



Project eARTH
'Very relaxing, it's opened up a whole new world.'



For more information please contact:

Alison Bowry
 High Peak Community Arts
 01663 744516
alison@highpeakarts.org
www.highpeakarts.org

or

Sarah Males
 High Peak Community Mental Health Team
 01298 22321
sarah.males@derbyshcft.nhs.uk

or

Roland Javanaud
 High Peak Mental Health Project
 (including Glossop)
 01629 532686
roland.javanaud@derbyshire.gov.uk

high peak
 community arts

Project eARTH

Environmental
 Arts and Health

'It makes you feel valued, involved'



LOTTERY FUNDED



What is Project eARTH?

This is an exciting arts programme for adults in the High Peak (aged 16 +) who are experiencing any form of mental distress or other long term conditions. There are weekly sessions in New Mills and Buxton involving a wide range of arts activities. These are run by experienced artists and supported by mental health workers and volunteers. Transport is provided for those who need it.

No previous arts experience is necessary

What participants have said:

- 'This project has really helped in my recovery'
- 'I like working with the group'
- 'Boosted my confidence and self worth'
- 'It's about making a contribution, you feel better about yourself'
- 'Very satisfying and relaxing'
- 'Can't wait for next week'



As a participant you can:...

- Meet new people
- Be listened to and supported
- Have fun together
- Be creative
- Learn new skills
- Build confidence
- Express yourself
- Share experiences
- Feel pride in your achievements
- Improve the local environment

Self referral

You can contact us directly by phone or email, or fill in Part A of the form and post it to:

High Peak Community Arts,
High Lee Hall,
St. Mary's Road, New Mills
High Peak SK22 3BW

Referral by professional

As a professional, you may refer people to Project eARTH by completing this referral form or downloading a copy from High Peak Community Arts' website. Professionals could include GPs, Occupational Therapists, Nurses, Counsellors, Social Workers, Psychiatrists, Housing Workers, Support Workers or vSPA Workers.



How to Join Project eARTH

Participant's Details

PART A

Name

Age

Address

.....

..... Post code

Phone

Mobile phone

Email

Signed

Date

Reason for referral: Please tick or fill in 'other'

Stress Anxiety Depression

Other

Referrer's Details

PART B

Name

Job title

Organisation

Address

.....

..... Post code

Phone

Mobile phone

Email

Signed

Date

This form is confidential