

**A Mixed Methods Exploration of 'Creativity in Mind', an Online,
Creativity-Based Intervention for Adults Experiencing Low Mood
and Anxiety**

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Thesis Declaration Form

I confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

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Overview

This thesis addresses the question of whether a participatory arts project for those who experience low mood and anxiety, can be effectively delivered online.

Part 1 explores the definition of creativity and the history of the 'arts in health' movement. This is followed by a literature review on the impact of face-to-face participatory arts projects that revealed a small but positive evidence base demonstrating improvements in mood, social capital and self-perceptions. The studies were mostly uncontrolled and present a high risk of bias. The rationale for using an online platform to deliver a participatory arts project is outlined followed by a description of the intervention and the evaluation procedure.

Part 2 describes a mixed methods study examining a creativity-based online intervention called 'Creativity in Mind' (CIM). Linear mixed models were computed to find that both mood and wellbeing were significantly improved between baseline and a three-month follow-up. A framework analysis was carried out on qualitative data from 18 participants. The qualitative data indicated that overall CIM was experienced positively, with some negative emotions arising from the volume of interaction and negative comparisons between group members. Nine themes and 11 subthemes were organised into three domains: CIM impact, mechanism of change and implementation. Within CIM potential active ingredients were identified as: the structure of CIM, being creative and sharing creativity. Recommendations for future improvements to CIM are discussed along with the challenges of using an online platform.

Part 3 includes a critical appraisal that describes the various conceptual and methodological issues that arose during the course of the research project. Concerns around epistemological differences between researchers and the research partner are discussed. The lack of diversity in the sample and thoughts about how to increase the accessibility of CIM are explored.

Impact Statement

This thesis contains a robust mixed methods evaluation of an innovative creativity-based online intervention called Creativity in Mind (CIM). This collaborative research project involved an arts organisation based in the local community, as a research partner. This has strengthened UCLs connections with external organisations on issues that benefit the community. The positive findings of this study add valuable insight into the current, limited literature on the impact of participatory arts projects on people who experience mental health distress. The insight and knowledge gained will directly influence the way in which CIM is developed in the future. The dissemination of this knowledge at conferences and through the research partners' networks is raising the profile of creativity as a resource for those experiencing low mood and anxiety with the public, academics and clinicians. The clinical benefits of this research are discussed in detail in the text. Importantly this thesis will be beneficial to those working clinically with creativity and health by contributing to the understanding of why creativity appears to have a positive impact on mental health and wellbeing.

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Part 1: Literature Review

An Exploration of Creativity and the Impact of Participatory Arts Projects

Abstract

Creativity is associated with psychological flourishing and is being harnessed in participatory arts projects to improve wellbeing (APPGAHW, 2017; Forgeard & Elstein, 2014). A review was undertaken to provide an exhaustive summary of the current literature on the impact of participatory arts projects. A search was conducted in PsycINFO (hosted by Ovid), 413 articles were screened and 16 were included, most of which were mixed methods or qualitative in design. This review found that the quantitative literature, although mostly uncontrolled, demonstrates reductions in distress symptoms and increases in wellbeing. The qualitative studies report that service users experience a variety of gains as a result of participation, including a reduction in social isolation, positive shifts in self-perception, a sense of achievement, relaxation, and an increase in self-worth, self-esteem and self-confidence. However, the quality of evidence is poor with a high risk of bias. Evaluation of the active ingredient within participatory arts projects is required to better understand the positive outcomes demonstrated in the reviewed literature, along with controlled studies to robustly evaluate their effectiveness.

Introduction

Common mental health disorders (CMD) include depression and different types of anxiety, such as specific phobias, panic disorder, obsessive-compulsive disorder and post-traumatic stress disorder. The estimated prevalence rates of CMD have been steadily rising in recent years. Collins et al., (2011) stated in the journal *Nature* that depression was the third leading contributor to the global disease burden. In the UK one in five women, and one in eight men were identified as having a CMD according to the adult psychiatric morbidity survey of 7,500 households (McManus, Bebbington, Jenkins & Brugha, 2016). The financial and emotional cost associated with CMDs can be severe for both the individual and for society.

Creativity, defined as the generation of novel ideas or products, has often been linked to mental illness (Fisher, 2015). However, there is a growing evidence base which suggests that creativity is associated with improved emotional functioning and psychological flourishing (Forgeard & Elstein, 2014; Schmid, 2006). Several UK mental health policies and an all-party parliamentary committee have suggested that participatory arts projects, defined as individual and group arts activities, make significant contributions to the wellbeing of communities and to the social capital of individuals (APPGAHW, 2017; Holland, 2015; Jenkins et al., 2008; Jensen, 2013; White, 2009). Given the difficulty of accessing participatory arts projects due to the current funding context, the uneven distribution of service provision and the often temporary nature of projects, there is a need for new and innovative solutions to harness the demonstrated positive impact of interventions involving creativity.

This thesis contains a conceptual introduction and an empirical paper which address the question of whether the Internet can be used effectively as a platform for a participatory arts project for people who experience CMD. The conceptual introduction in this chapter will explore creativity and its historical context within health, and will provide a review of the literature pertaining to the impact of participatory arts projects. The rationale for using an online platform to deliver a

creative intervention will be outlined followed by a description of the intervention and the evaluation procedure.

Defining Creativity and Participatory Arts Projects

'Creativity' has been described as a virtue, a strength, a mystical or spiritual experience and a character attribute. It is also seen as a process that manifests itself in new types of behaviour, which go beyond the re-application of established patterns or scripts (Carruthers, 2002; Peterson & Seligman, 2004; Sternberg & Lubart, 1999). Necka (1986) posited that people behave creatively through creative thinking and the ability to devise new ideas and new combinations, along with a willingness to devote time to the creative process. The expression of creative action can occur through an almost infinite number of avenues; dance, drama, art, craft, film, music, design, theory construction and problem-solving being just a few examples. The Oxford English dictionary defines creativity as "the use of imagination or original ideas to create something" and, for the purposes of this thesis, this broad understanding of the term will be used.

The data from evaluations of 'arts on prescription', art therapies, participatory arts programmes, 'arts in health' and social care environments, everyday creativity and attendance at cultural arts events and venues, demonstrates a link between creativity and good mental health (APPGAHW, 2017). 'Everyday creativity', can be defined as creative activity in one's everyday environment, and is differentiated from art therapies, which are a type of psychotherapy that use art and creativity as a means of expression and communication to address emotional issues (BAAT, 2019; Conner, DeYoung & Silvia, 2016). Everyday creativity is promoted in participatory arts projects, which are defined as individual and group arts activities in which participants, with guidance, motivate themselves to produce art works, intended to improve health and wellbeing in healthcare and community settings. Given the potential depth and breadth of creative pursuits and their relative accessibility in day-to-day life, interventions that promote everyday creativity such as participatory

art projects are an important area for investigation and are under-represented in research and health policies.

Creativity in Healthcare: A Historical to Present Day Context

Creativity has a history of being neglected in psychological research. Guilford, in his American Psychological Association (APA) presidential address in 1950 challenged psychologists to attend to the extremely important attribute of creativity (Sternberg & Lubart, 1999). Guilford went on to state that less than 0.2% of entries in *Psychological Abstracts* (the print counterpart of PsycINFO, a database published by the APA) focused on creativity. The analysis was conducted again for the period 1975 to 1994 and found that 0.5% of abstracts concerned creativity (a comparable statistic for the attribute of reading was 1.5%) (Sternberg & Lubart, 1999). According to Sternberg and Lubart (1999) psychology textbooks barely cover creativity whereas intelligence, a comparable attribute, occupies whole chapters. The search completed by Sternberg and Lubart (1999) was updated for the purposes of this literature review in PsycINFO for the period 1994 to 2019. In the current search, 0.4% of the citations related to creativity and 0.9% concerned reading. It appears that the overall contribution of creativity research to the psychological literature is decreasing, despite the contribution creativity makes to the wellbeing of individuals and communities.

The arts have historically been viewed as a tool for improving public health. In the 1980's the 'arts in health' movement gained momentum following a report from the World Health Organisation (WHO), which promoted a wide variety of interventions to promote health including 'play' (Royal Society for Public Health, 2013). White (2009) sets out early examples of art in community healthcare in the 1980's and 1990's. In Preston during this period, a community arts agency collaborated with a public health team around HIV/AIDS awareness. 'Theatreworks' in Sheffield used theatre in health education projects through touring shows. Walsall's council arts team trialled stand-up comedy to promote men's health issues.

These examples and others have not evolved through advocacy from the arts sector alone, White (2009) argues that it has occurred due to a wider recognition that engagement in cultural activity improves wellbeing.

Arts on Prescription (AoP) often fall under the category of participatory arts projects and can be understood as part of the 'arts in health'. AoP is a type of social prescribing which began in 1994. Social prescribing links people receiving input from primary care services with sources of non-medical support in the community and is an alternative to medical approaches to distress such as medication. Social prescribing has increased in the context of an increase in CMD and prescriptions for antidepressants which totalled 64.7 million in 2016, compared to 31 million in 2006 (NHS Digital, 2017). The focus of AoP is art in the community with the aim of promoting health and wellbeing (Bungay & Clift, 2010). There has been a shift in government policy that now includes a focus on holistic care, such as AoP, and the role of community and voluntary sectors in improving the health and wellbeing of the population (Bungay & Clift, 2010). Funding for arts organisations and projects fluctuates in line with policy as well as the general financial climate. For instance, in 2012 the Olympic games held in London were awarded £675 million of lottery funding. This had a devastating impact on arts-based projects. In order to obtain funding, arts organisations have had to negotiate acquiring data on outcomes, which can lead to tensions between the various ideologies of artists, arts organisations, funders and researchers. This is borne out in the research which will now be reviewed.

Effects of Participatory Arts on Mental Health: Evidence to Date

In 1999 the Health Development Agency reviewed the evidence for community-based arts projects and concluded that frequently the evaluations conducted were inadequate and that many projects did not clearly state their aims (Angus, 2002). There exists no review focused solely on the impact of participatory arts projects in the community. There are three reviews that include evidence for this

type of project, along with evidence from arts in healthcare settings such as hospitals (Leckey, 2011; McQueen-Thomson & Ziguras, 2002; Staricoff, 2006). These reviews report similar findings in relation to positive outcomes and problems with the quality of research. Staricoff (2006) examined the quantitative and qualitative literature and concluded that service users' involvement in the arts increased self-expression, self-esteem and creative skills. More recently, Leckey (2011) conducted a systematic review of 11 studies of creative activities on mental health and wellbeing in multiple settings. The evidence suggested that creative activities can have a healing and protective impact on wellbeing by promoting relaxation, self-expression and reducing stress. For both service users and staff, arts in healthcare created better working conditions. The reviews cited methodological problems such as a lack of baseline and follow-up data, small sample sizes, inappropriate methods, a reliance on anecdotal evidence and little attention to mechanisms. Leckey (2011) notes that no randomised control trials (RCT) were available at the time of their review.

Despite the lack of a robust evidence base, there has been a renewed call for further funding for the arts in health and social care. In 2017 a report titled *Creative Health*, commissioned by an all-party parliamentary (APPGAHW, 2017) committee drew together multiple sources of evidence relating to the interaction between art, health and wellbeing across the life course, including project reports, academic research, testimonies, public consultation and practice examples. The report concluded that participatory arts projects make significant contributions to the wellbeing of communities and suggested that arts-based approaches can help people to stay well, recover faster, manage long-term conditions and experience a better quality of life (APPGAHW, 2017). The report also stated that unlike art therapies and arts activities in clinical health settings (Slayton, D'Archer, & Kaplan; 2010), evaluations and outcome studies of community participatory arts projects are limited in number, and often have small sample sizes, no control group, and a lack

of appropriate measures and conceptual frameworks. The aim of the parliamentary report was not to provide an academic review and therefore the review methodology was not reported, making it difficult to draw firm conclusions from the data. The literature now requires a thorough review of the evidence pertaining to participatory arts in the community. This review will provide the context and a rationale for the empirical paper in Chapter two of this thesis.

Review of the Impact of Participatory Arts Projects

Search Strategy

An inclusive search of the literature was conducted to gain a broad understanding of the impact of participatory arts projects and the general direction of research to supporting their development (Khangura, Konnyu, Cushman, Grimshaw & Moher, 2012; Khangura, Polisena, Clifford, Farrah, & Kamel, 2014). A systematic review was deemed inappropriate due to the requirement for a specific clinical question and the heterogeneity of the literature. Inclusion criteria stipulated that the participatory arts projects under consideration were designed for adults or families, were based in the community and aimed to improve mental health or wellbeing. Project reports were included to ensure that the grey literature was not overlooked. All study designs were included and no formal measures were required. Publications in languages other than English were excluded. Studies pertaining to art therapy were excluded along with studies which only included children, older adults or participants with physical health difficulties.

Searches were undertaken in PsycINFO through the search engine Ovid. Search terms used were participatory art*, Creativ*, art*, mental health, health and wellbeing. Participatory Art* was searched for in all fields and returned 234 results. Creativ* OR art* AND mental health in the title field returned 179 results. All were screened for relevance by title, and 60 full copies were retrieved and assessed for eligibility. Of the 60 articles retrieved, 14 duplicates were excluded and of those remaining 16 met inclusion criteria. The last five years of the *Journal of Creativity in*

Mental Health was hand searched, as were the references of identified articles. This uncovered 11 new articles and in total 27 studies were reviewed. The heterogeneity of the studies meant that a single quality measure could not be used. However, the STROBE checklist was consulted when evaluating quantitative methods and the evaluative criteria set out by Pope, Ziebland and Mays (2000) were held in mind when appraising qualitative studies.

Summary of Evidence Pertaining to Participatory Arts and Mental Health

Results of current review suggest that overall the available evidence supports the use of participatory arts projects with adults to improve their mental health and wellbeing. However, the quality of the evidence remains poor. The evidence is reviewed and reported in the following categories: Arts on Prescription, quantitative studies, mixed methods and qualitative studies. Those studies with more robust designs are discussed first in each section. The majority of the evidence originates from the UK, but America, Australia, Canada, Denmark and Ireland also feature in the reviewed literature. The quantitative literature, although mostly uncontrolled, demonstrates reductions in distress symptoms and increases in wellbeing. The qualitative studies demonstrate that service users find participatory arts projects a positive experience; whether they have any long-term impact remains to be seen. There is little information about the negative impact of participatory arts projects, although importantly the reviewed literature indicates no evidence of harm. Overall, the quality of evidence is poor with a high risk of bias and many of the same issues identified by two of the three previous reviews and noted above are still evident (Leckey, 2011; McQueen-Thomson & Ziguras, 2002).

The participatory arts projects included in the reviewed literature ranged in length from eight weeks to 10 months. Most of the evidence includes projects that offer a combination of artistic expression, from ceramics, drawing, mosaic and painting to song-writing and drumming. The majority of the 27 studies evaluated community-based projects, apart from one study which evaluated a primary care-

based project (Crone, O'Connell, Tyson, Clark-Stone, Opher & James, 2012, 2013, Crone, Sumner, Baker, Loughren, Hughes & James, 2018). There was heterogeneity in sample sizes, which ranged from eight to 1297, and client group, which ranged from people with CMD to those with severe and enduring mental health difficulties (Lipe et al., 2012). Impact was measured using a variety of different methods including survey data, formal measures, one-to-one interviews, focus groups, and the 'Most Significant Change' technique (Kelaher, Dunt, Berman, Curry, Joubert & Johnson; 2013).

Evidence Pertaining to Arts on Prescription (AoP)

Many AoP projects have been evaluated and found to be beneficial to participants (Eades & Ager, 2008). Study methodologies include qualitative designs (Makin & Gask, 2012), mixed-methods (Crone et al. 2012, 2013, 2018; Potter, 2015), and observational studies disseminated in project reports (Miriad, 2011; Sefton, 2009). The most detailed and robust of these evaluations was conducted by Crone and colleagues (2012, 2013, 2018) who reported on a mixed methods evaluation of 'Airlift', an AoP with small groups of between three and 10 people. Airlift, part funded by the NHS focused on drawing, ceramics, mosaic and painting to reduce stress, anxiety and depression, and improve wellbeing by helping to manage chronic pain, illness or bereavement. An inductive content analysis was carried out on interview and focus group data from 18 participants (including artists, service users and referring professionals). The results indicated that for service users the project provided a sense of purpose and independence with an improvement in self-esteem, achievement, stability and an opportunity to relax and socialise in a safe place.

Crone and colleagues published quantitative data from the Airlift project and found that of those who attended the first session, 63.7% (n = 120) completed the course. Scores on the Warwick Edinburgh Wellbeing Scale (WEMWBS) indicated that those who completed the WEMWBS at the end of the course showed

statistically significant improvement in their wellbeing. Service users were drawn from a variety of socio-economic backgrounds and the sample size in the quantitative part of the study was large in comparison to other studies. The GP consultation rate in the 12 months after the intervention had reduced by 24%. The cost of healthcare had consequently reduced by £42,423 in relation to the sample of 90 patients followed up. The data were observational and therefore cannot imply causation. However, it is important to note the improvement in cost effectiveness in the current climate of spending efficiencies and cuts in health budgets.

Evidence has been drawn from 'Arts and Minds', a mental health charity, who ran a 12-week arts programme facilitated by one artist and one counsellor and included a range of visual arts activities such as collage, stitching, clay and wire work (Potter, 2015). In total 42 adults, with mild to moderate anxiety and/or depression, were recruited to a mixed methods design with a waiting list control group. Results suggested that 83% of participants reported an increase in wellbeing and between 60 – 70% reported a decrease in anxiety and depression via standardised measures. No significant differences across time were found in the control group. The qualitative data indicated that participants experienced positive outcomes, resulting from their participation and that this was concurrent with rebuilding a sense of identity, making connections, expanding horizons and developing a sense of purpose. These results are similar those published by Makin and Gask (2012) who reported that 15 service users indicated that AoP helped them return to normality and that absorption in activity was a helpful way of keeping their minds occupied. Interestingly the qualitative data from AoP, Arts in Mind and Airlift, indicated that a positive element of participants' experiences was making connections with others and socialising. It is important to know to what extent creative intervention and/or access to peer and social support are the active ingredient within this type of project. The current available data do not provide this information.

Quantitative Evaluations of Participatory Arts in the Community

A study by Hacking (2006) provided a helpful overview of the participatory arts in the UK. Hacking surveyed 101 participatory arts projects in England and found that 90% reported their aims as improving self-esteem, improving quality of life, personal growth in the sense of a transformation of identity and increased artistic skill. In the second phase of the study, Hacking (2008) looked at the outcomes of 22 projects and collected data on 62 new participants who had mental health difficulties. The author reported that arts participation positively benefited people with mental health difficulties as measured by the Clinical Outcomes in Routine Evaluation, empowerment and social inclusion measures. Methodological issues meant that there was difficulty in objectively attributing improvements in wellbeing to arts participation. The study design included two time points, one at baseline which was anywhere up to four weeks after the participant commenced the project (projects were of varying lengths) and the second time point six months after the end of the project, making it difficult to attribute any change to the intervention itself.

Mixed Methods Evaluations of Participatory Arts in the Community

The mixed methods studies reviewed were of low quality due to only one controlled design and few or no details regarding statistical analysis. South London Gallery (2015) was the only study out of the four mixed methods designs to use standardised measures. The project, called *Creative Families* was a two-year arts programme working with up to 70 families all of whom experienced high levels of deprivation. Closed groups, for 12 parents with mental health difficulties ran for 10 weeks, during which participants learnt new creative skills and artistic techniques. The results were favourable and indicated that self-efficacy increased for 79% of participants, 77% of participants experienced a reduction in depression and anxiety scores, and 86% had a reduction in stress scores. However, no statistical analysis was used and so interpretation of these results is difficult. Semi-structured

interviews conducted with a small sub-set of parents found themes of 'increased confidence', 'trying things out' and 'knowing you're not alone'.

Kelagher et al., (2013) conducted a mixed methods study of three community arts projects in Australia, which used theatrical and artistic expression culminating in a performance. Self-report surveys were used pre- (n = 103) and post- (n = 70) performance. The authors concluded that supportive, collaborative environments were perceived to have mental health benefits. The Most Significant Change technique (a qualitative evaluation strategy which highlights impact and stakeholder values) was employed to collect 'stories' from 80 participants about their experience of the projects. The analysis indicated improvements in basic psychological needs, autonomy and relatedness, and an increase in the participants' social support.

Secker and colleagues (Margrove, SE-SURG, Heydinrych & Secker, 2013; Secker, Loughran, Heydinrych & Kent, 2011; Wison, Secker, Kent, & Keay, 2017) conducted a number of outcome studies. The most robust used a mixed methods design with a wait list control to investigate the impact of a participatory art workshop termed 'Open Arts' (Margrove et al., 2012). The participants were recruited from adult mental health services in a local National Health Service. Those who had already been allocated a workshop place formed an intervention group (n = 48) and those on the waiting list formed the wait list control group (n = 47). At the end of the 12-week arts workshop, the authors reported significant increases on the wellbeing and social inclusion scales for those in the intervention group. Participants reported feeling positive about the workshop, and about the support they received to improve their art output and mental health. Of note, the authors excluded 22 participants from the intervention group analysis and 28 from the control group analysis due to insufficient sessions attended or missing data and did not include a follow-up, leaving a high risk of bias. The total response rate of completed questionnaires was 33%. In the other non-controlled studies by Secker and colleagues, changes made to the workshops during the course of the evaluation

meant positive conclusions should be drawn with caution. The qualitative data from Open Arts indicated that participants made social gains such as enhanced social skills, motivation and reduced social isolation. The distinction between social and creative elements of participatory arts projects is investigated in more detail in the empirical paper presented in Chapter two.

