumentos de sopro e percussão	Todas as idades
	Associação Pé de Xumbo	<ul style="list-style-type: none"> Danças do mundo Danças do mundo para a infância 	Todas as Idades Crianças
	Salesianos de Évora	<ul style="list-style-type: none"> Aulas de instrumentos musicais Aulas de canto 	Todas as Idades

Municípios	Agentes culturais	Atividades artísticas e culturais	Faixa etária
Évora	Associação de Dança e Arte Companhia de Triana	<ul style="list-style-type: none"> Aulas de dança contemporânea Aulas de dança de sevilhanas Aulas de dança sevilhanas (infantil) Aulas de flamenco 	Todas as idades
	Museu Nacional Frei Manuel do Cenáculo	Exposições temporárias e permanentes	Todas as Idades
	Casa do Montado	Exposição permanente	Todas as Idades
	Biblioteca Pública de Évora	<ul style="list-style-type: none"> Diversas atividades regulares e pontuais (escrita, leitura, palestras, exposições, etc... 	Todas as Idades
	AssociArte	<ul style="list-style-type: none"> Danças de salão Canto em coro com Mara Ateliers de Artes Plásticas 	Todas as Idades
	Sociedade Operária Joaquim António de Aguiar - Cineclub	Atividades de programação pontual	A definir
	CENDREV	Atividades de programação pontual	A definir
	A Bruxa Teatro	Atividades de programação pontual	A definir
Montemor-O-Novo	Centro Juvenil de Montemor-O-Novo	Aulas de produção musical	Jovens
	Projeto Ruínas	<ul style="list-style-type: none"> Oficina de teatro e do imaginário Oficina de teatro para adultos 	Crianças/Jovens
	Ensemble Montemor-O-Novo	<ul style="list-style-type: none"> Aulas de canto Aulas de danças urbanas Aulas de música (Iniciação, Formação e Expressão Musical) 	Todas as idades
	Escola de Ballet da Câmara Municipal de Montemor-O-Novo	Escola de Ballet	Crianças/Jovens
	Cineteatro Curvo Semedo (C.M. Montemor-O-Novo)	Oficina de canto	Crianças/Jovens

Municípios	Agentes culturais	Atividades artísticas e culturais	Faixa etária
Montemor-O-Novo	AFABE - Associação de Formação Artística e de Bem-estar de Montemor-O-Novo	Aulas de canto AFABE	Todas as idades
	Biblioteca Municipal de Montemor-O-Novo	<ul style="list-style-type: none"> • Clube de costura na biblioteca • Histórias na biblioteca 	Todas as idades
	Rancho Folclórico "Os Fazendeiros" de Montemor-O-Novo	Danças tradicionais do Alentejo	Todas as idades
	Oficinas do Convento	<ul style="list-style-type: none"> • Atelier livre com barro induído • Galeria. Brevemente <ul style="list-style-type: none"> • Mishima 	Todas as idades
	Cineclube & Filmoteca de Montemor-O-Novo	<ul style="list-style-type: none"> • Cinema 	Todas as idades
	ARPI - Associação de Reformados, Pensionistas e Idosos de Montemor-O-Novo	<ul style="list-style-type: none"> • Dança • Cantares • Jogos tradicionais 	Idosos
Portel	Biblioteca Municipal de Portel	Atividades de leitura e visualização de filmes	Todas as idades
	Museu da Luz (Câmara Municipal de Portel)	Exposições regulares E temporárias	Todas as idades
	Escola Municipal de Dança de Portel	<ul style="list-style-type: none"> • Dança - adultos e seniores • Dança (hip-hop) 	Adultos e Idosos Crianças e jovens
	Escola Municipal de Artes do Espetáculo	Aulas de instrumentos	Todas as idades
	Junta de Freguesia de Oriola	<ul style="list-style-type: none"> • Aulas de instrumento de corda • Aulas de viola 	Todas as idades
	Escola Municipal de Dança de Monte de Trigo	<ul style="list-style-type: none"> • Dança para crianças e jovens • Dança de sevilhanas 	Crianças/Jovens Adultos
Redondo	Universidade Popular Túlio Espanca	<ul style="list-style-type: none"> • Dança • TUPTER - Tuna da Universidade Popular de Túlio Espanca - Pólo de Redondo • Oficinas Temáticas 	Adultos e Idosos
		<ul style="list-style-type: none"> • Artesanato (expressão plástica ou cerâmica) 	Todas as idades

Municípios	Agentes culturais	Atividades artísticas e culturais	Faixa etária
	Biblioteca Itinerante de Redondo	Escrita Criativa	Adultos e Idosos
Total de entidades/agentes culturais	54		
Total de atividades disponíveis	Superior a 90		
Total de atividades para crianças/jovens	Pelo menos 12		
Total de atividades para adultos e idosos	Pelo menos 10		
Total de atividades para todas as idades	34		

The development of this network requires flexibility to accommodate the diversity, particularities, and specific characteristics of each local context. Incorporating these elements allows for the identification of challenges that have hindered or conditioned the project's progress, as well as the recognition of best practices that indicate strong engagement and potential for success.

Once again, ongoing support for all project stakeholders – including referral professionals, prescribing doctors, focal points, link workers, and cultural agents – has enabled a deeper understanding of local challenges. This was achieved through a case-by-case analysis of each prescription, assessing which aspects depended on collaborative coordination between local team members (focal point and link worker) and which required improvements in communication and articulation between these two key figures.

Despite the progress made, the pilot project does not mark the conclusion of the work still needed for Cultural Prescription to function as a fully integrated health intervention within communities. Certain areas of implementation still require further development, such as systematic training programs for professionals across different sectors and a closer relationship with cultural agents to address questions and challenges posed by Cultural Prescription.

Cultural Prescription in the 8 Municipalities of Central Alentejo

Next, we examine the flow of Cultural Prescriptions by municipality and by Functional Health Unit to better understand some of the local specificities of the process.

Figure 1 – Flow of Cultural Prescriptions by Municipality Throughout the Pilot Project

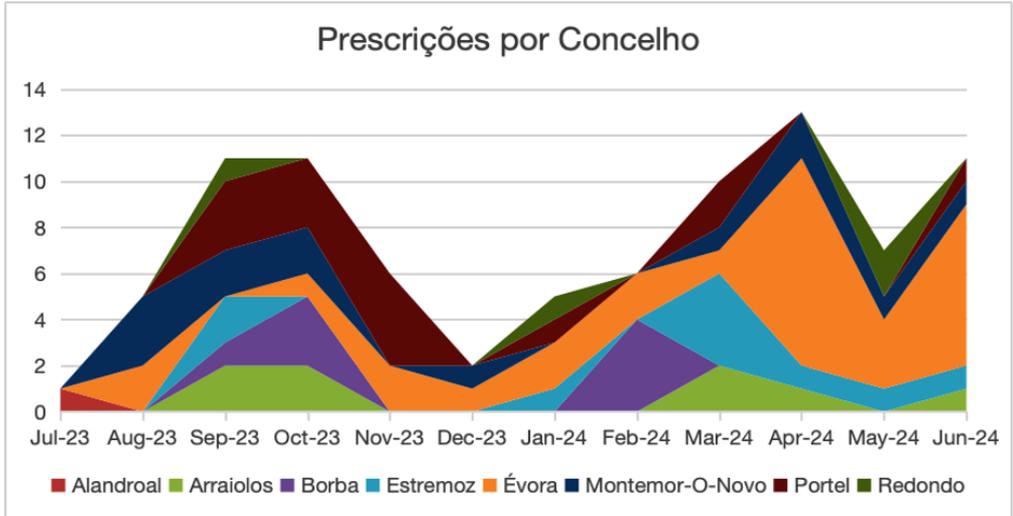


Table 3 – Number of Prescriptions by Municipality Throughout the Pilot Project

CONCELHO	Jul-23	Ago-23	Set-23	Out-23	Nov-23	Dez-23	Jan-24	Fev-24	Mar-24	Abr-24	Mai-24	Jun-24	TOTAL
Alandroal	1	0	0	0	0	0	0	0	0	0	0	0	1
Arraiolos	0	0	2	2	0	0	0	0	2	1	0	1	8
Borba	0	0	1	3	0	0	0	4	0	0	0	0	8
Estremoz	0	0	2	0	0	0	1	0	4	1	1	1	10
Évora	0	2	0	1	2	1	2	2	1	9	3	7	30
Montemor-O-Novo	0	3	2	2	0	1	0	0	1	2	1	1	13
Portel	0	0	3	3	4	0	1	0	2	0	0	1	14

Redondo	0	0	1	0	0	0	1	0	0	0	2	0	4
TOTAL	1	5	11	11	6	2	5	6	10	13	7	11	88

Analysis of the data suggests that different municipalities have exhibited varied dynamics in the implementation of the project, which merits further examination. In **Portel (USF Portel) and Montemor-o-Novo (USF Alcoides)**, a relatively consistent prescription pattern was observed, with 14 and 13 Cultural Prescriptions, respectively, issued over the 11-month period.

In **Borba** (USF Quinta da Prata, with 8 prescriptions) and **Arraiolos** (USF Matriz, with 8 prescriptions), prescription activity occurred in distinct phases, corresponding to the Coordination Team’s visits to these locations. Arraiolos presents an exception to the rule regarding transportation issues, as the municipality provides transportation services that enable residents to travel between rural areas and the municipal centre, facilitating participation in cultural activities. This support allowed one participant in the project to fully benefit from this resource.

In **Estremoz** (USF Extremus and UCSP Estremoz, with 10 prescriptions) and **Montemor-o-Novo** (USF Alcoides and Foral, with 13 prescriptions), the focal point at the health centre played a crucial role in engaging other health professionals, particularly doctors, in identifying potential participants who met the eligibility criteria. In some cases, the focal point’s presence during medical consultations helped support general practitioners (GP) in using the Cultural Prescription application. However, in Estremoz, a technical issue with the application initially hindered prescription issuance at UCSP Estremoz, particularly for doctors working in rural health centres. This issue was later resolved after the integration of the three additional Functional Health Units in Évora in March 2024.

In **Montemor-o-Novo**, the participation of the primary healthcare teams from the two USFs (Foral and Alcoides) in an early phase of consultation about the Cultural Prescription model sparked an enthusiastic discussion about the added value the project could have in that municipality due to its particular characteristics. This initial moment also allowed for a relevant reflection on whether, besides doctors, other professionals could be prescribers. The dynamics of this early process suggested that Cultural Prescription in Montemor-o-Novo would be participatory, both because of the involvement shown by healthcare professionals and because of the intense cultural programming with diverse cultural activities that the municipality organizes and makes accessible. Montemor-o-Novo is also a municipality with a robust cultural fabric,

with cultural agents from various artistic fields, who engaged in the process of designing the implemented Cultural Prescription model. However, the change in coordination at the USF Foral and the departure of healthcare professionals, notably doctors/prescribers, ended up limiting the potential of the initial implementation. The enthusiasm that was felt in the early stages did not persist throughout the pilot project of Cultural Prescription. Moreover, despite the dynamism and interest shown by the general practitioners at the USF Alcaldes, the flow of prescriptions did not become systematic as expected. Nevertheless, Montemor-o-Novo is one of the municipalities that offers the best conditions for maintaining Cultural Prescription, for the reasons mentioned above. The expectation is to encourage a reflection among local partners once the pilot phase of the project concludes, to understand any issues that may have arisen, which would be difficult to resolve at this stage. There is hope that this reflection will help sustain and promote the growth of Cultural Prescription in the municipality, as it was embraced by all as a more fluid and regular collaborative practice.

Still regarding the municipalities of **Estremoz** and **Montemor-o-Novo**, it is important to consider that their dynamics and cultural fabric make them municipalities with the potential for the sustainability of **Cultural Prescription**. In **Montemor-o-Novo**, as previously mentioned, in addition to the significant number of cultural agents in the region, the Municipality provides a range of free artistic and cultural activities to the population through its various municipal structures. Similarly, **Estremoz** offers a diverse and comprehensive cultural agenda across various artistic fields, with the potential to gain greater expression and impact through **Cultural Prescription**, serving the promotion of health and well-being in the community through the diversity of cultural activities it develops.

In **Redondo** (UCSP Redondo), it is noteworthy that, despite the number of Cultural Prescriptions being only 4, all of them involved 1 to 3 choices of artistic and cultural activities. Two of these maintained the prescription for 10 weeks, and one had a subsequent prescription for a period longer than 10 weeks (i.e., for the duration of the activity during the previous academic year). The participant in this last prescription expressed interest in resuming the activity and Cultural Prescription in September 2024 when cultural activities resume. The fourth and final cultural prescription was made for a person with reduced mobility, who, due to working in the municipality of Évora, intends to take part in cultural activities there, which also demonstrates a successful inter-municipal process. Redondo, as we can understand, is one of the municipalities with evidence of success in the Cultural Prescription process and the effectiveness of the approach developed, although there is still work to be done in terms of raising awareness among health professionals (referrers and prescribers) regarding the added value and

impact of Cultural Prescription for these 4 patients. Here, when prescriptions occur, the entire process and prescription plan unfolds with the support of the link worker, who demonstrates strong enthusiasm for the project. In this municipality, it is worth highlighting the ease with which coordination happens between the various actors, particularly between the focal point and the link worker, as well as the enthusiasm that spreads among the professionals in the municipality. These professionals have contributed to other proposals for cultural activities that may be valid for Cultural Prescription, which can attract larger audiences and increase engagement, thereby contributing to a greater impact on the artistic and cultural activities being developed. Also in this municipality, specifically, the itinerant culture approach seems to be one that facilitates people not having to travel to the municipality's headquarters, where most cultural activities occur, as some of these activities “move” around the municipality.

Considering the first and only prescription (until June 30) in the municipality of **Alandroal** (UCSP Alandroal), it is important to highlight that, in this municipality, the general and family medicine doctors are dispersed throughout the week across the Unit's extensions. Similarly, the focal point of that Unit is also only present at the Unit one day a week, which may hinder both the coordination in identifying patients with eligibility criteria and the clarification of any doubts regarding the prescription process and the use of the application.

In the municipality of **Évora**, there were two months in which no prescriptions were issued in the three participating Family Health Units (USF Planície, USF Eborae, and USF Salus). Since then, there has been a progressive increase in this practice, possibly correlated with the occurrence of self-referrals, greater coordination between referral professionals and prescribing doctors, and a growing recognition of the added value of Cultural Prescription as a tool available in medical practice. Between April and June 2024, a total of 19 Cultural Prescriptions were issued in Évora, whereas from August 2023 to March 2024, there were only 11 prescriptions. This higher percentage also includes contributions from USF Sol, one of the three Functional Health Units that joined the Pilot Project in March 2024. As the district capital, Évora not only offers a wide variety of cultural areas and activities but also has a dynamic cultural sector that still requires further exploration by the project coordination team. The goal is to identify cultural activities not yet included in the cultural agenda that could be integrated into the project. The conditions in this municipality appear favourable for expanding the project in the near future, incorporating additional cultural and artistic initiatives that could further strengthen the relationship between the three core sectors of the project: health, municipality, and culture.

Within the implementation of the pilot project in Évora, particular emphasis must be given to the strong engagement and dynamism of the link worker, who has been a key driving force behind Cultural Prescription since the beginning of the project. This individual has even encouraged the municipality to create a welcoming and easily accessible service space for Cultural Prescription participants and other community support services. Évora is already the municipality with the highest number of Cultural Prescriptions, due to its size, and it also serves as an example of a project implementation process that continues to develop and expand, involving an increasing number of local partners. One of the most notable aspects of the Évora experience has been the efficient coordination between the focal point (who promptly shares the necessary information within the established timeframe) and the link worker. However, considering the recent increase in prescription volume and the presence of a second focal point, the coordination team has proposed the development of a standardized information-sharing document for this working group. The aim is to streamline communication between all involved parties, ensuring that this close coordination remains agile and that all stakeholders have a clear and comprehensive understanding of each other's roles and contributions.

Finally, it is important to highlight that, in all municipalities except Arraiolos, the structural issue of the lack of frequent and regular public transportation remains a significant and unavoidable limiting factor. This continues to exacerbate social and geographic isolation, impacting participant engagement and affecting the overall outcomes of the pilot project.

Cultural Prescription in the 12 Functional Health Units of Central Alentejo

Figure 2 – Flow of Cultural Prescriptions by Functional Unit throughout the pilot project

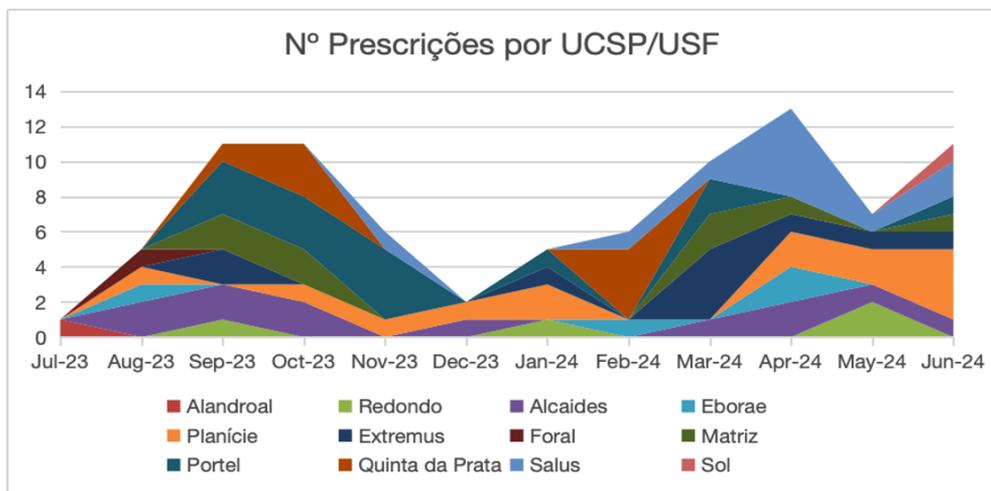


Table 4 – Number of prescriptions per UCSP/USF during the pilot project

UCSP/USF	Jul-23	Ago-23	Set-23	Out-23	Nov-23	Dez-23	Jan-24	Feb-24	Mar-24	Abr-24	Mai-24	Jun-24	TOTAL
Alandroal	1	0	0	0	0	0	0	0	0	0	0	0	1
Redondo	0	0	1	0	0	0	1	0	0	0	2	0	4
Alcaides	0	2	2	2	0	1	0	0	1	2	1	1	12
Eborae	0	1	0	0	0	0	0	1	0	2	0	0	4
Planície	0	1	0	1	1	1	2	0	0	2	2	4	14
Extremus	0	0	2	0	0	0	1	0	4	1	1	1	10
Foral	0	1	0	0	0	0	0	0	0	0	0	0	1
Matriz	0	0	2	2	0	0	0	0	2	1	0	1	8
Portel	0	0	3	3	4	0	1	0	2	0	0	1	14
Quinta da Prata	0	0	1	3	0	0	0	4	0	0	0	0	8
Salus	0	0	0	0	1	0	0	1	1	5	1	2	11

Sol	0	0	0	0	0	0	0	0	0	0	0	1	1
TOTAL	1	5	11	11	6	2	5	6	10	13	7	11	88

An analysis of the flow of cultural prescriptions in the different functional units shows that USF Portel and USF Planície (Évora) were the USFs that prescribed the most, both with 14 prescriptions over the 11 months.

