

MK Arts for Health: Arts on Prescription

An Evaluation

Prepared for MK Arts for Health by Willis Newson
May 2013



Work by a participant on the Arts on Prescription project.

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1.0 Executive Summary

This report describes a service evaluation of the first year of an arts on prescription project delivered in Milton Keynes between July 2011 and August 2012 for participants with mild to moderate mental health needs.

It was prepared for MK Arts for Health by Willis Newson and presents both quantitative and qualitative data and analysis in support of its findings.

The evaluation demonstrates that introducing participants to art skills and techniques as part of a group and in a safe and sympathetic environment can help to build self-esteem, increase confidence and contribute to improved relationships with others. The impacts of these changes include an enhanced sense of personal and mental wellbeing; greater confidence and ability in relation to social integration; and an increased desire to engage in outside activities, including work, volunteering and an ongoing engagement with art. These are achieved because, through the arts on prescription course, participants engage with art as a therapeutic tool; it is seen as a 'different' kind of therapy, one which changes their perspectives on their life and mental health, and one which encourages active and self-directed change.

"The art course provides an environment where all worries disappear."¹

"It's changed my perspective, given me a lot more empathy for others and for myself. Seeing the struggles others face has made more open-minded, and I also try to cut myself more slack. It's the human condition. Everyone's going through it."²

"Talking therapy is good, but the practical side was really important for me – just going out somewhere, doing something, meeting other people. It made a real difference."³

¹ Participant, Oct 2011

² Case study participant 'Mark', March 2013

³ Case study participant Judith, March 2011

2.0 Background

2.1 About MK Arts for Health

MK Arts for Health is a Milton Keynes-based arts charity established in 2004. The organisation grew out of the MK Hospital Arts Committee, a voluntary group that had the vision to place art at the heart of Milton Keynes Hospital and successfully developed a significant art collection there.

MK Arts for Health continues to improve health and wellbeing through creativity and does this through programming art for healthcare settings and through participatory art projects in the community.

The charity, which is based at Milton Keynes Hospital, is managed by a Board of Trustees and has a small staff team comprising the Director and a Projects & Exhibitions Assistant.

2.2 About the Arts on Prescription project

MK Arts for Health's Arts on Prescription (AoP) project uses art to improve health and wellbeing and address the growing health inequalities that exist in Milton Keynes.

A programme of arts activities is available on a referral basis for adults with mild to moderate mental health conditions, including depression, stress and anxiety, who are receiving health care in the community. Participants are invited to attend a 10-week programme of 2 hour art workshops. These are delivered in small, socially-oriented groups of up to 15 participants led by an artist experienced in working in similar settings and supported by a Project Assistant. During the workshop the artist introduces participants to a variety of art techniques, including drawing, painting and print-making and then supports them in creating their own work using the techniques demonstrated.

Workshops are held at the Milton Keynes Gallery Project Space in Central Milton Keynes and this link with the Gallery also encourages and provides opportunities for participants to visit exhibitions held there.

Regular exhibitions of participants' work are organised and these have been displayed at Milton Keynes Gallery, Christ the Cornerstone Church and Milton Keynes Hospital.

The AoP project began in the autumn of 2011 and is still running.

Follow-on Art Club

In Sept 2012 an Art Club was set up for people who had completed the 10-week programme but wanted to continue to develop their art skills.

The Art Club meets fortnightly and aims to encourage members to develop their own arts practice.

2.3 Funding and finance

The project was funded by a 3-year Reaching Communities Big Lottery Grant. Additional funding also came from Milton Keynes Community Foundation and Milton Keynes Council.

2.4 Project rationale

The mental health background

Good mental health is fundamental to a person's quality of life and mental health problems continue to have an increasing impact on society.

1 in 4 British adults will experience a mental health problem in any one year. (Singleton, 2001, 32) Having a low income, being unemployed, living in poor housing and low levels of education are all associated with a greater risk of experiencing a mental health problem (Meltzer, 2002).

People with poor physical health are at higher risk of experiencing common mental health problems, and people with mental health problems are more likely to have poor physical health (Halliwell, 2007).

Benefits of participation in arts activities

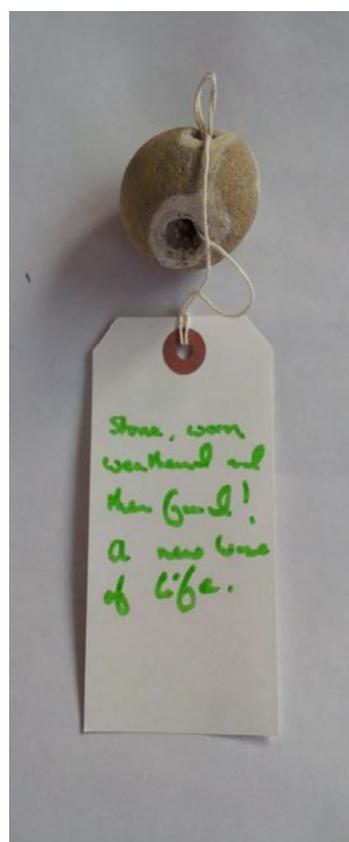
The role arts can play in improving mental health is widely acknowledged⁴. There is evidence to show that arts participation can improve levels of empowerment, mental health and social inclusion (Secker, 2007).

Participation in arts activities has been shown to increase a sense of belonging, improve self confidence and self worth, and decrease social isolation. It can also improve overall health and wellbeing, and there is some indication to show that this may lead to a decrease in need for GP surgery appointments, medication and in-patient visits (Opher, 2011).

Feasibility study

A feasibility study funded by Arts Council South East and Milton Keynes Council informed the development and planning of the AoP project. This study observed that, while Milton Keynes is one of the UK's most prosperous places, there continue to be huge health inequalities in the area with growing increases in mental health in-patient admissions

During this phase MK Arts for Health consulted communities and organisations to find out from local users and healthcare workers how to work together to improve residents' health and wellbeing and address the serious health inequalities existing across the population. MK



"Stone, warm weathered and then found! A new lease of life."

⁴ See section 4.4 of this document 'Reviewing the evidence'.

Arts for Health also investigated local strategies in Milton Keynes and examined the national context for arts in health. A need for an arts on referral project was established through discussion with local community organisations, Milton Keynes Hospital, the PCT and Milton Keynes Council.

2.5 Project aims

As a result of the needs identified during the feasibility study and discussion with stakeholders, a set of seven aims for the project were agreed. These were to:

- Improve participants' personal health and wellbeing
- Increase self-confidence
- Reduce social isolation
- Empower individuals to make positive lifestyle choices.
- Reduce GP visits, medication needs and in-patient hospital stays
- Improve work skills and increase employability
- Increase active community participation

3.0 People

3.1 Participants

The project is primarily aimed at people with mild to moderate mental health conditions such as stress, anxiety or depression.

However, some participants have been referred for other conditions including cognitive problems, trauma, brain injury, bi polar and schizophrenia. Some who attend have physical health problems which also have an impact on their mental health.

3.2 Artists and support workers

The lead artist on the project, Emma Wilde, has a first class honours degree in Illustration and an MA in Painting and has been a practicing artist for the last 18 years. She also runs art classes for MK Mind and previously was an art tutor for Headway.

Two Project Assistants also worked with Emma between 2011 -2012.

3.3 Referrers

Referrals onto the project have come through a variety of sources. These include the Assessment and Short Term Intervention Unit (ASTI), local mental health charities, local community groups, local Community Health Service teams, Community Mental Health Teams, community psychiatric nurses, the Improving Access to Psychological Therapies (IAPT) partnership, GPs, Occupational Therapy and a local medium secure unit.⁵

In addition 16% of participants were self referred.

⁵ See Appendix for a breakdown of numbers from each source and further detail about referrers.

4.0 Project evaluation: Background

MK Arts for Health had an evaluation framework in place from the inception of this project. This included the use of two participant-administered tools used to measure anxiety (GAD-7) and depression (PHQ-9) and the gathering of feedback through a questionnaire.

Concerned about the effectiveness of these methods and measures and uncertain about how to go about collecting and analysing qualitative data accurately, MK Arts for Health asked arts consultancy and specialist arts and health evaluation consultants Willis Newson to review the current framework and recommend how it could be strengthened and to assist with data analysis and reporting. Willis Newson was brought in towards the end of September 2012.

