

Evaluation of Art-Lift: A Partnership Arts and Health Project

Final Report



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CONTENTS

Acknowledgements	2
1. Main Messages	3
2. Executive Summary	4
2.1 Background and Evaluation Approach	4
2.2 Evaluation Results	4
2.3 Conclusions	5
3. Research Challenges and Implications	6
4. Context	8
4.1 The Art-Lift Project	8
4.2 Evaluation Aims and Objectives	8
5. Evaluation Approach and Methodology	9
5.1 Quantitative Data Collection and Analysis	9
5.2 Qualitative Data Collection and Analysis	9
6. Summary Results from the Quantitative Analysis	10
7. Summary Results from the Qualitative Analysis	12
7.1 Results from the Patient Focus Groups	12
7.2 Artists' Experience and Feedback	13
7.3 Summary of The Interviews with Health Professionals	14
8. Disseminating the Research	16
9. Appendices	17

Appendices:

1. Report on the Quantitative Analysis
2. Report of the Patient Focus Groups
3. Report of the Artist Focus Groups
4. Report of the Health Professionals' Accounts

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Professor Norma Daykin, Dr Stuart McClean and Dr Paul Pilkington
(University of the West of England, Bristol)
Dr Simon Opher (Gloucestershire GP)
Thrisha Haldar (Art-Lift Project Co-Ordinator)
Helen Owen (Gloucestershire County Council)
Gordon Scott (Director of Prema Arts, Uley)

The evaluation could not have been possible without the efforts of Thrisha Haldar, who took on a number of challenging evaluation tasks in addition to her role as project co-ordinator. Nor could it have been completed without the Art-Lift artists who were vigilant in their collection of data and provided valuable knowledge and insights as the project developed. We are grateful to the patients and health professionals who gave their time to attend focus groups and interviews. Thanks are also due to Emma Griffin, Leigh Taylor, Jan Green, Celia Almeida, Jane Wathen and other UWE staff who supported the evaluation and helped to produce this report.

1. MAIN MESSAGES

- The Art-Lift project evaluation highlights :
- The positive contribution that art and artists can make to healthcare settings, enhancing healing environments and contributing to cultural change.
- The challenges of researching arts and health in real world settings. It also highlights the value of a mixed methods approach, allowing triangulation of results from different aspects and reinforcing the reliability of the results.
- Participation in projects like the Art-Lift project may help to reduce anxiety and depression in some patients. Further research is needed on clinical outcomes associated with arts projects.
- Further research is needed on the impact of participation in projects such as Art-Lift on consultations for medically unexplained conditions. GPs taking part in the study observed a reduction in these and noted changes in patients with these particular conditions.
- Arts interventions do not necessarily aim to produce clinical effects. The findings also point to broader impacts of arts activity identified by patients, health professionals and artists, such as supporting patients who are coping with chronic illness and with difficult circumstances such as bereavement. Arts can also provide a resource for health professionals who are challenged to offer suitable responses to problems that are not directly medical.
- The unique benefits offered by 'safe' health care settings, particularly GP practices, as a focus of arts activity for patients with these particular needs.
- Key issues in relation to the training and supervision of artists in healthcare, who need to be adaptable, able to respond flexibly to a number of challenges including organisational systems, interprofessional working and evidence based healthcare.
- Additional demands are made on project staff when research and evaluation processes are integrated into project delivery. While formal evaluation is needed in order to build the evidence base for arts and health care, this needs to be adequately resourced, well supported and effectively managed.

2. EXECUTIVE SUMMARY

2.1 Background and Evaluation Approach

The evaluation of Art-Lift was advised by Professor Norma Daykin, Dr Paul Pilkington and Dr Stuart McClean from UWE, Bristol. The role of the UWE team was to help develop an approach to evaluation that was robust given available resources and to ensure that the evaluation reflected ethical principles such as confidentiality and informed consent.

A mixed methods approach was used, with the UWE team undertaking:

- Independent analysis of Patient Hospital Anxiety and Depression (HAD) forms collected by artists in GP surgeries.
- Independent qualitative data collection and analysis (focus groups and interviews with patients, artists and health professionals).
- Analysis of project documents including artists' feedback forms.

2.2 Evaluation Results

HAD scores

There were approximately 90 GP referrals and post project HAD scores were available from 35 patients. HAD scores are assigned to be “normal”, “borderline” or “significant”, with significant being a significant case of psychiatric morbidity (the clinical term for illness).

In relation to anxiety:

- 61% (20 people) rated as “significant” at the start of the programme.
- 36% (9 people) rated as “significant” at the end of the programme.

In relation to depression:

- 27% (9 people) rated as “significant” at the start of the programme.
- 17% (4 people) rated as “significant” at the end of the programme.

These positive results warrant further research. A larger sample, random allocation to intervention and control groups and tracking of individuals would help to assess whether the changes are the result of the activity.

Results from the patient focus groups

Thirteen GP patients from 6 of the residencies took part in focus groups. Their accounts reveal the role of Art-Lift in supporting patients with minor to moderate mental health conditions, as well as those facing situations such as bereavement and isolation. They suggest:

- Health and personal benefits of art.
- Positive impacts of the group process.
- A preference among patients for art activity in healthcare as opposed to community settings, with GP settings distinguished as ‘safe’, offering peer support and mutual understanding.

Results from the artist focus groups

Fourteen artists took part in focus groups. Their accounts highlight the importance of training and supervision; some organisational challenges, such as recruiting patients; and the particular experiences of hospital artists. They reveal the need for artists to respond flexibly to these challenges and they suggest that artists contributed tangibly to sustainability and cultural change within the healthcare settings.

Results from the interviews with health professionals (GPs and practice managers)

There were six telephone interviews with GPs and practice managers. While acknowledging the need for further research, this group gave positive accounts of Art-Lift, emphasising

- Health, personal and social benefits to patients.
- The challenges of introducing art activity into healthcare settings.
- The desire among some professionals to be more closely involved, for example, in the selection of artists or art forms for their patients.
- The way in which healthcare environments were enhanced by the presence of art activity and artwork.
- Observed reductions in consultations for medically unexplained conditions among Art-Lift participants
- Observed changes in patients with these particular conditions.

I believe there's been a reduction in the number of attendances by those ... patients in to see me while they've been involved in the arts project.

(GP)

... it's simply the fact that I seem to see them less and then when I do see them they seem to be a lot brighter and happier in themselves

(GP)

2.3 Conclusions

- Participation in Art-Lift resulted in identified health, personal and social benefits for particular groups of patients.
- GP practices offered unique benefits to patients taking up arts activity.
- While the project took longer than was anticipated to be established, the presence of artists contributing to an identified process of cultural change in most of the settings.
- Evidence of sustainability of the project was found, with over half of the health care organisations reporting a commitment to fundraising in order to continue the arts activity.

3. RESEARCH CHALLENGES AND IMPLICATIONS.

Whilst Art-Lift highlights the challenges of researching arts and health in real world settings, it also demonstrates that rigorous evaluation can be integrated into project delivery. In Art-Lift, we addressed these challenges by using a mixed methods approach, allowing triangulation of results from different aspects and reinforcing the reliability of the results.

The challenges associated with evaluation are documented in the report. For quantitative evaluation, the randomised control trial is generally accepted as the 'gold standard' for evidence based health care. This research design is, however, unfeasible for many local arts projects which involve relatively small numbers of people and are driven by broad aims rather than seeking to deliver clinical improvements. Nevertheless, quantitative data can form a useful part of a broader picture. While the findings from the evaluation pre and post test HAD scores should be treated with caution, they do indicate that participation in the Art-Lift project helped to reduce anxiety and depression in some patients.

This finding was reinforced by the qualitative data, which also explored the breadth of the impact of the Art-Lift project beyond clinical outcomes. Patients, health professionals and artists all identified a similar range of health, personal and social benefits of taking part in arts activity. The project offered a resource to patients that helped them cope with illness as well as deal with difficult situations. These problems take up a significant amount of GPs' time yet they are not necessarily amenable to medical solutions. Hence the Art-Lift project provided an important resource for health professionals of a type that is not currently routinely available.

The evaluation also identified the unique benefits offered by health care settings, particularly GP practices, as a focus of arts activity for patients with these particular needs. These settings were generally perceived as offering a valued 'safe' space, and this positive perception allowed patients and artists to overcome the challenges of delivering arts activity in buildings and with facilities not easily adaptable for this purpose.

The evaluation also reveals the high level of commitment and adaptability that is required of artists working on health care settings with which they may be unfamiliar. The study highlights some key issues in relation to the training and supervision of artists in healthcare, particularly those working in sensitive or difficult areas with patients with complex needs. First, the organisational challenges that the artists faced reveal that a range of skills are needed for this work beyond those of arts practice. Having a broader knowledge of the context of healthcare settings as well as strategies for interprofessional working might help artists to more quickly adapt to these settings.

The project also highlights the additional challenges faced by artists who engage in formal evaluation and research, increasingly a requirement for many professionals involved in health care delivery. Artists wishing to work regularly in health care settings might benefit from knowledge and

understanding of research processes as well as ethical principles including informed consent and confidentiality.

The findings from this study indicate a need for further research, both on clinical outcomes and the cultural impact of arts in healthcare. A key implication of this relates to project management, in particular, the additional demands made on project staff when research and evaluation processes are integrated into project delivery. For example, the time, resources and expertise needed to guide projects through the NHS ethics and research governance procedures, which exist to protect project participants from harm and to underline their entitlements in areas such as confidentiality, should not be underestimated. While formal evaluation is needed in order to build the evidence base for arts and health care, this needs to be adequately resourced and effectively managed.

In the Art-Lift project evaluation, high levels of commitment and goodwill from the artists, project managers and researchers enabled the team to deliver an ambitious protocol. The project demonstrates the positive contribution that art and artists can make to healthcare settings, enhancing healing environments and contributing to cultural change.

4. CONTEXT

4.1 The Art-Lift Project

Art-Lift is a partnership project between Gloucestershire local authorities Arts Advisory Group, the Gloucestershire Primary Care Trusts, 6 Gloucestershire arts venues, Dursley GP Dr Simon Opher, Arts in Trust and other arts and medical professionals from within the county. It was funded principally by Arts Council England, South West. The project created 15 artists residencies in three different types of healthcare settings; primary (GP surgeries), acute (Hospital settings) and mental health, with artists drawn from a range of forms including pottery; painting; poetry and literature; and other arts.

A key aim of the project was to provide evidence to make a case for long term funding for Arts and Health work in Gloucestershire, the South West and beyond. To this end, this independent evaluation was commissioned by Arts Council England SW and Gloucestershire County Council.

4.2 Evaluation Aims and Objectives

Evaluation Aims

The evaluation was guided by three main aims:

1. To examine the effects of the artist residencies on patient attendance figures.
2. To examine the impact of the arts on health and wellbeing, including anxiety.
3. To explore patients' subjective experiences of the project.

Evaluation Strategy

The evaluation was a collaborative process involving the Art-Lift Team, including artists, in data collection. The evaluation was overseen by UWE colleagues, who collected primary data and also provided independent analysis of evidence collected by the Art-Lift team. Professor Norma Daykin led the UWE team, with Dr Paul Pilkington providing expertise on questionnaire design and analysis, and Dr Stuart McClean supporting the collection and analysis of the qualitative data.

5. EVALUATION APPROACH AND METHODOLOGY

The evaluation was embedded in the project. The evaluation team attended key meetings, including artists' induction and review meetings, in order to capture views, explore evaluation issues as they arose and were perceived by key staff, and to support the ongoing evaluation process.

Ethics approval for the project was obtained from the NHS and from UWE. The UWE team guided this process, drafting the required documents including consent forms, information sheets and project protocol.

5.1 Quantitative Data Collection and Analysis

Because of the complex requirements of collection and analysis of data from NHS patients, including requirements of ethics approval and research governance, this part of the project was restricted to the GP patients within the Gloucester Primary Care Trust (GP patients).

A validated questionnaire (the Hospital Anxiety and Depression Scale) was used for the quantitative data collection and analysis. It was envisaged that questionnaires would be completed by participants at three points: during the first session, at mid point (10 weeks) and at the end of the programme. The questionnaires were distributed and collected by the artists. The UWE team supported this process, and considerable time was spent during the artists' induction session to ensuring systematic procedures for questionnaire distribution and collection. The data were analysed by the UWE team using the software SPSS. Further details on the methods can be found in Appendix 2 at the end of this report.

5.2 Qualitative Data Collection and Analysis

Focus groups and interviews were undertaken with participants from the primary care settings and hospitals in order to gather qualitative evidence relating to the impact of the arts programme and experiences of participation. Three focus groups were undertaken with patients from the primary care setting and hospitals. A total of thirteen patients from 6 different settings attended these groups. Two focus groups were undertaken with artists, one for hospital artists and the other for those working in GP settings. A total of fourteen artists attended the focus groups. Semi-structured telephone interviews were conducted with six GPs and GP practice managers. The focus groups and interviews were undertaken by the UWE team, who recorded the discussions verbatim, transcribed the data and analysed them using a grounded approach, assisted by the computer software NVivo.

