

Artlift Wiltshire Move On Groups Final Report March 2017

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Executive Summary

Introduction

This report presents the findings of the Artlift Wiltshire Move on Groups (MoG) evaluation conducted by the University of Gloucestershire between March 2016 and March 2017. The evaluation establishes evidence concerning the role and impact of the MoGs for patients who have ended participation in Artlift and who participate in independent, ongoing, regular art activities.

Evaluation aims

Aim 1: To gain a greater understanding of the sustainability of health and well-being for those patients previously involved with the Artlift programme;

Aim 2: To acquire insight from former Artlift participants who have set up their own art practices and are operating independently in the community.

Methods

The evaluation comprised a mixed methods approach which incorporated a quantitative and qualitative component. The involved focus groups with participants conducted in situ at the location at which the art activities took place (total participants n = 15). A parallel quantitative component assessed participant wellbeing using a standardised wellbeing questionnaire with the same participants via the Warwick Edinburgh Mental Well-Being Scale (WEMWBS) to investigate the impact of participation in art activities.

Findings

The qualitative data suggested that participants experienced a number of **psycho-social outcomes** as a consequence of participating in MoGs which were felt across a number of areas. These were not equal for all, and were important in different ways and for different reasons but compelled participants to keep attending the sessions and to find ways of sustaining them. These overlapping aspects helped develop a greater sense of happiness, independence and confidence.

Participant proactivity, the support of Artlift artists, fundraising and organisational abilities were crucial to the successful creation and **sustainability** of MoGs. Participants shared a strong desire to continue art activities within a group setting. Maintaining social ties, friendships, the therapeutic effects of the activities and a compulsion to fill the void left by Artlift were key drivers of efforts to establish MoGs. These aspects underpinned the creation of vibrant, sociable and integrated MoGs.

The quantitative data indicated that the MoGs helped participants maintain wellbeing over time. A WEMWBS score is considered meaningful where there is a 3 to 8 points difference between pre and post time points. In this instance there was a meaningful difference between:

- i. the initial (i.e. first) Artlift programme pre and post score (an increase of 3.9);
- ii. the re-referral pre and post Artlift score (an increase of 4.5);
- iii. the initial pre Artlift programme score and long term follow up score taken at the MoGs data collection visits (an increase of 4.6).

Recommendations

Recommendation 1: The role of Artlift MoGs should be promoted as a means of supporting previously referred participants to maintain wellbeing over time. The process of joining MoGs should be explored further to avoid issues of exclusivity, selection bias, and barriers that prevent access.

Recommendation 2: Artlift MoGs could be explored as a potential referral activity for practitioners engaged in social prescribing. The social fabric of the MoGs provides both an opportunity and a threat to new participants who have not previously shared the Artlift journey. As such, activities should be undertaken to understand if and how MoGs can be integrated into the wider social prescribing offer so as to both preserve and further enhance the role of MoGs.

Recommendation 3: The MoGs provided a potentially cost effective means of supporting mental health but funding and resources are key challenges to the setting up of MoGs and their long term sustainability. The role of Artlift and its relationship with MoGs should be explored as part of a wider conversation to establish best practice in MoGs with respect to funding and support. Considering local contextual factors it is likely that different operating models will be needed in different MoG areas.

Recommendation 4: The role of the Artlift brand and its relationship with MoGs should be further explored in order to: (1) identify sources of reputational risk; (2) maximise awareness and credibility of the Artlift brand with respect to the benefits it offers participants.

Recommendation 5: Assessments should be made to ensure that all participants continue to derive benefits from the art activities in order to ensure that the activities are appropriate and satisfactory, and that male and female participants' needs and preferences are taken into account. Factors relating to the underrepresentation of certain groups (e.g. BME populations), as well as the potential to address those with specific needs (e.g. new mothers experiencing poor mental health) should be explored to maximise the potential of MoGs to a broad range of participants.



