



Art Lift, Gloucestershire

(Project Extension)

Evaluation Report

University of Gloucestershire

March, 2013

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Acknowledgements

We are grateful to the participants who agreed to share their experiences with us and who provided such valuable insight. This qualitative study complements a previous evaluation (Crone et al., 2011, Crone et al., 2012a; 2012b) and represents a further step in understanding the role of art on referral for re-referred participants and provides useful evidence for future research and practice.

To reference this report, please use the following citation: Baker, C., Crone, D., Clark-Stone, F. & Kilgour, L. (2013). *Art Lift (Extension), Gloucestershire: Evaluation Report*. University of Gloucestershire, U.K.

Contents

| | |
|--|----|
| Executive Summary..... | i |
| 1.0 Introduction | 1 |
| 1.1 Overview of Art Lift Gloucestershire..... | 1 |
| 2.0 Method | 3 |
| 2.1 Research aim and objective | 3 |
| 2.2 Data Collection and analysis | 3 |
| 2.3 Patient recruitment..... | 4 |
| 2.4 Ethics approval and data protection..... | 4 |
| 3.0 Results and discussion | 5 |
| 3.1 Breaking the cycle | 6 |
| 3.2 Reconnecting | 7 |
| 3.3 Sense of control | 7 |
| 3.4 Making strides..... | 8 |
| 3.5 Five Ways to Wellbeing..... | 10 |
| 4.0 Conclusion..... | 13 |
| 5.0 Implications of results for Art Lift and NHS Gloucestershire | 15 |
| References | 17 |
| Appendix A: Invitation letter..... | 19 |
| Appendix B: Informed consent | 23 |
| Appendix C: Patient interview schedule | 25 |

Table of Figures

| | |
|-------------------------------|---|
| Figure 1: Summary model | 5 |
|-------------------------------|---|

Table of Tables

| | |
|--|----|
| Table 1: Main themes and core category | 6 |
| Table 2: Five Ways to Wellbeing..... | 12 |

Executive Summary

Introduction:

Art Lift is a primary care based art intervention where health professionals refer NHS patients for a 10 week art programme, usually delivered in a primary care setting. Patients (known as participants once they join the project) are referred for a range of reasons (to reduce stress, anxiety or depression; to improve self-esteem or confidence; to increase social networks; alleviate symptom of chronic pain or illness; distract from behaviour related health issues; improve overall wellbeing). The Art Lift Gloucestershire Evaluation (Crone et al., 2011) concluded that 26.2% (n=53) of referrals to the programme were re-referrals, i.e. health professionals appeared to be re-referring patients more than once for a programme of the art intervention (Crone et al., 2012b). Furthermore, the qualitative aspect of the evaluation concluded that Art Lift appears to have an important role in helping participants manage longer term conditions, and that the re-referral mechanism supported this for participants (Crone et al., 2012a). Consequently, the aim of the present qualitative evaluation was to understand more about what role the programme can have for participants who have longer term medical needs.

Research objective:

To explore the opinions and perceptions of the role and purpose of the Art Lift programme with specific focus on the perceived role and outcomes for participants who are referred and take part in the programme more than once (during the evaluation period Feb 2009-Oct 2011).

Results:

Individual one-to-one interviews were conducted with participants (n = 5) re-referred to Art Lift to discuss in depth their opinions and perceptions of the role and purpose of the Art Lift programme. Data were analysed inductively through which three main interrelated themes and one overarching theme (the core category) emerged (see Table 1).

Table 1: Main themes and core category

| Theme | Description |
|---------------------------|--|
| <i>Core category</i> | |
| <u>Breaking the cycle</u> | Art Lift helped participants move away from the notion of being defined by their condition (and associated identities), toward the idea that they were defined by their art (i.e. distinct from any particular condition). |
| <i>Main themes</i> | |
| <u>Sense of control</u> | Art Lift provided participants with the sense that they were better able to control the symptoms of their condition in the short and long term by being able to focus on specific art-based activities that provided an important means of coping. |
| <u>Making strides</u> | The acquisition and development of specific skills instilled participants with a feeling that they were able to improve their health in spite of the difficulties posed by their condition, and increased confidence more generally. |
| <u>Reconnecting</u> | Regular attendance at Art Lift provided a familiar and safe space in which patients could build trusting relationships with fellow participants. Improvements in confidence helped patients to engage more meaningfully with friends and family. |

Main findings:

- Art activities provided a focus that contrasted sharply with traditional treatment approaches. The acquisition and development of specific skills over time improved confidence and provided participants with an alternative view of themselves as artists.
- Art Lift provided a safe space which allowed participants to engage with others as and when they felt comfortable. Over time, patients were able to reconnect with family and friends and to establish a shared understanding of their condition.
- Art activities provided a useful and effective tool to respond to episodes of increased mental and physical distress, which gave participants confidence to better manage their condition long term.
- Over time, participants became increasingly confident in helping other less experienced participants, and developed a sense of camaraderie and supported each other's artistic development.
- Location, cost to them as participants and art tutors were considered important elements of the programme.

Although using only a small sample, this evaluation provides valuable evidence concerning arts interventions for the maintenance of health and wellbeing for participants suffering from a range of

physical and mental health challenges. There remains a need to investigate the cost effectiveness of arts interventions.