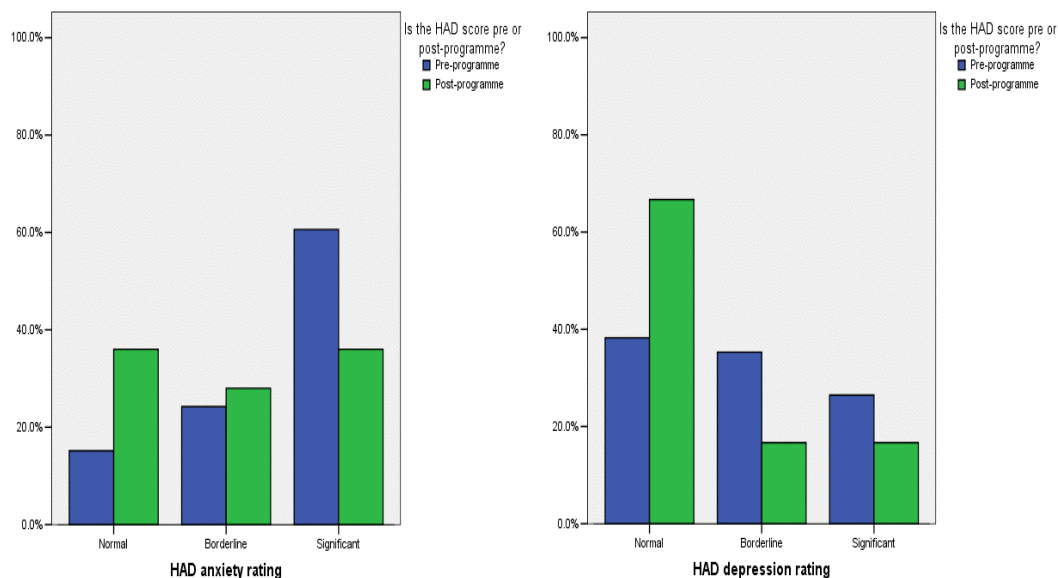
6. SUMMARY RESULTS FROM THE QUANTITATIVE ANALYSIS

There were approximately 90 GP referrals to the Art-Lift programme across the Gloucester PCT area. From these, 35 pre-programme and 36 post-programme HADS forms were returned by the artists to UWE for analysis. 23 HADS forms were returned unmarked, meaning that it was not possible to assign them to a programme stage. A small number of mid-programme forms were also returned. However it was decided not to include these in the analysis, due to the small numbers.

There were reductions in the proportion of participants with significant levels of depression and anxiety (Table 1 and Table 2) from pre-programme to post-programme.

Table 1: Pre and –Post Programme Anxiety Scores

Table 2: Pre and –Post programme Depression Scores



In terms of anxiety, 61% (20 people) were rated as “significant” at the start of the programme, compared with 36% (9 people) rated as “significant” at the end of the programme (Table 1). Caution must be taken when interpreting these results, due to the small numbers involved and the inability to determine whether those completing the HADS forms pre-programme were the same as those completing forms post-programme.

In relation to depression, 27% (9 people) were rated as “significant” at the start of the programme, while 17% (4 people) were rated as “significant” at the end of the programme (Table 2). Again, caution must be taken when interpreting this result, for the reasons given above.

There were statistically significant pre to post programme changes in a number of the individual components of the HADS. Participants reported improved scores on; feeling tense and wound up, enjoying the things they used to enjoy, having frightened feelings, laughing and seeing the funny side of things, worrying about things, feeling cheerful, ability to sit at ease and feel relaxed, and having sudden feelings of panic. However, as numbers were small it is not sensible to make strong conclusions from these results.

There are various strengths and weaknesses of the quantitative analysis, and these are outlined in Appendix 1 at the end of this report.

7. SUMMARY RESULTS FROM THE QUALITATIVE ANALYSIS

7.1 Results from the Patient Focus Groups

This section summarises the accounts of thirteen patients from 6 different healthcare settings who attended three focus groups.

Participants were referred to Art-Lift for a range of reasons, although many were experiencing conditions such as depression triggered by bereavement, social isolation, or other problems arising from chronic illness.

Some of the participants felt that they had tried everything that their GP could offer to help with their condition. Art activity was not something they would have considered until it was suggested by a health professional, but there was a general sense that they would 'give anything a try'.

Participants' prior experiences of art varied widely, from those with some formal training to those with no experience of art activity at all since their school days. Unfamiliarity with art processes did not appear to serve as a barrier to participation, and was in some cases seen as an advantage.

Practical difficulties, health problems and loss of motivation all made attending the sessions challenging for some participants.

Participant's experiences of the project varied, and most identified benefits from it. Motivation was a key issue for many participants. The project helped them to taking part in regular activity and this was an important step for many. Routine emerged as another key issue, with the sessions often providing a valued structure to the week.

Some depressed participants found that the arts activity stimulated or reinvigorated their interest in the world. This process of re-engagement extended into other areas of life such as hobbies and activities.

The group process provided support and reinforced participants' confidence and identities, emphasising sharing and valuing each other rather than on the quality of the artistic product. For some participants, the sessions stimulated a wider sense of identity and supported relationships beyond the group, for example within their families and communities.

The majority of health benefits described were indirect, for example, art was seen as offering a distraction from problems, the opportunity to 'take yourself out of things'.

For many patients, the Art-Lift project provided opportunities to feel a sense of pride and personal achievement. Participants were often pleasantly surprised with the way their finished work looked. Not all of these participants emphasised achievement or learning new skills. For some, achievement seemed less important than other aspects of the activity, such as enjoyment and 'doing something for yourself'.

Some participants found some of the art activities challenging, although the artists were described as dealing with these issues sensitively.

The location in the GP surgery, the informal and non competitive nature of the classes, and the presence of peer support made Art-Lift sessions different from a 'normal' art class. While participants generally wanted the sessions to continue, few were motivated or confident enough to find an art class for themselves in the community.

A number of project management issues emerged from the patient focus groups. The organisation of referrals and management of attendance was a key issue in the GP surgeries, and some patients felt that this needed to be handled more sensitively. In some of the practices it took several weeks for the sessions to get off the ground, and the therapeutic benefits were described as taking time to develop. Adequate lead in time is therefore a key project management issue. Many participants felt the sessions should be available for a longer period, and were concerned about the potential negative impact of funding constraints that could mean that sessions ceased after expectations had been raised.

7.2 Artists' Experiences and Feedback

This summary draws together information from 14 artist feedback documents as well as focus group data from two focus groups, the first of which involved 5 artists drawn from hospital settings and the second of which involved 9 artists from GP settings.

Written feedback from artists suggests that over 500 patients participated in the Art-Lift project, approximately 400 of which were hospital patients. There were up to 91 GP referrals, although not all these patients attended sessions, and those that did attend participated for different lengths of time. Up to 72 GP patients attended at least one session and up to 45 GP patients maintained a regular pattern of attendance.

Artists had varied previous experiences of arts for health work, with no single pattern of training or experience. They used diverse artistic mediums although some mediums (e.g. music) were absent.

Most artists found the Art-Lift induction and training sessions useful although not all the artists agreed with the advice they had been given about boundaries and disclosure. A key issue was the perception by a small number of artists that disclosure of personal experiences helped them to empathise with patients.

Recruitment of patients was slower than projected. Factors identified as affecting referral included: the time needed for GPs to become familiar with artists' presence and work; a perception by GPs the artist might not cope with 'difficult' patients; a perception by GPs that the art activity might negatively affect patients.

Artists in hospitals needed to quickly develop sensitive, unobtrusive strategies of recruitment. Factors identified as affecting recruitment in hospital settings included patients not always being 'in the mood'; hospital routines that meant that conversations and activity had to be curtailed; the difficulty of filling out consent forms etc when they are ill or disorientated; and the perception that patients 'may be intimidated by the 'artist'.

Artists on the whole enjoyed positive relationships with health care staff and there were instances of 'real ownership' by some practice staff, who involved themselves in attending sessions and included the artist in staff social occasions. Other artists reported little or no participation by staff. Factors identified as affecting participation included workload issues and lack of support from senior staff.

The artists' experience is expressed in the notion of adaptability. For instance, artists needed to adapt their work to different facilities, which ranged from spacious, high quality facilities to cramped facilities that were not designed to accommodate groups of people. Adaptability was also necessary in relation to approach and technique. For example, one artist who began a session by asking participants to get into pairs had to quickly change the plan after being told by the manager that this was not appropriate in the particular setting.

Despite some challenges, most of the artists were able to comment positively on sustainability issues. Over half of the artists commented that funding for further work was being provided, or fundraising undertaken, by staff within the health setting.

7.3 Summary of Health Professionals' Accounts.

Telephone interviews were conducted with six primary health care professionals, comprising four GPs and two practice managers. The interviews explored a range of topics including the reasons health professionals got involved in the project and their views about its impact.

The GPs interviewed found out about the project through a range of means including professional networks, publicity and formal processes. Those supporting the project often had a personal interest in the arts, although few had direct experience of using the arts in health care.

These GPs were keen to offer a new service to their patients. GPs valued the fact that the project offered an 'alternative' to orthodox treatment, and that it would provide some 'fun' for patients. They were particularly concerned to offer a service to patients with mild to moderate mental health issues and "tricky, frequent attending people":

A few GPs mentioned how the project enjoyed the backing and support of the majority of their colleagues. However, others noted a range of attitudes and responses that served to limit GP referrals. These included workload pressures, lack of interest and uncertainty about the benefits for particular patients. GPs felt that their greater involvement in project planning and in the

selection of artists and art forms for their practices would have been beneficial.

The GPs and practice managers almost unanimously praised the work of the artists and felt that their presence and activity was vital to the success of the project.

Some GPs and practice managers felt that the project did not have sufficient lead in time within the health care settings. Other concerns were raised by the professionals, including problems of space and facilities. Nevertheless, they were generally positive about the impact of the project. While they were aware of the need for further research, they observed a range of impacts for patients including increased confidence and self esteem, self expression, group and social benefits such as peer support. They were also aware of the unique benefits offered by the health care environment, particularly the 'safe' space of the GP practice.

Some GPs felt that the project had benefited the practice, providing attractive art work, enhancing the ambience and reinforcing an ethos of care.

Finally, some GPs felt, largely on the basis of anecdotal evidence, that the project had reduced attendance by particular patients (those with high levels of attendance for medically unexplained problems). GPs and practice managers demonstrated an interest in collecting more robust evidence to shed light on the impact of the arts activities on patient attendance.

8. DISSEMINATING THE RESEARCH

The evaluation research was disseminated in a number of formats. The findings have been reported in a number of local and national press articles. The interim results were presented at a Project Sharing Day held at Cheltenham General Hospital on November 27th 2007 attended by 55 stakeholders. Following this, a summary of the project findings was distributed to a wide range of stakeholders within the region.

A poster presentation was accepted and presented at the UK Public Health Association Annual Conference in April 2008. Further papers and journal articles are in the process of being prepared for publication.

Evaluation of Art-Lift: A Partnership Arts and Health Project

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APPENDICES

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Appendix 1. Report of the Quantitative Data Analysis

1.1 Introduction

A previous small scale evaluation found that those taking part in a pilot Art-Lift programme reported improved mental health and quality of life related outcomes. This study aimed to build on the pilot work, to determine whether there would be quantitative before-after changes in the health and well-being of participants in the expanded Art-Lift programme, using a validated measurement tool.

1.2 Methods

A validated measurement tool, the Hospital Anxiety and Depression Scale (HADS), was used to assess both depression and anxiety among participants, before, during and after taking part in the Art-Lift programme. The HADS consists of a self-completed questionnaire of fourteen questions (seven measuring depression and seven measuring anxiety). Scores for each set of seven questions are combined to produce depression and anxiety scores out of a possible total of twenty-one. A score of 0-7 represents “normal”, a score of between 8-10 “borderline” and a score of 11 and over as a “significant case of morbidity” associated with either anxiety or depression.

It was envisaged that HADS questionnaires would be completed by participants at three points: during the first session, at mid point (10 weeks) and at the end of the programme. The questionnaires were distributed and collected by the artists. The UWE team supported this process, and considerable time was spent during the artists’ induction session to ensure systematic procedures for questionnaire distribution and collection.

Because of the complex requirements of collection and analysis of data from NHS patients, including requirements of ethics approval and research governance, this part of the project was restricted to locations within the Gloucester Primary Care Trust area.

