XPRESS
Well-Being on Prescription Project
Evaluation Report

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Photo by Brian Whitmore
1. INTRODUCTION

1.1 XPRESS Well-Being on Prescription Initiative

XPRESS is a ‘Wellbeing on Prescription’ project for participants with mild to moderate depression. It has been set up and run by Ashton, Leigh and Wigan Primary Care Trust (now NHS Ashton, Leigh and Wigan) with support from the staff of the Turnpike Gallery, Leigh and is the first social prescribing programme in the Wigan Borough aiming to use the arts as an intervention with service users with a specific mental health diagnosis.

The XPRESS project employed seven artists, each with different specialties, to work with participants who had been referred to the project via their GP, counsellor or mental health worker. The project aimed to improve participants’ wellbeing through the provision of a range of participatory art-based activities over a specified period (up to 24 weeks, although this varied depending on the point that each individual entered the project) – and additionally to link participants with local voluntary arts groups and relevant training/education provision after they had finished on their prescribed course.

XPRESS was independently evaluated by researchers from the University of Central Lancashire (UCLan) with a view to determining whether this was a viable and effective psychosocial intervention for this service user group.

1.2 Project Partners

NHS Ashton, Leigh and Wigan commissioned the Wellbeing on Prescription programme. The sessions were run by the artists under the oversight of Cath Foxon, Health Development Officer. The Healthy Settings Development Unit and the Psychosocial Research Unit at UCLan collaborated on the evaluation, which also drew on data compiled from the pilot phase of the project by Cath Foxon.

1.3 Aims and Objectives of the Evaluation

The aim of the research was to undertake a qualitative evaluation of the XPRESS Well-Being on Prescription Project, with a particular focus on the benefits derived from participation.

The objectives of this research were:

- To conduct a rapid literature review of comparable initiatives.
- To identify referral pathways into the project.
- To identify which service users are likely to benefit from the project.
To ascertain participants’ subjective perceptions regarding the effects of taking part in the project, with particular attention to self-confidence and self-esteem, physical and mental well-being, and social interaction.

To determine the views of the artists working on the project regarding level of engagement and development of transferable skills.

To determine the views of key staff on psychosocial effects of participation in the project.

To assess actual and potential extension of social networks and willingness to engage in further educational, occupational or leisure activities.

To identify the scope for such engagement in the Wigan area.

2. POLICY AND PRACTICE CONTEXT

2.1 Social Prescribing

At a national level, acceptance is growing that a variety of psychosocial factors affect mental health and wellbeing. Social prescribing is now recognised in the NHS as a form of treatment and intervention to complement existing medicalised practices, as confirmed by the Government white paper ‘Our Health, Our Care, Our Say: A New Direction for Community Services’ (Department of Health, 2006). In this, the success of a variety of different ‘prescription’ schemes was highlighted, although the example given is the more widely accepted ‘exercise-on-prescription’. One of the aims explicitly stated in this white paper was for an increase in the number of social prescriptions by PCTs and local partners.

Social prescribing projects have been recognised in the UK for two decades. They take many forms, including bibliotherapy (books on prescription), learning on prescription (e.g. yoga, computer training) and laughter on prescription (e.g. performance theatre or comedy). Initially the most common examples of social prescribing were physical exercise based, but a turn towards addressing mental health is also emerging (Greater Manchester Arts and Health Network, 2005) and multiple Arts on Prescription projects have been piloted recently in the UK (see below).

2.2 Arts on Prescription

The use of arts in promoting health and well-being has tended to remain on the margins of professional and political agendas. It is noteworthy, therefore, that the Rt. Hon. Andy Burnham, Member of Parliament for Leigh and the Government’s recently appointed Secretary of State for Health has officially supported the XPRESS project – describing it as ‘innovative’ and recognising that ‘helping
people express themselves through art and culture can bring real benefits in terms of self-confidence and general well-being’. The wellbeing properties of arts engagement have also received a mainstream platform in the recent Channel 4 series ‘Big Art’.

Arts on Prescription uses a “range of creative processes to complement the more traditional prescription drug model in the treatment of mild to moderate mental ill health” (Millin, 2003:4). Although it has some therapeutic outcomes, it is not the same as formal art therapy. The artists involved are not therapists, although it was intended that the participants’ involvement with art would have some therapeutic benefits.

A pioneering Arts on Prescription project was run by Stockport PCT in 1996 (Millin, 2003; Everitt and Hamilton, 2003), following on from an earlier exercise on prescription intervention. Later similar initiatives that influenced the XPRESS project were carried out in Nottingham (www.city-arts.org.uk), Salford (www.startinsalford.org.uk) and Cornwall (www.artsforhealthcornwall.org.uk). Froggett et al (2005) studied the Bromley by Bow Healthy Living Centre, which regularly uses the arts as a form of intervention alongside other forms of social prescribing for specific conditions such as Diabetes and Asthma. The basic premise of Arts on Prescription is that GPs or other health workers refer patients to locally based arts projects or organisations. Participatory arts and mental health projects are now numbered in the hundreds in the UK.

3. ARTS AND HEALTH: RESEARCH AND EVALUATION

3.1 Overview

There is an increasing body of work indicating that participation in arts-based projects can promote health and well-being (Angus, 2002; Everitt and Hamilton, 2003: Putland, 2003: Staricoff, 2004). However, studies to date have tended to focus on outcomes that are traditionally measurable, rather than more subjective elements of the projects that may be more important and/or beneficial to the individual (Spandler et al, 2007).
This focus on quantifiable measurements of arts projects was also criticized by cultural research consultant Francois Matarasso. He led a group exploration on evaluation and methodologies in arts research on behalf of Arts for Health. He found that arts and health is not a well-mapped field. He pointed towards the importance of looking for eudaimonic wellbeing, that is more than gauging whether participants feel happy, but where they “experience growth, challenge, raised self-esteem and confidence and engage in purposeful experiences and relationships” (Arts for Health, 2005). These are outcomes which are not easy to measure quantitatively through the use of standard instruments.