In terms of informing the development of evidence based practice in arts for health interventions, the following recommendations are suggested:

Recommendations for coordinators, managers, providers and deliverers of art interventions in primary care:

Recommendation 1: Art Lift provides a valuable and supportive mechanism for NHS patients to improve their mental health and continuing a 10 week duration programme is recommended, with the option of re-referral. Consideration should be given to the format of follow on art classes in order to assess the potential of using peer-led classes i.e. by experienced participant artists, supported by the professional artist. This might help to identify a means of developing a sustainable model for long term delivery and alleviate some of the financial pressures associated with Art Lift.

Recommendation 2: The identification and promotion of exit routes to other local art opportunities i.e. those not part of the referral process might offer participants a viable means of moving on from art on referral into new art activities. These opportunities would help to consolidate improvements in skills and confidence beyond, or in addition to, art on referral classes.

Recommendation 3: Opportunities to showcase art work/output e.g. exhibitions should also be considered as these provide a powerful means of communicating the efficacy of the programme.

Recommendation 4: Art Lift classes should be hosted in GP surgeries or community settings where there is support for the artist, and provide an informal and relaxed environment in which to participate.

Recommendation 5: Many participants are willing to pay for the classes although those on low income perceive this as an obstacle to participation. The feasibility of introducing affordable fees should be considered.

Recommendations for commissioners and evaluators of art interventions in primary care:

Recommendation 1: Evaluation design that includes longitudinal observational research with sufficient follow-up duration to establish whether the improvement in wellbeing is sustained over a longer period of time. This would assist in determining the long term efficacy of art on referral programmes in the treatment and management of mental and physical health conditions. Studies could also investigate the wider impact of the interventions on the wellbeing of others, such as family members and their role in supporting patients.

Recommendation 2: The cost effectiveness of art on referral interventions should be investigated. This would assist with current issues regarding sustainability of the service and help identify best practice.

Recommendation 3: The impact of art type on outcomes could be investigated; for example, do outcomes differ when using different art types i.e. performing arts (dance and drama), creative (writing) and visual art. This might help to align participant needs and preferences with activities that might have the greatest impact and help to develop high quality evidence based services, plus impact on physical health outcomes if performing art type is used.

1.0 Introduction

Arts for health schemes are a relatively new initiative with a developing evidence base which has resulted in the recognition of such programmes in Government policy in the past five years (Department of Health with Arts Council England, 2007; Staricoff, 2004). There is an emerging evidence base for the use of art for health in primary care and community settings, although not all the evidence is rigorous and based on well-designed studies (Department of Health with Arts Council England, 2007; Hacking *et al.*, 2008; Staricoff, 2004). Despite this, published research concludes that art and health projects have a number of known benefits, including reduced feelings of isolation, broadening patients horizons, improvements in mental wellbeing, self-esteem, confidence and development of the social networks of patients (Crone *et al.*, 2012a; 2012b; Daykin *et al.*, 2008., Heenan, 2006., Secker *et al.*, 2007., Spandler *et al.*, 2007; Staricoff, 2004). However, there is a lack of published evidence on intervention evaluation and Staricoff (2004) concludes that most of the evidence to support arts for health is hospital based, suggesting that the evidence base remains under-developed in the area of intervention research.

Arts on referral and arts for health projects that have been evaluated have often been found to be lacking when identifying aims, objectives, intentions and specific outcome measures, and tend to mainly use descriptive case study methods instead of formal instruments of measurement. As such, they tend not to highlight the full potential of the arts for health improvement (Angus, 2002; Macnaughton *et al.*, 2005; Staricoff, 2004).

The results of the present study build upon The Art Lift Gloucestershire Evaluation (NHS evaluation 08/GPCT01/SE) which deployed a rigorous mixed method design (qualitative and quantitative) using established measurement methods (Crone *et al.*, 2011; Crone *et al.*, 2012a; 2012b). Findings from the previous evaluation presented data on the large percentage of participants being re-referred on to the programme for more than one course of Art Lift. Principally, this evaluation extension investigates this finding and, through a qualitative methodology, explored the opinions and perceptions of the role and purpose of the Art Lift programme for participants who have taken part in Art Lift two or more times, i.e. re-referrals.

1.1 Overview of Art Lift Gloucestershire

The Art Lift Gloucestershire Evaluation (Crone *et al.*, 2011; Crone *et al.*, 2012b), concluded that 26.2% (n = 53) of referrals to the programme are re-referrals, i.e. health professionals appear to re-

refer patients more than once for a programme of the art intervention. From those who were referred and attended the first session of the intervention, 63.7% of these were completers. In comparison to other primary care based health referral programmes such as exercise referral schemes, Art Lift had better completion and attendance rates. For those that completed there was a significant improvement in wellbeing, after the 10 week intervention.

Key benefits identified by the qualitative aspect of the previous evaluation (Crone et al., 2012a) included: enjoyment; a new interest; improved confidence; distraction; therapeutic value, and social support. The importance of continuation and sustainability of the programme was vital for some patients who felt that the opportunity to be re-referred was a necessity as the initially prescribed 10 week intervention duration was not long enough. Combined, the findings highlighted the different successful aspects of the programme and the potential of similar programmes for health improvement in primary care settings.

2.0 Method

A qualitative research methodology was deployed to support the research objective.