Because of data confidentiality considerations, it was decided that all HADS forms should be anonymous, with participant names not being attached to the completed sheet. This meant that individual participants could not be followed up to assess changes in their HADS scores throughout the programme. Instead, HADS forms were grouped depending on whether they were completed pre-, mid- or post-programme. Analysis then compared group scores at the three stages of the programme. The data were analysed by the UWE team using the statistical software package SPSS.

1.3 Findings

There were approximately 90 GP referrals to the Art-Lift programme across the Gloucester PCT area. From these, 35 pre-programme and 36 post-programme HADS forms were returned by the artists to UWE for analysis. Some returned HADS forms were excluded including 23 unmarked forms that could not be categorised as pre- or post- and mid-programmes forms, the number of which was too small for meaningful analysis.

There were pre- and post-programme reductions in the proportion of participants with significant levels of depression and anxiety (Table 1 and Table 2).

Table 1: Pre-Post Anxiety Scores

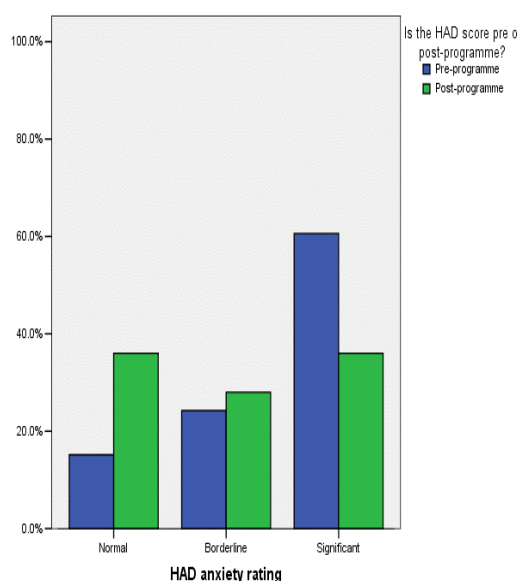
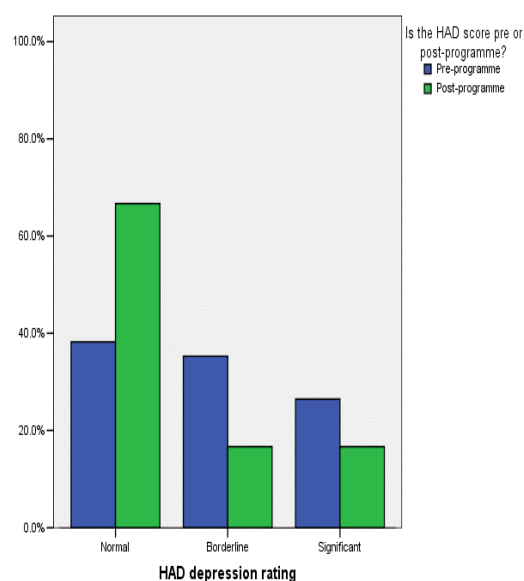


Table 2: Pre-Post Depression Scores



In terms of anxiety, 61% (20 people) were rated as “significant” at the start of the programme, compared with 36% (9 people) rated as “significant” at the end of the programme (Table 1). In relation to depression, 27% (9 people) were rated as “significant” at the start of the programme, while 17% (4 people) were rated as “significant” at the end of the programme (Table 2). Caution must be taken when interpreting these results, due to the small numbers involved and the inability to determine whether those completing the HADS forms pre-programme were the same as those completing forms post-programme.

There were statistically significant pre- to post-programme changes in a number of the individual components of the HADS. Participants reported improved scores on; feeling tense and wound up, enjoying the things they used to enjoy, having frightened feelings, laughing and seeing the funny side of things, worrying about things, feeling cheerful, ability to sit at ease and feel relaxed, and having sudden feelings of panic. However, as numbers were small it is not sensible to make strong conclusions from these results.

1.4 Discussion

Summary of findings

This study has found suggestive evidence that there is a positive effect of the Art-Lift programme on both depression and anxiety (as measured by the HADS). This finding warrants further study, in a way that addresses the limitations of this small scale evaluation.

Strengths of the research

Before outlining the limitations, this study had a number of strengths. To our knowledge, this study is the first to quantitatively assess the impact of such an art programme on the mental health and well-being of participants using a validated measurement tool. It also represents an attempt to conduct a valuable service-embedded evaluation, which would not only add to current scientific knowledge but would contribute directly to policy development at the local level. The use of artists to distribute and collect the HADS forms, following training from academic colleagues, was a novel way of addressing issues of funding on what was a limited budget.

Limitations of the research

There were a number of limitations to the research. Firstly, those related to the intervention itself. The intervention was in effect a variety of interventions, with different artists using different art forms (pottery, poetry, painting etc). However the relatively small numbers of participants using each art form meant that different art forms could not be evaluated separately. Eligibility for participation in the programmes was not tightly defined, meaning that we cannot be sure who the Art-Lift programmes are most appropriate for. Also, referral to Art-Lift was not random, and there are no data on those who refused to take part, meaning that there could be a bias among those who participated. For example, a certain type of person might have participated in the programme, rather than all those who were eligible. Another issue is that there was no control group to compare against those taking part in the programme. This means that we cannot be sure that the apparent improvements in depression and anxiety among the intervention group were solely a result of participating in the Art-Lift programme. In addition, although it was envisaged that each Art-Lift programme would last for twenty weeks, with all participants beginning in week 1, this was not always the case. Artists reported having a drip-feed of participants throughout the programme. This made it difficult to assess drop-out of participants in a systematic way.

There are also limitations related to data collection. Firstly, small numbers of participants in the analysis mean that we must treat the before-after programme changes with caution. A study with a larger number of participants would provide stronger evidence. Secondly, although the use of the artists to collect data was reasonably successful, the lack of a central person to distribute and collect HADS forms affected data quality and

completeness. A number of HADS forms were returned unmarked, meaning that they were lost to the analysis. Using the artists to collect data may also have affected responses from participants. We were unable to track individuals through the programme because HADS forms were anonymous, meaning that we could not tell whether pre- and post-HADS forms had been completed by the same people. We also did not have data on how many people had dropped out of the programme, for the reasons given in the previous paragraph. Before-after comparisons are likely to be affected by drop-out of those who started the programme but did not complete, as it is likely that those that completed the full programme were more likely to feel that they had benefited from it. Finally, not all participants attended the full number of sessions, but we were unable to identify those who attended the full programme to determine whether outcomes were better than those who only attended some sessions.

Recommendations

There are a number of ways that this study could be built on and improved. Any further study into the effectiveness of Art-Lift (or a similar arts-based programme) should:

- Have clear eligibility criteria for potential participants.
- Define the intervention and its various forms.
- Where there are variations in the intervention, attempt to evaluate the effectiveness of various different forms of the intervention.
- Include a control group for comparison purposes.
- Randomly allocate participants to receive the intervention or be part of the control group.
- Ensure that all participants start the intervention on the same date.
- Identify a central person to distribute HADS forms or other survey instruments, rather than ask artists to fulfil this role.
- Enable linkage of individuals' pre- and post-questionnaires and be able to identify those who do not complete the programme.

Following these recommendations would ensure that any future evaluation of Art-Lift or similar programmes addresses the limitations described here. However it should be stressed that this evaluation was service-led and undertaken with a limited budget. Significant levels of funding would be required to conduct a study following the recommendations above.

1.5 Conclusions

This evaluation has found evidence that participation in the Art-Lift programme may have improved mental health and well-being of those taking part. Further research, addressing the weaknesses of this study, would enable a more rigorous evaluation of Art-Lift. This is certainly an area worthy of further research.

APPENDIX 2. REPORT ON THE PATIENT FOCUS GROUPS

2.1 Introduction

This report discusses the results of analysis of data drawn from focus group discussions with thirteen patients from six of the residencies who took part in three focus groups. The first two groups were held in a GP surgery and were small, attended by two and four patients respectively. The third group was held at a community venue and was attended by seven patients. The focus group discussions were tape recorded and transcribed verbatim and a thematic content analysis was undertaken. This report outlines the results of the analysis of the data from the patient focus groups. Three key areas are addressed: experiences of the project; the impact of Art-Lift; and project management issues raised by participants.

2.2 Experiences of the Project

This section discusses participants' experiences of the Art-Lift project. Their varied reasons for taking part are identified and their initial expectations are discussed. The issue of whether having prior experience of art made a difference to their participation is explored. Finally, participants' perceptions of the difference between Art-Lift and art therapy are discussed.

Reasons for taking part in Art-Lift.

The focus groups discussed participants' initial experiences of Art-Lift, including referral patterns and experiences. Participants were referred by a range of professionals such as GPs, practice nurses and counsellors. The reasons for referral varied but people identified as potentially benefiting from the project were often those experiencing depression, often triggered by bereavement, social isolation, or other problems arising from chronic illness.

Some of the participants felt that they had tried everything that their GP could offer to help with their condition. Others felt that it was not necessarily a good idea to try to deal with experiences such as bereavement through medical treatment such as tablets. One patient felt that her GP Art-Lift referral was a sign that she had reached 'the end of the road'. For some there was a sense that they would 'give anything a try'.

She (the practice nurse) said it may be beneficial to you and it may not...because I lost my wife just before Christmas and I was having problems and she said it may help to settle you down a bit and it may not, and I said well I'll give anything a try.

Expectations of the Project

Participants had a variety of impressions about the project before they started. Some would not have considered 'therapeutic' art activity before it was suggested by a doctor:

P1: My GP rang me... And the last thing was he said it had started and would I go. I think he said or something like that (laughs).

R: and what did you think about art?

P1: my first thought was I'm not artistic

P2: No...it didn't register.

R: right, did you think it was a bit strange?

P2: yes, a bit strange, that's right...I was into something I didn't know what I was doing or had knowledge of.

The influence of prior experiences of art

Participants' prior experiences of art varied widely, from those with some formal training to those with no experience of art activity at all since their school days. Those who had prior experience welcomed the opportunity to re-engage in art:

R: When you first heard about it, did the idea appeal immediately (to VC)?

P: Definitely, yeah. I heard about it from my counsellor. She just thought it might be good for me to try it, and I just absolutely loved it.

R: Had you done anything like that before?

P: Yeah, after school I did a foundation course, but I hadn't done anything else like it for such a long time, it was just so nice.

Participants expressed a range of views about whether having some knowledge of art made a difference to their experience of Art-Lift.

R: Do you think that seeing yourself as a creative person is important?

P: I think it gives you great self esteem. I mean me personally, I did a foundation course and I left it, and I never had the confidence to go back to my art and that's why I'm so keen to come here, that's one of the reasons why.

Lack of knowledge about art processes did not appear to serve as a barrier to participation and participants were reassured on this point before taking part.

P1: I was told you don't have to be artistic.

R: right.

P1: I don't know, I can't think of how they put it. They said you don't have to be artistic to do it.

R: Right, did they say that to you (to P2), that you don't have to be artistic to do it.

P2: To that effect, yes.

This sense of accessibility was reinforced by an open, encouraging and responsive approach by the facilitator:

R: Do you think that having some training and background in art makes a difference then to the way you might approach something like this?

P1: I think no, because the way that (the artist) does it, you could come in with absolutely no experience at all. It's just so obscure the things we do...anybody could do it.

The importance or otherwise of prior experience of art was discussed in other focus groups. Some participants felt that having an artistic background might actually hinder participants' enjoyment of the process:

P2: And I think if anything having a background in art would actually be a hindrance.

R: How might that be?

P2: Because of your preconceptions, how you are thought you should be working, you sort of let yourself go as much as someone coming in fresh maybe. And I was really worried about coming here; I was looking forward to it, but I was thinking oh God they're going to make me draw, I don't know how to draw [laughs]. And then when I came here it was a relief that we weren't doing traditional fine art rubbish [laughs].

R: And what about those people who maybe haven't had that background in art?

P3: I still can't draw [laughs].

P1: You don't have to, that's the whole point [laughs].

Perceived Differences between Art-Lift and Art Therapy

Some participants were familiar with the notion of therapy but did not initially appreciate the difference between Art-Lift and Art Therapy, as this extract from a different focus group illustrates.

R: When they described it to you did you like the sound of it?

P1: Well I did because it was art...counselling through art, I think, was the way they put it.

P2: Well they gave that impression, but then when we met...I thought it was going to be art therapy.

R: Yeah

P2: That was the way it was described.

R: So if it had been art therapy would you still have been interested in doing it?

P3: Yeah I think so.

As the sessions got going people did become more aware of the differences:

P3: when we first heard about it I thought it was more like art therapy, but then I met [the artist] and she said I'm not a counsellor, I'm just here to do some art, just to forget about everything and just have a nice time. (GP patient)

The differences between Art-Lift and Art Therapy were discussed. While art therapy was seen as a clinical intervention that addressed mental health issues directly, the following exchange suggests that Art-Lift was seen as offering a more indirect, expressive approach.

R: So what's different then, do you think?