Lipe et al. (2012) conducted an observational study on a community arts project in America over the course of 10 months. The authors used outcome measures and satisfaction survey data including perceived impact. On offer were practical artist-led sessions once every one or two weeks, which sometimes included drawing, painting, song writing, drumming and singing. Results from 41 participants (the majority of whom had a diagnosis of schizophrenia), indicated improvements in wellbeing, with participants reporting that sessions facilitated fun, relaxation, socialisation, belonging and creativity.

Qualitative Evaluations of Participatory Arts in the Community

The qualitative literature reports a variety of positive experiences arising from participation (samples ranged from eight to 34) in arts projects but it is marred by a lack of detailed explanations of recruitment and data analysis (excluding Bone, 2018 and Crone et al., 2012). Often an inclusive and diverse approach to evaluating the projects was used in the reports, including data collection methods such as interviews, participant observation and other creative techniques in order to fully represent participants' experiences. Common themes from peer reviewed analyses (Bone, 2018; Heenan, 2006; Lawson, Reynolds, Bryant & Wilson, 2014) included a sense of achievement, relaxation, and an increase in self-worth, self-esteem and self-confidence. Other peer-reviewed papers highlight the role of participatory arts in helping to create a new identity for service users (Bone, 2018; Howells & Zelnik, 2009; Jensen, 2013; Lawson et al., 2014; Stacey & Stickley, 2010). Two project evaluation reports noted that being creative helped service users to express themselves and connect with others (Kirmann, 2010; Sixsmith & Kagan, 2005). The

provision of a safe space to create was important and noted by participants in studies by Bone (2018), Heenan (2006), Holland (2015) and, Sapouna and Pamer (2016).

Poor quality analyses severely reduces the utility of some of the qualitative data (e.g. Argyle & Gille, 2005; Holland, 2015; Jensen, 2013; Sapouna & Pamer, 2016). A particular barrier to drawing conclusions from the qualitative literature is the lack of description of the participatory arts projects under evaluation, including a failure to provide details regarding contact time, materials, type of tasks, implementation challenges and size of groups. The validity of the data is also hampered by lack of reported credibility checks with one exception (Bone, 2018).

The most robust of the qualitative studies was conducted by Bone (2018), who used an inductive thematic content analysis with data from nine participants. The author described the procedure, member checking and analysis in detail. The project under evaluation was a six-month community based, consumer initiated and led arts project in Canada for adults living with mental health difficulties. The project's vision was: "to enable consumers of mental health services to engage in artistic expression that promotes recovery, empowerment and community" and each six-month project was led by an artist in residence and ended with an exhibition. Themes identified included a safe space in which to be creative and a change in identity. Participants generally reported a positive impact on their mental state through an enhanced sense of self-worth and improved physical health. The limitations identified by participants included inflexible hours, an intimidating application process and staff appearing distracted by grant writing and other administrative tasks. Procedural issues such as the use of a single researcher and a passive sampling strategy may have increased bias.

Negative aspects of projects were rarely reported in the quantitative data on participatory arts projects, however Bone (2018) and Lawson et al., (2014) identify themes in their qualitative data and report on this important aspect of project impact.

Lawson et al., (2014) conducted an IPA on data from eight service users who participated in a two-year community arts project. The project focused on art skills and gallery visits led by artists and gallery staff and also included a final exhibition. Participants experienced the project as a meaningful occupation, improving self-worth, emancipating the self from illness labels and offering a sense of belonging. Themes indicated that the group setting was experienced as positive, and that participants formed an identity beyond 'mental illness'. A small proportion of participants described positive changes in their life as a result of the project. Interestingly, no one described the formation of friendships within the group, although this may be due in part to interviews being held half way through the project. Feeling pressured by themselves and others was described as challenging, and is cited elsewhere in the literature as 'conflicts within the artistic process' (Stacey & Stickley, 2010).

Two studies reported on data from an Irish health care context (Heenan, 2006; Sapouna & Pamer, 2016). Sapouna and Pamer (2016) studied a 10-week music project set in a day centre. Interviews were held with 10 of the attendees, along with nine participants from an animation project. Data were analysed with what the authors described as an 'interpretive framework', with no further details available. Themes identified included: experiencing and expressing emotions; connecting with self, others and life; confidence building; recognising strengths; equalising power relationships; creative, accepting and respectful environments. Similar results were reported by Spandler, Secker, Kent, Hacking and Shenton (2007) who interviewed 34 participants across six participatory arts projects. A thematic analysis indicated that arts participation increased motivation by engaging users in their artwork. It nurtured self-expression and belief and helped participants to gain a sense of purpose. The activities were experienced as relaxing and absorbing.

No formal qualitative data analysis methods were reported by Jensen (2013) or Holland (2015). Jensen (2013) compared participatory arts projects from the UK and Denmark using service user testimony, without a description of data collection or analysis, concluding that art participation had a positive impact on users' sense of identity, social capital, well-being and self-confidence, and created a sense of achievement. Holland (2015) evaluated a participatory arts project based in a gallery by analysing qualitative data from questionnaires (co-produced with service users) from 50 participants, and interview data with a sub-set of artists and volunteers. The workshops had a positive impact on participants' self-efficacy, autonomy, and agency. Holland suggested that this was enabled by being creative, being in a creative environment, and using creative platforms to provide information about mental health. Whereas, Jensen (2013) suggested that the positive gains identified in their study were facilitated by service users being identified positively through their creative capacities instead of the deficit model of disability.

Methodological Challenges

The literature covers an extremely diverse set of projects. Some projects aimed to increase social capital and reduce exclusion, others focused on clinical outcomes. Some failed to state any aims at the outset of the project evaluation. This heterogeneity in project aims makes comparisons and generalisations from the data difficult. In addition, the lack of detailed methodological information makes study replication very difficult. Further exacerbating this issue is the lack of description of the arts projects under evaluation, including, facilitator input, resource assessments and content. A number of projects included sessions to create art or performances for final exhibitions or events that concluded the intervention. In contrast, others had no explicit goal or end point. The mostly uncontrolled research designs prevent conclusions being drawn about the causes of any observed changes in outcomes.

Difficulties can often arise in participatory arts evaluation between artists and researchers due to a clash of ideologies (MacNaughton, White & Stacy, 2005).

Lawthom, Sixsmith and Kagan (2007) re-analysed the data from the community arts evaluation project outlined in Sixsmith and Kagan (2005), with a particular focus on the location and negotiation of power. The researchers brought a focus on evaluation and evidence-based practice. While the artists saw the arts and creativity as an end in and of itself, they did not see evaluation as a tool for project development. Such divergent views, as outlined by Lawthom et al., on the value and format of evaluation of participatory art projects, present a challenge for the literature.

Conclusion

At present, participatory arts projects are positively received by many participants and do not appear to cause undue harm, although most of the literature does not report procedures for monitoring potential adverse outcomes. The evaluative literature appears flexible in its approach given the collaboration that often occurs between artists, researchers and service users, who may approach evaluation with different philosophies and views on the range of methodologies. This has led to a diverse evidence base with a high risk of bias due to a lack of blinding and the relative absence of the type of controlled studies which would be more commonly found in the mental health intervention literature. Evaluation does not seem to be treated or resourced as a worthwhile endeavour as distinguished from the participatory arts project itself, meaning that the quality of evaluation has remained low.

Creativity in general, as a process or as a character trait, and its positive impact on mental health has not been well explained and lacks a theoretical framework from which to view it (Fox, 2013). There is a paucity of data to explore the mechanisms of change within participatory arts projects, therefore the process by which arts-based interventions may affect mental health or well-being remains unclear. This lack of data is problematic for those funding and developing creative arts projects, as it is important to know what maximises the effectiveness of an

intervention in order to strengthen weak links in the causal chain (Craig, Dieppe, Macintyre, Michie, Nazareth & Petticrew, 2008).

Future Directions

Research

The present review found that most evaluations into participatory arts projects were uncontrolled. The use of RCTs could more accurately determine the likelihood that an outcome was due to an arts intervention. However, RCTs require time and resources and they often poorly reflect real-life conditions (MacNaughton, et al., 2005). The fluid nature of participation and set up of services creates a complexity that many stakeholders find off-putting in relation to evaluation. However, certain types of cluster-randomised methods would be feasible given these conditions. Hacking (2008) noted that a practical way forward, for policy makers, is to apply a 'beyond reasonable doubt' principal of causality where controlled trials are not feasible. Given the current quality of the evidence this approach seems acceptable, however guidelines exist which provide details on how to evaluate complex interventions whilst clarifying causal mechanisms and identifying contextual factors associated with outcome variation (Craig et al., 2008; Medical Research Council's framework; MRCF). In order to produce high quality interventions and evaluations such as those outlined in the MRCF, the various stakeholders, who have fundamental differences in perspectives, need to collaborate by dedicating time and resources.

The findings of the current review suggest that participants experienced a wide variety of social gains. White (2009) suggests that participatory arts activity builds a bonding form of 'social capital', a concept that refers to one's social networks and the norms of reciprocity and trustworthiness that arise from them. A bonding form of social capital focuses on building cohesion and identity within a closed group, a format which is reflected in many of the projects evaluated by the studies in this review. A number of these studies found that re-building a sense of

identity was an important part of participation in the projects (Bone, 2018; Howells & Zelnik, 2009; Jensen, 2013; Lawson et al., 2014; Stacey & Stickley, 2010). The social gains resulting from participating in arts projects may also act as a potential mechanism of change for observed improvements in outcomes. Arts-based interventions have been cited as a tool to help people re-integrate into society by increasing confidence, self-esteem and social networks (Social Exclusion Unit, 2004). Therefore the social elements of participatory arts projects are an important avenue for further research, particularly when 'loneliness' has been cited as a significant public health concern (Gerst-Emerson & Jayawardhana, 2015).

Digital Solutions

Unfortunately, the social and creative benefits of participating in arts interventions are not available to everyone living in the UK. People living in rural areas may find it difficult to access the community facilities that host participatory arts projects. Rural areas make up 85% of England and 9.5 million people live in these areas (Public Health England, 2017). Cuts to public transport have meant fewer connections between villages and towns. Increasing economic constraints has made finding studio space for participatory art projects difficult. Added to that local authorities (the largest funder of the arts in England) are under pressure to reduce expenditure and have not given creativity as a health intervention public funding priority (APPGAHW, 2017). These constraints present a problem for stakeholders trying to promote creativity and the arts in healthcare as a way of improving mood and wellbeing. Other factors that prevent individuals with chronic physical or mental health difficulties accessing participatory arts projects include fear of stigma and mobility barriers. New and innovative solutions are required to ensure that more people who could benefit from arts participation have access to it.

Some local authorities have been investigating digital technologies as part of the solution for improving health in rural communities as well as in the general adult population (Lal & Adair, 2014). Internet based interventions are viewed positively

because they can improve the immediacy and accessibility of mental health support, and potentially reduce costs. In 2018, 90% of adults had recently used the Internet (ONS, 2018) and four out of five adults in the UK now own a smartphone (Lee, 2018). Recently the WHO published an action plan for 2013 – 2020 which included a call for an expansion of innovative community based online mental health interventions that make use of mobile technologies and cohesive professional and peer support (Saxena, Funk, & Chisholm, 2013).

Online interventions help people share advice and belong to a community without the restrictions of geographical location and stigma. The literature has expanded rapidly over the last decade and reviews have suggested that online interventions are effective in treating CMD, and that those who use the interventions are satisfied with them (Lal & Adair, 2014, Meurk, Leung, Hall, Head & Whiteford, 2016; Van't hof, Cuijpers & Stein, 2009; Zhou, Li, Pei, Gao, & Kong, 2016). Several systemic reviews exist and include data on; online counselling and psychotherapy, interaction self-guided intervention, online support groups and blogs across the following developmental stages; prevention, active intervention, maintenance and relapse (Deady, Choi, Calvo, Glozier, Christensen, & Harvey, 2017).

A rapid streamlined systematic review of the literature was undertaken for policy makers in Canada (Lal & Adair, 2014). The authors reviewed 59 studies and noted that most of the online interventions mimicked face-to-face interventions in that they focused on adults and single disorders (usually anxiety and depression) and often included web 2.0 technologies such as blogs, social networking and media sharing sites (Ginn, 2010). The evidence for active treatment demonstrates effect sizes the same as or better than those seen with similar in-person treatments. The evidence base is particularly strong in the area of mild-to-moderate anxiety and depression, although this group is also the most researched. It must also be noted that the literature is at risk of bias because often partnerships with private

companies and technology developers have financial interests in the outcome of the research.

Online Participatory Arts Projects

The positive outcomes reported by participatory arts projects and online interventions suggest that the online environment could be combined with participatory arts activities to produce favourable results for people with CMD. Online participatory arts projects have limited published empirical evidence base. A study by Golden, Gammonley, Hanna Powell, & Wan, (2017) describes a participatory sensory arts intervention consisting of seven online modules for patients with dementia and their caregivers. Only 11 out of 30 caregivers completed the intervention and therefore results on therapeutic impact were not available. Caregivers highlighted the difficulty experienced when attempting to obtain the supplies needed to complete the online modules. Online support groups are a comparable type of intervention and research suggests that this type of group reduces symptoms of distress (Ellis, Campbell, Sethi & O'Dea, 2011; Ybarra & Eaton; 2005). However, a review of 45 studies of online support groups and peer-to-peer interactions, found no evidence of positive psychological effect or harm (Eysenbach, Powell, Englesakis, Rizo & Stern, 2004). There is a need to investigate rigorously the impact of online interventions that utilise creativity and the technology used to deliver them, both of which are evaluated in the following empirical paper, along with barriers to participation.

There are challenges unique to the field of online mental health interventions which must be considered when implementing online interventions (Lal & Adair, 2014). Barriers to accessing online interventions may include concerns around the transferring of therapeutic relationships online with little thought regarding adaptation and the inherent absence of nonverbal and verbal clues. Privacy and data ownership are also a cause for concern, as is a lack of established funding models to cope with the high cost of development and maintenance of some online

interventions. These concerns might explain the high attrition rates found in research evaluating online interventions and have informed the design of the empirical paper in Chapter two (Rice et al., 2018).

Empirical Paper

As outlined in the current chapter, levels of CMD such as anxiety and depression are rising (p. 13). The current mental health system is under pressure and often pursues volume over quality, and fails to deliver treatment that people request, in a timely manner (APPGAHW, 2017). Innovative solutions, such as those arising from the arts in health movement, have been given little space within commissioning methodologies and therefore the current empirical paper is required to provide evidence of the impact of such solutions. Technological innovations are being used across the mental health sector to improve treatment and promising evidence suggests that online alternatives to face-to-face interventions are effective. As outlined above, digital solutions should be pursued to increase accessibility and reduce costs of projects that appear to have positive outcomes, such as participatory arts projects. The empirical paper that follows this conceptual introduction investigates the effectiveness of a 30-day online intervention based on participatory arts project principles called 'Creativity in Mind' by measuring wellbeing, low mood and anxiety. Steps were taken to elucidate the mechanism of change within the intervention, as the previous literature indicated that social support appeared to be an important element alongside the creative activity itself. The empirical paper aims to stimulate further research, practice and funding into online mental health interventions using creativity.

64 Million Artists and 'Creativity in Mind'

Since 1999 UK mental health policy has encouraged participation of third and private sector organisations in the delivery of mental health care (Knapp, Hallam, Beecham & Baines, 1999). Consequently, there has been an increase in innovative non-statutory interventions that appear to be effective in promoting

wellbeing and psychological change (APPG, 2017). 64 Million Artists (64 MA) are a UK organisation and campaign group whose aim is to promote creativity, and self and community development in the wider population. 64 MA have been working in the area of arts and wellbeing since 2014; they provide consultancy, training and online tools. 64 MA run 'Creativity in Mind' (CIM), a self-funded online creative intervention that uses a process they call "Do, Think, Share" with the objective of improving wellbeing. CIM runs for 30 days and is similar to participatory arts projects in that participants, with guidance, motivate themselves to produce art works (Meyrick, 2000). CIM also includes 'challenges' that draw on social interaction, mindfulness and learning new skills. The intervention consists of a closed group of approximately 15 participants, who self-identify as having anxiety or low mood, using the online application 'WhatsApp', a messaging service. Every day for 30 days, each participant receives a challenge that they are asked to carry out, reflect on and share with the group. Anecdotal feedback following a pilot CIM intervention indicated that the participants gained positively from both the creative challenges and from belonging to a supportive group.

Methodology

A formal evaluation of CIM was required to determine whether the combination of creative activity in groups in an online space is acceptable and what impact participation might have. A mixed methods design, with a focus on acceptability issues and the potential key intervention components or 'active ingredients', was chosen to evaluate CIM. These active ingredients explain how an intervention has an impact on participants and contribute to the proposed 'mechanism of change' underpinning an intervention (Craig et al., 2008). Evaluating interventions such as CIM by combining qualitative and quantitative data in a mixed methods design is useful because complexity, such as that evident in the CIM intervention, can be addressed along with implementation issues, such as acceptability (O'Cathain, Murphy & Nicholl, 2007). This type of design can

compensate for the shortcomings of collecting either quantitative or qualitative data alone. It can also provide 'triangulation', by providing more than one source of information to elaborate on a concept, evaluation or theory and qualify findings (Barbour, 1999). However, quantitative and qualitative approaches are based in very different epistemologies such as positivism and interpretivism respectively, which can make combining results difficult. In the current research the qualitative data contributes to the research within a quantitative, positivist paradigm. It will be used to investigate the active ingredients of CIM, explain the quantitative results, unexpected findings and generate questions for further research, as well as provide details on acceptability.

The quantitative data will provide non-experimental observational evidence, with data on mood and wellbeing collected at three time points to address impact. The theory and research synthesised as part of this review suggests that the logical active ingredient within CIM would be the creative tasks themselves, although the qualitative data indicated that the social element arising from being in a group was a key component of the interventions. To take steps towards understanding the potential active ingredients within CIM, the strength and plausibility of the causal relationship between participation and outcome will be investigated by analysing the frequency of participant's contribution to the online conversations. Data from qualitative interviews will be used to further explain the active ingredient by identifying complex and unanticipated casual pathways (Moore et al., 2014).

Addressing Acceptability

Interventions are often assessed on their ability to be sustainable, scalable, asset based and measurable, as well as being able to enhance wellbeing and social connections (KHP, 2017). These components of implementation research aid exploration of how and why interventions work in 'real world' settings (Peters et al., 2013). 'Acceptability' is a key part of implementation research and will be attended to during analysis. For the purposes of this study a conceptual definition of

acceptability will be used that refers to the manner in which a recipient perceives and reacts to an intervention (Sekhon, Cartwright & Francis, 2017). If the current intervention is not acceptable to recipients, in relation to its content, context and quality, they are more likely to opt out; an important issue when considering scalability. Furthermore, if an intervention is not acceptable to clinicians they are less likely to deliver it in its intended format. The concept of acceptability will be operationalised by measuring the number of participants who opt out, the level of participation and satisfaction with the intervention. Data from qualitative interviews will be analysed in order to better understand participant satisfaction, barriers to engagement and other acceptability issues, as outlined by Moore et al., (2014) in the Medical Council Research guidance on assessing acceptability. Facilitator input will be coded through measuring frequency of facilitator posts, time spent online by the facilitator and time spent answering queries.

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Part 2: Empirical Paper

**A Mixed Methods Exploration of 'Creativity in Mind', an Online,
Creativity-Based Intervention for Adults Experiencing Low Mood
and Anxiety**

Abstract

Background

Creative activity within the context of participatory arts projects in the community, has a positive impact on mental health (Conner, DeYoung & Silvia, 2016). The arrival of the Internet offers new possibilities for increasing the accessibility of creativity as a means to improving mental health. This thesis explores the impact of creativity on common mental health difficulties as expressed through a 30-day online intervention called Creativity in Mind (CIM) run by the arts organisation 64 Million Artists.

Aim

The aim of this study was to evaluate the impact of CIM on participants' mood and wellbeing, and to better understand of the potential active ingredients.

Method

A co-produced mixed methods design was used to evaluate CIM, with an explanatory and exploratory sequential design. A sample of 55 participants took part in three rounds of the CIM intervention. Each day for 30 days participants received a predetermined creative challenge that they were encouraged to complete and share with the group. Measures of mood and wellbeing were collected at three time points, including a three-month follow-up. Qualitative interviews were concurrently undertaken with a subset of 18 participants and analysed using framework analysis.

Results

A complete data set was obtained from 35 of the 55 participants with a further 9 partial data sets. Two repeated measures linear mixed models were computed to test for intervention effects. A significant improvement was demonstrated on mood and wellbeing measures. The qualitative data indicated that overall CIM was experienced positively, with some negative emotions arising from the volume of interactions within CIM and negative comparisons between members.

Nine themes and 11 subthemes were organised into three domains; these were CIM impact, mechanism of change and implementation.

Conclusion

Both the qualitative and quantitative data suggested that CIM may have a positive impact on wellbeing and mood. Further controlled studies are required which focus on the efficacy and acceptability of interventions such as CIM, that utilise creativity and e-mental health.

