Can creative engagement in museums improve the mental health and wellbeing of people experiencing mental distress?

A mixed methods pilot study.

Final Report

Colette Neal

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ABBREVIATIONS

BCUHB – Betsi Cadwaladr University Health Board
CCBC – Conwy County Borough Council
CyMAL – Museums, Archives and Libraries Wales
DNA – Did not answer
DNS – Did not show
GP – General Practitioner
GSO – Generic Social Outcome
ITT – Intention To Treat
Arteffact – Museums and creativity for better mental health

A partnership of 4 museums and galleries in North Wales has developed a project to deliver art sessions within the museum and gallery environment to people who have a history of mental health problems or are experiencing an episode of stress. A research study was run alongside to answer the question ‘Can creative engagement in museums improve the mental health and wellbeing of people experiencing mental distress?’ This is about distinguishing between creative activities that take place in a medicalised or community day centre setting and those that are delivered in a museum context using museum collections as a stimulus.

8 groups of 5 – 10 participants experienced a series of arts-based workshops lasting up to 10 weeks in four museum sites in Anglesey, Gwynedd, Conwy and Denbighshire in North Wales. All workshop activity was designed to support the needs of people at risk of or recovering from mental distress and to promote mental wellbeing. This was a mixed methods pilot study. The main focus was on the qualitative elements of the evaluation, with interviews extracting the key themes that influence the effect of the intervention, its acceptability and the feasibility of methods for a larger scale trial. By running some quantitative measures (Warwick Edinburgh Mental Well Being Scale WEMWBS) alongside at baseline and as participants finish the programme we have been able to get some pilot data not only on how these measures behave in this population, but also the acceptability of the measures themselves.

The results of the WEMBS questionnaire show an increase in mean from baseline to follow-up of 8.097 which is significant to p<0.001. Qualitative data show that participants experienced immediate changes to their mental wellbeing as a result of the art activity. The results show a change in many of the common symptoms of depression, anxiety and stress. The immediate effects reported were enjoyment, (it is) absorbing, relief from physical pain, (it) takes mind off problems, calming, healing, therapeutic, relaxing, gives structure to life. Some participants reported a number of long term benefits such as feeling better, increased confidence, increased ability to accept praise, stimulated self-motivation, increased awareness, increased ability to deal with problems, something to live for, making plans for the future and a desire to give something back. Social interaction was a major theme emerging from the findings expressed in terms of engagement/isolation, group dynamics, group supporting each other, fun and independence. There was also an impact on the participants’ attitude to art, there was a movement from being
overwhelmed and having issues about artistic ability to an increase in confidence in artistic ability and a sense of ownership and delight in new experience, sense of achievement at learning new skills. Some experienced art as a leveller recognising each was an individual with their own problem and level of artistic ability.

Participants responded to the museum setting and reported it as inspirational and calming they found that there were a variety of things to stimulate interest, there was lots of space for them to work in. They felt privileged to be able to enjoy such beautiful surroundings, often when the museums were closed to the public, but also responded to it being a public space by interacting with the visitors and experienced a sense of attachment to it. Many experienced an increased awareness as a result of spending time in such a visually rich environment. Engagement with the museum collections supported the participants to make connections between the past and present, meaning their own personal histories and the collective history thus helping them orientate themselves and gain a sense of perspective. Participants also reported that they experienced a connection to the human through interaction with the artefacts often experiencing an emotional response that caused them to reflect on their own situations. Some experienced a negative effect in response to the museum setting, this varied from being overwhelmed or distracted to an aggravation of mental state.

The findings of this study indicate that creative activity in museums has a significant beneficial effect on the mental wellbeing of people suffering from mental distress and that the museum setting has contributed to this effect. Further research is needed and the strong partnership of museums in the Arteffact Project provides a strong foundation upon which a larger scale study can be supported.

INTRODUCTION

It is widely recognised that museums offer an environment that is safe and unthreatening; it is a distinctly different kind of “space” where positive behaviour can be encouraged (eg looking, listening, discussing, socialising, enjoyment, creativity). Stigma and discrimination are often cited as one of the most challenging barriers people face in recovery from mental distress; the museum and gallery environment provides a neutral, public setting for activity that is free from stigma. Furthermore, museum objects often tell fascinating and diverse stories that can trigger reminiscence, discussion and debate, creative inspiration and emotional responses.

The Welsh Assembly Government’s A Museum Strategy for Wales (2010) (1), under the heading ‘Museums for Everyone’, outlines the need for museums to be able to understand and respond to the needs of their communities. It goes on to refer to dismantling barriers to access, developing the learning potential of museums and engaging existing and new users.

The cultural partners in this project span Denbighshire, Conwy, Gwynedd and Ynys Môn with the partnership being led by Bodelwyddan Castle Trust. They separately had previous experience of developing arts engagement projects for people who are accessing mental health services or people referred to the projects via their GP. However, to move away from this practice of working in isolation and to increase the impact and efficiency of resources, a partnership was established to develop a more strategic approach to delivering arts in health services through museums and their collections in North Wales.

The museum partners had many positive experiences and lessons learnt that should have informed subsequent partnership working. However, there were a number of drawbacks to the way previous projects had been run. The piecemeal approach was labour intensive and a challenge for individual museums to sustain and outputs and outcomes were not measured in a
manner that allowed comparisons to be drawn between projects nor with published reports. Furthermore:

- Outputs and outcomes were not measured according to models that are recognised throughout the health sector;
- Models of good practice were not being shared;
- Awareness of each project was at a very local level and often based on relationships with key service providers rather than a more strategic approach;
- Projects were funded by a variety of arts and cultural bodies and there was no history of a "buy in" from the health sector;
- Project funders needed to be given an opportunity to use project findings to influence policy at a national level.

The main research question was designed to answer the question ‘Are museums able to play a positive role in contributing to people’s recovery from mental ill health and people’s mental wellbeing?’ This was about distinguishing between creative activities that take place in a medicalised or community day centre setting and those that are delivered in a museum context. Museums are actively developing their activity in the field of supporting mental health service users and the question that was investigated in this study was are there any specific additional benefits to the activity taking place in the museum setting and using museum collections as a stimulus.

The secondary objectives were:

1. Piloting measures that museums can use to demonstrate effectiveness in this area of their activity in the future
2. Establishing the groundwork for a larger scale investigation of the research question.
3. Supporting the museum partners to develop a cohesive approach that will secure sustainability for future museum based mental health projects.

The existing evidence base supported the case that participating in arts activities can have a positive impact on mental health as well as contributing to the elements that protect it. Previous small scale, isolated projects in museums in North Wales suggested that there are additional benefits to the arts activity taking place within a museum setting using museum artefacts, but this has not been systematically tested or evaluated. If this study does provide evidence that upholds the hypothesis then this can be tested further by instigating a larger scale study.

**PROJECT STRUCTURE**

The Artefact project was funded by CyMAL and ran from April 2011 to March 2012. The cultural partners who formed the Steering Group were Bodelwyddan Castle Trust (lead partners) in Denbighshire; Llandudno Museum and Conwy Arts Service, CCBC; Gwynedd Arts Service, Gwynedd Council and Oriel Ynys Môn, Anglesey Council. The project was also supported by the Head of Arts Therapies - Arts in Health & Wellbeing Programme Manager, BCUHB and the Consultant Psychiatrist Assistant Director of R&D, BCUHB who was also a Senior Clinical Lecturer at Bangor University. An Advisory Group was also set up and met three times during the lifetime of the project. This was chaired by the Head of Arts Therapies, BCUHB and had membership from
mental health service users and a wide range of third sector mental health organisations.

The Steering Group coordinated the recruitment and management of the project researcher, the film-maker and the artists. There was also provision made for a professional counsellor to be available for individual supervision of the artists and the researcher and 2 day mental health first aid course was commissioned which all the people who were involved in delivering the project were invited to attend.

A single point of contact for enquiries and bookings onto the project was created within Gwynedd Council. Participants were recruited onto the project using a system where any medical or support staff could refer individuals under their care using a simple referral form.

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**LITERATURE REVIEW**

**Arts and Wellbeing**

There is a body of evidence demonstrating the value of arts based activities and their effect on the mental wellbeing of mental health service users.

Previous published reports have identified a range of positive outcomes experienced by participants through creative activities, including:

- Relaxation, enjoyment and inner calm (Parr, H. (2005)) (2)
- Emotional expression and self-expression as an important healing influence (White, M. (2003)) (3)
- Making meaning from life experiences (Matarasso, F. (1997)) (4)

The report *Mental health, social inclusion and arts: developing the evidence base* (2007) (5) focused on participatory arts projects in England for people aged 16 to 65 with mental health needs. The aims of the study were to identify appropriate indicators and measures of mental health and social inclusion outcomes, and to develop and implement an evaluation framework based on those indicators and measures, including qualitative work to provide a deeper understanding of the impact of arts participation.

**Museums and Wellbeing**

The report *Who Cares? Museums, Health and Wellbeing Research Project* (2011) (6) provides a comprehensive review of the literature on the benefits of museum engagement in general. These are discussed in the literature in terms of their psychosocial benefits: - *symbolisation, meaning-making, affect, embodiment, identity, feelings of belonging and social and cultural inclusion, memory/reminiscence, and the therapeutic potential of museum engagement*; their social benefits: - *social connections and relationships, social networks and social capital, civic participation, community development, active citizenship and social inclusion*; and their personal benefits: - *human capital, learning and knowledge, education, life skills, employability, and cultural capital*.

*Museums of the mind; mental health, emotional wellbeing and museums* (7) is a report that makes the case that museums have a serious and significant role to play in underwriting mental health and emotional well-being. It states that we need some projects to watch and learn from, both to test the evidence and give other museums the confidence and the skill to work with these issues.
Outcome Measures

The MLA’s *Inspiring Learning for All* framework of Generic Learning Outcomes and Generic Social Outcomes (8) has formed the basis of a recent evaluation of museum-based learning activity, which has gone on to demonstrate the positive ways working with museums can change people’s lives (MLA 2010) (9). While these learning outcomes provide a wealth of evidence that is recognised and valued within the cultural sector, a new approach is required to provide an undisputable evidence base that will be accepted by the health sector.

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) (10) (see Appendix 8) was funded by the Scottish Government National Programme for Improving Mental Health and Well-being, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh. This outcome measurement tool is a 14 item scale of mental wellbeing covering subjective wellbeing and psychological functioning. WEMWBS focuses entirely on positive aspects of mental health. The fourteen item scale covers different aspects of mental wellbeing including positive functioning (energy, clear thinking, self-acceptance, personal development, mastery and autonomy), satisfying interpersonal relationships and positive feeling (feelings of optimism, cheerfulness, relaxation). This has been used as the outcome measure on the *North West Mental Wellbeing Survey 2009* (11). The aim of this survey was to collect a consistent and comparable score of positive mental health. While there are data on a number of determinants of mental wellbeing, this study fills a gap in available data on positive mental wellbeing itself.

Mental Wellbeing

Recent developments in UK mental health policy have emphasised the need for an approach to mental health based on promotion and prevention. These arguments were bolstered by the findings of the Foresight Project on Mental Capital and Wellbeing (MCW), a state-of-the-science review for the Government Office for Science. *Five ways to well-being: the evidence*, (12) a report presented to the Foresight Project on communicating the evidence base for improving people’s well-being, presented a set of five key messages on the evidence around social relationships, physical activity, awareness, learning and giving to communicate the main influencers of well-being.

METHODOLOGY

This was a mixed methods pilot study. The main focus was on the qualitative elements of the evaluation, with interviews extracting the key themes that influence the effect of the intervention, its acceptability and the feasibility of methods for a larger scale trial. By running some quantitative measures alongside at baseline and as participants finish the programme we were able to get some pilot data not only on how these measures behave in this population, but also the acceptability of the measures themselves.

Sample

The sample population were service users referred to the Arteffect project from GPs, community mental health teams, day centres, a wide range of support third sector organisations, and psychiatric units. It was acknowledged that this would yield a range of participants, some with a history of enduring mental health problems and others who were experiencing an episode of social stress (significant life events such as redundancy, role change, recovery from significant illness) as defined by the referrer. All were 18 years of age or above.
Only participants with capacity to consent to taking part in the research were included, although all people referred took part in the art sessions irrespective of whether they took part in the research. The study aimed to recruit from 2 cohorts of participants referred to the museums project. Referrals were administered from a single centre in Gwynedd County Council.

There was a basic referral form for the museums project collecting demographic information such as name, address, telephone, email, age (see Appendix 1). The referrer was requested to supply only the background information to ensure the participant’s safety and appropriateness for the study. A total of 64 participants were expected to be referred to the two cohorts of the museums project over the duration of the study. The project involves 4 sites at museums in Denbighshire, Conwy, Gwynedd and Ynys Môn. Participants were directed to join the group at the site nearest their home, and sent the relevant information regarding dates of sessions and location.

Recruitment

The booking process into the project was managed through Gwynedd Council by written invitation sent on behalf of the partnership to appropriate organisations. We did not contact participants directly but provided mental health agencies with the information to pass on to their members. When referrals were received Gwynedd Council sent out the participant information sheet and a letter from the researcher along with other details of the arts activities (see Appendices 2 & 3). When participants attended the project site for the first session they met the project artist and study researcher. Before the arts activity commenced the researcher introduced the study and answered general questions. During the coffee break when participants had an opportunity to get to know each other, the researcher spent 10 minutes with each participant individually to complete the consent form (see Appendix 4). During this period the wellbeing questionnaire (see Appendix 8) was also completed by participants, and private space provided for this. The questionnaires were collected by the researcher at the end of this period and before the main arts activity commenced.