P1 Art therapy is more clinical, you actually use art to express your emotions in a more of a counselling type way, you know...and therapy artists will have a degree in psychology or psychotherapy.

R: So what's different about this process?

P2: We don't directly talk about our issues. We use art as a medium to express ourselves, but in an indirect way really isn't it? We're not sitting all saying oh

we're having a bad day today and our life problems are here and so therefore we're going to create a piece of art...it's a bit lighter than that.

While participants were able to distinguish between the two modes, they did regard the sessions provided by the Art-Lift project as having therapeutic value:

I'd like to anything to do with art, and anything very open to any kind of therapeutic, um, tool as well, so, but you know, I wasn't put off by the fact it wasn't art therapy. It is a therapy in itself. (GP patient)

2.3 The impact of Art-Lift on Health and Wellbeing

This section discusses participants' accounts of the impact of the Art-Lift project on their health and wellbeing. Several issues are addressed, including the way in which art can support people in dealing with losses, facing challenges. The importance of motivation and routine are discussed along with issues of engagement and stimulation. The impact of the group process is also discussed, along with perceptions of the effects of participation on wider social networks and relationships. Participants' accounts of the direct and indirect therapeutic benefits of art activity are discussed.

The wider impacts of Art-Lift on participants are discussed. Key themes to emerge are learning, personal development and achievement, doing 'something for yourself'. Some of the challenges of arts activity are discussed in this section. Finally, this section discusses the notion of 'moving on', exploring whether participants' longer term responses and future plans in relation to art and creativity.

Dealing with losses and facing challenges

Many of the participants were dealing with a range of losses, triggered by experiences such as bereavement or by chronic health problems. For many, the loss of a partner resulted in significant changes in every day life, with the loss of familiar routines and meaningful activity as well as reduced social contact, loneliness and loss of motivation.

For patients struggling with conditions such as depression, attending the Art-Lift sessions involved a number of challenges and sometimes required a huge effort. For example, one participant who had been recently bereaved was currently suffering from agoraphobia and finding it extremely difficult to attend group sessions. Another participant described other difficulties:

P I found it quite difficult sometimes. As well as suffering from depression, I also suffer from severe migraines. And sometimes it's a struggle to actually get here.... I have a fight with myself every week to get here. Every week. I am tired a lot as well, just to get here. I mean I also have a mum who's nearly 80, and she drives me...I don't really like going on public transport because I'm not very well...so it's a bit nerve-wracking on there.

Motivation and routine

Motivation was a key issue for many participants. For example, one participant with a history of involvement with mental health services described the subjective experience of depression and how difficult it was to find the motivation to do anything. Taking part in regular activity was an important step for this participant.

Other participants spoke of how the sessions provided structure to the week. The project provided 'an interest', something to do, and some found that once they started they really enjoyed the activity. Others valued the structure that the sessions gave to the week.

R: How important in your week is it?

P: Well, I've got Tuesday lunchtime pencilled in. Yeah...I quite like coming here.

R: But would you come to this, and is it more important than you would to other things? Is it priority to get here?

P: Well I got it all worked out now, how to get here, and the bus service is just right for me. I can't drive me...well, I could drive me car but I've got numbness in my feet and I'm a bit scared to...

Even when participants were ambivalent about whether the art had therapeutic effects, they did value the sense of structure and routine it gave.

P I don't think it's particularly had any effect on me. It gets me out. When I'm not feeling that well I don't always want to go out...like (P2) said in the beginning, you know, I'll try anything (laughs). I'm at that stage of things, anything might help, if it will help then why not.

Although this participant was ambivalent about the activity, she was motivated enough to complete the sessions:

P: I shall come to the end. I shall stay until the last one, but you know, I wouldn't arrange anything else so...

Engagement and stimulation

Many participants were able to overcome a severe loss of motivation to engage quite intensively with creative activity, as the following example illustrates.

R: What about you (X), what are you actually doing?

P: Well, um...it's not quite finished... (goes on to give a detailed explanation of the project he is working on)

R: it's nice, I like the...

P: What, the wire with the beads on?

R: Yeah, I like that...

P1: It took me a bit of a while to thread them beads on that wire.

P2: You've been trying to pick them all up haven't you (laughs)?

R: You've got to concentrate haven't you?

P1: Yeah, that's right, yeah.

This process of re-engagement extended to other areas of everyday life:

R: What would you say has been the value of it, for you?

P1: Well, um...well it's settled me down a bit more I think, yeah. I have improved...I got a big garden and...um, at the beginning of the year I thought I wouldn't do it any more...but gradually it's been coming back.

Other participants found that attendance at the sessions stimulated their interest in the world, as the following example illustrates.

P... Since I've been doing it...I've noticed different things I wouldn't have noticed before.... I've noticed different things that, beforehand, wouldn't have meant nothing to me.

R: Can you give me an example, what kind of things? Things outside the surgery or inside the surgery?

P: Outside.... what different people do and what, especially when you're living in a residential area, I look out the window and watch what other people do, and I...different...I've just noticed different things that...related to art...I don't quite know how to explain it.

R: About the way things look?

P: yeah.

Another participant spoke in similar ways about the way in which attending the art classes had affected his sense of observation. This participant described the experience of being colour blind and how, following the sessions, he had felt re-connected to colour. He was delighted to be able to recognise the nuances and subtleties in shades of colours, such as those of the sky.

These impacts are summarised in the quote by the following participant:

I think when you're focused on something like that, like being creative and producing something, um, I think it can take you away from other things in your life. And I think if you are creative, which many of us are here, then you can recapture that, which is really positive. You know, motivational factors, and being in a group, you know for me, the whole thing has been positive, I really look forward to coming every week.

Group and social impacts

The notion of group process is threaded through these accounts. Some participants were strongly aware of the fact that the activity was strengthened by virtue of it being a group activity:

P1: And if our problems come out they come out don't they? (laughter) We've actually been very fortunate because we've bonded haven't we, with (the artist) and with each other?

P2: Yeah

P1: And things have just happened.

P2: Yeah, it's been organic.

P3: Like the verses with been doing, we all had to write a line of verse, at the end, about what we'd done, two or three lines didn't we?

P2: Yeah

P3: And then we just put them on the table, randomly, and they come out as these wonderful verses...the last couple of weeks has been excellent, cos' that's just like an accident isn't it really? But they've been good and quite therapeutic to all of us...as each of us are different, we're all different people.

The group process reduced the isolation that some participants felt:

P: And also you know that you're not the only one in the world with problems. Well, although we don't actually necessarily discuss our problems, unless

something comes up we might, but it's nice to know you're not this odd person that walks around with a black cloud over your head all whole time.

The group process therefore reinforced many of the perceived benefits of Art-Lift: reinforcing identity, enabling participants to value each other and emphasising the non-competitive aspects of art.

For some participants, the sessions stimulated not only relationships with other group members but their sense of identity and relationships within the community. For example, one participant told a story about how her neighbours, having noticed her attending the class, bought her an easel, joking that they wanted to see the results of her work. This was important in addressing this participant's isolation following her husband's death.

Direct and indirect therapeutic benefits of art.

For some participants, the benefits of art related directly to health. For example, one account emphasised the therapeutic value of creativity, giving a detailed example of a poetry exercise which involved symbolically destroying a piece of paper representing difficult emotions such as anger and hatred in order to place these feelings in context and prevent them from being incapacitating.

Other participants described the therapeutic benefits of arts as being more indirect. Hence art was described as offering a distraction, the opportunity to 'take yourself out of things' rather than express feelings.

R: What would you say those benefits are?

P: Learning to use something else, to um, not express your feelings, but to take yourself out of things that are going on in your life, which is nice and you can take it away with you. It doesn't stay obviously forever, we're all going through a process aren't we, but myself personally I found it really good. I think.

These accounts seemed to emphasise the way in which art addresses a broad model of health rather than one that was focused on particular conditions and symptoms.

P. It's just completely different really and it's just really help holistically with your health.

Personal development and achievement

For many patients, the Art-Lift project provided opportunities to feel a sense of pride and achievement.

ND: So do you like the work that you've done?

P1: Absolutely, yeah.

P2: Especially when it's gone into frames, you see it and think wow, it looks really good, I can't believe we've done that.

P3: I think that (P1) said something really important about feeling rubbish about yourself. And having the confidence to feel that you're kind of proud of it, it's empowering, and it raises your self esteem, so in your life it's got nothing but the fact that you come here and you've produced portraits of each other and it's good and it's fun, you've achieved something.

Participants were often pleasantly surprised with the way their finished work looked.

P1: ...the picture I drew when I come in here, of the sunset, didn't mean nothing to me, but she got it in a frame, and I thought it looked brilliant.

P2: It looked really lovely. It did...very good.

P1: But it meant nothing to me when I done it. I thought, well, it looks a bit of a mess.

P2: But you did after didn't you?

P1: Yeah (laughs). I never done nothing like that before in my life.

This example also reveals something about the group process that was replicated in the focus group discussion. During the discussion, participants often reinforced each others' sense of pride and achievement.

'Something for yourself'

Other participants emphasised this aspect. For example, one participant, whose quality of life had been severely limited by chronic health problems and the demands and difficulties of her role as a full time carer, described how it was important for her to strive for some independence and personal creativity. For this participant, the Art-Lift project offered a 'lifeline'.

Not all of these participants emphasised achievement or learning new skills. For some, achievement seemed less important than other aspects of the activity, such as enjoyment and 'doing something for yourself':

R: So have you learnt some new skills?

P1: Well...not really, no.

P2: It's different ways of doing things isn't it?

P1: It's different ways of doing things, yeah. I've enjoyed what I've been doing, yeah, I have enjoyed it.

P2: This is a bit doing it for yourself, isn't it?

P1: That's it, yeah.

These issues emerged in one discussion relation to the notion of evaluation.

R: Did you find it was important to value what you were doing and creating, or did that not matter?

P1: We don't evaluate each other's work, we probably evaluate our own. Don't you, because people do.

P2: We say if we like each other's work, but we don't, I don't consciously evaluate what I'm doing.

P1: We encourage each other, don't we?

P2: Yeah.

P1: Like me, I like to help other people out, rather than do it meself. And I know I'm doing it.

P3: Yeah, because you were giving all-sorts of ideas last week...

Here, the group process can be seen to construct an emphasis on sharing and valuing each other rather than on the quality of the artistic product.

P:... last week, it was because I didn't want to do it. I was having a bad week, and so I didn't want to do it. But I'm quite happy to help and give other people ideas, so...I didn't actually have a bad week, I had a bad couple of hours before I came, but it was good to be able to...I wasn't going to come, but I thought no, do come, if you can't do it, you can't do it, but, you know, we just all blend in don't we? And I think they all knew that I was having a bad day, I was probably quieter than normal, but that's good as well because we can...it's good that you can do that with each other.

R: So the group process is part of that?

P: Yeah, it's all part of it.

Challenges

Some participants found some of the art activities challenging. For example, in one exercise participants were asked to draw pictures of each other. One participant, who described herself as very shy, found this extremely difficult:

P: Yeah, I mean if it wasn't for (the artist) Julie...she's brilliant, she encourages you, and so everything I've done is because she's encouraged me to do it. When I come here, was she got us to draw a picture of each other...which was awful (P2 laughs)...it really made me squirm. I really didn't want to do that.

R: You didn't want to draw a picture of (P2)?

P1: No. I'd never met him, it was the first time I'd met you, wasn't it?

P2: That's right.

Although she remained ambivalent about the exercise, this participant also described how the artist had helped her to gain confidence through this exercise.

... R; So did you do it?

P: Yeah, actually (the artist) was brilliant. She sat down and did a rough sketch of what she wanted us sort of to do, and she made it look really...so...we did do it (laughs).

R: So, in retrospect was it alright?

(laughter)

P: Yeah. They were alright weren't they. They did make us laugh in the end...so...it was good. Cos' she sat down and showed us what she expected it was a lot easier really.

Moving on

The question of whether, following the experience of art activity, participants would seek out another art class in the community was discussed. Responses ranged from those who wanted to engage on a professional basis to those who did not want to do any more art.

For those with a strong interest in art, the project offered an opportunity for reflection and re-evaluation of their identity as well as regaining confidence:

P: I think now I've kind of re-evaluated myself as a creative person; rather than saying I can't do it, I'm now saying I can do it and I want to have exhibitions and I want to do more art. So, it's a self-esteem thing definitely.

Other participants described how they had gained confidence and identity through the project. One was very proud and flattered when her art teacher asked her to go along to a school to help teach an art class as a volunteer assistant. Another was also flattered when the Art-Lift teacher had suggested that, if funding could not be found to carry on with the classes, she might facilitate a peer support group so that the work could continue in some form.

