reach Dorset

LOCAL EVALUATION REPORT

July 2010

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1. INTRODUCTION

REACH Dorset was formed as a partnership project between the Bridport Medical Centre and Bridport Arts Centre. NHS Dorset contributed by providing funding and in kind support through the Improving Access to Psychological Therapies team (IAPT). In addition, the Dorset Mental Health Forum, a user led peer support organisation, provided in kind support for the development of peer support groups as a legacy to the project. Representatives from all these organisations were on the steering group managing the project.

REACH Dorset aimed to improve & maintain recovery, self-esteem & self-autonomy in those with mild anxiety & depression. The aims were to:

- Promote self-awareness
- Reduce reliance on primary care and possibly reduce need for prescriptions
- Increase confidence and social connections
- Develop skills and interests
- Raise awareness of the benefits of Nature
- Give a sense of pride and purpose
- Increase the range of creative options available for those people with minor mental health problems
- Increase understanding of the potential for using arts activity in mental health
- Provide evidence to support further development of this work

The benefits for participants were:

- Improved well-being
- Acquisition of new skills and interests
- Sense of achievement
- Reduced isolation
- Increased community involvement

The benefits for organisations were:

- New partnerships across the Arts and Health sectors
- Increased arts and health provision in Dorset
- Raised awareness of the potential for the arts to impact on health priorities
- Increased numbers of artists with the skills to deliver Arts & Health work

2. PROJECT SUMMARY

Two artists were recruited to lead the project, Marc Yeats, a visual artist and Rosie Jackson, a writer. They were recruited via open submission and interview.

The theme of the project was nature and it was agreed that the participants would use visual and written creative expression to respond to nature including walking/working outside. The theme was selected on the basis of evidence of the benefits of nature for mental health.

Phase 1 April – July 2009
Participants attended one 2 hour workshop a week with a choice of afternoon or late afternoon 5-7 pm for 12 weeks.

Phase 2 August – November 2009
After reviewing the first phase participants attended one 3 hour workshop a week with a choice of morning or afternoon for 8 weeks.

The workshops were held in Bridport Arts Centre. It was agreed that this would encourage participants to feel comfortable using local community facilities rather than the project being perceived as a 'mental health project'.

The artists facilitated the group activities with opportunities for participants to share their thoughts and discuss their artworks. They worked in a variety of different media and produced a large body of artworks and writing on the theme of nature. The artists wrote: 'We wanted to create a safe environment where people could experiment and explore with words and images in ways they had not done before, using the natural world as a stimulus and subject matter, sometimes involving walks to woods and on the coast. Our main purpose was to catalyse inner change, to enable everyone to take hold of his or her own creativity in a positive way. Since this process was in many ways more important than outcomes, we encouraged practices to loosen and inspire, such as associative writing or drawing with the eyes closed. And we were delighted so many participants described their experiences as liberating and affirming, freeing them from conventional expectations and inner critics and letting them view their lives from new angles and perspectives. Sharing work, talking and relating together also built self-acceptance, confidence and trust. We later progressed to more sustained pieces, including a personal `tree of life' design.'

The artworks and writing were brought together in a book, to celebrate the achievements of the participants. Copies of the book were available for participants to purchase and copies are kept at Bridport Arts Centre and Bridport Medical Centre. The contents of the book can be viewed online on the Arts & Health South West website at www.reach-sw.info .

A low intensity IAPT worker was in attendance at every session in the first phase. They provided professional input as a mental health worker, to provide support to the artists if any participants became very distressed, and to liaise with other mental health colleagues and the GP and therefore to provide a 'safety net' as well as to administer the IAPT questionnaires as part of the evaluation (see 4.). They were encouraged to take part in the creative activities. In the first series of workshops this worked very well. In the second phase the IAPT worker was ill for much of the time the course was running and only attended on 3 days. Consequently data collection was patchy for this second phase.