A study, ‘Mental Health, Social Inclusion and Arts: Developing the Evidence Base’ (Secker et al, 2007) was commissioned by the Department for Culture, Media and Sport and the Department of Health. 230 arts and health projects were identified and targeted to participate in the study. This study found that a great deal of the positive results from arts and health evaluations have been on the basis of measuring ‘distance travelled’ for the participants. This can be assessed in a variety of ways, using self-esteem and empowerment scales such as the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), a validated means of assessing positive mental health (see Appendix 1 and www.healthscotland.com/documents/1467.aspx). However, it also suggested that evaluations need to pay more attention to the processes of the projects. This correlates the findings of the Centre for Arts and Humanities in Health and Medicine ‘First Windsor Conference’ which argued that:

Whilst social..scientists have demonstrated various positive correlations in this area, the underlying causal mechanisms remain to be explored. The link between art and health is now recognized to be a social process requiring new and fundamental research. (Nuffield Trust, 1999)

3.2 Mental Health Outcomes for Service Users

In the last decade, researchers have set about understanding these issues, demonstrating that arts can be of specific benefit to those experiencing mental health problems. White and Angus (2003) called for sophisticated qualitative study to complement the wealth of cost-efficiency analyses in this area. It was also their contention that any such evaluation should not be overly bureaucratic as this could have a negative impact on the creativity of the arts project and affect the outcomes detrimentally.

A recent large scale review of participatory arts projects in the UK funded by the Department for Culture and Sport and the Department of Health (2007) identified that arts participation improves mental health generally, and other elements of well-being that are important elements of mental health, including social
inclusion and empowerment. Arts based activities have also been well documented as a means of recovery in patients with mental health problems (Spandler et al, 2007).

A more in-depth case study of six Arts on Prescription projects across the UK – including the aforementioned Stockport project – showed that the project shared common key processes, namely getting motivated, focusing on arts and connecting with others (Secker et al, 2007). Benefits observed from the projects covered a wide range of mental health and wellbeing benefits for participants: increased confidence, relief from mental distress, catharsis and self-acceptance through expression in various art forms, escape from daily worries, and external validation through exhibition of arts outputs.

The arts projects were also found to affect participants’ outlook more widely, in terms of how they viewed education and work possibilities. The case study voiced caution about the care and attention with which congruent arts projects need to be set up, with attention to support of participants on both emotional and artistic levels.

A more recent survey into mental health and arts participation in the UK (Hacking et al, 2006) concluded that “the state of the art is impressive in terms of the number of people reached, by the range of art forms available, the breadth of referral sources and involvement of the wider community.”

### 3.3 Factors Affecting Project Outcomes

A variety of criteria have been identified that can affect the success of any particular arts and health project. The ‘Invest To Save’ arts in health evaluation found that “projects that house a successful culture of openness, co-operation, mutual learning, creativity and organic growth...are responsive, user-led and able to grow long-term” (Kilroy et al, 2007).

A Centre for Arts and Humanities in Health and Medicine survey of arts and mental health in the North of England (CAHHM, 2002) drew out several key points of consideration, including: rapid growth in the sector at the expense of direction; lack of full cross-sector support; lack of practical engagement between arts, health and local authority services; the need for long-term culturally-appropriate arts interventions; the value of the use of arts interventions alongside other wellbeing projects and the importance of the awareness of artistic quality.
4. THE XPRESS INITIATIVE

4.1 Background and Origins

Cath Foxon (Health Development Officer, NHS Ashton, Leigh and Wigan) designed and led the XPRESS initiative, drawing on an arts background which had suggested to her the therapeutic benefit of engaging people with arts projects. She had contact with artists through her previous work with health promotion and projects with local voluntary organisations. Literature on arts and health (including the Salford ‘Start’ project) confirmed previous experience of using arts activities. Liaison with a mental health commissioner helped in negotiating funding for the XPRESS project from within the trust.

4.2 Organisation, Referral and Participant Profile

The project was initially designed to run in two cohorts: a pilot in Leigh (Cohort 1) and a larger project in Leigh and Wigan (Cohort 2). Both operated at different periods over the total proposed initiative duration (approximately one year). The pilot project (Cohort 1) lasted 24 weeks and was aimed at those living in the Leigh, Atherton and Tyldesley areas as there was evidence that there were marginally higher depression rates here. Cohort 2 operated on a larger scale than Cohort 1 in that it not only had more participants, but also took place on two different sites (Wigan and Leigh), added further art forms to the XPRESS repertoire and for some participants lasted up to 36 weeks.

Potential participants were scored by a range of professionals including their GP, Graduate Mental Health Worker or Primary Care Mental Health Team, using the CORE assessment tool. Those who scored less than 20 were offered an opportunity to participate in the project.

Ultimately, 18 referrals were made for Cohort 1, and half of these participated (9) – all of them female. Cohort 2 had 24 referrals, and over half participated (13) – 11 female and 2 male. Black and Minority Ethnic communities were not represented in either cohort. Participants spanned a wide age range, from 18 to 79, although the majority were over 35.

Funding has been allocated for a third and currently final Cohort, which will run for 24 weeks from September 2009, again in Wigan and Leigh.
4.3 Programme and Activities

Participants could access supported arts activities, twice a week. A wide-ranging programme of arts activities was developed as follows:

- *Ceramics* were considered to be valuable for the tactile element of moulding clay. This is an art form in which results could be very quickly achieved.
- *Creative Writing* was chosen because evidence suggests (e.g. Marksberry, 1963) it is a powerful medium of self-expression for some people.
- *Painting* is considered to be technically one of the more difficult tasks which is particularly rewarding when mastered. The artists were skilled at assisting participants lacking in confidence.
- *Textiles* are a traditional art form that people could continue outside of the sessions, but one which mainly appealed to women.
- *Digital Photography* was thought to be a risky choice as some people may have been reluctant to engage with digital technology. However, this offered a counterpoint to textiles insofar as it was more appealing to men.
- *Calligraphy* was added in the second cohort and was chosen because research from China (www.calligraphy-therapy.org; www.calli-health.com) has suggested that it could lower stress levels. It proved popular with the participants.

