



Artlift Wiltshire Final Report

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Executive Summary

Introduction

In 2007, the Arts Council England advocated for the enhanced use of art programmes as a means to address health and well-being. As such the National Health Service (NHS) was encouraged to further engage with art based offerings for patients (Arts Council England, 2007). In response to this call for action NHS Gloucestershire worked in conjunction with Artlift to develop an art on referral scheme. This is an intervention where health primary care providers and professionals refer patients for an 8-10 week art programme, usually delivered in a community based or primary care setting.

Artlift is a registered independent charity and charitable incorporated organisation (registered charity # 1151580). Based upon Artlift's established programme reputation (2008-present) and evaluated health outcomes in Gloucestershire (Crone et al., 2011; 2012a; 2012b), Artlift is seeking to further develop locations for delivery of the arts based on prescription patient referral programme. A joint venture with NHS Wiltshire Council has been established to model Artlift Gloucestershire's based programming in three GP residencies, with Whiteparish Surgery serving as the pilot location for evaluation. It is considered that acquiring evidence concerning the implementation of Artlift in different locations will assist in further understanding the process of 'setting up' and developing an Artlift model for larger scale programme roll-out.

Evaluation Aims and Objective

Aim: To acquire evidence concerning the implementation of Artlift in different locations to assist in further understanding the process of 'setting up' and developing an Artlift model for a larger scale programme roll-out.

Objectives:

1. To investigate patients' characteristics (e.g., gender, age, ethnicity, occupation, referral reason) and their uptake and progress through the intervention (e.g., attendance, completion and re-referral).
2. To explore GPs, stakeholder, and artists' perceptions of the Artlift project in Whiteparish Surgery Wiltshire.

To complete these objectives, patient data was collected via questionnaires to gain a greater understanding of the characteristics of those who utilized the programme and how they progressed through the Artlift sessions. Additionally phone interviews were held with GPs (n = 2), stakeholders (n = 2), and artists (n = 2) affiliated with the Whiteparish Surgery programme to obtain insight as to how they felt the programme ran and recommendations for future programmes.

Findings

Objective 1:

- The first session had seven patients attend and the second session had nine patients, of which six were re-referrals from the first session.
- Patients' ages ranged from 37-93 years old, all were White British, with the majority retired, and female.
- The most common reason for referral was to increase overall well-being.
- Out of 10 sessions, the average attendance was seven sessions, with majority of patients considered programme completers.
- Patients noted not attending sessions due to health issues, dealing with a cold building where the course was held, illness or an operation.

Objective 2:

- Positive feedback was reported on the space to work, referral process and mentoring approach for staff members. One small concern was communication in between weekly sessions for the artists and surgery staff.
- The programme has shown surgery staff members a more holistic approach to health and therapy, an opportunity to include more patients with future referrals, and display the artworks of patients in the programme. Consideration should be given regarding how best to

manage the relationship between delivery staff, patient diagnosis, and patient communication from the standpoint of the surgery.

- The positive aspects of using a local artist are that they are connected to what is going on in the art scene in their area, possess the ability to grow a core group of artists, and do not need to travel long distances. A principal concern of utilizing a local artist is the potential that they know some of the patients. There is a need to ensure the ethos of Artlift is understood and maintained.
- Hosting a staff taster day allowed a better understanding of how the programme operated during art sessions. The launch was a bit delayed due to a change in practice management and a patient taster session was offered. In practice the feedback has been positive as well as the staff contact affiliated with the programme.
- Feedback provided was to generate referral leaflets which clearly state how many weeks are offered and details about the programme, enhanced training for artists in dealing with mental health patients, art work examples for the surgery to show perspective participants, and additional locations for the programme.

Conclusion and Implications

Objective 1:

- The Whiteparish Surgery pilot demonstrated the feasibility to attract and retain patients to the Artlift programme at a new location.
- Overall there was good attendance from patients that did engage in the programme as the majority of patients attended on average seven of the 10 sessions.
- The programme was able to attract six patient re-referrals onto the second session of the seven patients who completed the first session. This may potentially reflect the impact participating in the programme had on patient health, well-being, and social connectivity.
- The average age of patients attending was 72 years old and the majority were female. This may not be reflective of the Whiteparish Surgery population as a whole. Future considerations should take into account how to incorporate a variation in patients' ages and attracting more males.

Objective 2:

- Hosting a staff taster day allowed a better understanding of how the programme operated during art sessions and how patients were able to engage with the various art forms. Future recommendations would be to include this when introducing Artlift to additional surgeries as it can be used as a talking point in staff meetings and allows a greater understanding of what the programme entails.
- The referral process from the GP and stakeholder aspects was found acceptable and easy to complete. For future programmes it would be beneficial to provide referral leaflets which clearly state how many weeks are offered and details about the programme.
- Future programming should take into account enhanced training for artists in dealing with mental health patients and how to work with the surgery in terms of patient contact and communication.
- Staff felt the programme created therapeutic gains, assisted patients and families, and would like the Artlift programme to continue at their surgery.
- Using a local artist proved to be positive as they are aware of the art scene in their area, have the ability to grow a core group of artists, and have less distance to travel. In using a local artist, consideration of knowing some of the patients' needs to be taken into account.
- The artist mentoring approach allowed for open discussions from sessions, immersion into the delivery of sessions and meeting staff. Recommendations would be to allow artists being mentored the opportunity to attend additional artist sessions to gain insight into different styles of delivery.
- Clear communication about the number of sessions available, re-referral, and links between partners needs to be further enhanced.

Lay Person Summary

Introduction

In 2007, the Arts Council England promoted the use of art programmes as a means to address health and well-being. As such the National Health Service (NHS) was encouraged to further involve art based offerings for patients (Arts Council England, 2007). In response to this call for action NHS Gloucestershire worked with Artlift to develop an art on referral scheme. This is a programme where health primary care providers and professionals refer patients for an 8-10 week art course, usually delivered in a community based or primary care setting.