Recruitment into the qualitative part of the study took place from within the first cohort of participants and towards the end of the 10 week programme. A separate letter and participant information sheet was sent out to those selected and consent taken by the researcher at the project site before each interview began. (see Appendices 5, 6 & 7)

Intervention

Two cohorts of 4 groups received an arts based activity programme lasting up to 10 weeks in Bodelwyddan Castle in Denbighshire, Llandudno Museum in Conwy, Gwynedd Museum and Gallery, Bangor in Gwynedd and Oriel Ynys Môn on Ynys Môn. Each group had between 5 and 10 people. They attended 1 day a week for a 3-4 hour session. During this time they were introduced to creative visual arts techniques inspired by the exhibits. At the beginning of the 10 weeks participants were taken on a tour of the museum by museum staff to introduce the venue, their history and the collections in general as well as more detailed discussions around specific objects. After learning about some of the exhibits on display they created (with the support of the artists) their own artwork based on their response. Participants had the opportunity to talk and reflect on the work they had made and on the exhibits on display in the galleries, they were also told about further creative, educational and recreational resources locally and it is hoped that they will continue to use the facilities that the museums provide after the end of the intervention.

The focus of the activities was “educational” rather than “art therapy” (ie activities had a creative and skills based focus rather than a medical or therapeutic one), although all of the
artists appointed to deliver the activities had previous experience in this field and some were trained as art therapists.

DATA COLLECTION

Qualitative data collection tools

- Interviews and case studies seeking to describe and explain how and why any outcome has been achieved. Participants were selected from across the 4 sites using purposive sampling to achieve a representative subgroup of the cohort by gender, age, project site and baseline wellbeing scores. 6 people were interviewed – 3 from Oriel Ynys Môn, 2 from Bodelwyddan Castle, and 1 each from Llandudno Museum and Gwynedd Museum and Gallery, of these 5 were female and 1 male. 2 of the interviewees were carers, 1 was suffering from a temporary period of depression and anxiety, 2 were bipolar and suffering from enduring physical health issues, including cancer and constant pain and 1 described their condition as post-traumatic stress disorder.

Interviews took place after the intervention at the museum where the participant received the sessions and lasted approximately 1/2 to 3/4 hour. Each interview was recorded and transcribed. The framework for the case study interviews (See Appendix 10) began with the Museums, Libraries and Archives Council (MLA) Generic Social Outcomes (GSO) (8). This was influenced by input from the Project Advisory Group. Two service users who sat on the Project Advisory Group met with the researcher separately and advised on the design of the interview questions.

- Documentation review – artists’ log books for observational information; and referral forms for demographic information relating to the participants.

- Feedback sessions - In order to evaluate the success of the project against its aims and objectives as stated in the Logical Framework Plan two feedback sessions were conducted, one with the Steering Group and one with the artists who ran the arts activity programmes. The questions were organised into four domains in order to get feedback on the processes followed; intended outputs; the outcomes/impact of the project and the lessons learned for the future (see Appendix 9). The questions under each domain were not intended to be answered religiously, but meant to stimulate discussion. The sessions were taped and transcribed and analysed alongside the other qualitative data collected.

Quantitative data collection tool:

The selected tool was the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (10) (see Appendix 8). WEMWBS is a 14 item scale of mental wellbeing covering subjective wellbeing and psychological functioning, in which all items are worded positively and address aspects of positive mental health. The scale is scored by summing responses to each item answered on a 1 to 5 Likert scale. The minimum scale score is 14 and the maximum is 70. WEMWBS has been validated for use in the UK with those aged 16 and above. This tool has the advantage of being widely used across the UK and beyond, so provides the opportunity to benchmark the findings of this project against studies carried out elsewhere.

Each participant was given a paper copy of the WEMWBS to complete at the beginning of the intervention by the researcher during the first scheduled session at the museum to provide a baseline. The tool was introduced to the group by the researcher; each participant completed
their own copy which was then collected in by the researcher. This process was repeated at the last scheduled session to give an indication of the distance travelled during the time period.

23 participants completed both the baseline and the follow-up WEMWBS scale questionnaires; 10 completed the baseline questionnaire only; 6 completed the follow-up questionnaire only.

ETHICAL CONSIDERATIONS

The research proposal was reviewed by the Research and Development Internal Review Panel of Betsi Cadwaladr University Health Board and the North Wales Research Ethics Committee – West in July 2011. A favourable ethical opinion was granted and approval gained for the research to proceed (ref no: Neal 11/WA/0214).

Ethical considerations identified as requiring attention were as follows:

1. It was important that people referred to the museums project did not feel coerced into taking part as participants in the study, for this reason it was made clear at the time of taking consent that if they did not wish to take part then they could refuse their consent and still take part in the arts activities.

2. It was possible that participants could experience distress at completing the wellbeing questionnaires despite the fact that the tool selected is widely used, and has good acceptability in populations experiencing mental distress. For this reason a space was made available for participants wishing to complete the questionnaires in private and the researcher was available for support should it have been required.

3. It was possible that participants could reveal information during interview that indicated that they or others are at serious risk. For this reason participants were informed on the limits of confidentiality and that the researcher would ensure that the information was communicated to the appropriate quarters and the participant was supported. The study psychiatrist was available for supervision of the researcher.

DATA ANALYSIS

The methods used to obtain the results in the quantitative aspect of the research were paired t-tests to compare the baseline and final wellbeing scores and descriptive statistics of demographic data and attendance rates. Missing data due to participant drop out was estimated using intention-to-treat analysis using the method of “last observation carried forward” in which missing final values of the outcome variable are replaced by the last known value before the participant was lost to follow up. ITT analysis is intended to avoid misleading results that can arise in intervention research. For example, if people who have a more serious problem tend to drop out at a higher rate, even a completely ineffective treatment may appear to be providing benefits if one merely compares the condition before and after the treatment for only those who finish the treatment. For the purposes of ITT analysis, everyone who begins the treatment is considered to be part of the trial, whether he or she finishes it or not.

The framework for qualitative analysis was the Museums, Libraries and Archives (MLA) improvement framework of generic social outcomes (8). We used the second tier indicators "Encouraging healthy lifestyles and contributing to mental and physical well-being" from the health and well-being outcomes. (see Appendix 9)
Transcribed tapes, artist's session diaries and observations by artists and museum staff were analysed by the project researcher. Thematic analysis was used based on the standard framework outlined by Ritchie and Spencer (1994) (13) and Krueger (2000) (14). This facilitates rigorous and transparent data management and enables the researcher to work through the process without losing sight of the raw data. The researcher initially developed familiarity with the data by reading through the transcripts, noting key ideas and recurrent themes. The researcher developed an initial thematic framework, which was then adopted for the detailed analysis of the transcripts. Any new categories that emerged were grouped according to the relevant themes. Refinement was then undertaken, and categories and sub-categories were constructed to create thematic charts.
FINDINGS

REFERRAL DATA – ALL REFERRALS

A total of 69 individuals were referred into the project across the 4 museums, of these 48 were female and 21 male. (Figure 1). The majority (54%) of referrals fell into the 41 – 60 age bracket, with 14% aged between 61 and 80 and 29% aged between 18 and 40. (Figure 2)

Figure 3 shows a breakdown of the reasons for referral. Referees were given the opportunity to tick more than one reason, choosing between ‘stress’, ‘anxiety’ or ‘depression’, with an ‘other’ option. 15 ticked all 3 options and 11 did not give any reason at all (DNA). A selection of reasons offered in the ‘other’ box is as follows:

- Rebuild social confidence
- Bipolar x 2
- Constant pain
- Carer for son
- Schizophrenia x 3
- Learning disability
- Physical illness
- Dissociative personality disorder
- Borderline personality disorder

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<td>Stress</td>
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<td>Depression</td>
<td>Other</td>
<td>DNA</td>
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<td>0</td>
<td>11</td>
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<td>1</td>
<td>1</td>
<td>2</td>
<td>6</td>
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<td>conversion rate</td>
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<td>71%</td>
<td>80%</td>
<td>75%</td>
<td>67%</td>
<td>33%</td>
<td>67%</td>
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</table>

Table 1 shows a breakdown by museum site and cohort of sessions the total referrals by gender, age and reason for referral. It also shows the number of referrals that did not show and hence
the conversion rate of referrals to people turning up to at least one session. This shows an overall conversion rate of 65%.

Table 2 shows a breakdown by museum site and cohort of sessions of the take up rate of available sessions. It is important to note that a number of participants (7) attended more than one cohort of sessions. These have only been included once in the referral data, but all sessions they attended have been included in the session take up rate. This is particularly pertinent to the discrepancy between the Gwynedd Museum and Gallery, Bangor Session 2 conversion rate (33%) and the take up rate (55%) as 2 participants from the previous cohort of sessions were allowed to take part in the 2nd cohort bringing their participant number up from 3 to 5.

<table>
<thead>
<tr>
<th></th>
<th>Bodelwyddan Castle 1</th>
<th>Bodelwyddan Castle 2</th>
<th>Llandudno Museum 1</th>
<th>Llandudno Museum 2</th>
<th>Gwynedd Museum 1</th>
<th>Gwynedd Museum 2</th>
<th>Oriel Ynys Môn 1</th>
<th>Oriel Ynys Môn 2</th>
<th>Totals</th>
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<tr>
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<td>100</td>
<td>50</td>
<td>50</td>
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<td>39</td>
<td>27</td>
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<td><strong>Take up rate</strong></td>
<td>60%</td>
<td>59%</td>
<td>44%</td>
<td>78%</td>
<td>45%</td>
<td>55%</td>
<td>54%</td>
<td>77%</td>
<td>60%</td>
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**TABLE 2 - TAKE-UP RATE OF AVAILABLE SESSIONS**

Due to the space available for art activity in the four museum sites the desired number of participants per session was as follows:

- Bodelwyddan Castle – 10
- Llandudno Museum – 5
- Gwynedd Museum and Gallery, Bangor – 6
- Oriel Ynys Môn - 10

Each cohort of sessions ran for 10 weeks bringing the total available sessions across the 4 sites to 620. Of these 370 sessions were attended which is a total take up rate of 60%.

Figure 4 shows the attendance rates total across all referrals. It shows that almost half (48%) of all referrals either did not show or only attended 1 – 3 sessions. In contrast just over a third (36%) stayed the course and attended 8 – 10 sessions.

Table 3 is a breakdown by referring agency of the numbers referred, the conversion rate and the number of sessions the referrals attended. GPs, Community Mental Health Teams and CAIS account for the highest number of referrals with 8 referrals each. Referrals from CAIS, an agency that supports clients with substance misuse issues, had a poor conversion rate (25%) and a further 12.5% dropping off in the first few sessions, this means that 87.5% of their referrals either did not turn up at all or only attended 1 or 2 sessions. The referrals from GPs did better with 25% that either didn’t turn up or only attending a couple of sessions, but 75% stayed the whole course and attended between 8 and 10 sessions. Community Mental Health Teams had the best results of all with a 100% conversion rate and only 25% dropping off in the first couple of sessions. Of the referrals from Secondary Care (3) and Community Substance Misuse Teams (2), none of them turned up at all.

It is also interesting that each museum site tended to have its own type of referral depending on the relationships built up during previous art sessions. An example of this is Bodelwyddan Castle which received the majority of its referrals from Mental Health Care Homes. As a result,
the type of participant tended to be those with learning disabilities or enduring serious mental health issues that required one to one support. These people tended to be good attenders as they were usually accompanied by a support worker or had transport arranged for them by the Care Home. On the other hand a large proportion of referrals in Oriel Ynys Môn were from Carers Outreach Service. This resulted in an older group of participants who were suffering from stress or depression as a result of their caring role.

<table>
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<th>Referring agency</th>
<th>No referred</th>
<th>DNS</th>
<th>Conversion rate</th>
<th>DNS attended 1 - 3</th>
<th>attended 4 - 7</th>
<th>attended 8 - 10</th>
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<td>100%</td>
<td>100%</td>
<td></td>
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<tr>
<td>GP</td>
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<td>12.5%</td>
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<td>75%</td>
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<td>Mental Health Care Homes</td>
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<td>Ty Mor</td>
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<td></td>
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<td>20%</td>
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<td>25%</td>
<td>75%</td>
<td>12.5%</td>
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<tr>
<td>Hafal</td>
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<td>3</td>
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<td>Abbey Rd Drop-in</td>
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<td>2</td>
<td>33%</td>
<td>67%</td>
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<td></td>
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<tr>
<td>Others</td>
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<td>4</td>
<td>43%</td>
<td>57%</td>
<td>14%</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>69</strong></td>
<td><strong>24</strong></td>
<td><strong>65%</strong></td>
<td><strong>35%</strong></td>
<td><strong>13%</strong></td>
<td><strong>16%</strong></td>
</tr>
</tbody>
</table>

TABLE 3 – REFERRING AGENCIES

A total of 39 participants took part in the Research Study. Of the 69 referrals 24 did not show; 2 were excluded as they lacked capacity to give consent; and 4 did not attend either the first or the last session which is when the researcher carried out the research activities with the participants. 7 referrals attended 2 cohorts of sessions and were therefore only eligible to take part once in the research part of the project.

Of the total number of participants 30 were female and 9 male. (Figure 6). The age profile of participants is shown in Figure 5. Mirroring the age profile of all referrals the majority of participants fell into the 41 to 60 age bracket (54%) with 23% aged between 18 and 40 and 20% aged 61 to 80.

Results for reasons given for referral are shown in Figure 7. Whilst only 4 ticked all 3 options the results show a fairly even spread across stress, anxiety and depression. Other reasons for referral included:
• Pain
• Schizophrenia
• Bipolar x 2
• Dissociative Personality Disorder
• Borderline Personality Disorder

### TABLE 4 – BREAKDOWN OF RESEARCH PARTICIPANT DATA BY MUSEUM SITE

Of the 39 participants in the study 31 completed the baseline WEMWBS questionnaire. The least scored by a participant was 16 and the most was 56 out of a possible 70. The mean score was 41.39 with a standard deviation of 9.56. This was 9.3 less than the national norm, which was significant (p< 0.001). A total of 27 participants completed the follow-up questionnaire, due to people joining the sessions after the first session these were not necessarily the same participants who had completed the baseline questionnaire. The least scored at follow-up was 29 and the most was 70 out of a possible 70. The mean score was 52.26 with a standard deviation of 10.56, this was 0.6 more than the national norm. Due to the drop- out rate from the first to the last session a total of 21 participants completed both the baseline and follow-up questionnaire. The distance travelled by these participants varied from -7 (meaning this participant scored 7 points less at follow-up than at baseline) to 23 (meaning this participant scored 23 points more at follow-up than at baseline). The mean change was 11.95 with a standard deviation of 8.95. This means that most people reported a change of between 3.00 and 20.89 points.