The sessions began in March 2008 and these different art forms were introduced to the participants in individual blocks, with a foundation strand running throughout the duration of the project on painting and drawing skills. The focus of the sessions was on skills development, social interaction and improving confidence and, potentially, self-esteem.

The venues for the sessions were at Queen’s Hall in Wigan and the Turnpike Gallery in Leigh. The sessions were held on Tuesdays (foundation sessions) and Thursdays (specific arts sessions). There was some flexibility based on sensitivity to the participants’ individual needs and potential interests. Participants were encouraged to attend all of the blocks, and agreement was sought that they would attend both sessions each week. If an individual’s attendance was low, this would be followed up via phone calls.

Participants also undertook excursions around the Wigan and Leigh areas as well as three external visits – notably to the Klimt exhibition at Tate Liverpool; the beach at Crosby to photograph Anthony Gormley’s ‘Another Place’ statues; and the Lowry/Imperial War Museum at Salford Quays.
5. THE EVALUATION STUDY: DESIGN, METHODOLOGY AND REFLECTIONS

5.1 Introduction

Informed by previous research and evaluation in the field, the evaluation of the XPRESS project was designed to capture participants’ experiences, whilst not impinging unnecessarily upon them. Given the nature of the initiative, the relatively brief period over which the project was run and the small number of participants, it was decided that quantitative measurement – such as impact on levels of medication – would be inappropriate and would be unlikely to yield robust results. Drawing on their previous experience and informed by wider research in the field, the UCLan researchers therefore designed a qualitative study using arts-congruent methods and also drew on data collected by the Project Co ordinator at NHS Ashton, Leigh and Wigan.

5.2 Methods and Data Sources

Data relating to both impact and process were collected from a diversity of sources, using a range of methods.

Impact data were gathered by the project coordinator (and subsequently made available to the UCLan research team) using:

- The WEMWBS scale with participants in order to determine any differences in each cohort’s mental well-being between ‘entry to’ and ‘exit from’ the XPRESS project.
- Project evaluation forms using multiple choice closed questions with additional space for further process-related comments were completed by participants.

Process data were gathered by the UCLan research team using:

- Semi-structured participant focus groups and one-to-one interviews to discover the participants’ experiences of the projects (see Appendix 2).
- Semi-structured focus groups and one-to-one interviews with the artists and project co-ordinator, to explore the artists’ and organiser’s views on the effects of the arts projects on the participants.
- Documentary analysis drawing on attendance monitoring information, evaluation feedback from sessions, referral emails and individual communication from participants.
- Arts outputs and reflective material generated by participants in the sessions.

The lead field researcher coded and collated the data and undertook a preliminary analysis, generating a number of emergent themes.
The research team then held a data analysis workshop, undertaking further coding and refining the themes prior to writing the final report.

5.3 Reflections on the Research Process

When the evaluation study was conceived, the intention was to identify social changes and learn more about the networks, relationships and activities post-XPRESS from Cohort 1 participants, and collect more detailed data from Cohort 2 using a range of methods including interviews with participants during and after their participation in XPRESS.

Delays in gaining NHS ethics approval for the study meant that various elements of the study design had to be altered for practical reasons. Furthermore, the style of working allowed for flexibility and responsiveness as the XPRESS project developed and evolved. In consequence, a number of changes were made:

- Data from Cohort 1 was largely collected by the Project Co-ordinator and then used to inform data collection from Cohort 2 by UCLan.
- One-to-one participant interviews using questions mirroring WEMWBS were replaced by focus groups and interviews using a broader schedule of questions (see Appendix 2).
- The research team did not interview Cohort 2 participants post-project, as further funding was secured by Cath Foxon for its extension beyond the contract deadline.

6. THE EVALUATION STUDY: FINDINGS

6.1 Impact: Assessing the Effectiveness of XPRESS

As indicated above, the Project Co-ordinator used the WEMWBS scale (see Appendix 1) to assess the impact of the XPRESS project on individuals’ mental wellbeing. This scale consists of 14 positive statements concerning different aspects of mental well-being, to which individuals have to respond on a scale ranging from ‘none of the time’ to ‘often’.

The WEMWBS scale was used with participants before and after participation in the XPRESS project. Although findings must be treated with caution, as the number of participants in both of the cohorts (9 and 13 respectively) was insufficient to make any statistically generalisable conclusions, the data for each of the cohorts showed an increase in the average group score for all of the 14 statements. In Cohort 1, the largest increases were for the statements ‘I’ve been feeling good about myself’, ‘I’ve been feeling confident’ and ‘I’ve been feeling cheerful’ (see Figures 1 and 2). In
Cohort 2, the largest increases were for the statements ‘I’ve been feeling confident’ (again), ‘I’ve been interested in new things’ and ‘I’ve been feeling optimistic about the future’ (see Figures 3 and 4).

One of the clear differences between Cohorts 1 and 2 is that although the WEMWBS scores upon commencing participation on the project are similar in both, the scores upon project completion of Cohort 2 are, on the whole, markedly higher. This may be related to any number of factors including: the duration of the project for the participants, which was up to a third longer in some cases; increased quality of project delivery in Cohort 2 after the ‘lessons learned’ in Cohort 1; the increased size of the groups; and particular group dynamics in each Cohort.

In addition, evaluation forms were completed at the end of the project by participants in both cohorts, in order to complement the WEMWBS data. Questions asked for participants’ reflections on themselves and their relationships with others – with a focus on sense of purpose, developing skills and abilities, pride in achievement, reduction of isolation, contributions to the local community, and comfort and confidence in group situations. Responses were unanimously positive and in 6.2.2, the results of the evaluation questionnaire are discussed in relation to specific themes that emerged separately from the process-related data analysis.