In the case of **USF Portel**, there was a change of link worker in the middle of the pilot project's implementation process, which led to a reflection on how the model was being implemented, as well as potential challenges and constraints that needed to be understood and analysed in detail, in an attempt to understand the reasons why, despite the high number of prescriptions, the number of participants in cultural activities was only 1 person. Reflections with professionals at this USF allowed us to identify issues such as the impact of the size of the informed consent form (4 duplicate forms) as a possible constraint on the approach to prescriptions. The question also arose about the possible desirability of patients' response to doctors, since several accepted the prescription in consultation and, when contacted by the link worker, revealed that they felt embarrassed to refuse the proposed prescription at the doctor's appointment (possibly due to the low level of trust that still exists, given the fact that two of these professionals had only recently started working at the unit).

Also, at **USF Planície (Évora)**, with 14 cultural prescriptions, it is important to note that this unit has had 3 specialist doctors out of a possible 8 prescribing culture (plus 2 general and family medicine interns) so far. Among the doctors with the highest number of prescriptions, the previous clinical director of the ACES (one of the mentors behind the design of the cultural prescription project) stands out, with 7 of the 14 prescriptions. During discussions with the unit's professionals, the question arose as to whether or not Cultural Prescription would be an appropriate approach for patients with the eligibility criteria outlined, with some doctors having doubts as to how this proposal could be applied to people with moderate depressive symptoms, particularly those of advanced age. This was also one of the most significant reflections on the need to document the challenges and added value of these processes, as well as the importance of taking a closer look in the future at the importance and added value of creative health and its potential throughout the life cycle.

This was followed by **USF Alcoides** (Montemor-o-Novo), with 12 prescriptions, and **USF Salus** (Évora), with 11 prescriptions. At USF Alcoides (Montemor-o-Novo), 4 of the 5 general practitioners, accompanied by two interns, were responsible for 12 cultural prescriptions. Of these, we know that 7 were cultural prescriptions that took place over 10 weeks, and 3 of them were still attending cultural activities within the 10-week period at the end of June 2024.

In the case of **USF Salus**, the medical team – specialists and general and family medicine interns – showed significant proactivity in meetings with the coordination team, and made several suggestions for facilitating Cultural Prescription, namely through self-referral, with the creation of a computer application for this purpose. Between March and June 2024, this was the USF that prescribed the most, followed by USF Planície and USF Extremus.

At the **USF Extremus** (Estremoz), with 10 prescriptions, as indicated above, it was possible to document the remarkable involvement of the focal point (social worker) with the medical team. As a result, the coordination team was able to witness, in the various meetings that took place throughout the year, the way in which this element, both because of its in-depth knowledge of the local reality (given that this professional is 100% assigned to those two units) and because of its perception of the added value of Cultural Prescription for the community, boosted the prescribing activity of general practitioners, working closely with the team to identify potential beneficiaries of the project. Whenever possible, she accompanied the doctor to the consultation, facilitating both the doctors' prescribing process and the respective framework.

At the **Quinta da Prata USF** (Borba), it is worth noting the enthusiasm with which the general practitioners have embraced Cultural Prescription and persuaded the municipality to take part in the project. However, in that municipality, the regular cultural offer is scarce and most of the activities are aimed exclusively at senior citizens. Borba is also home to the general practitioner who set up the Borba Compassiva Association and, as part of this, presented proposals for a “Death Café” and film screenings to address health care for people involved in processes of chronic disabling illness, end of life, loss and bereavement.

It is estimated that, in the 8 cultural prescriptions, one of the factors that may have conditioned the lack of adherence may have been the difficulty the link worker had in establishing contact with the patients within the planned timeframe (with an average of around 30 days for initial contact with the patients, in most prescriptions). In this context, the reflection made by the medical team focused on the need to understand the reasons why the cultural prescriptions were not consistent, given the fact

that all the prescribing doctors had been at the unit for several years and had a good relationship with their patients, thus not understanding the reasons for the lack of adherence. Although the time constraints and any difficulties expressed by the link worker may have conditioned the progress of the cultural prescriptions, the medical team pointed out that, as a small community, Borba has community and cultural particularities that may have negatively influenced patients' adherence to cultural activities.

It was also in Borba that the municipality first showed an interest in hiring a visual artist who could organize some activities for Cultural Prescription, which ended up not happening because the artist was no longer available for the purpose. Later, and in the context of a medical appointment, another artist/cultural agent living in the municipality expressed his willingness to take part in the promotion of cultural activities for the local community, within the scope of Cultural Prescription, to his general practitioner, which was communicated to the municipality. However, this expression of interest has not been incorporated to date.

In the case of the **USF Eborae**, with 4 prescriptions so far, it is known that it has been demanding for the medical team to integrate Cultural Prescription into their appointments with patients. In our meetings with this unit, we were able to ascertain their interest in Cultural Prescription, and also the reasons why they feel it is not yet easy to integrate it into their daily practice. In the future, it will be important to assess if a different kind of support for doctors will enable a larger number of prescriptions.

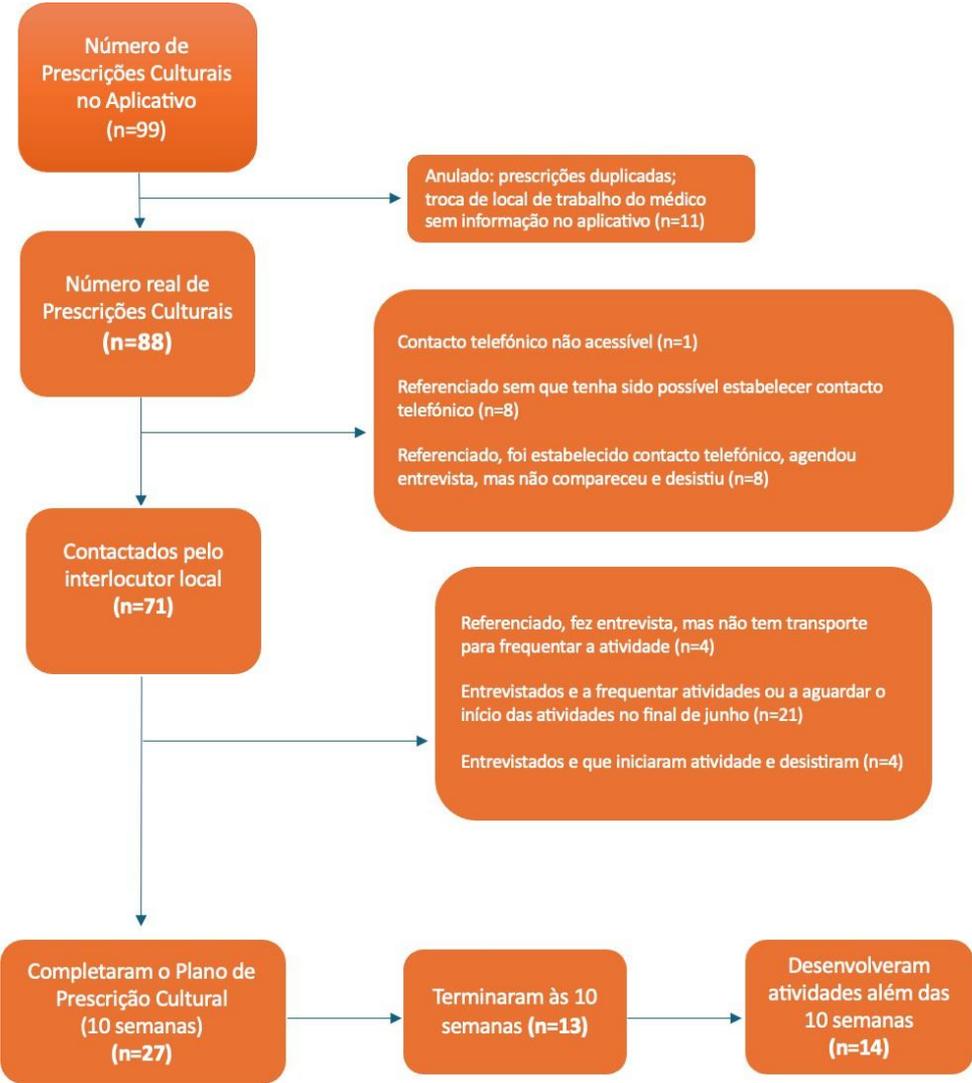
As this implementation project illustrates, Cultural Prescription is the result of a process of intersectoral coordination, collaborative work and coordination between a set of actions by each actor/player, as well as the commitment of the different parties involved.

It is also the result of the willingness and motivation shown by each of these elements, as well as their sharing a joint and concerted vision in this regard. In this way, it will be possible to achieve its progressive consolidation, and the identification, in each local context, of people of reference for Cultural Prescription, from the different services involved, who can affirm it in the field as a health promotion strategy in communities and an asset for patients with mental health problems.

Analysis of cultural prescriptions made between July 2023 and June 2024

The opportunity to learn from the experience gained in the pilot project, cross-referencing it with the research and data collected – both quantitative and qualitative – will allow us to come up with a set of reflections that support Cultural Prescription as an innovative approach, which will be set out in the final chapters. In addition to its potential and efficiency (resulting from the continuity/regularity of participation), Cultural Prescription proves to be complex, as the result of a concerted approach between different sectors (health, social/community and cultural). In order to become agile and fluid (and easy to implement), as can be seen throughout this report, it needs time to adapt to different environments, and we also find evidence of its success and good practices in the articulation between the parties; we find the stakeholders motivated by the potential of Cultural Prescription and aware of the care with which this process needs to be framed when dealing with the participating patients.

Flowchart 1 – Relationship between the number of cultural prescriptions made by general practitioners in the 12 Functional Units and the number of participants who attended artistic and cultural activities and completed the 10 weeks of their Cultural Prescription plan



The flowchart above illustrates the reasons why, of the 88 prescriptions made by general practitioners, 27 completed the Cultural Prescription Plan and 61 were unsuccessful. A quick reading of these figures might suggest that the process may not have been successful. However, the success of the 27 prescriptions (13 completed the proposed 10 weeks and 14 maintained the prescription) is, in our opinion, relevant because this is a pilot project whose objectives also include the need to understand the issues in which the implemented model can be improved. We are talking about a year of implementation, with a process that is still being assimilated by all the professionals involved, and also as a practice with the potential to improve and be improved.

At the moment, it is not yet possible to answer the question of whether, under the same circumstances, for the same number of patients, with the same eligibility criteria, in the same region, at the same time, Cultural Prescription has worse results when compared to the effectiveness of conventional pharmacological therapy. It will be important to consider, in the future, the possibility of a comparative study between people who opt for Cultural Prescription as an alternative to pharmacological prescription, in which it will be relevant to understand the impact that Cultural Prescription has on the daily lives of each of the people involved. In this sense, it is important to consider that in the future of Cultural Prescription we can evaluate the success that this integrated health approach can offer in the short, medium and long term, in improving the well-being of the participants.

Analysis/Reflection regarding constraints and challenges throughout the monitoring of the pilot project, carried out by the Coordination Team

Tables 1 to 3 below summarize a set of challenges and constraints that have been identified throughout the implementation of the pilot project, in each of the phases provided for in the model, and which represent areas for improvement that should be introduced to the Cultural Prescription process, in order to facilitate the effective establishment of this practice in the territory and in the different places where it is developed.

It is also intended to be a source of support for feedback meetings with the actors/stakeholders in the process, supporting reflection on the particularities of their reality and the improvements that can be implemented in the near future, together with the other partners.

Chart 1 – Challenges and Constraints identified in Phase 1: from Referral to Prescription

PHASE 1: From Referral to Prescription

Referral	Medical Prescription
<ul style="list-style-type: none"> • It was discussed at different times whether prescription should be exclusively the responsibility of the General and Family Medicine doctor, considering the opportunity that may arise if all referrers (health professionals from Functional Units) can act as prescribers. • So far, in this pilot project phase, referrals to General and Family Medicine doctors by psychologists, family nurses, or other UCC professionals have not occurred in a clear and fluent manner, although there seems to be potential for this to happen in the future. • During the pilot project, referrals were made by health professionals external to family health units, as well as self-referrals. Some prescribers were unaware of the correct procedure to complete a Cultural Prescription. In such cases, it would be relevant to establish a designated contact person to assist in resolving any doubts that may arise for prescribers during consultations. 	<p>General and Family Medicine doctors have identified several limitations to issuing Cultural Prescriptions, specifically regarding:</p> <ul style="list-style-type: none"> • The time that Cultural Prescription may take during the consultation and its impact on managing their work schedule. • Concerns about introducing the concept to the patient and then the subsequent process failing to meet the expectations created regarding Cultural Prescription. • A lack of awareness among General and Family Medicine doctors who have not prescribed Cultural Prescription about how the initiative is structured and the established process for the doctor's role in consultations. • The undervaluation, by some healthcare professionals, of the benefits and impact of artistic and cultural activities on the health and well-being of patients/participants. • The reluctance of some General and Family Medicine doctors to personally manage the Cultural Prescription process with the patient, as they are not always able to complete the prescription during the consultation. • All these issues should be addressed in future training sessions, particularly for doctors in General and Family Medicine residency programs, as well as for practicing General and Family Medicine doctors who may have an interest in exploring this field further.

Table 2 – Challenges and constraints identified in Phase 2: referral and articulation

PHASE 2: Referral and Articulation		
Time between prescription and contact with the patient	Interview (motivational approach)	Referral and contact with the cultural agent
<ul style="list-style-type: none"> • During the pilot project, a standardized procedure was not established or implemented to streamline the coordination between the focal point and the link worker in transferring the patient's contact information within the stipulated 72-hour timeframe. It is therefore essential to implement a standardized format for this process. • It was observed that link workers struggle to meet the 72-hour contact deadline with patients, due to work overload and difficulty in prioritizing prescription-related tasks over other responsibilities. • Since the number of Cultural Prescriptions issued during the pilot project was still low and spaced out over time, focal points and link workers faced challenges in fully understanding their responsibilities. This required close monitoring and support to overcome these difficulties and partially impacted the pre- and post-intervention evaluation process conducted through patient interviews. To address these challenges, it would be valuable to organize a joint training session aimed at structuring a clear workflow that outlines evaluation activities throughout the prescription process. 	<ul style="list-style-type: none"> • Some link workers faced difficulties in carrying out their assigned tasks, as they felt that the role requires specific skills that their technical background does not cover. In the future, it will be necessary to reinforce targeted training for this role or, alternatively, identify a municipal professional with a compatible technical profile, who also demonstrates enthusiasm and motivation for Cultural Prescription. • The lack of dedicated time or the absence of allocated work hours for Cultural Prescription made it difficult for link workers to balance these tasks with other professional responsibilities and leadership directives. Therefore, in the future, it would be relevant to formally allocate time for link workers to focus on Cultural Prescription, ensuring that their performance in this role is recognized and valued within their professional duties. 	<ul style="list-style-type: none"> • Although the role of the link worker includes accompanying the patient/participant to the first session of the activity and/or subsequent sessions when necessary (depending on the patient's profile), in most cases, this has not been possible. The difficulty or impossibility of managing this task alongside other responsibilities has prevented link workers from ensuring this type of support. • Despite a training session being provided for cultural agents, the majority have expressed the need for further training in health and mental illness to help them feel better prepared to welcome and work with individuals facing mental health challenges. • Several patients dropped out after the first session, and link workers were unable to follow up with them to either redirect them to an alternative activity or understand the reasons behind their withdrawal. These reasons could be related to individual circumstances or the nature of the activity itself. • Some patients provided specific reasons for their withdrawal, such as feeling overwhelmed by the noise generated by conversations during an activity.

Table 3 – Challenges and constraints identified in Phase 3: information sharing and flow

PHASE 3:

Sharing information on cultural prescription with
general practitioners and other actors

Information sharing and information flow

Despite the fact that the Cultural Prescription software application facilitates the process of coordinating and sharing information about users between professionals, by sending reminders on the timings of contacts between the focal point and the link worker, the biggest difficulty associated with sharing information is the lack of a common procedure to guide and facilitate this sharing of information, an issue that will be addressed in the phase following the conclusion of the pilot project.