2.1 Research aim and objective

The aim of the research was to establish supplementary evidence to the Art Lift Gloucestershire Evaluation (Crone et al., 2011) via a qualitative investigation of re-referred participants. In support of this aim, the following objective was established:

1. To explore the opinions and perceptions of the role and purpose of the Art Lift programme with specific focus on the perceived role and outcomes, for participants who are referred and take part in, the programme more than once.

2.2 Data Collection and analysis

Participants who had taken part in Art Lift two or more times, i.e. were classified as re-referrals, were recruited via a letter of invitation (see Appendix A). Participants that were interviewed had a variety of conditions both physical and mental. For some the condition had been part of their lives for a long time, for others it had developed following a sudden spell of illness. Following a positive response to the invitation consent was granted (see Appendix B), and individual face-to-face interviews (n=5) were conducted to investigate their opinions and perceptions of the role and purpose of the Art Lift programme using a semi structured interview schedule (see Appendix C). Individual interviews were used to investigate in-depth personal perspectives of patients, and the role of the re-referral mechanism of the Gloucestershire Art Lift intervention. Interviews were transcribed verbatim and uploaded into the qualitative software package NVivo 10 (QSR International Pty Ltd, 2012). This was used to store, manage and organise the data analysis process. Analysis was undertaken in the context of the evaluation aim and objective. Inductive content analysis (Waltz et al., 2010) was used to analyse the data which involved a series of coding 'text units' (or sections of text), initially into general themes and then through a systematic review of these into more detailed themes and subthemes. Memos were attributed to each text unit specifically to move from description to meaning, to understand the patients' perceptions and to provide a voice for their experiences and opinions within the text. Following this, a systematic review of themes was conducted to confirm or amend themes to ensure they accurately represented the data. These themes are presented in Section 3 and include quotations from the

transcripts to provide a link to the lived experiences of those taking part in the Art Lift programme. These quotations are provided with the patient's pseudonym and numbers representing the line numbers in the transcript from where the quotation has been taken.

2.3 Patient recruitment

Participants were recruited via a letter of invitation provided to them by the artist. Interview data were recorded using a digital voice recorder and transcribed verbatim. Data was analysed for content using NIVO 10, computerised software package used to manage, store and organise the data. The relevant protocol regarding patient selection, recruitment and informed consent was adhered to according to regulations and recommendations of NRES. Patients' confidentiality was ensured via the use of pseudonyms within the transcripts. Data protection was ensured through the use of password protected University computers, and raw data was stored in locked filing cabinets within the researchers' secure office.

2.4 Ethics approval and data protection

Ethical approval was granted by the NHS Research Ethics Committee, Gloucestershire Research and Development Unit. Accordingly, data protection was assured through the use of anonymised patient data whereby a pseudonym was employed, with electronic records held on password protected University computers and raw data stored in locked filing cabinets within a secure office.

The findings are presented as themes which emerged through data analysis via a process of constant comparison. This process helps to define what is happening in the data (Charmaz, 2006). The summary model (see Figure 1) highlights the main themes that emerged (highlighted in orange) and the core category (highlighted in blue). The interconnected main themes included: sense of control, making strides, and reconnecting. These highlighted key aspects of participation for patients re-referred to Art Lift that jointly influenced the key participant outcome. This is represented by the core category, which displays the overarching theme of the findings and provides a means of conveying what re-referred patients perceived Art Lift to be about. Table 1 briefly summarises each theme.