Artlift is a registered independent charity and charitable incorporated organisation (registered charity # 1151580). Based upon Artlift's established programme reputation (2008-present) and positive health outcomes in Gloucestershire (Crone et al., 2011; 2012a; 2012b), Artlift is seeking to further develop locations for delivery of their arts programme. A joint venture with NHS Wiltshire Council has been established to model Artlift Gloucestershire's programme in three GP residencies, with Whiteparish Surgery serving as the test location for evaluation. Artlift would like to learn how offering the programme in different locations will assist in their understanding of how to 'set up' and develop an Artlift model for larger scale programme roll-out.

Evaluation Aims and Objective

Aim: To learn how the delivery of Artlift in different locations can help assist in further understanding the process of how to 'set up' and develop an Artlift model for a larger scale programme roll-out.

Objectives:

1. To investigate patients' characteristics (e.g., gender, age, ethnicity, occupation, referral reason) and their uptake and progress through the programme (e.g., attendance, completion and re-referral).
2. To explore GPs, stakeholder, and artists' perceptions of the Artlift project in Whiteparish Surgery Wiltshire.

To complete these objectives, patient data was collected via questionnaires to gain a greater understanding of the characteristics of those who enrolled onto the programme and how they progressed through the Artlift sessions. Additionally six total phone interviews were held with two GPs, two stakeholders, and two artists affiliated with the Whiteparish Surgery programme to learn how they felt the programme ran and recommendations for future programmes.

Findings

Objective 1:

- The first session had seven patients attend and the second session had nine patients, of which six were re-referrals from the first session.
- Patients' ages ranged from 37-93 years old, all were White British, with the majority retired, and female.
- The most common reason for referral was to increase overall well-being.
- Out of 10 sessions, the average attendance was seven sessions, with majority of patients considered programme completers.
- Patients noted not attending sessions due to health issues, dealing with a cold building where the course was held, illness or an operation.

Objective 2:

- Positive feedback was reported on the space to work, referral process and mentoring approach for staff members. One small concern was communication in between weekly sessions for the artists and surgery staff.
- The programme has shown surgery staff members a more holistic approach to health and therapy, an opportunity to include more patients with future referrals, and display the artworks of patients in the programme. Consideration should be given regarding how best to

manage the relationship between delivery staff, patient diagnosis, and patient communication from the standpoint of the surgery.

- The positive aspects of using a local artist are that they are connected to what is going on in the art scene in their area, possess the ability to grow a core group of artists, and do not need to travel long distances. A principal concern of utilizing a local artist is the potential that they know some of the patients. There is a need to ensure the ethos of Artlift is understood and maintained.
- Hosting a staff taster day allowed a better understanding of how the programme operated during art sessions. The launch was a bit delayed due to a change in practice management and a patient taster session was offered. In practice the feedback has been positive as well as the staff contact affiliated with the programme.
- Feedback provided was to generate referral leaflets which clearly state how many weeks are offered and details about the programme, enhanced training for artists in dealing with mental health patients, art work examples for the surgery to show perspective participants, and additional locations for the programme.

Conclusion and Implications

Objective 1:

- The Whiteparish Surgery pilot demonstrated the ability to attract and retain patients to the Artlift programme at a new location.
- Overall there was good attendance from patients that did engage in the programme as the majority of patients attended on average seven of the 10 sessions.
- The programme was able to attract six patient re-referrals onto the second session of the seven patients who completed the first session. This may potentially reflect the impact participating in the programme had on patient health, well-being, and social connectivity.
- The average age of patients attending was 72 years old and the majority were female. This may not be reflective of the Whiteparish Surgery population as a whole. Future considerations should take into account how to incorporate a variation in patients' ages and attracting more males.

Objective 2:

- Hosting a staff taster day allowed a better understanding of how the programme operated during art sessions and how patients were able to engage with the various art forms. Future recommendations would be to include this when introducing Artlift to additional surgeries as it can be used as a talking point in staff meetings and allows a greater understanding of what the programme entails.
- The referral process from the GP and stakeholder aspects was found acceptable and easy to complete. For future programmes it would be beneficial to provide referral leaflets which clearly state how many weeks are offered and details about the programme.
- Future programming should take into account enhanced training for artists in dealing with mental health patients and how to work with the surgery in terms of patient contact and communication.
- Staff felt the programme created therapeutic gains, assisted patients and families, and would like the Artlift programme to continue at their surgery.
- Using a local artist proved to be positive as they are aware of the art scene in their area, have the ability to grow a core group of artists, and have less distance to travel. In using a local artist, consideration of knowing some of the patients' needs to be taken into account.
- The artist mentoring approach allowed for open discussions from sessions, immersion into the delivery of sessions and meeting staff. Recommendations would be to allow artists being mentored the opportunity to attend additional artist sessions to gain insight into different styles of delivery.
- Clear communication about the number of sessions available, re-referral, and links between partners needs to be further enhanced.

1.0 Introduction

In 2007, the Arts Council England advocated for the enhanced use of art programmes as a means to address health and well-being. As such the National Health Service (NHS) was encouraged to further engage with art based offerings for patients (Arts Council England, 2007). In response to this call for action NHS Gloucestershire worked in conjunction with Artlift to develop an art on referral scheme. This is an intervention where health primary care providers and professionals refer patients for an 8-10 week art programme, usually delivered in a community based or primary care setting.

Patients are referred for a range of reasons: to reduce stress, anxiety or depression; to improve self-esteem or confidence; to increase social networks; alleviate symptom of chronic pain or illness; distract from behaviour related health issues; improve overall wellbeing. The 8-10 week intervention involves attending art sessions delivered by artists working with activities such as words/poetry, ceramics, drawing, mosaic and painting. Sessions are held once a week for two hours in duration and are scheduled mid-day. Upon programme completion patients can be re-referred by a healthcare professional to access another 8-10 week course. Course duration varies between 8-10 weeks dependent on the type of art being offered.