The representative of the Dorset Mental Health Forum attended one session towards the end of each course and discussed the benefits of peer group support and encouraged participants to continue to meet beyond the life of the project. A group has formed with approximately 50% of total participants meeting regularly to continue with arts activities. They have also secured further funding in order to employ artists on an occasional basis. Another group of participants has formed to meet to read plays together.

3. PARTICIPANTS & RECRUITMENT

In early meetings the GP lead identified an unmet need for those who might attend the GP surgery with mild depression, anxiety or stress. Within the stepped care model of mental health services these people would be classified as being on the foundation, 1st or 2nd step. REACH would offer an alternative to some of the current CBT and other therapies available to GP's. Quite a few participants were still in or had been in CBT therapies and recommended to attend REACH by them. It was agreed that participants could be referred via their GP, via IAPT or self refer via a leaflet. The geographic spread of participants was discussed and in the first instance it was agreed that the project was primarily for those attending the Bridport Medical Centre but that through IAPT's locality structure participants could also attend from slightly further afield, depending on numbers signing up.

A leaflet was designed in discussion with health partners which described the project as for people 'experiencing low mood, anxiety or stress'. There was some discussion around stigma and how overt the link to mental health services should be. The leaflet attempted to strike a balance between being very obviously an 'NHS' service and being upfront about the involvement of mental health services. The leaflet stated that participants needed no previous experience of making art and that the courses were free. They were asked to ring the Primary Care Mental Health Service and were then 'screened' by the low intensity IAPT worker in order to assess the appropriateness of the course for their particular needs. They were also informed that they would be asked to take part in the IAPT national evaluation (see 4.).

For the second series of workshops a 'taster' session was arranged as it was felt that some people were reluctant to commit themselves to a course without knowing more about it. This was very successful.

It was agreed that the maximum number of participants for each group would be 12 (i.e. 48 in total). The numbers recruited were as follows:

Phase	**Numbers at start**	**Numbers at end**
April – July Groups 1 & 2	18	15
August – Nov Groups 3 & 4	13	11
TOTAL	**31**	**26**

Out of a total of 31 people 5 people didn't complete the course:

- I person left at the beginning of the first session apparently because of the evaluation questionnaires.
- 1 person left in week 2 because of feeling intimidated by the quality of the work produced by others
- 1 person never came back after the first session although had seemed to enjoy it – the artist thought there might have been a language barrier issue
- 2 people attended some of the course but didn't complete it because of physical health issues

4. METHODOLOGY

Evaluation questions
The evaluation of REACH Dorset will feed into the evaluation of all REACH projects. All the REACH projects were asked to:

- consider the effectiveness of delivery evidenced by participant outcomes
- assess the process and end product in terms of artistic quality
- assess the extent to which NHS priorities are delivered

At a local level REACH Dorset aimed to:

- assess the benefits to mental health for participants
- capture qualitative information about experience of participants
- evidence value for money in relation to sustainable funding

Improving Access to Psychological Therapies
REACH Dorset was part of the IAPT 'offer' and therefore participants also took part in the IAPT national evaluation programme. The aim of this programme was to assess how easy patients find it to access psychological services, how satisfied they are with the service and how effective the care currently being offered is. This required participants to complete questionnaires at every session (Appendix 1). These were:

IAPT Economic Status Questionnaire
Work & Social Adjustment Scale
GAD – 7
PHQ – 9
IAPT Phobia Scales

Qualitative Evaluation
In addition to this the artists used a qualitative methodology to evaluate the perceived benefits of REACH for participants' health and wellbeing. Participants were asked to write a letter from themselves at the end of the course to themselves at the beginning of the course (see Appendix 2).

5. RESULTS

5.1 Improving Access to Psychological Therapies
The data was analysed by a statistician at NHS Dorset

Groups 1 & 2
17 people took part in the data collection. Of these 17 people only 15 people regularly completed the IAPT data set.
<u>Outcome measures</u>
39% showed a reduction in PHQ9 and GAD7 scores.
56% showed an increase in functioning – a reduction in the Work & Social Adjustment Scale scores.
<u>Employment Status</u>

Full-Time	Part-Time	Unemployed	Full-Time Homemaker or Carer	Retired
2	4	2	1	7

1 person did not wish to state their Employment Status.