After an ITT analysis the mean WEMWBS score at baseline was 41.39 (n = 31, Std = 9.56, SEM = 1.72). The mean WEMWBS score after intervention was 49.48 (n = 31, Std = 11.98, SEM = 2.15). A paired samples T-Test shows a significant improvement in participants as a result of the intervention t = 4.87, p<0.001. This is a highly significant treatment effect size of 1.34. Large scale clinical trials are typically powered to detect small effect sizes of 0.2, effect sizes > 0.8 are traditionally referred to as large (Cohen 1969) (15).
For reporting purposes the findings from the qualitative data have been divided into two broad areas. The first is the impact of the whole experience on the participants. This first broad area is broken down further into 4 themes as follows:

- Immediate effect of the art activity
- Long term impact of project
- Impact on participants skills in and desire for social interaction
- Impact on participants attitude to art

Since the research question we are exploring in this study is whether the museum setting has a particular impact on the participants’ mental wellbeing this has been treated as a separate broad area. This has also been broken down into 3 themes as follows:

- Participant response to the setting
- Engagement with the collections
- Negative effects of the setting

Where appropriate the findings have been mapped against the MLA’s framework of Generic Social Outcomes (GSO) (8), Tier 3 Health and Well-Being: Encouraging healthy lifestyles and contributing to mental and physical wellbeing. (see Appendix 9)
FIGURE 8 - IMPACT OF PROJECT
Enjoyment (GSO 3.1.7 and 3.1.3)

All participants were keen to describe how much they enjoyed the sessions. "I don’t know what design I’m making but I’m just enjoying myself… I’m just happy to be here"; “…to me, it’s been the highlight of my week, I’ve absolutely loved it.” Many participants described lives that were quite devoid of enjoyment, "I mean when life is … so miserable, which it is, you know … for me in so many ways … it’s a real little light in my week", so these sessions were eagerly anticipated and looked forward to each week, “And … by coming to these art classes I have been able to look forward to just this day in a week, when I know that I am going to be happily occupied,”; I’ve been looking forward to this all week”. They gave participants the opportunity to enjoy experiences they hadn’t enjoyed for a long time – they gave themselves permission to just play. "It's like … taking you back to childhood … and you've literally just forgotten everything, and just … yeah … just had fun really; “a lot of this has been about play, and we need play in our lives”. For many the opportunity to have time out to themselves to be creative was greatly appreciated. "It's great to have time to myself to do art"; "I could never do this at home…there's always other things to do": Many described the experience as being uplifting “it lifted my mood”. As a result they felt that the time spent in the art sessions passed too quickly. “… well the day always goes really quick...”

Absorbing (GSO 3.1.7)

A recurring theme is that they found the experience absorbing as illustrated by the following extracts from the interviews “.coming out to these art classes has meant that I have been able to completely … completely lose myself in what I’m doing.” ;“I forgot about having a cigarette”. A number had to overcome considerable obstacles to attend, including physical disabilities, constant pain, travel problems in addition to enduring mental ill health. Many made every effort to attend, even when, in the case of one participant, the support worker did not turn up to take her. “.but I wouldn’t not do it, I would struggle to get here for whatever happens because I … I find its really the only thing that I do in the week that I really creative and … and I’m doing something I don’t … I don’t … and I’m totally concentrating.” For some they report that art is the only activity that has the power to make them concentrate and lose themselves for a short period of time, “.and I struggle all the time to concentrate because of this … distraction I have got with my body and my head, but art classes seem to do the trick for me; I don’t know why, they just … it’s something you can get totally lost in.”
Relief from physical pain (GSO 3.1.7)

For one participant it brought relief from painful feelings and thoughts “I don’t feel … I’m not thinking about anything, I am … except on what I’m doing” to the point where it helped relieve physical pain “It gets me rid of this bloody pain, excuse me, you know, but … and it’s like having a … a mini holiday the course”; “And … I actually don’t feel the pain”.

Takes mind off problems (GSO 3.1.7)

Many of the participants were carers who were struggling with difficult home situations, many of them found the sessions an oasis during the week and an opportunity to forget about their responsibilities for a short while. They said that for a short period of every week the art activity sessions took their mind off their problems "this really does help you forget…“; “You've got to lose yourself in that and not think about other things, about what's happening outside.” The artists also noticed the difference in participants as they relaxed and immersed themselves in the task for the day “Giving her a task, an art task to do, whatever level she felt that she was at, she felt that that took her mind off what she was feeling, and I actually got her to smile and to … become herself again for a couple of hours.”

Calming, Healing, Therapeutic, Relaxing (GSO 3.1.4)

A number reported that the art sessions were calming “… it’s the one thing, as I’ve explained, that calms me down.”; “it’s quite calming actually, splashing dyes around the place.” Other words used were healing “we can … heal ourselves through the sessions”; therapeutic ”all looking forward to have a go at silk painting. Commented on how "therapeutic" this technique was” and relaxing “It's so easy going here and relaxing”.

Gives structure to life (GSO 3.1.2)

For some who had not previously been engaged in any regular activity during their everyday lives, they reported that just coming out for one day every week to the sessions gave them some vital structure to their lives, “firstly, what it's done is create … it’s given me some sort of shape to my week”; this was also reported by the artists “and that routine for them was really crucial in their week, they found that it … their mood lifted.”

LONG TERM EFFECT OF PROJECT
Feeling better (GSO 3.1.3)

Whilst the immediate positive effects of the art activity were experienced by all the participants, a number experienced more long lasting improvements in their mental wellbeing. Many described this as simply feeling better. “And I feel ... yeah, better, every week I’ve felt better”; “...Yeah, it makes me feel better in myself”. Others describe this as feeling more cheerful, “it’s brought me out of myself, I’m more cheerful”; whilst others still described this as feeling more positive, “I think I’m feeling ... yeah, I’m definitely feeling more positive now”. Other ways participants described their improved mood was as a new sense of balance “and I think I ... I’ve got more of a balanced sort of view over things”; whilst others reported feeling more secure and lighter, “its making you more secure inside without sometimes realising what’s that ... what is happening. And I think sometimes it's just a little flash that comes through you and you think ‘God I feel ... quite light inside’”. This effect was noticeable to other people known to the participants, “And ... a friend said to me the other day, she says ‘You look different somehow’, and she said ‘You look like lighter’”.

Increased confidence (GSO 3.1.5)

Many participants experienced an increase in confidence as a result of their participation in the sessions, “... I feel much more confident than I did before, much more confident”, and there is evidence that this confidence is spilling over into other areas of their lives, as the following extract shows:

“Well I think I’m more confident in myself, just ... day to day really I think. It sounds a bit silly, but in choosing what I wear, ... I think I’m more ... not bold, but I feel more comfortable about choosing what to wear and think ... ‘Oh I could wear this’, or ‘I could wear that’, and not thinking ... I think I used to choose clothes that ... I’d think would just let me blend into the background, and not anything too bright or anything, unless I was having a sort of extra-confident day (laughs). But now I’m wearing more ... what I want and ... just, yeah, feel able to choose ... maybe brighter things, or things that I’ve got ... I don’t know, just ... making me feel more confident in those clothes as well”

Increased ability to accept praise (GSO 3.1.5)

This increase in confidence has helped some also to believe the positive things others are saying to them and accept praise. “But as the weeks have gone on I think it ... adds up without you realising, you know, is all going in and I’m hearing what she’s saying (praise from artist) ... and I think it’s more easy to accept as the weeks have gone on, and to ... sort of believe what she’s said I think”.

Stimulated self-motivation (GSO 3.1.1)

Some of the participants had reported doing artwork at home in addition to coming to the sessions once a week. Their enthusiasm and self-motivation has been stimulated. “... and I always try to want to do something at home, because there’s not usually enough time here. So I think, yeah most weeks I’ve done something, but sort of building on what we did here. I enjoy doing it”. The positive experience of doing something enjoyable has prompted some to look at doing more with their time generally, “I have enjoyed it, and I do wonder if that’s ... at the moment that’s made me feel more like I want to do more things”; “Now it ... basically has got me thinking, moving, bah-bah-bum; I do have a lot of spare time, and therefore the opportunity to do a lot more stuff ....”
Increased awareness (GSO 3.1.1)

The experience of learning to look more closely at things in order to draw them has stimulated a general increase in awareness, “we’ve had to look at things that you wouldn’t really look through; ......when I first started doing art I did see things, the sky particularly, I noticed it very different, and you kept noticing colours and ... and things like that, and it’s brought that back to me a bit.”; “and it’s like looking at things differently and ... and I think ... when you feel like that the whole world looks brighter everywhere, and to make the world look brighter is not a bad thing”.

Increased ability to deal with problems (GSO 3.1.8)

Many participants reported that they have come away with an increased ability to deal with their problems. For some they discovered that immersing themselves in doing an art activity is an effective strategy for dealing with an increase in their stress levels, or a worsening of their mood, “you could take it home, you know, what you've learned, and do it yourself when you've got a spare minute, and if things go very bad at home then you can just close yourself in a room and do things and lose yourself there”. While for others they have learned something about themselves during the 10 weeks that has given them the confidence to know that they can cope when things in their lives do not go as they would like them to, “and if there are any problems that come up I’m more likely to sort of step back rather than react and sort of ... not have a fit but, you know, react and sort of ... make it even bigger than it is and ...... think all things, as I’ve done before, I think I’m more likely to step back now and sort of ... think a bit more rationally and ... you know, be able to deal with whatever it is”.

Something to live for (GSO 3.1.8)

For some who had either contemplated or attempted suicide they reported that the reawakening of their creativity had given them something to live for. “I went 'Whoomph' down, and ... and I guess I needed something really to sort of focus my attention on, to make me feel like I was actually doing something ... creative if you like.....because basically ... if you've thought about ... contemplated suicide then one of the things is you've probably lost interest, or confidence, or faith or whatever it is, in all the stuff that's gone before”.

Making plans for the future (GSO 3.1.3)

Some were beginning to make plans for the future which they hadn’t previously felt able to do “this keeps me ... or starts me off at being busy, gets me kind of focussed, interested ... and in stuff that ... basically you can take it where you want, so when it comes to the future, it’s like ... it's kind of your oyster isn't it?” One participant enrolled on a full-time art course at college during the course of the 10 weeks which he is very excited about. Whilst most were making plans to continue with their artwork, there was some evidence that the experience had stimulated a desire in participants to go forward into the future with a different attitude. One participant reported a desire to be more accepting of people with mental health problems and to do something positive to give something back for what she felt she had received “but it’s also made me feel that I would like to give something back; I don’t know in what way, but I will try and give something back to people with mental health problems. And through that ... I might gain something as well really”.
Engagement/Isolation (3.1.5)

A major theme is the ability of the participants to engage with others and their desire for isolation. Certainly at the beginning of the sessions many reported just wanting to be left alone to get on with the art activity, “And the first session I didn’t talk to anybody, I probably didn’t even smile. But I just sat there and did whatever I was doing”; “I mean right at the beginning, when I was just feeling awful, the only thing I looked forward to at all was having another go at just doing the art, not meeting anybody, but just doing the artwork”. A number of participants were acutely ill when they first started the 10 weeks, in fact 1 had only just been released from hospital a couple of days before the first session after attempting suicide. A number found they were unable to engage at all, “well … I mean I wouldn’t have sat and talked to you like this on the first session, I just … I just couldn’t really … and I was really struggling just to hold myself together at all”; “And you also … you can get … well I … you can get quite paranoid actually about just being with people”; “I … I felt … I felt like an island, I didn’t feel I was part of a group, I didn’t want to know anybody”.

As the sessions progressed, participants who continued to attend beyond the first couple of sessions began to overcome their reluctance to engage and made efforts to become more sociable, “and they’ve all got different problems, and I know they have because they do talk about them. And I think ’Oh not again, I should say something’, … I … I just listen, and if there’s any things that I can say, that I know about it, I can sort of say it….I don’t feel sort of shy of … ploughing into ......I’m not a recluse, but I’m very … I keep myself to myself sort of thing mostly, and I come out when everyone else is very nice and open and welcoming”.

The evidence points to the fact that this very act of trying to engage with the others in the group made them feel better, “the group were talking and opening up a bit and … like … I don’t know, that just helped”. As conversations were struck up participants were exposed to the input of a different point of view from others in the group, this helped them begin to see things differently, “… I don’t know, just talking about things like that, it … it helps, and trying to … so it does make you look at some of the things you think of that have been a disaster or something…… you wouldn’t see it in the same way. So just chatting and things like that helps sort of … have more of a balanced view I think”.
Many of the participants were very fragile and reported that the fact that the others in the group were also suffering from mental health issues helped them to relax and overcome their reticence, “and you don’t feel like talking sometimes, because unless you’re talking ... to people that have been ... there ...but I think because you know people are in the same situation, in some ways it helps you to switch off”. They appreciated discovering that others were struggling with similar issues and this gave them a sense that they were not alone, “although the situations have been completely different you’re still thinking the same things, and that’s ... I don’t know, not ... I don’t know if it’s comforting or just ... makes you realise that you’re not on your own and ... I don’t know, you’re not mad (laughs)”. The fact that they felt that others in the group understood them meant that they didn’t have to pretend to be anything other than they were at that moment, “I know that I don’t have to worry because if I do get tearful, if I do ... just be quiet, or just ... or just stare or ... or to somebody, it ... it doesn’t matter because I know that people, they understand”. For this reason they preferred to be in a group with people who had mental health issues than in a mainstream group, “it’s quite difficult for me to go and join a mainstream group”; “I don’t know, in another sort of art group ... the other people might not understand what you’re saying”.

There was an increased awareness of the stigma of mental health for some who were not quite as acutely ill as others in the group, or who were in a group with others who had severe enduring mental illness. This experience of discovering that underneath they were the same helped them to change their own attitudes, “I think you ... you see people differently, you learn ... you learn in some ways not to turn away, because some people ... some people don’t look very well and ... we turn away, but when you’re in this situation, and you’re mixing with people with different levels of mental health illness, you realise that, at the end of the day, they’re just like you or I, they’ve just got a mental issue. Which I don’t think, even in today’s age, people still don’t accept mental health issues. So you’re learning yourself; it’s a learning experience for you as well”.