Artlift is a registered independent charity and charitable incorporated organisation (registered charity # 1151580). Based upon Artlift's established programme reputation (2008-present) and evaluated health outcomes in Gloucestershire (Crone et al., 2011; 2012a; 2012b), Artlift is seeking to further develop locations for delivery of the arts based on prescription patient referral programme. A joint venture with NHS Wiltshire Council has been established to model Artlift Gloucestershire's based programming in three Wiltshire GP residencies, with Whiteparish Surgery serving as the pilot location for evaluation. It is considered that acquiring evidence concerning the implementation of Artlift in different locations will assist in further understanding the process of 'setting up' and developing an Artlift model for larger scale programme roll-out.

1.1 Artlift Whiteparish Surgery Pilot

Starting in August 2014 Artlift trialled a location in South East Wiltshire hosted at Whiteparish Surgery. To gain a greater understanding of how the programme operates, Artlift personal provided a staff taster session in September 2014 for the whole Whiteparish practice. Staff members had a hands-on opportunity to experience what referred patients would be doing in an art session.

GPs from the Whiteparish surgery referred patients onto the programme who matched the referral criteria. Initial programme contact was provided by the practice manager and a lead reception team member who informed patients about the opportunity via letters and flyers, assisted with completing the registering paperwork, and answered various questions and inquiries about the programme. Two artists were incorporated where the session leader from the first 10 weeks served as a mentor to a local artist who conducted the second 10 week activities. A taster session was held on 15 September 2014 to provide patients the chance to meet the artists, see if they would enjoy attending, and if it was for them prior to registering for the 10 week sessions. The first 10 week session ran from 6 October-8 December 2014, and the second 10 week session from 12 January-23 March 2015 (an additional week was included due to the lead artist having a family commitment and unable to lead a session).

Artlift sessions were held 11 am – 1 pm on Mondays in the Whiteparish Memorial Centre town hall adjacent to the surgery. The first 10 week art sessions concentrated on watercolour and pencil mediums and the second 10 weeks focused on mixed media. Following the patients' final session on 8 December 2014 a focus group was held with five of the six first term completers who consented to participate in the evaluation. Interim findings showed that: wishing to enhance social connectivity

was a key motivator; the referral process was acceptable, and patients were positive about their overall experiences (please refer to the Artlift Wiltshire Interim Report (January 2015) for full findings).

2.0 Aim and objectives of the brief evaluation

Aim: To acquire evidence concerning the implementation of Artlift in different locations to assist in further understanding the process of 'setting up' and developing an Artlift model for a larger scale programme roll-out.

Objectives:

1. To investigate patients' characteristics (e.g., gender, age, ethnicity, occupation, referral reason) and their uptake and progress through the intervention (e.g., attendance, completion and re-referral).
2. To explore GPs, stakeholders, and artists' perceptions of the Artlift project in Whiteparish Surgery Wiltshire.

3.0 Method

3.1 Patient Characteristics and Feasibility of Patient Programme Uptake

A quantitative research methodology was used to support research objective 1.

Patient data was collected from October 2014 to March 2015. Anonymised Artlift patient completed packets were returned to the Interventions4Health team by the artists leading the sessions. This information was entered into a SPSS (v.20) data file by the Interventions4Health team who conducted all of the analysis. Specific data was expunged including age, gender, ethnicity, employment status, reason for referral, number of sessions attended, and programme completion. Data protection was ensured through the use of password protected University computers, and raw data was stored in locked filing cabinets within the researchers' secure office. NHS Research Ethics were followed, and Bath Research and Development and Wiltshire Clinical Commissioning Group were notified of the programme evaluation.

3.2 GPs, Stakeholders, and Artists Perceptions

A qualitative research methodology was utilized to support research objective 2.

Artlift identified GPs (n = 2), stakeholders (n = 2), and artists (n = 2) who were critical in the Whiteparish Surgery pilot programme. Interventions4Health staff contacted those identified individuals to provide them an evaluation information sheet, consent form, and interview questions (see Appendix A-C). Upon response individual phone interviews were scheduled and carried out from January-February 2015. All interviews were digitally recorded and utilized a semi-structured format.

Interviews were transcribed verbatim. Analysis was undertaken in the context of the evaluation aim and objective. Inductive content analysis (Waltz et al., 2010) was used to analyse the data which involved a series of coding 'text units' (or sections of text), initially into general themes and then through a systematic review of these into more detailed themes and subthemes. Memos were attributed to each text unit specifically to move from description to meaning, to understand the participants' perceptions and to provide a voice for their experiences and opinions within the text. Following this, a systematic review of themes was conducted to confirm or amend themes to ensure

they accurately represented the data. These themes are presented in Section 6.0 and include quotations from the transcripts. All quotations are provided anonymously. Data protection was ensured through the use of password protected University computers, and raw data was stored in locked filing cabinets within the researchers' secure office. NHS Research Ethics were followed, and Bath Research and Development and Wiltshire Clinical Commissioning Group were notified of the programme evaluation.

4.0 Findings

4.1 Patient Characteristics and Feasibility of Patient Programme Uptake

Session 1 (October-December 2014)

- A total of 11 patients were referred to first session, with seven choosing to participate. One additional patient was referred and attended once, but was then unwell and unable to continue.
- Patients were 37-93 years old (M = 74.43, SD = 19.23), all female, White British, and were all retired with the exception of one.
- Reasons for referral were to improve overall well-being (n = 3), decrease stress/anxiety/depression (n = 2), improve social networks (n = 1), support following loss/major life change (n = 1), and two did not have a reason indicated.
- All seven patients were classified as programme completers, attendance ranged from 5-10 sessions (M = 7.14, SD = 1.77).
- Patients noted not attending sessions due to health issues and dealing with a cold building where the course was held.
- All seven programme completers were re-referred for the next 10 week term starting January 2015.