39% of people are retired and therefore won't be able to get back to work. Nobody went back to work overall (only 2 people are unemployed) or came off Statutory Sick Pay or benefits; however no one in turn lost their employment. This shows retention in employment.

Groups 3 & 4
13 people took part in data collection overall.

Regular outcome measure wasn't done unfortunately due to staff sickness and reluctance of participants filling them in. Only 3 people filled two or more sets of outcome measures in.

Outcome Measures
67% showed a reduction in PHQ9 and GAD7 scores. (15% of the overall number did however this includes all participants who only filled in one set and therefore could not show a change)
33% showed an increase in functioning (8% of the overall number did however this includes all participants who only filled in one set and therefore could not show a change)

Employment Status

Full-Time	Part-Time	Unemployed	Full-Time Homemaker or Carer	Retired
1	2	6	1	4

31% of participants are retired. There was not enough data to show if anyone went back to work or came off benefits. One person who completed two outcome measures showed retention in their part-time employment.

5.2 Qualitative Evaluation
21 people completed the qualitative evaluation and wrote a letter to themselves reflecting on their experience of the REACH course. These are some of the common themes with a few quotes to illustrate them.

Anxiety about attending the course
Many of the participants wrote about how difficult it was to attend the course, that they were terrified, or anxious, or had to be very brave. This was due to anticipating meeting other people or worrying about whether they would be good enough at the artwork and writing.

'I am very proud of you for managing to do the reach project. I know how hard it has been for you, and how terrified you were at the prospect, you have been very brave.'

'You came to the group even though you were nervous. You had no other hope left but you took that positive step.'

‘You were very brave to make this step to contact with the outside world. A commitment. An act of hope.’

‘To start off with the writing was daunting and I felt everyone else managed a lot better than me but now I’ve coped and I am pleased.’

`It was such a stroke of luck to find the poster about Reach just when I was looking for something like that… but it was not luck but choice to throw myself into it, which took strength and courage. I didn’t run. I didn’t hide. There were tough moments but I didn’t shy away.’

Creativity
There is strong evidence that participants recognised the value of creativity and that REACH allowed them to make contact with their creative selves and an understanding that this was part of the journey of recovery. Many participants wrote that they intended to continue with creative activities.

‘I don’t just have confidence in my creativity, but a better understanding that creativity is not a competition, but an interpretation of limitless value.’

‘A continuation of the exploration of creativity in the world of images, that started as part of the first steps of recovery.’

‘I am definitely going to try and fit in some creativity to my routine – I think I may want to start to keep a journal.’

‘so pick up a pen or pencil and let yourself live a little’.

‘I now want to carry on painting/writing as I have believe it or not ideas popping into my head that I want to pursue.’

‘I feel my creative side has been ignited and I feel ready to resume my own practice.’

‘I knew you could do it, and pushed enough would and more importantly get a sense of personal achievement from reaching out and allowing time to be yourself and let your creative side surface.’

‘The course has connected you with your desire to make, to create, it doesn’t matter what you do but allow yourself to be more expressive and relax and enjoy what you can do.’

‘I know that you feel that you would like to carry on doing creative things at home, that is a huge gift that you have been given, you haven’t felt like that for a long time.’

‘write your way through this middle earth, middle age, mid life, let your roots develop, learn to stand your ground.’

Theme of tree of life
Some participants commented on the ‘Tree of Life’ theme and this obviously struck a chord as a metaphor.

'this is me, not the sad and lonely poorly uncreative lost soul and elderly person you'd feared was your identity now.'

'you have experienced the roots – the trees in life as well as the family tree.'

'Begin to actively BE HERE and with acceptance of all of you, the roots, the branches, and all that comes between.'

Taking time for oneself

Some participants valued the course as an opportunity to take time for themselves and realised this was important for their mental health.