Introduction

Anxiety and depression are common mental health disorders (CMD) and have been cited as the primary cause of disability worldwide (Whiteford et al., 2013). In England, approximately 17 per cent of adults meet the criteria for a CMD, and of these, 39% are accessing treatment (APMS, 2014; McManus, Bebbington, Jenkins, & Brugha, 2016). One of the dominant models for delivering treatment in England is through individual therapy with a trained mental health professional (Kazdin & Rabbitt, 2013). It has been argued that this model of delivery has reached what is commonly termed as a 'breaking point', in that it is unable to meet demand (Doherty, Coyle & Sharry, 2012). Studies have found 53% of those receiving the most common psychological treatment for CMD, a course of low intensity cognitive behavioural therapy (CBT), relapse within one year (Ali et al., 2017). Attempts to find effective treatments for increasing levels of CMD have led some community organisations, local authorities and policy makers to focus attention away from mental health professionals and towards lower cost, accessible models of delivering treatment such as those delivered in everyday settings and those utilising the internet (Kazdin & Rabbitt, 2013).

Creativity is an approach to treating CMD that sits outside of usual treatment pathways. Creativity, defined as the generation of novel ideas or products, has been linked to emotional functioning and psychological flourishing (Cohen, 2009; Forgeard & Elstein, 2014; Schmid, 2006). Leckey (2011) conducted a systematic review of 11 studies to find that creative activities can have a healing and protective effect on wellbeing by promoting relaxation, self-expression and reducing stress (discussed further in Chapter one). One way in which creativity has been operationalised in the community to promote wellbeing is through participatory arts projects, where participants are encouraged to produce art works (Angus, 2002; White, 2009). Participatory arts projects have a positive, but limited evidence base, drawn from a relatively small number of studies which are mostly mixed or

qualitative in design. The results are positive and indicate that improvements in wellbeing and social capital can be expected (Bone, 2018; Crone, O'Connell, Tyson, Clark-Stone, Opher & James, 2012, 2013; Kelaher, Dunt, Berman, Curry, Joubert & Johnson; 2013; Lawson, Reynolds, Bryant & Wilson, 2014; Margrove, SE-SURG, Heydinrych & Secker, 2012; Potter, 2015; Secker, Loughran, Heydinrych & Kent, 2011). The evidence base is hindered by methodological problems such as a lack of baseline and follow-up data, small sample sizes, inappropriate or unreported methods of analysis as well as a reliance on anecdote with little attention given to mechanisms.

Only two controlled studies have been conducted (Margrove et al., 2012; Potter, 2015). The latter reported evidence from a 12-week participatory arts project facilitated by an artist and a counsellor. The programme included a range of visual arts activities such as collage, stitching and pottery. In total 42 adults, with mild-to-moderate anxiety and/or depression, were recruited to a mixed methods design with a waiting list control group. No significant differences across time were found in the control group but 83% of participants in the intervention group following the participatory arts project reported an increase in wellbeing, and 60% to 70% reported a decrease in anxiety and depression on standardised measures.

Similarly, Margrove et al., (2012) investigated a 12-week participatory arts workshop called 'Open Arts' with a waiting list controlled design. Significant increases were found on wellbeing measures, however approximately half of the participants were excluded from analysis because of incomplete data, resulting in a high risk of bias. The qualitative data on participatory arts, supports the positive findings observed in the controlled studies and suggest that participatory arts projects have a positive impact on mood and wellbeing. Gains reported included increases in social capital, relaxation, an increase in self-worth, self-esteem, self-confidence, a new sense of identity, the opportunity for self-expression and a sense of achievement (Bone, 2018; Crone et al. 2012, 2013; Jensen, 2013; Kirrman, 2010;

Heenan, 2006; Howells & Zelnik, 2009; Lipe et al., 2012; Secker et al., 2011; Stacey & Stickley, 2010; Sixsmith & Kagan, 2005). Again, the quality of the evidence is weak, with some studies omitting the method of analysis, recruitment methods and aims of the study. Despite the methodological limitations of the participatory arts literature the combined results appear promising.

As a result of the positive evidence discussed above, creativity and its role in mental health care has been cited by successive governments as a solution to longer waiting times and a lack of resources in mental health care provision. A 2007 report commissioned by the Department of Health and the Arts Council concluded that the evidence is of variable quality, although enough exists to clearly demonstrate the benefits of using arts to promote health. Similarly, other UK government consultations and reports have concluded that participation in arts activities improves the wellbeing of individuals and communities (Department of Health, 2009, 2011; Jenkins et al., 2008). By improving the wellbeing of the population, enhancing mental health care, mitigating loneliness, promoting cohesive communities and reducing costs, creativity and the arts could help meet the major challenges faced by the UK's health and social care systems (APPGAHW, 2017).

Community organisations are more able to deliver interventions involving creativity than statutory services that operate under commissioning guidelines which require them to provide evidence based treatments. As such, community organisations, may have a key role to play in public health and wellbeing by designing and promoting innovative treatment approaches to mental health distress (Public Health England, 2015). One such organisation is 64 Million Artists (64 MA), a UK community organisation and campaign group aiming to promote creativity and, self and community development in the wider population. 64 MA have designed an innovative online intervention using creativity delivered via a smartphone application. This project, Creativity in Mind (CIM) aims to improve mood and wellbeing by utilising an online creative support group format and a process 64 MA

call “Do, Think, Share”. Interestingly, a World Health Organisation (WHO) publication called for an expansion of innovative community based e-mental health interventions that make use of mobile technologies and cohesive professional and peer support (WHO, 2013). CIM is one such intervention and this empirical paper reports on its evaluation using a robust, mixed methods design.

Digital solutions such as those found in e-mental health offer novel possibilities for increasing the accessibility of mental health treatment. E-mental health uses the Internet to deliver mental health services or information to service users, including Internet forums, online therapy, virtual communities, online support groups, manuals and smartphone applications (apps). The first international e-mental health summit was held in Amsterdam in 2009 (Lal & Adair, 2014). Since then there has been a rapid expansion in provision and research. CIM, the online creativity-based intervention under evaluation is accessed via a mobile phone with Internet capabilities. It is estimated that 94% of adults in the UK own a mobile phone (Statista, 2019), thus making mental health care supported by mobile devices widely accessible. This may explain why there are 91,200 mental health apps available for mobile devices, although the majority of these lack an evidence base (Donker, Petrie, Proudfoot, Clarke, Birch & Christensen, 2013). Numerous reviews and meta analyses conclude that the effect sizes for internet mediated interventions including online support groups, are comparable to those delivered face-to-face (Ellis, Campbell, Sethi & O’Dea, 2011; Deady, Choi, Calvo, Glozier, Christensen, & Harvey, 2017; Griffiths, 2010; Sugimoto, 2013; Van’t hof, Cuijpers & Stein, 2009; Zhou, Li, Pei, Gao, & Kong, 2016). Van’t hof, et al., (2009) conducted a systematic review of published meta analyses regarding the efficacy of Internet mediated self-help interventions on CMD. Thirteen meta analyses were included in their review, which reported medium-to-large effect sizes for online self-help interventions including internet guided therapy.

For e-mental health interventions to be effective they need to utilise the next generation of technologies such as, real-time social networking peer support, responsive professional moderation and engaging content (Rice et al., 2016). CIM meets these criteria by combining e-mental health, social networking peer support and participatory arts. If successful, CIM could deliver improvements in wellbeing without the constraints of physical space and potentially, at a lower cost. A robust evaluation is needed to determine whether CIM is safe and beneficial for people who experience low mood and/or anxiety. The study sought to answer the following research questions:

1. What impact does CIM have on participants' wellbeing, mood and anxiety?
2. What is the active ingredient within CIM?

Method

Research Design

A mixed methods design was used to investigate the CIM intervention, with an explanatory and exploratory sequential design consisting of two phases. Starting with the quantitative phase, the data sought to provide an indication of the impact of CIM on mood symptoms and wellbeing and was collected using a non-experimental observational design. Participants completed two outcome measures, the Depression, Anxiety, Stress Scale 21 (DASS) (Appendix A; Lovibond & Lovibond, 1995) and the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (Appendix B; Tennant et al., 2007), at three time points, once prior to joining the online group (Time 0), once at the end of the 30-day group (Time 1) and once at a three-month follow-up (Time 2). The qualitative data sought to provide a thorough understanding about the process of participation, and indicators of the active ingredient of CIM (Palinkas, Horwitz, Green, Wisdom, Duan, & Hoagwood, 2013). Qualitative data and attrition data were collected to provide information regarding implementation issues such as acceptability and accessibility. The research design was co-produced with 64 MA and service users, see section titled Co-producing CIM.

Ethical Approval

The study received ethical approval from the University College London Research Ethics Committee in March 2018 (Appendix C). As mood changes and adverse effects are difficult to either assess or identify without face-to-face interaction, guidelines on internet-mediated research were consulted. There were also specific challenges regarding researcher control of confidentiality and data storage (Hewson & Buchanan, 2013), and due to the online nature of the intervention participants were able to leave the group easily without giving any reason. In these instances participants were asked for feedback as to why they left, and whether they would like their data removed from analysis. WhatsApp (described in Setting) was used to deliver the intervention and this raised ethical issues that are outlined below. Before written informed consent (Appendix D) was obtained all participants were given the participant information sheet (Appendix E), in which the ethical issues were clearly outlined. The research materials were created prior to the introduction of General Data Protection Regulation (GDPR; May 2018), however the research materials and study procedure reflect the GDPR guidelines. Data were stored securely on an encrypted memory stick and securely destroyed at the end of the study. Procedures as specified by the UCL Code of Conduct for Research, the British Psychological Society's Code of Ethics and Conduct, and the NHS Code of Confidentiality were adhered to.

Adverse Events

Special consideration was given to adverse events in the context of online interactions. Although no adverse events occurred, a protocol was in place (Appendix F) from the outset whereby, if a participant appeared distressed 64 MA would contact that participant by phone to provide support and signposting. This was reflected in the consent form (Appendix D). Both the researcher and the principal investigator were available for 64 MA to contact by phone at any time for guidance on issues relating to adverse events. The researcher and the principal

investigator were members of each WhatsApp group and at least one monitored the group for any behaviour that might indicate that a group member was distressed, or at risk of hurting themselves or others, at a minimum of twice daily. Prior to joining the intervention each participant was sent information, which included the group rules and relevant mental health support organisations (Appendix G).

Co-producing CIM

The design of the current study was co-produced and the data analysis involved the research partner 64 MA. Co-production can be defined as a 'relationship between the service provider and the service user that draws on the knowledge, ability and resources of both (Scottish Community Development Centre, 2019). Co-production has been used to create meaningful approaches to distress reduction in individuals and communities' (Casale, Seymour, Chentite, & Zlotowitz, 2018; Hernandez-Cordero, Ortiz, Trinidad, & Link, 2011; Jackson, Henderson, Frank, & Haw, 2012; Zlotowitz, Barker, Moloney, & Howard, 2016). 64 MA approach all of their activities in way that embodies co-production through a process termed 'cultural democracy', whereby universalism, pluralism, equality, transparency and freedom are central elements. The founders of 64 MA approached Dr Vyv Huddy (the principal investigator) for assistance in evaluating CIM. The researchers met with 64 MA to discuss the aim and design of the research. A planning day was then organised by 64 MA with eight members of the public, who had previously participated in arts based interventions run by 64 MA, and myself as the main researcher. We discussed the proposed research methods, feasibility, and ethical considerations. They deemed the DASS and the WEMWBS appropriate and felt the nature of the daily creative challenge was extremely important, in that a fun, enjoyable challenge might increase engagement whereas a less enjoyable challenge might reduce engagement. As a result of these discussions, it was decided that in order to ensure a successful intervention, the creative challenges should be co-produced with those who would be likely to sign up for CIM. 64 MA

secured funding to run three workshops, with independent artists and invited potential participants of CIM, to devise a list of creative challenges for CIM (Appendix H). This approach is aligned with the core principles of co-production and mirrored the approach to the evaluation of CIM. The workshops were held in a London community centre in July 2018, two months prior to the start of the first CIM intervention. In total, 20 people participated in the workshops, six of whom went on to participate in CIM. Three artists led a variety of activities to inspire and explore creativity with the attendees. Ideas for creative challenges were then shared and reviewed by the group for feasibility and enjoyment. This resulted in a list of challenges, organised under the following themes; drawing and writing, connecting with others, food and drink, craft and making, learning a new skill, music and singing, movement, mindfulness and random. From this list, 30 were used in CIM (Appendix I).

Setting

The decision was chosen to use WhatsApp to deliver CIM as it is relatively accessible. It is used by 58% of the UK population (Statista, 2019b). WhatsApp supports a variety of media including text, photos, videos, documents and voice calls, and can be used for conversations with two or more people. The flexibility of this app ensures that participants are able to share their creative challenges either visually or via audio. Furthermore, end-to-end encryption means that no third party including WhatsApp can access the communications. However, the use of WhatsApp presented a few challenges, including WhatsApp servers being located in the USA. Unlike in the UK, in the USA there is no single law regulating the processing of personal data within research, but there are guidelines which create accountability and enforcement components that can be used by regulators. Therefore participants were required to give explicit consent for overseas transfer of their data. Additionally, scheduling software, required to deliver the challenges to participants at 7am each day, could not be used due to compromises in

confidentiality by third party organisations who owned the scheduling software. Accordingly, participants received their creative challenge via a scheduled email which reduced administrative and facilitator burden but increased the number of platforms participants were required to access in order to participate in CIM. Finally, WhatsApp allows users to download archive copies of group and individual conversations. We informed participants of this function and explained that other participants could access and store their data in this way.

Creativity in Mind

CIM is an online creativity-based intervention founded on participatory arts project principles consisting of a closed WhatsApp group active for 30 days, facilitated by a staff member from 64 MA. CIM aims to improve wellbeing and reduce low mood and anxiety by increasing creative activity. Each day an email was sent to participants with a predetermined challenge. The challenges were co-produced with service users, the majority of which involve creative action such as drawing, writing, singing, craft making and sculpture. A few challenges also draw on social interaction, mindfulness and learning new skills, as noted, all use a “Do, Think, Share” process (Appendix J). The participant is encouraged to complete the challenge and then reflect on how it made them feel and what it made them think. They are then encouraged to share their creations and reflections in the WhatsApp group (see Appendix K for an excerpt of the group conversation).

Inclusion Criteria

In order to be eligible for the study, the following inclusion criteria were applied:

- a) Aged 18 and above;
- b) Sufficient level of English language and computer literacy to complete the study, and normal or corrected to normal visual acuity;
- c) Self-identifying as experiencing low mood and/or anxiety;
- d) Based in the UK with access to a UK telephone number, data and WhatsApp

One participant was excluded from the study as their phone was not able to host WhatsApp.

Recruitment

64 MA recruited participants for the CIM intervention using their social media platforms including Facebook and Twitter as well as their email subscriber list which contained 3000 email addresses. The advertisement invited people who self-identify as having difficulties with low mood and/or anxiety to join an online creative support intervention (Appendix L). There was no requirement to score above or below a certain cut-off on the validated measures of distress in order to participate.

Individuals who expressed an interest were allocated to one of three CIM interventions, which commenced in September, October and November 2018. At the end of each CIM intervention, purposeful randomised sampling (Palinkas et al., 2013) was used to recruit participants to qualitative interviews, although this method did not receive enough responses. The decision was taken to invite all 55 participants to consider completing an interview (to increase the likelihood of a larger sample size). In total, 20 responded to the email invitation, of whom 18 (32% of the sample) were interviewed. One participant was not able to commit to an interview due to personal circumstances and another cancelled an interview because of deterioration in their mental health.

Participants

In total, 65 participants signed up for the CIM intervention by expressing their interest via an email to 64 MA. Subsequently 55 participants, 48 women and seven men, completed the online consent forms and two baseline measures (time 0). See Table 1 for details of participant numbers and gender in each round of CIM. Their ages ranged from 23 to 73, ($M = 42$ years; $SD = 10.4$). Participants identified as White British (42), followed by White European (3), White Irish (2), South Asian (2), Mixed British/European (2), White Irish/British (1), Latino (1), White British/Arab (1). Participants identified their occupations as employed (42), unemployed (5), retired

(4), student (2), carer (1) and unspecified (1). Three of the participants completed measures but their data were lost due to a technical problem with the online survey programme used, 'Opinio'. Therefore they were not entered into a CIM intervention.

Table 1

Gender split by group

<u>Round</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
1	3	13	16
2	3	13	16
3	1	22	23

No significant differences between the three groups were found for gender $X^2(2) = 2.50$, $p = .287$, or ethnicity $X^2(22) = 28.54$, $p = .157$. Eighteen participants were interviewed following their participation in CIM, see Table 2 for demographics.

Table 2

Demographics of interviewees

<u>Age</u>	<u>Self identified Ethnicity</u>	<u>Gender</u>	<u>CIM Group</u>
38	White British	Female	1
29	White Irish	Female	1
64	White British	Female	1
49	White British	Female	1
34	White British	Female	1
36	White British	Female	1
57	British	Male	1
33	White British	Male	1
42	White mixed British/European	Female	2
73	White British	Female	2
28	White British and Arab	Female	2
43	White	Female	2
34	White British	Male	2
55	White British	Female	2
46	White British	Male	2
36	White British	Male	3
41	White British	Female	3
44	White Irish	Female	3

Attrition

Two participants withdrew from the research during the study. Each was followed up by email; one felt the intervention had not had a positive impact on her mental health and that issues of low self-esteem in general were not addressed in the group and the other did not respond. Their data were destroyed. A third participant left the WhatsApp group because she said the group conversations felt 'too much' and made her anxious. This participant was happy for her data to be included in the research and she completed the measures at all three time points. Complete data sets were collected for 35 out of 55 participants, with a further 9

partial data sets. Two participants filled in measures but did not include their participant number and one participant responded to a reminder email stating that the measures were reminiscent of measures used in the process of signing up to talking therapy that they had sought in the past and were therefore off-putting. This participant also reported they didn't find CIM engaging as the challenges were too specific.

Procedure

One week prior to the start of CIM, participants were sent a link to the information sheet (Appendix E) and consent form (Appendix D). This was followed by an invitation to complete the online survey, which consisted of demographic questions, the DASS and the WEMWBS using the software 'Opinio'. Participants had access to the researcher's contact details and were able to ask questions before consenting. Once consent had been obtained participants were placed into a CIM WhatsApp group. The facilitators from 64 MA introduced the premise of the intervention and the research via the WhatsApp group along with the group rules (Appendix G). Starting one to five days later, the first creative challenges were delivered to participants, continuing each day via email for 30 days. Outcome measures were completed at time 0 (baseline), 1 (completion of CIM), and 2 (three-month follow-up). A debrief document (Appendix M) was attached to the measures at time 2. Participants who had not completed the measures were sent two reminder emails. Following each 30-day period, an email was sent to all participants inviting them to be interviewed about their experience of CIM. Each interview lasted between 20 and 50 minutes and was conducted via the telephone or a secure online video service. In total, 180 pages of transcript (double spaced, size 12, Times New Roman) were acquired and analysed using framework analysis (Ritchie & Spencer, 1994) and supplemented with 414 pages of data extracted from the group conversations on WhatsApp. Data from the group conversation transcripts were used to explore potential change in quantitative outcomes by counting an

individual's frequency of posts and correlating this with their scores on outcome measures. Following the interview, participants were emailed a £10 Amazon voucher as a thank you for their time.

Quantitative Data Analysis

Power calculation. As there is no comparable research regarding online creative support groups it was difficult to estimate effect sizes. Secker and colleagues (2011, 2013) achieved an effect size of $d = 0.91$ on the WEMWBS in a similar participatory arts project. A power calculation was carried out using the programme 'G Power' (Faul, Erdfelder, Lang, & Buchner, 2007), giving an estimated sample size of 25 participants to provide 95% power with an alpha level of 0.01.

Key outcomes. Demographics and descriptive variables: All participants provided information about their age, gender, ethnicity, and occupation.

Mood: Mood was assessed using the Depression, Anxiety, Stress Scales 21 (DASS) (Lovibond & Lovibond, 1995), which is a shortened version of the DASS. It is a 21-item standardised self-report scale that assesses low mood, anxiety, and stress using a four-point severity scale (0 = Did not apply to me at all, 4 = Applied to me very much or most of the time). The DASS has demonstrated high reliability and good concurrent validity (Antony, Bieling, Cox, Enns, & Swinson, 1998).

Wellbeing: Wellbeing was assessed using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (Tennant et al., 2007) a 14 item self-report scale with five response categories ranging from '5 = all of the time' to '1 = none of the time'. The scale covers both feeling and functioning aspects of mental wellbeing. Scores were summed to provide a single score between 14 and 70. The test is valid in UK populations (Stewart-Brown et al., 2011) and for comparison, the NHS Health Scotland in 2016 found that the Scottish population mean score obtained during validation was 50.7 with a 95% confidence interval of 50.3 to 51.1, (Morris & Earl, 2017).

Statistical analysis. As some data were missing at time 1 and 2 a linear mixed model (LMM) was chosen to analyse intervention effects. The LMM uses all data available at each time point and therefore does not disregard incomplete cases. P values of <.05 were considered significant. Type I error, occurring a result of multiple tests, was accounted for by using bonferroni corrections.

Qualitative Data Analysis

Semi-structured interviews. The interview schedule was designed to garner the participants' experiences of various aspects of the CIM intervention (Appendix N). To assist in the development of the interview schedule, the main researcher attended two of the initial artist-led workshops and gained familiarity with the types of challenges that would feature in CIM. The acceptability literature and the Client Change Interview were also used to inform the schedule (Elliott, Slatick & Urman, 2001). The participants were asked questions to elicit the full range of their experience of CIM. These included: participant experience of the intervention as a whole, what prompted them to join, group dynamics, experience of facilitation, helpful and unhelpful aspects of the intervention, and changes since the intervention. Both negative and positive experiences were elicited from participants.