Session 2 (January-March 2015)

- A total of nine patients participated in the second session. This included six patients who were re-referred from the first session and three additional patients.
- Patients were 37-91 years old (M = 69.33, SD = 18.67) and all were White British. Eight patients were female, one was male. The majority of patients were retired (n = 6), followed by unemployed (n = 2), or part-time employed (n = 1).
- The main reason for referral was to improve overall well-being (n = 4), followed by to reduce stress/anxiety/depression (n = 3), support following loss or major life change (n = 2), distraction from behaviour related health issue (n = 1), improve self-esteem/confidence, help alleviate symptoms of chronic pain or illness (n = 1), increase social networks (n = 1), and one did not have a reason indicated.
- Programme attendance ranged from 1-10 sessions (M = 7.22, SD = 2.94). Eight of the patients were classified as completers and one as a non-completer.
- Of the three new patients to the session, two patients who were listed as completers were only able to attend five and six sessions respectively due to illness or an operation. One patient attended only the first session and did not complete any additional sessions. The patient noted not quite being ready to participate as they wished to get their mood swings under better control.

4.2 GPs, Stakeholders, and Artist Perceptions

Please refer to section 6.0 Interview Feedback Table for full listing of quotes from the GPs, stakeholders, and artists.

Summary:

- Artlift is perceived to be innovative and impacting the lives of patients.
- Positive feedback was reported on the space to work, referral process and mentoring approach for staff members. One small concern was communication in between weekly sessions for the artists and surgery staff.
- Staff felt the programme created therapeutic gains, and assisted patients and families. Patients who have engaged with the programme reported to staff their enjoyment from participating.
- The programme has shown surgery staff members a more holistic approach to health and therapy, an opportunity to include more patients with future referrals, and display the artworks of patients in the programme. Consideration should be given regarding how best to manage the relationship between delivery staff, patient diagnosis, and patient communication from the standpoint of the surgery.
- The positive aspects of using a local artist are that they are connected to what is going on in the art scene in their area, possess the ability to grow a core group of artists, and do not need to travel long distances. A principal concern of utilizing a local artist is the potential that they know some of the patients. There is a need to ensure the ethos of Artlift is understood and maintained.
- Both artists felt working in tandem expanded their approach to various art forms and materials yet were sometimes reluctant to be overly vocal if the other artist was leading the session as did not want to be seen as interfering.
- The mentoring approach allowed for open discussions from sessions, immersion into the delivery of sessions and meeting staff. Artists being mentored would like the opportunity to attend additional artist sessions to see different styles of delivery.
- For further commissioning would need to convince those less certain of the benefits of arts on referral, demonstrate its value as a gentle form of therapy, enhancements for patients' health and well-being, and its potential to reduce burden of treatment costs on the medical system.
- Hosting a staff taster day allowed a better understanding of how the programme operated during art sessions. The launch was slightly delayed due to a change in surgery management. A patient taster session was offered which had good patient attendance. In practice the programme feedback has been positive as well as the feedback from surgery personnel who were affiliated with contacting Artlift staff.
- Feedback provided was to generate referral leaflets which clearly state how many weeks are offered and details about the programme, enhanced training for artists in dealing with mental health patients, art work examples for the surgery to show perspective participants, and additional locations for the programme.

5.0 Conclusion and Implications

5.1 Patient Characteristics and Feasibility of Patient Programme Uptake

- The Whiteparish Surgery pilot demonstrated the feasibility to attract and retain patients to the Artlift programme at a new location.
- Overall there was good attendance from patients that did engage in the programme whereby the majority of patients attended on average seven of the 10 sessions.
- The programme was able to attract six patient re-referrals onto the second session of the seven patients who completed the first session. This may potentially reflect the impact participating in the programme had on patient health, well-being, and social connectivity.

- The average age of patients attending was 72 years old and the majority were female. This may not be reflective of the Whiteparish Surgery population as a whole. Future recommendations should take into account how to incorporate a variation in patients' ages and attracting more males.

5.2 GPs, Stakeholders, and Artist Perceptions

- Hosting a staff taster day allowed a better understanding of how the programme operated during art sessions and how patients were able to engage with the various art forms. Future recommendations would be to include this when introducing Artlift to additional surgeries as it can be used as a talking point in staff meetings and allows a greater understanding of what the programme entails.
- The referral process from the GP and stakeholder aspects was found acceptable and easy to complete. For future programmes it would be beneficial to provide referral leaflets which clearly state how many weeks are offered and details about the programme.
- Future programming should take into account enhanced training for artists in dealing with mental health patients and how to work with the surgery in terms of patient contact and communication.
- Staff felt the programme created therapeutic gains, assisted patients and families, and would like the Artlift programme to continue at their surgery.
- Using a local artist proved to be positive as they are aware of the art scene in their area, have the ability to grow a core group of artists, and have less distance to travel. In using a local artist, consideration of knowing some of the patients' needs to be taken into account.
- The artist mentoring approach allowed for open discussions from sessions, immersion into the delivery of sessions and meeting staff. Recommendations would be to allow artists being mentored the opportunity to attend additional artist sessions to gain insight into different styles of delivery.
- Clear communication about the number of sessions available, re-referral, and links between partners needs to be further enhanced.