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1.0 Introduction

This report presents the findings progress of the Artlift Wiltshire Move on Groups (MoG) evaluation conducted by the University of Gloucestershire between March 2016 and March 2017. The evaluation comprised a mixed methods approach which incorporated a quantitative and qualitative component. The longitudinal evaluation establishes evidence concerning the role and impact of the MoGs for patients who have ended participation in Artlift and who participate in ongoing and regular art activities.

1.1 Background

In 2007, the Arts Council England advocated for the enhanced use of art programmes as a means to improve health and well-being. As such, the National Health Service (NHS) was encouraged to further engage with art based offerings for patients (Arts Council England, 2007). In response to this call for action, NHS Gloucestershire worked in conjunction to create Artlift, an arts on referral scheme, a primary health intervention where care providers and professionals refer patients to an eight week art programme, usually delivered in a community or primary care setting.

Art Lift is a primary care based art intervention where health professionals refer NHS patients for an eight 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 including: 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, and improve overall wellbeing. The eight week intervention involves attending art sessions delivered by artists working with activities such as words/poetry, ceramics, drawing, mosaics and painting. Sessions are held once a week for two hours and are scheduled around mid-day. Upon programme completion patients can be re-referred by a healthcare professional to access another eight week course.

1.1.1 Evidence for Arts on referral

Depression is the main cause of disability within the UK. (Department of Health, 2011), with associated costs estimated to be £105 billion (Centre for Mental Health, 2010). Social interventions provide a potential means of tackling increased social isolation supporting physical and mental health associated with long term health conditions (Mossabir et al., 2015). The relevance of community-based arts for health improvement has been recognised for some time and extensive literature has shown that arts for health programmes improve depression, anxiety, self-esteem and social integration (Crone et al., 2012a, 2012b; Daykin et al., 2008; Heenan, 2006; Macnaughton, White, & Stacy, 2005; Margrove, Heydinrych, & Secker, 2012; Secker et al., 2007; Spandler et al., 2007; Staricoff, 2004). Participating in art activities with people who have had similar experiences provides a sense of social belonging and a means of finding new social opportunities (Stickley and Hui, 2012). Artlift has demonstrated high completion rates compared to other primary care based health referral programmes such as exercise referral schemes, and has sustained effects on mental wellbeing through the re-referral of patients, key participant benefits including enjoyment, a new interest, improved confidence, distraction, therapeutic effect, and social support (Crone et al., 2012a).

The importance of continuation and sustainability of programmes like Artlift is important to ensure that participants are able to sustain the positive health effects of art activities and prevent the deterioration of wellbeing (van de Venter & Buller, 2014). In addition to improved mental and physical health, and increased social interaction, community arts programmes such as those provided by the MoGs also have a positive impact on health economics through reductions in drug therapy and hospital stays (Fleischer & Grehan, 2016).

1.1.2 Artlift Wiltshire

Starting in August 2014, Artlift piloted an intervention in South East Wiltshire hosted at Whiteparish Surgery. After the successful pilot programme in April 2015, Artlift was able to offer additional courses at Whiteparish Surgery and Salisbury Medical Practice, and in September 2015 at Malmesbury Primary Care Centre and Corsham. In January 2016, sessions began in Tidworth allowing Artlift to deliver the programme in five diverse locations across Wiltshire.

1.1.3 Move On Groups

Patients who have completed Artlift programmes are encouraged to continue with their art activities. Some former attendees have created their own art MoGs or have joined other existing local art programmes. Artlift would like to acquire evidence that will provide insight as to how former patients have set up their own independently operating community art practices, or continued involvement in art elsewhere. Additionally, Artlift would like to gain a greater understanding of the sustainability of health and well-being for previous Artlift patients.

2.0 Methods

Quantitative evaluations alone fail are inadequate for capturing the process and meaning of participation in arts-based referral programmes within the context of people's lives (Goulding, 2014). In order to capture a range of data regarding the MoGs a mixed methods approach was adopted in order to investigate participant perceptions and experiences, and the impact of participating in Move on Group art activities. A qualitative component involved focus groups with participants conducted in situ at the location at which the art activities took place.

