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From Music Performance to Prescription: A Guide for Musicians and Health Professionals

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Abstract

Through social prescribing, healthcare systems can systematically support musical care by connecting individuals with community music programs and skilled practitioners. Social prescribing is a non-medical approach to health in which individuals with unmet social needs are referred to community programs like choir singing and music-making. This article addresses the challenges of integrating music programs into healthcare—music on prescription—despite growing interest in the benefits. For instance, musicians may be enthusiastic but lack preparation for working in health and social care settings. On the other hand, healthcare professionals may either be unfamiliar with the benefits of music prescription or uncertain about implementing referral pathways. The historical divide between the arts and health sectors further complicates the implementation of music prescription programs. Drawing on our expertise in arts in health, music performance and education, community music, clinical psychology, and medicine, the article highlights how musicians' skills and professional identities evolve across performance, education, and health domains. We also offer advice for health professionals on developing referral pathways to music prescription programs. The article emphasizes the importance of music education in preparing musicians and concludes by encouraging collaboration between musicians and healthcare providers to develop sustainable music prescription programs. By establishing structured referral pathways, social prescribing offers a systematic framework for delivering musical care within healthcare settings, while ensuring that music interventions remain focused on addressing participants' social and health needs.

Keywords

Community music, health musician, music educator, music on prescription, musical care

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Introduction

In response to multiple and complex pressures, healthcare providers worldwide are being encouraged to embrace more holistic approaches to health and wellbeing (Khan et al., 2023; Muhl et al., 2024). Within this context, there is growing recognition that the arts can and should play an integral role in health and social care (Fancourt, 2017; Heard & Bartleet, 2024; Sunderland et al., 2018). The therapeutic potential of the arts has long been recognized in Indigenous health (Archibald & Dewar, 2010) and European health systems (e.g., Kirkby, 1998). However, combining disparate disciplines such as music and healthcare presents unique challenges. These challenges are particularly evident in music on prescription, which we view as a form of "musical care."

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"Musical care" refers to the role of music in supporting developmental and health needs (Sanfilippo & Spiro, 2022, pp. 2–3; Spiro et al., 2023, p. 2). By its nature, "musical care invites blurring of boundaries across different expertise" (Sanfilippo & Spiro, 2022, p. 3), but this very blurring creates complex demands on practitioners. For example, musicians may possess the artistic and pedagogical expertise necessary for impactful interventions, yet healthcare contexts require additional specialist knowledge and skills. On the other hand, healthcare providers may not be aware of the evidence in support of non-clinical approaches to health such as music programs, given that such programs are still not well embedded in mainstream health curricula (although, see exceptions such as Howlin et al., 2025; Nicholas et al., 2024; Ridgway et al., 2024). Even when health professionals recognize music's benefits, they often need guidance in establishing effective referral pathways. These challenges create an opportunity to reshape how we think about the role of musical care in healthcare delivery, especially as part of social prescribing.

This article guides musicians and healthcare professionals through this exciting territory. First, we define social prescribing and position music interventions within the broad array of the arts on prescription. We then distinguish the musician's role within music on prescription work, followed by a medical and health practitioner's perspective on barriers and facilitators when providing music on prescription to patients. We conclude with a discussion on how to support healthcare providers to engage with music on prescription and the role of music education in preparing musicians to work on prescription.

Social Prescribing and Music on Prescription

Social prescribing is described as:

> a means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical supports and services within the community by co-producing a social prescription—a non-medical prescription, to improve health and well-being and to strengthen community connections. (Muhl et al., 2023, p. 9)

In establishing referral pathways between the health and community sectors, the boundaries of health care extend beyond the walls of hospitals and clinics and out into people's homes, urban spaces, the outdoors, and digital spaces. Social prescribing is well established in the UK, US, and Canada and is emerging in many other countries globally (Morse et al., 2022). Evidence shows social prescribing produces small to moderate effects across various outcomes, populations, and settings (Chatterjee et al., 2018; Sharman et al., 2023; Sonke et al., 2023; Zurynski et al., 2020). Social prescribing is not a one-size-fits-all intervention; instead, it is a multifaceted health framework that addresses what matters to each individual and may involve supported referral to diverse social programs in the community. Common types of social programs are physical activity/exercise on prescription; nature-based social prescribing; educational classes; and the arts, heritage, and culture on prescription (e.g., Chatterjee et al., 2018).