6.0 Interview Feedback Table

Table 1- GPs, Stakeholders, and Artists Interview Feedback

»Interview question/topic	»Summary	»Direct quotation from participant
1. What are your opinions about Artlift generally?	Artlift is perceived to be innovative and impacting the lives of patients.	<p>Innovative <i>'Very well organised and effective and I think probably one could say it's an innovative sort of culture changing project really that probably radically changed people's lives'</i></p>
2. How easy or difficult has the whole process been for you/staff?	Positive feedback was reported on the space to work, referral process for staff members, and mentoring approach. One small concern was communication in between weekly sessions for the artists and surgery staff.	<p>Space to work <i>'We are very lucky because we have a new build right next to the surgery of a new purpose built village hall which has two ideal rooms to work in'</i></p> <p>Referral process <i>'The referral process was easy. I give the names of the patients I think would benefit to the staff member and she has a chat with the patient, tells them all about it, and adds their name to the list.'</i></p> <p><i>'Very easy. We have a staff member, and she very much worked one on one with them, attended the Artlift classes, and really supported them through it. Then she feed back to us on an individual and group basis.'</i></p> <p><i>'As clinicians we very much picked the person who we thought would be most suitable. 75% was initiated by a clinician, 25% then saw what was happening and referred them self.'</i></p> <p><i>'I would say some of our GPs need to be reminded and prompted to refer patients, but a couple of others are really hot on it and saying I think this person could really benefit from it'</i></p>

Mentoring Approach

'I always been able to email either the artist of someone else in the organizing group and they've always responded. That's when I had questions. We didn't have a clue as we've never done it before so when I have had questions, I have had many they've answered them and been very supportive.'

Relationship with artists and staff

'Only thing which was a slight bother was that the coordinator at the surgery was often only available on a Friday which made it kind of difficult because if I'd send emails on maybe Tuesday after the session or something I probably wouldn't get a reply until Friday. So that made things a little bit pressured to have to deal with whatever it was, because obviously the weekend came between the Friday and the Monday session.'

3. Benefits for patients

Staff felt the programme created therapeutic gains, and assisted patients and families. Patients who have engaged with the programme reported to staff their enjoyment from participating.

Staff feedback

'A massive therapeutic gain. In about 75% of my cluster, a huge, huge gain. The only difficult thing was getting some of my patients to attend because some of them have social phobias. Once they were there it was a win, win, win, it was just getting them there.'

'One of my patients who has had long term depression problems and was very quite intractable for more than 10 years has really benefited from this class. So much so she is basically turned over a new lease of life and she wants to carry on.'

'I think from the individual patients I've seen this particular one, her mental health has improved, she's even thinking one day she might be able to come off medication all together because she realized this has opened up a whole new angle for her.'

'We have another lady who has dementia, depression, and family problems so this is her weekly outlet. She's been an artist already so for her its been a real life saver in terms of her family dynamics and her mental health really.'

Patient feedback to staff

'They've loved it and they want to go again.'

4. Benefits to the surgery through having Artlift available for patients

The programme has shown surgery staff members a more holistic approach to health and therapy, an opportunity to include more patients with future referrals, and display the artworks of patients in the programme. Consideration should be given regarding how best to manage the relationship between delivery staff, patient diagnosis, and patient communication from the standpoint of the surgery.

Benefits

'On a smaller scale the staff some of them were quite cynical and some of the partners were quite cynical. So it has been proving people the needs of therapy and the choices available.'

'I think it does raise the profile of the surgery in terms of being holistic about the patients care. I can't see any negatives as it demonstrates the desire to improve people's lives not just in the traditional medical way but also in their social psychological general well-being. It just adds another dimension to our care, it's only beneficial really.'

'I'd be so disappointed if it was pulled, if it didn't continue because I can see it would grow and we could invite more people to benefit. We have nearly 7,000 patients and at the moment I think it is only 15, 12 who are attending.'

'We are going to have a display in the waiting areas and we've got to find somewhere to put them. When new people come to the group hoping to change the pictures and update them regularly so we can have an art display in the surgery. That will raise the profile of Artlift with the rest of the population.'

Disadvantages

'A staff delivery member contacted one of our more severely mentally unwell patients at home. The delivery staff wasn't to know their diagnosis. The patient is difficult to contact at the best of times and the patients privacy was invaded although not

purposely. We had to sort that one out and did suggest that all contact is initially made by the surgery and not the delivery staff until when the patients are happy to be communicated with directly.'

5. Pros and cons of using a local artist

The positive aspects of using a local artist are that they are connected to what is going on in the art scene in their area, possess the ability to grow a core group of artists, and do not need to travel long distances. A principal concern of utilizing a local artist is the potential that they know some of the patients. There is a need to ensure the ethos of Artlift is understood and maintained.

Pros

'Having people who are locally based I think is really good because hopefully then we can seek a core, another core of artists in that area that will continue the practice and kind of open it out there.'

'Having local people in local places and because then the culture can grow because of the whole thing about sustainability I guess and continuity local artists will know more about what the local resources are and things like that for people to move on to build networks.'

'Just having them close by they don't have the stress and worry of getting here.'

Cons

'We need to keep the Artlift ethos and make sure all of that's in place so it doesn't become a watered down version like a franchise or something.'

'(If you were) from that particular small village and known them in a different capacity maybe...you know as someone who was a neighbour or whatever and knew everything else about everybody.'

6. Experience of working in tandem with another artist and the mentoring approach

Both artists felt working in tandem expanded their approach to various art forms and materials yet were sometimes reluctant to be overly vocal if the other artist was leading the session as did not want to be seen as interfering.

Tandem working

'The artist was very experienced in arts and health work before anyway and I think the good thing for me was actually working alongside another artist who had a slightly different approach and used materials in a different way so that actually was a good positive thing to do.'

The mentoring approach allowed for open discussions from sessions, immersion into the delivery of sessions and meeting staff. Artists being mentored would like the opportunity to attend additional artist sessions to see different styles of delivery.

'Great to have that experience to look at your own practice and what you do when and why and we both discussed it.'

'There were times within the session – particularly as the group got to know me where I did maybe introduce something, gently, that the other artist might not have done at a particular time. It was probably quite rare that I would do that because I didn't want to break the spell if you like.'

Mentoring approach

'I didn't feel that the artist needed that much mentoring in fact in a literal way like that because they were kind of in the groove as it were anyway. So mostly it was about discussing what had happened in the sessions and thinking about if something could have been done differently.'

'It would have been better if we'd had more sessions together. Maybe at least another one of the main ten sessions not necessarily for the artists sake but for that actually it was just a big leap from going from three sessions and then taking on a complete term afterwards.'