This sense of re-evaluation and identity was also present in some of the accounts of those who did not necessarily have a strong interest in or significant prior experience of art:

P: I can't draw obviously cos' we can't draw. It's just like we said the other week, you do all these paintings and drawings at school when you were little and then, everyone saying how wonderful they are and stuck on the fridge and everywhere else, and then all of a sudden at seven they said why are you painting and drawing like that, when you've been doing it the time, you know. And it's still right isn't it, it's just that as you get older people expect you to do it more properly. But now this is real fun. I just always think I'm crap at everything so it wouldn't make any difference, but we're not, we've done some really good stuff.

Not all participants wanted to carry on with art. These participants emphasised the specific nature of the Art-Lift sessions.

R: Would you follow this up by doing some more art somewhere else?

P1: I probably wouldn't, no.

R: (to P2) Would you? When this has all finished will you go off and find an art class?

P2: No. When she says about it carry on in Autumn...I'd probably be interested, but to go and find an art class wouldn't appeal to me.

Participants who were motivated enough to find an art class in the community were in the minority. Although they enjoyed the sessions, many could not see themselves attending regular classes in the community. These participants emphasised the way Art-Lift sessions were different from a 'normal' art classes. Their location in the GP surgery was an important marker. Other differences included the informal nature of the classes. Some participants contrasted their experiences with those of art lessons at school, where formal aspects such as technique were emphasised. The Art-Lift sessions were different, they were described as very free, participants were encouraged to be

expressive in an atmosphere that was not competitive and where different people's contributions were valued. Further, they were attended by people who were sympathetic to each other's vulnerabilities. Some participants felt that people who attended regular classes might not appreciate the needs of people with health problems. For example, they might not understand when individuals didn't feel able to join in with a particular activity, and this might be stressful for some participants.

2.4 Project management issues raised by patients

This section discusses project management issues raised by patients. Two key issues emerge: the impact of surgery organisation and culture on patients' experiences of participation; and the importance of sustainability of arts interventions in health care settings.

The Impact of Surgery Organisation and Culture

For many respondents, the location of the sessions in the GP surgery was an important aspect. Appropriate organisation of referrals and attendance was a key issue and the majority spoke very positively about this. However, one illustration shows how for some participants, everyday procedures for attending at the surgery could compound their difficulties.

R: So in term of improvements that might be made?

P... We shouldn't have to book in and have to go through that rigmarole...because when we first started coming, we said here from Art-Lift and they didn't know what we were on about, and we're left standing there. I think personally that it's bad enough we're in the situation that we're in, we don't particularly want staff to discuss with anybody, so I think we should have been allowed to just come up... and not book in. Sometimes you've got to stand there ages haven't you [to group]? It's the same with my doctors, everyone knows I'm going for counselling because I'm sent to sit on the bloody stairs.

The need for planned and sustained activity

In some of the practices it took several weeks for the sessions to get off the ground. This was reflected in the patient accounts:

For the first couple of weeks was a one to one with (the artist), and then I went to an afternoon session where only one other person turned up, and so it took me four weeks before I came to the evening session... It took me a whole month to get actually started.

Not only did the practical aspects mean that the project needed time to be established, some of the therapeutic benefits were described as taking time to develop.

P1: I just think it needs another ten weeks, I just think ten weeks is far too soon for any lasting effect on anybody.

P2: People aren't gonna feel the benefits straight away, are they?

Participants were, in general, keen to be involved in supporting fundraising so that the project could continue.

We hope we're gonna to get some funding to come back. I don't think that ten weeks is enough. I think when you just get going it stops, and probably you need a bit...another ten weeks would be nice. But I think they are trying to get funding so we can do it.

One participant made the point that offering people art classes as short term benefit may simply raise expectations only to for them to be dropped when the sessions ended. This, she suggested, could be more damaging than not offering the sessions at all. Other participants expressed similar views:

P1: The other girl that comes... She's hasn't done anything before, she's really, really quiet.

P2: She was talking loads last week. A real difference, you know. And I think that Jane is really...it's brought her out of her shell completely.

P1: It does, but she needs longer. She definitely would benefit from a few more weeks, because I think to stop her now would be a real, put her behind.

The duration of the sessions was also seen as affecting the group process:

P1: Yeah. Like I've said before, we've been lucky because we've all bonded so well... We have been lucky haven't we really, because we have all bonded so well, which doesn't always happen when you try to put half a dozen people together... The only other thing is of course it's not long now, because it's ten weeks. You know by the time you get in to it, get used to each other, which is an important part of the group meeting is that you bond with each other and feel relaxed with each other...we're just sort of like feeling the good benefits from it...

2.5 Discussion

The focus groups illustrate the responses of particular kinds of patients to arts activity in GP surgeries. The patients in question are those with conditions such as depression, and those coping with situations such as bereavement, social isolation and other problems arising from chronic illness. These patients did not necessarily have prior experience of art, rather, they often described themselves as very willing to try something new, having already tried everything that their GP could offer to help with their condition.

While attendance was difficult for some of these patients, they were motivated to attend. They identified a range of benefits from taking part, including personal and social benefits such as engaging in a valued activity; pride; achievement; learning; stimulation; group support and relationships and quality of life. These effects were seen as indirectly benefiting health. In addition, art was seen as offering a helpful distraction from health problems and an opportunity to 'take yourself out of things'

The accounts reveal the unique benefits offered by art activity in health care settings, particularly GP surgeries. These sessions were seen as different from 'normal' art classes in that they were supportive, understanding and non competitive. Few participants were likely to join an art class in the community.

A number of project management issues emerged from the patient focus groups. The organisation of referrals and management of attendance was a key issue in the GP surgeries. Adequate lead-in time to allow activity and relationships to build is also a key issue. Finally, some participants raised the issue of the potential negative impact of cessation of the project after their expectations had been raised.

APPENDIX 3. REPORT ON THE ARTIST FOCUS GROUPS

This report presents the results from the focus groups with artists. A total of 14 out of the 15 Art-Lift artists attended a focus group, one artist being unable to attend. There were two focus groups, the first attended by five artists working in hospital settings and the second attended by nine artists from GP settings. The identities of the artists have been anonymised in this report.

3.1 Recruitment/background of artists.

This section discusses the ways in which artists were recruited into the Art-Lift project. The artists' experiences documented here are quite varied and emphasise the importance of networks and information available from websites and newsletters such as those distributed by Arts Matrix and Arts and Health South West.

Most of the artists described a range of prior experience of working in healthcare settings, including community, hospital and hospice settings. A small number had no previous experience of working in a healthcare setting.

A variety of artistic mediums were adopted for the project including ceramics; textiles; creative writing; photography; painting and drawing.

3.2 Induction and training of artists

The focus group discussed the induction day they had attended prior to the start of the programme. This day had included practical information, input about the evaluation process and some informal training and advice about how to manage their work with patients. It had been followed by a further session half way through the project. The artists gave mixed accounts of these sessions. Most described them as useful, as in the following extract from the discussion:

P 1: The training was very good and it was very useful, but it's a starting point, because it's not until you're in that situation...

P 2: The training led you on the springboard ready for you to dive in...

P 1: Yeah, and also I think partly with all the training we had, with all the other artists, working in a hospital setting was completely different...

P 3: And the training was so focused on input, there was very little on process...the half way through session was good...

P 1: It was really useful for me because it kind of reinforced what I was doing was actually, I don't know how to word it, but I was actually doing really well, in the situation I was in, whereas if I had measured it against how I was working in

another setting, like education settings, that might be perceived as being really sketchy.

A key issue that had been raised during the training was that of boundaries and negotiating roles and relationships. Most of the artists found this helpful:

P 2: I found the practical bits, like active listening, and boundaries, which I had kind of done before, was actually very useful, because within the first two or three weeks I had somebody who, I actually put things into practice with, so that was really, really useful.

R: So were boundaries emphasised quite strongly in the induction?

P 4: Yeah, again, I thought they emphasised the boundaries, about not promising things that you can't see through, about negotiating what the role is in relation to the participant, that was really good and I used it, very much so.

Not all of the artists found the training useful, with one artist reporting feeling 'mollycoddled' by this. This response was discussed by the group and what emerged was that not all the artists agreed with the advice they had been given about boundaries and disclosure. One artist felt strongly that this advice did not recognise the way in which disclosure of personal experiences can make one better able to relate to people undergoing similar experiences.

I thought it was really important that this is said, because we were told you shouldn't share your experiences, and I was working with people who were caring for cancer patients, and a great many carers at some point think 'I wish he would die and it would all be over', and they won't tell anybody that, it's one of these secrets that we all have, and they would tell me because they knew I would understand ... I think to say you must not share your own experiences is not right.

3.3 Recruitment of patients

The artists discussed a range of experiences of referral of patients to the project. While some artists received more referrals than they could accommodate, it was more often the case that there were small numbers of referrals, particularly at the beginning of each residency. Another common experience was that referrals being made by only one GP in a group practice.

... the biggest group I had was about four at any one time, but again it was one doctor who was very enthusiastic, right from the start ... and only two of them actually referred, and the second one only referred because one of their patients actually saw a poster I'd done in the waiting and went along to their GP and said 'what's all this about then, I'd like to have a go at that', and then he actually then

clicked and I got a couple of other referrals, otherwise I think it would have been just the one doctor.

The artists discussed the reasons for this. As well as GPs not being aware of the project or being too busy to refer, there was a concern in some practices to ensure that the project was targeted at specific patients and this limited the number of attendees:

Well, I wanted to make a poster and I asked the practice manager if it's ok, and (they) said no, we don't want to do that, because we don't want everybody to just come.... we want to be able to refer the ones we want to refer but there was only the six in the end.

There was also a sense that some GPs were reluctant to refer because they felt that the artists might not be able to cope with difficult patients.

I think there was some nervousness there, on my case and on the part of the GPs ... I had somebody turn up and join the group, she was a patient, but she wasn't referred directly though the doctor... perhaps she is the sort of person who should have been referred right from the beginning, but wasn't because she was thought to be a bit difficult to handle.

The artists also reported a sense that some GPs felt that certain forms of art work might be unsuitable for particular patients.

Well, one out of the two referrals I did have...this guy, who's a patient at the surgery, and he'd come into the waiting room, and he had a long wait to his doctor's appointment, and so I said do you fancy having a session, and he did have a really nice session, and he talked about art he'd done with another group, really lovely session, so I booked him into another session and then found out from his doctor 'oh no, he's too high'.

R1: What did he mean by too high?

P 1: That was the only explanation, he's just too high, you know...he had some issues, you know... [...murmurings amongst group]...high, high as hyper...

R2: Is this someone in mental health?

P1: Possibly, yeah. I'd had had this appointment with him before he'd seen the doctor that day, and we'd had a great session [laughs], and I think he could have benefited, because he'd always had an interest in art, he wanted to do his drawing, you know it was a really good session...

R2: Did the doctor think the session had over-stimulated him...sorry I think I'd misunderstood the comment...

P: I think there were some mental health issues, not severe, although I don't know, but I think he thought he was too high to continue...

P2: I think there is this thing that the doctors don't think we can handle the patients...

[...general agreement and murmuring of group]

P2: ...because one of the doctors that didn't refer anybody to me, and I saw him one day, and I kind of confronted him and said you haven't referred anybody and he was saying 'can you handle so and so, I can't remember the description of this patient, and I said, 'well try me, I've worked with very difficult patients in the past', but he never did.

One of the impacts of this pattern of referral was that referrals, when they were made, tended to come at a later stage than the artist would have preferred:

I've had a referral quite late in the day ... she's come but she's only going to have three sessions, because we're coming to the end...

This artist felt that individual patients who were referred towards the end of the project did not benefit as much as they might have. Also, late referrals limited the ability of the artist to adopt different formats, such as group work, in response to patients' needs:

... actually I would have liked some of them to have worked in a group, but that was partly because of the time, but also I think building trust and people getting confident enough with their own ability to use words to risk doing that in front of other people...I think that would have taken a longer length of time to work towards that.

Some of the artists felt that this issue could be addressed if the GPs were better informed about the project and were given more time to get to know the artists:

I can sort of understand it takes a while for the doctors to gain trust in us. I'm continuing now with another block of sessions ... and I noticed that one of my new referrals was a woman who, they probably wouldn't have referred to me the first time around, she's for various reasons very angry at the moment, but I think they trust me enough now to feel ok about referring....

Others felt that there was need for more formal training for GPs:

But it also highlights how important it is for the GPs to have training, ... I mean, really, they know a little about the project ...

It was generally agreed that a longer lead in time for the project as a whole would have also prevented some of the problems described above:

Yeah, and long lead in times so you make sure these things are set up...because the first half of my placement was fraught with those sorts of frustrations that I wanted to deliver stuff, but there was no one to deliver to...

Another suggestion was to allow other professionals to refer, not just GPs:

Another thing that came from that from my surgeries was, there were actually other professionals that referred, and in some ways we were thinking it might have been better if there was a...it wasn't the GPs, it was people that worked more within a more mental health capacity within the surgery or they did a bit more outreach, um, I can't exactly remember what they were called...but we were thinking that if we do it again, if we get the funding, to use those people more for referrals, because they were almost more interested or more aware that's it going to be beneficial...