**Group dynamics (GSO 3.1.5)**

Another major theme in this section is the group dynamics. The participants who were interviewed all talked about their experience of being in the group in a positive way, “it’s ... we’ve got to know one another as a group and ... and we do, everybody joins in and talks, and it’s nice, you know, it’s lovely, friendly there, everybody’s very nice”. Some describing how they have modified their own behaviour for the sake of others in the group, “Because it’s not you who’s got to be sorted out, other people have to be done as well. And you have to learn to be quiet ... sometimes I can’t stop talking, it’s terrible. I can’t stop talking”.

However the artists’ reports did highlight negative issues within the group dynamics that were not mentioned by the participants. There was evidence that the participants were affected when other members of the group didn’t attend or left the group, “there’s a sense of ... kind of worry about what’s happened with some ...”; “The group actually says ‘Where are they?’ ... they’ve built relationships with each other as well as you, and ... you worry ...”. The gender balance within the groups was difficult to achieve with most groups being mostly female, with the exception of the second session of one site where the participants were mostly male. The artist’s found that this was difficult for some participants, “the other lad turned round and said ‘Oh it’s only me left now; I’m the only man here’ ... and he wasn’t there the next week”. The differences in age did not appear to pose as great a problem, “although X is much younger than everyone else she is at ease and full of enthusiasm which everyone picks up on”.
In some groups new people joined the sessions during the first few weeks, this did not seem to pose a problem for the participants, “I had been a little concerned about someone else joining the group at this point in the sessions, however X fitted into the sessions well and the arrival of someone new seemed to bring some positive energy to the group”. This was reiterated by a participant who stated “everybody’s just fitted in, it doesn’t matter who comes”.

According to the artists and steering group feedback, the greatest threat to the group dynamics was the mix of participants, “we’ve had two people who’ve clearly dropped out because they felt that the rest of the group didn’t create a comfortable and safe environment”. The artists report having to deal with some difficult situations where the behaviour of one or two participants have jeopardised the dynamics of the whole group. This ranged from a participant talking too much, “talking all the time, sometimes he distracts the group”, to latecomers, “When X is late every week it impacts on the group and the initial activities”, and the different personality types, “She is not as assertive with the strong characters and has often no space to work or create”. On one site a participant who was acutely ill was excluded from the remainder of the sessions because of the effect he was having on the whole group, “I sensed that his behaviour could possibly have a negative effect on the session so made the decision to leave him with (his carer) and remove the rest of the group from the situation”.

**Group supporting each other (GSO 3.1.5)**

There is much evidence of the group supporting each other, “they can see your mood, and if you’re in a dark place, like I was, they just leave you be, and then they can see you then … blossoming, and then they sort of … you know, you start to chat then and they … we sort of talk about what’s happened”; “We’re all supporting each other in one way or another”. This was borne out by the reports from the artists, “They also seemed to support each other - one making the other seem more confident while trying ideas out”.

**Fun (GSO 3.1.5)**

As the group relaxed with each other there was an element of fun and humour that appeared in the interactions, “Well meeting everybody and having a good laugh, we sort of pull each other’s leg”, this helped participants share their personal stories with each other in a natural, non-threatening way, as one of the artists observes “All eat lunch at table while discussing events in own personal life - all very light hearted and there’s a good sense of humour within group that brings them all together and enables them to discuss subject that might otherwise be difficult”.

**Independence (GSO 3.1.5)**

For some who have enduring mental health issues and have to be supported in their daily living the issue of independence is important as one participant observed, “Well it … takes me away from the house, which is nice, I mean I do go out of the house… and we go various in the car, but it’s like going somewhere on my own and doing something I’m doing and not, say … following anybody else”.

IMPACT ON PARTICIPANTS’ ATTITUDE TO ART

Overwhelmed

A number of the artists observed that at the beginning of the 10 weeks some participants were afraid or overwhelmed by the tasks, “sometimes he feels a little overwhelmed by all the possibilities of my materials”; “he’d found the large scale work of the previous session ‘quite scary’”.

Confidence in artistic ability

For some their low confidence levels in general meant that their confidence in their artistic ability was also low, “you tend to put yourself down, I do anyway, you put yourself down because of … of the situation we’re in really … you just think ‘Oh I’m no … I’m not much kop’”.

As the weeks progressed, with the positive feedback from the artist and the rest of the group, they began to surprise themselves with what they were able to produce and their confidence began to grow, “she really liked the way I’d done it, and that’s just sort of reinforced what I had thought …… because I was a bit … so that was good as well”. The participants experienced a growing willingness to try out new things and an increased tolerance for making mistakes, “And I was able to just do it quite quick, it wasn’t perfect but it didn’t need to be, and I think I wouldn’t have been able to do that at the beginning …”.

New experience, sense of achievement at learning new skills (GSO 3.1.6)

A number of participants had done art before and had previously been considered “artistic”, but for the majority it was a new experience, “and it’s a completely … completely new adventure for me”. Even those who had done art before, the range of different art forms practised meant that even for them they felt as if they were learning new skills, “this has been … really different, and lots of different new techniques and new things that I hadn’t done before”. Participants reported a real sense of achievement and pride in what they had produced, “Have I done that?  It isn’t too bad, you know, and it really does … as I said before, it gives you a boost and you think ‘Oh great, I’ve been able to actually do that bit’, you know, ‘I’ve been able to do that piece of work’, and it makes you feel good”.

Sense of satisfaction and pleasure in what produced (GSO 3.1.6)

Participants experienced a real sense of satisfaction and pleasure in what they were able to produce, “I get this sense of satisfaction of sort of saying ‘Mm, I did that.  I quite like it’”; “I’m just pleased because it’s something I have produced”. For many they recognised that even though they didn’t consider the finished product to be a wonderful piece of artwork, just the very fact that they had done it was enough, “I like it because I’ve made it … and really that’s the be all and the end all”, there was a great pleasure in the process of self-expression that meant that the perceived quality was not important, "I'm not very good at this....but ...I like the process of it more".
Ownership

Confidence levels grew to the point where participants began to take ownership of their work, they enjoyed the autonomy of making their own decisions about what materials to use and following their own ideas, as one participant remarked to the artist "I like this because you don’t tell us what to do - we can have our own ideas". This was also borne out by the artists’ own observations, “I feel they are reaching a point where they are making their own decisions creatively rather than waiting for me to make them for them”.

Artistic ability

There was a wide range of artistic ability amongst the participants and for some, especially those participants who had learning disabilities, their particular limitations meant that they needed a lot of support, "X needed a great deal of support in this task, he has some difficulties with fine motor skills". However there was a growing acceptance of individual differences and a genuine freedom to experiment with their own personal limitations, "It’s nice just finding out what you can do!"

Art as a leveller

There was evidence that participants saw the creative process as an expression of who they were and as such it is a great leveller, “there’s nobody better than each other, everybody’s ... we don’t have to be equal, we’re all individuals, we’ve all got our different problems and we’ve all got our different art works".
A major theme that emerged from the interviews with the participants was the different responses they had to the museum setting. In one or two of the sites the sessions took place when the museum was closed to the public, the artists reported that many commented how privileged they felt to be able to do this, "My group said they felt very privileged to be in there... when no-one was there because it's not something you're normally allowed to do... They said they felt special". However, for some they preferred it when the site was open to the public and would interact with the visitors, "they actually did like the public coming round, because the public actually saw what they were doing and would ask them questions". This did pose a problem for the artist with the participants who had challenging behaviour, "X also forgets it's a public space and continued to chat loudly. He also became a bit offensive about the visitors' children".

On the whole the participants enjoyed being in the museum as they found there was a large variety of things to stimulate their creativity, "I think ... yeah, being in the museum ... I don't know, I think its ... you're absorbing things without realising I think, when you're looking at different things, even if you don't sketch it or ... even just seeing it and ... its going in and giving you ideas of patterns and shapes and things". As one participant commented, "It's totally inspirational".

Another interesting theme that has emerged is that the participants have experienced an increase in their ability to see things in more detail, because of the museum setting they have found there are things to stimulate their observational powers that wouldn't be present in a different more workshop type session in the community, "I'm looking at patterns and how the patterns are made up, and I'm looking ... you know, wallpaper patterns, carpet patterns, I'm looking at the drapes and how they hang, all sorts of intricate things that I would not have noticed before. If you held this class in a village hall ... well there would be none of that would there?"

For others they appreciated the sense of space that the variety of objects and rooms gave them, "because there was lots of space you weren't sort of cramped with anyone else who was drawing the same thing, there was still plenty of space". The artists observed that the
participants didn’t seem to feel the need to be constantly active because they were in a creative environment and were happy to just sit back for a while and not do anything expect enjoy the surroundings. This was backed up by the participants, "I think ... this particular building, the views out of the windows are absolutely spectacular, which I think is immediately ... well autumn, as well, is a lovely time isn’t it. And its ... for me it ... it seems calming as well, and you're given that advantage of seeing an old house, which some of us can’t always afford to go round these old houses’. Some of the participants grew to identify themselves with the buildings and as one participant remarked, "well once you've been doing it in the museum you kind of feel attached to it”.

However not everyone had a positive response to the setting, for some of the participants the setting had a negative effect. This response was mostly observed by the artists, “the new lady expressed concern about working in the gallery space...she said she could not cope with that!”; another reported ”Went on tour of castle with group. All looked apprehensive”, although it should be said that this was the first meeting with the participants and everyone was naturally feeling unsure. One artist moved rooms within the museum away from a room full of war memorabilia, “I felt the war room may have been having an effect on her group so I asked Y that we too could change to a different room, in the hope that it may make our experience there a little more positive”.

For some of the participants who were acutely ill they found the setting aggravates their psychosis. “he’s very paranoid at the moment so ... he doesn’t seem to like the castle, he’s okay when he turns up to a point, he can sit at the table, but the minute we go to the castle, ... he becomes very uncomfortable. I can normally get him into a room but he won’t stay longer than five minutes”, this participant became so unwell he became difficult to manage and was asked to leave the group. Another participant who was also very unwell was observed at the first session "Went round museum. One participant noted that she didn’t like the setting upstairs and felt claustrophobic and asked to go downstairs”, this participant did not return for the rest of the sessions.

For some they found the activity in the museum distracting. Some of the sites were combined museum and galleries, and the workspace for the participant was set up in the gallery with frequent trips to the museum rooms for inspiration. When the exhibition was being changed there was a lot of activity going on around the participants which was distracting for them, “Change over at the gallery - lots of staff about - all artwork off the walls in gallery. Maybe the participants find this distracting”. Some participants found the paintings on the walls overwhelming, “at first I thought it was a bit odd, or wasn’t sure about being in the gallery part. And thinking sort of ... all the paintings or drawings, whatever they are, on the wall are all sort of ... sort of thinking that they’re marvellous and that whatever we, or I’m going to do isn't going to be anything like that, and feeling a bit sort of overwhelmed I suppose”, but as confidence levels grew participants became more comfortable in their surroundings, “But over the time I think I’ve ... I don’t know, partly realised it doesn’t matter, and that we can just look at the paintings and things and ... appreciate them, but do what you’re doing, and it doesn’t matter sort of thing”.

Another theme emerging from the data is that of the participants' engagement with the museum collections. For some the artefacts stimulate a sense of connection between the past and the present, “But the present, there’s bits of all this history involved in it, because it’s all just developments on a theme isn’t it”. This gives a sense of what people have been able to achieve through time, “the variety of stuff just gives you this sort of ... I guess understanding of what the human race is capable of creating as it goes along.” There is also a feeling that they can build on what has gone before and improve it, “we looked at the ... the traditional Welsh ... quilts and
material for clothes ...I wouldn’t wear myself, but it looked like someone ... in the old times had to do a lot of work to have got that far with the material. And it was like ... made you think well, they did lots of things like that, I’m sure we can do better”. For others the artefacts stimulated a connection to their own personal history, “it’s really lovely to be in a great setting, and you can see all the beautiful paintings. You can lose yourself in them and sort of look back and ... some were, of course, of my ... family, you know, there was paintings here of family's homes and things like that, and places where I really loved to be when I was a child”.

Engagement with the artefacts also stimulated a connection to the human beings from the past who had perhaps made the objects or who were represented by the objects, ”it’s just a head in a glass case, and I really liked that piece, and I thought ‘I'm going to draw that’,.....And I was painting it and doing all sorts of ... I really loved it….Because it’s human”. There was an appreciation of the stories of the people who had collected the artefacts, ”I just chose what I thought was the core of the thing, was the man himself ...There is an interesting quote actually that ... what did it say; something about not one ... not one drop of indigo cloth left ... or was created without being stained in the blood of the people who did it....”.

**DISCUSSION**

An objective for this research was to establish the groundwork for a larger scale investigation of the research question. So, can creative engagement in museums improve the mental health and wellbeing of people experiencing mental distress? The findings from this study, both qualitative and quantitative, support this hypothesis. This is certainly not news to anyone familiar with the literature on the effects of art sessions on people’s mental wellbeing and also the literature on the positive impact that museums can have on the same. However, in this study there has been a combination of these two very positive stimuli. This has led to a potent mix of opportunities for self-expression, social interaction and a re-connection to a common and personal history within...
a safe and nurturing environment. Whilst it is acknowledged that a significant number of participants did not stay the course, the rewards for those that did were remarkable.