'I think the three/four sessions were perfect really, so there was a chance to have that immersion – but particularly for meeting and getting to know the patients and staff at the surgery really. Also the other artist was really open for communication through email and phone calls.'

'Maybe if there are more artists in Wiltshire it may be that two of the three sessions would be dropping in to see how someone else works.'

<p>7. Opinions about the commissioning of this type of service for certain patient groups</p>	<p>For further commissioning would need to convince those less certain of the benefits of arts on referral, demonstrate its value as a gentle form of therapy, enhancements for patients' health and well-being, and its potential to reduce burden of treatment costs on the medical system.</p>	<p>Positive support</p> <p><i>'I would certainly support it. There are a few hurdles as some people are very cynical about it, some being restricted that art is not one of the ones that would necessarily always get funding. It's just good to prove. It is invaluable. It is a very gentle form of therapy.'</i></p> <p><i>'I think it is important to consider it. I think it has potential to enable patients to become more resilient, to have better well-being, to raise their mood will certainly reduce the burden on primary care and general practice. It will enable them to be more independent and not so needy in terms of medical services.'</i></p> <p><i>'I believe it is incredibly positive and builds self-esteem.'</i></p> <p><i>'If we can prove that they show an improvement in a patients way of life, perhaps a reduction in medication and perhaps you know managing their own lives better and certainly reducing hospital admissions so whether or not that could, you know could be launched out of, as part of (other commissioned) projects.'</i></p>
<p>8. Information prior to the project starting, its launch, and implementation in practice</p>	<p>Hosting a staff taster day allowed a better understanding of how the programme operated during art sessions. The launch was slightly delayed due to a change in surgery management. A patient taster session was offered which had good patient attendance. In practice the programme feedback has been positive as well as the feedback from surgery personnel who were affiliated with contacting Artlift staff.</p>	<p>Prior to starting</p> <p><i>'We had a couple of people running Artlift successfully in Gloucestershire come to one of our practice meetings, it was a participation type where we were all asked to draw something discuss something. I was actually really, really good fun. It showed us even though you don't have a great ability to draw you can still do it and have fun doing it. That was encouraging as it encouraged us to encourage others who are not feeling particularly gifted to come along.'</i></p> <p><i>'They showed us some paintings and drawings that other clients had created in their workshops in Gloucestershire. They did show us good examples.'</i></p> <p><i>'They came to visit us to give us an outline of what it was all about. And from there on we decided that yes we wanted to</i></p>

pursue it and we let the whole practice know that this was what we were going to do and actually included it in a practice meeting as well.'

Launch

'I understand we were a pilot practice within the area to start this off – this hadn't been trailed here, again we were just very pleased to do so... we were a little bit tardy in getting it off the ground for a number of reasons. We had a change of practice management and ... we were a little bit late.'

'It was quiet, I would say. It wasn't a big song and dance, we had a taster session on the 15th of September where we invited patients to come and have a go and see what they thought. If it was something they felt they wanted to take part in we wrote to them again and they had a start date of the 6th of October.'

In practice

'The feedback that we have certainly had is that patients have gradually warmed as the weeks have gone on, they've started to relax, they've started to get on with each other- there's been a tremendous support there.'

'No problem with implementation – it went very smoothly with the reps from Gloucester coming and now we obviously have our local artist as well.'

'I think it has worked absolutely brilliantly. I don't have anything negative to say about it. It has encouraged some of our patients who really don't socialize or really socially integrate it has encouraged them to come along every Monday. They started off being quiet and not interacting with other people and now there is no stopping them. You know the social things, the chats, the support they give each other is absolutely brilliant.'

9. Is there anything you can think of that would improve Artlift, i.e. something that could be done differently? Changed? Something additional?

Feedback provided was to generate referral leaflets which clearly state how many weeks are offered and details about the programme, enhanced training for artists in dealing with mental health patients, art work examples for the surgery to show perspective participants, and additional locations for the programme.

Referral leaflets

'If they can provide that information in a leaflet that I can then forward when I'm inviting people. For example, I have written a letter to a patient that one of the doctors had referred for our next group and I have nothing to enclose in it. I need a very clear, precise, attractive leaflet to explain exactly what Artlift do and what our dates are.'

Number of sessions available/re-referrals

'I think we just need to make it very, very clear, because we've only done the first session and now on the second I didn't even know they could be referred for a second. I was delighted and thrilled as were all the patients were as when they were referred for a second block of 10 (sessions) and all costs covered. It wasn't on anywhere, it's just a 10 week session. So I was surprised when that got 20.'

'It would be really great to have that leaflet have the details on and be very clear that it is a 10 week program. I would say not to guarantee 20 weeks, but a further 10 week course will be considered on an individual basis.'

More training around mental health/mental illness

'It is a difficult thing as they are a charity we can't brief the artist at all. Even when we ask the patients how much we can say mental health is still a very big one and one that carries a great deal of stigma and confidentiality. For many of these people it not the mental illness per say, it is the lives that had that brought them to the places where they have reached.'

'The artist being aware that the majority of the patients we send there will be very damaged mentally and by life. It is just having that greater awareness I think the artist did realize by the third or fourth week to accept that these patients are very private, they have very difficult demographics they are working with.'

Artwork examples for patients

'(Understanding) What they were signing up for yes – I mean we had examples of some of the earlier drawings and things but I'm not sure that they were actually passed on to patients...and also I think that just to encourage patients and say look, you know, we're not expecting you to come and do a Rubens or whatever but it's just really to come and find out what you like to do.'

Additional locations

'I do feel that if it could be rolled out and actually if it could even be rolled out to patients in nursing homes and rest homes, day centres I think it would be a tremendous benefit – just some art therapies, making and doing things, you know, on a regular basis.'

'Offering Artlift at not big residencies if you like...but that there could be more intensive programmes – in the right situations, with the right managers... not advertised but...where something could be set up in a group – lets say it's eating disorders referral, people who have been to GPs, they have concerns, it's not too bad now but it could be... there could be a group of just working with materials in a quite oblique way that might just offset something that could develop into something else.'