The hospital artists also described a range of experiences of recruiting patients in these challenging settings where artists often felt they were 'in the deep end.' Various recruitment strategies had to be devised in situations where health staff were often too busy to engage in systematic referral. Patients often chose themselves whether to come to sessions, although the support of health partners and hospital staff was crucial in encouraging patients to attend:

... they are self-referring in the sense that they choose to come or choose not to come, so you have to engage with them, so my health partner had done quite a bit of talking with them individually about what I was likely to do. I came and I met them at lunch, she put notices up and things like that, and then obviously we did have incentives, so we had chocolate cake and things at the beginning of the session to encourage them...

In settings where the patients were more transient, such as out-patients, the artist had to develop a more hands-on, pro-active style of recruiting patients:

The way I recruited them was to look around and see who would like me and who had an empty chair next to them, and I would just go and say 'excuse me can I talk to you a minute', and they sort of look wary, and I'd explain what it is and if you don't want it I'll go away and that's fine. Probably about two out of five would say no, or sometimes they'd say I'd love to do it but I'm just waiting for a lift or...so the recruitment was me going to sit next to people.

3.4 Artists' experiences of the project

This notion of adaptability also describes the way in which artists responded to working in health care settings once patients were recruited. Some artists enjoyed the use of excellent facilities:

I had brilliant facilities, a room half this size and everything, sinks, tables, everything [laughter]...

More commonly, the artists were faced with limitations of time and space which placed restrictions on their work.

... I had fantastic facilities as well, lovely new building and a nice room, the only downside was that there was no access to a sink for patients, which was a bit difficult. I could get at a sink but I had to go through a key pad, you know security, to get through to the actual kitchen.

These limitations meant that techniques and approaches had to be adapted:

I went into the situation thinking I'll be making collage with people, but what I happened is I ended up working in a slightly different way in that I was the maker but I was involved in them making decisions about what was being made... some people couldn't make because they had a drip in their hand...

The artists needed to work flexibly to meet these challenges:

... during busy periods there was no where to sit, so I would have to wait until somebody got up and nip into their sit quickly and...my choice of patients was dictated by where the empty seats were [general laughter]...one point, when it was really busy, I thought I'm going to bring a little folding stool, or else I would just kneel on the floor next to people. ... yes, the physical space had a lot of effect on how you worked.

Sensitivity and inventiveness were both required:

For me (the project) was about learning how to enter people's personal space, and I suppose it's very difficult to have personal space in hospitals because your body's not your own and allsorts of things are being performed to you and on you, and so I was very, very conscious about how I approached people, because I was making and I had stuff, the only way...I kind of needed to have something, a way of moving in and around the hospital that would enable me to exit quickly, and wouldn't kind of feel like I was dumping myself on people, and so in a way I really wish I had been able to sort out using a trolley that didn't have a medical association, and I don't know what kind of an impact it had me having a medical trolley, but I would really have liked to have had an old fashioned tea trolley, and I think it would have been quite interesting to play with that. I was truly and totally mobile and my space ended up being the folders in which the work was being made, and that ended up being my space, except it was on wheels.

The artists discussed the impact of these constraints of the environment on their work with patients. For example, while it was generally agreed that patients benefited from

working in groups, space considerations often limited the size of groups that artists could work with.

... the space I was working in was quite small, and I had a longish table, and everyone was in motorised wheelchairs, so the physical space was tricky, and there was another couple of spaces that people would work at, but it was very tricky to utilise the space, and occasionally there were people who couldn't physically fit in the room.

The artists discussed whether these constraints meant that the activity should not take place in health care settings.

There's a good dilemma about whether it's better to be in the GPs surgery or somewhere else that's a better space, and I can't decide what's best, because even though it was more awkward I liked being in the surgery, because I felt like it was part of it...but practically it would be nice to be in a room that was an art room...

On the other hand, several artists felt that the settings, particularly GP surgeries, offered the unique advantage of safety for patients:

I think a lot of those people see their surgeries as safe.

... one of my, the core group, said...she's quite confident in her art work, but she's not confident in herself to go to a real mainstream group because she feels she'll be judged or...she said there's no judgement in this group...

Others felt that it was important that the art took place within the surgery in order to change the culture of these settings.

But I think then if it's outside the surgery then the culture is kind of not intrinsic to the surgery then is it, because it's happening outside, whereas what you want to do is actually change the culture of the building itself.

3.5 Artists' relationships with health staff

Artists discussed their relationships with health care staff, whose support and understanding was generally agreed to be crucial to the success of the project:

It's as important to work with staff as it is with patients...it's impossible to make any headway unless the staff that you're working with have an absolute experiential understanding of what it is you're doing.

In order to help staff relate to the project artists found it useful to provide taster sessions for staff:

... the staff sessions went down really well, because that really got people involved... the manager ... was also very keen and she in fact came in and sat in on the first session, so that also put it off to a good start.

The familiarity of staff with arts was a key issue:

... one of the nurses on the ward said, 'oh great an art project, I remember doing that when I was a student', but the head nurse, who's the named contact, I had the feeling that she hadn't had an artist working on the main ward in this way before. ...

Engaging the support of healthcare staff was a key challenge:

The healthcare contact at the place where I was working was really nervous about the project. She was very positive and very supportive, but she was clearly, didn't know if it was going to work and whether it was the biggest mistake of her career [laughs]. And because it was the first time I'd worked in a healthcare setting I can see that it could have been, so from that point of view, even though there was good will and kind of wanting it to happen, there was no precedent....I did find, in the beginning, in order to get things going, it was a lot of work.

The artists spoke generally of positive experiences with their health care partners, whose roles included mentoring and support as well as facilitating access within the health care settings.

Just to say, for me, the critical thing was my health care partner. Because I had no experience of working with people with XXX all, so she was very enthusiastic and came on the induction days, and we met up beforehand, and we spent time after each session, you know, going through what went well, what didn't go so well, what we would do next time, and at the beginning that was really, really important.

However, the partners' facilitation role was often challenging. Health partners were described as generally enthusiastic about the project but sometimes constrained by their lack of familiarity with particular settings:

Well, it was strange because [the person] ... is terrifically supportive, but has limited influence with the nursing staff, so I couldn't get to the nursing staff...

Within the GP settings, similar issues arose, although with less complex staffing, relationships were clearer and systems already existed that could be used to ease the artist's adjustment:

I had a named doctor, who was enthusiastic and it more or less ended up if I wanted to see her, which kind of got less, but I'd make an appointment with her, like a patient's appointment, and she'd give me ten minutes...

... The practice manager, she's also very busy, but very supportive ... I was given the resources of all the reception staff, just to do bits of photocopying or whatever.

A key issue was the time needed to establish relationships with key staff.

The practice have been really on-side, they've invited me to do a session with their clinical governor, which they have once a month, so did an hours writing workshop with them - all the GPs and the practice nurses and all the admin staff, about 21 people – which was really exciting. And they all engaged with it, that was really good, but that was quite late on in the project and it would have been good if that had been earlier.

3.6 Artistic and management support

As well as a health partner, each artist was supported by an arts partner. The artists described a range of working relationships, from frequent mentoring and support to occasional contact. The artists also spoke positively about the role of the Art-Lift team, and some used the team as a source of support and debriefing:

After the first few sessions I felt like I really needed a sounding board just to help hear myself think... but I also had a phone conversation with (project manager) ... and I came up with the way forward myself, but I needed to have a conversation with somebody...

Mostly the support from the arts partners was described as valuable, with some partners helping to resolve problems that arose, for example, providing alternative space for activities that could not be accommodated within the health care setting. The artists who did not have much contact with their arts partner still appreciated the fact that it was available if needed.

A key issue that arose was that of costs, both in relation to the arts partners' time commitment and the time of the artists themselves. These aspects were generally felt to be underestimated in the proposal. One issue was that of travel costs, which were included in a flat rate despite the fact that they varied considerably between artists. Another issue was that of additional requirements outside of the arts sessions:

... as a self-employed person, popping in for a staff meeting becomes really problematic, because you're putting in time in addition to what's been allotted, which you don't mind doing, but in addition to that if you're then having to pay for the train fares...and I think it would have been useful if that could have been looked at and supported.

3.7 Future plans and sustainability issues

There was a general concern that the project should be sustained after the current funding was exhausted. For some there was feeling of disappointment that the resources within the NHS would not easily be found to support continuation of the project:

You can see that there is no budget to allow flexibility, ... It's all about the finances, it's bare bones...I've found that it's been a bitter sweet thing for me doing this project because it's been fantastic...the participation, the achievements, I could go on about it, but the overall thing it's been fantastic...it's not going to happen again, and that's the sad thing.

There were different levels of optimism about the future of the project, and a number of examples of sustainable activity were identified. In some instances, patients had themselves begun to develop sustainable forms such as self help and support groups.

... so at the end there were three women who were working together over eight weeks, and one of them said 'why don't we meet at my house every week while this isn't happening', so actually they've carried on, but somewhere else, which I think is great.

Most of the artists were able to make use of the £500 additional funding provided by the project for development work. However, effective use of this seemed to depend on a combination of commitment and responsiveness within the healthcare organisation. In some organisations, particularly GP practices, there was a tangible commitment by the health care staff to fund raise and support continuation of the project. In larger organisations, the challenges of bureaucracy seemed to make this more difficult:

I had a meeting with ... my health care person ... to see how we could use the seed fund money, and to see what the trust could do to the support the work, and it felt that it was just...it felt like a huge bureaucracy, like every suggestion I made I was meeting with a brick wall, so even though they valued the work and wanted to find a way to continue it, I didn't feel I was being offered any sort of suggestions,

Several artists found it easier to work with voluntary organisations and charitable trusts than they did with the NHS to do the fundraising and development work for the project.

3.8 Discussion

The artists' focus groups reveal the experiences of artists throughout the project and offer insights for the development of projects in future. Artists may be unfamiliar with working in healthcare settings, and while the Art-Lift artists were flexible and able to adapt successfully, a number of challenges were identified. One of these was the time

needed to establish the project within the settings. Lead in time was needed in order to allow health care staff and patients to become familiar with the artists and to appreciate what they might offer. Artists on the whole enjoyed positive relationships with health care staff, but sometimes lack of support from healthcare staff affected the project. This, together with insufficient lead in time affected recruitment of patients and in some instances meant that patients were not able to benefit from the full programme of sessions.

Training and support for artists also emerged as a key issue. While the artists' perceptions about the value of training and ongoing support varied, most found the support available helpful and at times invaluable. The initial training was brief and left some artists with ongoing questions and issues that emerged in the focus groups, such as the issue of boundaries and disclosure.

On the whole, the artists worked very effectively with patients, often in difficult situations. Artists in hospitals in particular needed to respond sensitively to complex patient needs and organisational challenges. The artists' initial training dealt with the challenges of working directly with patients. Other issues arose that might need to be considered in planning future training activity. For example, while the artists' induction included a session on the external evaluation, during the focus groups it emerged that the artists were also actively engaged in collecting feedback from patients about the project. The implications of this were not necessarily anticipated when the project was designed. In future, if artists are to be involved directly in data collection for the purposes of research and evaluation their initial training needs to include more targeted input on research issues such as confidentiality and informed consent.

Despite these challenges, most of the artists felt that patients benefited enormously from the project. They themselves also benefited, and most expressed a commitment to continue doing this kind of work in the future. Evidence of sustainability was indicated by the range of collaborative fundraising efforts that were being undertaken to support the continuation of the project.

APPENDIX 4. HEALTH PROFESSIONALS' ACCOUNTS.

4.1 Introduction

This report draws on data from telephone interviews with 4 GPs and 2 practice managers across 6 practices in Gloucestershire. The interviews explored professionals' experiences of the project as well as their views about its impact.

4.2. Experiences of the project

In this part of the report we will discuss how GPs and other practice managers found out about the Art-Lift project, what their levels of involvement were in previous arts and health projects, and what interested them initially about the project and prompted them to want to take part.

How professionals found out about the project.

Firstly, those interviewed explained how they found out about the project, which mainly came from their existing networks and contact with the key arts and health GP contact in the local area - Simon Opher. Some of the GPs had therefore had some knowledge of the project prior to signing up to it, whereas one GP spoke about how they found out about the project through the local ethics committee:

Dr. 2: I got involved because I was sitting on the Research Ethics Committee when this particular research paper was submitted to Gloucestershire and as I knew the local doctor who was presenting I decided to be interested in the possible effects...

Others spoke about how they were beginning to develop a personal interest in arts and health projects, and that the timing of the project was right in terms of pursuing their involvement:

Dr. 3: I think it was a flyer that landed in our in-box initially. But I had heard of an arts and health project from the tabloids before as an initiative so that was... and was almost quite pleased to learn more about it but had never had the time, apart from the flyer we got.