Our focus is the arts on prescription:

> Arts on prescription involves a referral process to an experienced artist (rather than a therapist) who facilitates arts activities (e.g., painting, drama, craft, photography, dance, singing, lantern making, etc.) in a group setting, to positively impact participant wellbeing (Bungay and Clift, 2010; Poulos et al., 2019). The purpose of arts on prescription is not to replace conventional medical treatment but rather to act as an adjunct or complement to promote wellbeing, creativity and social engagement (Bungay and Clift, 2010). (Davies & Clift, 2022, p. 2).

Music on prescription is an important example of the arts on prescription that involves referral to an experienced music practitioner who facilitates music activities to improve health and wellbeing. Music on prescription programs influence health through various mechanisms (Dingle et al., 2021). In one study (Poulos et al., 2019), older people were referred to the program by their healthcare practitioner. Professional artists led courses in visual arts, photography, dance and movement, drama, singing, or music. Classes were held weekly for 8–10 weeks (around two hours each), with six to eight participants per class, culminating in a showing of work or a performance. Results were that participants reported feeling significantly more creative and engaged with creative activities (see Jensen et al. (2024) for a systematic review of arts on prescription programs, which includes examples of intervention components and activities).

Although it may look similar, an individual joining a music program with a health referral (prescription) differs from an individual joining an open community music program in three ways. First, there is a clear health pathway with referral and accountability from a health professional. Second, there is often support available from program organizers, support workers, and/or volunteers to assist participants with mobility, sensory, and other needs. Third, the primary purpose is health and wellbeing (rather than learning or leisure).

Social prescribing is a highly relational approach. In the holistic model, an individual discusses their non-medical health needs with a health professional (often a General Practitioner) who refers them to a community link worker, who forms a relationship with the individual to understand their needs and barriers to social engagement and subsequently supports their engagement with one or more community-based social programs and services (Drinkwater et al., 2019; Dingle & Sharman, 2022). Although there is relatively little research on the relational processes of social prescribing as predictors of outcomes for participants, one study followed up social prescribing

participants 8 weeks and 18 months later, and found that participants' relationships with link workers as well as ratings of the group facilitators' skill in fostering belonging at 8 weeks (but not at baseline) were associated with improved loneliness, distress, wellbeing, trust, and health at 18-month follow up (Dingle et al., 2024). As we discuss in the following section, the relationality of social prescribing carries over to musicians working on prescription, who, in addition to strong content (musical) skills must also manage interpersonal processes (e.g., leadership, creating safe spaces, and managing dynamics among participants with diverse health vulnerabilities).

Locating Musicians in Music on Prescription

While arts in health is an ancient practice (Fancourt, 2017), the increasing prominence of music for health and wellbeing since the 2000s has led some music performers and educators to work beyond traditional contexts as community "health musicians"—a blend of performing musician, educator, community facilitator, and therapist (Ruud, 2012; see also Bonde, 2011; Preti & Welch, 2013b). While musicians may be interested in working as health musicians, some may feel underprepared by their formal training (Forbes & Bartlett, 2020a). Despite possessing many valuable and relevant threshold skills, they will likely require targeted development for music on prescription (Preti & Welch, 2013b).

Music on prescription operates across clinical and non-clinical contexts (such as community halls and cultural centers), targeting health benefits and broader social outcomes like community development and cultural resilience (MacDonald et al., 2012; Perkins et al., 2020; Sunderland et al., 2018). The intent of music on prescription, like other forms of arts on prescription, "is not to replace conventional therapies but rather to act as an adjunct, helping people in their recovery through creativity and increasing social engagement" (Bungay & Clift, 2010, p. 277).

While these programs may be led by people with various qualifications, the disciplinary boundaries have become increasingly fluid in practice. This professional fluidity aligns with the concept of "musical care," which acknowledges the cross-boundary collaboration that occurs in practice between music therapists, community musicians, music educators, and music and health practitioners (Sanfilippo & Spiro, 2022; Spiro et al., 2023). In this article we are focused on practicing musicians who are interested in working within "prescription" contexts. We position music on prescription as a structured approach to delivering musical care, primarily focused on music activities in assistive and communal contexts, existing at the intersection of community music (Bartleet & Higgins, 2018) and music practice for health and wellbeing (Short & MacRitchie, 2023).