'I feel so much better than when I first started the course, so much more nurtured and nourished, as though I am at the beginning of remembering how to look after myself.'

'You deserve to spend time doing what makes you happy and being creative, spending time with nature for no other reason than it makes you feel happy is OK. Let guilt disappear – it is so harmful and will destroy you.'

'Now is your time, grasp it with both hands. Find time for yourself to write, paint, draw or whatever you wish.'

Providing a focus & motivation

There were many comments about how the course gave people a more positive energy and focus.

'It has given you something to focus on and given you motivation, things that have been lacking in your life lately.'

'You were so excited and animated when you came home from each session and eager to continue in some way at home. I can't remember when I last saw you so positive.'

'I know you will still have days when things look gloomy but keep positive and look ahead.'

Meeting new people, friendships

Being heard and listened to was valued, the opportunity to discuss the work they had produced and the sense of sharing important and deep feelings. Participants valued being with others and sharing their problems – knowing that others had similar problems.

'it was the particular quality of sharing that mattered most to you – because you did and do and still will need to share and communicate – to be heard, to be listened to'

'I managed to feel comfortable especially after we all had a talk and realised that everyone has their problems not just me. I could then laugh and feel at home, safe.'

‘REACH brought me into contact with people who also had problems; some greater than others, and despite finding it difficult to gather the courage to attend the earlier of the twelve weekly sessions, almost without realising it I became committed. This commitment gave me a basis for going forward.’

‘You found the sort of honesty and sharing and connectivity that enabled you to relate even to things you didn’t understand.’

‘You laughed but thank goodness you cried.’

Endings
The letters ended on very positive notes:

‘I am so pleased I decided to go to the reach project, I hope it will ‘Reach’ out to other people like it has to me, even the name now makes sense.’

‘I hope this project could carry on because it is so rewarding (and better than drugs!).’

‘What a difference this makes in one’s life, this course has been wonderful in many many ways to say the very least – for you.’

‘I managed to listen and take note of others, to see beyond myself… Now, I barely pass a day without willingly interacting with others. I value myself now. I’m not so afraid of failure.’

There was only one letter with a few negative comments. This person missed several sessions and didn’t really feel they got to know the rest of the group although even then they looked forward to the weekly sessions and found the material interesting and stimulating and wrote: ‘I think you have learned that improvement in your mental condition can come about only by your own efforts, which is a hard lesson to take on board.’

6. CONCLUSION

Successes
The qualitative evaluation indicates the success of REACH for the participants. The letters provide a moving and impressive testament to the benefits to participants across all the areas that the project originally aimed to achieve in.

- Improved well-being
- Acquisition of new skills and interests
- Sense of achievement
- Reduced isolation
- Increased community involvement

The artists worked extremely well together and provided each other with mutual support. It would seem that the dynamic between them was very positive and they provided for different needs in the participants. The quality of the artwork produced was very impressive. This was commented on by the artists in the introduction to the book:

'The outcome of this has been art and writing of remarkable quality, some of which we are honoured to be presenting in this volume. Poems, prose fragments, pencil and charcoal sketches, paintings, photographs, stained glass, 3-D, textile and paper work, all evidence of the remarkable inventiveness latent within everyone. And between the lines, making them all the more valuable to us, are the moving personal stories, the compassion and humour we also shared together. Indeed, the fact that all this work was done in the midst of people's struggles with huge inner and outer challenges – stress, depression, bereavement, anxiety, panic, job loss, ill-health – confirms our belief not only in the power of art but in its sheer necessity on our human journey.'

All the partners were very positive about the project and were keen to continue. Funding was sought from the West Dorset Partnership through their Communities for Health funding scheme. The bid was successful and REACH Further is now under way.

Challenges & lessons learned

Fewer participants were recruited than planned for. The maximum for each group was 12 i.e. a total of 48 in four groups; in the event 31 participants were recruited.

We do not know which of the methods of recruitment - GP referral, IAPT referral, self-referral- were most effective, as participants were not asked how they had found about REACH. It would be a good idea in future to log this kind of information as it would inform future work.