The challenges and obstacles described above that have arisen throughout the Cultural Prescription process are counterpointed by the participation and motivation of all the professionals involved who, faced with the challenges encountered, have sought help or made themselves available to receive it and have always been enthusiastic about improving the process of implementing Cultural Prescription in their local realities. This report therefore reflects the possible results achieved with the participation and involvement of all the professionals so far. However, as pointed out above, Cultural Prescription is an articulation process with its own methodology, in which all the parts are interconnected, and it depends on fluid communication between the parties, a challenge that we have tried to reflect on throughout the pilot project, and which is still being gauged.

We therefore feel it is also important to identify the **potential and good practices that took place during the Cultural Prescription pilot project:**

- **The interest, motivation and enthusiasm of the different players in Cultural Prescription**, whose involvement and presence energizes and mobilizes the partners, speeds up the prescription process and finds solutions that prove to be good practices to follow;

- **The existence of professionals in the local teams with the appropriate professional profile and soft skills** so that, in the relationship with the patients/participants, it is possible to welcome their particularities, encouraging them to participate when they present fears or difficulties in accepting and integrating activities that they may never have tried, or are afraid to try, as a result of their mental health or other factors that inhibit them from accessing the experience;
- **The creation of an application in SClínico by ARSAIentejo/ULSAC that is intuitive, easy to access and easy to use** in the management of information shared in the circuit between general practitioner – focal point – link worker – focal point – general practitioner;
- **Transfer of competencies to local authorities in the area of health**, which this project is part of in a proactive way and with concrete benefits in terms of promoting health in local communities;
- **An opportunity to reflect on improving accessibility conditions**, particularly for people with limited mobility and those who are more isolated, and the added value of their participation in cultural initiatives in the community;
- **The opportunity to learn and get involved in a national social prescription network**, which will broaden the reflection on the challenges inherent in the implementation of the Cultural Prescription project, as an innovative practice in the area of Health.

MONITORING AND EVALUATION OF THE CULTURAL PRESCRIPTION PROJECT



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As part of the partnership established between the National School of Public Health of NOVA University of Lisbon (ENSP NOVA) and CIMAC, a study was conducted to monitor and evaluate the project “Cultural Prescription in Central Alentejo” from July 2023 to June 2024.

The main objectives of this study were:

- To analyse the socio-demographic profile, the identified needs according to the eligibility criteria, and the trajectory of participants referred to Cultural Prescription.
- To assess the impact of Cultural Prescription on participants, particularly regarding quality of life, well-being, and mental health.
- To evaluate the implementation of Cultural Prescription from the participants' perspective, including their lived experiences, positive aspects, challenges, and suggestions for improvement.
- To evaluate the implementation of Cultural Prescription from the perspective of the stakeholders involved, identifying facilitating factors, barriers, and improvement suggestions.

This study was conducted within the framework of the “Cultural Prescription in Central Alentejo” project, approved by the Ethics Committee for Health of the Regional Health Administration of Alentejo (ARS Alentejo).

1. Methodological Note

In line with the outlined objectives, this study incorporated four components, which are presented below.

1.1 Analysis of the Socio-Demographic Profile, Identified Needs, and Trajectory of Participants Referred to Cultural Prescription

The analysis of the profile and trajectory of participants referred to Cultural Prescription between July 2023 and June 2024 was based on data collected at two different points in time. At the moment of consultation with the healthcare professional, data were collected regarding the health unit where the referral for Cultural Prescription was made and the needs identified by healthcare professionals based on the defined eligibility criteria.

At the moment of adherence to Cultural Prescription, that is, during the first interview with the link worker, data were collected on socio-demographic characteristics (age, gender, nationality, marital status, employment status, educational level, municipality and parish of residence, availability of personal transportation, and household composition); preferred artistic/cultural areas of interest for each participant; the cultural agent to whom the participant was referred and the activities in which they participated.

The data were extracted by the project coordination team at CIMAC through the digital platform created for the project. These data were then anonymized and provided to the research team at ENSP NOVA. The data were analysed using descriptive statistics, supported by SPSS software (version 29).

1.2 Evaluation of the Impact of Cultural Prescription on Participants

To assess the impact of Cultural Prescription on participants' quality of life, well-being, and mental health, a quantitative study was conducted using self-administered questionnaires among individuals participating in the initiative. According to the Cultural Prescription circuit implemented, this evaluation was carried out at two time points: baseline (at the moment of enrolment in Cultural Prescription, during the first interview with the link worker) and follow-up (10 weeks after the start of the activity or upon completion of participation in the initiative, if it occurred before the 10-week period). At the baseline moment, in addition to collecting information on socio-demographic characteristics, data were gathered on quality of life levels, well-being, and self-reported signs of anxiety, depression, and stress as perceived by the patients. At the follow-up moment, the same data from the baseline were collected again, and additional information was gathered regarding participation in activities/services provided by cultural agents.

Quality of life was assessed using the EQ-5D-5L Quality of Life Scale, well-being was measured through the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), and self-perceived signs of anxiety, depression, and stress were evaluated using the Depression, Anxiety, and Stress Scale (DASS-21, known in Portuguese as EADS-21).

The EQ-5D-5L Quality of Life Scale is an instrument designed to measure health-related quality of life, and it consists of two components:

- i) The Index Value, based on a classification system that describes health across five dimensions (mobility, self-care, usual activities, pain/discomfort, and anxiety/depression), with each dimension having five associated severity levels (1: "I have no problems," 2: "I have mild problems," 3: "I have moderate problems," 4: "I have

severe problems,” 5: “I am unable to function”).

- ii) The Visual Analog Scale (VAS), which refers to the individual’s self-perception of their health status. Participants rate their perceived health on a visual scale ranging from 0 (“worst imaginable health state”) to 100 (“best imaginable health state”).

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is an instrument used to measure the perception of positive mental health and well-being, incorporating aspects such as happiness and life satisfaction. This scale consists of 14 positively worded items, distributed on a Likert scale with scores ranging from 1 (never) to 5 (always). The minimum possible score is 14 points, and the maximum is 70 points, with higher scores indicating better mental well-being. The total score is obtained by summing the responses to each item. According to the procedures defined for analysing data from this scale, and after reviewing the sample data in this study, the following well-being levels were identified: low (14 to 27.3 points), moderate (27.4 to 48.1 points), and high (48.2 to 70 points).

The Depression, Anxiety, and Stress Scale (DASS-21, known in Portuguese as EADS-21) is the Portuguese adaptation of the Depression Anxiety Stress Scale (DASS), which measures self-reported signs of depression, anxiety, and stress. This scale consists of 21 items divided into three subscales: the depression subscale (7 items) includes questions on aspects such as low mood, loss of interest/involvement, and devaluation of life; the anxiety subscale (7 items) assesses situational anxiety and subjective anxiety experiences; and the stress subscale (7 items) evaluates difficulty relaxing, irritability/overreaction, and impatience.

Responses to each item are rated on a four-point Likert scale, indicating severity/frequency:

0 – “Did not apply to me at all”

1 – “Applied to me sometimes”

2 – “Applied to me often”

3 – “Applied to me most of the time”

The DASS-21 provides three separate scores, one for each subscale, calculated by summing the corresponding item responses. Based on these results, participants are classified into categories: normal, mild, moderate, severe, or extremely severe. The normal classification is interpreted as the absence of signs indicating a negative affective state. For the remaining classifications, the higher the classification, the stronger the indication of a self-reported negative affective state.

Based on these data, a descriptive analysis was conducted to identify participants’ levels of quality of life, well-being, anxiety, depression, and

stress. Subsequently, for participants who completed the scales at both baseline and follow-up, an individual comparison of scores at the two time points was performed. The analyses were conducted using SPSS software (version 29).

1.3 Evaluation of the Implementation of Cultural Prescription from the Perspective of Participants

To evaluate the implementation of Cultural Prescription, participants' perceptions of their experiences in the initiative were explored. In this context, semi-structured interviews were conducted with five patients referred to Cultural Prescription between June 2023 and September 2024. The recruitment of participants was carried out in collaboration with the link workers. When invited to participate, individuals were informed about all data collection procedures, ensuring the voluntary nature of their participation, the anonymity of their responses, and the confidentiality of the collected information. After obtaining informed consent, the interview was scheduled according to the participant's availability. All interviews were conducted by telephone, following a semi-structured interview guide specifically developed for this purpose. The guide covered the following dimensions: perceptions of the experience, changes felt, positive aspects and challenges, interaction with healthcare professionals and social partners, satisfaction with the project, and suggestions for improvement. The interviews were audio-recorded, transcribed, and analysed using the thematic analysis technique, with support from MAXQDA 2022 (1) software.

1.4 Evaluation of the Implementation of Cultural Prescription from the Perspective of Stakeholder Partners

As part of this evaluation, the perspectives and experiences of project stakeholders were explored, focusing on success factors and suggestions for improvement. To this end, five focus groups were conducted with stakeholders between June 2024 and July 2024. The focus groups involved 31 participants (20 women and 11 men), including 5 focal points, 9 link workers, 12 prescribing professionals, and 5 cultural agents. Participant recruitment was conducted in collaboration with the Cultural Prescription project manager at CIMAC. The focus groups were conducted following a semi-structured guide developed specifically for this study. The guide included the following dimensions: the relevance of Cultural Prescription to the local context, the capacity of services for implementing Cultural Prescription, the implementation process, the impacts of Cultural Prescription, perspectives on implementation support, and recommendations for improving and sustaining Cultural

Prescription. After transcription of the focus groups, the data were analysed using thematic analysis techniques, supported by MAXQDA 2022 (1) software.

2. Results

2.1 Analysis of the Socio-Demographic Profile, Identified Needs, and Trajectory of Patients Referred to Cultural Prescription

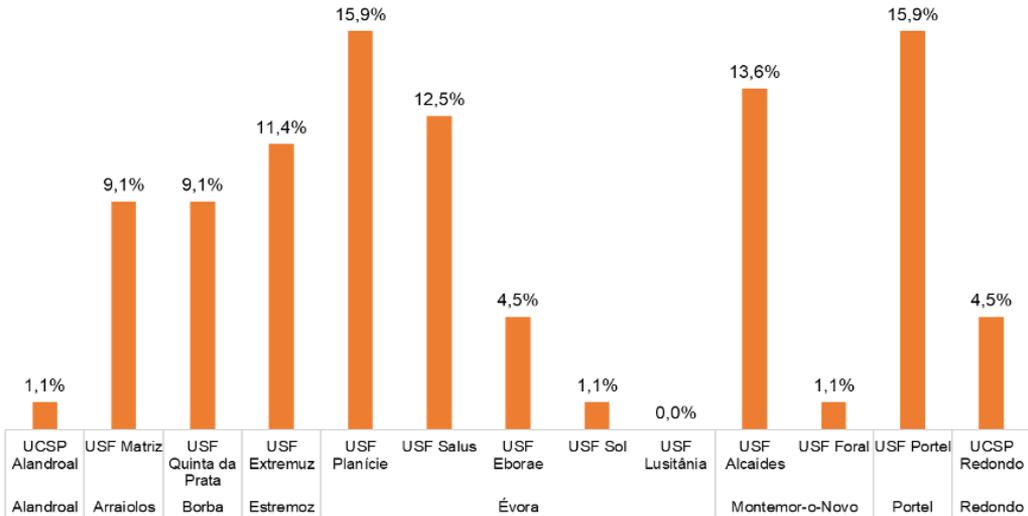
A total of 88 patients were referred to Cultural Prescription across the eight participating municipalities (**Table 1**).

Table 1 – Number of patients referred to Cultural Prescription, by municipality.

Municipality	N.	%
Alandroal	1	1,1
Arraiolos	8	9,1
Borba	8	9,1
Estremoz	10	11,4
Évora	30	34,1
Montemor-o-Novo	13	14,8
Portel	14	15,9
Redondo	4	4,5
Total	88	100

These referrals were made in 12 of the 13 Health Units participating in the initiative. Figure 1 presents the distribution of referrals for Cultural Prescription by Health Unit, between July 2023 and June 2024.

Figure 1 – Distribution of referrals by Health Unit



¹ Despite being part of the project, USF Lusitânia did not make any referrals during the period in question.

Of the 88 patients referred for Cultural Prescription, 89.9% (n=71) had contact with the link worker and 36.4% (n=32) went to the cultural agent (Figure 2).

Figure 2 – Distribution of the number of patients in the Cultural Prescription circuit (from referral to the Cultural Agent)

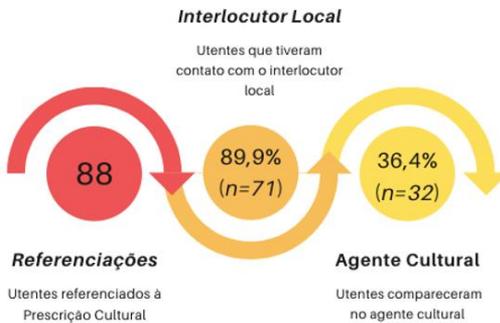
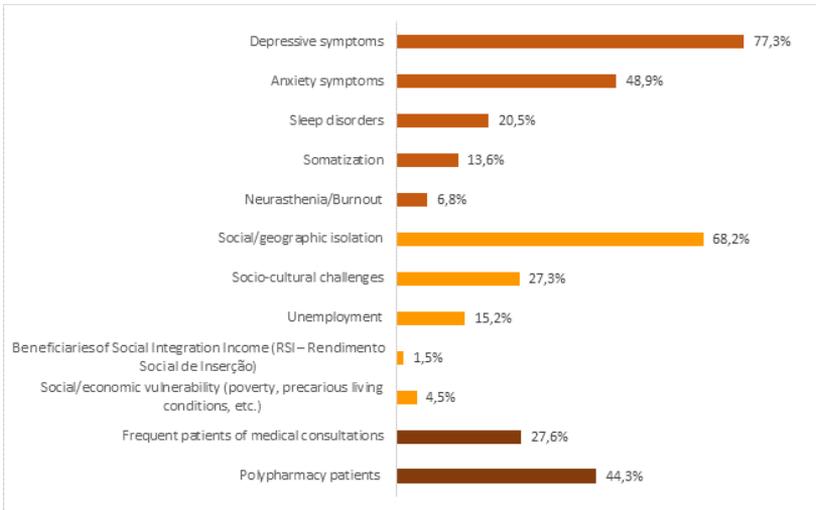


Figure 3 summarizes the needs of referred patients, identified according to the eligibility criteria, during the period from July 2023 to June 2024. In the context of consultations with health professionals, needs related to depressive symptoms (77.3%, n=68), anxiety symptoms (48.9%, n=43) and sleep disorders (20.5% (n=18)) were identified. With regard to the social needs identified, of the patients referred for whom information was available (n=66), more than two thirds were in a situation of social/geographical isolation (68.2%, n=45), 27.3% (n=18) had socio-cultural problems and 15.2% (n=10) were unemployed. In addition, more than a quarter of the patients referred were considered to be hyper-attending medical appointments (27.6% n=24) and 44.3% (n=39) were considered to be polymedicated.

Figure 3 – Needs of patients referred for Cultural Prescription identified by health professionals.



Among the 71 patients who had contact with the link worker, 94.4% (n=67) were female, with an average age of 57.6 years, ranging from a minimum of 12 years to a maximum of 86 years. The socio-demographic questionnaire data presented below refer to the patients who had contact with the link worker and for whom the mentioned information was available (**Table 2**).

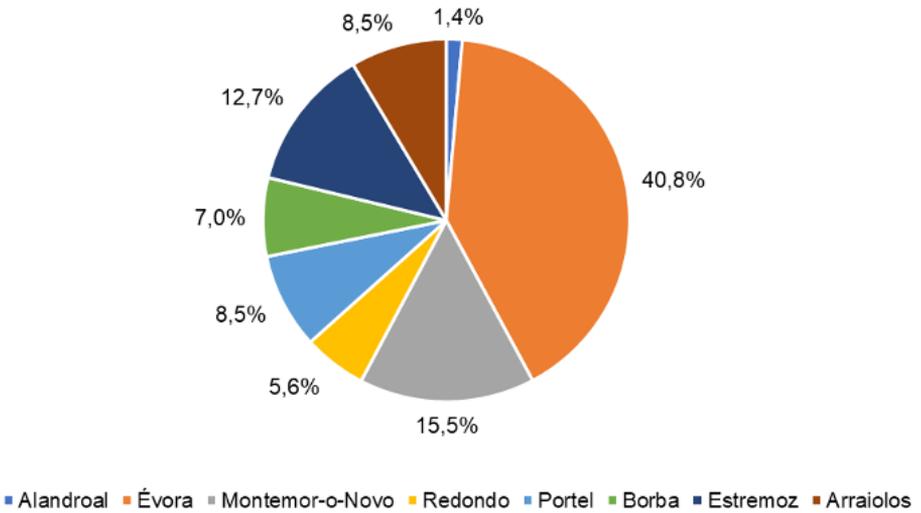
The vast majority of respondents had Portuguese nationality (98.3%, n=59). Regarding educational qualifications, the most common levels of schooling were 1st – 4th grade (27.9%, n=12) and 5th – 9th grade (34.9%, n=15). In terms of employment status, the highest proportion of respondents were retired (25.0%, n=12), followed by those in other situations (25.0%, n=12) and employed individuals (22.9%, n=11). The most frequently reported marital status was "married" (42.9%, n=21), followed by "divorced" (24.5%, n=12) and "single" (18.4%, n=9). Regarding household composition, in most cases, it consisted of the respondent and two other people (37.2%, n=16) or the respondent and one other person (34.9%, n=15). Approximately 61% (n=28) of respondents reported having their own means of transportation.

Table 2 – Sociodemographic characteristics of patients who had contact with the link worker.

