

Opinion | How the arts can help cure the loneliness epidemic. It's called a social prescription and its catching on



Social prescribing, a relatively new concept has been embraced in the United Kingdom and is gradually catching on in North America. This innovative approach allows doctors and medical professionals to “prescribe” participation in social, cultural or nature activities as an alternative or complement to pharmaceutical drugs and other therapeutic interventions.

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By Gail Lord and Lola Rasminsky, Contributors

Gail Lord CM is the co-founder and partner of Lord Cultural Resources and author of The Manual of Museum Management: for Museums in Dynamic Change.

Lola Rasminsky CM is the Founder of the Avenue Road Arts School, the Arts Access Fund, VIBEArts and Beyond the Box.

Imagine if arts programs were considered part of our national strategy to combat mental illness and loneliness?

Sound too costly and abstract?

What if we told you this innovative approach has reduced doctors’ appointments by as much as 40 per cent in the U. K.?

Now imagine the savings to our health system — and the new opportunities for our currently underfunded cultural sector — if some arts programs were linked to our health-care providers, highlighting the true value of the arts in our communities and to mental health.

This relatively new concept is known as social prescribing. It has been embraced in the United Kingdom and is gradually catching on in North America. This innovative approach allows doctors and medical professionals to “prescribe” participation in social, cultural or nature activities as an alternative or complement to pharmaceutical drugs and other therapeutic interventions.

Rather than asking patients “what’s the matter with you?” medical professionals might inquire: “what matters to you?” The answer could connect their patient with a cultural program offering the chance to develop creative skills, a sense of self-worth, and deeper ties.

In the U.K., loneliness and isolation have become such severe and costly challenges that the government created a “Minister of Loneliness” in 2018. Not long after, “social prescribing” became part of the National Health Service (NHS) strategy to combat isolation and mental illness.

In 2023, more than one million U.K. patients received a social prescription, and according to some studies, doctors’ appointments were reduced by up to 40 per cent. A 2024 study for the U.K. Department for Culture, Media and Sport confirmed that older participants who attended drawing classes at a museum reported feeling better, visiting doctors less frequently, and saving the health system 1,310 GBP (\$2,400) per person.



In the U.K., loneliness and isolation have become such severe and costly challenges that the government named MP Tracey Crouch its first Minister of Loneliness in 2018. Not long after, “social prescribing” became part of the National Health Service (NHS) strategy to combat isolation and mental illness.

It turns out that human connection is one of the key determinants of health and well-being, and in the U.K. the return on investment on social prescriptions has been estimated at between \$3 and \$16 for every dollar invested. This figure takes into account the more than 3,500 “Link Workers” employed in the NHS to counsel and connect patients with appropriate group activities from gardening to cooking and art classes to writers’ groups which they wouldn’t find on their own.

Ontario is the ideal patient: it lacks family doctors, is stretching its mental-health resources and has its own loneliness epidemic. Meanwhile its cultural sector is brimming with creativity to innovate programs for vulnerable populations.



Kate Mulligan is an assistant professor at the University of Toronto’s Dalla Lana School of Public Health and the director of policy and communications for the Alliance for Healthier Communities.

Ontario is also the home base of Kate Mulligan, an assistant professor in Social and Behavioural Health Sciences at the Dalla Lana School of Public Health at the University of Toronto, who is the scientific director of the Canadian Institute for Social Prescription (CISP). Mulligan saw the gaps and opportunities between our medical system and community organizations and has a team that gathers data and knowledge about social prescribing, offers resources and seminars, advocates for policy changes, and forges partnerships between medical practitioners and organizations across the country.

One such organization is [The Writers Collective of Canada](#) (WCC), which uses CISP research and resources, participates in the Canadian Social Prescribing Exchange and incorporates insights and knowledge from CISP reports. WCC participants include Indigenous people, immigrants, refugees, the homeless and underhoused.

The WCC runs between 20 and 30 free workshops a week in major cities across Canada — including Vancouver, Ottawa, Montreal and Toronto — in partnership with more than 160 social services, community arts and health organizations.

In Toronto, it partners on workshops with organizations such as the Toronto Public Library, WoodGreen, YWCA, Anishnawbe Health Toronto, and Fred Victor. The WCC also offers virtual workshops.

And the demand for its services is growing.

WCC’s program evaluation indicates many participants experience an improved sense of belonging, self-esteem, and emotional well-being, and reduced isolation and loneliness. Participants consistently report feeling more hopeful, connected and resilient. The workshop facilitators are trained volunteers and they confirm they are developing a stronger sense of empathy and purpose.

Dr. Calvin Gutkin, a founding board member of the WCC and a practicing family physician for more than 30 years, has learned the value of meshing medical knowledge with his patients interests and passions in areas of social connection and the arts.

“Connecting or reconnecting individuals to those interests through social prescribing can play an important role in maintaining health, preventing illness and advancing healing and recovery of both physical and mental illnesses,” said Gutkin, who is also the former CEO of The College of Family Physicians of Canada and a teacher of family and emergency medicine at the University of Toronto.

Gutkin says there are still significant barriers to the full potential of social prescribing. For starters, the formal education of all health-care professionals needs to include an increased understanding of the value and the availability of these programs.

Many organizations offering social connections including theatre, music, dance, visual arts and writing, are not getting the financial support needed to flourish, Gutkin says.

Sustaining health care for our population requires ongoing funding commitments from government, the business community and private donors. Recognizing that programs in the arts play an important part of health care would ultimately benefit everyone.



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