Framework analysis. Framework analysis (FA) (Gale, Heath, Cameron, Rashid, & Redwood, 2013) was used to analyse the data collected from 18 interviews. FA is not informed by a particular epistemology or philosophy. This method was chosen because it is highly compatible with large data sets such as the 180 pages of transcript gathered in the current study and can be used in conjunction with NVivo. NVivo is a computer assisted qualitative data analysis software programme, that increases the transparency of analysis by creating a clear audit trail of interpretations and decision making, which can be traced back to the raw data quickly and easily (Parkinson, Eatough, Holmes, Stapley, & Midgley, 2016). The structured step-by-step procedure outlined by Gale et al., (2013) allows multiple researchers to arrive at a structured overview of a large data set. The FA method

starts deductively by drawing on *a priori* issues such the impact and active ingredients within CIM, and then combines these with a grounded inductive analysis of participants' accounts (Parkinson, et al., 2016; Pope, Ziebland & Mays, 2000, Thomas, 2006). Analysis occurred across five stages:

1. Familiarisation
2. Coding
3. Developing an analytical framework
4. Applying the analytical framework
5. Charting data into the framework matrix

To familiarise myself with the data, I listened to the interviews, transcribed and anonymised the data. The transcripts were then uploaded to Nvivo. 64 MA entered into the process of familiarisation by reading and re-reading an interview transcript and making any initial contextual and reflective notes. Coding followed a process of reading transcripts line by line and applying a label or a paraphrase to the meaning gleaned from parts of the data. Anything of interest was noted at this stage; this can be termed 'open coding'. I independently coded 10 randomly selected transcripts (See Appendix O for a worked example). To validate the codes one of the research supervisors and 64MA independently coded a transcript. The codes were cross-checked for consistency and any discrepancies were discussed and resolved. In total 127 codes were derived from reading 10 transcripts (Appendix P). These were categorised by hand to distil the codes into an initial analytical framework (Appendix Q). This was applied to the remaining eight transcripts during 'indexing', the framework was continually adapted during this process. Each coded section of text from this process was summarised and placed into a matrix in a process termed 'charting' (Appendix R). Charting allowed the large data set to be viewed as a whole, by theme and also by participant. Following this, the last stage of FA involved mapping and interpretation of the patterns and concepts from which a final set of themes was identified (Appendix S).

Quality Evaluation. The evaluative guidelines set out by Elliott, Fischer and Rennie (1999) were consulted to ensure quality in this study. As such, the perspective of the researcher is outlined below. Demographic data and setting were provided in order to situate the data in context. Quotes are provided to ensure that themes and interpretations are grounded in the data. Finally credibility checks were carried out by several researchers who coded and compared transcripts. The research supervisor and an independent researcher from UCL verified the summaries produced in the charting stage for accuracy and to ensure relevant data and/or exceptions were not overlooked.

Member checking using synthesised data was chosen for this study to increase trustworthiness of the overall framework and themes. All participants were emailed with a request to review the summary of the domains, themes and subthemes, along with a selection of their own corresponding quotes. They were made aware that they could opt out at any time. They were provided with information about FA and how their interpretations would be used to inform the process of analysis and increase validity (Appendix T). This process allowed participants to critically examine the interpretations and to check the validity and resonance of the meanings drawn from their quotes (Creswell & Miller, 2000; Harper & Cole, 2012). At the interviews all participants expressed an interest in being contacted again for member checking purposes. All 18 were emailed for this purpose with further details one-to-two months after they had participated in CIM, 13 responded and opted to receive more information, of whom, eight gave feedback. All eight participants reported that the themes and subthemes seemed appropriate, that they captured all or part of their experiences and that the quotes represented what they remembered saying. General recommendations about the analysis were also made and in the light of this feedback the researcher refined the theme names, restructured the order of the themes and simplified the layout.

Epistemology. FA has no predefined epistemological position; instead one's position depends on the research question. The qualitative element of the current study sought out subjective perceptions and the interview data was seen as verbal expressions of the interviewees' mental processes; therefore a broadly relativist position was taken (Willig, 2013). The quantitative element of this study was empirical in nature and aimed to derive information about impact within a positivist paradigm. An awareness that language has a constructive dimension was held throughout the qualitative data collection and analysis (Danermark, Ekstrom & Jakobsen, 2005; Willig, 2013) This meant that the data collected through the qualitative interviews were treated as 'real' experiences for the participants and constructed, both in relation to themselves and in their communication with others. Analysis focused on the explicit, semantic understanding of the participants' experiences, without an attempt to enter into latent, more hidden meanings. This was to ensure that the aims of the research were met, to produce useful and relevant information for 64 MA who were planning to develop the intervention.

Researcher perspective. I am a white British woman who undertook this research as part of my doctoral course in clinical psychology. My preferred approaches to psychological distress are systemic and narrative in nature. In my clinical work I have mainly used narrative and cognitive behavioural approaches with people who experience various types of mental health distress. I have felt that creativity and creative solutions to healing distress are undervalued and underfunded. This led me to seek out a less widely available therapeutic approach for my thesis project. I enjoy being creative and I feel it has a positive impact on my mental health, having used painting, playing the guitar, and writing poetry as coping strategies in times when I have felt extremely distressed.

Based on my clinical experience of interventions which use group work, I had preconceived ideas about the potential mechanism of change in CIM. I felt the social interaction would be an extremely important element in its potential success. I felt

that researching an intervention which was easily accessible, outside of the 'therapy room', was worthwhile and in line with community psychology principles. These include building capacity and sustainability in non-typical therapy settings such as the community (Lawthom, Sixsmith & Kagan, 2007). As the research process continued I developed relationships with the staff at 64 MA and I noticed feeling increasingly invested in the success of CIM. I kept an analytic diary throughout the research and an additional reflective log during the qualitative analysis. Throughout this process I consulted my supervisors to ensure I employed 'bracketing', in order to suspend prior understanding of the phenomenon, including theories, beliefs and knowledge (Giorgi, 1985). I also used my experience in a bracketing interview conducted with a small group of clinical psychology trainees to assist with neutrality, which is discussed in Chapter three.

Results

Descriptive Statistics

An independent samples t-test was performed to determine whether there were significant differences between participants who provided a full data set ($n = 28$) and those that provided partial data ($n = 27$). The results were not significant; $t(53) = -0.415$, $p = .875$. A chi-square test of independence found no significant differences between the two groups for gender $X^2(3) = 2.99$, $p = .393$, or ethnicity $X^2(11) = 9.09$, $p = .614$.

The assumption of normality for the total scores on the DASS and WEMWBS were investigated by visual inspections of histograms, normal Q-Q plots, stem and leaf plots, and by calculating skewness and kurtosis (normal distribution falling between -1.96 and +1.96). According to skewness and kurtosis calculations both the DASS and the WEMWBS were normally distributed at all time points, excluding the DASS at time 0 and the WEMWBS at time 1. At time point 0 the DASS scores had a skewness of 3.07 and kurtosis of 4.38 thus violating normal distribution. At time point 1, the total WEMWBS score had a skewness of 0.97 and

kurtosis of 1.99, thus presenting another potential violation of normality. According to the Kolmogorov-Smirnov test, the DASS and the WEMWBS were normally distributed at all three-time points; 0.20 for both tests.

Given the robustness of the LMM, a decision was taken to leave the data untransformed (Arnau, Bendayan, Blanca, & Bono, 2013; Lo & Anders, 2015). Data were transferred into a long view from a wide view. Two repeated measures LMMs were computed to test for intervention effects across three time points. Time was entered as a fixed effect.

Preliminary Outcomes

Table 3

Mean difference between time points on the DASS

<u>DASS</u>	<u>Mean difference</u> <u>(SD)</u>	<u>P values</u>	<u>95% Confidence</u> <u>Interval</u>
Time 0 and 1	13.09	.001	7.028, 19.152
Time 1 and 2	-5.469	.075	-11.515, 0.577
Time 0 and 2	7.621	.032	0.684, 14.558

Note. SD=Standard Deviation. DASS=Depression, Anxiety and Stress Scales

Table 4

Mean difference between time points on the WEMWBS

<u>WEMWBS</u>	<u>Mean difference</u> <u>(SD)</u>	<u>P values</u>	<u>95% Confidence</u> <u>Interval</u>
Time 0 and 1	-2.937	.008	-5.045, -0.83
Time 1 and 2	-0.081	.939	-2.220, 2.057
Time 0 and 2	-3.018	.008	-5.207, 0.83

Note. SD=Standard Deviation. WEMWBS=Warwick-Edinburgh Mental Wellbeing Scale

Table 5

Mean total scores on the DASS and WEMWBS for all time points

	<u>n</u>	<u>Mean</u>	<u>SD</u>
DASS (T0)	55	42.22	19.69
DASS (T1)	35	29.37	17.19
DASS (T2)	37	35.08	22.47
WEMWBS (T0)	55	41.20	7.26
WEMWBS (T1)	35	43.49	8.25
WEMWBS (T2)	37	44.11	7.71

Note. SD=Standard Deviation. *n*=number of participants. DASS=Depression, Anxiety and Stress Scales. WEMWBS=Warwick-Edinburgh Mental Wellbeing Scale

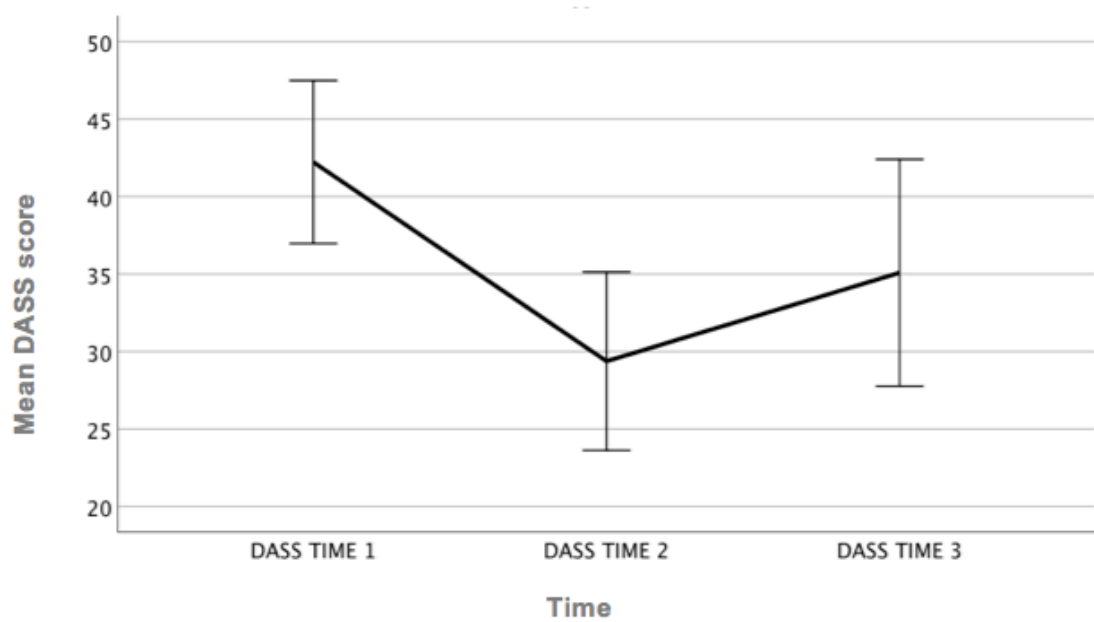


Figure 1. Line graph of the change in DASS scores across time. Error bars represent the 95% confidence interval.

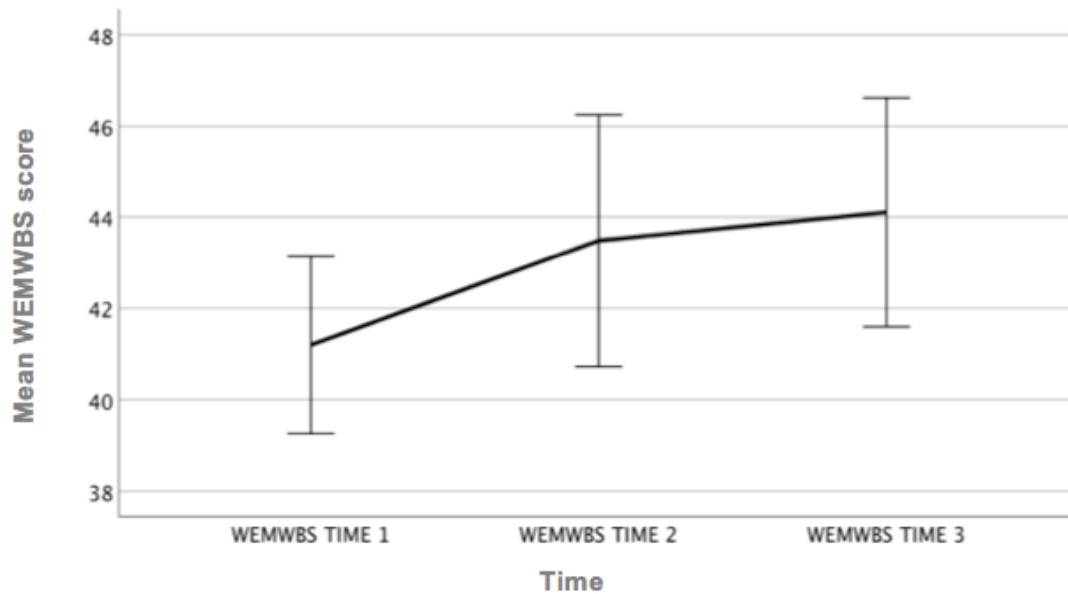


Figure 2. Line graph of the change in WEMWBS scores across time. Error bars represent the 95% confidence interval.

There was a significant effect of time on the WEMWBS, $F(2, 34.75) = 5.214$, $p = .01$ and the DASS, $F(2,55) = 9.482$, $p < .001$. Pairwise comparisons were carried out (bonferroni corrected for the family wise error rate) to reveal the differences (Table 3, 4). There were significant differences between time 0 and time 1 ($p < .001$), as well as time 0 and time 2 ($p < .05$). There was a clinically meaningful (signified by a difference of 3 or more) improvement in wellbeing between baseline and time 2 as measured by the WEMWBS (Table 5). There was a significant decrease in depression, anxiety and stress scores as measured by the DASS between baseline and time 2 (Table 5).

Relationship Between Engagement in CIM and Outcome

The number of posts from each participant in the WhatsApp group was recorded in order to better understand whether their engagement in the group conversations might play a role in the intervention effect (Table 6). A Spearman's correlation was performed to determine whether this measure of engagement in the group was associated with outcome. The mean difference in scores between time 0 and time 1 was correlated with the number of posts, finding no significant

associations between both the WEMWBS or the DASS. However, a medium to large positive association approaching significance was found on the WEMWBS ($r = .307$, $p = .065$). The number of posts made by participants in the second round of CIM, was lower when compared to the first and third round. Therefore 'round', was added to the LMM as a fixed factor. No significant differences between the rounds were observed in relation to scores on the DASS or the WEMWBS. However, there were observable trends in the means, with round 2 appearing to suffer least from a reduction in improvements at time 1 and 2 on both measures. These differences were not statistically significant but the results from the qualitative analysis were used to shed light on and explore the mechanisms of change that might be driving the differences.

Table 6

Total posts per round and average per participant

	<u>Total posts</u>	<u>Average per participant</u>	<u>Total media posts (picture/audio)</u>
CIM 1	1372	69	269
CIM 2	471	21	126
CIM 3	1265	49	232
Average	1036	46	209

Qualitative Results

The results of the analysis are presented in figure 3. To answer the research questions the identified themes were organised into the following domains; CIM impact, mechanism of change, and implementation. Anonymised quotes from participants will be used to explore nine themes and 11 subthemes. Results from the statistical analysis will be drawn upon in the process.

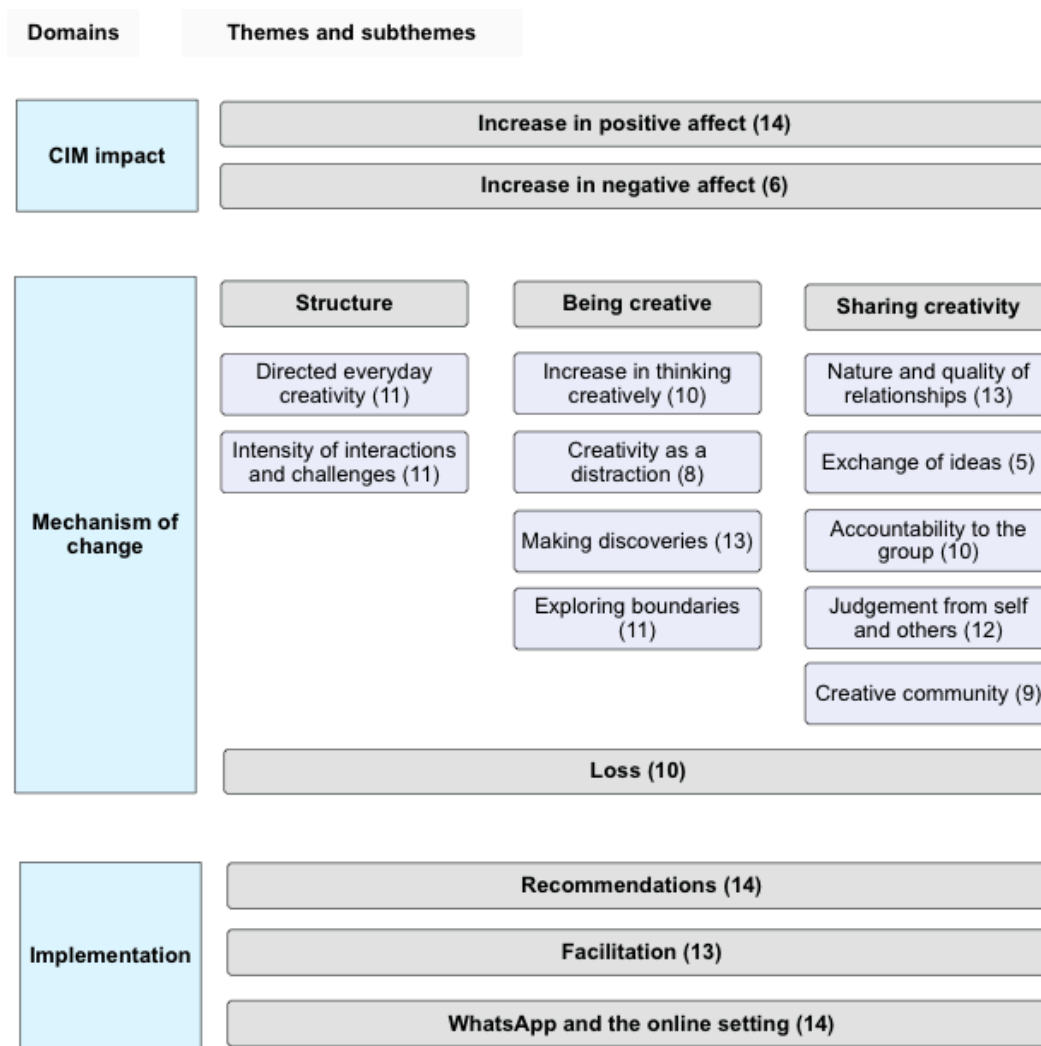


Figure 3. Domains, themes and subthemes (number of participants endorsing theme)

CIM Impact

Increase in positive affect. Overall CIM was experienced and perceived by the majority of participants interviewed (14/18) as very positive. This mirrors the overall trend gleaned from the participants' responses to the mood and wellbeing outcome measures, both of which demonstrated significant improvement.

Participants described having experienced enjoyment and a lift in mood as a result of their participation:

I would say it lifts you up throughout the whole of the day to be honest and then if you get a lot of comments back from people or I give comments to other people, you get a little thread going and that's quite nice (participant 5)

Two participants cited interaction with other people and nature as reasons behind their improvement in mood. Nearly half of the participants reported a sense of achievement as a result of having produced something of which they were proud. On occasion they shared this with others both inside and outside of the group, which led to a feeling of being “excited” (p3) “warm” (p17) and “fulfilled” (p13).

I looked at my phone to see what time the sun was going down and I thought you know if I get to the tree at this time the weather will be nice then apparently... so I had kind of set it up and then, erm, you know, and also it was a really beautiful evening by the end of the day so to get the pictures I wanted as well I was really chuffed about that, it was sort of, you know I felt fulfilled that day and I wanted to engage in the next day (participant 13)

This participant demonstrates that he had engaged throughout the day with the challenge, in both planning and in action. He appeared to gain a sense of mastery as his efforts had resulted in something he was ‘chuffed about’. One participant recounted a poem that she had written during a challenge and read out loud to her local church group. She explained to other CIM members and at the interview that “at one time I could never have done that” (p14).

Increase in negative affect. There were also complex reactions to CIM. Its structure and the creative challenges led to mixed, both positive and negative, experiences that fluctuated over the month. Some of the negative affect experienced arose from self-criticism, anxiety and stress regarding creative output and group comparisons.

I was amazed how kind of stressed I got with the fact that I hadn't done this thing and it was only me that was creating this stress, it was funny, it felt like way out of erm scale, the kind of ridiculousness of what the task was, it just became a stark example of how much you can wind yourself up about very little (participant, 6)

This participant surprised themselves with the increase in stress they experienced as a result of the CIM challenges. The positives gained from learning about and

traversing such personal barriers may have been a useful process for participants and contributed to the overall trend in improvements in mood and wellbeing scores. Another participant described feeling “panicky” if they could not think how to approach the challenge. Four participants felt that CIM had no impact, “didn’t work” (p12), or was “strange” (p14). For these participants CIM did not meet their expectations and did not increase their creativity.