Variáveis		n	%
Género (n=71)	Feminino	67	94,4
	Masculino	4	5,6
Idade (n=71)	57,58 anos (DP ± 17.64, intervalo 12-86)	-	-
Nacionalidade (n=60)	Portuguesa	59	98,3
	Brasileira	1	1,7
	<i>Número de utentes com informação omissa</i>	11	
Habilitações académicas (n=43)	1º ao 4º ano	12	27,9
	5º ao 9º ano	15	34,9
	10º ao 12º ano	10	23,3
	Superior	6	14,0
	<i>Número de utentes com informação omissa</i>	28	
Situação profissional (n=48)	Desempregado	8	16,7
	Empregado	11	22,9
	Reformado	12	25,0
	Baixa medica	5	10,4
	Outro	12	25,0
	<i>Número de utentes com informação omissa</i>	23	
Estado civil (n=49)	Solteiro	9	18,4
	Casado	21	42,9
	Viúvo	6	12,2
	Divorciado	12	24,5
	União de facto	1	2,0
	<i>Número de utentes com informação omissa</i>	22	
Agregado familiar (n=43)	Próprio	12	27,9
	Próprio e 1 pessoa	15	34,9
	Próprio e 2 pessoas	16	37,2
	<i>Número de utentes com informação omissa</i>	28	
Meios próprios de deslocação (n=46)	Sim	28	60,9
	Não	18	39,1
	<i>Número de utentes com informação omissa</i>	25	

The distribution of participants in Cultural Prescription by municipality shows a predominance of residents in Évora, who represent 40.8% (n=29) of patients who had contact with the link worker, followed by residents of Montemor-o-Novo (15.5%, n=11) and Estremoz (12.7%, n=9) (**Figure 4**).

Figure 4 – Municipality of residence of patients who had contact with the link worker.



Of the participants who indicated their parish of residence (n=55), the most frequently reported were Malagueira/Horta das Figueiras (20%, n=11) and União de Freguesias de Vila, Bispo e Silveiras (14.5%, n=8) (**Table 3**).

Table 3 – Parishes of residence of participants who had contact with the link worker

Municipality	Parishes of residence	n	%
Alandroal	Nossa Senhora da Conceição	1	1,8
	Arraiolos	3	5,5
Arraiolos	São Pedro Gafanhoeira	1	1,8
	Vale do Pereiro	1	1,8
Borba	Matriz	4	7,3
	São Bartolomeu	1	1,8
Estremoz	Santa Maria/Santo André	7	12,7
	Bacelo/Senhora da Saúde	4	7,3
Évora	Évora	1	1,8
	Graça do Divor	1	1,8
	Malagueira/ Horta das Figueiras	11	20,0
Montemor-o-Novo	Montemor-o-Novo	1	1,8
	União de freguesias Nossa Sra. da Vila, Nossa Sra. do Bispo e Silveiras	8	14,5
	Foros de Vale Figueira	1	1,8
Portel	Monte Trigo	1	1,8
	Portel	4	7,3
Redondo	Vera Cruz	1	1,8
	Redondo	4	7,3

A total of 16 different types of interests were identified among the participants referred for Cultural Prescription (Figure 5). The most frequently mentioned area of interest by the participants was handicrafts (35.2%, n=31), followed by clay modelling (29.5%, n=26). **Table 4** presents

the interests expressed by the participants according to the municipality.

Figure 5 – Interests expressed by participants who had contact with the link worker.

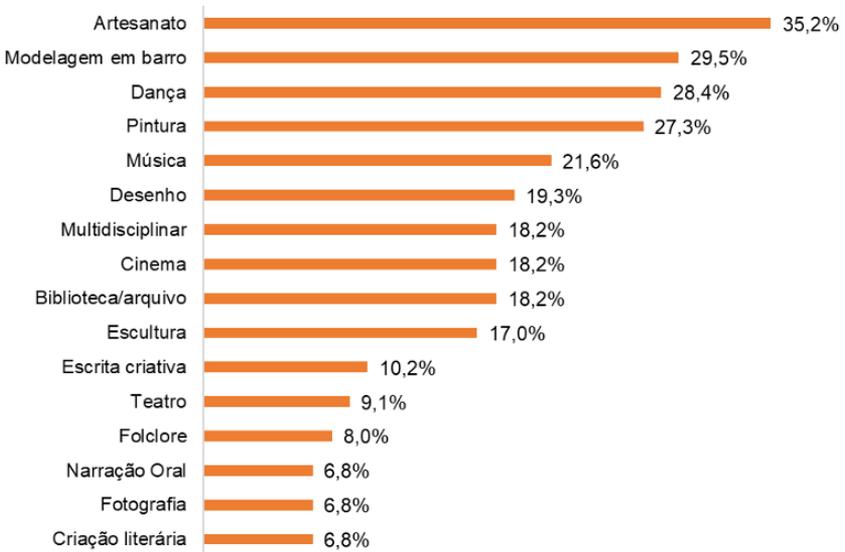


Table 4 – Interests expressed by participants who had contact with the link worker, according to the municipality.

Municipality	Interests	n	%
Alandroal	Library/archive	1	25,0%
	Cinema	1	25,0%
	Folklore	1	25,0%
	Theatre	1	25,0%
Arraiolos	Clay modelling	4	13,3%
	Music	4	13,3%
	Painting	4	13,3%
	Handicrafts	3	10,0%
	Literary creation	3	10,0%
	Theatre	2	6,7%
	Creative writing	2	6,7%
	Sculpture	2	6,7%
	Library/archive	1	3,3%
	Cinema	1	3,3%

	Dance	1	3,3%
	Multidisciplinary activities	1	3,3%
	Photography	1	3,3%
	Drawing	1	3,3%
Borba	Folklore	2	11,1%
	Dance	2	11,1%
	Handicrafts	2	11,1%
	Drawing	2	11,1%
	Clay modelling	2	11,1%
	Sculpture	2	11,1%
	Library/archive	1	5,6%
	Cinema	1	5,6%
	Photography	1	5,6%
	Creative writing	1	5,6%
	Music	1	5,6%
	Painting	1	5,6%
Estremoz	Handicrafts	4	26,7%
	Dance	3	20,0%
	Multidisciplinary activities	2	13,3%
	Sculpture	2	13,3%
	Drawing	1	6,7%
	Clay modelling	1	6,7%
	Painting	1	6,7%
	Literary creation	1	6,7%
Évora	Dance	10	11,6%
	Handicrafts	10	11,6%
	Painting	9	10,5%
	Library/archive	8	9,3%
	Cinema	7	8,1%
	Clay modelling	7	8,1%
	Multidisciplinary activities	6	7,0%
	Drawing	6	7,0%
	Music	6	7,0%
	Theatre	3	3,5%
	Creative writing	3	3,5%
	Literary creation	3	3,5%
	Sculpture	3	3,5%
	Photography	2	2,3%
	Oral storytelling	2	2,3%
Folklore	1	1,2%	
Montemor-o-	Clay modelling	5	16,1%
	Handicrafts	4	12,9%
	Music	4	12,9%
	Dance	3	9,7%
	Library/archive	2	6,5%
	Creative writing	2	6,5%
Montemor-o-	Painting	2	6,5%

Novo	Oral storytelling	2	6,5%
	Sculpture	2	6,5%
	Cinema	1	3,2%
	Folklore	1	3,2%
	Theatre	1	3,2%
	Photography	1	3,2%
	Drawing	1	3,2%
Portel	Handicrafts	6	14,6%
	Painting	6	14,6%
	Dance	5	12,2%
	Clay modelling	5	12,2%
	Multidisciplinary activities	4	9,8%
	Cinema	3	7,3%
	Drawing	3	7,3%
	Sculpture	3	7,3%
	Library/archive	2	4,9%
	Music	2	4,9%
	Folklore	1	2,4%
	Oral storytelling	1	2,4%
	Redondo	Drawing	2
Theatre		1	11,1%
Dance		1	11,1%
Multidisciplinary activities		1	11,1%
Handicrafts		1	11,1%
Clay modelling		1	11,1%
Music		1	11,1%
Literary creation		1	11,1%

Regarding the activities carried out by participants referred for Cultural Prescription, these were of a varied nature. Of the participants who had an interview with the link worker, 42.3% (n=30) chose one activity, 21.1% (n=15) chose two activities, and 11.3% (n=8) chose three activities. As shown in **Figure 6**, the most frequent activities were: dance (11.3%, n=8), aqua aerobics (9.8%, n=7), and clay modelling (7.0%, n=5).

Figure 6 – Activities carried out by participants.

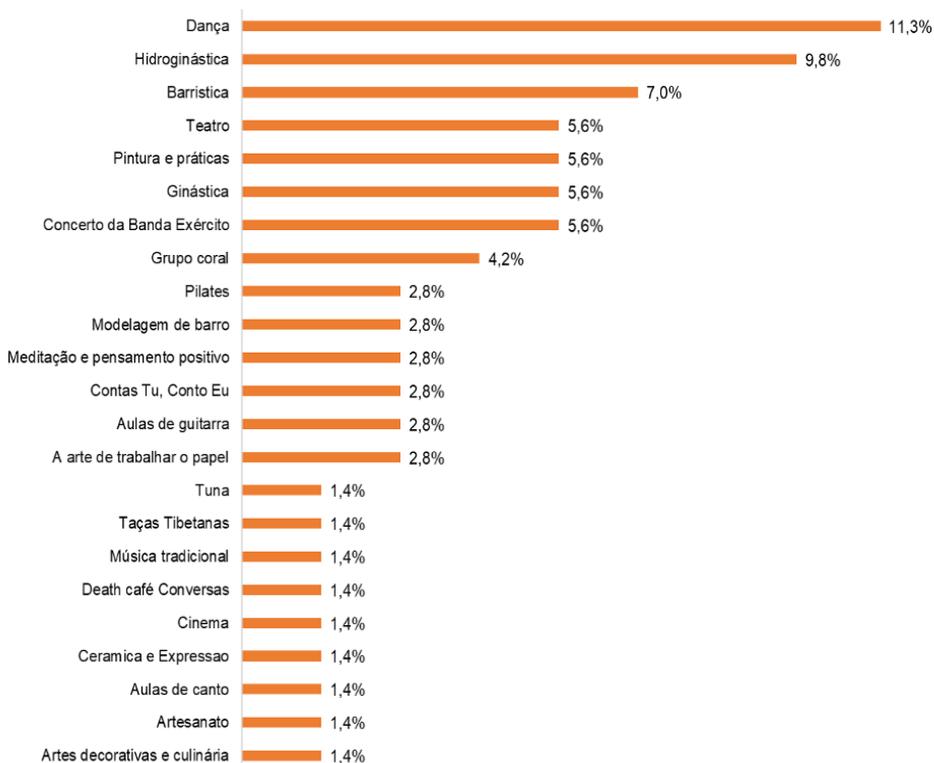


Table 5 presents the activities carried out by participants according to the municipality.

Table 5 – Activities carried out by participants, according to the municipality.

Municipality	Activities	n	%
Alandroal	“Contas Tu, Conto Eu” (oral storytelling)	1	2,9%
	“Contas Tu, Conto Eu” (oral storytelling)	1	2,9%
Arraiolos	Gymnastics	2	5,7%
	Choir	2	5,7%
	Aqua aerobics	2	5,7%

	Theatre	2	5,7%
Borba	<i>Death</i> café	1	2,9%
	Clay modelling	2	5,7%
	Theatre	1	2,9%
Estremoz	Decorative arts and cooking	1	2,9%
	Clay modelling	5	14,3%
	Dance	1	2,9%
Évora	Guitar classes	1	2,9%
	Dance	4	11,4%
	Choir	1	2,9%
	Painting	2	5,7%
Montemor-o-Novo	Handicrafts	1	2,9%
	Singing classes	1	2,9%
	Guitar classes	1	2,9%
	Army band concert	1	2,9%
	Band	3	8,6%
	Gymnastics	2	5,7%
	Tibetan bowls	1	2,9%
	Theatre	1	2,9%
Portel	Dance	2	5,7%
	Aqua aerobics	5	14,3%
	Meditation and positive thinking	2	5,7%
	Traditional music	1	2,9%
	Pilates	2	5,7%

	Painting	1	2,9%
	The art of working with paper	2	5,7%
	Clay modelling and expression	1	2,9%
Redondo	Cinema	1	2,9%
	Dance	1	2,9%
	Painting	1	2,9%
	Academic music group	1	2,9%

In the analysis of the data regarding the activities carried out by the participants, a high number of aqua aerobics activities was observed. As presented in the previous table, this activity was primarily found in the municipality of Portel. Since aqua aerobics is not an activity included in the category of cultural activities, nor is it an activity foreseen in the project framework, it is necessary to contextualize the reason it appears among the activities carried out in such a high proportion in this municipality. In the initial phase of the project, due to the high number of referrals to Cultural Prescription and the fact that many cultural activities were not yet available in the community, the link worker in Portel introduced aqua aerobics as an activity to meet the identified needs of the participants. This was a specific procedure in this municipality, where the prescription of this activity reflects a more comprehensive approach, suggesting that the link worker focused on meeting the participants' needs in a holistic manner, ensuring that participants began an activity of their interest and remained motivated to continue their involvement in the project.

2.2 Evaluation of the health and well-being of participants in Cultural Prescription

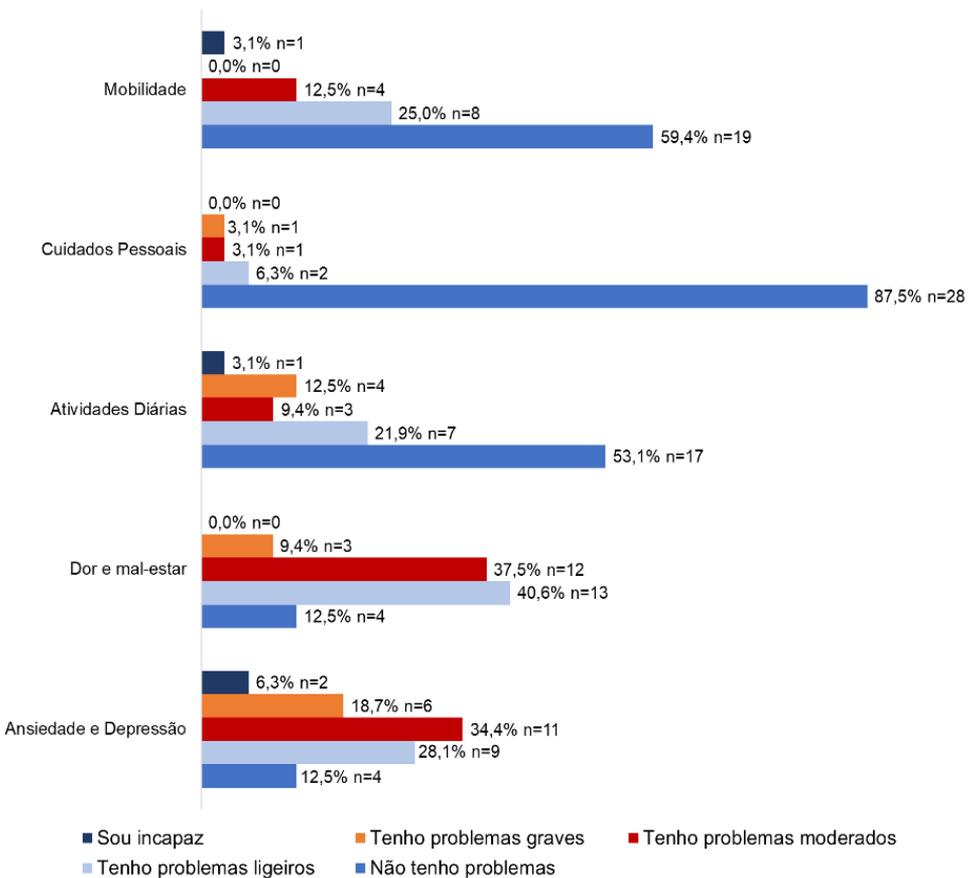
2.2.1 Characteristics of participants at the time they joined Cultural Prescription

Quality of life

Of the 71 participants referred for Cultural Prescription who had an interview with the link worker, 36 responded to the quality of life questionnaire at the time of their enrolment in Cultural Prescription (baseline). Valid responses from 32 participants were obtained. At this initial stage, the most frequently identified issues by the participants related to pain and discomfort, anxiety, and depression. Regarding **pain**

and discomfort, 40.6% (n=13) of respondents reported mild issues, 37.5% (n=12) moderate issues, and 9.4% (n=3) severe issues (**Figure 7**). Regarding the reporting of issues in the **anxiety and depression** dimension, more than one-third reported moderate problems (34.4%, n=11), 28.1% (n=9) reported mild issues, and 25% (n=8) reported severe or disabling issues. It is important to highlight that the most frequent reports of no issues were in the areas of **personal care** (87.5%, n=28), **mobility** (59.4%, n=19), and **daily activities** (53.1%, n=17).

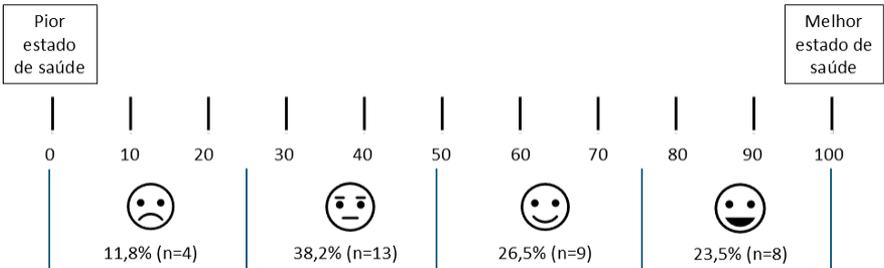
Figure 7 – Perception of the level of problems in various quality of life dimensions, as reported by participants at the time they joined Cultural Prescription (n=32).



Regarding the perception of health status (VAS) at the initial stage of joining Cultural Prescription, of the 34 participants with valid responses, the average score was 54.5 points (SD ± 23.8), with the minimum score being 3 points and the maximum score 100 points (**Figure 8**).