Longer lead in time is needed for recruitment and if it were possible to programme regular REACH courses health staff would know they could refer people on to it at any time. This would gradually build REACH into the IAPT 'offer'. The project planning and management needs to reflect the time and resources needed for recruitment.

One of the IAPT workers was ill for several sessions and this meant that data was not collected. There could have been a contingency plan in place for the collection of data by the artists. The absence of the IAPT worker also caused some problems in that one person joined the session without having been screened. This participant was currently in secondary mental health services and it is likely that the course was not appropriate. A misunderstanding arose between the participant and the artist about discussing the work produced during the session. Secondary services then contacted the IAPT worker to raise this as an issue.

The role of the IAPT workers during the sessions needed better planning. More time for the artists and the IAPT worker to meet and discuss how they would work together might have helped this. The artists decided to involve the IAPT workers in creative activities and this worked well.

There is evidence that at least two participants found the collection of data intrusive. One person left before the first session, apparently because of the evaluation requirements. One person wrote negatively in the qualitative evaluation about the form filling:

’getting to know the participants & realising that they continue to turn up each week, despite the wretched form filling, has been the best bit’.

The artists were concerned that the data gathered by the IAPT questionnaires did not capture the positive effects of REACH as there was no way of isolating the causes for changes in behaviour and mood in the lives of participants from the positive (or negative) influence of the course itself. However as the IAPT lead said: ‘Regarding questionnaires I have felt that they provide some sort of evaluation and no, we can’t measure the other variables in people’s lives but this is the case in many parts of health care. Did the statin reduce cholesterol or the change in diet or the increased exercise or all three? We have an obligation to use them and they may be useful when looking at funding implications for other similar projects. Commissioners want as much information as possible before they start handing out valuable funds or resources’.

The GP lead commented ‘I understand all the concerns about the IAPT data. I completely agree that we cannot draw any scientific conclusions to demonstrate that any positive outcomes were due to participating in REACH. If there were wider financial resources & time to employ a research worker who could investigate better ways of evaluating qualitative outcomes, that would be wonderful! As it is, we have offered REACH as another resource within the Primary Care Mental Health Service, & the IAPT workers were already familiar with the questionnaires. In future we need to help participants understand why the forms are necessary - not just a "tick box" exercise but an attempt to attract future funding to develop such projects further (funding is not going to be easy in the current recession, & more likely to come from health or social services rather than the arts sector). And of course the other reason why the questionnaires are done is again to see how participants are coping from week to week - but that would need the Low Intensity Worker to take up any concerns after each session if someone is obviously much worse.’

The issue of the IAPT questionnaires was discussed at various steering group meetings and the IAPT lead tried to reassure the artists that in fact many people value the opportunity to reflect on their own progress. For this report she said ‘I stand by my point that it is the way we invite participants to view questions. ‘It’s not what happens to us it’s how we think about it.’

For those artists and arts organisations who are interested in working with the arts to deliver on health outcomes there is a need for training and/or awareness raising with regard to evaluation. Future work would benefit from additional resources to support a more comprehensive evaluation.

For further information about REACH please contact:
Alex Coulter, REACH coordinator alexandracoulter@yahoo.co.uk

APPENDIX 1 **IAPT Employment Status Questions**

Please indicate which of the following options best describes your current status:

Employed Full-time (30 hours or more per week)	☐
Employed Part-time	☐
Unemployed	☐
Full-time Student	☐
Retired	☐
Full-time Homemaker or Carer	☐

Are you currently receiving Statutory Sick Pay?

Yes	☐
No	☐

Are you currently receiving Job Seekers Allowance, Income Support or Incapacity Benefit?

Yes	☐
No	☐

Work and Social Adjustment Scale

People's problems sometimes affect their ability to do certain day-to-day tasks in their lives. To rate your problems look at each section and determine on the scale provided (by circling the number) how much your problem impairs your ability to carry out the activity.