Mechanism of Change

Both the qualitative and quantitative data from this mixed methods design suggest that CIM had a positive impact on mood and wellbeing. This positive outcome along with the negative experiences of CIM, appeared to be a result of three elements contained in the following themes:

1. Structure of CIM, in relation to its set up, delivery and format
2. Being creative, by taking part in the daily creative challenge
3. Sharing creativity, within the group, but also outside of the group

These are hypothesised as contributing to CIMs mechanism of change. A theme of loss was also identified as contributing to the way in which participants experienced CIM and appeared to result from the removal of the structure of CIM, the creativity itself and the opportunity to share with others.

1. Structure.

The creative challenges were sent via email to the participants at 7am every day for 30 days. This frame created a stable structure in which creativity could be expressed. Two subthemes were identified within the data on structure.

1.1 Directed everyday creativity.

Participants frequently referred to the structure of CIM. They found that being given an instruction to be creative was helpful and motivating. It seemed to provide a focus for the day, and was brought to other daily activities such as going for a walk. The daily nature of the challenges seemed to be containing for participants, P6

described this experience as “*knowing that everyday there would be something*”.

The daily nature of the challenges provided an opportunity to move on quickly from creative blocks, or missed challenges. The challenge dictated to the participants how they could be creative, which appeared to be motivating and reduced procrastination:

I think part of the issue is thinking of something creative whereas if someone instructs you, this is your task for the day or whatever, it takes out the procrastination and the putting off, and the I have no idea what I would do today, I'm sitting here in a workshop with all sorts of materials but it can be quite overwhelming knowing where to start (participant 21)

However, one participant, who was not interviewed but provided feedback via email, felt that the challenges were too specific. For the majority of participants interviewed, the daily challenges seemed to allow them to place responsibility for their creativity with 64 MA, which motivated them into activity. Participants described receiving the challenge as a sort of “luxury” but also “a bit regressive” (p6) and that being directed provided “a starting point” (p8). The structure of CIM also resulted in a sense of anticipation which some participants described as something “to look forward to” (p1) each day.

1.2 Intensity of interactions and challenges.

The intensity, in terms of frequency and content, of the interactions within the group and the daily nature of the challenges became a barrier to participation and contributed to the increases in negative affect for some participants. Almost half of the participants described the volume of challenges and social interaction as overwhelming at times. Data regarding level of engagement in CIM conversations contained in Table 6, highlights how, on average, each participant received over 1000 posts and 200 media messages during the 30-day intervention. One described the daily nature of challenges and interactions as “tiring” (p18) and another, as “bombarding” (p25):

There was at one point a time where I was like should I just leave this group because I was going to bed at night and my phone would be pinging a lot. I'm not used to that, so this is like another sort of, it felt like a demand, and as things thinned out and quietened down, it became quite nice to have that little ping (participant 25)

For some participants the constant flow of interaction felt too much, although as participant 25 described above, this fluctuated over the month and for her, notifications were experienced as positive when fewer people were engaged. Three described the group as being too large and at times the resulting volume of messages meant some were overlooked.

It just got to a point where, instead of waking up and thinking ah what is the challenge today it got to the end and I've got like 10 unread messages kind of thing, and it did stack up! (participant 10)

The participants changed their approach to engagement to manage varying levels of CIM activity, for example some 'muted' the WhatsApp group which stopped notifications. A few participants described how CIM became "*an extra thing*" (p12), by occasionally adding to their workload and detracting from their enjoyment of the challenges.

2. Being creative.

The theme 'being creative', was broken into four subthemes.

2.1 Increase in thinking creatively.

Unsurprisingly, an increase in creative activity was experienced as a result of being set a daily creative challenge, although daily engagement was not mandatory. An important part of the creative process evident in the qualitative data was the increase in creative thinking. This often accompanied creative action, and was described by participants as, thinking "sideways" (p14), thinking about how they might carry out a challenge, about future creative opportunities and the concepts highlighted by the challenges. Thinking creatively enabled participation when work-

related, mobility or internal barriers prevented participants from producing something tangible:

As I say thinking about creativity, with me it doesn't tend to be in the physical making, and so trying to work how you could do something or, I really absolutely can't draw it's really frustrating erm, but having an idea of what I would have liked to create is actually quite fun (participant 12)

For this participant, creativity seems to be more about exploring possibilities cognitively as opposed to a creative output.

2.2 Creativity as a distraction.

Creative action and creative thinking provided almost half of the interviewed participants with a distraction from daily stressors and anxiety. Participants described CIM as taking them “away from things” (p19). CIM helped to focus the mind, to stop anxious rumination, and provided a short break from “daily life” (p18) and the “usual routine” (p19). One participant described these as reasons for having signed up to CIM. An exception to the general positive impact of distraction was articulated by one participant, who found it developed into procrastination. The nature of distraction came via the creative action, planning the creative action and reflecting on the creative action. The following participant describes the impact of reflecting on the consequences of a challenge:

I remember the one where you wrote a note for a stranger to find, erm yeah it was good, for me that one helped me feel positive all day 'cos I just, every time my mind kind of wandered, or wanted to be frantic or whatever or anxious I would just think back to oh my god what is that person gunna' think when they find my message, so I really liked that (participant 15)

The challenges became a cognitive coping strategy for this participant in order to move away from negative thought patterns. Participant 12 described a similar strategy, where thinking about how to complete the challenge acted as a welcome distraction from worry:

I do on the commute, I do start thinking about work before I get there, worrying about it, and so I've got a whole range of things I do to try and avoid doing that, and this was a really nice one, it was a kind of okay I'm on a bus but I've got something to think about that is positive (participant 12)

2.3 Making discoveries.

This subtheme was robustly supported by the data and incorporates a broad range of personal discoveries arising from participation, including: realisations about self through surprising responses to the challenges; new found skills and abilities, new perspectives about others, their ideas and creativity; new mindful ways of being in the world and strategies for overcoming personal barriers.

The beautiful things they [the other participants] created they're still- like I don't know I could describe any of the things to you but I feel this sense almost wonder about what other people were able to do (participant 17)

These discoveries sometimes led to permanent useful shifts in perspective. Being or thinking creatively, and being asked to share creativity in the CIM group facilitated this learning along with: tolerating imperfection, exposure to anxiety provoking situations, increased introspection, achievement, exchanging ideas, trying things out, experiencing psychological safety within the group and mutual support. One participant described moving through perfectionism and discovering that making mistakes “doesn't really matter” (p4). Participant 19 found he noticed his “inner critic”:

Sometimes I didn't do them because I chose not to do them but other times it was because the critic was there and stopped me from doing them, but erm, that was a bit part of it for me, just noticing how much that inner critic stops me from doing stuff that I enjoy doing and that was one of the biggest things I took from it (participant 19)

For one participant discovering that she could ask for help was transformative and created a permanent resource that she drew on in situations after CIM. CIM is based on a process 64 MA termed “do, think, share”. The ‘think’ part of this process

encouraged participants to reflect on what they noticed while participating in the creative challenge. Participants appeared to engage in this process, which led to the discoveries detailed above. The process of reflection therefore is an integral part of the CIM process and distinguishes CIM from undirected everyday creativity.

2.4 Exploring boundaries.

Participants described overcoming personal and creative barriers as a result of their participation in CIM. Some participants described the risk-taking as positive, leading to new experiences and personal growth. For some this involved signing up to CIM in the first place, attempting the challenges, sharing a challenge or completing all or part of the intervention. The format and structure of CIM meant that participation felt obligatory at times. This was often seen as positive but also provoked resistance:

It forced you to do some things, if somebody says you're gunna' write a poem I'm just like nah I'm not, I'm really not (laughs) but sort of, you had to (participant 21)

I think it has pushed me to try new things... 'cos there was lots of, just sort of doing the tasks, even, though I'm not the most brilliant drawer in the world - doing things you're not great at but are still good fun, where normally I would stick to things I do a lot and know that I'm okay at (participant 4)

Self-confidence was built throughout the month and facilitated the process of taking risks; some participants were surprised at what they were able to achieve. Although, moving out of one's "comfort zone" felt uncomfortable for a few participants who decided not to complete the challenge. An exception to this theme was identified in the data from one participant (p20) who had hoped to be "pushed" more by CIM.

3. Sharing creativity.

CIM combined being creative with sharing creativity by introducing a closed group format to a 30-day creative challenge. There were differences amongst a few participants about whether the purpose of CIM struck the right balance between

social support and creativity. Five subthemes were identified under the theme of sharing creativity, the most robustly supported was nature and quality of relationships.

3.1 Nature and quality of relationships.

The majority of participants found the individual members of CIM and the group as a whole to be very supportive. The group was also described as having a “positive atmosphere” (p15) in that peer support, given or observed, led to increases in positive affect. A sense of universality in the group occasionally facilitated peer support. The supportive atmosphere appeared to promote reciprocity as this participant describes here:

Everyone who I interacted with was really lovely there was a lot of encouraging language and lots of people, once you'd posted people would be like 'oh really happy to hear from you' or would say oh 'that's a great idea' or 'that looks really cool' which was really lovely and then it kind of like propelled you to do the same for other people (participant 15)

Three participants found that the type of support offered from group members was unhelpful and that the supportive role in which they were placed was too demanding and left them feeling overly responsible for other group members. For participant 25 creativity, “*came second place to the whole human contact experience*”. Despite the majority of participants reporting that the group was supportive, the data indicated that there appeared to be dissatisfaction with the overall quality of the relationships within the groups. One participant, questioned the genuineness of the interactions as people were “*being a nice version of themselves*” (p10). Others found it hard to form rapport, leading to self-criticism. There was a sense that relationships lacked a depth of connection, felt anonymous or lacked a sense of reality, often due to the lack of face-to-face interaction:

I think in general my biggest criticism of it is that, it doesn't feel real, like real people because it's just on a screen that was my big feeling you know (participant 10)

For some the lack of relationships between CIM members was a good thing, as potentially difficult social dynamics didn't get in the way of creativity. A few participants said that more background information was needed for relationships to be meaningful.

3.2 Exchange of ideas.

Posting creative output in the WhatsApp group facilitated a sharing of different ideas and perspectives, which participants described as “inspiring” (p1) and like “bouncing ideas off of each other” (p14). This was found to be especially helpful if they were struggling to think of a response to a challenge. Exchanging ideas wasn't confined to creativity as this participant describes here:

Somebody there had said something about she'd asked some colleagues for help because she hadn't known what to do and subtly I had probably taken that in, and thought oh yeah that's a good idea, what a novel idea! Asking for help! ... I think that's definitely sort of transformed me (participant 3)

This participant describes a personal transformation in the way that she approached life's challenges.

3.3 Accountability to the group.

The nature of being in a group, and possibly signing up to the research appeared to create a sense of being accountable to the CIM group. The participants described signing up to CIM as if it were a type of social contract. A commitment to the 30 days created positive pressure, which encouraged engagement but led some participants to fear negative judgement if the contract was broken:

Is it enough that I can do something on my own and not share it? But then it looks like I'm not participating, they wont know that I've done it! Like it's that

age-old kind of social media thing! It's like- but they wont know and they'll think I'm not doing anything (participant 15)

I felt I'd let them down, or I'd not kept up my agreement, kind of thing, I just felt like I kind of, I didn't feel as connected after I fell behind (participant 10)

One person found it “strange” and seemed disappointed that people in her group joined but didn’t “partake” (p14), and reasoned that you couldn’t “make people”. A sense of commitment was facilitated by regular communication within the group, a “silent authority” and being “*part of a bigger thing than yourself*” (p21)

3.4 Judgement from self and others.

Self-criticism about one’s creative and social abilities was triggered by negative comparisons with other group members and in some instances led to disengagement in CIM.

Like I said, you can see other people building those rapports, I did think ‘oh [name of participant 9] what’s wrong with you why can’t you?’ (laughs) (participant 9)

I mean occasionally and especially when it was one like a drawing prompt where I knew I wasn’t going to do something much good, someone posting something early on, you know, I just kind of [thought], yeah I'm no where near that (participant 12)

Comparisons with other CIM members were made in terms of what they had gained from CIM, their mental health experiences and artistic approach. Sometimes these perceived differences would reduce engagement in CIM and lead to feelings of isolation. For some participants, the comparisons made between themselves and others, were accompanied by a fear of negative appraisal and feelings of vulnerability and self-consciousness. The frequent change in the creative challenge content often moderated these feelings. Five participants described feeling afraid of getting something wrong, being judged on the quality of their creativity, or receiving

negative feedback. However, this fear of receiving negative comments was not borne out and two participants describe it fading over the month.

I think definitely I became more a little bit more confident in putting anything, not just anything, but I didn't criticise my own sort of responses to the tasks by the end, as much as I did at the beginning, I think I was more sort of happy to put whatever my response was rather than sort of second guessing whether anyone else would think its any good (participant 4)

This experience could represent a large shift in how participant 4 relates to others in contexts outside of CIM where their abilities are exposed.

3.5 Creative community.

During CIM, participants built new connections with other participants and more frequently with other people in their wider social networks. Three participants mentioned feeling a sense of “community”, and one suggested during member checking that this theme, originally termed, ‘connections inside and outside of CIM’ be termed “creative community”. The sense of community appeared to be a result of reciprocal communication, exchange of ideas and the perceived non-judgemental nature of the group. The challenges were described as “cues for connection” which gave a “starting point for a new conversation” (p10). One participant shared the challenges with his children which opened up new ways of thinking about creativity and he continued to initiate shared creative activity with his children following CIM. Some participants found sharing their challenges, outside of CIM, more beneficial because these relationships were more significant and thus the communication was more meaningful:

I was also so looking forward to her response and what she was going to come up with and how it had made her feel because I'm so invested in our friendship and her own kind of state, like you don't get it the same as like when putting it out anonymously to people you don't know (participant 15)

At times participants found it helpful to share dilemmas about the challenges, sometimes leading them to develop relationships in their wider support networks:

I thought I can't do this and I wasn't very well that day and it got to about 9 o'clock at night and I thought what am I going to do and I was anxious about it and I asked my daughter for help we had the best time (participant 3)

The relationship between this participant and her daughter was strengthened as a result of sharing her dilemma, which had arisen from a creative challenge.

Loss

Participants expressed a sense of loss following the end of the CIM intervention, describing it as being “short-lived” (p6), as having nothing expected of them, a loss of contact, an emptiness, a loss of momentum, an anti-climax, and a lack of closure. Almost a third of participants spoke about how the ending felt too abrupt.

On the 31st when we didn't get an email I felt a bit bereft (participant 14)

This participant found the thought of CIM anxiety provoking because it represented the unknown and she did not have a sense of what was expected from her. She moved through many of these barriers and described feeling “lost” afterwards. Many of the participants' recommendations regarding improving CIM included a stepped approach to the ending, with a phone call or further challenges scheduled over the following weeks and months. The loss of CIM was mitigated by the permanent record of the creative activity, which could be accessed via WhatsApp. Added to that, CIM continued in a service user led form, after the 64 MA facilitators and researchers had left the group. The idea of a service user led CIM was presented to CIM participants towards the end of the intervention. One participant from each group volunteered to take over administrative duties. The service user led CIM continued in all three rounds of CIM. Six participants mentioned the service user led CIM, and said that it had become focused on peer support, and that generally

engagement had declined due to a loss of structure and the “obligational element” (p6). Participants were hopeful that creative activity would continue in the groups.

I haven't left the group, because a lot of people did leave quickly [when the facilitators left], and there's been the odd sort of message and I've felt able to respond to that, the messages tend to become more personal, people are saying well actually I'm having a rubbish time (participant 25)

During member checking one participant said that following an exchange within the service user led CIM, she had met with another member in person and a friendship had developed.

Implementation

This domain was separated into three themes of recommendations, facilitation and, WhatsApp and the online setting. To further understand how acceptable CIM was to participants the number of people who opted out of the intervention was recorded. Three participants opted out of CIM; the reasons for this included, the intensity of the group discussions and a lack of visibility of mental health difficulties. The intervention was acceptable to most participants in that they reported a positive impact and viewed CIM and its facilitation positively, although about one third of participants had a mixed experience as a result of the group and creative process. In relation to engagement in the research element of CIM, a 63% completion rate was achieved across three data points which is high in comparison to other evaluations into Internet mediated research (Rice et al. 2016). The co-production element of the design of CIM may have contributed to this high level of engagement in the research. The qualitative data was particularly fruitful in identifying what the facilitating factors and barriers were to engagement with CIM and how these connected to the impact and mechanism of change.

Recommendations.

Participants were very engaged in the interviews when asked for recommendations about how CIM could be improved, with 14 participants making

39 references to what could change. Specific recommendations included: increased space for reflection, explicit mention that completing every challenge was not compulsory, more one-to-one connection with the facilitator, clearer handover from facilitators, provide the creative challenge earlier in the day, encourage more self disclosure at the beginning of CIM, schedule challenges following the end of CIM, more collaborative challenges at the beginning of CIM and smaller groups. One participant suggested that a goal would be useful:

I personally like to have a goal, and I think that's really useful in mental health as well for people to have goals that they're working on, so if you could somehow turn the creative one off tasks into something that comes together that makes something bigger at some point in the future that would also give someone a long term sense of commitment (participant 10)

The details of the recommendations were sent to 64 MA for a detailed analysis in regards to how they could incorporate the feedback into the development of CIM.

Facilitation.

Each group required two facilitators from 64 MA, who took it in turns to be the lead facilitator in a week on, week off format. Facilitators posted on average 144 times during each 30-day intervention. In terms of resources required to facilitate CIM, approximately one hour per day was required. Based on 64 MAs usual day rate of £500, the estimated cost of each CIM intervention was £1,875. The majority of participants perceived the CIM facilitation to be beneficial, describing it as “just right” (p5), relaxed and flexible. Facilitators took part in some of the creative challenges. This was viewed as positive and led participants to feel that they were “on that journey together” (p3) and that the facilitators were “leading by example” (p19). Participants also commended the tone that the facilitators adopted and the way in which they shared their own mental health struggles. They also appreciated being given permission to opt out of completing the challenges as this participant describes here:

I think the repetition of those kind of phrases and words was really useful to me because otherwise I think it could of like made me feel, oh my god I've not done this and I've taken like you know, somebodies place, somebody else could have done this and they could of got way more out of it and now I'm not doing anything so I feel like how they framed it was really good (participant 15)

Two participants said they would have liked more facilitator input. The relaxed and caring approach to facilitation appeared to mitigate the pressure that participants put on themselves to be creative.

WhatsApp and the online setting.

WhatsApp was described, by the majority of participants, as a barrier to engaging in CIM and occasionally a facilitator. The barriers were associated with the intensity of the group communication. It appeared that WhatsApp was too accessible, in that the frequent notifications led to some participants feeling overwhelmed. Another robustly supported complaint was that WhatsApp didn't facilitate a depth of connection with other CIM members. Some participants noted that it was difficult to know who was who and a lack of visual social cues prevented relationship development. This may have been a result of the online setting or the user experience of WhatsApp. An exception to this finding came from two participants who found the anonymity of WhatsApp facilitated sharing. Three participants suggested that the format of WhatsApp created a linear thread which meant posts, opportunities for connection with other members, and important practical information about CIM were missed:

It was a bit tricky to respond to everything you wanted to respond to, in the way it was sort of quite linear, I felt like I had missed the point at which to say something by the time I had got round to reading things (participant 4)

Large amounts of posts including media and text had to be scrolled through to be 'up to date' and follow conversations. WhatsApp was seen by some participants as a form of social media which they perceived as negative. One recommendation

made by the participants was to use a more versatile platform to host CIM. Positive comments included how WhatsApp is free to download, the way in which it recorded the creativity and its accessibility and immediacy.

Discussion

Overview of Results

Preliminary outcomes and the acceptability of an online creativity-based intervention were investigated using a mixed methods design. The quantitative data provided observational evidence, with data on mood and wellbeing collected at three time points. Qualitative data was collected from 18 participants following their participation in CIM. Both the qualitative and quantitative data suggested that CIM had a positive impact on wellbeing and mood. The quantitative data demonstrated significant decreases in scores from baseline to the three-month follow-up on the DASS, a standardised measure of stress, anxiety and depression. Significant, and clinically relevant increases (represented by a change of at least three points) were observed in the participants' wellbeing between baseline and the three-month follow-up as measured by the WEMWBS.

The qualitative data provided detailed information on the process and impact of CIM. Overall CIM was experienced positively, with some negative emotions arising from an unwelcome frequency of WhatsApp messages and negative comparisons between CIM members. Approximately one fifth of the interviewed participants found CIM to have no impact. The themes and subthemes were organised into the domains of CIM impact, mechanism of change and implementation, which were identified by combining findings with *a priori* concerns. These will now be explored by linking the findings to research and theory.

CIM Impact: Positive Affect

The majority of participants reported that they enjoyed CIM, and that CIM gave them a sense of achievement and a lift in mood. This finding is supported by the evidence, presented in Chapter one, on face-to-face interventions involving art

and creativity for adults, namely participatory arts projects. Most of which reported positive gains, including: a sense of achievement, relaxation, and increases in self-worth, self-esteem and confidence. Improvements on the WEMWBS were comparable to those reported in a studies by Crone et al., (2012, 2013), Margrove et al., (2012), and Potter (2015). Crone et al., (2012, 2013) and Potter (2015) included larger sample sizes of 120 and 45 participants respectively, who took part in Arts on Prescription programmes for 10 to 12 weeks. These results viewed alongside the qualitative and quantitative results from CIM suggest that the wellbeing of people experiencing mental health difficulties is likely to improve following participation in participatory arts projects.