A parallel quantitative component assessed participant wellbeing using a standardised questionnaire (Warwick Edinburgh Mental Well-Being Scale (WEMWBS)), to investigate the impact of participation in art activities. This was in order to establish evidence concerning the long term effect of participation via the linking of data from patient records. Whilst the evaluation sought to recruit approximately 30 participants from three surgeries were linked to MoG (Whiteparish, Salisbury and Tidworth), due to practical issues data were ultimately collected from Salisbury and Corsham MoGs. Data for each evaluation component were collected at the same.

Evaluation aims:

Aim 1: To gain a greater understanding of the sustainability of health and well-being for those patients previously involved with the Artlift programme;

Aim 2: To acquire insight from former Artlift participants who have set up their own art practices and are operating independently in the community.

2.1 Procedures

2.1.1 Qualitative methods

Focus groups were used to explore participants' experiences and perceptions of the MoGs. For the Salisbury MoG, two focus groups were held with patients who had previously been involved with Artlift for two sessions or more (referred and re-referred) from Whiteparish and Salisbury surgeries. These were held in conjunction with an art celebration event at the Salisbury Art Centre on 2nd March 2016.

The first group (participants n=3) was made up of three participants who were former members of the Artlift group based in Salisbury. These group members had completed two referrals but were not yet part of a MoG. The second group (participants n=6) included participants and a GP practice manager. The focus groups lasted approximately 15-40 minutes. All participants completed informed consent forms. For the Corsham MoG, a focus group was conducted with participants (n = 7) during a weekly art session (2nd April, 2017).

Data were collected via a semi-structured questionnaire (Appendix A) that explored various aspects of participation in addition to topics that participants raised as important to them. Focus groups were recorded and transcribed verbatim, all participant names being replaced with pseudonyms to ensure confidentiality and anonymity. Data were analysed using inductive thematic analysis (Braun & Clarke, 2006) in order to unpack the data via an iterative process in which broad categories of data were refined into distinct conceptual themes that represented what was going on in the data.

2.1.2 Quantitative methods

All participants who participated in the focus groups and who had completed informed consent forms were invited to complete a WEMWBS questionnaire (Appendix B). Data were matched, based on date of birth and post code (see Appendix C) with patient data containing historical responses to the identical questionnaire recorded previously when participants were engaged in Artlift activities via the patient referral route.

Scores for each participant were calculated and descriptively analysed in comparison to the previous scores (initial referral pre (week 1) and post scores (week 8/10) of first 8 or 10 weeks of Artlift, and re-referral pre (week 1), and post scores (week 8/10) of an additional 8 or 10 weeks of Artlift). A WEMWBS score is considered meaningful where there is a 3 to 8 points difference between pre and post time measures.

2.1.3 Ethical considerations

All procedures will comply with University of Gloucestershire and NHS Ethics guidelines. Participant anonymity and confidentiality were assured through the University's ICT security system and all paper-based information was stored in a locked filing cabinet with a locked office of the lead researcher.

3.0 Findings

This section provides an overview of the findings for the qualitative and quantitative components of the evaluation. It is divided into two sections, the first looking at the qualitative data.

3.1 Qualitative findings

3.1.1 Participant profile

A total of 15 former Artlift patients attending MoGs took part in the focus groups (Salisbury n = 8; Corsham n = 7). The Salisbury participants were all female except one and ranged in age from 39 to 84 years old (Mean Age = 57.3, SD¹ = 15.71). Two of the seven Corsham participants were male and the group ranged in age from 55 to 75 years old (Mean Age = 66.2, SD = 9.10). All participants were White British.

The remainder of this section unpacks the qualitative data via two interrelated themes that emerged through the analysis of data helped to explain participant perceptions and experiences concerning their participation in the MoGs. An overview of the themes is presented in Tables 1 and 2 (pages 8 and 9).