4.1 Evaluation aims and questions

MK Arts for Health wanted to address whether the Arts on Prescription project was effective in achieving the aims of the project, specifically:

- How effective was it in increasing participants' confidence, thereby reducing social isolation and improving their personal health and wellbeing?
- How effective was it in empowering participants to make positive lifestyle choices, thereby reducing GP visits and use of other health services?
- How effective was it in improving the skills of participants, thereby improving access to employment and community involvement?

4.2 Approach

A mixed methods approach has been taken for this service evaluation involving the collection and analysis of both quantitative and qualitative data.

Willis Newson helped MK Arts for Health to review the evidence surrounding arts on referral and worked closely with MK Arts for Health to identify and then develop an effective means of analysing both quantitative and qualitative data already collected by the organisation between July 2011 and August 2012. Willis Newson then ran a focus group with participants and project management and conducted semi-structured interviews with case studies. This report has been prepared by Willis Newson with help, support and input from MK Arts for Health.

Willis Newson uses an evaluation framework developed in collaboration with the University of the West of England and this is designed to be used from the start of a project. It was therefore not possible to apply this framework completely in preparing this report. However, working within these limitations, a robust approach to analysis of data has been taken throughout.

4.3 Data collection methods

Monitoring

The number of participants attending each session was noted. Dates of birth were gathered for most participants. Addresses were gathered.

Standardised measures

Participants completed two self-assessment measures commonly used to gauge and monitor the severity of anxiety and depression on a scale from mild to severe. These measures were selected as a result of research during the initial feasibility study for the project.

GAD-7 : They completed Generalised Anxiety Disorder Assessment (GAD-7) questionnaires at each session. This is a self-administered tool used as a severity measure for generalised anxiety disorder.

PHQ-9 : They also completed Patient Health Questionnaires (PHQ-9) at each session. This is a self-administered tool, commonly used to monitor the severity of depression and response to treatment.

During the first year of the project participants were asked to complete both tools at each session.⁶ For the purposes of this report we have only analysed data from the first and last sessions.

Feedback questionnaire

Participants completed feedback questionnaires devised by MK Arts for Health at four points: August 2011, October 2011, February 2012 and October 2012. This questionnaire included quantitative questions on issues relating to the aims of the project and open questions where participants were invited to note what they had enjoyed most and least about the classes and contribute any other comments.

Focus groups

A focus group was run by Willis Newson with 11 participants from the course. Their responses were noted and some were photographically documented

Another focus group was run by Willis Newson to discuss aspects of the project management of the project. This was attended by the Project Director, the lead artist and the two Project Assistants. Responses were noted.

Case study interviews

All participants at the focus group were invited to be anonymised case studies representing a range of experiences. Five were selected and these were interviewed over the phone. The

⁶ Participants experience a great deal of form-filling 'fatigue' if they are asked to fill in forms at every session and the validity of information gathered in this way can be compromised. As a result, from September 2012 participants only complete the measures at the beginning, middle and end of the 10-week course.

interviewer, who was from Willis Newson, took notes.⁷ Questions covered themes including referral, discussion of positive and negative impacts and changes participants felt had resulted from the course, the subject's use of other health or support services and therapy and general comments about the running of the course.

4.4 Reviewing the evidence

Overview

As part of the process of evaluation, Willis Newson reviewed the evidence surrounding arts on prescription or arts on referral projects used to benefit patients with mild to moderate mental health issues, including stress, anxiety, depression and social isolation.

Our review found a small number of projects which have been the subject of robust academic study and a larger number of good quality service evaluations.

The evidence base supports the notion that active involvement in creative activities can provide a wide range of benefits, including:

- the promotion of wellbeing, quality of life and health
- Increased levels of empowerment and positive impacts on mental health and social inclusion for people with mental health difficulties.

In a review of practice related to social prescribing and arts on prescription, Bungay and Clift note "...social prescribing is considered to have three key benefits: improving mental health outcomes for patients; improving community well-being; and reducing social exclusion" (Bungay, 2010, p278).

Mental health outcomes

The evaluation of Art Lift, a partnership arts on referral project in Gloucestershire involving a larger than average sample size of participants showed:

- Decreased levels of depression amongst participants
- Decreased levels of anxiety
- Significant improvement in wellbeing after the ten-week intervention (Crone, 2011)
- Referring health professionals noted positive benefits to patients such as improved mood (Crone, 2012, 37-38).

An evaluation of Artshine, an arts on referral programme in Bristol, showed a significant improvement for participants who had attended 10 or more Artshine sessions in terms of improvements in mood, stress relief and self-confidence (van der Venter, 2011).

Significant improvements for participants in arts on prescription projects have been noted in relation to one symptom of depression - difficulty falling asleep and feelings of sadness and anxiety (Secker, 2007, p8; Healing Arts/Matrix, 2010).

⁷ See Appendix for Case Study Interview Schedule

Social functioning and inclusion

Research suggests that people with mental health issues who were prescribed participation in arts activities experience benefits in relation to social inclusion, especially in terms of having a “safe place” to come to, from making new friends and experiencing peer support. Such activities have also enabled some to access education and voluntary work (Stickley, 2010; Stickley, 2011; Crone 2011).

The development of friendships and a greater sense of social belonging and group identity have been reported as benefits of arts on prescription activity by participants (Crone, 2011; Stickley, 2011). Participants have also displayed improved confidence to start arts courses and take up volunteering opportunities (Crone, 2011).

While studies provide evidence to support the notion that arts on prescription projects can lead to improvements in confidence and social and personal development for participants, it should also be noted that one major project noted no improvements in social functioning for its participants (Secker, 2007). Another project also noted no changes in patients’ social trust or perceptions of social support available to them (Healing Arts/Matrix, 2010).

Health professional referrals and cost benefits

Most studies are inconclusive or show no cost benefits in relation to the use of arts on prescription services, perhaps because of the difficulty of measuring effectively and the small sample sizes involved (Healing Arts/Matrix, 2010). However there are suggestions that further robust research could back up initial findings suggesting a significant drop in GP consultation figures for participants (van der Venter, 2011, Opher, 2011).

Methods and limitations

Many projects used a mixed methods approach to evaluation including some form of quantitative data collection and analysis against a validated scale and a range of qualitative methods of data collection including questionnaires, case studies or focus group interviews followed by thematic analysis of the results.

Studies frequently note difficulties in data collection and analysis related to:

- Small sample numbers (few participants)
- Rigorous application of validated scale at the same time pre, mid and post activity
- Problems related to data collection (for example data unmarked or un-named leading to difficulties of comparison)

4.5 Limitations and assumptions of this evaluation

Limitations

There are a number of limitations to note in relation to the quantitative data collected for this report:

- Analysis of the quantitative data in this report has been carried out using a limited number of responses (54 participants)

- Participants completed GAD-7 and PHQ-9 scores before each session and the project team noted an element of form 'fatigue' and 'second-guessing', with some participants answering in ways that they felt were wanted. It was also suggested that some participants may have been concerned that if they reported their condition as significantly improved, they would not be able to continue the course.

Because of these two limitations, results from the quantitative data, while certainly indicative of general trends, cannot be considered definitive.

Assumptions

Not all participants attended the same number of sessions and therefore we made the following assumptions when analysing the GAD-7 and PHQ-9 data:

- We have assumed a 10-week course and taken the score at 10 weeks (or between 8-10 weeks, which ever was the latest) as the end score, regardless of how many further sessions a participant attended.
- If participants attended less than 8 sessions, ie, between 1-7 sessions, we assumed no change from their starting score.

4.6 Ethical guidelines

This was a service evaluation and not a research study and therefore formal ethical approval was not needed. However, ethical principles including respect for participants' rights, safety, privacy and dignity were adhered to and all evaluation activities conformed to current legal requirements surrounding data protection. Participants provided written informed consent for all information gathered including feedback forms, GAD-7 and PHQ-9 scores and case study interviews.

When completing evaluation forms participants were given a unique participant ID, which they retained throughout the course, enabling the project team to match participants' data at the same time as keeping participants' identities anonymous.