It is important to further distinguish music on prescription as delivered by non-therapist musicians from music therapy and community music therapy (O'Grady & McFerran, 2007a; Moss, 2016; Tsiris, 2014). Music therapists are registered health professionals mainly employed within hospitals and health services or in fee-for-service private practice (Australian Music Therapy Association, 2024). The key difference between music therapy, community music therapy, and music on prescription led by community musicians is that music therapists, who are bound by professional ethical and accreditation standards, can work with clients with an acute illness or who may be in crisis or rehabilitation (O'Grady & McFerran, 2007a). In contrast, musicians supporting music on prescription are more likely to work with clients in the maintenance and prevention phases of the healthcare continuum or simply with clients who would benefit from enjoyable creative activities and increased social engagement (Bungay & Clift, 2010).

The following section presents guidelines for musicians looking to "pivot" from music performance and education to music on prescription. We use the phrase "pivoting to music on prescription" to encourage musicians to consider this work as a way of diversifying their portfolio career. The guidelines are, therefore, also relevant to university-level educators seeking to prepare students for diverse portfolio careers to include music on prescription. Table 1 provides a high-level overview of key differences and similarities between performance, education, and music on prescription. While admittedly generalized, we hope this overview helps highlight critical areas where musicians may need extra training or experience to prepare for a pivot to prescription. We include "pivot tips" as practical takeaways for musicians seeking to move into music on prescription. We acknowledge that while each domain of work and skill appears in separate rows and columns in Table 1, these boundaries blur in practice. Musicians can and do work across performance, education, and prescription domains using various skills.

Musical and Technical Skills

Solid technical skills on an instrument or voice provide the bedrock for any performer or educator; however, musicians may use these skills differently for music on prescription. Music on prescription commonly requires the musician to accompany others (either on guitar, piano, ukulele, accordion, or some other chordal instrument). While music educators will likely be more at home with accompanying, performers are encouraged to develop their accompaniment skills if this has not been an aspect of their performance practice. Developing basic skills on different instruments is useful so musicians can change accompaniment to suit the song (e.g., playing the piano for a heavy guitar rock song may not work!). Basic percussion and hand percussion skills are also helpful, and incorporating this into group activities is common in music on prescription. Strong aural skills are also necessary. Further, some basic understanding of singing voice technique will be helpful in music for health groups, and essential if working with a singing group, particularly if group members have compromised vocal function (Forbes & Bartlett, 2020a).

Table 1. Comparison of knowledge and skills deployed in music performance, music education, and music on prescription roles.

	Music performance	Music education	Music on prescription
Musical/technical skills	Required to a high level, often with outstanding technical proficiency on one instrument (e.g., concert soloist, jazz musician, pop singer). Solo or ensemble contexts.	Context-dependent but required to a high level: conservatoire-based educators will usually have a specialism; school-based educators may have a specialism with broad skills base for classroom music or may be in peripatetic teaching roles.	Versatility across several instruments including voice likely to be more valuable than specialism; accompaniment and aural skills; musical sensitivity particularly important (Camlin & Zeserson, 2018); familiarity with, and willingness to play across styles and genres is necessary (O'Grady & McFerran, 2007a; Price, 2010); understanding of vocal technique basics (Forbes & Bartlett, 2020a).
Performance skills/ aesthetic values	Professional-level performance skills in one genre; working in dedicated performance venues with clear delineation between performer and audience; "sonic aesthetic" is of paramount importance in Western art music (Kjar et al., 2022); other forms of music performance will prioritize different aesthetic values with implications for musicians' skill level, e.g., improvisation in jazz, artist identity/brand (visual and sonic) in popular music.	Skills appropriate to the education context will usually involve conducting small and large ensembles and choirs and musical direction; music educators may need to be "aesthetically flexible," adapting to context and students' interests and abilities.	Context of performance is different to conventional music performance; boundary between audience and performer is blurred (Camlin, 2022); may be better understood as "performing relationships" rather than "performing works" (Camlin, 2022, 2023); experienced by facilitators as a unique, relational form of "performance" (Forbes & Bartlett, 2020b; Preti & Welch, 2013a, 2013b).
Improvisation	Genre dependent.	Required if teaching improvisation-based genres such as jazz and desirable (but not necessary) for other educational scenarios.	Desirable (Bartleet & Higgins, 2018); use of improvisation by facilitators can encourage freedom, play, and creativity (Preti & Welch, 2013a, 2013b); may draw on improvisation practices from music therapy (Wigram, 2004); an opportunity for musicians to develop their skills in a non-threatening environment (Westerlund & Karttunen, 2024); improvisation is also a skill of community musicians who view facilitation as a form of improvisation (Howell et al., 2017).
Pedagogical	Required if conducting masterclasses and workshops or engaged in one-to-one teaching; performers increasingly expected to engage in community outreach, which may involve some teaching.	Strong skills required across all contexts; may require pedagogical expertise to work with diverse student populations.	Required, with the ability to teach people from diverse backgrounds, ages, and existing skill sets (Camlin & Zeserson, 2018; Hallam et al., 2016); singing voice pedagogy skills desirable when working with populations with compromised vocal function (Forbes & Bartlett, 2020a); advantageous to adopt a strengths-based and neuro-affirming approach, acknowledging individual differences (Camlin, 2022).
Communication	Required, although high-level musical (rather than interpersonal) communication skills are likely to be most important.	Requires strong interpersonal and musical communication skills.	Requires strong interpersonal communication skills, to a high level of sensitivity (Dingle & Sharman, 2022); must be able to communicate and work with a wide range of people (Camlin, 2022; Dingle et al.,