Figure 8 – Perception of health status of patients with valid responses (n=34).

Worse Health Status Better Health Status



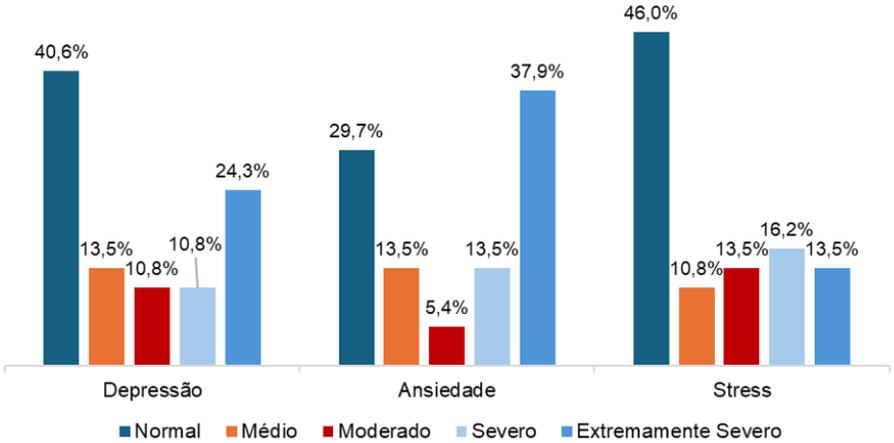
Well-being

Regarding the assessment of well-being at the time they joined Cultural Prescription, of the 71 patients referred for Cultural Prescription who had an interview with the link worker, 37 responded to the questionnaire. Overall, the patients reported a moderate level of well-being (67.6%, n=25), about 19% reported a high level of well-being (18.9%, n=7), and 13.5% (n=5) reported a low level of well-being.

Self-reported signs of Anxiety, Depression, and Stress

Regarding the self-reported signs of Anxiety, Depression, and Stress at the time they joined Cultural Prescription, of the 37 patients who responded to the questionnaire, a larger proportion reported signs indicating a normal level, meaning not indicative of a negative emotional state, in the depression subscale (40.6%, n=15) and the stress subscale (46.0%, n=17). Regarding the anxiety subscale, 37.9% (n=14) of respondents reported signs indicative of an extremely severe level of anxiety (**Figure 9**).

Figure 9 – Classifications according to the self-reported signs of depression, anxiety, and stress by patients at the time they joined Cultural Prescription



2.2.2. Analysis of health and well-being indicators throughout the experience in Cultural Prescription

Table 6 characterizes the participants who had an interview with the link worker and participated in both evaluation moments (baseline and follow-up). It is important to note that at the time of the interview with the link worker, not all participants properly filled out the evaluation scales, resulting in missing information. As a result, variations in the number of participants were observed in the sections presented below.

Table 6 – Characterization of patients who participated in both evaluation moments (baseline and follow-up), in relation to Municipality, Gender, Age, identified needs (eligibility criteria), and Activities carried out.

Participant	Municipality	Gender	Age	Identified needs (eligibility criteria)	Activities
1	Alandroal	F	86	Depressive symptoms; Anxiety symptoms; Social/geographical isolation; Socio-cultural problem.	“Contas tu, conto eu” (oral storytelling)
2	Arraiolos	F	34	Anxiety symptoms; Social/geographical isolation; Socio-cultural problem; Frequent patient of medical consultations.	Theatre; choir
3	Portel	F	64	Depressive symptoms; Anxiety symptoms; Somatization; Neurasthenia/Burnout, Social/geographical isolation; Socio-cultural problem Frequent patient of medical consultations and polymedicated.	Meditation and positive thinking
4	Estremoz	F	53	Depressive symptoms; Anxiety symptoms; Information on social needs is missing; polymedicated patient.	Clay modelling
5	Redondo	F	48	Depressive symptoms; Socio-cultural problem	The art of working with paper

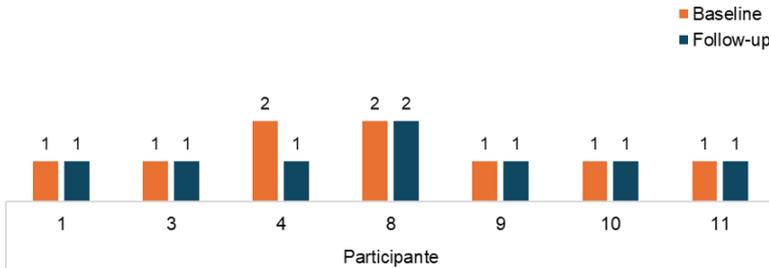
6	Arraiolos	F	62	Anxiety symptoms; socio-cultural problem; frequent patient of medical consultation	Choir; Gymnastics; Aqua aerobics
7	Montemor -o-Novo	F	83	Depressive symptoms; Social/geographical isolation; polymedicated patient.	Gymnastics
8	Estremoz	F	48	Depressive symptoms; Information on social needs is missing; polymedicated patient	No information.
9	Montemor -o-Novo	F	21	Depressive symptoms; unemployment; frequent patient of medical consultation	Singing classes; Army band concert; Band
10	Montemor -o-Novo	F	56	Depressive symptoms; Social/geographical isolation; Polymedicated patient.	Gymnastics; Theatre; Tibetan bowls
11	Redondo	F	52	Depressive symptoms; Anxiety symptoms; Recipient of Social Insertion; Income polymedicated patient.	The art of working with paper; Cinema; Painting

Quality of life

Of the patients referred for Cultural Prescription who had an interview with the link worker and participated in both evaluation moments (baseline and follow-up), 7 responded to the first component of the quality of life scale and 11 responded to the second component.

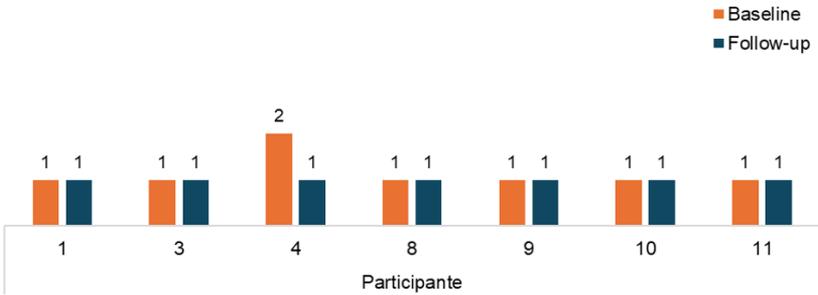
The analysis of the data from the first component of the scale showed significant improvements in self-reported issues across various dimensions. Regarding mobility and personal care, 1 participant who previously reported mild problems in these two dimensions no longer experienced difficulties. In daily activities, 2 participants no longer reported severe problems, and 1 no longer reported mild problems. In relation to pain and discomfort, 2 participants no longer reported moderate issues. Concerning the anxiety and depression dimension, more than half of the participants reported improvements, as evidenced by a reduction in the reporting of severe problems in 2 participants and a reduction in the reporting of moderate problems in another 2 participants (**Figures 10-14**).

Figure 10 – Perceptions of problems in the Mobility dimension self-reported by each patient at the time they joined Cultural Prescription and 10 weeks later.



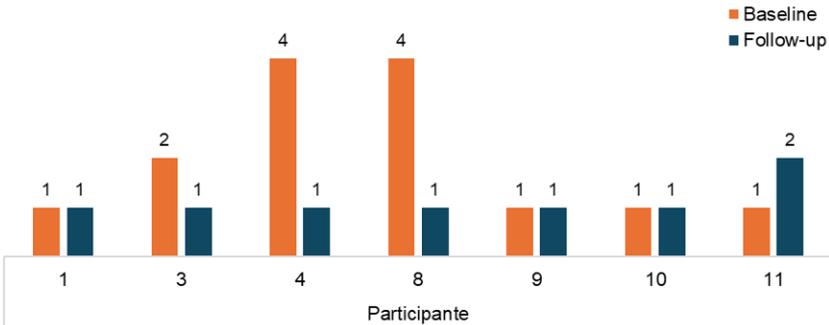
Associated Severity Levels – 1: “I have no problems”; 2: “I have mild problems”; 3: “I have moderate problems”; 4: “I have severe problems”; 5: “I am unable to function.”

Figure 11 – Perceptions of problems in the Personal Care dimension self-reported by each patient at the time they joined Cultural Prescription and 10 weeks later.



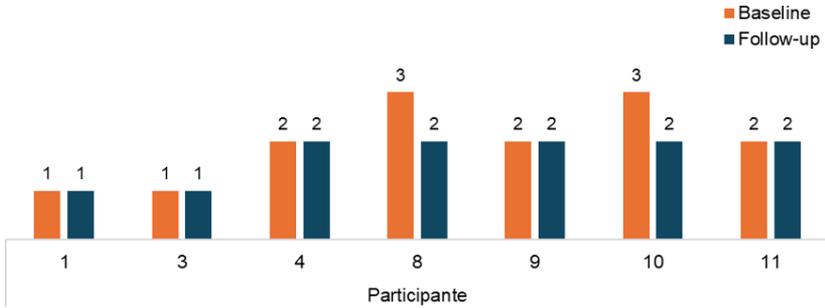
Associated Severity Levels – 1: “I have no problems”; 2: “I have mild problems”; 3: “I have moderate problems”; 4: “I have severe problems”; 5: “I am unable to function.”

Figure 12 – Perceptions of problems in the Daily Activities dimension self-reported by each patient at the time they joined Cultural Prescription and 10 weeks later.



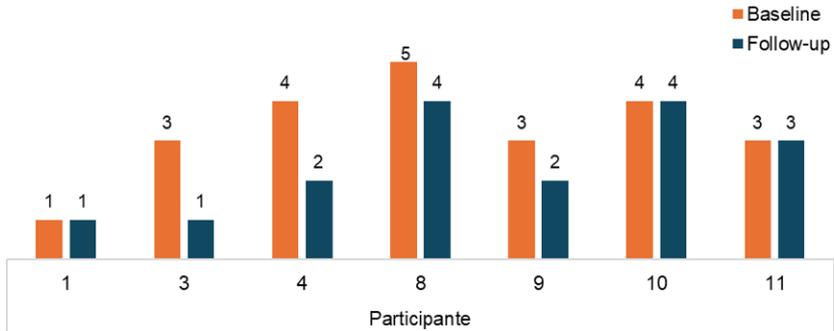
Associated Severity Levels – 1: “I have no problems”; 2: “I have mild problems”; 3: “I have moderate problems”; 4: “I have severe problems”; 5: “I am unable to function.”

Figure 13 – Perceptions of problems in the Pain and Discomfort dimension self-reported by each patient at the time they joined Cultural Prescription and 10 weeks later.



Associated Severity Levels – 1: “I have no problems”; 2: “I have mild problems”; 3: “I have moderate problems”; 4: “I have severe problems”; 5: “I am unable to function.”

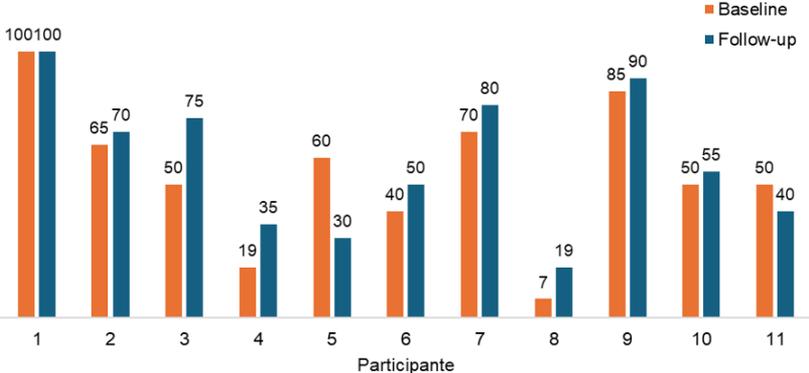
Figure 14 – Perceptions of problems in the Anxiety and Depression dimension self-reported by each patient at the time they joined Cultural Prescription and 10 weeks later.



Severity Levels – 1: “I have no problems”; 2: “I have mild problems”; 3: “I have moderate problems”; 4: “I have severe problems”; 5: “I am unable to function.”

Regarding the participants who responded to the second part of the scale (health status) at the time they joined the initiative and 10 weeks later (n=11), it was found that 8 participants showed an improvement in their perception of their health status, 1 maintained the same perception of their health status, and 2 participants perceived a worsening of their health status between the two moments (**Figure 15**).

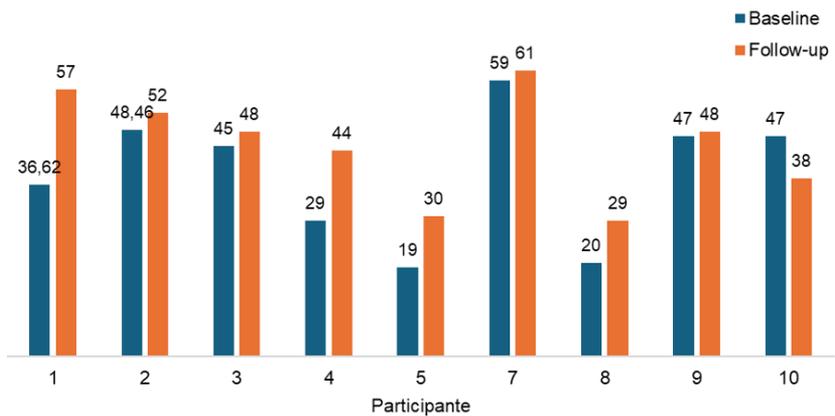
Figure 15 – Perceptions of self-reported health status by each patient at the time they joined Cultural Prescription and 10 weeks later.



Well-being

Considering the participants who responded to the well-being scale at the time they joined Cultural Prescription and 10 weeks later (n=9), it was found that almost all of these participants (n=8) had an improvement in their well-being score, and only one participant had a decrease in their well-being score (**Figure 16**).

Figure 16 – Well-being scores of each patient at the time they joined Cultural Prescription and 10 weeks later.



Self-reported signs of Anxiety, Depression, and Stress

Considering the participants who responded to the EADS-21 scale at both evaluation moments (n=8), it was found that, at the time they joined Cultural Prescription, 50% (n=4) of participants reported signs indicative of normal levels in all three subscales (depression, anxiety, and stress). After 10 weeks, 62.5% (n=5) of participants reported fewer signs indicative of depression, meaning they showed improvements in this score (**Figure 17**). Around 88% (n=7) of participants reported fewer signs indicative of anxiety (**Figure 18**), and the same proportion reported fewer signs indicative of stress, which reflects improvements in both scores (**Figure 19**).

Figure 17 – Self-reported depression scores by each patient at the time they joined Cultural Prescription and 10 weeks later (n=8).

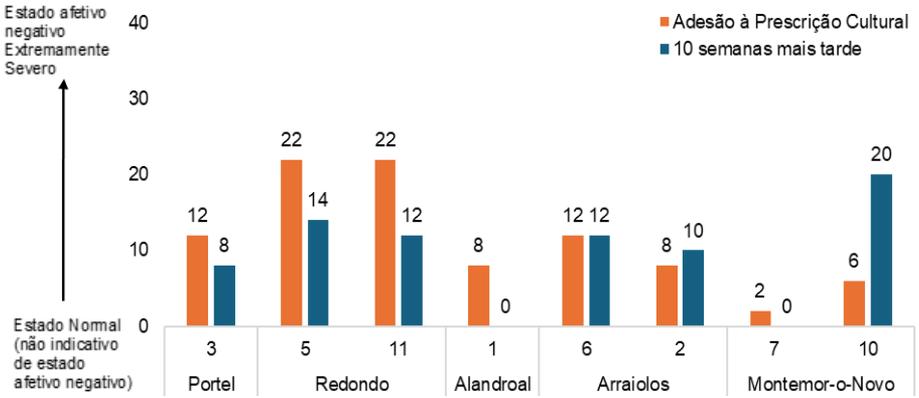


Figure 18 – Self-reported anxiety scores by each patient at the time they joined Cultural Prescription and 10 weeks later (n=8).

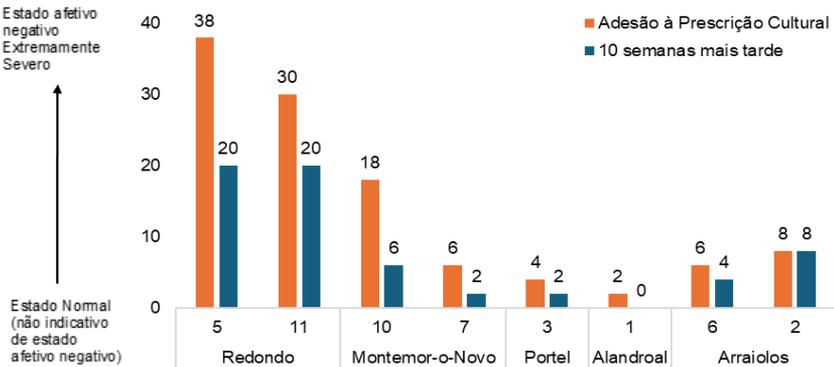
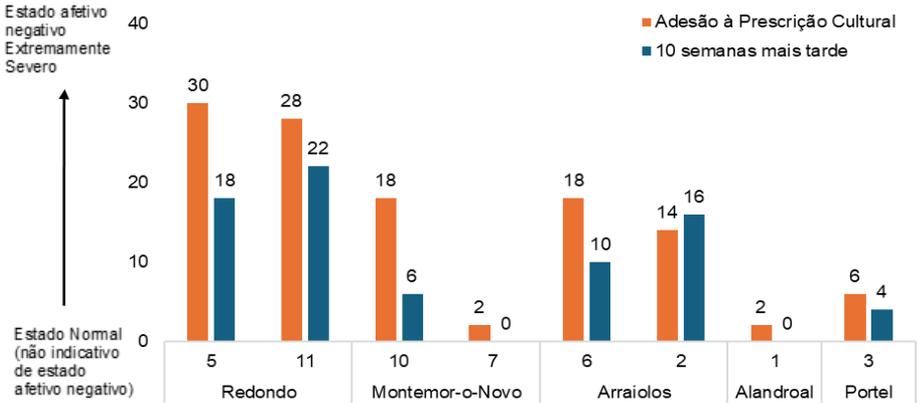


Figure 19 – Self-reported stress scores by each patient at the time they joined Cultural Prescription and 10 weeks later (n=8).