All the data were stored securely and identifying biographical information was kept separately from responses. When photos were taken the participants provided either verbal or written consent for them to be used as part of the project evaluation.

5.0 Project evaluation: Quantitative results

5.1 Quantitative results: monitoring

Between July 2011 and August 2012 104 sessions were delivered. 78 individual participants attended during this time. An average of 8 people attended each session.⁸

The average age of participants was 43. The youngest was 16 and the oldest 68.

63% of participants were women and 37% were men.

During this time, a total of 80 participants were referred by 13 different referral bodies⁹. 16% of participants also self-referred.

5.2 Quantitative results: Feedback

Participants were asked for general feedback on their experience of the workshops using a questionnaire.¹⁰ We analysed responses from questionnaires completed at four points: August 2011, October 2011, February 2012 and October 2012. 54 completed questionnaires were included in the study.

The responses can be used to gauge a range of impacts, including:

- Enjoyment of the workshops
- Self confidence and social inclusion (including community connection)
- Sense of improved mental health and personal wellbeing
- Skills development
- Physical health and use of other health services and resources

Headline results

In general, participants reported enjoying the course and felt that it was beneficial for them.

The majority of participants reported improvements in confidence and feeling of achievement and self-esteem as a result of the workshops.

The majority of participants said that the course had made them feel more sociable and connected to family, friends and their local community.

Only two participants said that they felt their mental health had not improved as a result of the course. All participants said they felt it had improved their personal wellbeing.

All participants reported that they would like to continue arts activities in future.

⁸ 138 participants have attended sessions in total, from the start of the project to preparation of this report (ie, July 2011 to April 2013).

⁹ See Appendix C: Referrals.

¹⁰ See Appendix A: Participant feedback form.

General feedback

Enjoyment

All participants who completed questionnaires reported enjoying the workshops. 40 out of the 54 said they enjoyed them very much.

Being part of a group

Respondents were asked whether they enjoyed being part of a group for the course. Only 1 respondent reported not enjoying this aspect. 18 respondents reported enjoying it very much.

Beneficial

All respondents reported that they felt that the course had helped them.

Sense of achievement and pride

Participants were asked whether they were proud of what they had achieved in the workshops. 8 reported they were 'a little' proud, but the remainder reported significant or greater feelings of pride, with 18 saying they were very proud.

Likely to explore other arts opportunities in future

All respondents reported that they would like to do more art in future, 31 reporting that this was very much the case.

All but one of the respondents reported that they would be more interested in exploring other arts opportunities such as visiting galleries as a result of taking part, with 23 reporting they would be very interested.

Improved self confidence and feelings of social inclusion and integration

Confidence

Participants were asked to report the impact of the sessions on their confidence. Of the 54 responses, 1 reported no impact and 13 reported a slight impact. The remaining 40 respondents reported a significant or greater positive impact on their confidence.

Sociability

Asked whether the course had helped them to feel more sociable, only 2 reported no improvement. 10 reported a little improvement and the remainder of the responses indicated a significant or greater positive change.

New friendships

The participants were asked whether they had met new people and formed new friendships. 6 reported no new friendships and 18 a slight improvement. 30 respondents reported that they felt they had made new friendships. However, the majority of the respondents had not met up with each other outside the group, 43 reporting no contact outside the classes.

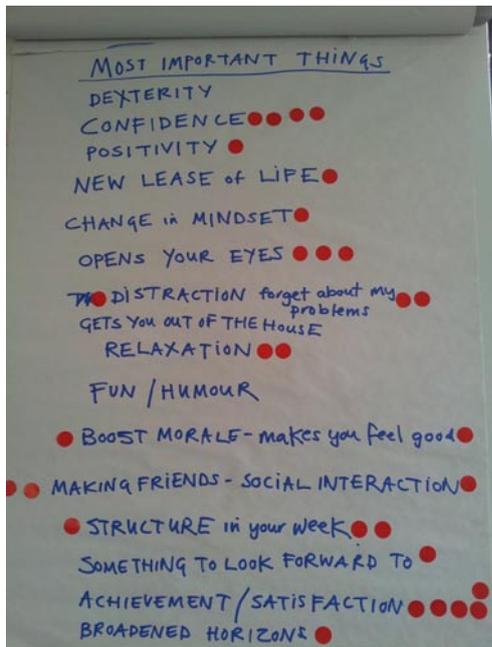
Relationship with family and friends

Participants were asked whether they felt the course had made them feel more connected to family and friends. 25 responses indicated a significant or greater positive sense of closer connection. 13 reported no change.

Community connection

Of the 54 responses, 40 reported some or greater sense of improved connection with their community as a result of taking part in the course.

Improved mental health and sense of personal wellbeing



Impacts table created by focus group participants.

Mental health

Participants were asked about whether they felt the course had improved their mental health. Only 2 reported that they felt their mental health had not improved as a result of taking part. 20 reported a little improvement, and the remaining 32 responses indicated a significant or greater positive improvement.

Sense of wellbeing

The impact of the course on the participants' sense of their wellbeing was explored in a number of ways through the questionnaire. They were asked whether the workshops had made them feel better about themselves. 1 reported no improvement and 13 a little improvement. The remaining 40 responses indicated a significant or greater positive improvement.

Participants were also asked whether they were feeling better about things in general as a result of the course. All participants reported that they were, with 12 reporting that their feelings had improved 'very much'.

Participants were also asked directly whether they felt the course had improved their personal wellbeing. All respondents reported that they felt it had.

Skills development and work

New skills

All respondents agreed that they had learned new skills, with 25 reporting that they felt this was very much the case.

Work

Participants were asked about whether they felt the course would help them if they were looking for a job. Not all of them were in this position, but those that were indicated divided opinions on this. 11 reported that they did not feel it would help, and 17 that it would be a little help. 17 reported that it would have a significant or greater positive impact on a job search.

Similarly, there was division on the question of whether the course would give them greater confidence in looking for work. 9 said they felt it would not improve their confidence, 15 that it would improve it a little. 23 reported that it would have a significant or greater positive impact on improving their confidence.

Physical health and use of other health services and resources

Physical health

Participants were asked whether they felt that taking part in the course had improved their physical health. 15 reported no improvement and 13 a little improvement. 24 respondents reported a significant or greater positive impact on their physical health.

Use of other health services and resources

Some participants were not taking any medication, but of those who were, more than half reported that they felt that going on the course had made them feel they could manage with less medication.

5.3 Quantitative results: GAD-7 and PHQ-9 scores

Simple data analysis was performed on the GAD-7 and PHQ-9 scores as given by participants completing a 10-week course up to and including August 2012. This analysis shows changes in score over the course and gives average values for pre and post scores. It was also used to indicate the number of participants at each level of severity of anxiety and depression at the beginning of the course and the average changes in scores for these levels.

We have a data set of 54 participants. Participants completed GAD-7 and PHQ-9 tests at each session and we compared the scores on both scales at the start of the course and at the end of a 10-week course.¹¹

On average, participants' scores on both measures fell over the 10-week course, meaning that they reported themselves as being less anxious and less depressed at the end of the course than at the beginning.

This change was most pronounced for those participants whose pre-scores on both scales identified them as being in the 'Severe' or 'Moderately severe' level before the course began.

¹¹ Some participants did not attend 10 sessions, and if this was the case we assumed no change in their scores. Some participants attended more than 10 sessions, and if this was the case we took their score at the 10th session as their final score.

Average changes in score for participants grouped according to their level of anxiety or depression as measured by the GAD-7 and PHQ-9 scale¹²

Score level	GAD-7 Pre-score average	GAD-7 Post-score average	GAD-7 average change in score	PHQ-9 Pre-score average	PHQ-9 Post-score average	PHQ-9 average change in score
Mild	3	3.85	+0.85	2.25	3	+0.75
Moderate	7.78	6.66	-1.13	8.45	7.36	-1.09
Moderately severe	13.3	11.3	-2	13.17	11.5	-1.67
Severe	17.8	15.07	-2.73	21.13	17.70	-3.43

GAD-7 score averages

The average starting GAD-7 score across all participants was 10.51. This means that, on average, participants graded themselves at the top end of the Moderate scale for anxiety.

The average end GAD-7 score across all participants was 9.30.

The data shows an average change in score of -1.21 across all participants.