Figure 1: Summary model

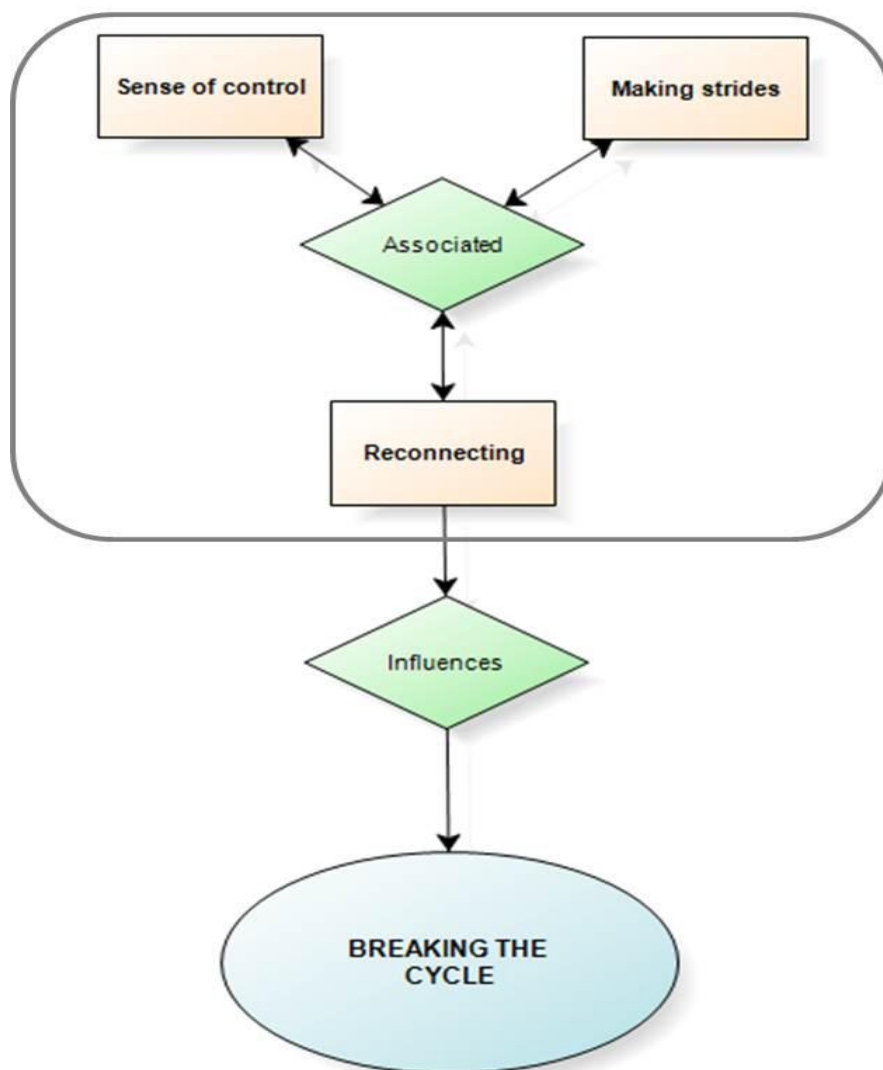


Table 1: Main themes and core category

| Theme | Description |
|---------------------------|--|
| <i>Core category</i> | |
| <u>Breaking the cycle</u> | Art Lift helped patients move away from the notion of being defined by their condition (and associated identities), toward the idea that they were defined by their art (i.e. distinct from any particular condition). |
| <i>Main themes</i> | |
| <u>Sense of control</u> | Art Lift provided patients with the sense that they were better able to control the symptoms of their condition in the short and long term by being able to focus on specific art-based activities that provided an important means of coping. This worked both by practising the art activity, as well as often thinking about the art, whether it was visual or written. |
| <u>Making strides</u> | The acquisition and development of specific skills instilled in patients a feeling that they were able to improve their health in spite of the difficulties posed by their condition, and increased confidence more generally. |
| <u>Reconnecting</u> | Regular attendance at Art Lift provided a familiar and safe space in which patients could build trusting relationships with fellow patients. Improvements in confidence helped patients to engage more meaningfully with friends and family. |

3.1 Breaking the cycle

Patients contrasted Art Lift with other forms of treatment that they had undergone to help with their conditions including counselling and drug therapy. Art Lift provided a stark alternative to these ‘traditional’ treatment methods, principally through the focus that the activities provided; *‘You’re not there because of your mental health, you’re not there because you’re disabled, you’re not there because you’ve a chronic condition: you’re there for painting. And that really gave you a whole different view of yourself’* (Alice, 242-246). In this respect, the art was not a means to an end but an end in itself. Its focus was not centred on a medical model of health i.e. the absence of disease, but instead provided a regular opportunity for patients to engage in meaningful activities irrespective of any underlying condition; *‘...it’s just so nice not to be defined by my condition. I don’t have to tell anybody. All I had to do was say what my name was and what I wanted to get out of Art Lift. So all I said was that I was hoping to acquire a skill...’* (Miriam, 74-76).

This had benefits both in the short and long term. In the short term Art Lift helped participants to counter the effects of their condition; *‘You almost leave all your things at the door. You come and you do your two hours, then you pick them up on the way out and they don’t feel so heavy. You can*

think, well I've still got all those things I came in with...to be able to have something just for you, for your emotional wellbeing, it's just wonderful' (Alice, 327-332). As these participants were referrals, the longer term participation in Art Lift provided them with a means of helping them better understand the nature of their own relationship with their condition; *'Instead of having a one on one with somebody in a room [where] they expect you to skip off down the road; [it's about] people really having something to get out of it at the end...I was in and out of my doctors in the early days, but now I've got a better understanding of how it is, and it's not only because I'm talking to somebody in a room for an hour, it's realising that I have to stand on my own two feet, and the confidence for this is through Art Lift'* (Alan, 174-180).

3.2 Reconnecting

Patients identified that Art Lift provided a space where they were able to talk, to share and to feel safe within a group of people with whom they could identify. Rather than feeling isolated by their condition, participants recognised that in the Art Lift classes, each person had their own particular challenges. Reconnecting represented the long term process through which participants felt increasingly confident in engaging with others and this environment; *'I enjoyed acquiring a skill. After the initial shock I enjoyed the companionship...I enjoyed the opportunity to make contact with people outside of Art Lift, meeting people for coffee. And I enjoyed getting to know the artist, because she wasn't ill, she wasn't a medic!'* (Miriam, 335-337).

Art Lift also helped people to engage with family members so that they were able to share aspects of their condition in a constructive way, i.e. that family members could feel better informed and more able to provide support; *'...my family know this is a painting moment! They've recognised when I need it, if I can't recognise it for myself, so it's been good for my family as well; to be able to have a tool, for them to be able to say look , other than saying take a pill...go and do some painting. So being able to go and do some painting and do something constructive. I went from like a complete bumbling mess, I'm confident, you know?'* (Alice, 402-409).