At this point it may be helpful to review some of the common symptoms of depression, anxiety and stress. The common symptoms of depression are as follows:

Psychological:
- continuous low mood or sadness
- feeling hopeless and helpless
- having low self-esteem
- feeling tearful
- feeling guilt-ridden
- feeling irritable and intolerant of others
- having no motivation or interest in things
- finding it difficult to make decisions
- not getting any enjoyment out of life
- having suicidal thoughts or thoughts of harming yourself
- feeling anxious or worried

Social:
- not doing well at work
- taking part in fewer social activities and avoiding contact with friends
- neglecting your hobbies and interests
- having difficulties in your home and family life

The common symptoms of anxiety are:
- restlessness
- a sense of dread
- feeling constantly 'on edge'
- difficulty concentrating
- irritability
- impatience
- being easily distracted

If you are stressed you may feel:
- irritable
- anxious
- low in self-esteem
- have a low mood

You may find that you:
- have racing thoughts
- worry constantly
- imagine the worst
- go over and over things

You may notice you're:
- having temper outbursts
- drinking more
- smoking more
- on the go all the time
- talking more or faster
- changing your eating habits
• feeling unsociable
• being forgetful or clumsy
• being unreasonable
• struggling to concentrate

(NHS Choices Website (18))

The immediate effects of the art sessions were impressive for all the participants interviewed. The findings show that participants experienced changes in many of the common symptoms listed above. However there was a very real fear amongst the organisers, the artists and the participants themselves that these effects would be short lived and would disappear as soon as the participant stopped attending the sessions. One or two participants expressed anxiety at the thought of the sessions ending and one even expressed anxiety towards the end of each session at the thought of going home such was their dependence on the sessions. Much thought and effort went into providing information about further opportunities for art activities, but faced with distressed participants, in some cases artists invited participants from the first cohort back to join the second cohort of sessions, and participants themselves asked for a re-referral. It may well be the case that a number of participants who had maintaining causes to their mental distress, such as difficult home situations or enduring serious mental ill health, may have needed a longer period of time for the positive effects to become more lasting. An issue to consider here would be the possibility of encouraging dependence on help from outside sources, as these sessions are, instead of fostering an attitude of self-reliance. The current trend towards short term interventions rather than long term therapy has this at its heart. Is it possible for people to develop strategies to help themselves in the long term whilst being supported for a short period of time or is it the case that some of these people will always need help to cope with everyday living? Further study could focus on identifying the characteristics of participants who would most benefit from this type of short term intervention. This would give museums the opportunity to better target future programmes to achieve the best impact.

There is evidence that some participants had learned strategies for dealing with their situations in everyday life and therefore the impact of the sessions can be considered as more long term. The findings from the interviews strongly support the view that involvement in the project has encouraged and supported participants to develop four out of the five behaviours suggested in the Five ways to well-being: the evidence (12) report as being supportive of well-being:

• **Connect with people around you** – a major theme emerging from the interviews was that of engagement/ isolation. The evidence shows that participants moved from a position of not wanting to and in some cases not being able to engage with others at all, to understanding the value of social interaction with others, particularly with others who had experienced or were experiencing similar issues. “The evidence emerging from the Foresight Challenge Reports indicates that social relationships are critical for promoting well-being and for acting as a buffer against mental ill health”. It goes on to explain that “feeling close to, and valued by, other people is a fundamental human need and one that contributes to functioning well in the world” (12).

• **Take notice** – a number of participants reported that they experienced an increased awareness of things around them. The visually rich environment of the museum and the discipline of the art activity to look at detail in order to draw it combined to stimulate their ability to see things in general more clearly and in more colour. “Research has shown that being trained to be aware of sensations, thoughts and feelings for 8 to 12 weeks has been shown to enhance well-being for several years”. It is argued that “heightened awareness enhances an individual’s self-understanding and allows an individual to make choices in alignment with his/her own values and intrinsic motivations” (12).
• **Keep learning** – participants reported a sense of achievement at learning new skills and a sense of satisfaction and pleasure in what they produced. For many of them the experience became more about this than about a value judgement of their supposed artistic ability. The evidence suggests that "the continuation of learning through life has the benefits of enhancing an individual’s self-esteem, encouraging social interaction and a more active life." (12)

• **Give** – there is evidence that participants experienced a more tolerant view of others with mental health issues and a desire to do something for them – to give something back. There was also evidence of participants supporting each other during the sessions, and indeed in between sessions as they swopped telephone numbers and met up for coffee. The Foresight Challenge Reports have discovered that “helping, sharing, giving and team-oriented behaviours are likely to be associated with an increased sense of self-worth and positive feelings” (12).

Those who attended the majority of the 10 week sessions could potentially have experienced a very powerful training in 4 out of the 5 ways to wellbeing. It is hoped that having been set on this path and experienced the positive results, that participants would be motivated to continue with these strategies after the sessions had finished. It would be useful in a larger study to go back and do the wellbeing questionnaire some weeks after the end of the study to test the sustainability of the change.

The findings from the literature on the effects of museums on emotional and mental health are echoed in this study. *Museums of the Mind* (7) argues that "museums have a serious and significant role to play" in underwriting mental health and emotional wellbeing. It states that museums give a sense of perspective that can help people find their emotional place in the world. It also talks about how the artefacts in a museum "tend to communicate in 3-D and put jump leads on your emotions and imagination". This was borne out by the findings of this study where time and again participants reported an increase in their awareness and ability to notice things around them in great detail. They also connected with the artefacts in an emotional way and identified with the human aspect of their creation. For some participants the artefacts connected them with their own past, and even more than that, they also connected them to a collective past through items that are common to all. This is a very healing process for people who have lost a sense of self and their identity as a result of mental illness. Museums of the Mind explains the significance of this in this way, “museums are like a memory bank that we all share; an anchor for our mental health.” It also talks about how museums are sanctuaries in a world overloaded with stimulation and media messages. The participants on the Arteffact project talked repeatedly about how privileged they felt to be in such beautiful surroundings. Participants often enjoyed simply sitting and relaxing in the grounds, enjoying the space and relaxing environment. For many of them who live in quite austere surroundings and often deny themselves the pleasure of beautiful things this was very therapeutic.

However, what isn’t mentioned in any of the literature is the possible negative effect that this environment can have on some mentally vulnerable people. One of the sites used in this study was a castle, a participant who attended the sessions at this site suffered from paranoia and was unable to spend longer than a few minutes in this setting without becoming distressed. In another site the sessions took place in a room given over to World War 2 memorabilia which triggered painful responses in a participant who was suffering from post-traumatic syndrome. In a larger scale study this phenomenon might be worthy of further investigation to understand why the museum setting can have a negative effect on some people with enduring mental health conditions such as schizophrenia or paranoia. This is information that could be used to screen participants for their suitability for participatory activities within the museums.
Whilst the findings show that participating in art sessions within a museum setting does in fact improve the mental wellbeing of people experiencing mental distress, what it doesn't prove conclusively is that the improvement is the result of the museum setting, the art activity, or indeed the unique combination of the two. A future large scale study might set up a control group where a group of participants have their art sessions within a medicalised environment and another in a community environment such as a village hall and the results compared with those within a museum setting.

Another possible question to answer could be would the results be the same if the creative activity were music, dance, poetry writing or drama? Undoubtedly, for some, what captured their interest was the art. To some extent people had self-selected, they had chosen to come on the course because they had done art in the past and it was an old passion – there were some very talented artists amongst the participants. On the other hand, for some, they had not done art before and at the end of the sessions would not consider themselves to be “good at art”. For them what was important was the opportunity for self-expression and a chance to try out something new with like-minded people, rather than an emphasis on producing a great piece of art. The sessions provided an opportunity to just play and as one participant noted, to do something she had not allowed herself to do since she were a child which she found connected her to a period in the past when she didn't have the problems she was facing at the moment. So the question remains, would the sessions appeal to a wider audience if there were a selection of different creative outlets on offer, thus giving a greater number of mental ill health sufferers the opportunity to experience the benefits of the museum setting?

A benefit of this study has been the use of quantitative measures alongside the qualitative; this gives the potential for benchmarking against other interventions to see the comparable changes in scores for different interventions and different settings.

**Wellbeing Questionnaire**

A second objective of the research was to pilot measures that museums can use to demonstrate effectiveness in this area of their activity in the future. While the main findings from the study have come from the qualitative data collected, it is interesting to see how the quantitative measure has behaved in this situation. The WEMWBS data shows a mean score at baseline of 41.39 with most people falling between 31.83 and 50.95. The WEMWBS User Guide, (19) states that the average population mean is around 51. What this tells us is that the participants recruited were from the target population, that is they were suffering from a degree of mental distress. This also shows that according to the mean score at follow-up of 52.26 with most people scoring between 41.7 and 62.82 that there had been a significant shift in the mental wellbeing of the population toward the more normal spectrum. Even when the data was adjusted to accommodate the loss of participants from the first to last session the change was still significant and could be said to be attributed to the intervention.

At one site where the majority of participants were suffering from either learning disabilities or enduring serious mental ill health, the baseline scores were much higher than from other groups of participants and fell into the normal range. The reason for this is unknown but could be as a result of medication, that is, the conditions of the participants were well managed and the participants well supported and were therefore not suffering from mental distress. However, the follow-up scores were also higher and showed an increase, indicating that the participants benefited from the experience. If in future studies participants are screened and placed in groups according to degree and type of mental distress, it may be interesting to compare the scores of different groups of participants.
QUESTIONS FOR FURTHER STUDY

- In any larger scale studies to investigate the sustainability of any change in mental wellbeing of participants it would be desirable to measure their wellbeing using the quantitative questionnaire at an agreed interval, or intervals, following the intervention.

- The potentially negative effect of the museum setting on mentally fragile participants warrants further investigation and the findings used to screen participants suitable for activities within museums.

- Repeat study on a larger scale with control groups of participants in medicalised environments and community settings such as village halls or community centres in order to test whether the improvement in mental wellbeing can be attributed to the museum setting.

- Is there an optimum "type" of participant who would reap the long term benefits from a short programme such as was offered in this study?

- Repeat study on a larger scale offering different types of creative activity to test whether different art forms would have a different result in a wider range of participants.

- Screen participants and place into different groups according to degree and type of mental distress, level and type of medication etc to compare the effect on the different groups.

- Benchmark the WEMWBS scores against other projects which have used the same outcome measurement tool to establish level of success.

LESSONS LEARNED

An important aspect to the research was to support the museum partners to develop a cohesive approach that will secure sustainability for future museum based mental health projects. Whilst the project was successful and achieved what it originally set out to do there were a number of issues that would need addressing should the project be repeated on a larger scale.

Referrals

The recruitment and booking process was the subject of much discussion at the feedback sessions and also at the Advisory Group meeting on October 6, 2011. The admin involved was much more than was anticipated and it was suspected that the whole process impacted on the numbers of referrals that translated into participants for a number of reasons. The Artefact form itself revealed areas for improvement. It would have been helpful if the form had included options for participants to select course dates, their preferred venue, artist and/or course subject and to give information about additional needs. As it was admin staff had to contact each referral by phone to specify these details which impacted on the amount of time needed to complete the process. In addition the form required the referrer to give reason for referral. The 3 options offered were ‘stress’, ‘anxiety’ and ‘depression’. It is difficult to understand what use this information would give the organisers of the project as there would be no modification or special arrangements needed for people suffering from these conditions – so there would be no need to discern between them. In practice a high percentage of referrers ticked all three, or none at all, suggesting that referrers were unable to find a suitable description that appropriately matched the condition of their client. However, there was an option to tick ‘other’
and give some additional information. The responses given under this section were more revealing and gave useful information about the client that could have been used by the organisers to make appropriate arrangements for their comfort and safety and that of the others in the group.

This does raise another important point around who the project was aimed at. The referral form says it is for people experiencing depression, anxiety or stress, the implication being that these are generally regarded as mild to moderate mental health issues. However, there was a broad spectrum of referrals ranging from people suffering an episode of social stress from which they would be expected to recover and return to their normal daily lives to people experiencing serious and enduring mental ill health conditions that required them to have 24 hour support. There were also people who were acutely ill and extremely fragile alongside others who were suffering from varying degrees of learning disability who needed support to complete physical tasks. Knowing this in advance would have given the organiser the opportunity to screen participants and assess their suitability for the programme (one participant was excluded from the art sessions during the course of the 10 weeks as he was not suitable) or to group participants according to the type and degree of mental health issue (it was identified that several people left the sessions after the first week because they felt that the rest of the participants in the group did not represent a safe environment for them).

There was also a grey area around accepting people with a learning disability onto the programme. It is entirely feasible that someone with a learning disability may not be suffering from any mental distress at all and is actually perfectly content and mentally well. Whilst undeniably people with a learning disability will benefit from arts based programmes, for the purposes of the research study the organisers needed to clarify their goals in this area and define more precisely who the target population was. Having done so they needed to be more didactic and inform healthcare professionals more clearly of what Artefact is capable of offering.

Another question to consider is where does the responsibility lie in deciding if a participant is suitable for the project? It can be argued that responsibility for this lies with the referring healthcare professional who is conversant with the individual and has the skills and experience to judge their mental health status. A suggested addition to the project would be a referral officer who is aware of what the project can deliver, but can also discuss individual cases with the referrer before accepting them onto the project. The question then would be who would be responsible for funding a role that is typically associated with the health and care sector? If Artefact were to assume responsibility for screening, does this take the project into the domain of delivering a health service rather than one that is educational and creative?

The data shows that 65% of all referrals did actually turn up for at least one session, this compares favourably with other projects with a similar client base. The target conversion rate for referrals to participants was 50% which was exceeded, however given the capacity of the project to accept 62 participants the number of referrals needed with a 50% drop off rate is 124. The project adopted a policy in some museum sites of closing bookings after the places were filled, this lead to some sessions running with just one participant which has implications for cost effectiveness. However, of the possible 620 session places available, 371 were filled which is a 60% take up rate. This was achieved in some places by re-recruiting participants into the second set of 10 weeks from previous sessions to fill the empty places. This meant that the second set of sessions for these participants could not be included in the research. Whilst from a cost-effectiveness point of view this make sense, from the point of view of the research this was problematic as this reduced the data set.
The re-recruitment of participants was not simply linked to the need to fill empty places. It was also linked to anxiety over dropping vulnerable people who had begun to rely on the sessions for their mental wellbeing. There was discussion amongst the artists that 10 weeks is not long enough for some people and that better results would be obtained from a longer intervention of several months. The decision to run the course for 10 weeks emerged from looking at other courses run by the partners previously: Oriel Ynys Môn ran ArtB for 14 weeks; Bodelwyddan Castle ran Museums for Better Mental Health in 6 week and 12 week blocks; Creative Alternatives is a project run in the Sefton area of Liverpool and offers 12 week courses. Other factors which influenced the decision were the need to make it a manageable length for a pilot, that is long enough for group dynamics to emerge, time to make adjustments, not too long to cause fatigue among workshop leaders and pressures on museum spaces. Also influencing the decision were the size and terms of the grant funding. The desire of the organisers was to give the maximum number of people the opportunity to participate within finite resources and the timeframe set by the funders.