GAD-7 scores by level of severity

Levels of anxiety are gauged according to whether the GAD-7 score falls into the following ranges:

- 0-5 = Mild
- 6-10 = Moderate
- 11-15 = Moderately severe
- 16+ = Severe

At the start of a 10 week course the percentage of all 54 participants falling into each of these levels as identified by their GAD-7 scores was as follows:

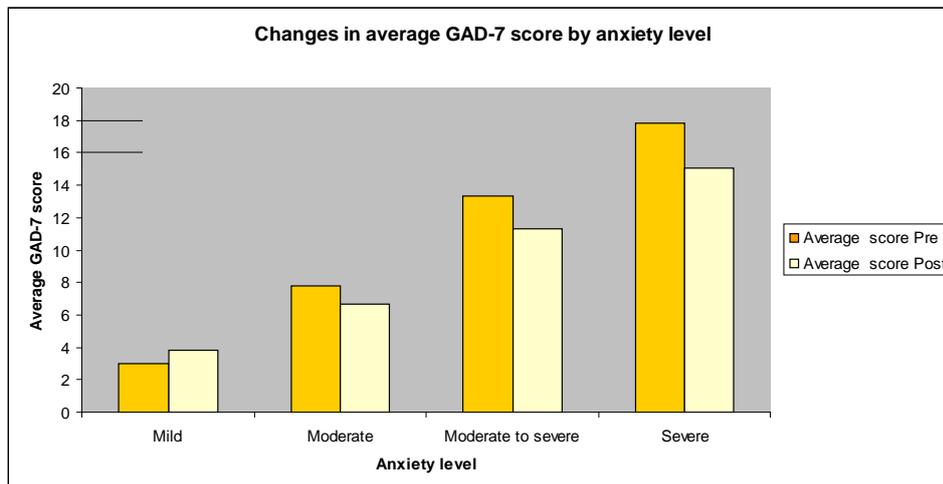
GAD-7 level	Percentage of group in each category	Average pre-score for those starting in each category
Mild	24.07	2.8
Moderate	29.63	7.78
Moderately severe	18.51	13.3
Severe	27.78	17.8

¹² Figures rounded to two decimal places.

At the end of the 10-week course, the percentage of all 54 participants falling into each of these levels as identified by their GAD-7 scores, was as follows:

GAD-7 level	Percentage of group in each category	Average post-score for those starting in each category
Mild	29.63	3.85
Moderate	36.19	6.66
Moderately severe	12.96	11.3
Severe	22.22	15.07

The chart below shows the change in average GAD-7 scores in each of these category groups.



PHQ-9 score averages

The average starting PHQ-9 score across all participants was 14.01. This means that, the average participant graded themselves within the Moderate to severe scale for depression.

The average end PHQ-9 score across all participants was 12.25.

The data shows an average change in score of -1.79

PHQ-9 scores by level of severity

Levels of anxiety are gauged according to whether the PHQ-9 score falls within the following ranges:

- 0-5 = Mild
- 6-10 = Moderate
- 11-15 = Moderately severe
- 16 + = Severe

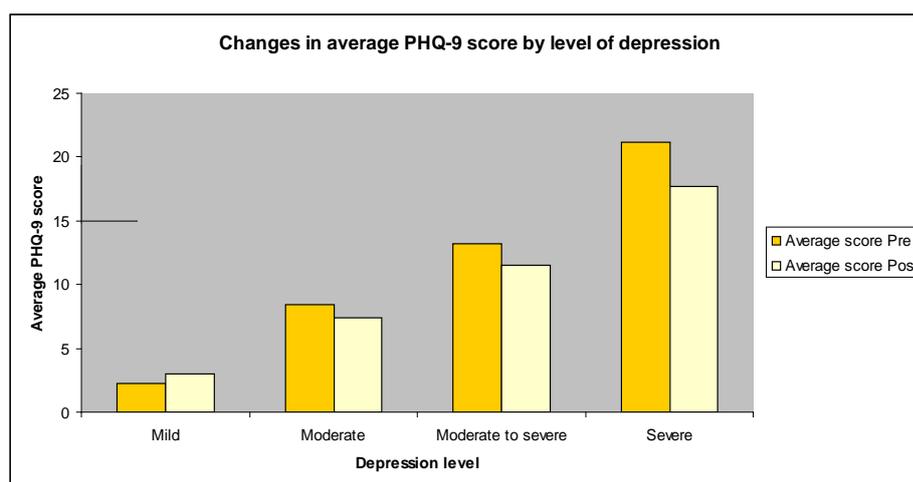
At the start of a 10 week course the percentage of participants falling into each of these levels as identified by their PHQ-9 scores was as follows:

PHQ-9 level	Percentage of group in each category	Average pre-score for each category
Mild	14.81	2.25
Moderate	20.37	8.45
Moderately severe	22.22	13.17
Severe	42.59	21.13

At the end of a 10-week course, the percentage of participants falling into each of these levels as identified by their GAD-7 scores, was:

PHQ-9 level	Percentage of group in each category	Average post-score for each category
Mild	20.37	3
Moderate	27.78	7.36
Moderately severe	20.37	11.5
Severe	31.48	17.7

The chart below shows the change in average PHQ-9 scores in each of these category groups.



6.0 Project evaluation: Qualitative results

6.1 Approach

Thematic analysis was used to identify key concepts that emerged from the focus groups held with participants, the case study interviews and the open qualitative questions on the feedback form. Case studies are referred to in this section by their anonymised names (Mark, Judith, Simon, Deborah and Alison).

These concepts been grouped into five main themes for analysis and discussion

- Personal wellbeing
- Social integration
- Developing skills
- Creativity and imagination
- Mental health and wellbeing

6.2 Exploration of Themes

Personal wellbeing

Participants in the classes see themselves as having benefitted in terms of their personal wellbeing in a number of ways.

Achievement and self-esteem

In the focus groups participants were asked to identify and then rank what they felt to be the most important impacts on them of taking the course. 'Achievement/satisfaction' was the most frequently cited.



Participants noted surprise that they were able to achieve at a higher level than they had expected: “[I] am amazed at what I am able to achieve.”¹³ They indicated pride in their achievements, a feeling boosted by being able to talk about it to others, including family and friends. They commented specifically on their pride at showing others their work in exhibitions, in being able to frame pieces and hang them in their own homes and in being able to create work for others.

“Being part of MK Arts for Health has opened new doors of opportunity for me to discover talents that I did not know I had.”

¹³ Participant. Feedback, October 2011.

Confidence

A lack of confidence, particularly in social situations, was a common trait of participants in the classes, who noted things such as “*I’m quite shy with new people. I don’t make friends easily.*”¹⁴ Participants linked a sense of achievement and heightened self-esteem with improved confidence. They felt that the course had contributed to improvements in confidence, both generally and in relation to specific acts.

Mark felt that the interaction with the group at the workshops had enabled him to apply for a job where he knew he would have to have a level of social interaction with which he might not have previously been confident. Judith said that she found the confidence to become a volunteer helper for others now attending the AoP classes through attendance of the course. This was despite an intense fear of social interaction which had previously left her virtually unable to leave the house.



For some participants, like Mark, confidence was gained from simply attending a workshop, and interacting there. For others it was a more holistic experience; one participant in the focus group reported feeling like a ‘broken person’ before the start of the course and said that the course enabled her to stand back from this view to see the ‘whole’ person again.

“Battery charging my batteries.”

Relaxation

Participants commented through the feedback forms that the classes helped them to relax. In particular, the process of creating or making art was seen as relaxing.

“It’s such a relaxing warm friendly atmosphere, as soon as you enter the room. It’s so relaxing doing your works and rewarding.”¹⁵

Mark noted that feeling ‘chilled and relaxed’ in the workshops was a real surprise, since he habitually felt very anxious, particularly in a new or unfamiliar environment. He had previously attended a regular evening college course and had had to medicate himself in order to overcome his anxiety at doing so. He found the experience of AoP quite different.

Distraction

Relaxation was also connected with distraction. Participants felt that the workshops provided an environment in which they could forget problems and stressful elements of their life. Alison commented that she was surprised to find that she could be distracted in this way.

The workshops were time in which participants felt they did not have to talk or think about problems affecting them; Deborah commented that the course made her feel normal because she did ‘normal’ things there.