3.3 Sense of control

Sense of control related to participants' perceptions concerning the use of Art Lift classes to help manage or improve their condition; *'What helps me is being given the opportunity to leave the house for an afternoon or a morning, and being able to go to a class...and being able to do something with other people who are not in the same boat as me, but something similar. That's what I found a lot*

better for this than counselling. I mean, I could talk until I'm blue in the face about what happened and why I've got PTSD but it's not going to make it go away' (Chloe 24 -29). The ability to participate in art activities at home was also seen as an important means of coping with the acute symptoms of their condition, including physical pain and psychological stress; *'I use it as a tool, an enjoyment tool, but also a tool to be able to...if I'm feeling a bit worried or anxious about something, rather than getting in that trap, that mind trap where you just spiral down and down and down and you can't get out of that – those thoughts – it's immediately stopped...'* (Alice, 136-139). Hence, a key benefit of being re-referred for more than one Art Lift programme was that it helped instil a sense of control so that participants felt better able to manage their conditions long term; *'...the medication I was on is slowly being reduced and that's just because I'm not in the state I was in before. Obviously my Borderline Personality Disorder is not easy as you can't really crack it because obviously there's the highs and the lows and all sorts in between. But yes, the Art Lift has really helped me just to lift my head'* (Alan, 185-188).

3.4 Making strides

The third theme highlighted that Art Lift provided participants with opportunities to acquire and develop demonstrable skills. These skills gave people a means of expressing themselves and of producing tangible markers of their progress, even if starting from a very low level of skill; *'...the best thing about it is you don't have to be able to draw. And that is important because people come in there and they go "I don't know why I'm here, I can't do anything" and then it just comes out of them, because there are so many different things that they can use, and use their thought process to make the picture, and then when they've made that picture they're like "Oh wow, I never knew I could do that" and then that spurs them on to make them feel good about themselves, for the fact that they actually managed to do something they thought they couldn't do'* (Chloe, 175-181). Skill development took place in an environment which was safe and mutually supportive where participants understood that each had their own challenges but that these were secondary to the art activities; *'...it helped knowing there's different reasons why other people went. It was nice to think that there was maybe other people that was, not think that's terrible, but it made a difference knowing that there was other people that were feeling like myself, either for the same reasons or something different. So you knew that when you would go to the group there wouldn't be any pressure from anyone'* (Alice, 33-37).

Opportunities to publicly share art work reinforced participants' overall sense of confidence and demonstrated to others e.g. family members, the progress that they were making both in skill and

confidence; *'I didn't realise how much....it actually gave me back my confidence. I'd had a few slaps over the past couple of years so it did, you know, renew my own confidence in myself. Especially with the exhibitions and things because when she said we're gonna do this exhibition, an open night and a preview and all, you know, it's been a really good experience'* (Sarah, 103-106).

The main themes of reconnecting, sense of control and making strides are interconnected and it was possible to identify associations between them. For example, Art Lift activities helped participants to understand that they were able to improve themselves in a supportive environment; *'...people doing it the first time get more help and whatever because they don't really know what they're doing...it's quite nice because they can see people that have done stuff, you know?'* [Sarah, 140-143]. This helped them to engage with other people through offering support during art activities; *'...we're bringing in different things for each other...that helps you to think of other people, it helps you to feel that you're being useful. That actually, you have got a use because there's a use for you within the art group. We all value each other and celebrate what each other paints because we're all doing such really good work'* [Alice, 341-345]. As their own confidence and skill improved they were better able to establish a sense of control over their condition which in turn contributed to the feeling that they were able to make progress in tackling the effects of their condition; *'I didn't really know how I was going to be health wise hour to hour, one day to the next, so it was very difficult planning things. But it really made you want to go to the sessions. It was a very nurturing environment so you kind of almost nursed yourself back to health...it was okay that you've got the condition because now I've got a way of escape'* [Chloe, 130-134].

Many of the benefits highlighted by participants reflected those identified by Crone et al (2012) in respect of the first Art Lift evaluation, principally: reducing stress; making friends; improved confidence and self-esteem, and social interaction which have been identified in previous studies (*cf.* Stickley and Duncan, 2007; Eades and Ager, 2008; Hui and Stickley, 2010; South, 2006). In the present study, participants confirmed the importance of continued opportunities to engage in artist-led art activities in order to derive long term benefits as identified by Crone et al (2012). Research elsewhere highlights the importance of art, music and drama therapists for those with long term emotional and psychosocial difficulties (Michaels, 2010). Whilst it is recognised that the artists were not therapists per se (they received guidelines for working with vulnerable people, have six monthly support meetings and were handpicked for their ability), their influence was seen as a principal source of guidance and encouragement which was fundamental to the programme; *'...he was absolutely fantastic. He was so encouraging and inspiring. It never felt like a school session, and you never felt that he was going to interfere...he was very good about how he approached the subject of*

making improvements. He didn't make you feel that you're, you know, you're taking this brave step...' [Alice, 44-49]. This underscores evidence from previous research which showed that programme staff are fundamental to the programme (Crone et al, 2012; Eades and Ager, 2008). It also represents the potential of using a model which focuses on the relative strengths of both health and art professionals whereby GPs are fully supportive of the art professionals in delivering effective activities. Participants also confirmed that convenience of location was a critical factor in attending classes.