Referrers

There was an impression during the early stages of the project that there was a lack of support from GPs in terms of numbers of referrals. This is not borne out by the data. In fact not only did GPs make the most number of referrals alongside the Community Mental Health Teams, but they also had the best conversion rates. It is noticeable that the agencies dealing with clients who have substance misuse issues or who are ex-offenders such as CAIS, Nacro and Arch Initiatives also have the worst conversion rates. The issue of participant drop off rates was discussed at length in the advisory group meetings and the artists’ and steering group feedback sessions. It was acknowledged that for this particular group of clients a high drop off rate is inevitable, however a number of possible solutions were identified that could improve matters:

- Buddying system with someone who has been before
- A referral officer who manages the referral process, makes contact and meets participants, carries out inductions and remains an important contact with the participant, artist and referrer throughout.
- Maintain contact between sessions.
- Reviewing time difference between booking, receiving information and first session – with reminder texts or postcards.
- Work closely with other organisations such as Involve (national advisory group that supports greater public involvement in NHS, public health and social care research) so that travel costs for participants can be reimbursed.
- Access to more detailed referral information so that sessions could be tailored to participants individual interests and needs better.
- Screening of participants to assess suitability.

In a future larger scale study there may be the opportunity to better understand why participants do not turn up or drop off in the first few sessions by following up the non-attenders and the reasons for non-attendance clarified.

Information sharing

There was no Personal Information Sharing Protocol (PISP) in place for the project as not all the organisations had signed up to the Wales Accord for the Sharing of Personal Information (WASPI) (20). For any future similar project it would be strongly recommended that this process is followed through as the lack of information about their participants caused a number of problems for the artists and consequently for the participants.
Artists reported that participants were unsettled whenever a member of the group failed to turn up, they had formed relationships and wanted to know whether they were coming back or if something had happened to them. They expected the artist to know the reasons. The process was such that participants were required to contact the admin point in Gwynedd if they were not attending, instead of the artist who was leading the session. Artists felt that this undermined their credibility with the group who tended to turn to them for information about all aspects of the project.

The artists all said that not knowing what people's difficulties were before they came to the sessions made it difficult for them to plan the sessions accordingly. It was also a feature of the project that the sessions were not intended to be art therapy sessions, so the artists were not necessarily art therapists, however they were, in many cases, faced with a group of people with challenging behaviour without the support of forward planning or appropriate training in how to deal with it. It is unfortunate that, due to circumstances beyond the control of the organisers of the project, the training in mental first aid did not go ahead until after the most of the sessions had finished. However all five artists were selected from over a hundred applicants for their specific and extensive experience, qualifications and skills for working with this client group and some did not feel the need for further training.

**Artist support**

There are elements of support and safety for the artists that would need to be addressed if the project were to run again on a larger scale. There was a system of supervision put in place for the artists which, generally, the artists did not avail themselves of. The artists were able to book a session with a counsellor as and when they felt the need. The artists found the sessions very intense and found that they would have preferred a debriefing at the end of each session. This was available at some sites but not at others which did not have dedicated staff based there or where the staff are not directly involved in the project as it is the county arts officers who have taken on this role. For one artist in particular she was working one-to-one with a participant for most of the 10 weeks. She found this to be an extremely intense and lonely experience. This situation was exacerbated by the fact that she was also working in a site that was not welcoming of the project and took actions, such as locking the doors, which put her safety in danger. When this was reported to the organisers, the sessions were moved to another site which was more accommodating to the project. Partners would need to commit to the provision of on-site supervision as a pre-requisite of the project going ahead at that site, this would preferably be delivered by someone qualified to deal with the psychological needs of the artists such as a counsellor.

One site, recognising that the artists needed more support at the sessions, engaged a volunteer helper for the second set of 10 weeks. This worked very well and is a measure that could be considered for future projects of this nature.

**Practicalities of the sessions**

This includes the size of the group and the timing of the sessions. The sizes of the groups at any given session across the four sites and the two cohorts ranged from 1 person to 10. Artist feedback was mixed on the pluses and minuses of large and small groups, although all agreed that one-to-one was not a desirable situation for such a long period of time. With a large group there wasn't the possibility to sit and spend time with just one person however in a smaller group there wasn't the possibility to step back and have time out to recuperate. This was particularly exacerbated when the participants were unwilling to take a break for lunch, this meant there was no opportunity for the artist to take a much needed break in order to gather strength for the afternoon session.
Some sites reported that lunchtime was a precious time when participants sat together and socialised, it was also an opportunity for participants to get up and move around. Often participants were not willing to do this if given the choice, but found it beneficial when it was imposed as part of the structure of the day. The timing of lunch was cause for much debate, with one site shortening the lunchtime to half an hour so that participants could go home early. This site noticed that their participants didn’t cope well with a longer lunchtime and were unproductive towards the end of the day.

The start time caused some difficulties for participants who were on medication and struggled to wake early in the morning. Artists found that participants were arriving late which was disruptive for the rest of the group. A suggestion was that the sessions should be just in the afternoon which would ease both this situation and the lunchtime dilemma. Many of the artists also found that the sessions were very long and intense leading to exhaustion. They suggested that this needed more debate and experimentation in order to find a more workable solution.

**Participant Support**

A number of the participants were accompanied to the sessions by their support workers, however, there were also a number of participants who were in a very fragile state who were unsupported. One participant revealed to the researcher at the first session that she had been discharged from hospital after trying to commit suicide only a few days previously. She was clearly unwell and did not come back the following week, or for the rest of the course. There was no process in place for communicating this information to a responsible person who could follow-up on this participant and make sure she was ok and was receiving the appropriate care. A suggested solution is the appointment of a referral officer who would do just that.

**Project Management**

Arteffact did not have a dedicated project manager, other than the lead partner who carried out project management duties in addition to the normal day-to-day duties of their office. The achievement of managing the success of this project has to be acknowledged but the project could have benefited from the availability of a project manager on a more formal basis. The Steering Group were responsible for decision making under the terms of the grant. When decisions needed to be made at short notice in between meetings, this devolved to the lead partner when on occasions communication between partners in such circumstances was not immediate due to part-time working and out-of-office commitments. Attempts were made to bring together the various people involved in the project delivery at different stages. However, this proved impossible because all worked on a freelance basis and had regular commitments elsewhere on different days of the week, or they lived outside of Wales and travelling was an issue. This is why BaseCamp was settled on as a way of bringing everyone together virtually. Communication in general was enhanced by the use of BaseCamp, although it is recorded that some within the project either found it difficult to use or were unable to access the system quickly enough.

In future projects of this kind it would be important to ensure that key milestones are firmly fixed in advance and that sufficient time for decision makers to review and decide on direction is written into the schedule.
Partnership working

The Steering Group felt that should the project be repeated on a larger scale then it would be beneficial to consider a more formal legal arrangement for the partnership. They also would look to included more partners to broaden the membership. In the current economic environment some people are nervous about working in partnership for a number of reasons. However, the current members of the partnership are demonstrating how partnership working can be really beneficial and are coming up with innovative solutions, such as the Arteffact project. They felt that there had been huge bonuses to working together particularly in terms of understanding what is happening in other counties, there were also possibilities for developing the project further and putting in more joint bids for funding.

Venues

There were huge differences between the venues in the different counties. In Bodelwyddan Castle and Oriel Ynys Môn the project benefited from having the venue representative as the steering group member who was on site throughout the sessions. This was beneficial for a number of reasons. It aided communication and it meant that the artist and participants could be supported. The situation in Gwynedd and Conwy was different in that the steering group member was the council arts development officer and was responsible for a number of projects across the county. They therefore did not have the capacity to support the artists in the way they would have liked as they were not on site and could only pop in occasionally.

In Conwy the museum site was a particular issue in that the venue had to be changed just before the start of the project as the original museum was closed. The curator of the second museum chosen was not supportive of the project and did not want the art sessions to take place in his museum. This situation became potentially dangerous for the artist and lead to one cohort of sessions moving midway through the ten weeks to another site. A suggested
recommendation for future sessions is to include all museum staff in the development of
the project so that they have some ownership and uncooperative partners identified early.

**RECOMMENDATIONS**

- Referral form to include options for participants to select course dates, preferred venue, artist and/or course subject.
- Referral form to collect more detailed information about nature of mental ill health and information related to additional needs.
- Clarify goals of future projects and define more closely the target population. Communicate more clearly with healthcare professional as to what Arteffact is capable of offering to avoid referrals of unsuitable participants.
- Screen participants beforehand to assess their suitability for the programme and to group them according to degree and type of mental health issue or life situation.
- Consider over-recruiting by 100% in order to compensate for the possibility of a poor conversion rate of referrals and the high rate of drop outs from the course in the first 2 or 3 weeks. Keep groups open for referrals in the first couple of weeks to fill empty spaces and improve cost effectiveness.
- Use experience from pilot study to decide on optimum length of course, length, timing and structure of sessions.
- Consider participant support suggestions identified in pilot study to counter high drop off rate of participants. Follow-up non-attenders to better understand reasons for non-attendance.
- All participating organisations to sign up to WASPI and a PISP to be drawn up for the project to support the sharing of participant personal information.
- Mental First Aid training for all staff involved in project to be completed before start of first sessions.
- On-site support for artists to be considered such as de-briefing sessions made available at end of each session or volunteer helpers during the sessions themselves. Additional measures might be the development of a handbook with some dos and don'ts guidelines for the safety of participants and artists alike, this could also include useful information such as the contact details of support agencies or other projects happening locally which participants could be referred to at the end of the sessions.
- Consider the appointment of a referral officer who would be responsible for the general welfare of the participants. They would be a point of contact between the project, the participant and the referrer.
- Consider the appointment of a project manager who would be responsible for ensuring all aspects of the project are delivered on time and within budget. Key milestones need to be firmly fixed in advance and sufficient time for decision makers to review and decide on directions needs to be written into the schedule. Ideally this role would be independent of any one organisation involved and employed by the partnership in order to be best placed to maintain a neutral position.
- Consider a more formal arrangement for the project, eg Arteffact becoming a legal entity with a formal governance and management structure.
- Review arrangements for communication that will facilitate the full engagement of museum staff, artists and other staff involved in the project in order to foster a sense of ownership and of working together towards a common aim.
CONCLUSION

We can conclude from the findings of this study that creative activity in museums does have a significant beneficial effect on the mental wellbeing of people suffering from mental distress. There is evidence that the museum setting has contributed to this effect. However, given the limitations of this small pilot study we cannot draw conclusions about the sustainability of the changes for individual participants or whether the change is attributable to the art activity, the museum setting or an amplified effect of their combination. More research would be needed to establish this and also the effects on different groups of participants with varying degrees of mental ill-health.

Much experience has been gained and many lessons have been learned in terms of the organisation of a project of this kind. Managing the project internally has given the partnership a great deal of understanding and insight into the challenges of partnerships, delivering services for this client group and how to use their heritage collections in new ways. They are continually learning from and refining the project model with the understanding and experience they are accumulating. Furthermore, they are cascading their knowledge and experiences down within their own organisations and others who are keen to work in similar ways. A strong partnership of museums across the four counties has been established which will form a sound platform upon which a further large scale study can be launched.

REFERENCES


10. NHS Health Scotland, University of Warwick and University of Edinburgh,. *The Warwick-Edinburgh Mental Well-being Scale (WEMWBS).* 2006.


**APPENDIX 1: REFERRAL FORM**

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**artefact**

Museums and creativity for better mental health

This is a project designed specifically for people age 18 and over who are experiencing stress, depression or anxiety.

Take part in a series of weekly arts workshops run by an experienced artist in relaxing surroundings.

Courses last up to 10 weeks and will take place in museums and galleries, finding inspiration in art and historic artefacts.

Workshops will aim to help you regain your confidence, enjoy developing new skills, learn about art and meet other people whilst involved in a positive activity.

Spend time with a small group of people in a supportive environment.

Choose from courses at Bodleian Castle, Llandudno Museum, Gwreddyn Museum and Gallery in Bangor, or Oriel Ynys Môn in Llangefni.

Workshops are available from September to January 2012. Places are limited.

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**No previous art experience necessary. People in previous projects have said:**

"I can get rid of all my anxiety... lose myself in what I am doing"

"I refuse to take a pill but this will take any time"

"I'm learning new things and being part of a group. I'm really enjoying it and going to the exhibition today has really helped me"

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**Self-Referral**

You can participate in this project by completing the attached form and sending it back to us. If you need help completing your form, please call us on 01286 679721. We will need details of a professional who will provide us with a reference for you – this could be your GP, occupational therapist, social worker, psychiatrist, nurse, counsellor, or a support worker in the voluntary and community sector.

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**Referral via a professional**

As a professional you can refer people to this project by completing the attached form and returning it to us.

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**Contact**

Return completed forms to: Annes Slon
Caernarfon Archives
Gwreddyn Council
Shoe Hall Street
Caernarfon, LL55 1SH

For further information and additional copies of this form, please call 01286 679721 or e-mail annes@gwynedd.gov.uk

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All information on receipt will be treated as confidential and protected in accordance with the Data Protection Act 1998.

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**Participant details**

Name: ____________________________
Age: ____________________________
Address: ____________________________
Telephone: ____________________________
Mobile: ____________________________
Email: ____________________________

Signed: ___________ Date: ___________

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**Referee’s Details**

Name: ____________________________
Job title: ____________________________
Address: ____________________________
Telephone: ____________________________
Mobile: ____________________________
Email: ____________________________

Reason for referral: please tick below or fill in ‘other’

[ ] Stress [ ] Anxiety [ ] Depression

Other: ____________________________

Signed: ___________ Date: ___________

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01.08.11

Dear

Artefact – museums and creativity for better mental health

I would like to take this opportunity to introduce the research study we will be carrying out alongside your arts activity programme. The title of the study is “Can museums improve your mental health and wellbeing?” and its aim is to find out if arts activities in museum settings can help people recover from mental distress. As a participant in the arts activities your contribution to this research would be invaluable and I would like to invite you to take part. Your involvement will be to fill in a short questionnaire at the first and last arts activity session. This should take no more than 15 minutes each time.