3.1.2 Participant outcomes

'I went in ... feeling like I really didn't want to do anything arty at all, just being with people, and I made coffee, I was feeling quite low. Just going in and watching everybody, I felt, I think I knew my spirits would lift'

The first theme **Participant Outcomes** relates to the impact of MoGs for those taking part and included a number of subthemes. These highlight the importance of MoGs with respect to assisting participants to feel happier, less isolated, and more confident (Table 1).

The subtheme **Friendship** related to a principal outcome where enduring and meaningful relationships between MoG participants had formed. These had evolved throughout the referral process and were an important motivating factor continued participation. These relationships were characterised by a sense of mutuality and trust that stemmed from the implicit adversity that participants had, and to some extent still were, experiencing in their lives. Friendships provided participants with a source of support when they did not feel well, sometimes via a simple phone call, and opportunities to engage in other social activities.

Meeting people each week gave participants something to look forward to and in some respects was the highlight of their week, providing a crucial focus of enjoyment and social interaction. These friendships provided an important support mechanism which helped participants cope with challenging aspects of their lives for example, acting as carers and experiencing bereavement, and in doing so alleviated the negative aspects of these challenges. This seemed particularly valued by female participants although it was difficult to make meaningful comparisons with their male counterparts due to there being less of them and the inability to explore their perceptions individually and away from the group.

Related to friendship, **Reduced Isolation** concerned the sense that participants felt more connected to others and part of something fun, meaningful and engaging. This was in

¹ SD denotes Standard Deviation which expresses the amount of variation, or dispersion, of a set of data values around a mean score.

contrast to previous perceptions where participants felt lonely and in some respects cut off from people around them because of their mental health. MoG activities provided structure and routine which provided a focus for their week with respect to planning to go out and what to do in the sessions. **Achievement** related to the specific creative process of producing pieces of art (in whatever form). This provided an opportunity to become engrossed in an activity that focused participant's minds and actions. The artwork provided tangible evidence of these efforts and it was rewarding to see work evolve over time as part of a broader portfolio in which participants kept their work. Sharing this work with other participants, friends, family and others was rewarding and instilled a sense of control, satisfaction and pride.

As within previous Artlift evaluations, **Reduced Medication** highlighted the powerful effect of participation with respect to a reduction, and cessation, of drug therapies to cope with mental health issues. Discussions with health professionals e.g. GP surgery staff and Health Trainers was important in understanding the therapeutic effects of art and the effect on participant's mental health.

Improvements in mental health were related to the subtheme **Reconnection** which related to perceived improvements in personal outlook that came about through continued participation in MoG activities. These improvements provided some participants with the confidence to explore other opportunities to engage in other activities and feel better about themselves. For example, some felt better able to get out and about and meet other people while others had started new activities, such as swimming, as a means of improving their health.

3.1.3 Sustainability

'The artist is the lynchpin, he's there every week. It's vital, it's really important he is around because we can use his advice, we can get materials'

The second theme **Sustainability** related to the ability and potential of the MoGs to maintain art opportunities in the long term and included aspects relating to resources and external support (Table 2).

The two subthemes **Resources** and **External Support** highlighted a number of interrelated aspects which are important to the sustainability of MoGs. **Resources** concerned the means by which MoG activities could be sustained and related not only to finances and tangible things like materials and appropriate space, but the motivation, organisational and problem solving skills of participants. Participants clearly attributed a great deal of importance to need to continue art activities and it required the efforts of a small number to crystallise this belief into a meaningful course of action. The ability to raise funds was fundamental and MoGs used subs, art sales, and small grants to fund the activities; room hire being the greatest expense. Use of community resources provided added benefits for example, access to a cafeteria, other leisure opportunities, and library services (to support art activities). Efficient purchasing of materials i.e. at discounted rates, ensured funds were used effectively.