Fig. 1 Cohort 1: Mental Well-Being Scale (WEMWBS) Scores Before and After Participation in the XPRESS Project
Fig. 2  Cohort 1: Improvement in Mental Well-Being Scale (WEMWBS) Scores Between the Start and End of the XPRESS Project

Fig. 3  Cohort 2: Mental Well-Being Scale (WEMWBS) Scores Before and After Participation in the XPRESS Project
6.2 Process: Understanding What Worked and Why

6.2.1 Overview

It is evident that participants valued the opportunity to participate in the XPRESS project – with individuals’ average attendance ranging from 60% to 100% of all possible sessions. As indicated above, data from project evaluation forms revealed overwhelmingly positive feedback. In addition, communication and reflections from participants further confirmed their general satisfaction with the XPRESS project.

Although data obtained using the WEMWBS scale suggests an encouraging (if statistically ungeneralisable) increase in participants’ mental wellbeing, it does not tell us anything about the process by which the participants’ achieved these changes. In order to understand what worked (or didn’t work) and why, it was important to draw on other data sources, obtained using interviews, focus groups, evaluation questionnaires and other methods detailed in 5.2 above.

Analysis of this data revealed a number of interconnected themes relating to the processes by which participation in the XPRESS project affected individuals:

- creativity
- seeing differently
- sense of connectedness to art
- cultural capital
feelings of well-being
new skills and confidence
recognition and pride
managing anxiety
increased range of emotional registers
change outside and beyond XPRESS.

6.2.2 Key Themes

a) Creativity

The project has increased the capacity for the participants to think and act creatively:

I think the name XPRESS is brilliant because it lets you express your self rather than blocking it with medication. It's like a flower opening, and staying open for longer and longer periods of time. I used to take anti-depressants. I've been off them for over a year and I don't want to go back to them. (Female Participant)

This illustrates how medication is perceived as sometimes having the opposite effect in terms of creativity and how ‘arts on prescription’ may enable a very different experience. Another participant used the same metaphor when discussing the special significance the project has when considering the specific target group of predominantly older individuals with mild to moderate depression:

I saw it as an opportunity to get involved in something different...I had not done anything creative before I came here. I felt the older I got, I stopped learning new stuff. I noticed as people get older, they lose their confidence about trying new things, but there's no pressure in the [XPRESS] group. If you don't feel well you don't have to come, but when you do it takes your mind away, it's a bit like a flower opening, the petals, opening your mind. I never thought I could be this creative...I've always worked, had to give up work in the last 18 months and XPRESS has given me something to do. (Male Participant)

He later spoke of creativity using a different metaphor – that of a muscle – this time identifying work as a creativity suppressant:

It's like a muscle you never used – creativity – something that's repressed for 40 years, since school, you start work and your creative
It was also apparent that participants began to make connections between the art forms and to transfer skills from one art form to another, without this being a direct XPRESS agenda (e.g. by composing photographic images of calligraphy; using creative writing with drawing; transferring photographs onto canvas and painting and embroidering on top of them).

b) Seeing differently

New ideas and horizons have resulted from participants engaging with the local environment through a variety of arts lenses. This has changed perceptions of the local environment, community and self for the participants. An artist explained the rationale behind this approach:

We just want to give them a fresh pair of eyes. To encourage them to look. These things are right under their noses really. (Artist)

A distinction was highlighted by a participant concerning the ‘seeing’ that occurs when becoming engaged with art compared with the everyday ‘looking’ in which he was partaking prior to participating in XPRESS:

When you’re depressed your mind goes inward, but this gets your mind looking outward. A woman in the Lowry said there’s a difference between seeing and looking. You can look round at things, but there’s a seeing as well. If you start seeing things, it changes your view of the world. That’s what this course does. (Male Participant)

There was a sense that this ‘seeing’ was directly related to participating in the arts activity itself:

If I’ve got my camera I tend to see more. (Female Participant)

Furthermore, the course was seen as an eye opener in terms of enjoying art:

[XPRESS] as opened my eyes to the beauty of art and I am more aware and appreciate art more than I have ever done in my life. (Female Participant)

c) Sense of connectedness to art

Participants have connected with their work on an emotional level and, through the external trips to galleries, this sense of connectedness also extended out to the wider world of exhibited art. The excursions have enabled the participants to see that art can be resonant to them and are not restricted to ‘elite’ others. In order to emphasise this, they were encouraged to keep a sketch book with them whilst visiting galleries such as the Lowry and to sit down and draw versions of pieces of art that appealed to them.
A number of participants also seemed startled by their own powerful responses in and to their own art, one describing the intensity of the experience:

*The writing course was frightening, it’s amazing what comes out of your pen!* (Female Participant)

Both of these factors involved the participants connecting with the art world, both as consumers and contributors.

d) Cultural capital
The art forms covered during the sessions were a mix of the ‘traditional’ and less familiar. Not only were the projects run by local artists, but the region was used as inspiration (landscapes, historical art forms), but there was also scope in the project to look outward to the wider ‘world’ of art and wider cultural sources located in local cites such as Salford and Liverpool. These outings were intended to broaden the artistic horizons of the participants and increase levels of cultural capital.

The participants spoke very highly of the outings:

*Never been to the Lowry before. It was…amazing.* (Female Participant)

*I’m definitely going back to the Lowry. I’ve just ordered a book on Lowry, which I wouldn’t have done before.* (Female Participant)

Unlike many participatory arts projects, XPRESS proactively and successfully bridged the didactic as an active form of appreciation (e.g. learning about Lowry and being encouraged to draw in a gallery) and the expressive (e.g. producing one’s own art in a workshop). Participants evidently gained an ability to achieve a more refined, textured and differentiated understanding of arts appreciation. In this way, they were enabled to move on from the initiative with increased levels of cultural capital.

e) Feelings of well-being
Data gathered using the WEMWBS scale (see page 6.1) suggests that perceived personal well-being increased over the duration of the XPRESS, for both Cohorts 1 and 2.