2.3 Evaluation of the implementation of Cultural Prescription from the participants' perspective

In the accounts of the five interviewed participants (all female), the following themes were identified: i) Motivations for participation in Cultural Prescription, ii) Perceptions about the referral process for Cultural Prescription, iii) Experiences of participation in Cultural Prescription, iv) Perceptions of the impacts of Cultural Prescription on health and well-being, v) Suggestions for improving the Cultural Prescription initiative.

2.3.1 Motivations for participation in Cultural Prescription

Through the participants' accounts, several motivations for participation in Cultural Prescription were identified. One of the main motivations was the opportunity for socialization, given the participants' desire to meet new people, socialize, and engage in group activities. In the participants' opinion, this opportunity for socialization through Cultural Prescription helped alleviate feelings of isolation.

"For me, the most important thing was really to get out of the house because I spent most of my time lying down (...). And since I had this opportunity to go work with clay, with the [Cultural Agent], it made me feel good, to be talking. But really, it was just for me to feel good."

Participant 5

Another frequently mentioned motivation was the desire to learn new skills. Some participants expressed interest in trying new activities, such as working with clay or participating in dance classes. Others mentioned wanting to resume activities they had enjoyed in the past. The promotion of their well-being was also cited as a key reason for participating in Cultural Prescription.

"I have more of that drive. Let's go do this and that! (...) I'm thinking to myself, this can't be, I can't be like this, I'm too young to be in the dark, lying down, and thinking bad things, right?"

Participant 5

Some participants also stated that the possibility of improving their physical well-being motivated them to join Cultural Prescription.

"At first, since I was so physically unable to move, unable to do many things, to move my limbs, so many things, I started with the expectation that, in principle, (...) that aspect would improve. And it would reduce the pain."

Participant 2

2.3.2. Perceptions of the Referral Process for Cultural Prescription

The referral process was carried out by health professionals (doctors), and in some cases, psychologists introduced the initiative to participants. The participants described their referral experience as smooth and straightforward. The initial contact with the project team members was appreciated by participants, who felt that communication was clear and that they were properly guided in the activities. According to the patients, the support received helped create a trusting environment, which facilitated their participation in cultural activities.

"I went to an appointment with my family doctor, and then she said she thought it would be good for me to have an activity as well, so I wouldn't always be at home, because that's not good for depression. And she told me about this, and I agreed to go do some clay work."

Participant 5

"[The initial contact] was during the introduction. The teacher said, 'I am the teacher, and I'm going to give you an activity to do.' And then we introduced ourselves. (...) And then, over time, we even talked about things in our lives. It wasn't just about doing exercises with the teacher. (...) For example, she [the teacher] would ask me a question. And I would say something. And the teacher would respond to me, and I would say something that had to match what she was talking about. So, a lot of conversation developed. We talked about a lot of things."

Participant 4

"It was [through] the doctors at the health centre (psychologists), and with the general practitioners, to help get people out of isolation at home. And that's how it happened. The psychologist spoke to the doctor, the doctor signed the papers, and that's how I got in."

Participant 1

2.3.3 Experiences of Participation in Cultural Prescription

The majority of participants reported a very positive experience with Cultural Prescription, often describing the initiative as therapeutic and transformative, highlighting its contribution to increasing motivation and self-care capacity. For some, it was an opportunity to combat isolation and engage in meaningful social interactions.

"A positive aspect, yes, I saw that these were activities that would help me do things, and, well, they would help me reintegrate into society, help me communicate with people, do activities that also stimulate memory and thinking."

Participant 2

"I didn't socialize with anyone (...), then suddenly, I started socializing with certain people, older people. Because before, I didn't, I didn't socialize with anyone, I didn't know many people. But after these activities started, I began to connect with certain people."

Participant 3

Participants appreciated the welcoming and supportive atmosphere created by the project team, which made them feel safe and comfortable to express themselves.

"Very satisfying, peaceful. A person feels at ease. Feels very welcomed. Feels that their difficulties are truly considered so that they can be helped. You feel everything. It's very good."

Participant 2

Additionally, the professionals involved were praised for their empathy and dedication. Participants felt that they were treated with respect and understanding and that their individual needs were carefully considered.

"They are all very helpful, and the incredible thing about all of this is that every person, every individual – every professional – sees what the difficulties are and tries to work on them, while also making the most of the positive aspects. Spectacular."

Participant 2

In summary, according to the participants interviewed, the project not only provided a structured set of activities but also created an environment where they felt heard, supported, and motivated to interact with others and develop new skills. In their perception, the sense of community and emotional support were fundamental in making this initiative a highly positive experience.

2.3.4 Perceptions of the Impact of Cultural Prescription on Health and Well-being

Participants reported improvements, particularly in their well-being, their overall outlook on life, and their communication skills. They felt more integrated into society, appreciating the emotional support they received from both professionals and fellow participants.

"Now I have more will to live. I have more life. I talk more. I have always talked a lot. And at that time, sometimes I wouldn't talk to anyone. I wouldn't even look at people. And now, everything that has happened has been for my good."

Participant 4

Participants mentioned improvements in physical health, particularly those involved in physical activities such as aqua aerobics. The combination of mental and physical exercise was highlighted as a notable

benefit. For some, the activities provided a distraction from negative thoughts, helping to reduce symptoms of anxiety and depression.

"I couldn't walk, I couldn't do anything, and now I'm more or less normal physically, and also psychologically."

Participant 2

Creative activities were highly valued by participants as they allowed for self-expression, provided a sense of accomplishment, helped rebuild confidence, and enabled them to overcome personal challenges.

"For me, it is a good thing. We learn to work with clay. And we also have someone by our side who gives us a sense of security, being there and talking freely – that is amazing. For me, it is very important. And then it made me leave the house, which is a really good thing. To face life in a different way."

Participant 5

According to participants, Cultural Prescription also fostered strong social connections. Some highlighted the bonding that occurred during the sessions, both with professionals and with other participants, emphasizing how social interactions throughout the initiative helped restore their ability to socialize and experience affection, as well as increase their overall joy and sense of well-being.

"Everything that has happened has been for my good. Everything I do now. I have connected with people during the sessions (...) It helped me improve. It made me laugh, which was something I didn't do. It made me talk more, as I used to be someone who didn't talk much. And all of that has come back."

Participant 4

These experiences reflect not only the connection between physical and mental well-being but also the potential effectiveness of Cultural Prescription in promoting participants' mental health.

2.3.5 Suggestions for Improving the Cultural Prescription Initiative

Some participants felt that the frequency of activities was too low, suggesting more sessions per week to maintain continuity and engagement.

"The time is too short; if it were one more day per week (...) Because just one day, I think it's not enough. Even though they [the Cultural Agent] have other duties (...) Since I enjoy working with clay, I think it's too little."

Participant 5

Some participants also suggested the inclusion of other activities to cater to different interests.

"I wanted (...) an activity to make flowers."

Participant 3

"If more activities come, I would love to participate (...) One of the things I love to do is sewing."

Participant 4

It was suggested that the number of professionals involved should be increased to allow for additional support and continuity of the project.

"Instead of the [Link Worker] showing the museum, they should find someone else for those visits, you see? So that she (the Link Worker) doesn't have to leave the project, meaning, doesn't have to leave us."

Participant 5

2.4 Evaluation of the Implementation of Cultural Prescription from the Perspective of Stakeholder Partners

During the focus group discussions, the following themes were identified: i) Perceptions of the relevance of Cultural Prescription to the local context; ii) Perceptions of the impact of Cultural Prescription on patients' health; iii) Perspectives on the role of healthcare professionals and Cultural Agents; iv) Perceptions of barriers to implementing Cultural Prescription; v) Perceptions of facilitators for the implementation of the initiative; vi) Recommendations for improving and sustaining Cultural Prescription.

2.4.1 Perceptions of the Relevance of Cultural Prescription to the Local Context

Several professionals involved pointed out that the project addresses a clearly identified need in the region – providing alternatives to manage mild to moderate mental health issues among patients.

"It was an asset because many patients come here with complaints that are not physical. They are complaints, yes, somatic complaints, and what they really need is for someone to listen to them, or to have some kind of relationship with others. I see that a lot. They end up coming here frequently, but they don't really need a doctor."

Prescribing Professional 4

According to professionals, Cultural Prescription has helped alleviate psychological distress, particularly in areas where psychologists are not available, making the initiative a true added value. Many participants reiterated that there were no viable alternatives in the region. This lack of resources was particularly felt in rural areas such as Arraiolos and Borba, where services are scarce and mobility difficulties worsen social isolation.

The urgent need for accessible solutions to improve psychological and social well-being was a key takeaway from the focus groups. Professionals described the project as “a breath of fresh air” for the region (Prescribing Professional 1). Participants stated that, despite logistical and financial challenges, the positive impact on people’s lives is clear and significant. They emphasized that, even with a relatively low number of referrals so far, success stories have already been reported, reinforcing the importance of continuing the project.

"I strongly support the idea that this pilot project should become a permanent initiative."

Focal point 5

"I have no doubt that this project is essential. It is a very important initiative, one that has the potential to grow and develop significantly, with a major impact. (...) At this moment, I have prescriptions ranging from patients aged 11 to 80. And even if there is only one success story, that alone is very motivating."

Link Worker 2

"I think this is an extremely valuable project for our community. (...) Not just because we can offer participants the opportunity to engage in activities, but also because we integrate health into this process. This, for me, as a professional, is what makes the project so valuable – this interconnection between health, local community work, and cultural agents."

Link Worker 5

"I believe that Cultural Prescription was, without a doubt, an innovative project that was extremely important for getting people involved. (...) It's not only focused on culture but also on sports, such as aqua aerobics sessions in pools. So, there will always be someone who needs Cultural Prescription."

Cultural Agent 1

2.4.2 Perceptions of the Impact of Cultural Prescription on Patients' Health

According to professionals who participated in the focus groups, the benefits observed in Cultural Prescription patients were remarkable, particularly concerning improvements in mental and emotional health. One of the key aspects highlighted by healthcare professionals was the alternative that the project provides to traditional therapeutic approaches. Cultural activities such as dance, theatre, or library visits were described as "cultural medicine" (Cultural Agent 2), offering relief through social and creative experiences. Some professionals shared the belief that this new approach to mental health issues, based on cultural activities, could complement pharmacological treatment or even serve as a first-line response for mild to moderate mental health conditions, thereby benefiting both the physical and emotional well-being of participants. The regular practice of these activities was perceived as a way to enhance participants' quality of life, promoting not only social interaction but also a positive impact on mental health.

"It is a great way to improve. For the [referred person] to become more autonomous, to socialize, to integrate, and also, consequently, to improve the diagnosed conditions. So, I think this is an asset in every sense."

Cultural Agent 3

"With this lady, there really is an enormous difference. In her expression, her demeanour, and her way of speaking – so much so that she wants more hours of the clay activity she is doing, and she wants other activities. She seems like a new person. She is our biggest success story."

Focal point 1

"(...) It is indeed an asset for the issues people are facing, especially for those with chronic depression – that's where I see improvement."

Focal point 5

"When this student joined, she wouldn't talk, she wouldn't look at anyone, she wouldn't express herself. She only came because someone told her to. She went because someone said she had to go. It was almost like going to the doctor. And she went for that reason. 'They told me to go, so I have to go.' Just like she goes to the psychologist, to the psychiatrist, and continues her consultations, in addition to our class, of course. And today, it's not just because of the class that she has changed, obviously, but yes, there has been growth. (...) She comes in laughing, talking."

Cultural Agent 2

"This is stimulating and motivating people, allowing them to discover aspects of themselves they had never considered before and that they are now able to develop. So, I think these are great contributions to people's health and well-being."

Link Worker 2

Another benefit of Cultural Prescription observed by professionals was its positive impact on patients' social interactions and interpersonal relationships. According to professionals, cultural activities create a welcoming environment for socializing, which is essential for patients who live in isolation or have few socialization opportunities. One professional mentioned that the project is beneficial "even for interpersonal relationship development and patient empowerment" (Focal Point 2), emphasizing the role of these activities in the personal and social development of participants. A link worker pointed out that "just the fact that people are leaving their homes is already a positive aspect" (Link Worker 2), reinforcing the importance of creating socialization spaces,

especially for those who, due to health or mobility issues, had been confined to their homes.

"During the interview, I felt that just the fact that she left the house for that interview, to talk to someone else, had already made an impact on her life."

Link Worker 7

2.4.3 Perspectives on the Role of Healthcare Professionals and Cultural Agents

The link workers acknowledged that a medical recommendation has a significant impact on a patient's decision to engage in Cultural Prescription. According to several professionals, when a family doctor emphasizes the importance of cultural activities for mental and physical health, patients are more likely to participate.

"The impact that a family doctor has on people's lives is different from the impact we have, working in the City Hall. No matter how much people trust us or like us, the doctor's word always prevails – sometimes even over their own opinion."

Link Worker 5

On the other hand, professionals stated that cultural agents also play a crucial role in Cultural Prescription, as they adapt activities to meet the individual needs of patients, increasing the effectiveness of interventions. In this regard, focus group participants emphasized the need to improve collaboration among the professionals involved.

"For [this process] to work better with cultural agents, it would be ideal if we [Link Workers] had direct contact with them without having to go through the Associations Office. (...) Cultural agents send information to the Associations Office, which centralizes and forwards it to us, such as when they need to send us an agenda."

Link Worker 6

2.4.4 Perceptions of Barriers to the Implementation of Cultural Prescription

According to the professionals who participated in the focus groups, several barriers hinder the implementation of Cultural Prescription. These challenges are related to implementation processes, participant motivation and engagement, and the capacity of the professionals involved. The barriers appear at different stages of the project, including referral, initial contact with the Link Worker, and participation in activities. Below are the main barriers identified.

a) Work Overload and Limited Time for Professionals

One of the main challenges highlighted by participants was the lack of time for doctors to integrate Cultural Prescription into their consultations. Although professionals recognized the importance of the initiative, it was described as an additional task competing with their already limited time.

"It's not easy in our daily practice to make referrals for Cultural Prescription. We are overwhelmed with work and patients, and it is very difficult to find extra time for Cultural Prescription."

Prescribing Professional 5

Healthcare professionals expressed concern that the referral process takes up valuable consultation time.

"Currently, with all the bureaucratic workload, we have less and less time to actually know our patients."

Prescribing Professional 11

"In the middle of a consultation, explaining and opening the website is impossible. And then explaining Cultural Prescription, what it is, and its benefits – after already addressing biological and psychological aspects. By that time, 45 minutes have passed, we're already behind schedule, and we can't keep up."

Prescribing Professional 8

Link workers also reported work overload, which limits their ability to dedicate time to the project. Many of them juggle multiple responsibilities and cannot devote sufficient time to tracking participants properly.

"I can't dedicate as much time as people deserve, you know? It's not that I don't know how to listen or that I don't listen – it's just that I don't have the time to give to the project."

Link Worker 4

Additionally, professionals pointed out that those with specialized training in social work are better equipped to provide adequate support to patients.

"The problem (...) is more about the training background of the person doing the follow-up."

Link Worker 2

b) Delay Between Referral and First Contact with the Link Worker

Another barrier cited by participants was the long delay between a healthcare professional's referral and the patient's first contact with the link worker. The maximum timeframe established is 72 hours, but according to participants, this was often exceeded, potentially leading to a loss of interest or reduced initial enthusiasm. The delay was attributed to bureaucratic issues and data protection regulations, which slowed the flow of information.

"If the process were quicker, people might still be in that collaborative spirit the doctor 'convinced' them of, and they would be more likely to move forward with the activity. (...) Reducing the time between the prescription and the link worker's contact could facilitate the process."

Prescribing Professional 2

c) Challenges in Following Up with Participants in Cultural Prescription

Another barrier was the lack of ongoing follow-up after the initial referral. Several professionals reported that patients often do not go beyond the first consultation with the link worker, due to the lack of professionals available to provide continuous follow-up. According to the participants, the lack of regular contact and proximity with the participants hinders integration into cultural activities, which compromises the success of the project.

"Some issues went beyond the project's scope and stemmed from the interface between the link worker and the municipality. The truth is that none of the prescriptions I made personally had continuity. The barrier is too big – I can't move beyond the prescription stage."

Prescribing Professional 1

"We, as social workers, have no knowledge of what happens with patients after this phase of the project [meeting with the focal points]. Personally, I don't know who is active or what benefits they've experienced. I don't have that information. Although my colleague records it, I don't know the patients, nor do I have direct contact with them to obtain this information. And that, for me, is a major gap."

Focal Point 2

d) Communication and Feedback Challenges

Professionals involved in the study reported a lack of adequate feedback between different stakeholders – such as doctors, link workers, and patients – which led to the loss of important information.

"From a technical standpoint, the process is not refined and needs improvement. There has to be a closer relationship. With the technology we have today, this process should be much faster. [The Link Worker] should have immediate access to the information so that I can input it right away during the consultation and not forget anything."

Link Worker 2

e) Limited Cultural Offerings and Accessibility

Another concern was the limited diversity and accessibility of cultural activities. In many geographic areas, especially rural areas, the available cultural options are scarce and not varied enough to appeal to different patient profiles.

"We have a large network of associations, but the activities offered are often very similar. This limits the range of responses we can provide."