The preceding Art Lift evaluation report (Crone et al., 2011) highlighted that Art Lift held in surgeries made the sessions more accessible and convenient if participants had emotional problems during the session, but not all participants felt that GP surgeries were a suitable place to hold arts for health sessions. The findings in this study would seem, in part, to be consistent with this in that some re-referred participants endorsed the use of community locations over and above GP surgeries which they associated with illness, treatment and medical professionals. Given the limited sample size it is not possible to state with confidence that all patients shared this opinion. However, it does raise the question of how the programme is delivered when there are participants that might need the additional support of a health professional. Some participants in the present study identified that, early on, they needed more support although this need diminished over time. As such, it is possible to re-state the preceding Art Lift evaluation report that there are clearly advantages and disadvantages to hosting the sessions in community settings and in the surgeries (Crone et al., 2011).

3.5 Five Ways to Wellbeing (New Economics Foundation, 2008)

Combined the four themes, including the core category 'breaking the cycle', resonate with a contemporary account of wellbeing presented as 'Five Ways to Wellbeing' that identifies 'feeling good' and 'functioning well' at its core (New Economics Foundation, 2008). This identifies five key behaviours that enhance wellbeing including: connect; be active; take notice; keep learning, and give. By highlighting the relevant components of this model, it is possible to make conceptual comparisons to the findings in the present study (see Table 2).

Framing the results of the present study within the five ways model helps to present the findings from this Art Lift evaluation within the construct of a current notion of wellbeing. The utility of this exercise is that it demonstrates the potential of art on referral to impact a number of areas identified as important to wellbeing and provides a useful heuristic device. Whilst no cause and effect relationship is implied (i.e. one cannot assume an automatic relationship between factors), it

is evident from Table 2 that Art on referral is able to prompt individuals into types of activities that are beneficial for their general wellbeing and which may positively impact conditions affecting them.

Table 2: Five Ways to Wellbeing

| Key action and rationale | Present study |
|---|--|
| <p>1. <i>Connect with people</i></p> <p>Social relationships are critical for promoting well-being and for acting as a buffer against mental ill health.</p> | <p>Art Lift provided a safe space which allowed participants to engage with others as and when they felt comfortable. Over time, patients were able to reconnect with family and friends and to establish a shared understanding of their condition. Overall confidence increased and some patients met on a social basis outside of the class environment and kept in touch via telephone / email.</p> |
| <p>2. <i>Be active</i></p> <p>Regular physical activity is associated with a greater sense of well-being and lower rates of depression and anxiety across all age groups.</p> | <p>While none of the current classes involve physical activity as a core component, participants talked about the art class as giving them a reason to go out of the house, as well as increasing their confidence to go out more generally. Many walked to their class and some activities, such as printing, were more physically demanding than others. Many of the people included in this study engaged in the art activity outside of the classes, in their own homes.</p> |
| <p>3. <i>Take notice</i></p> <p>Being aware of sensations, thoughts and feelings might enhance well-being and improve behaviours.</p> | <p>Art activities provided a useful and effective response to episodes of increased mental and physical distress which allowed participants to better manage the effects. Art activities also allowed patients to engage meaningfully with their surroundings which they were able to use as a source of inspiration for their activities.</p> |
| <p>4. <i>Keep learning</i></p> <p>Lifelong learning can enhance self-esteem; encourage social interaction and a more active lifestyle.</p> | <p>Learning and developing new skills provided a powerful means of improving confidence. Art Lift classes provided a regular opportunity for participants to engage with others in activities about which they were mutually interested, and to establish friendships which extended beyond the classes. Some people arranged visits to places of interest as a means of exploring other art work in order to develop their own ideas.</p> |
| <p>5. <i>Give</i></p> <p>Social cooperation is intrinsically rewarding and can contribute to gains in cognitive and social functioning critical for the development of mental capital and well-being.</p> | <p>Over time, participants were increasingly confident in helping those new to the classes to learn about techniques and processes to achieve the desired outcome. They developed a sense of camaraderie and supported each other's artistic development. Art Lift also gave people an identifiable common cause around which they were united when its long term sustainability was challenged.</p> |

4.0 Conclusion

The aim of this brief evaluation was to establish supplementary evidence to the previous Art Lift Gloucestershire Evaluation (Crone et al., 2011; Crone et al., 2012a; 2012b) via a qualitative investigation of re-referred patients. The overarching objective was:

- To explore the opinions and perceptions of the role and purpose of the Art Lift programme with specific focus on the perceived role and outcomes, for participants who are referred and take part in, the programme more than once.

The findings provide an in depth account of the role and purpose participants attached to Art Lift, as represented by the conceptual model which included the themes reconnecting, sense of control and making strides. Together, these influenced the core category breaking the cycle. This explained a key outcome of Art Lift that helped participants move away from the notion of being defined by their condition (and associated identities), toward the idea that they were defined by their art (i.e. distinct from any particular condition).

The interviews with participants reinforced the qualitative findings of the previous Art Lift evaluation (Crone et al., 2012a) in terms of the personal benefits, including enjoyment, coping and improved confidence, and social benefits, including greater social interaction, sharing and support. The continuation of classes via re-referral enhanced the effects of participation so that, over time, patients acquired greater skills and knowledge, improved confidence and social interaction (including with family members), and the ability to better manage their condition. Collectively, these aspects allowed participants to establish an 'art identity', challenging the notion that they were defined by their illness. This helped them to establish new behaviours that positively impacted their wellbeing, including the ability to better cope with symptoms long term.