FIND

7.0 Appendices

Appendix A- GPs Information Sheet, Consent Form, and Interview Questions

January 13, 2015

Dear (GP),

As you referred patients onto Artlift we would like to invite you to take part in an evaluation of the project. I am Dr Elizabeth Loughren a Research Fellow at the University of Gloucestershire and am undertaking the evaluation in conjunction with Prof Diane Crone a Professor in Exercise Science, Dr Tabitha Dickson a Research Assistant, and Dr Colin Baker a Research Fellow all also at the University of Gloucestershire.

We would greatly appreciate your input to the evaluation, as your experience and views will be important in shaping the future development of the project. Please read the information provided on the attached sheet and feel free to contact me for any further information. Can you please *complete the return slip below or email me to let me know whether you would be interested in taking part*. We will contact you within the next 2 weeks if you responded positively via the reply slip or if I do not get a response to see if you are interested in taking part or not, and if so to arrange a time when you are available to be phone interviewed.

Kind Regards,

Elizabeth Loughren

Address: University of Gloucestershire, Oxstalls Campus, Oxstalls Lane, Gloucester, GL2 9HW.

Telephone: 01242 715197

E-mail: eloughren@glos.ac.uk

.....
Return slip for GPs regarding evaluation of Artlift. Please fill in and delete as appropriate.

I have read the information sheet attached and have decided that I **would/would not** like to accept the invitation to take part in the evaluation of Artlift. I **would/would not** like to be contacted in the next few weeks for a time and date to be arranged.

Signed _____

Name _____

Date _____

Contact Number and best time to ring: _____

Email address: _____

Please send to: Dr Elizabeth Loughren, University of Gloucestershire, Oxstalls Campus, Oxstalls Lane, Gloucester, GL2 9HW or email: eloughren@glos.ac.uk

Information for potential Participants

This information is designed to inform you about the project because it is important for you to understand why the study will be done before you decide whether or not to take part. Please ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

The purpose of the study is to investigate the experiences, attitudes, perceived role and outcomes of health professionals involved in Artlift.

Do I have to take part?

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

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

Consenting participants will be asked to be involved in a telephone interview which will last approximately 15-20 minutes. It will take place at a convenient time for you. You will be sent a consent form and interview outline prior to the interview. It will involve questions related only to your experiences, attitudes and opinions of Artlift. The topics of conversation will include questions about your previous experiences of Artlift, what you thought/think about it, the referral process, how you feel it affects patients and so on. Any information you give will be made anonymous and be treated confidentially, recordings will be destroyed a year after the study has ended.

What are the possible benefits to taking part?

The information derived from the study will help to evaluate Artlift. Finding out and understanding health professionals experiences will develop the project in the future.

Who has reviewed the study?

The NHS Research Ethics Committee (Avon/Somerset) have approved the study.

Telephone interview schedule for the referring GPs.

1. What art activity did you have in your GP practice?
2. How easy or difficult has the whole process been for you and your staff? ➤ Space to work ➤ Referral (opportunistic/categorical/processes) ➤ Relationship with artists
3. In your opinion has Artlift benefited your patients? If yes, how? ➤ Have you had any feedback from your patients?
4. Do you think there have been any benefits to the surgery through having Artlift available for patients? If so, please describe what.
5. Are there any disadvantages?
6. Would you like Artlift to continue in your surgery? Why? / Why not?
7. What are your opinions about the commissioning of this type of service for certain patient groups?
8. Artlift Wiltshire has used local artists to deliver the programme, in your experience what were some of pros of introducing a local artist? Cons?
9. Is there anything further that comes to mind that you would like to share that we have not covered?

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Appendix B- Stakeholders Information Sheet, Consent Form, and Interview Questions

January 13, 2015

Dear (Stakeholder),

As you referred patients onto Artlift we would like to invite you to take part in an evaluation of the project. I am Dr Elizabeth Loughren a Research Fellow at the University of Gloucestershire and am undertaking the evaluation in conjunction with Prof Diane Crone a Professor in Exercise Science, Dr Tabitha Dickson a Research Assistant, and Dr Colin Baker a Research Fellow all at the University of Gloucestershire.

We would greatly appreciate your input to the evaluation, as your experience and views will be important in shaping the future development of the project. Please read the information provided on the attached sheet and feel free to contact me for any further information. Can you please *complete the return slip below or email me to let me know whether you would be interested in taking part*. We will contact you within the next two weeks if you responded positively via the reply slip or if I do not get a response to see if you are interested in taking part or not, and if so to arrange a time when you are available to be phone interviewed.

Kind Regards,

Elizabeth Loughren

Address: University of Gloucestershire, Oxstalls Campus, Oxstalls Lane, Gloucester, GL2 9HW.

Telephone: 01242 715197

E-mail: eloughren@glos.ac.uk

Return slip for Stakeholders regarding evaluation of Artlift. Please fill in and delete as appropriate.

I have read the information sheet attached and have decided that I **would/would not** like to accept the invitation to take part in the evaluation of Artlift. I **would/would not** like to be contacted in the next few weeks for a time and date to be arranged.

Signed _____ Name _____

Date _____

Contact Number and best time to ring: _____

Email address: _____

Please send to: Dr Elizabeth Loughren, University of Gloucestershire, Oxstalls Campus, Oxstalls Lane, Gloucester, GL2 9HW or email: eloughren@glos.ac.uk

Information for potential Participants

This information is designed to inform you about the project because it is important for you to understand why the study will be done before you decide whether or not to take part. Please ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

The purpose of the study is to investigate the experiences, attitudes, perceived role and outcomes of health professionals involved in Artlift.

Do I have to take part?