Link Worker 2

"Here in Arraiolos, we have very few activity options. At the moment, we have four. And out of those, three are music-related. So, if someone isn't very interested in music, they only have one option."

Focal Point 3

Physical accessibility to activities was also a concern.

"I realized that she [the patient] had some mobility issues, so one of the activities she wanted to do was immediately ruled out. (...) She wanted to participate in activities at Alto de São Bento, but that area has no accessibility whatsoever. I don't even know if she uses a wheelchair or crutches."

Link Worker 2

f) Transportation and Travel Difficulties

Several professionals emphasized that many patients, due to mobility issues or distance, are unable to participate in activities. In their opinion, limited mobility is a major obstacle, especially in rural areas. Some professionals reported that the distance between parishes and the lack of public transportation and suitable schedules made it difficult for patients to attend cultural activities. According to some participants, while certain locations, such as Arraiolos, provide transportation through municipal projects, in other areas, local authorities do not offer this resource, which, in their view, hinders patient participation.

"We have a patient who, despite living in the city, lives far away – about two kilometres from where the activity takes place – and we couldn't arrange transportation for her."

Focal Point 1

"In Évora, the issue is distance and access. Some cultural agents are outside the city centre, making it very difficult for those without transportation."

Link Worker 2

g) Challenges in Engaging Patients

Another significant barrier identified by professionals was the difficulty in engaging patients in their chosen activities. Professionals noted that many patients accept the prescription during the consultation but later drop out or do not attend the activities.

"Portel has had many prescriptions, but, unfortunately, very few have actually materialized. They tell the doctors they are very interested, but then they end up giving up."

Focal Point 4

Factors such as lack of motivation, mental health issues, family problems, physical limitations, and even stigma associated with participating in cultural activities were cited as obstacles.

"To make matters worse, most of these patients have mental illness, and they themselves are the ones who frequently miss sessions."

Focal Point 2

"I had another case of a lady who told me she really wanted to participate in the activities, but at the moment, she has severe physical limitations."

Link Worker 2

"Then, I realize they don't engage in other activities either, and they're just not interested. I believe this may be a cultural barrier. (...) I don't know if it's shyness or a social habit, but I encounter significant resistance from them in participating in the activities offered – it's a psychological barrier."

Additionally, according to prescribing professionals, patients themselves are often hesitant to try something new, preferring not to get involved in cultural activities.

"There has to be motivation, right? People have to want to participate because if they're not motivated (...) We're not going to force anyone to join a cultural group."

Prescribing Professional 6

"When I talk about this with patients, they find it amusing – maybe it's the novelty of it – but they listen with interest. And yes, they seem to accept it at first, but then they don't follow through."

Prescribing Professional 2

2.4.5 Perceptions of Facilitators for the Implementation of Cultural Prescription

During the focus groups, several key facilitators for the implementation of Cultural Prescription were identified. These included the perception that the initiative provides therapeutic and social well-being benefits, which motivated participation, as well as the flexibility of the implementation process and the engagement of patients and professionals. Below are the main facilitators identified.

a) Therapeutic and Social Well-being Benefits as Motivators for Participation in Cultural Prescription

According to professionals, the perception that Cultural Prescription has therapeutic benefits was a motivating factor for patient participation, particularly for those facing significant challenges such as depression. The cultural activities not only provided an opportunity for self-expression but also facilitated social interaction, which professionals viewed as essential for patients' emotional well-being.

"[The referred person] has depression and anxiety (...) I don't see any of that anymore. She is fully integrated. (...) She socializes with others, talks with the group. (...) Really, the group is fantastic. They communicate a lot with each other. Sometimes they go out, plan gatherings. (...) I think this is an asset for her. She is a great example of how Cultural Prescription can truly be important."

Cultural Agent 3

Additionally, the perception that Cultural Prescription enhances social well-being was seen by professionals as a motivating factor for participation. As reported in the focus groups, by focusing on activities that encouraged participants to leave their homes and interact with others, Cultural Prescription addressed a significant need in rural communities: social isolation. According to professionals, Cultural Prescription gave participants a reason to engage with their community, which was especially important in some areas despite transportation limitations. This focus on socialization was a strong motivator for participation, directly facilitating the implementation of the project.

"The range of activities available in Estremoz today is vast, and I think it's really important for people to have a reason to leave the house, to socialize, and to have a purpose for the day."

Focal Point 1

b) Flexibility in the Implementation Process of Cultural Prescription

From the professionals' perspective, one of the key facilitators for the implementation of Cultural Prescription was the flexibility of the process. Participants noted that cultural agents adapted activities to meet the specific needs of patients, particularly those with mental health challenges or physical limitations. One example mentioned was a visually impaired participant who was successfully integrated into a theatre group with the necessary support. According to professionals, this flexible approach ensured a more inclusive implementation of Cultural Prescription, allowing more people, including those with special needs, to participate.

c) Community Engagement and Collaboration Among Professionals

Professionals reported that coordination between health services and cultural initiatives, as well as effective collaboration among different community agents, was crucial to the success of the initiative.

"I have been working with the [Link Worker] for 16 years. So, we know each other very well – both our strengths and weaknesses. And I think it works well. I think we both share the same goals. We both love working with people. So, I think the most important thing is to love what we do, accept the challenge, and move forward."

Cultural Agent 3

According to professionals, this synergy not only facilitated the implementation of activities but also strengthened relationships between professionals and patients, creating an environment of support and inclusion.

2.4.6 Recommendations for Improving and Sustaining Cultural Prescription

Given the challenges identified, several solutions were suggested to optimize the Cultural Prescription process, increase patient engagement, and ensure they benefit from cultural activities. The main recommendations included:

a) Simplifying the Referral Process

One of the primary recommendations was to simplify the referral process. According to professionals, it is crucial to implement a more efficient system that facilitates communication with patients. One suggestion was to create clearer and more concise forms. Additionally, it was recommended that informed consent be obtained more efficiently, for example, through a pre-consultation session where patients would have more time to ask questions if necessary.

"To share data, we need to have informed consent stating what data will be shared, with whom, and for what purposes. This has to be done in person with the patient. So, the time we thought we were saving is actually... lost, because we have to explain what it is, or they have to read the document and sign it."

Prescribing Professional 7

Some prescribing professionals also suggested, as an alternative that grants more autonomy to patients, providing informational materials, such as leaflets, so they can make informed decisions without feeling pressured during consultations. In their opinion, this approach would give patients time to reflect on their participation and potentially prevent them from feeling any sense of obligation from professionals.

"The person may feel that we are... unintentionally... imposing participation in the group. They may feel pressured."

Prescribing Professional 6

Reducing technological complexity and implementing faster processes were also suggested to increase patient engagement and facilitate implementation. Specifically, it was proposed to streamline the referral process, reducing steps and procedures, making it easier for doctors to integrate it into their already limited consultation time.

b) Involvement of Other Healthcare Professionals in the Referral Process

During the focus groups, it was suggested that other healthcare professionals, such as nurses and psychologists, should be involved in the referral process. Both prescribing professionals, focal points, and link workers suggested that these professionals, due to their closer contact with patients in different contexts, could play a vital role in identifying and referring patients who would benefit from cultural activities, thereby reducing the burden on general practitioners.

"I believe that any healthcare professional can and should make the prescription, not just doctors but all others. We all work as a team for the benefit of our patients, and I think that makes sense. In this specific case, we are not talking about medical prescriptions but rather Cultural Prescription with therapeutic effects."

Prescribing Professional 2

"[Nurses] have consultations, they spend time with patients, they know their patients well, and obviously, there's Cultural Prescription, there's a patient who might need it (...) and the doctor is not there. [The patient] may have a nurse they trust more or feel more comfortable confiding in."

Prescribing Professional 3

c) Strengthening Feedback and Follow-up Mechanisms

Link workers, in particular, suggested the development of a more effective system for monitoring patients' participation in activities and for ensuring continuous feedback. This would allow for a better understanding of the initiative's impact and enable adjustments to interventions as needed.

"If we had the possibility of talking with doctors after the motivational interviews, that would be ideal (...) It would allow us to have a closer relationship with doctors... I think this dialogue, this discussion, this exchange is fundamental for conducting real case studies."

Link Worker 2

Additionally, to ensure continuous patient follow-up, it was suggested that a specific link worker be assigned to oversee engagement, ensuring that patients remain involved in the initiative.

d) Self-Referral

To facilitate patient access to Cultural Prescription, professionals suggested that patients should have the possibility to sign up for cultural activities directly, rather than relying solely on medical referrals.

"For us, it would be easier to simply give the contact information to the person so they can reach out themselves. Because having to open the application and fill out forms is just another factor that discourages us from doing it."

Prescribing Professional 9

Another proposal was a shared self-referral system, where the doctor introduces Cultural Prescription to the patient and provides tools such as a QR code or a link, allowing them to proceed with the enrolment independently.

"I think this idea of a shared self-referral process is great. That is, this project exists, it has this purpose, and in my evaluation, the person is a candidate. So, I will give them the necessary tools, maybe a card, a QR code, a link, or send an email. That way, it can be done afterward, even for multiple people at once using BCC, and the process moves forward."

Prescribing Professional 8

Additionally, another suggested approach involved doctors simply informing patients about Cultural Prescription, handing them a leaflet, and, if the patient is interested, providing the consent form immediately so that they can be contacted by the responsible team. This approach would ensure patient participation without overloading doctors with detailed explanations during consultations.

"One option would be for us to simply inform the patient that Cultural Prescription exists, give them a flyer, and let them read it in the waiting room. If they show interest, the consent form is already there, allowing them to be contacted by the team or the link worker for the follow-up interview. That would take some of the pressure off us from having to explain everything."

Prescribing Professional 6

e) Promotion of Cultural Prescription

Several professionals suggested expanding the promotion of Cultural Prescription within health units, using informative posters or digital screens in waiting rooms to reach more people in the community and increase participation.

"Ideally, we could showcase these activities on our 'Madalenas' [waiting room TVs], which are never used for anything."

Focal Point 2

Participants also noted that information and clarification meetings held with professionals were effective. However, the fact that many doctors have still not referred patients to Cultural Prescription indicates the need for a new round of similar initiatives to encourage participation.

"The awareness and information meetings we had were effective. But maybe we need to do another round because, as you know, there are still doctors who have never prescribed it."

Focal Point 1

f) Expanding and Diversifying the Range of Activities

Some professionals recommended increasing the frequency of activities as well as expanding the variety of options, including handicrafts and broader cultural activities to cater to different patient profiles and interests. One example was the need to consider activities that might be more appealing to male participants, such as pottery, carpentry, sculpture, or discussion groups.

"We should expand a little and, while keeping the cultural aspect, also incorporate other elements – physical activity, or even just pure social engagement. For people who just want to get together and talk – not exactly support groups, but casual meet-ups, like having coffee together."

Prescribing Professional 8

3. Final Considerations

The Cultural Prescription project in Central Alentejo has proven to be an effective intervention in promoting mental health and well-being among participants.

Based on the monitoring and evaluation studies conducted between July 2023 and June 2024, it was observed that self-reported signs of anxiety, depression, and stress decreased over the course of the activities. The majority of patients who participated in the initiative reported significant improvements in overall well-being, reinforcing the therapeutic potential of cultural activities.

However, the project faced challenges in participation and adherence. Of the 88 patients referred, only a minority (n=32) actively participated in cultural activities. Mobility issues, such as lack of transportation, and social barriers limited participation. Among these barriers, stigma associated with cultural activities stood out, as it may have led some patients to hesitate in engaging with initiatives perceived as different or uncommon. Additionally, low motivation to join new initiatives – potentially stemming from past negative experiences or a sense of disconnection from the community – may have also played a role in reducing participation. These challenges highlight the need for more effective strategies to engage the target population, ensuring that those who are most isolated or face greater difficulties have the necessary conditions to participate.

Furthermore, the implementation of the initiative revealed operational challenges. Healthcare professionals' workload limited the time available to integrate Cultural Prescription into medical consultations. It is important to emphasize that this challenge was largely due to the multiple responsibilities that link workers manage. Despite this, these professionals played a crucial role in the Cultural Prescription circuit. This challenge reinforces the importance of aligning resources and strategies with the project's demands, ensuring greater sustainability in the future. To overcome these difficulties, suggestions included simplifying the referral process and introducing patient self-referral options, allowing for greater autonomy in the enrolment process.

Another key issue was the diversity and accessibility of activities offered. Although cultural activities were widely well received, there were requests for a greater variety and frequency of sessions. Expanding the range of activities, especially those catering to diverse interests, could increase engagement and satisfaction among participants and help sustain the project's positive impact.

Finally, collaboration among professionals from the health and culture sectors was essential to the project's success. The key role of municipal professionals in facilitating coordination between different teams was particularly important, substantially contributing to the local implementation of activities. The holistic approach adopted – integrating health, culture, and social well-being – proved to be an effective formula for enhancing the quality of life of many participants. The flexibility in adapting activities to patients' individual needs was highlighted as one of the crucial factors in ensuring the project's accessibility and inclusivity, ultimately fostering a profound impact on the community.

**REFLECTIONS ON
THE
IMPLEMENTATION
PROCESS OF THE
CULTURAL
PRESCRIPTION
PROJECT**

The purpose of this report is to provide a critical and comprehensive analysis of the challenges, lessons learned, and successes observed during the implementation of the Cultural Prescription pilot project in Central Alentejo. Additionally, it highlights the project's impact on a rural community like Central Alentejo, a region with distinct characteristics, while emphasizing the commitment and dedication of the eight participating municipalities and the Local Health Unit of Central Alentejo (ULSAC) through the involvement of Primary Health Care Functional Units.

Cultural Prescription, as one of the dimensions of Social Prescription, stands out for its integration of cultural and artistic activities aimed at improving health and well-being, engaging participants in creative experiences that foster social interaction and help reduce symptoms of depression and anxiety.

The main results of this pilot project demonstrate the value of Cultural Prescription as a holistic health approach, illustrating its potential as an effective population health management tool. This approach relies on a community-driven, interconnected process, which, while complex to implement, promotes greater integration between health services, municipalities, and local cultural initiatives. It is based on a shared responsibility that aims to create synergies, fostering collaborative partnerships to develop a common and structured Cultural Prescription plan, providing a comprehensive and effective service to the population. This is achieved through the active involvement of local stakeholders in the co-creation of effective solutions.

As this pilot project concludes, the goal was to co-design an equitable model for Cultural Prescription. Given its ambitious and wide-reaching scope, time was required to build a shared understanding of what this initiative aims to achieve and the role that Cultural Prescription can play in local communities.

With this in mind, we now turn to the key reflections that emerged throughout the process:

1. Challenges and Limitations in the Implementation of the Pilot Project

The collaboration between the health sector, municipalities, and cultural agents was a fundamental aspect of this project, requiring significant effort to establish synergies and achieve effective cooperation. Coordinating multiple sectors presented additional challenges, particularly in building trust and strengthening connections between professionals. This coordination process demanded substantial time investment, including ongoing efforts to ensure that all sectors remained aligned and committed to implementation.

Another challenge was the structural difficulties of implementing the project in low-density population areas, where limited cultural resources and inadequate public transportation created significant barriers to participation in prescribed cultural activities. These factors restricted the project's reach and effectiveness, exacerbated by a lack of cultural programming and limited regular events in rural or isolated areas, leading to unequal access to cultural initiatives under the Cultural Prescription framework.

Additionally, in the health sector, professionals expressed difficulty in recognizing the relevance of cultural interventions for health benefits. This was likely due to traditional medical training, which primarily focuses on pharmacological treatments, making some healthcare professionals reluctant to integrate Cultural Prescription as a complementary approach. This underscores the importance of creative health literacy initiatives, aimed at raising awareness among healthcare professionals about the positive impact of cultural activities on health.

2. Identification of Best Practices During the Pilot Project

In municipalities with a strong cultural infrastructure, such as Évora, Montemor-o-Novo, and Estremoz, the presence of a diverse and active cultural network contributed to a wider range of activity choices and increased patient participation.

In Montemor-o-Novo and Estremoz, the existence of various municipal initiatives that promote accessible and free cultural activities played a crucial role in consolidating Cultural Prescription. The availability of these cultural resources facilitated the integration of patients into activities,

promoting both health and well-being while also fostering social and community engagement.

In the health sector, a particularly successful practice was the role of the focal point, who actively supported prescribing professionals and healthcare teams in identifying and integrating patients into Cultural Prescription. In some cases, focal points even attended medical consultations with prescribing professionals and patients, ensuring a smoother integration process. In locations where this approach was implemented, there was a notable increase in prescription effectiveness and a potentially greater positive impact on patients' health.

The close support from the coordination team was also a key facilitator, as it improved collaborative practices between sectors and helped overcome obstacles as they arose. The coordination team played an essential role in standardizing procedures, raising awareness, and providing training to professionals involved in Cultural Prescription. Additionally, they monitored the prescription process throughout the project, enabling continuous adjustments to address challenges at the local level. This ongoing support facilitated problem-solving and allowed for practice adjustments in real time, ensuring that the approach was progressively refined and adapted to local needs.

Another crucial factor was the impact of on-site visits by the coordination team, which served as catalysts for prescription activation. Observations revealed that cultural prescriptions tended to increase following these visits to healthcare units. This highlights the importance of these moments in motivating healthcare professionals, creating opportunities for dialogue, exchanging experiences, and reflecting on ways to integrate Cultural Prescription into daily practice. These interactions were particularly valuable for referral professionals, prescribers, and focal points, as they helped identify alternative approaches to coordination, potential beneficiaries, and strengthened collaboration among healthcare professionals.

The best practices identified above were instrumental in establishing the necessary synergies among stakeholders and reinforcing professionals' confidence in the process. This, in turn, enhanced the effectiveness of their work with patients/participants in Cultural Prescription.