Whilst the study findings are limited by the sample size, the rich data provided by participants provides new evidence concerning re-referred participants and underscores evidence concerning the role and purpose of art of referral programmes (Crone et al., 2012a; 2012b; Daykin et al., 2008., Heenan, 2006., Secker et al., 2007., Spandler et al., 2007., and Staricoff, 2004), in particular:

- art interventions within primary care are valuable in the promotion of public health, particularly mental health;

- interactions between other participants and the artist are central to achieving participants' perceived health improvement.

As such, this study has provided evidence that re-referral to art programmes provides participants with a fundamental means of improving their mental health.

5.0 Implications of results for Art Lift and NHS Gloucestershire

As a result of the discussion and conclusions above we provide the following recommendations:

Recommendations for coordinators, managers, providers and deliverers of art interventions in primary care:

Recommendation 1: Art Lift provides a valuable and supportive mechanism for NHS patients to improve their mental health and continuing a 10 week duration programme is recommended, with the option of re-referral. Consideration should be given to the format of follow on art classes in order to assess the potential of using peer-led classes i.e. by experienced participant artists, supported by the professional artist. This might help to identify a means of developing a sustainable model for long term delivery and alleviate some of the financial pressures associated with Art Lift.

Recommendation 2: The identification and promotion of exit routes to other local art opportunities i.e. those not part of the referral process might offer participants a viable means of moving on from art on referral into new art activities. These opportunities would help to consolidate improvements in skills and confidence beyond, or in addition to, art on referral classes.

Recommendation 3: Opportunities to showcase art work/output e.g. exhibitions should also be considered as these provide a powerful means of communicating the efficacy of the programme.

Recommendation 4: Art Lift classes should be hosted in GP surgeries or community settings where there is support for the artist, and provide an informal and relaxed environment in which to participate.

Recommendation 5: Many participants are willing to pay for the classes although those on low income perceive this as an obstacle to participation. The feasibility of introducing affordable fees should be considered.

Recommendations for commissioners and evaluators of art interventions in primary care:

Recommendation 1: Evaluation design that includes longitudinal observational research with sufficient follow-up duration to establish whether the improvement in wellbeing is sustained over a longer period of time. This would assist in determining the long term efficacy of art on referral

programmes in the treatment and management of mental and physical health conditions. Studies could also investigate the wider impact of the interventions on the wellbeing of others, such as family members and their role in supporting patients.

Recommendation 2: The cost effectiveness of art on referral interventions should be investigated. This would assist with current issues regarding sustainability of the service and help identify best practice.

Recommendation 3: The impact of art type on outcomes could be investigated; for example, do outcomes differ when using different art types i.e. performing arts (dance and drama), creative (writing) and visual art. This might help to align participant needs and preferences with activities that might have the greatest impact and help to develop high quality evidence based services, plus impact on physical health outcomes if performing art type is used.

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Appendix A: Invitation letter



Art Lift Gloucestershire

Date:

Dear Art Lift Patient

The artist who runs your Art Lift programme has given you this letter of information and invitation because you have been referred onto the Art Lift programme on more than one set of sessions. We would like to invite you to take part in an evaluation of Art Lift, which involves looking at the experiences of those who took part in the programme more than once. This evaluation may help others to understand why art is important in improving well-being and secure funding for people to participate in the future.

A team, from the University of Gloucestershire, is undertaking the evaluation including Dr Diane Crone, a Reader in Exercise Science, Dr Lindsey Kilgour, a Senior Lecturer in Exercise Psychology and Dr Colin Baker, a Researcher. Dr Diane Crone is leading the project. Frances Clark-Stone from NHS Gloucestershire is also a part of the evaluation team.

We would like to invite you to take part in an interview, which could take place via the telephone or at a place in a location that is comfortable and convenient for you. We would

like to ask you questions about your reasons for taking part in Art Lift and your opinions of it as a programme in local surgeries.

If you are interested in taking part please read the information sheet provided and feel free to contact us for any further information, our details are at the bottom of this letter.

If you are happy for us to contact you to discuss arranging an interview, please fill in your details on the slip attached and return it in the pre-paid envelope. On receipt we will contact you by telephone or email which ever you prefer to see if you are still interested in taking part and to arrange times when you are available to take part in an interview.

Many thanks for your time.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Diane Crone', with a long horizontal flourish extending to the right.

Dr Diane Crone

Contact Address: Faculty of Applied Sciences, University of Gloucestershire, Oxstalls Campus, Oxstalls Lane, Gloucester, GL2 9HW.

Contact Diane during office hours on: 01242 715161

Contact Diane any time via email at: dcrone@glos.ac.uk



Art Lift Gloucestershire

Information for Potential Patients

This information is designed to inform you about the project because it is important for you to understand why the study will be done before you decide whether or not to take part. Please take time to read the following information carefully and discuss it with friends, relatives or your GP if you wish. Please ask us if there is anything that is not clear, or if you would like more information. Feel free to take your time before coming to a decision.

What is the purpose of the study?

The purpose of the study is to find out about the experiences, perceptions and attitudes of the people who have taken part in Art Lift, on more than one occasion.

Do I have to take part?

Taking part is voluntary. It is up to you whether or not to take part. Even if you decide to participate you are free to withdraw from the study at any time without stating the reason and it will not affect you in any way now, or in the future.

What will you be asked to do if you decide to take part?