External Support concerned the inputs provided by artists, practice staff and other professionals. This was essential in the early stages of establishing the MoGs with respect to advice on how to establish a community group, and longer term with respect to technical and moral support. This helped reinforce individual and group skills and competencies which provided a source of ongoing motivation.

Of particular importance was access to the professional artist's skills, knowledge, and information regarding the sourcing of MoG art equipment and materials. Despite having keen interests in their activities the participants did not necessarily perceive themselves as artists *per se* and relied upon the artists for guidance and support with respect to techniques and appropriate materials.

This relationship seemed to extend beyond the tangible support provided by the artists (i.e. materials), also symbolising the journey that participants had taken and the strong bond they felt with the Artlift project. This underlined the essential role of the artist to the long term sustainability of the MoGs. It also appeared that participants proudly perceived themselves as Artlift participants despite having completed the referral programme and continued to identify strongly with the Artlift brand. This fostered the sense that MoGs were part of a wider and multifaceted Artlift community that included a range of professionals and other MoG participants.

Table 1: Participant Outcomes

Description	Example quotations
<p>Participants described a number of outcomes as a consequence of participating in MoGs which were felt across a number of psycho-social areas. These were not equal for all, and were important in different ways and for different reasons but compelled participants to keep attending the sessions.</p> <p>These aspects were interrelated and helped develop a greater sense of happiness, independence and confidence.</p>	
<ol style="list-style-type: none"> 1. Friendship - Participants shared common bonds through their interests in art and acknowledgment that they had experienced some sort of mental health issue. Many faced similar challenges (i.e. as carers; living with depression), and supported each other outside of MoGs for example, meeting socially and doing things together. 2. Reduced isolation - The activities provided a focal point for social interaction which for many was an important reason for getting out and about. Although not all participants stated that MoGs directly improved their physical and emotional health, the sessions added structure and an opportunity to meet with friends. For some, this was the only occasion on which they met socially with others. This alleviated boredom and loneliness. 3. Achievement - The process of producing pieces of art provided participants with tangible outcomes that could be shared and saved within a portfolio. This demonstrated progress over time and instilled a sense of control and ability to channel one's thoughts. 4. Reduced medication - The therapeutic effects of the activities were widely recognised and in some cases helped participants reduce their reliance on drug therapies to help them with mental health issues they were experiencing. 5. Reconnection - For some, the change in personal outlook derived through continued participation in MoG activities provided participants with the confidence to explore other opportunities to feel better about themselves by improving lifestyles for example by swimming regularly and reducing negative health behaviours (e.g. smoking). 	<p><i>'When you're ill you lose a lot of friends; they abandon you, say "sorry, I can't do that". In a group like this you're just accepted, that's a big difference'.</i></p> <p><i>'This is my social life. I'm stuck at home alone in my flat most of the time and I've got depression. This gives me something to look forward to'.</i></p> <p><i>'I felt it helped with my medical condition. I wasn't going to see the doctor, I was coming here, this was my medication ... [my depression] was quite severe ... I haven't seen him for about a year, now'.</i></p> <p><i>'We do different things too; I go to WI, I meet with different groups'.</i></p> <p><i>'I've been meaning to swim for 3 or 4 years. But now I go every week after art which is mega amazing!'</i></p>