¹⁴ Participant. Feedback, October 2011.

¹⁵ Participant. Feedback February 2012.

Time to myself'

A common theme was that the classes represented time which the participants could dedicate to themselves. Asked what was most enjoyable about the workshops, one participant wrote:

*"Just being able to dedicate times to myself. Time just for me. Its rare. It also helps my confidence. I know I'm creative and artistic but I bog it down with stress and anxiety."*¹⁶

Social integration

For many participants, interacting with new people was a challenge. They reported satisfaction in having overcome their fears.

Overcoming social isolation and meeting new people

The case studies were asked about how they felt before coming to the first session. This was a very difficult moment for all of them and they reported a lot of anxiety leading up to it.

In the feedback, participants frequently cited 'getting out of the house' and 'meeting new people' as goals.



As the sessions went on, some felt that a kind of 'camaraderie'¹⁷ or a feeling of a wider network of acquaintances¹⁸ had developed among the group and reported benefiting from the support and encouragement of others. A participant in the focus group commented that they no longer felt they were dealing with things alone.

"Relaxed. Confident. Feeling happy."

Simon talked about how he now felt able to go out with a neighbour and friend to events such as the theatre or cinema. He linked his experience at the workshops with this and feeling able to overcome his fear of new situations and crowds.

Managing and building relationships

Participants consistently reported that the workshops helped them manage and build relationships by giving them a supportive and safe environment in which to interact with others. This was seen as an important, enjoyable and beneficial element of the course.

The case studies were asked whether they felt that their relationships with others had changed since taking the course, and several reported on new friendships and improved relationships with family.

¹⁶ Participant. Feedback October 2011.

¹⁷ Participant. Feedback August 2011.

¹⁸ Case study Alison.

For some participants group size was an issue, either because the group was too big and felt overwhelming, or because it was too small to allow for wider interactions. One participant reported that the wide age range reflected in the group made it difficult to form friendships.

Most, but not all, participants did not make specific friendships within the class. Alison described having an awareness of new ‘acquaintances’ rather than ‘friendships’.

Developing empathy

Some participants suggested that greater social confidence, gained through the course, had contributed to a greater empathy with, and an awareness of the problems faced by others. Two of the case studies noted that the workshops had helped them manage feelings and behaviour towards people in the group that they found difficult. Deborah also commented that she felt she had gained a greater understanding into how her behaviour impacted on friends and relations.

‘People like me’

Participants appreciated that others on the course were experiencing similar issues and were all keen to do the art, feeling that this led to an accepting, non-judgemental and creative atmosphere. They consistently commented that this also meant there was less explaining to do, leaving you able to just get on with the work.

Simon said that he would feel able to do another similar course (perhaps for cookery) only if he knew that the other people would have a similar set of experiences. Mark reported his unsatisfactory experience doing a regular IT course at a local college.¹⁹

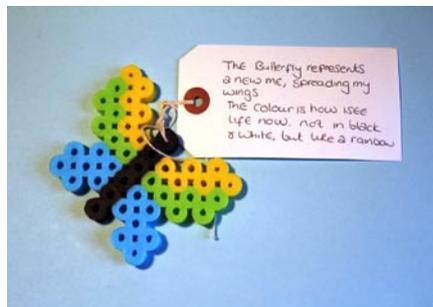
Developing skills

Most participants appear to have done little or no art for some time, perhaps not since leaving school. Many commented positively on the range of new skills and techniques and the experience of learning offered by the workshops. The practical aspect of these skills and the sense of achievement and self-esteem gained through using them were seen as important.

New skills and techniques

On the feedback forms, ‘learning new skills’ was an aspect of the course frequently cited as being enjoyable. Some of the creative techniques seemed to have particular resonance.

This was discussed in the focus groups; negative spacing, for example, or ways of



representing perspective and choice of colour palettes were all elements that participants saw as relevant to representing, or making changes to, the ways in which they viewed the world.

Asked to choose an object from a selection and explain how it related to their wishes for the future and sense of how they’d changed since taking the course, one focus group participant chose a model of a butterfly and wrote;

¹⁹ See 6.3 Case Study Stories, below.

“The Butterfly represents a new me, spreading my wings. The colour is how I see life now. Not in black & white, but like a rainbow.”

Active change / self-starting

For many participants simply attending the first session was very difficult; they described it as provoking feelings of extreme anxiety. The experience of having overcome this anxiety was consistently seen as positive. Several case studies described their satisfaction at feeling they were making an active change in their lives rather than being acted upon with medication or through the help of others.

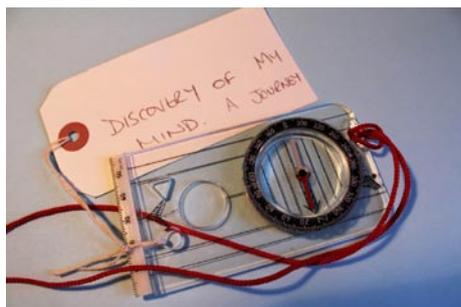
Asked what they enjoyed about the course, one participant commented on the feedback form:

“Doing. Actually being able to do something positive and which I enjoy.”²⁰

Work

The case studies were asked about the impact of the course on their ability to take on paid work. Most were not working or were working reduced hours and cited lack of confidence in their abilities or anxiety about new situations and people as being contributory factors towards this.

For some, like Judith and Alison, voluntary work is a valuable step, enabling them to contribute to the welfare of their communities. In addition, Judith, who is currently volunteering at AoP, is working with the Job Support Team to improve her CV, ready for a return to work. Mark has moved from volunteering into work and he feels this is the result of confidence gained through the classes. Deborah has increased her working hours since doing the classes, and feels that the course has given her the confidence to feel she is almost ready to return to work full time.



Creativity and imagination

Participants consistently commented through the feedback that they enjoyed being able to be creative and the opportunity to explore artistic aspects of their personality that might not frequently use.

“Discovery of my mind. A journey.”

Exploring other arts opportunities

All case studies reported that the workshops had prompted new or renewed interest in arts activities. Many were attending the follow-on Art Club. One had joined a similar group run by MIND, another was attending a writing group run by another organisation. Several had taken up exercise classes. Others reported new interest in attending arts events and institutions

²⁰ Participant. October 2011.

including local galleries, theatre, cinema and museums. Mark has joined the local Play Association to enable him to get craft materials from the Scrapstore; Alison has bought and borrowed arts books and materials; Judith has become a volunteer for the ongoing AoP sessions.

Participants commonly report continuing art or craft as an activity in their own homes.

Changed perspectives

This was a very evident theme running through much of the content analysed. Participants reported, often very eloquently, the way in which their outlook on life had changed since doing the course. Simon called the course a 'window' onto life.

Several of the case studies reported how the course had inspired them to look at the physical world differently and more closely – noticing things while thinking about how they could be represented through art. A focus group participant described it as a 're-awakening', a 'rediscovery of curiosity and energy for life'. Several participants described the change in themselves as a movement from dark into light, or from black and white into colour. Some participants cited the specific content of the art methods and techniques learned as the prompt for these changes.

Mental health and wellbeing

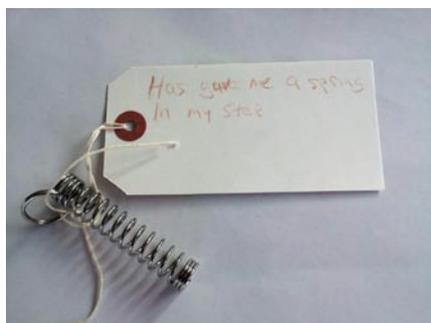
Improved feelings of wellbeing

Several of the case studies commented that improvements in their mood and general feelings of wellbeing which they had noted themselves during the course of the classes had also been noted by others, in particular family members.

In responses in the feedback questionnaires, participants said they looked forward to the workshops and reported that attending helped 'lift' their mood.

Use of other therapies and health services

The five case studies interviewed were all asked about changes in their use of both drug and talking therapies following the AoP course. Most saw the course as a valuable element within a range of treatment which was contributing to improvements in their mental health.