The focus group and interview data, together with reflective material and other communication from participants, point to a strong belief that XPRESS has contributed to this increased sense of well-being:

*I am feeling much better than I did when I started the project...it’s amazing because I never went out of the house at one time.* (Female Participant)

*I was having cognitive therapy, the cognitive therapist was brilliant but it was XPRESS that really made the difference.* (Female Participant)

*The course is a fantastic idea and the way forward...I hope it will be used in other parts of the country, everybody can get something*
positive from it. For me it was the key for helping myself to get better. (Male Participant)

This belief was reinforced by an enthusiastic communication from a counsellor who referred several of the participants to the project and continued to keep contact with them during their XPRESS involvement:

I have seen depressed and withdrawn people become lively, confident, determined and energetic. (Community Health Counsellor, NHS Ashton, Leigh and Wigan)

f) New relationships

As part of the process of involvement in XPRESS, participants have, over time, become responsive to other individuals in the group:

I was looking at my watch for the first few sessions. After a couple of weeks, time seemed to be whizzing by. The group was very mixed: it was just a lovely group. (Female Participant)

The intimate nature of the groups participating in the projects has fostered friendships and helped to develop local networks of people with common interests and hobbies, generally described by participants as ‘supportive’:

The group is a nice size, it gives you a chance to get to know each other. The group couldn’t work if it was much bigger…it’s at its limit at the moment. (Male Participant)

Relationships were also facilitated and strengthened by participants bonding on the outings:

I made friends with another member by sitting together on the coach – we go swimming and to an art class together now. The trip created the friendship. (Female Participant)

The relational dimension of the groups is both a huge challenge to the participants and also one of the most oft-cited benefits, as the individuals grow to feel part of the group:

I joined late but still was made to feel part of the group. (Female Participant)

In the evaluation questionnaire, 18 out of 22 participants said that the project had made them feel less isolated and all but one said that XPRESS has made them more comfortable with other people and group situations. For some, the bonds that were forged
developed to such an extent that participants felt a sense of responsibility for maintaining the coherence of the group, even when individually they did not feel well enough to contribute.

*None of us wanted to come yesterday, but we all did because of each other.* (Female Participant)

It is also clear that the commitment and understanding of the artists has nurtured this important dimension of the process, helping to overcome some of the feelings of isolation described by the participants:

*A lot of people get isolated, so it’s good for them to be in the group.* (Artist)

g) **New skills and confidence**

The project developed the artistic capabilities of most of the participants. Of the 22 who took part, 15 thought XPRESS had helped them develop new skills and abilities. This was further evidenced not only through their arts-based products, but also by their own feedback in interviews:

*I’ve really enjoyed it – I’m improving different skills.* (Female Participant)

*Prior to starting the XPRESS project, I had very little motivation, self-worth and confidence. I was unable to see the light at the end of a very dark tunnel. XPRESS has helped me regain my self-esteem and confidence.* (Female Participant)

The artist running the photography module spoke of her observed changes in one participant:

*[She] was so shy and withdrawn at the start, and at the end she was running round like a little kid taking photos. When we were presenting the photos on a projector to the group, she was talking through them really enthusiastically.* (Artist)

The artists were also described by the participants as giving them the confidence to apply these skills in contexts outside and beyond the XPRESS initiative:

*The artists are lovely, encouraging me to go to college, have shown me that age doesn’t matter. I just need to recognise that I can do it…I’m going to apply!* (Female Participant)

The success of XPRESS in fostering this artistic confidence was further demonstrated by the fact that towards the end of Cohort 2, ten participants (drawn from the two cohorts) were enrolling in an arts course at Wigan College.

h) **Recognition and pride**

Recognition and pride are closely connected to the theme of artistic confidence. Arts outputs from some of the sessions have been put on permanent display at the NHS LIFT building in Atherton, as well
as being displayed in an exhibition at the Turnpike Gallery in Leigh. Participants seemed rightly proud of the public display of some of their artwork produced on the project. All expressed pride in their XPRESS achievements when completing the evaluation questionnaire (12 stating that they felt a ‘lot’ of pride), and when interviewed a participant elaborated:

*The textile course was brilliant. I learned a lot – it’s going on display so I will be an exhibited artist! The exhibition is on at Leigh at the moment, I helped make the knitted column.* (Female Participant)

This meant that not only did they have recognition of their achievements by the artists and other members of the group, but their work became visible to a wider local community audience – thereby helping to build understanding of the value of arts and health work. In the evaluation questionnaire, more than half of the participants stated that the project has made them realise that they can make a positive contribution to their community. This suggests that the local exhibition of the project’s work has not only fostered pride and self-esteem for the participants, but also helped them feel more connected to their neighbourhoods and communities. Furthermore, it has bolstered confidence with a number going on to produce artwork and help to run workshops for the Wigan ‘Arts for All’ festival.

i) Managing anxiety

Arts projects are hugely dependant on group dynamics and relations – and inevitably offer the challenge of managing tensions, anxieties and potentially difficult participants.

Both the artists and participants highlighted this as an issue in the sessions, but focused on the positive changes over time, describing how participation in the initiative assisted individuals in overcoming some of their fears concerning the group and their ability to ‘do’ the art work:
It was a little bit tense initially, but even by the second session I noticed the difference. The participants were more confident, more chatty. Everyone I encountered really embraced it, once they got over anxieties and dealt with technical issues. (Artist)

I thought [XPRESS] sounded alright but it was people I didn’t know, I was wondering how long it was going to take, felt anxious. I thought ‘I’ll give it a go’ and I just kept coming because it’s helpful. It took a while to get into – I had to tell myself ‘it’s doing you good’ and I am glad I made the effort. (Female Participant)

Managing such anxiety requires a degree of interpersonal skill from the artists, who only had a minimum amount of training concerning mental health and depression issues. Part of this skill included tailoring the sessions to each individual participant and being a comforting presence:

Some need more guidance than others, some need a lot of reassurance. (Artist)

A reflective word map exercise used at the end of sessions (in which participants were given a list of words to circle to show how they felt during the session) revealed a shift in feelings from ‘scared’ to ‘interested’ as a recurring theme.