I have enclosed an information sheet for you to read which has some “frequently asked questions”. Please read this carefully and discuss it with others if you would like to. If you would like more general advice about taking part in research you will find this on the Involving People website which can be found at www.involvingpeople.org.uk or The NHS Choices website at http://www.nhs.uk/Conditions/Clinical-trials/Pages/Takingpart.aspx.

If you would like to take part, I will meet you and the rest of your group, at the first arts session at the museum and go through the information with you. I will answer any questions you might have and then I will ask you to sign a consent form saying you agree to take part. If you do not wish to, you do not have to take part in the study and you can still continue with the arts activities as before.

I look forward to meeting you

Kind Regards

Colette Neal

Project Researcher

Protocol version 1.0

Letter to participants Part 1 of Study, Version 3.0
APPENDIX 3: PARTICIPANT INFORMATION SHEET (PART 1 OF STUDY)

Information about research

Artefact – museums and creativity for better mental health

Protocol Version 1.0
Information Sheet, Part 1 of Study, Version 2.0
01.08.11

We would like to invite you to take part in our research study. Before you decide we would like you to understand why the research is being done and what it would involve for you. The researcher will go through the information sheet with you and answer any questions you have. We’d suggest this should take about 10 minutes. Talk to others about the study if you wish. Ask us if there is anything that is not clear.

What is the purpose of the study?
We know that taking part in creative activities can improve the mental health and wellbeing of people experiencing mental distress. We would like to find out if there are any additional benefits to these activities taking place within a museum environment using museum collections and artifacts.

Why have I been invited?
You have been invited to take part in this study because you may be receiving mental health services and have been referred onto the project by your support worker or a health professional responsible for your care. Alternatively you may have been referred by your GP or voluntary organisation because you are experiencing an episode of stress due to a significant life event such as redundancy, role change or recovery from significant illness. There are similar arts programmes taking place in museums in Denbighshire, Conwy, Gwynedd and Ynys Môn, you will have been asked to join the one nearest to your home. There will be 2 courses lasting up to 10 weeks in each museum with about 8 participants on each. This means there could be approximately 64 people in total taking part in the study.

The study has been divided into 2 parts with this being Part 1. After the arts programme has finished we will select 8 people to take part in a ½ - ¾ hour discussion about their experiences during the arts activity programme. We will aim to select a cross section of men and women participants from across the 4 museum sites from different age groups. Selection will not be based on artistic ability, but on achieving a representational sample of the type of people involved.
in the study. If you are selected you will be contacted after the programme has ended and asked for your consent to take part separately.

**Do I have to take part?**
It is up to you to decide to join the study. We will describe the study and go through this information sheet. If you agree to take part, we will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason. This will not affect the standard of care you receive and you will still be able to take part in the arts activity programme in the museum as before.

**What will happen to me if I take part?**
If you give your consent to join the study you will be invited to fill in a short questionnaire (Mental Wellbeing Questionnaire) at the first arts activity session and then again at the last session. This should take no more than 15 minutes each time. This questionnaire is designed to find out about your feelings and thoughts over the previous 2 week period. You will be given a private space to fill this out should you wish.

**What will happen when the research study stops?**
There is nothing you need to do in the study. There will be no personal identifiable information on the mental wellbeing questionnaire. A report will be written about the findings of the study. There will not be any personal identifying information in the final report.

**Is there any payment for taking part?**
There is no payment for taking part in the study, and we are very grateful for the time that people spend helping us. A copy of the report will be available for all those who take part.

**Are there any risks to me taking part?**
There is a risk that the questions on the mental wellbeing questionnaire may be upsetting for some participants. There will be a private space available for you to fill it in should you wish. The researcher will also be trained to provide support to anyone who is upset.

**What are the possible benefits of taking part in the study?**
We cannot promise the study will help you but the information we get from this study will help us to find out if there is difference in your mental wellbeing score between the first and the last session. This will help us find out if arts activities in museum settings help people recover from mental distress. We will use this information to create more services for people whose health and wellbeing can benefit from engaging in these activities.

**What if there is a problem?**
If you have a concern about any aspect of this study, you should ask to speak to the researcher who will do her best to answer your questions. The contact details are printed at the end of this sheet. If you remain unhappy and wish to complain formally, you can do this by contacting:

Elizabeth Aylett  
Head of Arts Therapies/Lead for Arts-in-Health & Wellbeing  
Betsi Cadwaladr University Health Board
Will my taking part in the study be kept confidential?
Yes. We will follow ethical and legal practice and all information about you will be handled in confidence.

Involvement of the General Practitioner/Family doctor (GP)
In may be beneficial to inform your GP of your participation in the study to advise him or her of any aspects of the project which will affect the day-to-day treatment given by them.

Who is organising and funding the research?
The study is funded by CyMAL, Museums Archives Libraries Wales. The study is being organized by a partnership between the museums in Denbighshire, Conwy, Gwynedd and Ynys Môn, Betsi Cadwaladr University Health Board and Bangor University.

Who has reviewed the study?
All research in the NHS is looked at by independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by Betsi Cadwaladr University Health Board Research Ethics Committee.

Researcher contact details:
Colette Neal (Project researcher)
c/o Bodelwyddan Castle
Bodelwyddan
Rhyl
Denbighshire
LL18 5UY

T: 01745 584060 | F: 01745 584563
Email: coletteneal@acces3ability.co.uk
Consent form

**Arteffact** – museums and creativity for better mental health

Researcher: Colette Neal  
Protocol version 1.0  
Consent Form, Part 1 of Study, Version 2.0  
01.08.11

Please initial box

1. I confirm that I have read and understand the information sheet dated 01.08.11 (Part 1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.

3. I understand that data collected during the study may be looked at by individuals from Bodelwyddan Castle Trust, the Partnership Steering Group, Partnership Advisory Group, Bangor University, regulatory authorities or the NHS Health Board, where it is relevant to my taking part in this research.

4. I agree to my GP being informed of my participation in the study.

___________________________________________________________________________  __________________________________________________________________________
Name of GP  Address of Surgery

5. I agree to take part in the above study.

___________________________________________________________________________
Name of Participant  Date  Signature

___________________________________________________________________________
Name of person taking consent  Date  Signature
Dear arteffact - museums and creativity for better mental health

Many thanks for your involvement in the research study “Can museums improve your mental health and wellbeing?” which was carried out alongside the arts activity programme you attended recently. We have gained some important information about arts activities in museum settings and if they can help people recover from mental distress. Now we would like to find out in more detail how the arts activity programme has affected you. You have been selected to take part in Part 2 of the study. This will involve discussing your experiences of taking part in the programme at the museum with the project researcher. Selection of participants in Part 2 is not based on artistic ability, but on achieving a representational sample of the type of people involved in the study from across the 4 museum sites. Including time spent with the researcher before the discussion, discussing and giving consent for the study, we anticipate that you will probably spend between 1 and 1 ½ hours at the museum.

I have enclosed an information sheet for you to read which has some “frequently asked questions”. Please read this carefully and discuss it with others if you would like to. If you would like more general advice about taking part in research you will find this on the Involving People website which can be found at www.involvingpeople.org.uk or The NHS Choices website at http://www.nhs.uk/Conditions/Clinical-trials/Pages/Takingpart.aspx.

If you are interested in taking part please ring me on 07955 652055 or email coletteneal@acces3ability.co.uk. I will then arrange to meet you at the museum to have the discussion. Before we start I will go through the information with you. I will answer any questions you might have and then I will ask you to sign a consent form saying you agree to take part. If you do not wish to, you do not have to take part in the study and this will not affect your ongoing care.

I look forward to hearing from you soon
Kind Regards

Colette Neal
Project Researcher

Protocol version 1.0
Letter to participants, Part 2 of Study, Version 3.0
APPENDIX 6: PARTICIPANT INFORMATION SHEET (PART 2 OF STUDY)

Information about research

*Artefact* – museums and creativity for better mental health

Protocol version 1.0
Information sheet, Part 2 of Study, Version 2.0
01.08.11

We would like to invite you to take part in the second part of our research study. Before you decide we would like you to understand why the research is being done and what it would involve for you. **The researcher will go through the information sheet with you and answer any questions you have.** We’d suggest this should take about 10 minutes. Talk to others about the study if you wish. Ask us if there is anything that is not clear.

**What is the purpose of the study?**
We know that taking part in creative activities can improve the mental health and wellbeing of people experiencing mental distress. We would like to find out if there are any additional benefits to these activities taking place within a museum environment using museum collections and artefacts.

**Why have I been invited?**
You have been invited to take part in the second part of the study because you have completed the museum based arts activity programme and have completed the mental wellbeing questionnaire. You are one of 8 people, 2 from each museum site where the activities have taken place who we have selected to help us find out more detail about how the programme has affected you.

**Do I have to take part?**
It is up to you to decide to join this part of the study. We will describe the study and go through this information sheet. If you agree to take part, we will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason. This will not affect your ongoing care.

**What will happen to me if I take part?**
If you give your consent to join this part of the study you will be invited to spend ½ - ¾ hour with the researcher at the museum where your arts activity programme took place. The researcher will ask you questions about your experiences during the programme. The discussion will be recorded. The researcher will let you know when audio recording begins and when it ends. You
will be asked not to discuss any personal details during this time, or use anyone's name. This is to preserve people's anonymity when the discussions are examined later. If you do accidentally use people's names, don't worry. Any identifying information will be removed when the audiotapes are typed up. You will have finished your involvement in the study when the discussion has ended. Including time spent with the researcher before the discussion, discussing and giving consent for the study, we anticipate that you will probably spend between 1 and 1 ½ hours on the study.

**What will happen when the research study stops?**
There is nothing more that you need to do in the study. The audiotape of the discussions will be typed up and any personal identifying information, such as peoples' names, will be removed. The audiotape will then be destroyed. The transcripts from the discussion will be examined by the research team. A report will be written about the findings of the study and this may contain quotes from the discussion. There will not be any personal identifying information in the final report.

**Is there any payment for taking part?**
There is no payment for taking part in the study, and we are very grateful for the time that people spend helping us. A copy of the report will be available for all those who take part.

**Are there any risks to me taking part?**
There is a risk that the discussions in the interview may be upsetting for some participants. The researcher will be trained to provide support to anyone who is upset as a result of taking part.

**What are the possible benefits of taking part in the study?**
We cannot promise the study will help you but the information we get from this study will help us to describe and explain the reasons why any change in your mental wellbeing has happened. This will help us find out if arts activities in museum settings help people recover from mental distress. We will use this information to create more services for people whose health and wellbeing can benefit from engaging in these activities.

**What if there is a problem?**
If you have a concern about any aspect of this study, you should ask to speak to the researcher who will do her best to answer your questions. The contact details are printed at the end of this sheet. If you remain unhappy and wish to complain formally, you can do this by contacting Elizabeth Aylett
Head of Arts Therapies/Lead for Arts-in-Health & Wellbeing
Betsi Cadwaladr University Health Board
Ty Llywelyn Unit,
Ysbyty Bryn-γ-Neuadd,
Llanfairfechan, Conwy, LL33 0HH

Tel (01248)682132
Will my taking part in the study be kept confidential?
Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. As we have explained above, the audiotapes from the discussions will be destroyed after they have been transcribed. When the tapes are transcribed, any personal information that has accidentally been mentioned, such as names, will be removed.

Sometimes in discussions people may disclose information about serious events, such as professional malpractice in the care they have received, or that they or others are vulnerable or at risk. In such situations, the research team may have statutory obligations to pass on information in order to protect that person or others. If the researcher feels this may be the case this will be fully discussed with you and with the study psychiatrist supervising the researcher.

Involvement of the General Practitioner/Family doctor (GP)
In may be beneficial to inform your GP of your participation in the study to advise him or her of any aspects of the project which may affect the day-to-day treatment given by them.

Who is organising and funding the research?
The study is funded by CyMAL, Museums Archives Libraries Wales. The study is being organized by a partnership between the museums in Denbighshire, Conwy, Gwynedd and Ynys Môn, Betsi Cadwaladr University Health Board and Bangor University.

Who has reviewed the study?
All research in the NHS is looked at by independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by Betsi Cadwaladr University Health Board Research Ethics Committee.

Research team contact details:
Colette Neal (Project researcher)
c/o Bodelwyddan Castle
Bodelwyddan
Rhyl
Denbighshire
LL18 5UY

T: 01745 584060 | F: 01745 584563
Email: coletteneal@acces3ability.co.uk
Consent form

Artefact – museums and creativity for better mental health

Researcher: Colette Neal
Protocol version 1.0
Consent Form Part 2 of Study, Version 2.0
01.08.11

1. I confirm that I have read and understand the information sheet dated 01.08.11 (Part 2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.

3. I understand that data collected during the study may be looked at by individuals from Bodelwyddan Castle Trust, the Partnership Steering Group, Partnership Advisory Group, Bangor University, regulatory authorities, where it is relevant to my taking part in this research.

4. I understand that the discussions will be audiotaped. Any personal information will be removed when the audiotape is transcribed. Audiotapes will be destroyed after transcription has been completed. The transcripts form the data from this study.