Some gave the classes more prominence; Mark said that he felt isolated from other services when signed off by the mental health team and that AoP showed him that people still cared. Alison said that she felt that the time at which the course was offered was key; she was on the path to recovery when an Assessment and Short Term Intervention (ASTI) counsellor recommended them, and that if they had been mentioned earlier she did not feel she would have been able to participate properly.

'Has gave me a spring in my step.'

Simon said that he felt art was a better tool for combating suicidal feelings than other techniques he had learned through other courses focusing on tackling depression.

All four case studies who were taking medication for their mental health conditions before the course, reported that they had either ceased or stopped completely since finishing the course. Although it is not possible to prove a direct correlation, they all said that they felt the course had been a contributory factor.

A 'different' kind of therapy

Participants commented that the 'practical' aspects of the workshops were beneficial, and this included simply getting out of the house regularly. They also liked the fact that AoP offered something 'different'. One focus group participant said "*All GPs wanted to do was fill me with tablets.*" As mentioned above, several of the case studies had experience of various kinds of counselling and drug therapy. Judith said that while talking therapy was good, it was the impact of going out, doing something and meeting other people that made the real difference to her.

Deborah said that she was attracted to AoP specifically because it involved an activity that made her feel 'normal'.

Safe and sympathetic environment

In addition to feeling that they were surrounded by 'people like me' during the workshops, participants also commented on the need to feel that their surroundings were safe and secure. Several noted that the teachers and facilitators of the workshops were vital in ensuring this. Mark said that he took the course in order to face his fears and anxieties regarding new social situations in a safe and sympathetic environment. He also commented that there was an occasion where he did not feel safe in a session because of the actions of another participant and he had to leave. Simon said that difficult situations with individuals in the workshops were troubling but diffused expertly by the teacher.

The teaching was referred to throughout the feedback and elsewhere as 'supportive', 'encouraging' and 'positive'.

Art as a therapeutic tool

Participants used the term 'therapeutic' to describe the course in relation to art activities being a tool to help them relax and forget things that might be stressful. Participants in the focus groups also described how techniques such as negative spacing became a means to examine their own situations.

Simon reported that he now used art at home, both for his own enjoyment, and as a tool to help low mood, and particularly suicidal feelings, disperse.



"Tactile – many shades of gentle colour. Could be years old, gathering wisdom with age. Accepting. Able to 'go with the flow! Positivity."

6.3 Case study stories

Deborah: Looking forward

Having lived with depression for nearly 20 years, Deborah has come close to hospitalisation at times. She says she is always looking out for something different that will help. Unlike counselling or medication, Art on Prescription was attractive because it makes her feel 'normal'.

She found out about the course by chance, seeing a poster when visiting a relative in hospital. She attended the classes as part of a small group of three, enjoying the personal attention, but perhaps missing out on some of the benefits of socialising with a larger group. Because she works she is struggling to find the time to attend the follow-on classes during the day, but is keen to extend her involvement with the art classes because she recognises how important they are to her.

There have been a raft of positive changes in her life and she is certain that Arts on Prescription has contributed, in combination with other things. Amazed by her achievements, Deborah says she has taken photographs of her exhibited work and shown it to other people. Signed off by the mental health team not long after the end of the course, and now on less medication, Deborah is also seeing less of her GP.

Since taking the course, Deborah has felt able to take on more hours at work. Her boss is supportive and knows how important the workshops were to her. Inspired by Arts on Prescription, Deborah has visited museums and galleries and describes herself as more interested in things in general. She has joined an art-related Facebook page. She does craft activities on her own; she is making something for her mum as a birthday present, for example. Her family and friends are less concerned about her health, and her aunt no longer calls her every day just to make sure she has got out of bed. She is ready to make even more changes and is even thinking of taking on a full time job for the first time in 10 years.

Deborah says that if she felt herself becoming low again, she would ask Milton Keynes Arts for Health for some more art – just as she might ask her GP for medication or talking therapy. Art on Prescription has changed how she will approach her own health in future.

Judith: The volunteer

Judith has rediscovered a focus and a sense of purpose through Arts on Prescription. She says, with conviction, that it has changed her life.

10 years of anxiety and depression had left her virtually unable to leave the house. She still finds social interaction with new people difficult and takes a long time to feel comfortable and confident. Despite this, she has now found the confidence to become a volunteer helper on the Arts on Prescription course, encouraging and supporting others on their journey.

While receiving counselling through MIND two years ago, Judith was referred to Arts on Prescription. She had never done anything similar and hadn't thought about art since school. Her hope was that she would gain in confidence. She was extremely nervous about attending the first class and about making the journey to the session on her own. After this

anxious start, she settled in and developed friendships with a couple of group members, eventually feeling able to share banter with everyone.

It was important to Judith that she did not have to explain herself in the workshops, that she was with others with similar experiences and that she was accepted rather than judged. For her, the focus was on the art.

Six months after her first class she was upset to find out that she would have to stop, but relieved and proud that she was able to become a support worker for the project instead.

Volunteering feels like a step back into life for Judith. She has not worked for five years, but is now talking to the Job Support Team and getting a CV together with the sense that she has something worthwhile to put on it. The classes have given her something positive to talk to family and friends about. She has also joined an exercise class.

Practical support is what Judith craved. Talking therapy was good, but she senses that it is the 'just going out somewhere', the 'just doing something' that has been a real catalyst for change. Now she is full of wonder and praise at what others are achieving in the classes and she has become part of the catalyst for them.

Simon: A new outlook on life

Art has become a big part of Simon's life and plays a number of roles. It has given him what he calls a 'window out'.

Formerly in the military and then a nurse, for Simon life took a wrong turn about three years ago and he found himself unable to work, physically unwell and suicidal. When his Community Psychiatric Nurse (CPN) told him about Arts on Prescription, he was intrigued. Although he had done quite a bit of art at school, it was something that fell by the wayside when he became an adult.

Having somewhere pleasant to go where he could talk to people was also important for Simon. Although he says that it took him all day to decide to walk through the door, he has never regretted it and even in the first two hours of the workshop, he learned a lot.

Simon attended workshops for about 30 weeks. He says that everyone could see his mood improve during that time. He began to feel happier and more content with himself. Tuesday nights, when he came to the workshops, were the highlight of his week. He describes it as having opened a window and let fresh air into his life. He now thinks to himself constantly 'if I can paint that, wouldn't it be great?' And, instead of feeling as if he is at the bottom of the heap, he now knows there are people feeling like him and worse. He says he was heartbroken when he had to finish, but he is now attending a similar group run by MIND.

When he is at his lowest, Simon now 'scribbles' out his misery at home, finding that suicidal thoughts disperse as he draws and using what he has learned as a therapeutic tool. When he is feeling good, he is proud of what he achieves, framing it and putting it on his walls. He is confident with complex skills and techniques he learned on the course, including elements such as perspective, negative spacing and colour.

Simon now goes out regularly with one of his neighbours and friends. They shop and go to the theatre, the cinema and classical concerts together. All of these things he would not have dreamed of doing previously because of his discomfort with crowds. Simon still feels some way from recovery and remains under the care of his CPN and on drug therapy. But, he feels he is getting better, and he says that his CPN agrees. Arts on Prescription has been a big part of this. He believes this is because it is something both physical and mental that he does for himself rather than something that is done for him or which acts upon him. Art both got him out of the house, and made him look at the world differently.

Alison: Learning to put herself first

Alison is an instinctive carer: a former stay-at-home mum who then had the painful task of helping her daughter through a mental breakdown. She is also a long-term volunteer with Age UK. When she herself became ill, she had to learn to put her own needs first.

She was referred to Arts on Prescription at the end of counselling sessions by the Acute Short Term Intervention Team. This was a perfect moment and the right time for her as she was recovering and ready to take the next step to becoming well. She was, however, still quite unsure about going out and being in the world and with other people again. Although she had always loved art, she had not done any since school.

Intensely nervous before the first workshop, it was her husband and children who cajoled her into going when she thought she would pull out. She completed a 10-week course and really didn't want it to end.

For Alison the classes were a safe respite time, time in which to clear her head and stop focusing on her problems. That she could do this surprised her. She felt supported and encouraged by the teacher and by the other participants. The course opened her eyes to a lot of things. Although she does not see the other participants outside the workshops, there is a sense of a shared network between them.