One GP in particular was identified as having a strong personal interest in arts and health work and this was significant in terms of leading the practice in this area:

Practice manager 2: Well, Dr X is very much involved in art herself... you know... on a personal front and I believe... I'm just trying to recall because it's several months ago now that it all started, really... I believe... I mean there was funding available in this area and I think we had to put a case forward as to why our practice would be a good candidate for having an artist here and that was done and, obviously, we were successful and were awarded the session. And that's what happened, really. But certainly from... it was led, definitely, by Dr X as

I say because she is very much into her art on a more personal level and feels that medicine and art would be... is invaluable, really. And that was really the reason.

Previous involvement in arts and health work

How the GPs found out about the project was, therefore, inevitably tied up with their levels of personal interest in arts and health work. However, only three of the GPs claimed to have any previous involvement in arts and health work, with one GP stating that their past interest was more closely allied to complementary medicine than arts and health:

R: ...So have you been involved in other types of art and health project before?

Dr. 4: Well, not art directly. I mean we do some acupuncture in the surgery and a little bit of homeopathy. You know... it's just an area where we've dabbled with things but not specifically with art... well, this is the first time we've done anything art-related.

Two other GPs expressed a deeper interest in art and art-related therapies.

Dr. 3: I've worked as a GP registrar in the surgery that had associated a movement therapist, an art... yes two art therapists, actually... and a music therapist.

For the practice manager of one of the GP practices the GPs personal involvement, as well as the support of colleagues, was clearly important in terms of securing the funding:

PM2: ...I certainly think that her interest... and also having the backing of the other partners as well... we were all very keen to explore this avenue of "therapy" because I know the artist isn't, strictly speaking, a therapist. But certainly having the commitment from us all to be able to provide referrals to the artist, etc, I think that was the only way it was ever going to work, really.

Reasons for involvement in Art-Lift

For some of the GPs, then, there was a deep personal interest in art that was driving their involvement in the project. Whereas for the others they had either heard of other similar projects that interested them, or they were keen to try something different. One GP spoke about their interest in a project in London:

Dr. 1: I was aware of... basically... previous projects... the building in London, the hospital where you've got music and art as a way of trying to improve patient experience really.

For others they liked the notion of providing something 'alternative' to orthodox treatment, and that it would provide some 'fun' for patients:

Dr. 2: I liked the idea of having an art therapist involved because I thought it was a rather interesting alternative to our traditional views of how to deal with these patients and I thought it would be fun [xxx]. It's fun.

Two GPs spoke about their interest in the project as being about promoting another approach to health that was outside of the normal evidence-based philosophy evident in orthodox NHS treatment:

Dr. 3: What interested me about the project? Well, for me it was a novel approach for patients, possible also for different kinds of conditions and self-expression or patients with mainly mental health problems...[xxx]...patients so for that I thought it would be quite interesting to see, if it would work, that we could refer...and also to add a bit of colour to our...kind of...evidence-based template of life...

Type of patients referred

GPs and practice managers also discussed the type of patients that were referred to the project, with mental health issues predominating, as well as what one GP referred to as “tricky, frequent attending people”:

Dr. 2: I think I particularly selected the patients who I felt had some social isolation due to prior disabilities... I know I had a number of Parkinson's patients involved...the use of clay... could be useful for some of our patients with difficulty with co-ordination...

And from another interview:

Dr. 3: ... generally it was mental health. It was bereavement and also chronic conditions.

4.3 The perceived impact of the project on patients

In this section we discuss GPs' understanding of the perceived benefits of the project. Particular successes are explained in terms of general benefits to health and wellbeing, the possible impact on patient attendance, the group and social benefits, as well as increase to patient confidence and self esteem. The issue of potential benefits to the practice are also raised.

Perceived benefits to health and wellbeing

All of the GPs and practice managers highlighted particular successes of the project and were on the whole positive about its possible benefits. One GP spoke directly about improvement of wellbeing to patients:

R: Do you think the Art-Lift project has been a success from your point of view?

Dr. 1: Yes and no. I think the 'yes' side of it is... I think it did demonstrate that there was a niche for it and it was effective in bringing an improvement in the wellbeing of some patients...

A practice manager was more effusive about what they felt were the benefits of patients being able to 'open up':

PM 2: Well, from snippets that the doctors' say and from what Barbara has fed back to me... She said that people have opened up and said that this is the best thing that they've done in a very, very long time. So I certainly think there have been massive benefits to the people that have been. I just think....I think I'm trying to say that it should certainly be available a lot more, because I think with some people... you know... if they are depressed or they've got compulsive disorders, that sort of thing...it's better than just coming and speaking to somebody face to face. You're actually doing something. And they're practical... open up and... you know... just saying how they are and what their problems are. But I certainly think that they have benefited...definitely.

One GP spoke about how much he thought the patients had enjoyed the art work and how pleased the practice has been, but revealed that he wanted to have larger numbers going through before they could demonstrate anything conclusive:

Dr. 4: With all these things the actual number of patients who've gone through is relatively small and all of them have absolutely loved it and we've been very pleased so... but... we'd love to do more of it and get more patients through there and until we do get the numbers through I think it's hard to know how... you know... Our feelings so far are: "Great, yes. We want to continue this if we can." But often what starts is that the first few people you put in are some of the... may be not the most typical you put in people patients, if you like, and it's only when you've put a few hundred through that you really get to see whether it's going to be useful for everyone or whether it's just very, very specialised patients who benefit.

Patient attendance

In order to assess more fruitfully the impact of the project on patient health and wellbeing we asked GPs and practice managers directly whether they thought there had been any impact on patient attendance. Most of those interviewed however were reluctant to make any bold claims about this as they did not have the available data at that point and numbers were often too low to generalise:

Dr. 4: There's not enough patients. It's something that's being monitored but we haven't worked out the exact statistics yet, but when we do it will still be too small numbers to really know... The feeling so far is, certainly, that the patients who are doing it feel very happy and

seem to be not coming back to see us so much but... you know... it's still early days and so...

In another interview:

Dr. 3: That I find difficult to evaluate. I mean I know that some patients in between when they had the illnesses they disappeared off the scene for a while and where they have avoided hospital attendance... I don't think so but I haven't really full audited that.

Despite this lack of hard quantifiable data some GPs were largely hopeful that it had affected patient attendance for the better:

Dr. 2: ...anecdotally I believe there's been a reduction in the number of attendances by those five patients in to see me while they've been involved in the arts project.... I mean... no hard science on this... it's simply the fact that I seem to see them less and then when I do see them they seem to be a lot brighter and happier in themselves.

One practice manager was particularly interested in gathering the evidence for this and reflected on what might be best practice for future projects such as Art-Lift, as they felt that although their more ad hoc qualitative evidence told them that it had affected patient attendance that this was not good enough to make any claims:

PM 1: We need to think of some good measurements... And we didn't. But I think they attended less... I'd like to think they did but I can't prove it ... So I think that's something we need to do better in future.

Group and social benefits

As well as the direct benefits to health and wellbeing, those interviewed also highlighted the importance of the art work as social and group activity.

Dr. 1: Yes. I think it drew certain people who'd become a bit isolated... it drew them out of themselves and it got them new social contacts.

Seeing the potential in this aspect of the art work, one GP spoke about how they had specifically referred patients who they thought would benefit from the contact with others and the collective nature of some of the art work:

Dr. 2: I think I particularly selected the patients who I felt had some social isolation due to prior disabilities... I know I had a number of Parkinson's patients involved... and I think they benefited from the social camaraderie as well as the therapeutic benefits of using their hands and improving their skills and co-ordinations. So I think it helped with their general mobility and hand/eye co-ordination, but also I think improving their social interactions...

For one practice manager the group nature of the art work allowed the patients to develop close ties, making them more outgoing - a change that the families of the patients also noticed:

PM 1: I think from my point of view... to see them actually form a really productive, close-knit group and to see them change in... you know... initially they were quite cautious, they weren't overly sure of what they were doing, to what they ended up at the end of the ten weeks ... that in itself, for me, is enough to see the benefit in it. The work they did is great. How they were with their families and all their friends when they came... we put all their work on show at the surgery and they came to an evening to see it... you know... the change in them was quite impressive, really... and the feedback from their friends and families about how they'd noticed the change in them.

Patient confidence and self esteem

Some of the GPs and Practice Managers also discussed how they thought the project helped patients in terms of helping them to explore themselves, improving their confidence and self esteem:

Dr. 1: We've been trying to look at ways of achieving that. I think it's a different type of treatment and it's not drugs, which is good, and I think it has some benefits longer term from the mutual support. I think it improves self-esteem.

One practice manager suggested that this improved confidence and wellbeing was mainly due to the nature of art work where they were able to create something for themselves.

PM 1: I think personally, ... just the use of the colour and they're trying something different... and they're getting together in a group and I think it's just... and also the fact that it's in a GP environment and it's safe. Probably some of these people are people who wouldn't automatically have thought: "Well, I'll go to an art class." They wouldn't necessarily have gone to the local college, etc, because that's always been an option for them. It's opened up just a whole new area for them that's allowed them to get out, feel better in themselves, explore some stuff. They've done a lot of exploring of themselves even though these were art classes and not therapies. They've done that on their own. I personally think that art in any form can trigger a place... you know... in your mind and your wellbeing that you might not have found before because you just haven't come into much contact with it. And that's quite frightening. It can be quite intimidating if you go into a formal art class and you have never done anything before, where within a primary care or any sort of medical environment you have that extra security to give you the confidence to give it a go.

They also detailed the different kinds of creative activities that went on in the practice and in recounting this revealed an excitement about the plethora of activities being promoted in the surgery:

R: So what kinds of art have they been doing?

PM 1: They've been doing everything from using clay to collages to work in boxes... you know... they've done poetry, they've done this work in a box where they'd bring what they felt could go in a box. They created all sorts of different things. One lady had her box full of different tiny bits of sequins and stars and it rolls around as she moves it because it's all... sort of... glass framed... and she sees that as being a bit like a life that when it's not going so well she can just shake it up and... They've all done... they've done portraits of each other... You should nip up actually and have a look!

Creating art work within the 'safe' confines of the GP practice was mentioned as a key reason why this environment was preferred over other art classes. One GP had also highlighted that patients showed increased confidence, and argued that art was viewed by the patients as a 'refuge' from their illness:

Dr. 1: Yes, I think that has been the case, really. People have come out of themselves [xxx]... or shown more confidence and I think also people who did it for about six months at the beginning didn't want to come... but they'd been ill for over six months and traditional medicines had nothing really to offer them and I think it has supported them through that time. They enjoyed art when they were at school but had moved away from it and I think they did find it as a refuge away from their illness.

A few GPs discussed what they felt was the therapeutic quality of the art itself and how this benefited the patient, and that the patient was able to express symptoms in a way that had not been previously available to them:

Dr. 3: It's difficult to evaluate. I received a kind of feedback from some of the patients...generally patients find it beneficial, an element of surprise that they can actually write a poem, something that's beautiful in their life...yes... basically altered the capability to self-express by, for example, expressing a symptom in a new way, to kind of re-frame it. So I think that could be another benefit.

Increasing 'team spirit' within the practice

The art itself, although clearly enjoyable, was seen as more than just good fun, in that those at the practices emphasised what it brought to the practice in terms of generating positive 'team spirit':

Dr. 4: ...I mean the other benefit is just that the art itself is very attractive and we've had coffee mornings and exhibitions of it and things and it's good for generating team spirit in the practice and has

shown the caring side of the practice too. So it's good from that point of view.

Many of those interviewed spoke about how well the art work had been received within the practice and showed a collective pride about their patients' achievements. This clearly had benefits for the practice as well as the patients:

PM 1: ...And the surgery's benefited... well, our surgery has benefited because we had the classes here and just them coming in and out and the work in the waiting room and then other people finding out about it. It's been exceptional, really.

4.4 Responses of professional peers

In order to assess how successful the project had been perceived to be within the surgery we asked GPs and practice managers whether they had had the support of the colleagues, and if not what particular issues arose from that. This also led to a discussion about the referral pattern within surgeries, which GPs were referring within the practice, and how this affected the management of the project. In this section we will also discuss their views of the artists who were working in the practice.

Referral process

A few GPs mentioned how they had the backing and support of the majority of the GPs in the practice and that they were all keen to refer patients:

Dr. 4: Well, all of the doctors and all the practice staff were very much on board with it... you know... We all felt very positive about it.