1. **WORK** – if you are retired or choose not to have a job for reasons unrelated to your problem, please tick N/A (not applicable)

0 1 2 3 4 5 6 7 8 N/A ☐

Not at all Slightly Definitely Markedly Very severely, I cannot work

2. **HOME MANAGEMENT** – Cleaning, tidying, shopping, cooking, looking after home/children, paying bills etc.

0 1 2 3 4 5 6 7 8

Not at all Slightly Definitely Markedly Very severely

3. **SOCIAL LEISURE ACTIVITIES** – With other people, e.g. parties, pubs, outings, entertaining etc.

0 1 2 3 4 5 6 7 8

Not at all Slightly Definitely Markedly Very severely

4. **PRIVATE LEISURE ACTIVITIES** – Done alone, e.g. reading, gardening, sewing, hobbies, walking etc.

0 1 2 3 4 5 6 7 8

Not at all Slightly Definitely Markedly Very severely

5. **FAMILY AND RELATIONSHIPS** – Form and maintain close relationships with others including the people that I live with.

0 1 2 3 4 5 6 7 8

Not at all Slightly Definitely Markedly Very severely

Total Score: [ ]

GAD-7 *(Circle 0-3 to indicate your answer)*

Over the <u>last 2 weeks</u>, how often have you been bothered by any of the following problems?	Not at all	Several days	More than ½ the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

GAD-7 Total: *(out of 21)*

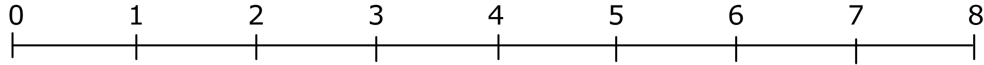
PHQ-9 *(Circle 0-3 to indicate your answer)*

Over the <u>last 2 weeks</u>, how often have you been bothered by any of the following problems?	Not at all	Several days	More than ½ the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

PHQ-9 Total: | *(out of 27)*

IAPT Phobia Scales

Choose a number from the scale below to show how much you would avoid each of the situations or objects listed below. Then write the number in the box opposite the situation.



0	1	2	3	4	5	6	7	8
Would not avoid		Slightly avoid it		Definitely avoid it		Markedly avoid it		Always avoid it

1. Social situations due to a fear of being embarrassed or making a fool of myself ☐

2. Certain situations because of a fear of having a panic attack or other distressing symptoms (such as bladder control, vomiting or dizziness) ☐

3. Certain situations because of a fear of particular objects or activities (such as animals, heights, seeing blood, being in confined spaces, driving or flying) ☐

APPENDIX 2 Brief for letter – qualitative evaluation

In the final session, each of us (participants and artists and support worker) will ***write a letter,*** addressed to themselves.
They are writing to a self who is back at home, three months in the future. This person has had a temporary lapse of memory about what happened on the course and has gone back to a place where she/he was before the course began. The purpose of the letter is to explain in a personal, even intimate way, what happened on the course and how they feel about it, to remind the self of the creative things you've done, barriers you've crossed, and things you might want to carry on doing. It would be good to include:
Why you did the Reach course?
What you wanted to get?
Have you got it?
Did you get something else you didn't foresee?
Have you enjoyed it?
Was there any moment when you felt particularly confident or creative? What was it?
Name one particular moment or activity or connection with another that made your heart sing. Name this in detail, as fully as you can.
What are you proudest of in the course?
Has the course affected your life outside Reach?
Do you think any of the effects will last?
What would you most like your self at home to hear/take in? Is there any personal *quality* you can give him/her now that you couldn't before?
Has there been anything that didn't work?
What might you want to say to the tutors or the people running Reach that might improve what they've done?
How can you personally take forward the good things from this course into your life; what practical steps can you take?
What do you want to say to this self at home?

Measuring
Reflective and responsive
What are you aiming to do
How you will do it
How you will know if you've succeeded
Formative – process/how
Summative- results and effectiveness/what

RJ 13.7.09