The arts have become a major part of Alison's life now. She attends the monthly follow-on Art Club. She has bought and borrowed art books, invested in art equipment and draws nearly every night. She feels as if she is looking around her with new eyes. Her creative side, which she had thought was lost in the business of everyday life, has been brought back in focus. When her pieces were displayed in a local exhibition, she took her mum and daughter to see them and was proud. Inspired to keep on being creative, she now also attends a writing group run by the Milton Keynes Carer's Association.

Alison sees the time that she now spends drawing at home as 'her' time. She no longer feels guilty about taking it. She realises that she both needs and deserves it.

Mark: Working again

Mark is severely agoraphobic. He was, and is, concerned about entering any new environment and meeting people he doesn't know. Simply leaving the house can be a challenge. He saw Art on Prescription as part of a process of pushing himself to face his fears within a safe and sympathetic environment and he was referred by his Occupational Therapist.

He says that he also finds it hard to communicate and to create and maintain new friendships. Consequently he experiences a great deal of social isolation. He has also felt abandoned by conventional mental health services; as if they somehow blamed him for not being well after years of treatment, and as if, when discharged from mental health services, he was cast adrift.

Mark has a background in IT, and before Art on Prescription he had attended an evening course in IT at a local college. He found this a less than helpful experience: it was mostly just sitting at a desk and going through a workbook with little social interaction. Plus, he says, he went in a sort of haze since he had to take so much medication to overcome his anxiety at doing it.

Arts on Prescription was different. Although he was extraordinarily anxious before attending the first workshop, by the end of that first hour, he was amazed to find himself feeling quite relaxed. He attended the course for around five months, and found that sometimes he was not anxious at all when going to them. This was, for him, one of the most important things: although the content was fun, and the skills good to have, his self-esteem grew simply because he attended. The course helped him grow in empathy for others, and to develop a greater understanding of and confidence in his own abilities. He is now keeping up his interest through the follow-on Art Club.

Friendships were formed on the course. Mark has since helped a lady who attended set up a website for her business, and he has exchanged crochet patterns and emails with another. Mark has joined the local Scrapstore and uses this to get materials for his own craft activities. He has even sold things he has made.

And, he is working again. He says that the experience of interacting with people on the course was key in giving him the confidence to apply for the job he now does.

7.0 Project evaluation: Planning and delivery

Willis Newson ran a focus group, attended by the Project Director, lead artist and two Project Assistants and this section draws on the results of this. It also includes analysis of feedback from participants on feedback forms, through the participant focus group and from the case studies.

7.1 Planning and referrals

Referrals came from a wide range of sources, and in large numbers. This was seen as highly positive. The team has been surprised by the willingness of referrers to take up the offer of the project, and referral has never been a struggle. However, it was suggested that greater collaborative engagement or partnership with the wider mental health network and services in the region might lead to a more connected referral process and more effective long term relationships with stakeholders in future. This might also counter what was described as a lack of understanding by some referrers as to whom it might be appropriate to refer.

It has been found that the initial target number for engagement was overly ambitious (initially 500 over three years, now reduced to 200) and that not all the planned outcomes were appropriate or measurable; for example, reduction in GP visits and use of medication.

There was a suggestion that participants should be more involved in the planning process in some way.

Initially participants were not limited to a 10-week course, although this is no longer the case. This made it difficult when they had to be told that they would no longer be able to attend. The need for clarity about the length of the course at the beginning and the importance of an effective and appropriate follow-on group was highlighted.

The project received funding that allowed an investment in good quality art materials – something which was commented upon by participants as making a difference to the quality of their experience.

7.2 Artist and facilitator training and supervision

The need for training that focused more specifically on dealing with difficult situations was a common theme. There was some uncertainty about how to deal with participants who were disturbing the group, or talking about subjects or in ways that were inappropriate, particularly in the early stages. Greater supervision for artists and facilitators was seen as important.

7.3 First and last sessions

Participants described extreme nervousness in attending the first session of a course, making the delivery of this class particularly challenging both for artists and facilitators and for participants. Because of the need to create a safe, sympathetic and supportive environment from the outset, this session is described as particularly vital. It was suggested

that facilitators and artists might benefit from learning techniques to instil confidence and 'break the ice'.

A 'Participant agreement' was introduced during the year. This set out an acceptable code of conduct for all involved and was discussed and signed by all participants at the beginning of a new course. It was agreed that this was effective in helping to define boundaries and set standards of behaviour.

It was seen as difficult to predict the needs of a very varied client group. One suggestion was that there should be a system in place to allow workers to understand the needs of participants in a particular intake – perhaps through a taster workshop or an initial assessment meeting with individuals.

Feedback from participants suggests that the end of a course is also a potentially difficult moment; some will have become dependant on the workshops and many wanted more sessions than were available.

7.4 Session delivery

Roles and responsibilities

It was suggested that the presence of a health worker in the workshops might be helpful. The focus group agreed that early clarification of the roles of facilitators and artists was essential; that is, the role of the artist was to run the group and teach art techniques, but not to support participants with their health needs or to provide health-related signposting.

Class logistics

Group size was reported as tricky to manage. Some participants appreciated larger group sizes for the social element, and some would have preferred smaller groups as a means to counter anxiety. The project management focus group described some over-subscription of classes, with too many participants attending, particularly in the early stages of a course.

10 weeks was seen as too short both by some participants and some of the project management group.

One of the case studies also reported that two-hour workshops felt 'rushed'. Similar feedback was given by several participants through the feedback forms.

The project management group noted a low turnout for evening workshops. However, one of the case studies said that she struggled to get to a follow-on workshop during the day because of work commitments.

Venue

A few logistical comments about the venue were registered, including problems with the toilets and the fact that the room was upstairs. But generally it was seen as well-suited to the classes. Its central location, on a bus route, was important for one of the case studies who had some anxiety about travelling on her own. Participants also commented that they had attended exhibitions at the Gallery outside the course.

One of the project management team commented that a dedicated permanent workshop space just for the project would be of benefit, lending a sense of ownership and familiarity. In the focus group there was also general consensus that this would be of benefit.

Arts activities

Participants reported enjoying a variety of arts activities. They enjoyed being introduced to new ways of doing things and the experience of learning even if they didn't particularly warm to a particular subject. It was felt that activities focused around skills or techniques worked best.

Quality of teaching

Participants were uniform in praising the quality of the teaching delivered, describing it using words such as 'inspiring', 'enthusiastic' and 'encouraging'.

Quality of work

Both participants and the project management group were delighted and surprised at the quality of the work produced.

7.5 Follow-on

This was seen as not being sufficiently planned from the start of the programme, but was viewed very positively by those participants who attended. Offering opportunities for participants to become volunteers for future classes was seen as beneficial.

Some participants commented that they would be willing to pay a donation towards follow-on classes. In the focus group, one participant said that they would view this as 'an investment' in their health.

7.6 Evaluation

Form-filling was not popular. Participants said that this was one of the aspects of the course that they least enjoyed. The project management focus group commented that the participant feedback form was not effectively designed or reliable.

8.0 Discussion

8.1 Aims

This evaluation suggests that the MK Arts for Health Arts on Prescription course has been an effective means of improving mental health and wellbeing for participants. It is also effective in increasing levels of confidence and reducing feelings of isolation.

There is less evidence that it has decreased participants' use of other health services or medication, however the evaluation has shown a strong belief among participants that it is a contributory factor in doing so.

There is some evidence that, through improvements in the confidence and social integration of participants, the classes have played a significant role in encouraging participants back into voluntary or paid work.

8.2 Observations

Decreases in both the GAD-7 and PHQ-9 scores suggest an improvement in levels of both anxiety and depression for participants on the course. However, the sample size was small and there were some limitations and assumptions affecting the collection of these scores, and therefore this finding should be interpreted with caution.

An initial target of 500 participants over three years for the AoP workshops has been shown to be ambitious. In fact, attendance figures so far have been 138 (between July 2011 – May 2013). A revised target of 200 participants for the three year life of the project, was introduced in 2012. This revised target seems appropriate given the suggestion that the programme should concentrate on quality of engagement and less on numbers. Comments indicate that large class sizes can detract from the experience of participants.