j) Increased range of emotional registers

Participants have increased their understanding of the value of dealing with the issues they are facing in an emotionally engaged way. This ability has been expanded by the range of new media of self-expression across the range of art forms, especially creative writing, which the research team have discovered in previous work can be a powerful medium for reflective engagement (Farrier et al, 2009; Froggett at al 2005):

In creative writing you write about how you feel. It helps because I’m offloading things. I live on my own, you’ve nobody to talk to. (Female Participant)

One participant gave details of a particular incident when she was upset by the creative writing, but this wasn’t viewed as a negative aspect of the course by her or other participants in the group:

I got upset by the creative writing, tears were flowing. When I got home I realised that wasn’t a bad thing, because you can express things which otherwise you bottle up and make you depressed...It doesn’t matter if people cry, ’cos we all understand that there are triggers and we’re all there for the same reason, its part of the cure. (Female Participant)

Participants talked about how participation in XPRESS elicited a range of emotions (e.g. crying; feeling whimsical, light-hearted, or moved). In each of the above examples, the emotionality of the participation in the initiative is clearly linked to the connection the participants felt with their group. They spoke not only of their
reaction to their own work, but gained empathic identification by experiencing the work of other members of the group and an appreciation of the artists they worked with and studied:

I didn’t appreciate how much of themselves that artists put into their work until I took part in the project. It surprising how different we all are and how we focus on different things…I really liked the Lowry exhibitions, we could all relate to him, to the life he’d had. It sounded like his mum treated him really badly. She never said well done to him or that she was proud of him. She always said he’d amount to nothing, so I feel a lot of people could relate to him. I feel as though I know him now. (Female Participant)

k) Change outside and beyond XPRESS

A final theme identified by a number of participants related to how participation in XPRESS enabled change outside and beyond the sessions. A key dimension of this concerned how the project altered the way they organise their time whilst at home:

I don’t watch as much TV – there’s other things to do. If I’m painting or drawing I tend to put music on. (Female Participant)

This project helped me plan my week rather than drifting along. (Female Participant)

This is significant in the context of mental illness, as some spoke of the depression they were experiencing making their days formless and without structure. One artist identified that even the most basic routine introduced at XPRESS may have been beneficial to the participants outside of the project:

The ritual of having tea, etc. is really important. Rituals, being in the present, are key to wellbeing. (Artist)

The structure and routine of attending the XPRESS project seems to have facilitated increased organisation at home (i.e. specific times allocated to doing art, using time differently). Whilst not a formal part of XPRESS, this is an important example of the participants being motivated enough by the initiative to take ownership of their creativity and the enjoyment they glean from it:

You go away wanting to carry on. (Female Participant)

This increased sense of purpose and productivity was demonstrated in the evaluation questionnaire responses, with 18 out of 22 participants stating that the project had helped them work more productively and with a sense of purpose. One artist gave an example of a female participant in her group producing her best work in hours outside of the XPRESS sessions:

One lady would really…take away ideas and work with them and bring in amazing work. They sat there and they seemed so unsure and then they produced some excellent stuff in their own time. I think that’s important. People are quite isolated and have ‘dead hours’ at home. I
think it’s important that its something you control and that it’s for your pleasure. (Artist)

Reflecting further, the artists pointed to the involvement of both past and present XPRESS participants with the Wigan ‘Arts For All’ festival – describing how they had organised themselves to work for the festival. They also mentioned that they were aware that some group members had also begun to go out socially.

Alongside the general mood of optimism, some participants feared that they would not be able to hold on to the motivation that they had gained through their participation in XPRESS:

I’m a full time carer and I have difficulty getting out, this has dragged me out…I’m worried I’ll just go back when it’s finished. (Male Participant)

However, this was countered by the realisation from others within the same group that to transfer XPRESS experiences to the participants’ life externally to the project is crucial:

We’ve got to take what we’ve learned from here and get into the habit of thinking different when we’re not here. That's our challenge. (Male Participant)

6.2.3 Reflections on the Initiative

The participants, artists and project co-ordinator were asked to reflect on the XPRESS project and discuss its strengths and weaknesses – in order to inform future developments. A number of issues emerged during these discussions.

a) Time pressures

One of the practical issues discussed was the length of the sessions and the duration of the ‘blocks’ working with particular art forms. Whilst some artists and participants considered two hour sessions to be sufficient, others argued for longer sessions and permanent provision:

Two hours isn’t long enough, it should be at least three. I never got anything finished. Six-week blocks are not long enough for art forms you are less confident with. I would like it to be permanent. There would always be new projects to do if it was continuous. (Female Participant)

If people miss sessions [the short-term nature of the ‘blocks’ means] there’s a risk that they might not finish work, a slight pressure on them… (Artist)

Part of the restriction on length of sessions was practical, as the journey from Wigan in the morning to Leigh in the afternoon can be time consuming:
I’ve got to finish in Leigh bang on 12 [noon] in order to get to Wigan. In Wigan they got longer, that’s just circumstances really...There is nothing amiss at all in terms of the overall organisation. (Artist)

b) Session facilities

The Turnpike Gallery in Leigh was described by a participant as ‘spot on’. Unfortunately it is too great a distance away for many of the Wigan participants. Wigan lacks a facility of the same standard, and it is therefore more difficult to find and provide appropriate facilities. To a certain extent, this view was shared by artists and participants:

Leigh have the Turnpike Gallery, but at Wigan there’s nowhere. (Female Participant)

The venue became more significant in ensuring the success of XPRESS than the organiser originally realised:

At the Turnpike there’s the library, the art gallery and [our connection with] two arts officers. The Turnpike is the third factor in the success, alongside the art and the artists. (Project Co-ordinator)

c) Group size

As indicated by participants when reflecting on their ability and confidence to form relationships, the size of the group was understood to be about right – and important in ensuring the success of the initiative.