Much of this support seemed to stem from the GPs holding similar views and experiences of arts and health work, although it was clear from talking to GPs that even if those practices where all GPs referred patients there was a continuum of interest, from very enthusiastic to slightly reluctant:

Dr. 3: ...Generally they all had a session with the therapist herself, which we found very refreshing. I think me and another colleague are very enthusiastic. Our senior partner also has done a PhD in Humanities and Education so he is very, very enthusiastic and he sometimes in the past has "prescribed" a poem. So we are the...kind of...spearhead of enthusiasm. The other ones said: "Yes, let's be on board," but possibly a bit more reluctant than me, but we have all referred.

In each surgery there was usually one GP who was the lead GP for the project and they tended to be the most enthusiastic promoter for the project. Other GPs did not necessarily refer patients for the full range of health problems and also did not always perceive the project as being beneficial, partly due to the lack of time and momentum for the project.

Dr. 1: ...I think all the partners have referred people but I think I was probably the person who was most aware of it and looking at a wider range of people to refer and I think my partners didn't have positive impressions of the effects on their patients. They did find they had one or two referred but back to the numbers and the length of time and the fact that it did take quite a long time for some momentum to build in the practice because it got the OK and the go-ahead and then we got the artist the next week and there wasn't the time to build up the patients to refer and I think that was unfortunate, really.

Sometimes there was just a lack of interest in the project from other GPs:

Dr. 2: ...My other partners have been able to refer no patients to our artist despite constant reminders and I think there was a general degree of disinterest, unfortunately. For myself I referred, I think, five patients in total

One GP mentioned how patients who were frequent attendees were most likely to be referred to by their colleagues and this inevitably left fewer spaces on the project for other patients with a broader range of problems:

Dr. 4: It's mainly been...a couple of my colleagues who have the main... the sort of really tricky, frequent attending people. There are just a couple of partners who really attract that sort of patient and they've made the most use of it. I'm one of the slightly... how should I put it... I don't know what the word is... but I don't get quite so many of those sorts of patients and I haven't personally referred anyone into it, but all the places were immediately snapped up by one of my partners who gets an awful lot of that sort of patient.

Support of colleagues

Other GPs and practice managers discussed how there were differences in opinions and views about the value of the project and this clearly affected referrals. GPs therefore had different levels of support from their colleagues. For example, one GP spoke about how other GPs in the practice had perceived the project as being too much of a 'luxury' and therefore a distraction for patients that did not merit the time that might have to be spent on it:

Dr. 2. The problem that we had was that... you know... practices are always busy. We're an urban practice... you know... we're rushing around all the time... and unfortunately something like art therapy is felt to be a bit of a luxury and a bit of a fiddle because it includes... you know... a bit of space and time aside. So...I'm slightly disappointed that my partners didn't engage in using the service as it was basically an additional free service for our patients. I don't think it was due to lack of knowledge or understanding because we had a discussion with the artist prior to starting the project and constant reminders and

information about it. I think it was just that they were too busy to entertain it... very sad, really.

R: Yes. You said it was potentially seen as a luxury. Is that... are those terms that your colleagues have used?

Dr. 2: No, but a... sort of... more fun than use is really the description, as I remember one of them saying. They didn't really feel that it was absolutely more than just a distraction for the patients... I think that was the comment that was used.

One or two talked about how the project took time to become accepted within the practice and that there were sometimes more practical issues about time pressures that prevented GPs from becoming more fully involved, and in one case the interest from GPs came too late for the project:

Dr. 1: I think that initially there was uncertainty about whether there was a place for it and who would benefit from it and I think it takes a bit of time... suck and see, really... for people to accept...and I think they have changed but unfortunately, due to funding issues, we don't have... it's not going on at the present time.

Due to the nature of the referral system within each surgery there was the problem of filling the spaces for the project, particularly when just one GP was referring. A practice manager highlighted this issue and suggested that other staff within the practice could refer where appropriate:

PM 2: Oh, I think so, yes, otherwise you're just relying on one partner to make the referrals and that's not always... you know... you're not going to fill the sessions, etc. You've got to have everybody on board with it, definitely, without a doubt and also I try to engage with our district nurses and the health visitor because, obviously, health visitors are seeing mums perhaps with post-natal depression and things like that. So they may benefit from it.

Another practice manager felt that the issue was one of promoting the project to GPs and ensuring the project did not become perceived as another 'box-ticking' exercise:

PM 1: They were very interested to start with and then what was quite difficult with us was we had a flurry of... sort of... referrals into the project and they only did ten weeks and we didn't really get an awful lot of drop-off but we didn't get a continuation. I think we need to get this into the forefront of GPs minds when they've got a patient sitting in front of them. There are an awful lot of boxes they've got to tick at the moment... you know... do this, do that, show you've done this... you know... and to get art class... you know... right at the front of their minds is... so I'm going to try and put a bit of art stuck in each of their rooms here so that at least it's in their faces and they can look at it. And I think the evidence will help that but ongoing from then they

weren't necessarily needed to participate but I think it needs to be more forcibly... sort of... in a nice way...

Support of artists

The GPs and practice managers almost unanimously praised the work of the artists and felt that their presence and activity was vital to the success of the project. They were also cited by many as one of the key reasons why they would be interested in supporting a similar project.

Dr. 1: ...I enjoyed it. I thought it was good. We had a good artist and he was very good... very enthusiastic. I mean I think that is important. If you don't have an enthusiastic artist, somebody who feels that it's going to work then I would imagine that some practices... if they didn't have an enthusiastic person... they might not be as positive about it. But I think we would definitely be involved again. I mean we'd like it to continue...

The practice managers also spoke about how useful the artist was in making the links with GPs in the practice and that they involved GPs in understanding what the project was about:

PM 1: ...I mean she was absolutely brilliant for us, very enthusiastic. I mean she tried to engage the staff as well and we all had a little dabble ourselves, which was quite nice.

One of the artists presented work to a clinical governance meeting and this was clearly well received and showed how the practice could help to support the project:

Dr. 3: She was invited to a clinical governance meeting where she presented her work and we also reflected on her work and we also... it was very experiential, actually, and I think people were quite amazed... so the clinical application... where was she sited in the team... yes...I mean would I regret... because with being such a busy practice apart from, may be, corridor conversations and e-mail that we send each other... we didn't have much communication. But she was also, I must say, a very self-confident and competent and autonomous lady.

Another mentioned how the artist's presence was essential to the success of the referral system, but that when they were not present in the surgery this had a knock on effect in that the lack of visibility of the artist was inevitably accompanied by a diminished visibility for the project:

PM 1: When she's not been on the premises it's a bit like... if you see somebody, you remember... you know...so I think earlier on she probably had more people going to her and being referred and more latterly I think it was probably just the regulars...less new referrals as time's gone on, I think.

4.5 Lessons and recommendations identified by professionals

GPs and practice managers were asked about what recommendations they would like to make to the project and, if they wanted to do the project again, what would they change. In this section a number of themes are highlighted: the issue of momentum and other practical considerations such as concerns about the space/environment; choice of art; promotion and advertising of the project; and quantifying evidence.

Those interviewed spoke candidly about what they felt could have been improved and one particular theme was about gathering momentum:

Dr. 1: ...I think the 'no' being that it probably didn't go on long enough and there were issues around the fact that it takes a bit of time for something like this, which is outside of people's traditional thinking, it takes some time for it to develop a certain momentum and I don't think it went on long enough, really, to quite do that.

The issue of momentum was specifically related, then, to the length of the project, but was also about when the project fell in the year:

PM 2: ...They didn't seem to be here at all during... I think it was July... she was... because of other commitments. So again the momentum went off a bit... through no fault of hers, I think, it was just other things were going on in her working life and we didn't have it... It wasn't every week. It was to start with and then we had a big gap, so you lose a little bit that way... Lessons to be learned... I think certainly to keep the momentum going. As I say it wasn't ideal because half of the time went into the summer holidays when people were away on holiday themselves and people were on leave.

There was the sense in which they felt that the project did not have time enough to develop and therefore the numbers were too low early on in the project. Some of the early problems therefore, such as referrals, could have been ironed out if the project was running for longer:

Dr. 1: Well, I think that you need to get a certain number of people in order to be able to assess it, really. Our numbers are not large enough to give much assessment and I think if you decide on a project and you have a start date, say 6-8 weeks down the line, and you actually have meetings within the practice where one can try and clarify who you're looking at and trying to refer, then you've got a better chance of starting with a full clinic whereas we only got up to being full towards the end and therefore some of the potential benefits of the social interaction won't have been caught because we didn't really have enough going the whole way through.

In addition to concerns about momentum, one practice manager discussed practical problems about space and the suitability of the environment the artist was working in:

PM 2: ...it was very successful earlier on when we had... we had a room that was available. Latterly ... space became a bit of a premium and the artist managed to secure a little bit more funding so she was able to use our local village hall which is next door to the surgery. So she did sessions there as well...space is our problem. That's our big, big problem... We had to utilise one of the rooms that was used by the attached staff and we've just put them on notice so they will actually be here and so we've got another room that way. But that's again not ideal because you lose communication with attached people. But certainly, if space allowed, I'm sure we would definitely want to take part again.

One GP wanted to have a choice over the type of art being used by patients in the surgery, and particularly where the GP felt they had a convincing argument over the usefulness or otherwise of a particular artistic medium for both their patients and the suitability for the surgery:

Dr. 2: ...I think having the choice of the artist would have been useful... not the personality but the actual type of art. I think I would have very much liked to have water colours... painting. It would have been technically less messy for us to set up than ceramics and clay. I think it would have been something which would have identified more with patients. I think trying to introduce the idea of "Come along and start making some clay pots," was more difficult than if I'd said "Look, we've got an art group... drawing... You don't need to know how to draw or paint. Come along." I think it would have been easier for me to have encouraged patients to come along to that. So that would be the thing that I would have thought of...

One of the GPs discussed the issue of better promoting and advertising the project in the surgery and how this was linked to the local demographics. They showed some awareness of why particular art work might be successful based on ideas about the local population:

Dr. 3: What would I do differently? I think for the very nature... we've got a mixed population, possibly tending more towards the deprived lower classes, and I think the recruitment process for the one-to-one was OK. I think we would do that again.... Possibly we may do a quite gentle... kind of fishing people who were interested... We could advertise a bit more aggressively...

Another GP continued this theme and suggested that the local population had to be taken into account as some patients who were referred did not attend, and within quite a diverse population as South Gloucestershire there were subtle demographic differences that may have impacted on the project's success:

Dr. 1: ...it is an interesting option and way forward but I also feel that it may not necessarily suit all areas. I suppose that's one of the other things that I should have said to you, that Dr X's area (his population) is quite different to ours. He's got quite an arty population anyway so I think he'd take on board probably quicker in his area whereas I think... he has arty, artistic-type people... but some places don't have as many and I think there's a bit more scepticism probably locally and we did have to try a bit harder. There were quite a lot of people we referred for it who did not attend.

Lastly, the importance of being able to provide more useful evidence for its effectiveness was seen as important. For one practice manager this was partly about providing more numbers to go through the referral system, but it was also about providing more patient testimonies about its effectiveness:

PM 1: I think it's getting the measurement thing sorted out at the beginning for the success... to be able to prove... because it's really quite hard... you know. I can bore the pants off anybody with... you know... how successful I think it was and if I could have bottled the feeling in the room when we had all the patients and all their families and all their friends all mingling together at the preview night that we had for them... you know... it's incredible. I did get a couple of GPs to come to that and those that came really were very impressed with that feeling but it's so hard to quantify that for a busy doctor who is trying to think of everything else and that's the main, main thing at the beginning. I think they really need to have some hard and fast measurement and it's a hard area to measure. But that's the main... the big thing, I think, that we need to get a grip on, really.

4.6 Discussion

The experiences of getting involved with Art-Lift reveal the importance of professional networks and the role of 'champions' in developing arts for health activity. It also reveals that professionals who have a personal interest in the arts are more likely to support such projects, although having direct experience of using the arts in health care seems of relatively little relevance.

These GPs were keen to offer a new service to their patients, particularly those with frequent attendance for medically unexplained needs. This concurs with the accounts of patients who often stated that they had tried everything available before being referred to Art-Lift. While these patients may form a small proportion of the total served by the practice, they are seen as 'tricky' by GPs who spend considerable amounts of time trying to address complex needs for which few services exist.

The professionals who took part in the interviews were those who were most supportive of the project. They praised the work of the artists and felt that their presence and activity was of great benefit to the practice. However, not all professionals supported the project, and a range of attitudes and responses

were identified that impacted on the project by reducing the number of referrals. The greater involvement of GPs in project planning and in the selection of artists and art forms for their practices may have helped to deepen support for the project in the initial stages.

A number of challenges were raised by the professionals that limited the impact of the project. These included lack of sufficient lead in time as well as problems of space and facilities. Nevertheless, these professionals observed a range of positive impacts of the project on patients including reduced attendance by particular groups. They were also aware of the unique benefits offered by the health care environment, particularly the 'safe' space of the GP practice. There was a general agreement that these observations warrant further research into the impact of arts in healthcare settings.

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