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

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

Consenting participants will be asked to be involved in a telephone interview which will last approximately 15-20 minutes. It will take place at a convenient time for you. You will be sent a consent form and interview outline prior to the interview. It will involve questions related only to your experiences, attitudes and opinions of Artlift. The topics of conversation will include questions about your previous experiences of Artlift, what you thought/think about it, the referral process, and so on. Any information you give will be made anonymous and be treated confidentially, recordings will be destroyed a year after the study has ended.

What are the possible benefits to taking part?

The information derived from the study will help to evaluate Artlift. Finding out and understanding stakeholders experiences will develop the project in the future.

Who has reviewed the study?

The NHS Research Ethics Committee (Avon/Somerset) have approved the study.

Telephone interview schedule for the stakeholders.

1. Information prior to the project starting
2. Its launch
3. Subsequent implementation in practice
4. What was their understanding of the pathway and project?
5. How did they perceive it as a referral option for patients?
6. What, in your opinion, are the key lessons can be learnt from the Artlift project in Wiltshire?
7. What are your opinions about the commissioning of this type of service for certain patient groups?
8. Artlift Wiltshire has used local artists to deliver the programme, in your experience what were some of pros of introducing a local artist? Cons?
9. What is your perception of the Artlift mentoring approach (prior to the start of the programme, during the programme), and suggestions of improvement.
10. Is there anything further that comes to mind that you would like to share that we have not covered?

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Appendix C- Artists Information Sheet, Consent Form, and Interview Questions

January 13, 2015

Dear (Artist Name),

As you were one of the artists involved in delivering Artlift we would like to invite you to take part in an evaluation of the project. I am Dr Elizabeth Loughren a Research Fellow at the University of Gloucestershire and am undertaking the evaluation in conjunction with Prof Diane Crone a Professor in Exercise Science, Dr Tabitha Dickson a Research Assistant, and Dr Colin Baker a Research Fellow all also at the University of Gloucestershire.

We would greatly appreciate your input to the evaluation, as your experience and views will be important in shaping the future development of the project. Please read the information provided on the attached sheet and feel free to contact me for any further information. Can you please *complete the return slip below or email me to let me know whether you would be interested in taking part*. We will contact you within the next 2 weeks if you responded positively via the reply slip or if I do not get a response to see if you are interested in taking part or not, and if so to arrange a time when you are available to be interviewed.

Kind Regards,

Elizabeth Loughren

Address: University of Gloucestershire, Oxstalls Campus, Oxstalls Lane, Gloucester, GL2 9HW.

Telephone: 01242 715197

E-mail: eloughren@glos.ac.uk

.....
Return slip for Artists regarding evaluation of Artlift. Please fill in and delete as appropriate.

I have read the information sheet attached and have decided that I **would/would not** like to accept the invitation to take part in the evaluation of Artlift. I **would/would not** like to be contacted in the next few weeks for a time and date to be arranged.

Signed _____ Name _____

Date _____

Contact Telephone number _____ and/or email _____

Please send to: Dr Elizabeth Loughren, University of Gloucestershire, Oxstalls Campus, Oxstalls Lane, Gloucester, GL2 9HW or email: eloughren@glos.ac.uk

Information for potential Participants

This information is designed to inform you about the project because it is important for you to understand why the study will be done before you decide whether or not to take part. Please ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

The purpose of the study is to investigate the experiences, attitudes, perceived role and outcomes of artists involved in Artlift.

Do I have to take part?

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

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

Consenting participants will be asked to be involved in a telephone interview which will last approximately 30-40 minutes. It will involve questions related only to your experiences, attitudes and opinions of Artlift. You will be asked to answer only the questions that you want and that there are no right or wrong answers; it is only your experiences, opinions and attitudes of the Artlift that are of interest to the researchers. The topics of conversation will include questions about your previous experiences of Artlift, what you thought/think about it, how you feel it affects patients, the referral process and so on.

What are the possible benefits to taking part?

The information derived from the study will help to evaluate Artlift. Finding out and understanding artists experiences will help develop the project in the future.

Who has reviewed the study?

The NHS Research Ethics Committee (Avon/Somerset) have approved the study.

Telephone interview schedule for the artists.

1. Can you tell us about the creative activities you ran as part of the Art Lift programme?
2. What are your opinions about Artlift generally? 3. What are your opinions on the concept – arts for health improvement? 4. What don't you like about Artlift 5. What do you like about Artlift? What are the areas that could be improved?
6. Can you describe your experiences of being involved in the Artlift project? <i>(Prompts: 1. Your feelings at the beginning? 2. During the training? 3. Your first session? 4. Now, six months further on?)</i> 7. In your experience what were some of pros of introducing a local artist? Cons? 8. How was the experience of working in tandem with another artist? 9. What is your perception of the mentoring approach used by Artlift? 10. Could this be improved in any way?
11. Did you have any problems in the organisation or delivery of Artlift?
12. Can you give me your opinions of the referral process? <i>(Prompts: 1. Referral forms? 2. Admin? 3. Length of course? 4. Opportunities to continue?)</i> ➤ Do you think it could be improved in any way? If so how?
Interactions: 13. Interactions with patients can you describe your interactions with patients? Has this been easy or difficult? What has been easy and why? What has been difficult and why? 14. Interactions with primary care staff - can you describe your interactions with primary care staff? Has this been easy or difficult? What has been easy and why? What has been difficult and why? 15. Interactions with Artlift personnel? can you describe your interactions with Artlift personnel? Has this been easy or difficult? What has been easy and why? What has been difficult and why?
16. What, in your opinion, have people seemed to enjoy the most? ➤ Why do you think this is? ➤ In your opinion, are the things that participants did not like?

➤ Why do you think this is?
17. How do you think Artlift supports people? ➤ Can you give any examples?
18. In your opinion, what sort of skills do you think Artlift artists need?
19. As an artist what did you get out of your involvement in Artlift? How has it affected your own creative practice in any way? (<i>Prompts: learnt anything new?</i>)
20. To help us improve this project, what recommendations for the future would you suggest?
21. Is there anything further that comes to mind that you think would be of interest to us that we have not covered?

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