CIM Impact: Negative Affect

For approximately one third of the participants, CIM created a sense of trepidation, self-criticism, and short periods of anxiety and low mood. These difficult experiences varied according to the creative challenge and level of group interaction. The negative affect resulting from CIM was often intertwined with positive experiences and perceptions of CIM, and may have provided opportunities to learn about managing undesirable reactions. Although these important and unexpected negative findings are not visible in the overall trend of data from the DASS, they are able to inform amendments to CIM. The explicit recommendations made by participants in relation to improving CIM highlight ways in which negative experiences might be minimised or prevented.

It is worth noting that the previous qualitative literature in this area highlights a theme of positive shifts in self-perception and identity as a result of face-to-face participatory arts projects (Bone, 2018; Howells & Zelnik, 2009; Jensen, 2013; Lawson et al., 2014; Stacey & Stickley, 2010). This theme was not evident in the qualitative data collected regarding CIM, possibly because those projects had more emphasis on 'art', consequently for some participants they began to see themselves as 'artists'.

Mechanism of Change: Structure

The daily structure of CIM provided a stable frame, in which some participants explored boundaries, took risks, and shared their creativity. At times, due to the volume of messages and challenges resulting from the daily nature of the challenges, some of the participants reported feeling overwhelmed. However, the majority of participants felt that a directed creative activity each day was helpful. Artists Recovering through the Twelve Steps (A.R.T.S, 2019) is a global programme directed at artists who agree to engage in five minutes of creativity every day. The programme helps members face their avoidance of creativity and claims that 'five minutes a day keeps the block away'. Participants in CIM did not identify themselves as artists, although many identified themselves as being creative either in their work or outside of it and similarly described being creative everyday during CIM reduced avoidance of creativity in other areas of their lives.

The daily challenge also provided structure to other daily activities and created something 'to look forward to' each day over the 30-day period. This process is akin to that of Activity Scheduling (AS), a therapeutic technique found in Behavioural Activation (BA; Martell, Addis, & Jacobson, 2001) and Cognitive Behaviour Therapy (CBT) both commonly used treatments for depression and anxiety (Hofmann, Asnaani, Vonk, Sawyer & Fang, 2012; Richards et al., 2016; Ekers, Webster, Van Straten, Cuijpers, Richards & Gilbody, 2014). AS is a tool that increases the quantity of pleasurable events planned into one's daily or weekly routine. The active ingredient of AS has been described as the increase in evidence to disconfirm negative thoughts and beliefs, and an increase in a sense of mastery (Iqbal & Bassett, 2008). Participants reported that generally they did not tend to set aside time for creativity, despite a desire to do so. Therefore, they found that being directed to do so on a daily basis was very beneficial. The daily challenge appeared to combat passivity and increased participants' sense of achievement, similar to AS. Future research is required to determine whether an alternative pleasurable activity

to creativity, repeated daily, may have a similar impact on participants. This would contribute to our understanding of whether creativity has a unique ability to alleviate low mood and anxiety or whether engagement in a structured daily activity is key.

Mechanism of Change: Being Creative

The data indicated that CIM led to an increase in creative activity, as one would expect. It also encouraged a new and more creative way of thinking that in turn produced enjoyment in over half of the interviewed participants. Being creative led the majority of participants to make discoveries, in that they overcame personal or creative barriers and took risks. One participant learnt she could ask for help, which felt transformative and created a permanent resource that she drew on in situations after CIM. Sometimes such discoveries were made as a result of participants moving toward or out of their 'comfort zone', which was mostly welcomed but also triggered uncomfortable feelings. This may reflect the unique online setting of CIM.

The qualitative data suggested that participants engaged both physically and cognitively with the creative challenges. This created a welcome distraction from everyday life, work stress, difficult personal circumstances, anxiety and low mood. This mirrors results from Makin and Gask (2012) who interviewed people who had participated in Arts on Prescription programmes. Their data indicated that most participants reported that engagement in the arts helped to keep their minds busy. Data from Bone (2018) who evaluated a six-month community based, consumer initiated and led arts project, found that participation was a welcome distraction from the participants' mental health difficulties. The art itself helped to "turn off" unhelpful internal narratives (p1184).

The observed increase in creativity and creative thinking can serve as one explanation for the improvement in mood and wellbeing across the sample. Humanism is a theoretical framework from which to view creativity and the findings from the current study. Creativity and health can be viewed as directly linked to 'self-

actualising', a term in humanist theory that refers to the drive to achieve one's potential. Studies have suggested that a self-actualised person has effective coping strategies like the ability to tolerate conflict (Schmidt, 2006). Rogers (1970), a prominent figure in humanistic psychology believed that there is creative potential in everyone. He outlined three determinants of creativity that included openness to experience, internal locus of evaluation, and an ability to experiment with elements and concepts. Participants appeared to grapple with these processes in CIM, particularly their ability to 'toy with element and concepts'. CIM required that they shared their creativity and for some, this appeared to encourage an unhelpful external locus of evaluation.

Participants reported experiencing an increase in creative thinking whilst engaging in CIM, which may suggest cognitive changes are an active ingredient of the intervention. Often participants reported that they noticed themselves exploring new ideas, shifting their perceptions or thinking in less straightforward ways. Creating requires a change in cognition as one experiments with elements of transformation and shifts in perception (Lemons, 2005). The restructuring of ideas in pursuit of creating something new is a skill that can be transferable, which may explain why the positive gains from CIM were observed at the three-month follow-up. The CIM challenges may have also engendered divergent thinking (DT) amongst participants, in that they were tasked to generate numerous novel solutions to 'problems' created by the challenges (Sternberg & O'hara, 1999). DT is a subset of intelligence and has a large body of literature examining its link to creativity, happiness, problem solving, leadership, and coping (Runco & Acar, 2012). Research has demonstrated that higher scores on tests of DT are correlated with effective coping. The premise being that stress is understood as the failure to adapt, therefore the generation of novel ideas is a useful resource. CIM may be a resource that enriches and fosters DT abilities in participants. Creativity has also been linked to other cognitive coping styles such as positive interpretation (Igorov, 2016).

Changes in cognition such as those cited above can be understood as contributing to the positive impact on mood and wellbeing arising from CIM.

An alternative understanding of the active ingredient in CIM is presented in the neuroscience and behavioural change literature. Cohen (2009) draws on evidence from neuroscience to explain how creativity encourages the formation of new synapses as the brain is challenged through new activities and surroundings. The build-up of resulting dendrites creates a reserve that improves brain cell connectedness. Increases in grey matter growth have also been discovered as a result of doing something new over a period of several weeks (Scholz, Klein, Behrens & Johansen-berg, 2009). CIM required participants to do something new each day, thus increasing behavioural flexibility. Similarly the 'Do Something Different' behaviour change technique aims to disrupt habits by prompting people to carry out a small novel task each day (Pine, 2014). The approach uses mobile technology to deliver interventions and research has demonstrated positive results in the area of obesity (Fletcher, Hanson, Page, & Pine, 2011). In future iterations of CIM it will be important to design evaluations that can distinguish between its cognitive and behavioral elements.

CIM often involved creating something with items found in the participants' everyday environments. This type of creativity falls within 'everyday creativity', a field of study within the wider sphere of creativity. Cropley (1990) suggested that personal characteristics associated with everyday creativity act as prerequisites for the emergence of a healthy personality, including self-realisation, and an open and flexible cognitive style. Similar concepts were identified in the CIM qualitative data. Richards (1990) suggested that affective reward is experienced during everyday creativity, via small bursts of endorphins. Changes in affect may be both a motivator for creativity and a consequence. Recent research has found benefits to psychological functioning from undertaking everyday creativity, such as blogging, cooking, writing or painting (Conner et al., 2016; Karwowski, Lebeda, Szumski &

Firkowska-Mankiewicz, 2017; Silvia, Beaty, Nusbaum, Eddington, Levin-Aspenson, & Kwapil, 2014). Creativity that can be performed in one's everyday environment, such as the CIM challenges, is an area overlooked within creativity research. The promising results from CIM, the easy accessibility and low cost of everyday creativity, and the suggested mechanisms of change outlined above warrant further research into how everyday creativity could be incorporated into mental health interventions.

Mechanism of change: Sharing Creativity

Creativity as a process can operate in systems outside of the individual: in the family, society and culture (Gardner & Moran, 1990; Richards, 1990). The creativity expressed through CIM was at times completed with others, and frequently shared with others. Analysis demonstrated that the frequency of posts within CIM was not correlated with participant outcomes, suggesting that frequency of participation and/or social interaction was not an active ingredient of CIM. However, the frequency of WhatsApp posts within CIM was admittedly a very crude indicator of social interaction. A more thorough content analysis of the nature of the posts within CIM is required to understand the impact of social support in greater depth.

The qualitative data from this study indicated that the majority of participants found the interactions within CIM to be very supportive. There appeared to be a fluid, regular exchange of peer support in regard to creative output and difficulties with mood or life stressors. By sharing the challenges in the WhatsApp group, an exchange of ideas and inspiration occurred for some participants and contributed to the perceived value of CIM. This sometimes led to transformative experiences and permanent shifts in perspective. Just over half of the participants described a sense of accountability to CIM and to the other group members, which appeared to encourage and maintain their engagement. Often participants described the contract they felt they had entered into and the sense of accompanying pressure (positive, negative and neutral), a finding mirrored in Lawson et al.'s (2014) study.

The supportive nature of CIM is similar to in-person participatory arts projects, which appear to afford gains such as socialising, universality, perceived social support, enhanced social skills and social capital, connection to others, motivation and reduced social isolation (Crone et al., 2012, 2013; Jensen, 2013; Kelaher et al., 2013; Lipe et al., 2012; Margrove et al., 2012). The social gains reported in the previous literature appear to be more diverse in nature than those observed in the current study, perhaps due to the lack of visual cues and physical presence of others in an online setting. Relationships are a major determinant of health (White, 2009) and arts engagement has been understood as a forum for building trusted relationships (Gordon-Nesbitt & Howrath, 2019). CIM provided positive peer support that for some, lacked a depth of connection. It seemed that some participants would have liked more opportunities for relationship development but the surface-level nature of the WhatsApp interactions prevented this. The exception to this was for participants who telephoned each other in response to a challenge (being in a WhatsApp group automatically grants other members access to all phone numbers), and for two participants who met following an exchange in the service user led CIM.

Mechanism of Change: Loss

The ending of CIM was experienced as abrupt and created a sense of loss for some participants. Similarly, Lawson et al. (2014) who interviewed eight participants from a participatory arts project, noted that the ending can feel like a bereavement and should be carefully managed. Interestingly, the quantitative data indicated that there was less of a reduction in improvements in mood and wellbeing at the three-month follow-up in the second round of CIM (CIM 2) in comparison to the other two rounds of CIM. Engagement per participant in this group, as measured by WhatsApp posts, was approximately half that in the other two rounds of CIM. Although it could be proposed that the lower level of engagement mitigated feelings of loss, thereby protecting the positive gains that participants had made, the

qualitative data indicated that almost half of those who had endorsed the theme of loss were from CIM 2. This indicates that the sense of loss was not correlated to how much participants posted in the group.

Implementation

Implementation issues arose throughout the course of CIM. As such, participants varied their approach to engagement over the month and, importantly, three opted out of the intervention altogether. The most commonly cited barriers to engagement in CIM involved WhatsApp. Complaints included the way in which the platform hindered relationship building, and it being too linear, making conversations difficult. Some participants found the high level of activity within CIM and the corresponding notifications WhatsApp generated too demanding, with a lack of control over when and where to interact with other group members. Using mental health mobile apps comes with challenges such as those identified above, yet over 10,000 are currently available to download (Torous, 2018). In their clinical review, Torous (2018) suggested that a lack of trust in their efficacy, poor usability (the degree to which something can be used), and lack of usefulness in emergencies reduces engagement. The poor usability of WhatsApp was mentioned in the CIM qualitative feedback, highlighting the difficulty in transferring interventions to digital environments. However, CIM was not limited by geographical location or physical space. This was a unique advantage of the online setting, particularly helpful to those participants living in less connected rural areas, those who travelled for work or one who was physically unable to leave their home.

In their review of on online mental health interventions, Ybarra and Eaton (2005) report that the discussion in online support groups mimics that of in-person groups; participation reduces isolation and participants self-disclose to a greater degree. However, increasing one's use of digital technology as seen in CIM, can create potential adverse impacts such as feelings of anxiety and stress. Wilson (2018) studied older adults' use of technology, and although the client group is

different to that studied in the CIM evaluation, it is worth noting that the author reported a significant negative correlation between emotional attachment to their digital technology and social involvement in participants' surroundings. More attachment with their smart phone for example, was associated with less social involvement. These results highlight the delicate balance to be struck between using smartphone and digital technology to transcend geographical boundaries and increase access to health interventions, and a possible over-dependence on and overuse of technology.

Generally, the participants reported that the facilitation of CIM was conducted in a relaxed and flexible way. The participants described that CIM was service user led following the exit of the facilitators and reported that their engagement had decreased due to a lack of structure. Service user led art groups exist in the UK, but there is a lack of research exploring their impact and value. Wilson and Kent (2016) studied a service user led art group made up of graduates from 'Open arts', a participatory art project evaluated by Secker and colleagues (2011, 2013). Interviews were held with participants a year after the group had begun. Interviewees reported that the group had exerted a positive impact on their wellbeing. The most frequently cited gains were reduced social isolation. This indicates that the service user led CIM may be beneficial to participants. Further research is required to return to those who took part in the service user led CIM to evaluate its impact.

Clinical Recommendations

A number of recommendations arose from the current research that should inform amendments to CIM to improve its acceptability to participants. These include: improving the platform used to deliver CIM, supporting the development of relationships between CIM members through challenges and in-person meetings, having a clearer explanation of the purpose of CIM, and a stepped down approach to the ending of CIM. The involvement of potential participants in the development of

the current iteration of CIM was extremely valuable and should be continued during the process of adapting CIM.

Internet-mediated mental health care is a part of the future commissioning landscape and it is important to continually assess its effectiveness and question the advantages, disadvantages and rationale of moving interventions online. The current research into CIM, suggests a favourable impact on mood and wellbeing. However, the qualitative data indicated that a depth of relationship with other group members was desired but not achieved, probably because of the online setting and specifically the app used to deliver the intervention. Therefore, careful consideration needs to be taken when choosing a platform for Internet-mediated interventions such as CIM, as well as the usual considerations around governance, privacy, risk, consent, and access to technology. Consumer choice also needs to be considered when implementing Internet-mediated mental health interventions. March et al., (2018) surveyed 308 participants to find that 85% would prefer face-to-face services to e-mental health services. In addition, those using apps on smartphones for mental health interventions need to be aware that apps owned by third parties collect data from users and have privacy policies that may not be secure enough to deliver an online intervention (Luxton, McCann, Bush, Mishkind, & Reger, 2011). Economic evaluations are required to determine costs and value for money, given varying throughput and licensing fees of mobile apps.

Interventions that explicitly use creativity as a treatment for CMDs are not typical in statutory services in the UK. The more typical model of individual therapy with a trained mental health professional cannot be sustained under the pressure of the growing incidence of mental health difficulties. CIM successfully promoted creativity in a group online setting as a tool that participants could use to improve wellbeing. Innovative interventions such as CIM that can be implemented outside of the clinic should be considered for treating CMDs. The facilitators, 64 MA, emphasised that creativity is a process that everyone can draw on as a resource

and guided participants away from evaluating their 'output'. This attitude appeared to be pivotal to the positive experience of facilitation and is recommended in any future iteration of creativity-based online interventions or online participatory arts projects.

Methodological Strengths and Limitations

This study provides an original contribution to the very limited literature pertaining to online participatory-based creative interventions, and more generally the online intervention literature. The mixed methods design allowed for triangulation of the results and provided a detailed examination of participant experience as well as outcome data on mood and wellbeing. Using both quantitative and qualitative methodologies added value to this study by providing a broader understanding of CIM. However, the study was uncontrolled, which reduced the opportunity to attribute observed effects to the intervention as opposed to spontaneous remission or regression to the mean, for example.

It may be possible that any type of daily task (not necessarily a creative task) and/or being part of a group for 30 days produced the positive outcomes. Two thirds of the challenges were more typically in line with participatory arts and everyday creativity, such as writing, crafts, drawing, music and singing. The remainder included challenges that focused on social interaction, mindfulness and learning skills. The diversity within the co-produced challenges makes identifying the active ingredients of the intervention more difficult. Other limitations include acquiring only 35 complete data sets out of a total of 55 participants. A statistical analysis that made allowances for missing data was performed, however the power of the study to find an effect of the intervention remained reduced.

The data provided by the 18 participants interviewed supported the positive quantitative results thereby increasing confidence in the study's conclusions. This exemplifies the advantages of using a mixed methods design. Additionally, the qualitative data allowed for an exploration into why the intervention may have led to

both positive and negative outcomes. The detail gained from the qualitative data makes up for the lack of nuance and understanding of phenomenological experience gleaned from the quantitative data. Bias may have been introduced into the qualitative data collection, as participants may not have wanted to disclose to me the negative aspects of their experiences as I had become associated with 64 MA and the success of the intervention. To mitigate this, the interview schedule included questions that prompted participants to reflect on the less helpful elements of CIM. The sample lacked diversity in that most participants were white British women. This may be a reflection of the following of 64 MA who advertised CIM via their social media platforms or that the intervention mainly appealed to white British women. The lack of diversity in the sample limits the ability to make generalisations and the ethical implications of this are explored further in Chapter three.

The credibility of the qualitative data was improved by member checking, whereby participants were contacted with their quotes and a summary of the themes for feedback. However, this method has been criticised for lacking validity as it has been argued that participants are very unlikely to disagree with the researcher (Thomas, 2017). For further discussion of member checking see Chapter three.

The social support element of CIM was identified from the qualitative data as a positive element of CIM. The design of the current study attempted to explore this element of the group by recording the number of posts each participant made in the WhatsApp group during the 30-day intervention. However, this did not capture the quality of interaction in terms of peer engagement.

Future Directions

The difficulties that participants experienced with the app WhatsApp indicate that alternatives should be explored. 64 MA are investigating the production of a dedicated app in order to deliver CIM. This could allow for standardisation of facilitator comments and a reduction in facilitator time and cost. WhatsApp offered limited flexibility in the user interface and user experience and had little functionality

for sharing the participants' creativity. Additionally, there was no facility to integrate participant information from other digital sources. WhatsApp also had limited capability for automated data collection that could help to improve participant experience and monitor mental health. Increased usability could improve participants' experience of the intervention and the quality of the relationships between group members. An example of a more versatile platform with some of these features is 'Slack', an American app aimed at team collaboration with integrated messaging, files and services. 'Threads' enable off-topic conversations to occur separately from the main project. The development of a dedicated app would benefit from input from previous CIM participants to ensure useful features are not missed.

CIM requires a feasibility study to determine whether a larger, controlled, preferably randomised study to evaluate the effect the intervention has on participants is appropriate. Future research should also consider more carefully how to operationalise social contact in order to better understand which elements have a positive impact on participants. Detailed information about the level of social interactions is required which could be gleaned from coding the exchanges made for level of social reciprocity, frequency of posts, supportive content offered and received, challenge-based content and number of challenges completed and expression of distress. Participants' posts could also be shared back to them following the end of CIM participation, to gather direct feedback on their function and meaning. This data would provide a more complete picture of how social support operated within the intervention.

Conclusion

This mixed methods study explored the efficacy of an online intervention focused on increasing participants' creative activity. The results are promising but due to the uncontrolled nature of the study are intended primarily to inform modifications to CIM, future evaluations and to act as a stimulus for further research.

Theoretical explanations connected with humanism, behaviour activation and divergent thinking should continue to be drawn on and are a welcome lens through which to view the potential benefits of CIM. The increasing use of technology means that mental health care solutions will be expected to expand beyond clinic-based models of care in order to better suit the diverse needs and lifestyles of individuals. Further controlled trials are required and encouraged before this type of innovative approach to treating CMDs is likely to be accepted in the current evidence-based commissioning system.

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Part 3: Critical Appraisal

Introduction

This paper outlines critical considerations regarding the various conceptual and methodological issues that arose during the course of the research project. Reflections made as part of this critical appraisal were explored in a reflective log and in a bracketing interview conducted with a small group of clinical psychology trainees prior to the collection and analysis of the qualitative data. A bracketing interview is a discussion prompted by reflective questions about one's motivations, epistemological position, prior beliefs and assumptions about the research topic. A recording of this discussion was used in conjunction with my reflective log to ensure adequate bracketing during the research process and to inform this critical appraisal.

The following points will be discussed:

1. Research design and epistemological differences;
2. The lack of diversity in the sample and thoughts about how to increase the accessibility of CIM;
3. My changing views on Internet-mediated interventions and the experience of navigating risk;
4. Reflections on the process of service user and stakeholder involvement;
5. Dissemination and managing expectations.

Research Design and Epistemological Differences

Following current evidence-based practice, a mixed methods design was chosen to represent the views of service users and the overall impact of CIM. I was concerned that there would be a clash of ideologies between the researchers and the staff at 64 MA. This concern may have been influenced by my own slightly negative attitude towards quantitative research methods as they fall within a positivist research paradigm that I feel often captures data which is too narrow. Similarly, Lawthom et al., (2007) evaluated a participatory arts project and noted that, at times, the artists saw creativity as an outcome in and of itself; they did not

see evaluation as a tool for project development. Conversely, as a collaborative relationship developed between myself and 64 MA it appeared my concerns in regards to differences in approaches to evaluation were unfounded. Frequent communication between 64 MA and the researchers during each stage of the research process allowed us to arrive at a consensus in regards to our approach. I believe we struck an appropriate balance between the needs of the evidenced-based agenda in healthcare and the informal nature in which 64 MA interacts with its service users.