(continued)

Table 1. (continued)

	Music performance	Music education	Music on prescription
			2013; Lamont et al., 2018; Ruud, 2012); skilled in nonverbal communication (Preti & Welch, 2013b); ability to understand and adapt communication style where group members have impaired communication (e.g., people with Parkinson's, post-stroke aphasia, other brain injuries, disabilities).
Leadership and ethics	The nature and extent of leadership will be role-dependent (e.g., leading a small ensemble, conducting an orchestra may involve direct entreaties to follow); the ability to understand and adopt ethical practice regarding interpersonal professional relationships and legal rights and responsibilities (e.g., intellectual property, performers' rights, workplace relations).	Strong skills required, ranging from overt musical leadership (e.g., conducting) of ensembles to institutional and community leadership; ability to understand and adopt ethical practice regarding interpersonal professional relationships especially regarding power differential between student and teacher; knowledge of ethical principles for working with vulnerable people such as boundary management, trauma-informed care principles, cultural safety.	Strong leadership skills required (Bartleet & Higgins, 2018) but usually more dialogic/relational style (Camlin, 2022), including the ability to work within distributed leadership models (Bos et al., 2024). Can develop "identity leadership" to build participants' social identities and related positive health outcomes (Tarrant et al., 2020); ability to positively energize and enthuse participants (Bartleet & Higgins, 2018; Forbes, 2025; Price, 2010; Vella-Burrows & Hancox, 2012). In the absence of external professional ethical standards (cf. music therapy/community music therapy), knowledge of ethical principles for working with vulnerable people, such as boundary management, trauma-informed care principles, cultural safety (Culture, Health & Well-being Alliance, 2023; Sunderland et al., 2023), developed through critical reflexively and applied flexibly according to context (O'Grady & McFerran, 2007a).
Knowledge of specific health conditions and social determinants of health	Not usually relevant.	Context dependent.	Critical when working with clinical populations (Dingle et al., 2013; Dingle et al., 2019; Forbes & Bartlett, 2020a; Vella-Burrows & Hancox, 2012); need to adapt all skills to suit unique needs of the group.
Attending supervision and/or mentoring	Experienced performers may be called on to mentor emerging artists and may be required to supervise rehearsals; informal mentoring more common than formal.	Although it may vary between jurisdictions, professional supervision is commonly used only for preservice teaching or professional placements; formal and informal mentoring are common.	Both supervision and mentoring are highly recommended during design and delivery of music-on-prescription programs; recommended that musicians seek regular supervision and debriefing support from a supervisor, peer, or other appropriately experienced person (Creative Australia, 2023).