d) Gender issues

As detailed in 4.2 above, 20 of the participants across both cohorts were female. The gender issue concerning participation in the XPRESS project is representative of the wider issues concerning the willingness of men to seek help for mental health problems and perceptions about ‘masculine’ and ‘feminine’ activities. A balance was sought between choosing art forms that would appeal to both
genders and also seeking to ensure that the men remained engaged:

I wouldn’t fancy doing embroidery – would like to do a cookery course though. Mediterranean cookery. And you get to eat it after! (Male Participant)

We could do with a couple more men really!...A lot of men have a hard time crying, but every man cries at some point...You might not like everything – I don’t want to do crochet – but if you do it, something else might appeal. It’s like a man thing, your pride, but you’ve got to open your mind up to different things. (Male Participant)

e) External visits

As highlighted in 6.2.2, the external trips were praised across the board. The only minor ‘negative’ issue raised was that there was insufficient time to take everything in:

I quite enjoyed the trip to the Lowry, but it was too much in too short a space of time – a lot of walking and standing about. (Female Participant)

f) Role of the artists and the Project Co-ordinator

The artists were not experts in working with people with mental health issues and in some cases, their experience was limited to the brief training session at the beginning of the project. However, this did not seem to have an adverse effect on the success of XPRESS, as they seemed to appreciate the need to focus on their role as artists:

I don’t have training in dealing with people with mental health issues, I obviously have my life experience, but...I came into it as an artist and I always tried to focus on the art side of things. (Artist)

However, it was also clear that the artists were able to contribute through empathy:

I ended up listening to a lot of people’s problems when we were out on walks, but that’s mainly what I did – listen. I would relate to them, because I’m a similar age, similar background. I feel like one of the group really. One of the poems they read out made me cry. (Artist)

The artists also spoke of how the project affected and ‘stretched’ them and how it has led them to become involved in further community arts work and to gain further experience in the field:

XPRESS complements the other work I’m doing. It made me want to learn more about mental health, so now I’m doing a course, an NCFE in Mental Health so I can get into that area. (Artist)

All the artists commented that the role Cath Foxon played in facilitating the groups enabled them to carry out their own effectively. As Project Co-ordinator with a counselling background, she took some of the strain off the artists who did not initially feel sufficiently confident in dealing with the emotional aspect of the
work (the artists had had one day of training on understanding depression). Cath was usually present at the sessions and the participants went to her when they were having emotional difficulties, and to the artists for guidance relating to the art.

**g) Referral pathways**

Participants were referred for participation in XPRESS by a variety of professionals. However, relatively few were referred by their GP and there have been continued difficulties in engaging this group of professionals in discussions about XPRESS or about social prescribing and arts-based interventions in general. When contacted, a number of GPs made it clear that they were not interested and would not be referring anybody to the project.

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**7. DISCUSSION**

**7.1 Introduction**

The findings suggest that participants greatly valued their involvement in XPRESS and benefitted from their participation in a diversity of ways. Whilst the impact data gathered through using the WEBWBS scale point to a marked improvement in participants’ perceived mental well-being, it is important to appreciate that these findings are not generalisable due to the small sample size and cannot in themselves be used as evidence that the perceived positive changes are due to participation in the initiative. However, the process data provides rich qualitative information that sheds light on the mechanisms by which XPRESS is perceived to have achieved positive impacts for individuals.

Reflecting on the findings and looking to the future, a number of key issues merit further discussion.
7.2 Benefits of arts-based social prescribing

As arts are only one of a variety of forms of social prescription to which willing participants can be referred, it is important to consider what they – as opposed to other forms of social prescription – can offer individuals with mild to moderate depression.

It could be argued that a number of the themes identified in 6.2.2 would emerge from any form of social prescription. However it is evident that arts-based social prescribing offers specific benefits through the ability to be creative and see things differently. The arts offer participants the space and forum for self-expression that may be absent in their lives. Participating in the various art forms can change the participants’ perception of the world, and enable them to feel more connected to their local environment.

Furthermore, there was a strong sense from both participants and other stakeholders that many of the other benefits arising from participation in XPRESS – such as forming relationships and connecting with others, developing confidence and skills, and learning new forms of self-expression and self-management – were facilitated by the use of arts media. The nature of XPRESS enabled people experiencing depression to share their experiences though their art work – something that could not be achieved, for instance, through a sports or exercise group. Furthermore, through craft and perseverance, participants developed skills and confidence in practising various art forms that would impact positively on progression to education and training courses and enhance future employment prospects.

The findings from the XPRESS evaluation suggest that a balance between learning and doing when working with art can help to build cultural capital (expanded knowledge of celebrated artists, understanding of artistic techniques, ability to talk the language of art) in participants. This is strongly connected with other benefits such as confidence and self-esteem – and can have a particularly positive effect when external visits are organised to galleries and other sites of public art.

Another key difference between arts and other forms of intervention is that the expressive, personal nature of the object that the project is framed around encourages the participants to reflect on their own emotions and those of others rather than having a ‘distracting’ effect and not addressing these issues. In this respect, art can be more difficult and challenging than other forms of social prescription, but also more rewarding.
7.3 Project Style

The evaluation suggests that the willingness of artists to be flexible and accommodating to the project was greatly enhanced by the Project Co-ordinator’s constant involvement. This style is fairly unusual for ‘arts on prescription’ projects as it is labour intensive, but it was an important factor in securing the success of XPRESS. The Project Co-ordinator acted as a ‘driver’ for the project with a particular interest and passion in making it work. This enthusiasm appeared to be infectious, motivating the artists and the participants and helping contribute to the project’s overall effectiveness.