Little specific monitoring data was collected on participants, and it would be interesting to investigate further questions related to age, postcode and ethnic identity.

Follow-on activities were thought to be important by participants, and this indicates a need for longer-term engagement.

8.3 Evaluation process

Willis Newson was brought in to help evaluate the project at the end of 2012 when the project had been running for a year. Although MK Arts for Health had a number of evaluative activities planned from the start, the evaluation process has highlighted some areas for consideration in future. These include:

- Development of appropriate and measurable evaluation aims and objectives at an early stage, alongside project aims and objectives
- Review of the use of standardised measures to determine which are most appropriate
- Review of the number of forms participants are required to complete
- Review and develop effective ways of gathering participant feedback

- Introduction of a simple monitoring form or activity for the collection of data relating to age, gender and ethnic identity
- Use of standardised spreadsheets for collecting and analysing data



Work by participant on the Arts on Prescription course.

9.0 Recommendations and lessons learned

The structure of this project has been organic and it has been reviewed continually since its inception and therefore some of these recommendations have already been put into place. However, the evaluation clearly enables us to make the following general recommendations, some of which will have wider application in other arts on referral projects with similar aims and objectives.

- Project aims should be reviewed in terms of impacts and outcomes to ensure that they are appropriate and measurable.
- There are benefits to be gained from less focus on numbers of referrals and more on quality of engagement and long term relationship.
- Careful consideration should be given as to how to approach the first session of a course more effectively, including training for artists.
- Clearer information needs to be given to referrers to ensure that referrals are appropriate.
- There is a need to review the supervision process for artists and facilitators.
- A dedicated workshop space would be of benefit to participants and to project facilitators and managers. This would not only have practical benefits, in terms of storage and security of equipment and appropriateness of facilities, it would also help to create a sense of ownership and contribute to the safe and secure environment so important to participants.
- Evaluation activities should be reviewed to ensure that ongoing evaluation is effective for the next cycle of the programme. In particular:
 - monitoring information including age, gender and postcode would be useful to collect in order to assess whether the project is reaching areas of health inequality
 - the feedback questionnaire should be shortened and more tightly targeted and the project may wish to investigate more creative methods for gathering feedback from participants in order to cut down on 'form-filling fatigue'

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11.0 Appendices

11.1 Appendix A: Participant feedback form

This form was created and applied by MK Arts for Health at regular intervals during the year.

 03/12	Arts on Prescription Feedback Questionnaire				
	NAME:				
Do you enjoy the art sessions?	NO	A little	Yes	Quite a lot	Very much
Can you say what you have enjoyed most?					
Can you say what you have enjoyed least? (If anything).					
Do you enjoy being part of a group?	NO	A little	Yes	Quite a lot	Very much
Do you think the sessions have helped you to feel more sociable?	NO	A little	Yes	Quite a lot	Very much
Do you think the sessions have helped you to feel more confident?	NO	A little	Yes	Quite a lot	Very much
Do you feel you have learnt new skills?	NO	A little	Yes	Quite a lot	Very much
Has the course helped you to feel better about things?	NO	A little	Yes	Quite a lot	Very much
Have you been surprised by what you can do?	NO	A little	Yes	Quite a lot	Very much
Are you proud of the artwork you have made so far?	NO	A little	Yes	Quite a lot	Very much
Do you feel pleased by what you have done?	NO	A little	Yes	Quite a lot	Very much
Have the sessions helped you feel better about yourself?	NO	A little	Yes	Quite a lot	Very much
Do you feel that taking part has improved your physical health?	NO	A little	Yes	Quite a lot	Very much
Has taking part made you feel you could manage with less medication?	NO	A little	Yes	Quite a lot	Very much
Have you met new people and do you feel you have made new friends?	NO	A little	Yes	Quite a lot	Very much
Have you met people from the group outside?	NO	A little	Yes	Quite a lot	Very much
Has the course made you feel more connected to your community?	NO	A little	Yes	Quite a lot	Very much
Has the course made you feel you will be more interested in other arts opportunities (visiting galleries etc)	NO	A little	Yes	Quite a lot	Very much
Has the course made you feel more connected to your Family and friends?	NO	A little	Yes	Quite a lot	Very much
Has the course made you feel you will be interested in doing more art in the future?	NO	A little	Yes	Quite a lot	Very much

Do you feel that taking part has improved your mental health?	NO	A little	Yes	Quite a lot	Very much
If you were looking for a job: Do you think the course would help you?	NO	A little	Yes	Quite a lot	Very much
If you were looking for a job: Do you think the course could give you more confidence to look for work?	NO	A little	Yes	Quite a lot	Very much
Do you think the course has helped you?	NO	A little	Yes	Quite a lot	Very much
Do you think the course has improved your personal wellbeing?	NO	A little	Yes	Quite a lot	Very much
Do you feel less isolated since coming to the sessions?	NO	A little	Yes	Quite a lot	Very much
Would you be interested in joining a new group at the end of the course?	NO		Yes		
Would you like to help set up a members Art group for people who have finished the course?	NO		Yes		
Do you feel you may need to visit your GP less in the future?	NO		Yes		N/A
Please add any other comments you think would be helpful. Thank you					

11.2 Appendix B: Case study interview schedule

All case studies were conducted on the telephone by a Willis Newson researcher. They were asked the following questions:

1. How did you hear about the Arts on Prescription workshops?
2. Why did you decide to attend? What were you hoping to get out of taking part in the sessions? Had you ever done anything similar before?
3. How many have you attended? How did you feel attending the first one?
4. How did they go for you? Did you feel any different attending at the end?
5. Do you feel they have been beneficial?
 - Yes: How?
 - No: Why not?
6. So far, are there any changes you feel that the workshops have encouraged you to make in your life such as:
 - Specific actions
 - How you feel about yourself? (eg, self-confidence)
 - Physical health or lifestyle?
 - New activities?
 - Work or community involvement?
 - Your relationship with others? (family, friends etc)
 - Plans for the future?
 - Anything else?
7. Have there been any significant negative effects for you as a result of attending? If so, what were they?
8. Are you in contact with other support services?
 - Yes: What? (GP, community mental health team etc)
 - Yes: Do you think that these sessions offer anything different?
9. [Be sensitive with this question – gauge carefully before asking] Has attendance at the workshops had any impact on your use of medication (if you use it)? or affected the number of visits you make to your GP or hospital?
10. Do you have any comments on the way in which the sessions were run?
 - Yes: if necessary prompt – Teaching? Content? Venue? Number of sessions?
11. Anything else to add?

11.3 Appendix C: Referrals

Referrer	Number referred
Assessment and Short Term Intervention team (ASTI): a community based assessment and short-term intervention team which supports individuals aged 18 and over, who have a presentation of severe and /or enduring mental illness.	24
CAN - DO MK : local community group for socially isolated people living chaotic lives.	8
Chadwick Lodge : medium secure unit providing specialist treatment programmes for male and female patients who have been detained under the Mental Health Act (1983) and have a history of offending behaviour.	1
Community and Mental Health Team (CMHT)	3
Community Psychiatric Nurse (CPN)	1
East Recovery Team : Milton Keynes Community Health Service based team supporting individuals with a functional mental illness.	2
GP	5
Improving Access to Psychological Therapies (IAPT) : delivered as a partnership between Milton Keynes Community Health Services (MKCHS) and Milton Keynes Council.	4
MK MIND : Independent mental health charity affiliated to MIND the national mental health charity but are self managing and self funding. They offer counselling advice and guidance services.	2
Occupational Therapy	3
RETHINK – Self-managing and self-funding national mental health charity affiliated to MIND. Offer counselling advice and guidance services.	11
West Recovery Team: Milton Keynes Community Health Service based team supporting individuals with a functional mental illness.	2
WW	1
Self-referred	13

11.4 Appendix D: Other sources consulted during literature review

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11.5 Appendix E: September 2012 – April 2013 statistics

In addition to the data presented in the report above, we have also briefly analysed GAD-7 and PHQ-9 data gathered between September 2012 and April 2013 from a further 33 participants in Arts and Prescription workshops. These data have been analysed separately and initial results confirm the headline findings in the report. These are:

- An overall average decrease in scores on the two self-administered measures.
- Greater changes in score for those participants presenting in the Moderately severe and Severe categories.