Community musicians require strong technical skills but also need to be sensitive musicians who are ready, willing, and able to respond to whatever the situation calls for (Camlin & Zeserson, 2018; Howell et al., 2017). Musicians who are used to playing one style or genre of music are encouraged to diversify when working on prescription. Repertoire suggestions are often drawn from group members (e.g., Dingle & Powell, in press), whose tastes will span the musical spectrum, and these suggestions need to be considered with deep sensitivity for overall group needs (Forbes & Bartlett, 2020a). Thus, musicians on prescription should be open and willing to play across various genres and have the emotional intelligence to decide when certain repertoire is not appropriate.

Pivot tips: Develop musical and technical skills, including the ability to accompany one or more chordal instruments; develop aural, vocal, and percussion skills and adopt a broad interest in different genres; consider the impact of repertoire on overall group needs; and, where possible, give participants a say in which music will be learned/used in the music activities.

Performance Skills and Aesthetic Values

Music on prescription tends to blur traditional boundaries between audience and performer, with musical activity embedded in communal spaces (e.g., parks, libraries, hospitals, educational settings). Despite this, singing group facilitators in one study experienced their work as a unique "performance" mode where they had moments of flow and transcendence (Forbes & Bartlett, 2020b; see also Camlin et al., 2020). Camlin (2022, 2023) contends that within participatory music contexts, performance is better understood as the "performance of relationships," which emphasizes the inclusive and democratic *doing* of music with others, rather than the aesthetic quality of the performance outcome (see also Camlin et al., 2020; Small, 1998).

When a music on prescription group does perform publicly, music facilitators must carefully manage the musical and practical challenges. This includes considering venue accessibility, participant stress levels, and appropriate repertoire difficulty. These issues may be particularly relevant for participants experiencing social anxiety disorder or other mental health conditions where they might expect the audience to be critical of their performance (e.g., Williams et al., 2020). Facilitators should provide additional support before performances for anxious participants while allowing time for post-performance reflection and decompression. For immunocompromised or frail participants, particularly in cancer and palliative care, recorded performances may be more appropriate than performing live, as this allows for sharing their work with family and friends while preserving energy (e.g., Dingle & Powell, in press).

Pivot tips: View music on prescription activities as unique performance opportunities where musicians and participants can "perform relationships"; provide extra support before and after formal performances; consider alternatives to live performances for vulnerable participants.

Improvisation

Improvisation has long played a key role in music therapy (Wigram, 2004) and is a highly beneficial skill within music on prescription. Musicians inexperienced in basic improvisation are encouraged to develop this skill when considering music on prescription work. They may find the music health context a lower-stakes environment to experiment and develop their skills without any pressure to perform (see Preti & Welch, 2013b). Improvised movement is also used with older or mobility-assisted participants in music and movement programs. In one example of a seated music and movement program with participants in an aged care service, the instructor created a synchronous group experience of swimming in a lake, gathering sticks, and lighting a fire, allowing participants to experience meaningful activities they were unlikely to have the opportunity to engage in in their real lives (Toohey et al., 2024).

Pivot tip: Develop basic improvisation skills on an instrument or voice and incorporate improvisation games (including movement) into group activities; use humor to alleviate anxiety about improvisation.

Pedagogy

Like community musicians, health musicians require the ability to teach people who have little or no musical training. Creative approaches that do not rely on musical training are necessary, such as using tapping or body percussion or teaching vocal parts using a combination of lyric sheets, audio or video files, and call-and-response demonstrations (noting that in some contexts, singing in parts will not be advisable) (Bos et al., 2024; Forbes & Bartlett, 2020a). Technology can support learning and teaching for music on prescription. Examples include using recorded vocal audio files or backing tracks for participants to practice at home or using smartphone music apps or playlists. The key is to adopt dialogical or relational pedagogy when teaching skills and repertoire rather than a didactic (authoritative) approach (Camlin, 2022).

Pivot tips: Seek opportunities to teach diverse learners with little or no formal musical training; take a person-centered approach to teaching, and use alternative teaching methods that do not assume participants have musical training.