Increasing the Accessibility of CIM

Social and health inequalities in the UK mean that mental distress occurs more commonly in marginalised groups, meaning those who have been placed in positions of marginal importance, and are easily excluded or ignored (Marmot, Allen, Goldblatt, Boyce, McNeish & Grady, 2010). Psychological interventions, such as CIM, may exclude marginalised groups by being more culturally appropriate and accessible to dominant cultural groups. Anxiety and depression are more likely to be experienced by marginalised groups such as those from black, Asian and minority ethnic backgrounds (BAME), of lower socio economic status, and women (McGrath, Griffin & Mundy, 2015, Williams et al. 2015). Socioeconomic disadvantage and chronic disease are described as partially responsible for these health inequalities. Participatory arts practice in the community has historically concerned itself with such social determinants of health and this focus has been mirrored in policy and research rhetoric (Raw & Mantecon, 2013). A report by the All Party Parliamentary Group for Arts (APPG) on Health and Wellbeing (APPGAHW; Gordon-Nesbitt & Howarth, 2019) claimed that arts engagement can mitigate the social determinants of health by positively impacting perinatal mental health, shaping employment and educational opportunities, building resilience and enhancing communities. The APPG on Wellbeing Economics (2014) concluded that marginalised groups are well

represented in arts and health activities, but this was not replicated in the CIM sample.

Of the 55 CIM participants, 91% were white British, white European or white Irish. The demographic data raised concerns that CIM was not reaching those who have a higher likelihood of experiencing mental health difficulties, for example, those from BAME backgrounds. This may have been due to narrow recruitment strategies or a result of the lack of diversity in the research and 64 MA team, who are all white. My personal and professional belief is that social justice should be at the heart of the work of clinical psychology. Future implementation of CIM should ensure additional efforts are made to increase accessibility of the intervention for excluded and marginalised groups and thereby working to reduce health inequalities (Casale, Seymour, Chentite, & Zlotowitz, 2018; Marmot et al. 2010). To achieve this, 64 MA could advertise CIM in places outside of its usual areas of operation, and then operate a peer referral system that could actively encourage participation from diverse groups. Some participants in the current study identified themselves as hearing impaired or as having reduced mobility, which at times meant they could not fully engage in some of the creative challenges. Further steps could be taken to actively include those with such impairments. To make the evaluation itself more participatory, the goals would be set by marginalised groups as well as those who do not access mainstream services (Boyd et al., 2007). This would entail the co-production of the creative challenges, the design of the intervention and the evaluation with these groups.

Internet-mediated Psychological Interventions

Empathy is a powerful predictor of therapeutic outcome in all therapeutic modalities (Watson, 2016). Prior to the research project, I had reservations about translating psychological interventions to online settings. I was sceptical about the depth of the gains that could be made in CIM because the delivery platform (WhatsApp, a mobile phone application) does not require a visual demonstration of

empathy, concern or compassion from either the facilitator or the other participants. One reason for this is my personal investment in face-to-face talking therapy having used talking as a therapeutic tool for many years. Another reservation arose from the relatively sudden promotion of and enthusiasm for such interventions by funders, commissioners and government. My assumption was that this enthusiasm was related to the possibility of reducing costs, with little care for quality assurance and service user choice. Finally, I was also concerned that we were taking community arts out of its context. Place-based projects have more scope to effect change in a local community compared to an online setting with a geographically diverse set of participants. My interest in community psychology and activism meant that the concerns outlined above came to my attention quickly but through bracketing and discussions with the principle investigator I was able to maintain a more neutral stance towards the research.

Following the completion of the CIM evaluation, I feel better informed about online interventions and the advantages that they may provide to those that use them. I remain concerned about the co-option of Internet-mediated interventions by services that want to increase through-put and reduce costs. My reservations about the lack of face-to-face interaction were supported in the qualitative results. Some participants found the relationships within CIM lacked a depth of connection. Although it appeared that rapport was built and improved upon by using multi-media communication (for example, one participant said they felt they knew someone better after they had posted a video of themselves). Information regarding acceptability and quality of social interactions such as this is crucial and should be collected when evaluating future CIM interventions and other Internet-mediated interventions.

Managing Risk

Difficulties arose during the research process in relation to managing issues relating to adverse events and participant safety. Initially 64 MA proposed that those

with severe and enduring mental health difficulties should be excluded from the research. They felt that the level of risk posed by this client group was too high to be managed within CIM. Following a discussion with the principal investigator it was clear that our position as researchers and clinicians, was a more inclusive one. The principal investigator and I were both experienced in working in secure settings with individuals affected by psychosis. We felt that excluding this client group would be unethical and assessed the risk as manageable within the online group context. 64 MA were less confident, given their lack of experience. Our risk management plan was presented to the UCL ethics board and approved. Participants were sent an additional information sheet which provided details of what to do if they should require urgent help in relation to their mental health (Appendix G). We had discussions with 64 MA informing them of how to respond to risk concerns and provided additional written information to assist them (Appendix F). The principle investigator and I monitored each WhatsApp group to ensure that risk issues were safely managed. We also had a separate facilitator WhatsApp group, which enabled the facilitators to share concerns related to risk. No situations involving concern for a participant's safety arose. In hindsight, it would have been useful to deliver a brief training to the 64 MA team on identifying and managing risk as part of research and evaluation in participatory arts.

Community Partnerships and Stakeholder Involvement

Effective partnerships between universities, communities and businesses are an essential part of community growth. Community partnership is embedded in the broader notion of universities' thoughtful 'engagement' with the non-university world (Buys & Bursnall, 2007). The partnership between UCL and a community partner such as 64 MA offered many possibilities to share and develop new knowledge. This particular partnership did not arise out of the UCL Public Engagement Unit's funding for knowledge exchange with community partners, but through an informal enquiry in the principle investigator's network. I was aware that the academic culture within a

large institution such as UCL could be quite different and therefore potentially intimidating to a smaller community partner. My hope was to empower the organisation 64 MA, to sustainably evaluate their own projects in a way that more closely aligned to the needs of funders and commissioners. I was particularly enthusiastic about a partnership within the community because academics and universities have historically overlooked the benefits of such partnerships possibly because of a lack confidence in tailoring their research skills and expertise to unfamiliar settings, a lack of respect for community knowledge, a view of communities as objects, a lack of monetary incentives and an assumption about a reduction in methodological rigour (Buys & Bursnall, 2007).

There are various models of collaboration within a university-community partnership. I chose to use co-production as the dominant model for engagement and to an extent this approach was implemented. In addition, an agreement was made that one of the outputs of the partnership would include translating the results of the empirical paper into an accessible, well-designed booklet that can be sent to participants and used in future CIM development. The design of the study was decided upon with the research partner and the creative challenges were co-produced with potential participants. Partway through the research I wondered if I had fallen into a democratic or consumerist model of participation (Beresford, 2002). I questioned whether the evaluation was 'involving' potential participants merely to improve the profitability of the intervention. I decided that this was not the case based on the depth of understanding I had about the values and positive intentions of 64 MA.

I had hoped to collaborate more closely with 64 MA during the process of data analysis. I was aware of the importance of the knowledge that I held as a psychologist trained to use statistical packages. Unfortunately, I did not have the opportunity to share this with 64 MA. On reflection I could have allocated time to share my knowledge of using statistics in evaluations, in order to build capacity

within 64 MA. However, this would have been resource intensive and may have reduced the power of the interdisciplinary partnerships, which usually flourish from the mutual respect of each other's expertise. I chose framework analysis for the qualitative method as its step-by-step processes facilitate multiple, novice researchers to arrive at shared conclusions. I involved 64 MA in one stage of the qualitative analysis and simultaneously provided information about the framework analysis as we entered into a collective coding process. Again, due to capacity limitations I realised that a truly co-produced analysis was not possible. This was disappointing but following discussions with the principle investigator, I realised that an independent researcher in this stage of analysis was beneficial.

Credibility checking is an important but contested area within qualitative research (Birt, Scott, Cavers, Campbell & Walter, 2016; Thomas, 2017). In the evaluation of CIM this was carried out with the aim of increasing reliability, a term originating from quantitative methodology. I used two methods: inter-rater agreement of coding and themes (comparing with another researcher's analysis of the data), and testimonial validity (otherwise known as 'member checking' with the participants). Member checking is fraught with potential difficulties (Birt et al., 2016). These include the changing nature of interpretations, the lapse of time, the ethical issue of returning data to participants and difficulties in assimilating disconfirming voices. Despite these difficulties I felt that involving participants in the process of analysis was extremely important. I attempted to share as much power as possible with participants over how their narratives were presented. Framework analysis lends itself to credibility checking at multiple stages. Each interviewee expressed an interest in staying involved in the research process and consequently all were contacted for the purposes of member checking the themes and subthemes. Thirteen participants expressed an interest in taking part and of those eight responded and gave insightful feedback about the data presented.

It has been argued that participants may automatically privilege the researcher's conclusions and that any responses therefore may lack meaningful information (Thomas, 2017). My experience of this process was that the feedback received had meaning and a diversity of views because of the rapport I had built with the participants, in addition to the tentative way in which I had drawn conclusions and presented the data. Being asked for feedback in a trusted relationship increases the possibility of that feedback being meaningful (Centre for Mental Health, 2018). I felt this occurred in the present study as many of the participants suggested changes, and one felt able to describe their idea for a substantial reworking the structure and layout of the themes.

Dissemination and Managing Expectations

Recently, a staff member from 64 MA and I presented the preliminary data at the UK Creativity Researchers' conference 2019. The oral presentation included an interactive element in which the audience were asked to complete a creative challenge and share their experiences. I felt pleased that dissemination had begun and that it was well received. However, I, along with 64 MA wanted to ensure that the research was accessible to those without an academic or psychology background. An organisation within 64 MAs network was commissioned to embroider the graphs that demonstrated the results from the DASS and the WEMWBS (Chapter two, figure 1 and 2). This and an accessible booklet outlining the research (yet to be completed) are bringing the project further in line with a broad dissemination strategy.

64 MA were in the midst of preparing a funding bid to continue CIM and develop a dedicated app from which to deliver it. As the researcher I felt under slight pressure to produce a completed version of the results as soon as possible in order to support the funding application. I reflected on the advantages of external researchers in that they bring credibility and neutrality to a project. On this basis, the

principle investigator and I managed the expectations of 64 MA and at times were required to slow down the process of dissemination.

Conclusion

The research project has spanned more than two years and during that time I have learnt a great amount about the benefits of working in an interdisciplinary partnership. It has been a privilege to forge lasting connections with 64 MA and learn from the conceptual and methodological issues that arose during the course of the project. I am excited about the future of CIM and I hope that it can be shared widely as a resource for those who experience mental health difficulties.

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Appendices

Appendix A: Depression, Anxiety and Stress Scale 21

[Redacted]

Appendix B: Warwick-Edinburgh Mental Wellbeing Scale

[Redacted]

Appendix C: Ethical approval letter

UCL RESEARCH ETHICS COMMITTEE
OFFICE FOR THE VICE PROVOST RESEARCH



23rd March 2018

Dr Vyv Huddy
Research Department of Clinical, Educational and Health Psychology
UCL

Dear Dr Huddy

Notification of Ethics Approval with Provisos

Project ID/Title: 12611/001: An evaluation of an online creative support group using a mixed methods design

I am pleased to confirm in my capacity as Joint Chair of the UCL Research Ethics Committee (REC) that the data collection element of your study has been ethically approved by the UCL REC until **23rd March 2019** subject to the following provisos which I would be grateful if you could respond to.

1. You state in Section A4 that the research will be funded by the UCL Doctorate in Clinical Psychology, but it is not clear how the different components fit e.g. MSc. Please clarify.
2. Please provide your Disclosure and Barring Service Check(s) number(s) for our records.
3. Section B3: You state in the Participant Information Sheet (PIS) that interviews will be held at UCL but here '*The qualitative interviews will take place in the participants homes or at UCL*'. UCL would be safer for the researcher and therefore preferable.
4. Section B6: 'Participant interviews'This section says there will be new Consent Forms concerning interview after the new 30 Day Study to explain procedures of recording, transcribing and analysing the data. However, no *additional* consent form is provided and permission seems to be sought in the Consent form for the '30 day' study anyway. Please clarify.
5. Section C4: More clarity on the payment agreed would be helpful. Has remuneration been agreed with the department in principle?
6. PIS for Adults: There are two of these and they are headed inappropriately - should therefore be differentiated. One is for participants in the new 30 day online creative group, the other for participants in the 'January' group (which has finished) but who are now to be interviewed. Each PIS needs to be headed as coming from UCL; each needs to show the title of this study and then also clearly state to which part of the process it relates. (Minor point – each PIS says 'YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET' but since it is being presented on-line this seems inappropriate.)
7. PIS concerning the new 30 day study, In Section 9 concerning confidentiality: 'The organisation 64 Million Artists will have access to all data' (presumably *anonymised* data which should be stated) Please remove inappropriate template section 'Finally the information sheet should state that....' And see comment above (B6) - missing additional consent form.
8. Consent Forms - There are two of these, slightly different but headed the same: 'Consent Form for Adults in Research Studies' – this is confusing and too generic. Both Consent forms need UCL heading together with title of this specific study; both need to be clear as to what different parts of the study they each

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Email: ethics@ucl.ac.uk
<http://ethics.grad.ucl.ac.uk/>

relate. In both Consent Forms the UCL Data protection officer details are missing, and there is confusion between 'I' and 'we' in the sections headed 'Use of the information for this project only'. (The sections are differently numbered on each form.) For both forms the sections 'I understand that the data will not be made available to any commercial organisations but is solely the responsibility of the researcher(s)

need to include some mention of '64 Million Artists' since they will have access to the anonymised data. In both Consent Forms the sections 'I understand that I will be compensated 9with the financial limit provided) for taking part in an interview..... ' would perhaps be better explained in the PIS instead.

Ethical approval is also subject to the following conditions:

Notification of Amendments to the Research

You must seek Chair's approval for proposed amendments (to include extensions to the duration of the project) to the research for which this approval has been given. Ethical approval is specific to this project and must not be treated as applicable to research of a similar nature. Each research project is reviewed separately and if there are significant changes to the research protocol you should seek confirmation of continued ethical approval by completing an 'Amendment Approval Request Form'

<http://ethics.grad.ucl.ac.uk/responsibilities.php>

Adverse Event Reporting – Serious and Non-Serious

It is your responsibility to report to the Committee any unanticipated problems or adverse events involving risks to participants or others. The Ethics Committee should be notified of all serious adverse events via the Ethics Committee Administrator (ethics@ucl.ac.uk) immediately the incident occurs. Where the adverse incident is unexpected and serious, the Joint Chairs will decide whether the study should be terminated pending the opinion of an independent expert. For non-serious adverse events the Joint Chairs of the Ethics Committee should again be notified via the Ethics Committee Administrator within ten days of the incident occurring and provide a full written report that should include any amendments to the participant information sheet and study protocol. The Joint Chairs will confirm that the incident is non-serious and report to the Committee at the next meeting. The final view of the Committee will be communicated to you.

Final Report

At the end of the data collection element of your research we ask that you submit a very brief report (1-2 paragraphs will suffice) which includes in particular issues relating to the ethical implications of the research i.e. issues obtaining consent, participants withdrawing from the research, confidentiality, protection of participants from physical and mental harm etc.

In addition, please:

- ensure that you follow all relevant guidance as laid out in UCL's Code of Conduct for Research: <http://www.ucl.ac.uk/srs/governance-and-committees/resgov/code-of-conduct-research>
- note that you are required to adhere to all research data/records management and storage procedures agreed as part of your application. This will be expected even after completion of the study

With best wishes for the research.

Yours sincerely



Joint Chair, UCL Research Ethics Committee

Cc: Rachel Tribe & 

Appendix D: Participant consent form

UCL CONSENT FORM – CREATIVE SUPPORT GROUP STUDY

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of Study: An evaluation of an online creative support group using a mixed methods design

Department: Research Department of Clinical, Educational, and Health Psychology

Name and Contact Details of the Researcher(s): Rachel Tribe, Trainee Clinical Psychologist, [redacted], rachel.tribe.16@ucl.ac.uk

Name and Contact Details of the Principal Researcher: Dr Vyv Huddy, Lecturer in clinical psychology, [redacted], v.huddy@ucl.ac.uk

Name and Contact Details of the UCL Data Protection Officer: Spenser Crouch

This study has been approved by the UCL Research Ethics Committee: Project ID number: Z6364106/2018/01/43

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

I confirm that I understand that by initialling each box below I am consenting to this element of the study. I understand that it will be assumed that unticked/initialled boxes means that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element that I may be deemed ineligible for the study.

1.	I confirm that I have read and understood the Information Sheet for the above study. I have had an opportunity to consider the information and what will be expected of me. I have also had the opportunity to ask questions which have been answered to my satisfaction <i>and I would like to take part in the 30-day online creative group using WhatsApp (an online platform).</i>	
2.	I consent to the processing of my personal information (<i>your demographic data such as age, gender, ethnicity and occupation</i>) for the purposes explained to me. I understand that such information will be handled in accordance with all applicable data protection legislation.	
3.	<p>Use of the information for this project only</p> <p>I understand that all personal information will remain confidential and that all efforts will be made to ensure I cannot be identified.</p> <p>I understand that confidentiality will be respected unless there are compelling and legitimate reasons for this to be breached. If this were the case you would be informed of any decision that might limit your confidentiality.</p> <p>I understand that my data gathered in this study will be held securely using an encrypted memory stick and that it will not be</p>	

	<p>possible to identify me in any publications.</p> <p>I understand that the researchers and other participants are able to view and download the content I post in WhatsApp. I understand that WhatsApp has servers in America therefore personal data will travel outside of the European Economic Area.</p>	
4.	<p>I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason.</p> <p>I understand that if I decide to withdraw, any personal data I have provided up to that point will be deleted unless I agree otherwise.</p> <p>I understand that the last point at which my personal data can be removed from the study is 1st March 2019.</p>	
5.	I understand the potential risks of participating and the support that will be available to me should I become distressed during the course of the research.	
6.	I understand the direct/indirect benefits of participating.	
7.	I understand that the data will not be made available to any commercial organisations but is solely the responsibility of the researcher(s) undertaking this study and 64 million artists.	
8.	I understand that the information I have submitted will be published as a report and I wish to receive a copy of it. Yes/No	
9.	If I choose to take part in an interview I consent for it to be audio recorded and I understand that the recordings will be destroyed immediately following transcription.	
10.	I hereby confirm that I understand the inclusion criteria as detailed in the Information Sheet and explained to me by the researcher.	
11.	I am aware of who I should contact if I wish to lodge a complaint.	
12.	I voluntarily agree to take part in this study.	

Name of participant

Date

Signature

Researcher

Date

Signature

Appendix E: Participant information sheet

UCL Participant Information Sheet - Creative Support Group Study

UCL Research Ethics Committee Approval ID Number: 12611/001

Title of Study: An evaluation of an online creative support group using a mixed methods design

Department: Research Department of Clinical, Educational, and Health Psychology

Name and Contact Details of the Researcher(s): Rachel Tribe, Trainee Clinical Psychologist, [redacted], rachel.tribe.16@ucl.ac.uk

Name and Contact Details of the Principal Researcher: Dr Vyv Huddy, Lecturer in clinical psychology, [redacted], v.huddy@ucl.ac.uk

1. Invitation Paragraph

You are being invited to take part in a research project that will be investigating the impact of an online 30-day creative support group for people who have been feeling stressed, low in mood or worrying more than usual. Have a read of the following information to find out what is involved and if you have any questions please contact Rachel Tribe on the number listed above. Taking part in this research will be slightly different from taking part in something like the January Challenge, there will be forms to fill in and Rachel will be studying the process, so it's important you read through this just to make sure you understand.

What is the project's purpose?

An organisation called 64 Million Artists has produced a 30-day online creative support group. Although based on their more public programmes like the January Challenge, this will be a closed group for up to 20 people. This research will run alongside the group to understand the impact on those taking part. To understand this we will measure your mood and wellbeing at the beginning of the 30 days, at the end of the 30 days and two months later. The research also aims to understand how the group is run and what works and doesn't work, so that it might be possible to roll the groups out more widely.

2. Why have I been chosen?

If you're reading this you will have responded to an email from 64 Million Artists inviting you to take part in a 30-day online creative support group, for people who self-identified as having low mood and/or anxiety. If you want to take part in this study you need to be aged 18 and over, have a sufficient level of English language and be able to use Whatsapp on your phone. You also need to self-identify as having low mood and/or anxiety. You also need to be based in the UK and have access to a UK telephone number, Internet and a smart phone, with the ability to download Whatsapp. The researchers aim to recruit 60 people in total who will take part in three groups across September, October and November 2018.

3. Do I have to take part?

Taking part in this study is entirely voluntary and you have the right to leave the group and the study at any time. If you do decide to take part you will be given this information sheet to keep and then be asked to sign a consent form. You can withdraw at any time without giving a reason. If you decide to withdraw any information that you have provided will be destroyed immediately during the duration of the study (March 2018 – March 2019). However, if you have posted in the WhatsApp group before withdrawing, this content will remain in the group and other participants and the researcher will be able to see and access until the group is closed. A copy of the WhatsApp conversation will be downloaded and saved securely by the researchers at the end of the study, and if you withdraw, your posts will not be included in further analysis. The copy will be securely destroyed at the end of the study.