If you agree to take part you will be asked to be involved in an individual interview which will last between 45 minutes and an hour. It will involve questions related only to your experiences, attitudes and opinions of Art Lift. You will be asked to answer only the questions that you want and there are no right or wrong answers; it is only your experiences, opinions and attitudes of Art Lift that are of interest to us. The topics of conversation will include questions about your experiences of Art Lift, what you thought/think about it, what role it plays for you, why you participate in it, and so on. Any information you give will be made anonymous and be treated confidentially, recordings will be destroyed a year after the study has ended.

What are the possible benefits to taking part?

The information derived from the study will help to evaluate Art Lift. Finding out and understanding your experiences will help us to make recommendations to the Art Lift project to improve it in the future, for other people who may be referred into it.

Who has reviewed the study?

The NHS Research Ethics Committee (Plymouth) has approved the study.

What happens now?

If you wish to be involved in the study please complete the slip below and return it in the pre-paid envelop to Dr Diane Crone, Art Lift Evaluation FREEPOST Art Lift Project No. RLYZ-LRJU-EEKC, Faculty of Applied Sciences, University of Gloucestershire, Oxstalls Campus, Oxstalls Lane, Gloucester, GL2 9HW. On receipt of the reply slip **Colin Baker** or **Frances Clark-Stone** will contact you either by telephone or email which ever you have indicated, within the next 2 weeks to see if you are still interested in taking part, if so we can then arrange times when you are available to take part in an interview. Please do not hesitate to contact us with any queries you may have.

Contact Address: Faculty of Applied Sciences, University of Gloucestershire, Oxstalls Campus, Oxstalls Lane, Gloucester, GL2 9HW.

Contact Diane during office hours on: 01242 715161

Contact Diane any time via email at: dcrone@glos.ac.uk or Colin Baker any time via email at: cmbaker@glos.ac.uk

Patient Reply Slip

Please return this slip using the prepaid envelope

Patient name: _____

Please respond either yes or no, to the following questions (please circle):

- I would like to be involved in the evaluation of Art Lift YES/NO
- I am happy to be contacted by the researchers for an interview date and time to be arranged.

YES/NO

I can be contacted on:

- Tel number: _____
- and/or by email: _____@_____

My preferred time of contact is (please circle):

- Weekdays: AM/ PM/ EVENINGS
- Weekends AM/PM/EVENINGS

Qualitative investigation into the experiences and perceptions of those involved in Art Lift Project, Gloucestershire.

Patient Consent Form

Title of Project: Qualitative investigation into the experiences and perceptions of those involved in Art Lift Project, Gloucestershire.

Name of Researchers: Dr's Diane Crone, Colin Baker, Lindsey Kilgour and Mrs. Frances Clark-Stone

Please initial box

1. I confirm that I have read and understand the information sheet dated.....
(version) for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time,
without giving any reason, without my medical care or legal rights being affected.

3. I understand that if I would like my GP or Mental Health worker to be informed of my participation that they will be sent an information letter. I would like them to receive this information.
YES / NO (Please delete as appropriate)

4. I agree to take part in the above study.

5. I give permission to be recorded during my interview.

Name of Patient

Date Signature

Name of Researcher

Signature

Date

1 for patient; 1 for researcher.

Appendix C: Patient interview schedule

| |
|--|
| 1. What activity did you do when you took part in Art Lift? |
| 2. Can you tell us why you decided to take part in Art Lift? ➤ How did you hear about it? |
| 3. How did you get referred? Was the referral to Art Lift simple? Is there anything that could be improved? |
| 4. Can you tell me how many times you have been referred onto Art Lift? ➤ Why were you referred more than once? ➤ How long have you been involved in Art Lift? |
| 5. How did you hope that Art Lift would help you? (<i>prompts: physically? Emotionally? Socially?</i>) |
| 6. How do you feel it has actually helped?? |
| 7. What do you think about it now, that you have taken part? |
| 8. You have been referred onto Art Lift more than once, can you tell me how many times you have been referred? |
| 9. What have you have experienced over this time of your involvement in Art Lift? |
| 10. What do your family and friends think about you taking part in Art Lift? |
| 11. Has there been anything that you have experienced that you didn't expect? ➤ What was this? |
| 12. Can you tell me about your experience of the following:: ➤ The venue of Art Lift? ➤ Any issues with transportation? ➤ The facilities? ➤ The way the class was run? ➤ The other people? ➤ The artist? ➤ How do you feel about Art Lift sessions being held in a GP surgery? Anything else? |
| 13. Did you enjoy participating in this programme? ➤ What are the things that you enjoyed most? ➤ What are the things that you least enjoyed? ➤ Why didn't you enjoy them? ➤ Did this change at all during your time on the programme? |
| 14. Now that you have been through Art Lift, do you do any art at home or elsewhere? ➤ What do you do? ➤ If you work at home, how easy is it for you to get hold of materials? ➤ Was it suggested to you or did you choose to do it independently? ➤ How does it help you, to do art? |
| 15. Would you like to continue doing Arts? Why? And what type of Art? ➤ What could support you to do this? |
| 16. To help us improve this programme, what changes for the future would you suggest? |
| 17. We are looking at ways to continue funding this project. As a patient, would you have been able or willing to contribute any payment towards the sessions? If so how much, per session? £1 † £2 † £3 † £4 £5 |