Communication

One of the essential skills for musicians working on prescription is the ability to communicate with diverse groups sensitively, empathetically, and non-judgmentally (Dingle et al., 2013; Irons et al., 2024; Lamont et al., 2018; Ruud, 2012). Preti and Welch (2013b) emphasize

high-level non-verbal communication skills for musicians working in hospitals who often work with sick patients, staff, and family members in sensitive situations. Such work requires the ability to pick up on non-verbal cues and understand when to continue or withdraw, or when to adjust the genre or volume of a musical piece to suit participants' needs. Participants feeling overwhelmed or uncomfortable may stop making eye contact with the group facilitator or show discomfort in their posture and facial expression (see examples discussed in Camlin, 2022). Checking participants' energy levels and feelings is one way of communicating care and empathy. Music-making may provide a safe space for participants to feel and express a range of emotions. Sense of humor is another asset for music on prescription to build rapport with participants and set them at ease (Irons et al., 2024; Forbes & Bartlett, 2020a; Lee et al., 2024; Preti & Welch, 2013b).

Pivot tips: Develop interpersonal communication skills, including the ability to pick up on nonverbal cues (e.g., volunteer for a social enterprise organization and work with people outside of your usual circles); experiment with ways to incorporate humor into music practice (action songs are a great way to get participants laughing and having fun).

Leadership and Ethics

In music on prescription, leadership styles will vary according to where the activity sits on the health continuum, the facilitator's style, and the group context, such as size, nature of participants, and group motivation/purpose (Lee et al., 2024; see also O'Grady & McFerran, 2007a, 2007b). Charisma and an ability to positively energize participants is valuable for leaders of music on prescription programs (Bartleet & Higgins, 2018; Forbes, 2025; Price, 2010; Vella-Burrows & Hancox, 2012), although there may be a need to alternate high energy activities with others that are slower or lower in energy, allowing participants the space and time to reflect, express difficult emotions, and to feel validated by others.

Another effective leadership strategy for music on prescription draws on social identity theory to foster health-enhancing shared identity among group members (Tarrant et al., 2016; 2020). Health musicians can build social identity and group cohesion using several strategies—highlighting shared experiences, using inclusive language ("our group", "we"), encouraging social interaction through milestone celebrations, incorporating pair work, celebrating achievements, and enabling shared decision-making in repertoire and group guidelines (Bos et al., 2024; Tarrant et al., 2020). Creating social identity within music on prescription groups can build participants' psychological resources of social support, agency, meaning and purpose, and belonging (e.g., Forbes, 2021; Williams et al., 2020).

Due to the collaborative nature of much music on prescription activity involving diverse and often vulnerable people, musicians must consider the ethical responsibilities of their practice (see Lines, 2018, on ethical questions to ask within community music). Health musicians should have a sound knowledge of ethical principles for working with vulnerable people, such as boundary management, trauma-informed care principles, cultural safety, and respect for the dignity of others (Culture, Health & Well-being Alliance, 2023; Sunderland et al., 2023). For example, see the section on designing safe, equitable, and antiracist systems in the *Arts on Prescription Field Guide* (Golden et al., 2023).

Pivot tip: Reflect upon personal leadership style, values, and motivations and how these align with music on prescription work; study ethical practice guidelines provided by the sponsoring organization or broader arts on prescription guides.

Knowledge of Health Conditions and Social Determinants of Health

For most performing musicians, it is usually not necessary to understand the nature of a specific health condition and its related challenges (unless it is relevant to their situation). However, for health musicians, knowledge pertinent to the population and context is essential and may require understanding of specific health conditions (e.g., mental health, dementia, stroke, Parkinson's, diabetes), developmental conditions (e.g., autism, ADHD, intellectual disability), and the social determinants of health (e.g., housing instability, poverty, domestic and family violence, racism and marginalization, trauma and dispossession) (World Health Organization, 2023). Without knowledge and understanding of the symptoms, behaviors, and experiences of the health populations that musicians are working with, musicians may enter situations in which both the participants and musicians may be emotionally vulnerable without adequate preparation and opportunities for supervision and debriefing. This knowledge helps health musicians identify symptoms and behaviors that the participants might present within the sessions and know how to support participants or when and where to refer for more tailored support.

Pivot tips: Research the condition and consider the practical implications for program design; consider accessing relevant training; become familiar with the work of relevant support groups for the health condition you are working with.