7.4 Next Steps

The findings suggest that coming to the end of the XPRESS project can be a difficult time for participants, who feel the need for ongoing support to move into the next phase of their lives. Whilst not entirely overcoming the problems posed by this challenge, there are clear signs that XPRESS has been successful in catalysing further informal and formal progression opportunities:

- **XPRESS – Cohort 3:** The XPRESS project has been awarded an additional £15,000 to run a third and final Cohort from September 2009 to March 2010 (over 24 weeks).
- **XPRESS PLUS:** As a way of facilitating this support, an informal self-structuring initiative has been established to enable XPRESS participants to progress onto local community arts projects. An example of this is the development of a textiles group named ‘Carpe Diem’ (‘Seize the Day’) by participants. This has been set up in Leigh and meets once a week. ‘Carpe Diem’ produced work for the Wigan ‘Arts for All’ festival and members helped run workshops for the public in both Leigh and Wigan festivals. Arts outputs made by this group will receive a permanent home in a local health centre. This is in addition to XPRESS work already displayed in a local NHS LIFT centre. Furthermore, five ex-XPRESS members have gone on to join other local arts groups.
- **Enrolment on Arts-Based Courses:** Ten of the 22 participants from Cohorts 1 and 2 are progressing onto a local textiles or art course. This will lead to a City and Guilds qualification. Two participants have also expressed a great deal of interest in carrying on to do a full arts degree at a local university.
- **Employment:** Four other participants have gone back to work full-time since participating in XPRESS.
8. RECOMMENDATIONS

8.1 Overview

Reflecting on the findings from the evaluation of XPRESS, a number of recommendations can be made with a view to informing future policy and practice in this area:

- **Provision**: There needs to be increased provision of a range of Arts on Prescription projects, adequately funded and appropriate to a diversity of needs.
- **Progression and sustainability**: Arts on Prescription projects need to build links with local voluntary arts groups so that participants can progress when their sessions have finished.
- **Evaluation**: Such projects need to be evaluated in such a way that the process of participation is demonstrated as well as changes in wellbeing on traditional scales.
- **Referral system**: Referral pathways to Arts on Prescription projects need to be broadened to include all relevant agencies and an integrated system of referral is required.
- **Professional perceptions**: There is an urgent need to provide increased information and training for GPs and medical students concerning the value of arts on prescription, thereby shifting perceptions and increasing willingness to refer.
- **Public perceptions**: There is a need to shift lay perceptions of arts and of Arts on Prescription in particular, with a greater level of sharing arts outputs for the benefit of local communities.

8.2 Recommendations

8.2.1 Provision

Taking account of the positive evaluation of XPRESS and other Arts on Prescription projects, there is a need for increased provision of a range of arts-based social prescribing projects appropriate to a diversity of needs. This will require adequate and sustained funding to enable long-term planning and to ensure a coherent and integrated approach. Such an approach is likely to include tailored provision but also to appreciate the value of and provide support for mainstream adult and community education.

8.2.2 Progression and Sustainability

In order to maximise the effectiveness of Arts on Prescription initiatives such as XPRESS, projects need to be designed in ways that enable participants to progress beyond their end date – taking forward, further developing and sustaining the benefits gained. This points to the need for long-term planning and highlights the
imperative of establishing sound collaboration and networking across agencies – and also suggests that projects of a similar ilk will face difficulties in areas with insufficient community arts projects and/or where links between such organisations are fractured or broken.

8.2.3 Evaluation

There is a need for wider robust research into social prescribing, and Arts on Prescription in particular. This requires a greater investment in both the running of the projects and the scope of the evaluation – enabling longitudinal study design with larger samples and capturing impact and process data through the use of both in-depth qualitative research and standardised tools such as the WEMWBS scale. Such investment would also enable researchers to examine the differences between different forms of social prescribing and between the use of different art forms. Within this framework, there is a need to embrace complexity theory (Plsek, 2001) and realist evaluation (Pawson and Tilley, 1997) – examining what works for whom under what circumstances.

8.3.4 Referral System

Referral pathways need to be broadened in order to include other agencies with potential beneficiaries and a greater level of financial investment is needed to make this a reality. There also needs to be an integrated approach to social prescribing, which would be enabled by one information management system accessible by all the involved professionals.

8.3.5 Professional Perceptions

In order to develop an appropriate, effective and efficient referral system, there is an urgent need to explore and influence professional perceptions of social prescribing in general and of Arts on Prescription in particular. Whereas participants clearly appreciated the value of participation in XPRESS, it is evident that many professionals – and particularly GPs – consider arts-based interventions to be diversionary rather than change-inducing. Furthermore, GPs often require a ‘type’ and ‘standard’ of evidence that does not yet exist for Arts on Prescription and which is arguably inappropriate for social prescribing and arts-based interventions. Whilst progress needs to be made in building a more robust evidence base (see 8.3.2), it is important that information and research findings relating to both social prescribing and arts and health are built into education and continuing professional development for a range of professionals, including doctors.
8.3.6 Public Perceptions

Alongside professional perceptions, it is important to address public concerns about the use of public money to fund arts-based health-related work. XPRESS suggests that one of the ways of addressing this is by exhibiting high quality arts outputs in local venues – thereby enabling local communities to engage with the art products and challenging and influencing perceptions.

Photo by Adela Jones
REFERENCES


**APPENDIX 1:**

**THE WARWICK-EDINBURGH MENTAL WELL-BEING SCALE (WEMWBS)**

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

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<tr>
<th>STATEMENTS</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
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<td>1 I've been feeling optimistic about the future</td>
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<td>6 I've been dealing with problems well</td>
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<td>7 I've been thinking clearly</td>
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<td>10 I've been feeling confident</td>
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<td>11 I've been able to make up my own mind about things</td>
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<td>12 I've been feeling loved</td>
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<td>13 I've been interested in new things</td>
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<td>14 I've been feeling cheerful</td>
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APPENDIX 2:

OUTLINE INTERVIEW/FOCUS GROUP SCHEDULE

As a whole what did you think of the project?

Have you spoken to anyone about the project, if so how have you described it?

Have you engaged in any other arts related activities,

If so do you think this is because of your experiences of the project?

Has it changed the way in which you view art in anyway?

If we took culture to mean everything i.e. television, all music etc, do you think the project has changed the way in which you view and interact with ‘culture’?

If someone asked you about the project what would you say?

Would you advise others to take part in the project, if so what would you say about it?