Additionally, the ongoing support and close collaboration from the coordination team helped integrate Cultural Prescription into the daily

practices of professionals, gradually facilitating the introduction of this approach into the healthcare system and local communities in a sustainable manner.

3. Implementation of an Intersectoral Work Methodology and Evidence of Its Impact

Cultural Prescription has the potential to serve as a personalized health approach, highlighting the impact of social determinants of health on mental well-being. By integrating and emphasizing factors such as social isolation, lack of access to cultural services, and socioeconomic inequalities, this initiative has encouraged professionals involved in the pilot project to rethink their intervention strategies in both healthcare and social sectors. The integration of Cultural Prescription as both a complementary approach to pharmacological intervention and a social and creative intervention allows for the development of a broad community support network. As reflected throughout this report, it has fostered synergies among healthcare professionals, municipal staff, and cultural agents, working collaboratively to identify creative health-activating solutions. These efforts have particularly benefited individuals facing greater vulnerability and social exclusion, promoting their inclusion and strengthening social cohesion within communities.

One of the most impactful aspects of Cultural Prescription is its personalized nature, allowing prescriptions to be adapted to each individual's characteristics and interests. While this has not yet been fully evident in the pilot phase, it is a key factor in patient engagement and the overall success of Cultural Prescription. The ability for participants to choose cultural and artistic activities that align with their interests, mental health status, age, and social context enriches healthcare services. It also integrates creative practices – such as artistic and community-based cultural activities – into healthcare, moving beyond pharmacological interventions toward a holistic health approach. This approach has enhanced patient participation in activities while also leading to better health and well-being outcomes.

The monitoring and evaluation results indicate that, while progress has been gradual, the number of cultural prescriptions and healthcare professionals recommending them is steadily increasing. Consequently, the number of participants engaging in Cultural Prescription is expected to grow significantly in the coming year. This trend has already been observed, particularly in Évora, over the past months. If this continues, it

will signify the establishment of an integrated health practice in the region, with potential for expansion into additional municipalities, further consolidating and scaling the initiative.

This implementation analysis also highlights how as sectoral coordination became more structured in certain municipalities, there was a corresponding increase in participation in artistic and cultural activities. This enhanced quality of life, particularly in reducing symptoms of depression and anxiety, while also fostering greater social integration and inclusion within communities. While the number of beneficiaries remains relatively modest at this stage, it is clear that Cultural Prescription is proving effective in addressing mental health challenges.

However, continued close monitoring and coordination are still necessary to maintain collaboration among the involved sectors until this practice becomes fully established and self-sustaining. Strengthening this intersectoral network will also support the creation of similar initiatives in other municipalities, ensuring the long-term sustainability of Cultural Prescription as an integrated healthcare practice.

4. Implementation Recommendations for the Future of Cultural Prescription in Central Alentejo

Creative health practices are based on evidence demonstrating that cultural and artistic activities can reduce stress levels, alleviate symptoms of anxiety and depression, facilitate social engagement, and improve overall quality of life. These benefits arise from intersectoral collaboration between healthcare services, municipalities, and cultural organizations, creating opportunities for individuals to stimulate their creativity and self-expression through regular artistic and cultural participation.

Creative health is not simply about art for art's sake; rather, it represents a coordinated and integrated strategy that merges cultural and artistic practices with healthcare interventions. When effectively implemented, it ensures a comprehensive and person-centred approach to well-being.

To enhance the implementation and sustainability of Cultural Prescription, we propose the following key recommendations:

- **Enhancing communication efforts**, particularly through increased outreach and informational materials to raise awareness in local communities about Cultural Prescription and its benefits.

- **Integrating Cultural Prescription into local health and social development plans**, while also streamlining communication channels among professionals from all three sectors to ensure a seamless, intuitive, and agile process.
- **Developing shared digital communication platforms to facilitate intersectoral collaboration.** These should be easily accessible and complemented by regular meetings for case discussions and procedural updates, ensuring alignment among all professionals regarding timelines, procedures, objectives, and best practices.
- **Organizing creative health literacy initiatives**, such as **training sessions and workshops** focusing on the proven benefits of Cultural Prescription, successful case studies, and best practices, aimed at healthcare professionals, link workers, and partner networks.
- **Creating ongoing feedback spaces** for healthcare professionals to share experiences, concerns, and questions, thereby encouraging greater engagement and confidence in the initiative.
- **Implementing mental health literacy initiatives**, offering workshops and training sessions to cultural agents, link workers, and partner organizations, emphasizing the role of Cultural Prescription in mental health care.
- **Expanding the network of cultural agents to increase the diversity of artistic and cultural activities**, ensuring they cater to a broader range of interests, age groups, and specific patient needs.
- **Diversifying municipal cultural offerings** by collaborating with municipalities to expand activity options, including **clay modelling workshops, traditional crafts, guided cultural tours (museums, archives), and community-based artistic initiatives.** Some municipalities, such as **Arraiolos**, have successfully implemented **community theatre projects** – a model that could be extended to **younger populations.** These are some of the examples that have been suggested and worked on together with municipalities and cultural agents, with the goal of offering personalized activities that are more in line with the generational and/or inclusive interests of a larger number of participants.
- **Exploring mobile and itinerant activity models to increase accessibility** for rural communities with limited transportation options. The itinerant strategy used in the municipalities of Redondo and

Alandroal facilitates the implementation of the prescription project in rural areas or communities with limited access to cultural spaces and activities, also overcoming mobility-related barriers.

- **Diversifying activity schedules** to accommodate different lifestyles. Currently, many municipal activities occur during daytime working hours, which may limit participation for some patients. Expanding availability to include evening or weekend sessions could broaden engagement.
- **Expanding the partner network to strengthen synergies with the social and education sectors.** A notable example is Borba, where Santa Casa da Misericórdia and Associação Borba Compassiva have successfully incorporated Cultural Prescription into their community programs. These partnerships enrich local cultural offerings and add value to Cultural Prescription by embedding it more deeply into the community.
- **The sustainability of Cultural Prescription implementation in the region also relies on maintaining financial support mechanisms for cultural agents,** ensuring that all users/participants can access activities free of charge. This requires continuous funding and specific incentives for cultural agents. Such measures would facilitate the inclusion and participation of all users/participants, regardless of their socioeconomic status, while also securing financial support for cultural agents involved in Cultural Prescription.
- **Ensuring this level of care and attention to detail is essential for the long-term sustainability of Cultural Prescription.** Lastly, it is important to highlight the significant **collaboration between the Cultural Prescription pilot project by CIMAC and the Social Prescription Network Portugal at the National School of Public Health, NOVA University of Lisbon.** This academic partner has played a key role in the continuous monitoring and evaluation of Cultural Prescription implementation. The scientific work developed has contributed to enhancing best practices in the implementation of Cultural Prescription and has also supported the development of working documents like this one. This collaboration reinforces the opportunity for the pilot project not only to document its impact, challenges, barriers, and facilitators but also to create conditions for further development. In doing so, it strengthens Cultural Prescription in Central Alentejo, supporting its establishment as a recommended practice based on scientific evidence.

**NEW PROPOSALS
FOR THE FUTURE
OF CULTURAL
PRESCRIPTION**

This chapter presents new proposals to optimize the implementation of Cultural Prescription in Central Alentejo, based on a set of recommendations drawn from two key reference documents in the fields of Cultural Prescription and Social Prescription: *Creative Health Quality Framework* (Culture, Health & Wellbeing Alliance, 2023) and *Manual de Apoio à Implementação de Iniciativas de Prescrição Social* (Dias, S. (Coord.), Hoffmeister, L., Figueiredo, C., Coelho, A., Marques, M. J., Canas, M., Pedro, A. R., & Gama, A., 2024).

The transition from one cycle to another does not mean a rigid methodology; rather, it reinforces the adaptability and vitality of a project that puts people at the centre. This approach integrates lived and academic experiences, values creative health, and encourages participation and innovation. It is built on continuous evaluation, reflection, and collaborative learning. While Cultural Prescription relies on strong foundations, it must also remain responsive to future challenges.

Based on dialogue and ongoing learning, the *Creative Health Quality Framework* provides eight guiding principles for best practices in creative health, ensuring high-quality experiences through collaboration among all stakeholders (including cultural agents and participants). These principles define quality indicators and positive outcomes, tailored to each intervention context. It is recommended that this framework be integrated into Cultural Prescription in Central Alentejo as a joint working model.

Below, we present the eight principles and how each should be incorporated into the ongoing development of Cultural Prescription, encouraging policymakers, stakeholders, and professionals to embrace these guidelines, recognizing the transformative potential of this process for individuals and communities:

- **Person-Centred:** Ensure personalized prescription plans, giving patients an active role in selecting cultural activities. Strategies should help understand and integrate participants' preferences, fostering a respectful and individualized approach.
- **Equitable:** Prioritize inclusion and equal access to cultural activities. The goal is to encourage participation from diverse communities, ensuring that municipalities provide accessible and

equitable opportunities.

- **Safe:** Physical and emotional safety must be considered at every stage of the Cultural Prescription process. Partner meetings and training sessions should include risk management and safety guidelines.
- **Creative:** Encourage innovation and adaptability in Cultural Prescription, allowing flexibility in activity selection and openness to experimentation and adaptation.
- **Collaborative:** Strengthen intersectoral cooperation, enhancing solid partnerships and effective communication among municipalities, cultural agents, and health units.
- **Realistic:** Adjust proposals to the capacities and resources available to each partner. Initiatives should be achievable and sustainable, preventing overburdening stakeholders.
- **Reflective:** Integrate continuous evaluation so that stakeholders can assess progress and adjust activities based on feedback and learning.
- **Sustainable:** Ensure long-term impact by developing follow-up plans and continuous support for participants. Implement policies that guarantee the continuity and sustainability of the process.

In parallel, the *Manual de Apoio à Implementação de Iniciativas de Prescrição Social* (Dias et al., 2024) provides further insights into key facilitators for implementation. These recommendations have been integrated into the following action proposals, designed for the next phase of Cultural Prescription.

		Action Proposals
Contextual Factors	Collaboration and Partnerships Across Sectors	<ul style="list-style-type: none"> • Meeting between partners (CIMAC, Municipalities, President of the Board of Directors and Clinical Director for Primary Health Care at ULSAC, ENSP-UNL, Regional Health Delegate, cultural agents) to present the results of the pilot project and proposals for improving Cultural Prescription; • A series of meetings with different municipalities/health units to discuss the proposed improvements that should be locally implemented, according to local specificities; • Dissemination of Cultural Prescription through the communication and marketing channels of each partner; flyers and posters; • Awareness-raising actions with cultural agents; • Awareness-raising actions with other social actors in the community; • Proposal to include Cultural Prescription as a measure of the Municipalities associated with the Local Social Action Council (CLAS); • Proposal to include Cultural Prescription as a measure in the Local Social Development Plans and also in the Local and Regional Health Plans.

<p>Contextual Factors</p>	<p>Support from Leadership</p>	<ul style="list-style-type: none"> • Meeting with each of the partners to assess issues related to the allocation of human resources and time dedicated to Cultural Prescription by the actors/participants in the process; • Identify referral mechanisms/circuits for professionals external to the USF/UCSP and referral circuits for health professionals in the Functional Units.
<p>Factors Related to the Implementation Approach</p>	<p>Team Characteristics</p>	<ul style="list-style-type: none"> • It is proposed to have a backup/intermunicipal team that provides support and assistance in managing the processes (to ensure that, in the event the focal point is unable to coordinate with the link worker or cannot establish contact with the participant within 72 hours, the intermunicipal team steps in to prevent the contact period from being exceeded beyond a reasonable time).
	<p>Training and Capacity Building</p>	<ul style="list-style-type: none"> • Identify referral mechanisms/circuits for professionals external to the USF/UCSP and referral circuits for health professionals in the Functional Units; • Define with the local teams (focal points and link workers) clear, direct, and simple communication circuits that facilitate the sharing and integration of information between both parties and ease the integration of information into the Cultural Prescription application (shared with the coordination team).

	<p>Training and Capacity Building</p>	<ul style="list-style-type: none"> • It is considered important to provide comprehensive training for all actors/participants in the Cultural Prescription process regarding the content related to the Cultural Prescription process, as well as the communication and relational dimensions (soft skills) that should be addressed and developed, tailored to the Cultural Prescription process, in order to address issues related to the approach and its potential local development; • It is suggested that the training takes place in a team learning format to facilitate the creation of close relationships, openness, and trust among the various local actors/participants; • It is suggested that there be supervision, and that this occurs regularly (according to local needs) to facilitate the discussion and analysis of the Cultural Prescription processes, as well as the emotional, social, or other support that may be relevant to activate, based on the specifics of the situations; • Ensure the existence of informal spaces for meetings in the community between the Cultural Prescription actors/interlocutors and participants, implementing moments of reflection on areas directly related to or closely connected with the prescription.
	<p>Scientific and Technical Support</p>	<ul style="list-style-type: none"> • Support and specialized guidance, based on scientific evidence, integrating the social prescription network of ENSP-UNL.

<p style="text-align: center;">Factors Related to the Implementation Approach</p>	<p style="text-align: center;">Participatory methodologies</p>	<ul style="list-style-type: none"> • Since it is an approach that seeks for the participant to play an active role in the construction of their cultural prescription plan, it is essential that this plan is tailored to their needs, priorities, and motivational profile. The process must be guided and supported by the evidence that the individual chooses the activities and participation that make sense to them, empowering them in this decision-making process, which is personal and should not be subject to any value judgment by the professional accompanying them; • It is essential to take care of the role of cultural agents who welcome participants – namely through training and fair remuneration for the activities carried out (an aspect that has been honoured in this project since the beginning of its implementation).
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All the action proposals presented above are based on a set of indicators identified in this report as best practices or areas for improvement. Additionally, they are founded on the principle that, during this phase of Cultural Prescription’s stabilization, it is crucial to establish it as a shared practice among all partners. For Cultural Prescription to be effectively integrated and sustained, it is essential to ensure a regular and seamless flow of information among all stakeholders, fostering collaboration, transparency, and shared responsibility to consolidate this initiative as a structured, effective, and widely accessible health practice.

ACKNOWLEDGEMENTS

The completion of the pilot project marks a phase of growth for Cultural Prescription in Central Alentejo, representing a collective journey towards the future. We hope that this initiative will continue to expand, reaching more municipalities and more people.

The Cultural Prescription pilot project in Central Alentejo – a model of good governance developed in partnership with local, regional, and national stakeholders – was carried out over three years, culminating in 11 months of implementation that have now concluded. This project emerged from a shared vision, built with effort, time, and the dedication of many individuals, to whom the coordination team wishes to express its deepest appreciation.

To CIMAC, particularly its Culture Promotion Unit, the President of CIMAC, and its First Secretary, as well as ARS Alentejo and ULSAC, whose commitment to this challenge ensured the project's implementation, involving eight municipalities and 11 Primary Health Care Units in Central Alentejo.

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Special thanks also go to all general practitioners and family medicine doctors who enthusiastically embraced this project, acting as key promoters of Cultural Prescription during the pilot phase, as well as to all social workers who actively participated as focal points, facilitating the coordination between health services and municipalities in a way that was agile and efficient, despite its complexity and demands. A word of encouragement also goes to other healthcare professionals who, through critical evaluation of the project, have helped it grow and become more established in our region.

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prescriptions.

To the cultural agents, whose involvement helped envision a thriving cultural ecosystem, for their warm welcome to participants, dedication, constant questioning, and defence of the authenticity of their practices, which have always been, and continue to be, acts of care and community building.

To the Information Systems professionals of ARS Alentejo, who developed an application enabling general practitioners to prescribe cultural activities and access the cultural agenda of the eight municipalities. This tool allowed focal points to manage prescriptions over a 10-week period, facilitated communication between focal points and link workers, and ensured that both received information simultaneously when a general and family medicine doctor issued a prescription. The system also provided automated reminders for mid-term and final information sharing during the prescription period. Without this application, our ability to exchange information at the right moments would have been much more limited. While it may seem like a small technical feature, it plays a critical role in maintaining smooth and efficient communication.

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**REFERENCES
AND
PRESENTATIONS
OF THE
CULTURAL
PRESCRIPTION
PROJECT IN 2024**

Cultural Prescription Project in Central Alentejo | **Social Prescription Portugal | Launch Event of the Social Prescription Network Portugal | April 9, 2024 | Calouste Gulbenkian Foundation | Carlos Pinto de Sá and Patrícia Claudino** (representing CIMAC and the Project)

Cultural Prescription in Central Alentejo | **Casa dos Choupos**, Participation in the discussion "**Será a Casa dos Choupos, Primavera?**" | **June 7, 2024 | Santa Maria da Feira | Patrícia Claudino** (representing CIMAC and the Project)

Arts On Prescription for mental health: insights from a pilot study in Portugal, **5th International Social Prescribing Conference, University of Westminster, 35 Marylebone Road, London, June 19, 24 | Patrícia Claudino, Louíse Hoffmeister, Barbara Gonçalves, Ana Margarida Canas, Ana Gama, Cristiano Figueiredo, Sónia Dias | NOVA National School of Public Health**

How Does Volunteering Fit into the Cultural Prescription Project in Central Alentejo? **FEA, 9th Edition of the Volunteering Summer School '21 | July 4, 2024 | Patrícia Claudino** (representing CIMAC and the Project)

Cultural Prescription Project in Central Alentejo **University of Porto, 1st National Meeting | Cultural Prescription – Art, Well-Being, and Inclusion | July 18 – 20, 2024 | Sílvia Ramalho and Patrícia Claudino** (representing CIMAC and the Project)

Pilot Project of Cultural Prescription in Central Alentejo | **1st Conference on Art and Mental Health | APCO and Odemira City Council | October 10, 2024 | Ana Isa Coelho and Patrícia Claudino** (representing CIMAC and the Project)

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