Table 2: Sustainability

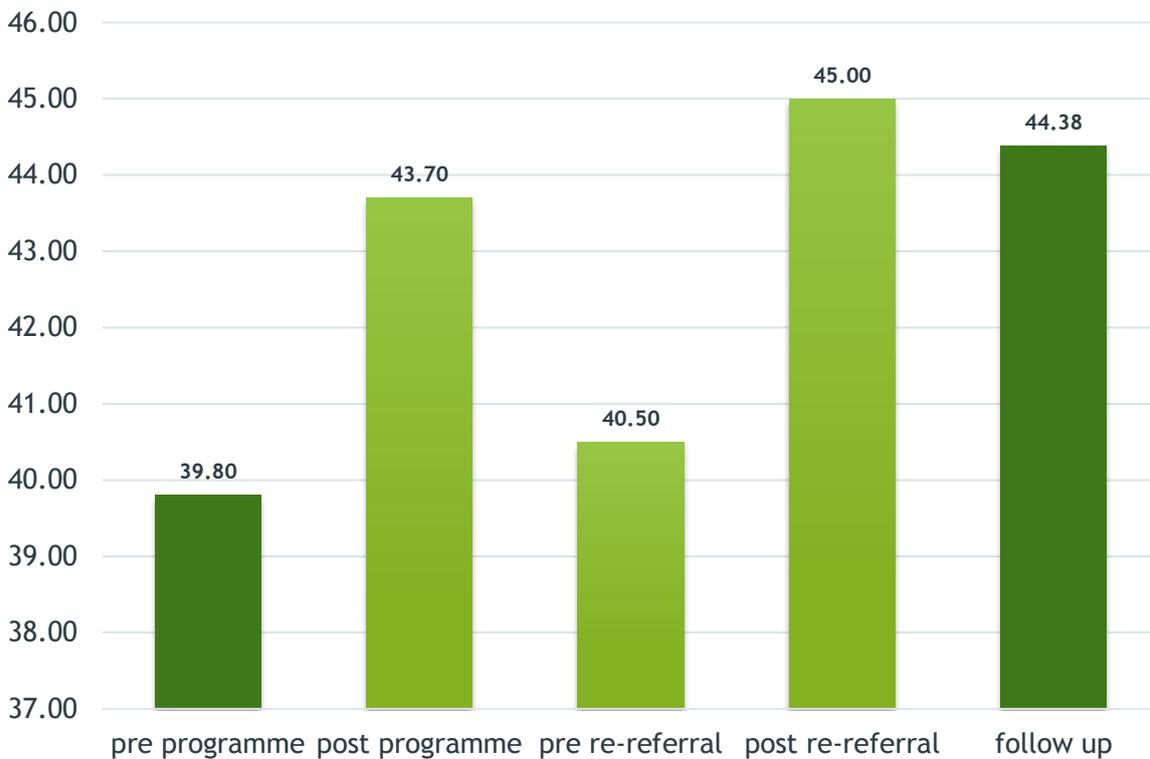
Description	Example quotations
<p>Participant proactivity, the support of Artlift artists, fundraising and organisational abilities were crucial to the successful creation and sustainability of MoGs. Participants shared a strong desire to continue art activities within a group setting. Maintaining social ties, friendships, the therapeutic effects of the activities and a compulsion to fill the void left by Artlift were key drivers of efforts to establish MoGs.</p> <p>These aspects underpinned the creation of vibrant, sociable and integrated MoGs.</p>	
<p>1. Resources - Establishing and sustaining MoGs presented challenges of finding money, problem-solving, funding suitable accommodation, and ensuring each participant had access to the materials they required. Participants paid subs in both MoGs (in differing formats i.e. weekly, annually) while the more established group had also sold crafts and cards to raise funds. Creative thinking helped overcome early challenges of covering fees for room rental which included hosting MoGs at participants' homes to save costs whilst ensuring the sociable and therapeutic aspects were maintained.</p> <p>The organisational and problem-solving skills needed to make the MoGs a reality demonstrated a high degree of participant ownership and commitment.</p> <p>2. External support - The sustained relationship with the artist practitioner provided access to advice and materials. It also provided a sense of reassurance with respect maintaining a direct link to Artlift, with which participants maintained a strong bond. Running the MoGs at the same time and venue as the Artlift group appeared to demonstrate the essential connection between Artlift and MoGs. Without artists' support it is unlikely the MoGs would have been viable.</p> <p>Practice managers also played a significant role in supporting the participants with respect to advice on funding sources, bank accounts and financial planning. In Corsham, the Health Trainer provided moral support and motivation which reassured participants. Combined, these aspects provided a safety net that allowed participants to develop MoGs that reflected their needs and preferences.</p>	<p><i>'We were given a block of 10, then a holiday, and then given another block of 10 and then we all felt dropped and didn't know what to do'.</i></p> <p><i>'It's mainly covering the cost of the hall ... you need to cover the costs of materials. Because we are not just water-colours, we try to bring in other things-arts and crafts as well, you have to try and it's not perfect by any means and stuff that we have is basic ... Brushes are quite cheap and things like that, but it is a start...'</i></p> <p><i>'I looked into renting the room out next door and asked the other people who were on the group, and with help from the practice manager and the artist ... I started up the group, I booked a couple of days or hours at the same time as the other group in the adjacent room, so we were actually separate, but I felt that I had backup if you'd like, from the original group...'</i></p>