Attending Supervision and/or Mentoring

In most health professions, it is mandatory to receive regular clinical supervision to discuss client work and any issues arising. Supervision provides detailed oversight and support to the professional and may help with their self-care in demanding fields. Health musicians would also benefit from regular supervision and or mentoring from others in the field. Musicians looking to explore music on prescription might consider joining existing communities

of practice such as the Singing for Health Network (UK) or Musical Care International Network (Spiro et al., 2023). Such networks are typically interdisciplinary, including music therapists, allied health professionals, community musicians, music psychologists, educators, and researchers. These networks offer a wealth of knowledge for those new to the field, and we suggest connecting with an existing network before seeking to launch any new interventions. In Australia, training opportunities are expanding across educational levels, from micro-credentials to postgraduate degrees (Creative Australia, 2023). Creative Australia's recent report highlights the importance of mentoring and accreditation while acknowledging diverse practitioner pathways. In mental health contexts particularly, the report emphasizes an urgent need for professional supervision and support networks to support practitioners working in challenging, oftentimes isolated contexts (Creative Australia, 2023). Indeed, the safety of creative health practitioners such as musicians is an important consideration, and guidance for practitioners can be found in the Creative Health Quality Framework (Culture, Health & Well-being Alliance, 2023). The framework includes a useful list of questions for practitioners to reflect on regarding role remit, boundaries, and mitigating risk.

Pivot tip: Join an arts-in-health network and build professional connections with other arts-in-health practitioners who can act as mentors; attend regular professional development, collect resources, and develop reflective and research-informed practice (professional networks often provide practice guides derived from empirical research).

Partnering with Health Professionals

Australian doctors and allied health professionals rarely consider prescribing music, despite strong evidence supporting its health benefits. The reasons for this fall into three main areas: practitioner barriers, patient barriers, and structural barriers. In relation to practitioner barriers, this oversight stems from their biomedical and health professional training, limited education on social prescribing, and the perception that patients expect "traditional" medical care. Time constraints and the overwhelming volume of essential medical updates further hinder engagement with music-focused educational initiatives. To address this, music prescription must be legitimized through professional channels like medical and health journals, conferences, and university curricula. Recent developments, such as arts in health panels and conferences, are encouraging but still nascent. For music on prescription to enter the scope of practice for doctors and allied health practitioners, both practitioners and patients need to recognize its therapeutic value. Public awareness campaigns highlighting music's health benefits can create a cultural shift, enabling patients to approach consultations with an openness to non-clinical interventions. This would help alleviate health practitioners' concerns about introducing unfamiliar treatment options.

Patients often do not associate music with health benefits and may resist suggestions for music engagement, viewing them as unconventional or unrelated to their medical issues. Misconceptions about needing to be musically trained or experiencing anxieties, agoraphobia, and financial or logistical barriers further deter participation. To overcome these challenges, practitioners should use motivational interviewing techniques that respect patients' autonomy and preferences (Miller & Rollnick, 2023). For example, doctors can introduce music conversationally instead of prescribing music outright, linking music engagement to the patient's personal goals, such as social connection or improved mood. Building public understanding of music's role in health is critical. A gradual change in societal attitudes could lead to patients proactively inquiring about music-based interventions during consultations. Reducing stigma around music engagement and addressing practical barriers through community outreach and accessible programs can also foster greater participation.

At the systemic level, Australia's healthcare infrastructure lacks mechanisms to facilitate effective social prescribing. Most doctors and allied health practitioners are unfamiliar with how to connect patients to community music programs or facilitators. Merely providing a website or contact information is inadequate. Instead, intermediary roles like link workers, who provide personalized support to guide patients toward music-related activities, are essential (Hayes et al. 2024; Sharman et al., 2022). Although these roles are still developing in Australia, promising models such as social prescribing clinics and peer-support worker programs demonstrate how link workers can bridge the gap between healthcare providers and community services. Financial and time pressures on doctors further perpetuate reliance on "quick fix" treatments like pharmaceuticals or referrals, sidelining person-centered approaches. However, growing acceptance of the psychosocial aspects of chronic disease is driving changes in funding models. Government and insurance agencies are beginning to support holistic care, offering hope for the broader adoption of social prescribing, including music-based interventions.

Finally, it must be acknowledged that the medical principle "first do no harm" applies to arts in health activities (Jensen, 2014). We must be careful not to adopt an uncritical view of the arts on prescription as universally positive and consider possible negative effects (Bungay et al., 2024; Dingle et al., 2019). Specific concerns include the potential for participants to experience negative outcomes (see examples in Jensen et al., 2024), inappropriate referrals, lack of clarity around who bears the duty of care, and lack of consistent training for practitioners (Bungay et al., 2024). There is an urgent need for ethical guidelines, clearer structures and expectations for health responsibility, and better training for facilitators to safeguard participants (Bungay et al., 2024).