5. I agree to my GP being informed of my participation in the study.

__________________  __________________
Name of GP  Address of Surgery

6. I understand that if I disclose information that raises concerns about professional liability, my own safety or the safety of others, this information may need to be shared with other statutory authorities. If this occurs I understand that I will be informed of this process.
Consent Form Part 2 of Study, Version 2.0 (page 2)

7. I agree to take part in the above study.

__________________________
Name of Participant

__________________________
Date

__________________________
Signature

__________________________
Name of person taking consent

__________________________
Date

__________________________
Signature
APPENDIX 8: 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

<table>
<thead>
<tr>
<th>STATEMENTS</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I've been feeling optimistic about the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling useful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling relaxed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling interested in other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've had energy to spare</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been dealing with problems well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been thinking clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling good about myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling close to other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling confident</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been able to make up my own mind about things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling loved</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been interested in new things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling cheerful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
### Appendix 9: Museums, Libraries and Archives Generic Social Outcomes

#### 3.1 Health & Well-Being: Encouraging healthy lifestyles and contributing to mental and physical wellbeing

<table>
<thead>
<tr>
<th>Tier 3 GSO Indicator</th>
<th>Possible questions to ask</th>
<th>Examples of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.1 People felt mentally stimulated by the experience. A, V</td>
<td>How has this experience stimulated your mind / sense of wellbeing? This experience has helped me to keep my mind active and try new things (true / false)</td>
<td>&quot;Your thinking ability is sharpened&quot;, &quot;Keeps your brain ticking over&quot;. Participants: Woodhorn Our Woodhorn project</td>
</tr>
<tr>
<td>3.1.2 People feel that attending the session helped to maintain an active / healthy body A, V / B, P</td>
<td>How has this experience helped you to keep active and healthy? This experience has helped me maintain an active / healthy body (true / false)</td>
<td>&quot;[The experience] was stimulating for body and mind&quot;. &quot;Mixing and being involved in a worthwhile community project, which should stand the test of time, can be both physically and mentally tiling, but one sleeps very well and contented.&quot; Volunteers during education work at Museums Luton</td>
</tr>
<tr>
<td>3.1.3 People feel more positive about life in general or about specific areas of their lives. A, V</td>
<td>How has this experience made you feel about ways that you can enjoy your time / life in general? This experience has helped me to feel more positive about my life. (true / false) This project has been something to look forward to. (true / false)</td>
<td>&quot;A third user referred to how the library gave him something to 'look forward to' and 'helped (him) through a tough time'. One user now &quot;felt things were worth living for&quot;. VIP project evaluator. MLA South East</td>
</tr>
<tr>
<td>3.1.4 People say they feel an increased sense of wellbeing i.e. they feel inspired, relaxed or think on a higher level. A, V</td>
<td>Has this experience improved your quality of life? Please tell us how. Has being involved in this project helped you to relax? Please tell us how. What did you most enjoy about this experience? This experience gave me a sense of well-being. (true / false)</td>
<td>&quot;I feel a magnificent change in my soul because when I came here I feel relaxed and that has lasted&quot;. &quot;The view from the top of the castle will rest in my mind.&quot; Participants: Belkay Hall East End Women’s Art Group, North East Refugees Service and Good Neighbours Project</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;Art is the new love of my life. It brings relaxing cheer and satisfaction.&quot; Participant, Active Minds over 50s</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;This is good. It calms you down. When I came in I was angry, now I'm so chilled&quot;. Participant, Aquila Pottery project</td>
</tr>
</tbody>
</table>
3.1 Health & Well-Being: Encouraging healthy lifestyles and contributing to mental and physical wellbeing (cont.)

<table>
<thead>
<tr>
<th>Tier 3 GSO Indicator</th>
<th>Possible questions to ask</th>
<th>Examples of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.5 People say that opportunities for social contact with others have increased their confidence and self esteem. A, V</td>
<td>What has the impact of working in a group been on you personally? I have become more confident meeting new people as a result of this project. (true / false) Working in a group has boosted my confidence. (true / false)</td>
<td>“Parents and carers feel that a benefit of coming to the Rhyme Time sessions is that it makes them feel less isolated.” Rhyme Time, Cowes Library, Isle of Wight</td>
</tr>
<tr>
<td>3.1.6 People felt proud that they participated in a creative process / achieved a creative outcome. A, V, E, L, C</td>
<td>Was doing something creative important to you? Have you been able to be creative in new ways during this activity? How do you feel about what you have created during the project? I am proud of what I achieved / created through this experience. (true / false)</td>
<td>“People all created work to a high standard. They all enjoyed working with new materials and learning new techniques and skills. I was looking forward to doing something new.” The Well-being Group, Birtley Community Centre</td>
</tr>
<tr>
<td>3.1.7 People say that the experience released them from day to day worries (possibly). A, V, E, L, C</td>
<td>How supportive was this experience for you as a carer? This experience has provided a break from day to day life. (true / false) This experience has provided an opportunity to rest and refresh. (true / false)</td>
<td>“It was a rare opportunity to be without worries and to spend very rare quality time with my husband.” Participant, North Tyneside Carers Centre Visit to Beamish</td>
</tr>
<tr>
<td>3.1.8 People feel that the experience helped them to approach / deal with mental health issues in a positive way. A, V, B, P</td>
<td>How has this experience stimulated you? This experience has helped me to deal with health issues in a positive way. (true / false)</td>
<td></td>
</tr>
</tbody>
</table>
### 3.2 Health & Well-Being: Supporting care and recovery

<table>
<thead>
<tr>
<th>Tier 3 GSO Indicator</th>
<th>Possible questions to ask</th>
<th>Examples of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2.1 Numbers of people with specific care / recovery needs engaged in projects. <strong>Output</strong></td>
<td>Analysis of visitor/participant figures. (For staff) How were participants with care / recovery needs recruited?</td>
<td></td>
</tr>
<tr>
<td>3.2.2 Numbers of people with caring responsibilities engaged in projects. <strong>Output</strong></td>
<td>Analysis of visitor/participant figures. (For staff) How were participants with caring responsibilities recruited?</td>
<td></td>
</tr>
<tr>
<td>3.2.3 People felt that the experience helped them deal with loss, bereavement, injury or impairment. <strong>A, V</strong></td>
<td>Please tell us how this experience helped you to deal differently with your injury / loss? This experience has given me something different to focus on other than my loss etc. (true / false) This experience has provided an outlet for my loss etc. (true / false)</td>
<td>“One user felt that the library had “taken away my depression” after bereavement and family breakdown.” VIP Project Evaluators, MLA South East</td>
</tr>
<tr>
<td>3.2.4 People value the support that they have been given through the experience. <strong>A, V</strong></td>
<td>How do you feel about the support you have received from the staff? Staff have supported and encouraged me during the project. (true / false)</td>
<td>“Portsmouth users mentioned the value of the practical support provided, for example in finding out about equipment like magnifiers.” VIP Project Evaluators, MLA South East</td>
</tr>
<tr>
<td>3.2.5 People felt supported by being able to talk openly about their lives / heritage. <strong>A, V / B, P</strong></td>
<td>I have been able to talk openly about myself / my life during this experience. (true / false) This group has provided a safe and fun place for me to be myself. (true / false)</td>
<td>“The learning environment was fantastic. Some of the girls were reluctant to join in, but seeing others having fun meant it was less of a challenge - they did not have to make a decision to get involved by getting to a place.” Worker, Aquilla Pottery Project: Supporting Young Mothers</td>
</tr>
</tbody>
</table>
### 3.2 Health & Well-Being: Supporting care and recovery (cont.)

<table>
<thead>
<tr>
<th>Tier 3 GSO Indicator</th>
<th>Possible questions to ask</th>
<th>Examples of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2.6 People feel that their recovery is supported by the experience. A, V</td>
<td>Please tell us how this experience has supported your recovery? This experience has helped me to recover more quickly. (true / false)</td>
<td>“I feel that understanding social history is so important in recovery. It induces and inspires positive participation in society. I have been inspired by the learning that has taken place and the talent that has come through.” Worker, Project Answer, North Tyneside (Wallsend), Beamish and Woodhorn museums</td>
</tr>
<tr>
<td>3.2.7 People with specific care and recovery needs feel positively included. A, V</td>
<td>How were participants with specific care and recovery needs included in the activities? Did you feel that you were actively involved in the experience? I feel that my particular needs were considered during this project. (true / false)</td>
<td>“There is very little available for children with social communication difficulties and this is very well suited to them. The children gain a great deal, in terms of self esteem, confidence, new knowledge (eg. history of other cultures) which otherwise they would not.” Worker, Activities for Aspergers children, Kings Lynn Museums</td>
</tr>
<tr>
<td>3.2.8 People with caring responsibilities say that the experience has equipped them with skills / networks for coping in the future. K, U, S</td>
<td>What benefits have you gained from being involved in the project? What new skills have you learnt which will support you in your role as a carer? This experience has helped me to build a better relationship with the person I care for. (true / false) I feel that I am more able to deal with / cope with my role as a carer. (true / false)</td>
<td>“The young carers had the opportunity to bond and make friends with those with similar caring roles.” Gateshead Crossroads: Animation Project</td>
</tr>
<tr>
<td>3.2.9 People with specific care and recovery needs say that the experience has equipped them with strategies / skills for coping in the future. K, U, S</td>
<td>Has this experience helped you to develop strategies for managing your symptoms in the future? I feel more able to deal with / cope with my symptoms in the future. (true / false)</td>
<td>“Our service has been impressed with the sessions and how their children have mixed/socialised, which is their particular weakness.” Worker, Activities for Aspergers children, Kings Lynn Museums</td>
</tr>
</tbody>
</table>
## APPENDIX 10: INTERVIEW QUESTION FRAMEWORK

<table>
<thead>
<tr>
<th>Issue</th>
<th>Question</th>
</tr>
</thead>
</table>
| **Background info** | Tell me a little about why you wanted to do the arts activity programme.  
What kind of arts activity did you do?  
Have you ever done art before?  
Tell me about your experience of taking part in the sessions.  
What did you enjoy the most? What did you find most challenging? |
| **Process** | What were your expectations of the sessions?  
How was the registration process for you?  
How did you feel at your first session?  
How did you feel about people joining in after the first session? |
| Mental stimulation; increased sense of wellbeing – feeling inspired or relaxed; | What has changed for you as a result of taking part in the sessions?  
What will you take away from the whole experience? |
| **Museum environment** | What was it like doing the arts sessions in a museum?  
Social contact resulting in increased confidence and self-esteem |  
How did you find the experience of doing something like this together with other people? What benefits have you gained as a result of taking part? |
| Feelings of pride, of having achieved a creative outcome | How do you feel about what you have created during the sessions? |
| Positive inclusion of people with special needs; support | What do you think about the support you received during the sessions? |
| New skills/networks for coping in the future; equipped with strategies/skills for coping in the future | What have you learned as a result of the experience |
| Dealing with mental health issues in a positive way | What difference has the experience made to the way you approach your mental health issue/problems/stress? |
Dear All,

The aim of these sessions is to get feedback from the Steering Group and the Artists about the effectiveness of the project in achieving the stated project goals and objectives. These have been copied below together with the intended activities as stated in the Logical Framework sent out at the beginning of the project. This is to serve as a reminder when considering the questions that follow.

The questions have been organised into four domains in order to get feedback on the processes followed; intended outputs; the outcomes/impact of the project and the lessons learned for the future. The questions under each domain are not intended to be answered religiously, but are meant to stimulate discussion. If you are not able to attend the sessions it would still be really useful if you could consider the project goal, objectives and activities in the light of the question framework, write your thoughts about your experience of having taken part in the project and send them to me, by email if possible by 31st December.

Many thanks

Colette

**Taken from Logical Framework**

**Project Goal**
- To develop an effective museum partnership that engages with a range of mental health service providers and users for the purpose of enhancing the health and well-being of people in the region through creative activities inspired by museum buildings and their collections.
- To create a model for working that can be used as an exemplar across sectors and within Welsh Assembly Government.

**Project Objectives**
- To raise awareness of the specific contribution that museums, museum collections and museum staff can make within the field of mental health recovery.
- To make a positive and measurable difference to the mental health of project participants.
- To forge links that can be sustained beyond the duration of the project with health, social services, 3rd and voluntary sectors.
- To create a model for effective museum partnership working that can be shared within the wider sector.

**Project Activities**
- Museum partnership to identify a clear model for project activity based on direct lessons learnt, advice from relevant experts and other examples of good practice from around the UK. Model to include details of how participants are referred/can apply to the project.
• Presentation to health, social services, 3rd and voluntary sector representatives to generate support for the museum partnership project.
• Identify advocates with the target sectors who will support and promote the opportunities presented by the project.
• Liaising with GPs, community health teams, home treatment teams, etc.
• Appointment of a project evaluator, filmmaker and workshop facilitators.
• Training for project partners and artists: Mental Health & Mental Illness (level 1) and Mental Health First Aid.
• Welcome visits to the museums for project participants, carers and their families.
• Opportunity for project participants to input into the nature of the project activity.
• Regular creative workshops for project participants at each of the partner museums for the duration of the project; inspired by museum collections led by experienced artists.
• Creation of a 3-4 minute film with input from participants; to complement evaluation and workshop activities.
• Opportunities for healthy lifestyle activities within the museum context; e.g., walking, other physical activities, volunteering.
• Identifying a number of ways in which participants can use the project as a stepping stone on to other activities/opportunities available at participating museums or external services, as appropriate.
• Partnership group to be actively exploring methods of sustaining the project beyond the immediate timescale of the funding.
• Producing a report on the lessons learnt from the project that can be shared within the cultural and health sectors.

**Evaluation Questions**

**Process**
1. Were the processes performed as planned?
2. Did the project reach the intended target population?
3. How satisfied were all the people involved with their experience of taking part in the project?
4. How could the processes be modified to work better?
5. What lessons can we learn about the process from the way the project has unfolded?

**Outputs**
6. Has the project reached the intended number of participants?
7. Has the project provided the planned activities?
8. Have the activities had the expected results?
9. Are there any unexpected results?

**Outcomes/Impacts**
10. Did the people involved in the project experience any changes in their skills, knowledge, attitudes or behaviours?
11. What changes were expected?
12. What are the effects of the project on your organisation?
13. Did the project address the issues that led to the project? Do those issues still exist?
14. Are there any related issues that have arisen that the project did not address?
15. What changes have resulted from the project?
16. What could be the long term impacts of this work?

Lessons learned

17. What could have been done differently to complete the project more effectively?
18. What key changes could be made to the project to enhance achievement of objectives?
19. What are the lessons learned for the future?
20. What outcomes could be considered if a similar project were to be set up?