3.2 Quantitative findings

3.2.1 Wellbeing over time

- Based on the WEMWBS questionnaire data, the initial mean (i.e. average) pre programme wellbeing score was 39.80 (SD = 12.80), and the mean post programme (i.e. after the first completion) score was 43.70 (SD = 15.33), an increase of 3.9.
- Using the available data for those who were re-referred onto the Artlift programme (n = 8 participants), it was evident that pre-programme well-being pre scores dipped slightly to 40.50 (SD = 12.78) but then increased at completion to 45.00 (SD = 13.32), an increase of 4.5.
- The mean follow-up well-being score remained fairly stable 44.38 (SD = 12.78) though had slightly dropped from post re-referral score (see Figure 1).
- A WEMWBS score is considered meaningful where there is a 3 to 8 points difference between pre and post time points. In this instance there was a meaningful difference between:
 - a. the initial programme pre and post score (an increase of 3.9);
 - b. the re-referral pre and post score (an increase of 4.5);
 - c. the initial pre programme score and long term follow up score taken at the MoGs data collection visits by the evaluation team (an increase of 4.58).

Figure 1: Mean WEMWBS scores over time



4.0 Conclusions and Recommendations

This section draws together the findings presented in this report in order to develop a set of summative conclusions and recommendations. It is broken down into two sections.

4.1 Conclusions

1. The MoGs provided an important means of maintaining participant wellbeing via a number of overlapping factors including friendship, reduced isolation, a sense of achievement, reduced medication and feeling reconnected with the self, other people and places. This builds on previous research concerning the impact of arts on referral programmes and demonstrates the potential of continued participation in terms of helping participants feel better about themselves in the long term and dealing with mental health challenges. However, the role of MoGs (and Artlift more widely) is yet to be understood with respect to supporting the mental health of other population groups (for example, new mums, BME).
2. While the art activities were important with respect to the distraction, learning and application of skills, concentration and tangible outputs, the social element of the sessions was as, if not more, important for those taking part. This particularly important for female participants but we were not able to explore differences between male and female participants in detail. The MoGs provided a focal point for the week and gave participants something to look forward to. For some, this opened up social opportunities beyond the MoG sessions.
3. There was a strong and unequivocal sense of ‘Artlift’ identity whereby participants felt a strong sense of connection regarding where they had come from with respect to the Artlift journey. Participants were very proud about Artlift and were keen to talk about its benefits. This bond was a fundamental aspect of the MoGs and provided the basis on which the groups were organised and run, participants in some respects acting as ‘brand ambassadors’.
4. External support was critical to both the creation and sustainability of the MoGs. Help and advice from GPs, Health Trainers and other professionals (e.g. Council staff) had a catalytic effect with respect to facilitating and coordinating the actions of key MoG participants, without which the groups would unlikely have been set up. Longer term, relationships with external supporters provided reassurance, tips and advice, and access to useful resources which was important for helping participants identifying ways of sustaining the financial viability of the MoGs.