Embracing Music on Prescription

The growing movement of music on prescription offers musicians an opportunity to diversify their careers and

engage in meaningful community work. Traditionally, higher education and vocational training for musicians have centered on performance and education. However, integrating arts into health and social prescribing into curricula is timely, aligning with a broader call for higher music education to embrace music-making as both a social and artistic process (Gaunt et al., 2021). Explicitly training musicians for health-focused roles could enable them to take on this emerging form of socially engaged practice.

Musicians pursuing health-focused work may need to navigate a significant identity shift (Bro et al., 2024). Formal training often prioritizes performance or teaching, with less emphasis on socially engaged practice. As musicians transition into roles within music on prescription, they may need to critically reflect on their values and the traditional prioritization of performance over socially engaged practices by asking questions like, "What does excellence look like for me within music on prescription?" (see Bro et al., 2024; Camlin, 2022; Gaunt et al., 2021; Westerlund & Karttunen, 2024). This shift calls for higher education institutions to explore these identity implications and support musicians in integrating social engagement into their career aspirations (López-Íñiguez & Bennett, 2021; López-Íñiguez et al., 2022). Furthermore, socially engaged music-making requires musicians to balance professional and personal wellbeing. While music is widely recognized for its health benefits, musicians face significant financial and emotional pressures, including the challenges of earning a sustainable income. Musgrave (2023) highlights the paradox that pursuing a music career is often detrimental to musicians' health. Training programs must, therefore, ensure that musicians entering this field are adequately supported and that their material and mental wellbeing are prioritized.

Financial sustainability is a key challenge for musicians in socially engaged work, including music on prescription. Many musicians working in community arts bear significant hidden costs, including financial strain and emotional tolls, especially in underfunded contexts (Belfiore, 2022). In Finland, for instance, socially engaged music practices are not yet financially sustaining (Westerlund & Karttunen, 2024). Similarly, in other contexts, musicians involved in this work risk being underpaid or undervalued unless explicit policies and funding structures are implemented. Musicians in health-focused, musical care roles deserve fair remuneration for their expertise in both musical and extramusical aspects of the work. Forbes and Bartlett (2020a) emphasize that remuneration must reflect the valuable training and skills musicians bring to music-on-prescription groups. The "social prescribing plus" model, which advocates funding referral services and community services like music on prescription, underscores the need for systemic investment (Dayson, 2017). Without adequate financial backing, music on prescription risks becoming another cost-cutting measure that shifts responsibility to communities without providing necessary resources.

On the health side, successfully implementing music prescription programs requires multiple strategic approaches. Essential to this is broader community awareness through targeted publicity highlighting the benefits of musical participation while dismantling the perception of music as an elitist activity reserved for experts. By promoting music as universally accessible, we can build consumer confidence and establish cognitive frameworks that support therapeutic engagement. This cultural shift should be reinforced by integrating music participation research into respected medical channels, including journals, conferences, and care guidelines. The transition from non-participant to active engagement can be facilitated through link worker networks and a motivational interviewing approach (Miller & Rollnick, 2023), where practitioners collaboratively evoke consumer interest rather than simply prescribing participation. Underpinning these initiatives must be robust logistical and bureaucratic frameworks, including peer support systems, accessible transportation, and decentralized locations that ensure local access for all potential participants (see Fancourt & Warran, 2024, on the barriers and enablers to arts and culture engagement).

Conclusion

For musicians to meaningfully contribute to music on prescription, systemic changes are required in policy, education, and public awareness. Training programs should encourage musicians to critically reflect on their strengths, values, and identities to make informed decisions about their suitability for working in music on prescription. Similarly, medical and health practitioner training programs need to embed evidence about non-medical approaches to health such as music on prescription and educate practitioners on how to set up referral pathways to trusted music programs and professionals. At the same time, policymakers must ensure musicians are compensated and supported. These systemic changes will strengthen music on prescription as a framework for delivering musical care, ensuring that skilled practitioners can sustainably address participants' health and social needs through music. Without adequate investment in such community-based, collaborative approaches, music on prescription may fail to realize its potential as a sustainable and impactful practice of musical care.

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