4.2 Recommendations

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Recommendation 2: Artlift MoGs could be explored as a potential referral activity for practitioners engaged in social prescribing. The social fabric of the MoGs provides both an opportunity and a threat to new participants who have not previously shared the Artlift journey. As such, activities should be undertaken to understand if and how MoGs can be integrated into the wider social prescribing offer so as to both preserve and further enhance the role of MoGs.

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5.0 References

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6.0 Appendices

Appendix A: Focus Group / Group Interview Schedule

1. Please can you tell us about the Move on Group you took part in, what kind of arts you did, where it was, etc.?
2. How did you come to take part in the Move on Group?
3. Can you describe how you learned about the Move on Group?
4. Before you started, what were you expecting the Move on Group might provide you with?
5. How has it actually been - have there been any surprises? (or disappointments - explain)
6. What have you liked the most? What's been most beneficial?
Follow-up question: Why did you like that? Why is that important to you?
7. Has there been anything you haven't liked?
Follow-up question: Why didn't you like that? Did that affect you in any way?
8. Participants' experience and any learning around setting up/sustaining a move on group
9. Following your involvement, do you feel the Move on Group has affected you in any way?
 - Physically?
 - Emotionally?
 - Socially?
10. Before you started the Move on Group what were your overall perceptions of art and art activities?
11. Do you think your opinion has changed? How do you see yourself now? Do you see yourself as someone who takes part in arts activities or as an artist? Why do you think that? How does that make you feel?
12. What does it mean to you, to do arts? Why is that?
13. Do any of you take part in other arts activities?
 - Have you always done this sort of activity?
 - If you were doing it already, how did you come to do this particular activity? Why?
 - OR Is this something you do as a result of taking part in Artlift?
14. Have you taken on any additional activities outside of art based programmes? Provide examples? If yes, what are these?
15. Is there anything specific you can think of that would improve the Move on Groups, i.e. something that could be done differently? Changed? Something additional?
16. Could you give us four words or a sentence to sum up what being involved with a move on group has meant to you?
17. Is there anything further that comes to mind that you would like to share that we have not covered?

Appendix B: Warwick Edinburgh Mental Well-Being Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks.

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

The development of Warwick-Edinburgh Mental Well-being scale was funded by the Scottish Executive National Programme for improving mental health and well-being, commissioned by NHS Health Scotland and developed by Warwick University and Edinburgh University. It is jointly owned by NHS Scotland, Warwick University and Edinburgh University.

Appendix C: Demographic and Participation Information Sheet

Gloucestershire Artlift Follow-Up

To help us learn more about what art activities you have been participating in since completing Artlift please provide the following details below:

1. How many months has it been since your completion of the Artlift programme? _____
2. In what location are you participating in Move On Group events?
 - _____
 - I don't attend a Move On Group (please next answer question 4)
3. How many months have you been attending the Move On Group sessions? _____
4. If you are not attending a Move on Group, are you still participating in art activities? Yes No If yes, for how many months? _____
5. What is your date of birth (e.g., 03/10/1964)? _____
6. What is your gender?
 - Female Male
7. What is your postcode? _____
8. Employment- I currently am:
 - Full-time employed Part-time employed Unemployed
 - Retired In education
9. How would you describe your ethnic origin?

<input type="checkbox"/> Asian or Asian British-Bangladeshi	<input type="checkbox"/> Mixed White and Asian
<input type="checkbox"/> Asian or Asian British-Indian	<input type="checkbox"/> Mixed White and Black African
<input type="checkbox"/> Asian or Asian British-Pakistani	<input type="checkbox"/> Mixed White and Black Caribbean
<input type="checkbox"/> Asian or Asian British-Any other Asian Origin	<input type="checkbox"/> Mixed-Any other mixed background
<input type="checkbox"/> Black or Black British-African	<input type="checkbox"/> White British
<input type="checkbox"/> Black or Black British-Caribbean	<input type="checkbox"/> White Irish
<input type="checkbox"/> Black or Black British-Any other Black Origin	<input type="checkbox"/> White-Any other white background
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other (please state) _____