4. What will happen to me if I take part?

Once you have read this information sheet, you will be taken to the next page where you will be asked to sign a consent form. If you consent to take part in this study it will begin on the 1st May 2018 (unless this group is full, in which case you will be added to the waiting list for October or November 2018). 1 week prior to starting the group you will be sent a link which will include questions about your demographics (age, ethnicity, occupation and gender) and two questionnaires about your mood and wellbeing. Following this you will be added into a WhatsApp group with approximately 19 other participants. The facilitator will post daily challenges in the WhatsApp group, such as “draw the view from your window” or “write a poem about Mondays,” and you will be invited to share and discuss your creative tasks with other group members. We hope this process will be fun and is not intended to feel like a research exercise!

Following the 30-day creative online support group, the researcher will leave the group and formal group will end, although if you want to stay in the Whatsapp group and continue to support each other, this will be up to you. At this point you will be asked to fill in a second online survey, which will include the same questionnaires on mood and wellbeing that you filled out at the beginning of the study. A few people at random will be invited to an interview about their experiences of the group, if you agree to take part in an interview you will be compensated for your time. Two months following the end of the 30 day programme you will be contacted with a link to fill in the mood and wellbeing questionnaires for a final time. This will signal the end of your participation in the study.

Your data, including personally identifiable information will be held securely using an encrypted USB stick and will be destroyed securely at the end of the study. WhatsApp uses computer servers that are located in America, therefore the data you share on WhatsApp will be travelling outside of the European Economic Area. The UCL data protection department has assessed this for adequate safeguards of protection for personal data. You can withdraw from the study at any time, the last point at which your personal data can be removed from the study and securely destroyed is 1st March 2019. The data you post within WhatsApp cannot be destroyed by the researchers and will remain visible to other group members until they also ‘exit’ the group. Your telephone number will be visible to other group members, although you can remain anonymous and not give your name.

5. Will I be recorded and how will the recorded media be used?

After your participation in the 30-day program, you may be invited to take part in an interview at UCL. The interview will be audio recorded so that it can be transcribed for analysis. This will be held securely on an encrypted memory stick. During this transcription all identifying material from the interview will be removed, the audio recording will then be destroyed securely and the anonymised transcripts will then be looked at to see if there are any themes among them. No other use will be made of the audio recordings and no one outside the project will be allowed access them.

6. What are the possible disadvantages and risks of taking part?

We hope you will have fun and be engaged by the programme and meet other interesting people who you can connect with.

There is a possibility that you may feel affected by the issues discussed in the WhatsApp group by other members. If you feel distressed at any point during the study you are free to withdraw from the study and the group. You can also talk to the researcher (RT) or research programme principle investigator (VH, a qualified clinical psychologist) during participation or afterwards. If you are distressed or upset as a result of participation, the researcher will be able to provide information for accessing resources or services which you may find helpful. If the researcher (who will also be a member of the WhatsApp group) notices that you seem distressed they may contact you via text to offer support and/or signposting.

Similarly, during the qualitative interview, there is a possibility that we may discuss issues that you find upsetting. You are able to stop the interview at any time and if you feel you need further support you are able to discuss this will with one of the researchers.

7. What are the possible benefits of taking part?

While there is no guarantee that you will benefit directly from taking part in the study, we anticipate that participants will enjoy and get something out of taking part in the online creative support group. By being part of this research you will be providing information about your experience of the online support group; and depending on what those experiences are, there is the potential for 64 Million Artists to make improvements to the group, which could benefit other people in the long run.

8. What if something goes wrong?

If you are unhappy with any part of your participation in the study you can contact the principle investigator Dr Vyv Huddy on v.huddy@ucl.ac.uk or [redacted]. If you feel your complaint has not been handled satisfactorily please contact the Chair of the UCL Research Ethics Committee on ethics@ucl.ac.uk.

If content is posted within the WhatsApp group which gives cause for the researchers to be concerned, the researcher (Rachel Tribe, Rachel.tribe@ucl.ac.uk or [redacted]) who will also be part of the group will contact you individually to talk further if necessary.

9. Will my taking part in this project be kept confidential?

The information that we collect about you during the course of the research will be kept strictly confidential, your data will only be available to the researchers Vyv Huddy and Rachel Tribe. The organisation 64 Million Artists will have access to all anonymised data excluding the audio recordings from the interviews with participants. Transcripts from qualitative interviews will be anonymised by removing all the identifying data and will be available to the research team and 64 Million Artists for the duration of the study. Some anonymised quotes may be used in reports or publications arising from the research. You will not be able to be identified in any ensuing reports or publications.

10. Limits to confidentiality

Confidentiality will be maintained as far as it is possible, unless during the conversations that occur on WhatsApp and the subsequent interviews, the researchers or 64 Million Artists hear anything that suggests someone might be in danger of harm. In such cases 64 Million Artists will contact you in a private message to signpost you to the relevant agencies.

Each participant in the WhatsApp group will be able to see the messages that you post. WhatsApp also allows any group member to save a copy of the conversation history. The researchers will save a copy and keep it for the duration of the study to help us understand what is helpful and less helpful about the groups. Other participants may also download a copy of the conversation.

11. What will happen to the results of the research project?

The results of the research are likely to be available by August 2019 in a report format. This report will hopefully be published in a relevant journal. No participants will be identified in this report. Following this all data about individual participants will be destroyed.

12. Data Protection Privacy Notice

Notice:

The data controller for this project will be University College London (UCL). The UCL Data Protection Office provides oversight of UCL activities involving the processing of personal data, and can be contacted at data-protection@ucl.ac.uk. [UCL's Data Protection Officer is Lee Shailer and he can also be contacted at data-protection@ucl.ac.uk.](#)

Your personal data will be processed for the purposes outlined in this notice. The legal basis that would be used to process your personal data will be the provision of your consent. You can provide your consent for the use of your personal data in this project by completing the consent form that has been provided to you.

Your personal data will be processed so long as it is required for the research project and will be destroyed upon study completion (August, 2019). If we are able to anonymise or pseudonymise the personal data you provide we will undertake this, and will endeavour to minimise the processing of personal data wherever possible.

If you are concerned about how your personal data is being processed, please contact UCL in the first instance at data-protection@ucl.ac.uk. If you remain unsatisfied, you may wish to contact the Information Commissioner's Office (ICO). Contact details, and details of data subject rights, are available on the ICO website at: <https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/individuals-rights/>

13. Contact for further information

If you require any further information or have any questions please don't hesitate to contact:

In the first instance: Name: Rachel Tribe, Trainee Clinical Psychologist on [redacted], rachel.tribe.16@ucl.ac.uk
Or **Name:** Dr Vyv Huddy, Lecturer in clinical psychology on [redacted],
v.huddy@ucl.ac.uk

Thank you for reading this information sheet, you will be given a copy to keep.

Thank you for considering participating in this research study.

Appendix F: Adverse events protocol

Creativity In Mind – Information and responsibilities for facilitators

- CIM facilitation focuses on encouraging participants to engage with the creative tasks and express their experience of them.
- The facilitators are not able to provide support or advice to individuals seeking help with their mental health. This includes medication or treatment recommendations. This does not include generic supportive responses to participant's expressions of low mood or anxiety.
- UCL researchers will check the group twice daily at 10am and 3pm, this is to double screen for risk and ensure nothing is missed that needs to be followed up with a group member by 64 MA. The research team can be called on our mobiles for support at any time: Rachel – [redacted] or Vyv – [redacted]
- Provide the group guidelines to participants via email and in the Whatsapp group when the group begins at the start of each month.

Risk:

64 Million Artists are responsible for monitoring risk within the WhatsApp groups and signposting where required, by risk we mean content posted in the WhatsApp group which consists of someone expressing that they want to or have plans to harm themselves or others.

The following content would be deemed as suitable for group discussion and would not be considered as a risk issue – "I'm feeling really anxious today guys".

The following content would not be suitable for group discussion and would present a risk issue "today I feel that my life is worthless, I can't carry on, I think I'm going to end it all".

1. **In this instance 64 Million Artists should post a standard message in to the group such as:**

"Hi X, we will contact you in a private WhatsApp message to signpost you to the relevant organisations"

2. **The following message be forwarded to that person via email and WhatsApp private message:**

"We are so sorry to see how distressed you are feeling, please contact someone you know as soon as you can so they can help support you or please go to A&E or call 999 if you feel you cannot keep yourself safe until then."

3. **UCL research team (Rachel and Vyv) can be contacted and they will debrief you and discuss further if necessary.**
4. **If the participant continues to post information about wanting to hurt themselves or others, 64 MA should consider removing them from the group, or requesting that they do not share this information in the group as it might be distressing for other members and signpost to the relevant organisations.**

Creativity In Mind – Information and responsibilities for UCL Research team

- UCL research team will be available for 64 Million Artist Facilitators to be called at any time and if unavailable will get back to 64 MA as soon as possible
- Provide advice and debriefing to 64 Million Artists if required following an incident or difficult group dynamics
- The UCL research team will respond to group members who want to discuss the research element of the group as soon as possible
- Oversee the processes for developing a positive culture within the group
- Monitor group for risk issues and highlight issues that have not been noted by 64 Million Artists.

Appendix G: Additional information for participants

Creativity In Mind– Additional Information for participants

CIM facilitation focuses on encouraging participants to engage with the creative tasks and express their experience of them. The group offers peer support but is not a counselling service, therefore the facilitators are not able to provide support or advice to individuals seeking help with their mental health. Please follow the group guidelines to ensure a warm and safe environment for all members.

CIM Guidelines for group members:

General:

- As with all online activity - please be careful who you share personal information with
- Be polite and respectful towards other members
- If you see something that concerns you please contact the group facilitators
- Remember any advice given by other group members is for support purposes only, it is not intended to substitute for advice by a qualified professional
- We reserve the right to remove members from the group who are not abiding by the guidelines
- If you need support with your mental health please see the guidance below
- If you have any concerns about any aspect of the research, please contact one of the UCL research team - Rachel Tribe ([redacted] or Rachel.tribe.16@ucl.ac.uk) or Vvy Huddy on (v.huddy@ucl.ac.uk).

Mental health Support:

- If you are feeling distressed or are having a mental health crisis it's important that you talk to someone you know or you can contact the following organisations:

Samaritans <https://www.samaritans.org/>

Telephone: 116 123

Campaign Against Living Miserably (CALM) <https://www.thecalmzone.net/help/webchat/>

Telephone: 0800 585858 (5pm – Midnight daily) or visit the webchat page.

Sane <http://www.sane.org.uk/>

Telephone: 0300 304 7000 (4.30pm – 10.30pm)

- If you need further support we would recommend that you book an emergency appointment to see your GP, or call 111 out of hours. Alternatively please contact your mental health crisis team if you have one.
- **IMPORTANT** – If you feel that your life is in danger or you have seriously harmed yourself please call 999 or visit your nearest A&E department.

Appendix H: Invitation to artist led workshop prior to CIM

WOULD YOU LIKE TO EXPLORE YOUR CREATIVITY AND DEVELOP WELLBEING?

We are looking for 10 members of the public to take part in 3 creativity workshops in London this August.

Led by 4 exciting artists from different backgrounds, the workshops will involve a mix of activities and discussion. By the end, we will have developed 30 simple creative challenges to be carried out by larger groups of participants online later in the year. These programmes will be clinically researched by UCL Psychology Department to explore the participants' experiences.



We are particularly interested in participants who have experience of low mood or anxiety (however you wish define those terms) or know someone who has.

WHEN AND WHERE...

If you are interested in taking part in the workshops, you will need to be available on the following dates and times. Please note, participants are required to attend all three workshops.

- Wednesday 1st August, 6 - 8.30 pm
- Wednesday 8th August, 6 - 8.30 pm
- Wednesday 15th August, 6 - 8.30 pm

The workshops will take place at St Luke's Community Centre in central London. St Luke's is wheelchair accessible. The address is: 90 Central Street, London EC1V 8AJ - www.slpt.org.uk

Unfortunately, we cannot arrange transport for participants, but will reimburse you for travel tickets on presentation of receipts up to the amount of £100.

IF YOU WOULD LIKE TO TAKE PART...

Please send an email to hello@64millionartists.com telling us very briefly why you are interested in creativity and mental health. Please also let us know if you have any special requirements.

The deadline for applications is **Friday 13th July, 5pm** and we will let people know whether they have been selected by **Tuesday 17th July**.

For more information please contact: chris@64millionartists.com



**ARTS COUNCIL
ENGLAND**

**64 Million
artists!**

No. 365

Jamie Wittek

Appendix I: List of creative challenges

CHALLENGE	CATEGORY	votes
Draw a monster or magical friend and name it (to support you in your journey?)	Art / Drawing	4
Leave an anonymous Post-It for someone with a compliment on it	Connect with others	1
Make your own altar / sacred space	Craft & Making	1
Find a creative way to share a favourite recipe with a friend	Food and Drink	1
If you can (/ as long as you can upto an hour). Go offline for a whole hour. Do something purely for yourself	Mindfulness	1
Create 5 poses that represent 5 different emotions	Movement	4
Break something. Put it back together	Random	1
Write a poem about something interesting you encounter during the day	Writing	1
Draw your mood for ten minutes.	Art / Drawing	2
Get someone to tell you something they're passionate about for 3 minutes	Connect with others	2
Collect 5 leaves, arrange and photograph	Craft & Making	4
Invent a new cocktail (alcoholic or non alcoholic)	Food and Drink	2
Find a tree. Appreciate it. Talk to it. Touch it.	Mindfulness	2
Make a noise with a fruit	Music & Singing	2
If you were an animal, what would you be? Find an image or a symbol	Random	2
Write a ten word journal for your day	Writing	3
Create a visual sandwich of your ideal day	Art / Drawing	3
Phone a friend you haven't spoken to for a while	Connect with others	3
Create a new use for a familiar object you have at home	Craft & Making	3
Learn the name of a tree or flower you like	Learn a New Skill	3
Read a page of a favourite book slowly 3 times. What do you notice?	Mindfulness	3
Draw an object with your eyes closed. Repeat with your eyes open	Art / Drawing	1
Do an everyday task to a beat	Music & Singing	3
In the group, everyone writes one line of a story. Number 1 to 20. Can you complete a story by the end?	Writing	2
Create a balance sculpture	Craft & Making	2
Invent a new exercise routine (for example, a new yoga pose)	Movement	1
Learn 5 new words in a foreign language	Learn a New Skill	4
Design or create a fantastical machine to solve a problem	Craft & Making	4
Sing your favourite song but change the lyrics to suit your mood	Music & Singing	4
Write a journal entry for one year from now. Where are you and what are you doing?	Writing	4

Appendix J: Do, think, share process

Day 2: *All of us can do with an unexpected pick-me-up. We may not know it at the time, but a kind word can make our day.*

Do

Write a compliment or encouraging message and leave it somewhere for somebody to find. It could be written on a Post-It, a piece of paper, or some other imaginative method. A treat for a friend, family member, colleague or stranger...? It's up to you. Decorate your message or embellish as you wish.

Think

How did you find this challenge? What was it like being anonymous? Could you imagine the person reading your note and how they might feel? How did this influence your mood?

Share

If you want to, share a picture of your message, and where you left it, with the group. If you prefer, just share your reflections on today's challenge.

Day 4: *Nature is all around us. Sometimes we take time to appreciate it, often we get absorbed in the urban world and forget to notice. Today we'd like you to acknowledge and cherish it.*

Do

We'd like you to find a tree and appreciate it. (Touch it and talk to it, if you like.) Enjoy the moment and give it your full attention. It could be your favourite tree, just one you like, or a random specimen you pass by. Try not to worry too much about the other things happening around you.

Think

Did getting in touch with nature influence your mood? How easy was it to totally commit to the challenge? Were there any barriers preventing you?

Share

Share your experience with the group. Maybe a snap of the tree, if you want. If you didn't manage to do the challenge - don't worry. You could always just share your thoughts.

Appendix K: Sample of WhatsApp discussion from CIM

[Redacted]

[Redacted]

[Redacted]

Appendix L: Email invitation

Email Invitation

Hello 64 Million Artists family,

Last year we ran an online self-led creativity group for people who identified as feeling a little overwhelmed, flat or anxious. It followed the pattern of the January Challenge (30 days of simple daily prompts) but was for 20 people who took part in a WhatsApp group. We had some really positive feedback from this group and we wanted to run some more and evaluate them more formally to see if we can make the case for more of these to happen. This year one of our focuses is wellbeing and mental health, so we are teaming up with UCL to do some in-depth research into these 30-day online creative support groups.

We are going to run 3 groups in September, October and November 2018 and we wondered if you or any of your friends or family might be interested.

If you have recently felt low in mood, stressed or more anxious than usual, we would like to invite you to join a 30 day programme with a friendly group of 19 other people (who have also selected to take part), where you would do the challenges (on your own), think about what it was like and share with each other in a closed WhatsApp group (so not publically on social media).

Although it should be as fun, and potentially have a deeper impact than the January Challenge, it will involve a bigger time commitment. You'll have to fill in a questionnaire at the beginning of the programme, at the end, and 2 months after. At the end of the study you might also be asked to join one of our researchers in an interview to discuss how you found the group, but it's not mandatory!

Please see the invite from Rachel who is our researcher at UCL below. If you're interested, you can click through to read more information and sign up.

Thanks

Jo

Hello!

My name is Rachel Tribe, I am a Trainee Clinical Psychologist studying a doctorate at UCL. I am teaming up with 64 Millions Artists to help run and evaluate an online creative support group.

We know that creativity is important for people's wellbeing and we are interested in finding out more about this.

Jo has explained all about the group above. If you feel like finding out more, please click on the link below, this will take you to an information sheet, which covers all the key things like what the project will ask of you, confidentiality and right to withdraw. A consent form will come next, which will ask you if you wish to go ahead and take part in the research. After this, there will be a few weeks wait until the group begins in May. Just before it starts you will be sent two questionnaires, one about your mood and one about your wellbeing. We hope that the results of the study will help to improve upon and create more online creative programmes in the future.

*Please feel free to discuss the study and the information in the information sheet with any one you choose. If you have any questions after reading the information sheet please get in touch with me on: [Redacted] or rachel.tribe.16@ucl.ac.uk
We collect your data and hold it securely and our data protection notice is outlined below.*

It is up to you whether you take part or not, if you do decide to take part you can withdraw (leave the online creative support group and the research) at any time.

Thanks for reading through this invitation!

Rachel

Data Protection Privacy Notice

The data controller for this project will be University College London (UCL). The UCL Data Protection Office provides oversight of UCL activities involving the processing of personal data, and can be contacted at data-protection@ucl.ac.uk. UCL's Data Protection Officer is Lee Shailer and he can also be contacted at data-protection@ucl.ac.uk.

Your personal data will be processed for the purposes outlined in this notice. The legal basis that would be used to process your personal data will be the provision of your consent. You can provide your consent for the use of your personal data in this project by completing the consent form that has been provided to you.

Your personal data will be processed so long as it is required for the research project and will be destroyed upon study completion (August, 2019). If we are able to anonymise or pseudonymise the personal data you provide we will undertake this, and will endeavour to minimise the processing of personal data wherever possible.

If you are concerned about how your personal data is being processed, please contact UCL in the first instance at data-protection@ucl.ac.uk. If you remain unsatisfied, you may wish to contact the Information Commissioner's Office (ICO). Contact details, and details of data subject rights, are available on the ICO website at: <https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/individuals-rights/>

Appendix M: Debrief form

DEBRIEFING FORM

UCL Participant Debrief Sheet - Creative Support Group Study

UCL Research Ethics Committee Approval ID Number: 12611/001

Title of Study: An evaluation of an online creative support group using a mixed methods design

Thank you very much in taking part in this research; your time has been greatly appreciated and will go towards working out whether the Creativity in Mind group is useful for people. Your anonymous answers will now be analysed and put together in to a report and may be published.

If you have any questions relating to the study please feel free to talk to:

Rachel Tribe on: [REDACTED]

Or you can contact the research supervisor:

Thank you again for your participation in this study.

Appendix N: Semi-structured interview schedule

Overall experience of the group

1. How did you find the creative group?
 - a. Can you tell me a little more about that?
 - b. In what way?
2. What was it like at the start of the group?
How did you find interacting with the other group members?
3. How did you find being in the group towards the end of the 30 days?
 - a. In what way?
4. Looking back was there anything you found helpful or unhelpful about the group?
 - a. Can you say a bit more about that?

Group processes / key ingredients of the intervention

5. What drew you to joining the group?
6. Did you do all the challenges? If not, why not?
 - a. What difference did doing the challenges make to you?
 - b. How long did the effect last?
 - c. Can you describe a challenge to me?
7. How did you find interacting with others?
 - a. In what way was it good or bad?
8. How did you find the facilitator of the group?
 - a. In what ways?
9. Did you remain in the group after the 30 days?
 - a. How was that?

Impact of the group

10. Did you notice any changes during or following your participation in the online group?
 - a. In what way?
 - b. In your mood?
 - c. The sorts of thoughts you were having?
 - d. The amount of creative activity you took part in?
 - e. The amount of social contact with others you had?
 - f. The way you were able to cope with difficulties/ problems?
11. Are you planning to stay in contact with the group members?
 - a. Did you feel a sense of belonging in the group?
 - b. Did you feel connected to others?
12. Do you plan to continue being creative in your day-to-day life?

Appendix O: Process of initial coding in Nvivo

[Redacted]

Appendix P: List of initial codes

Name	Number of participants	Number of times
Appraisal	7	23
Appraisal from others - negative	2	2
Appraisal from others - positive	2	2
Appraisal from self- negative	5	8
creative comparison	1	1
Critical self talk	2	3
Fear of judgment from others	5	7
Awareness of MH difficulties in group	4	4
Comparison of MH difficulties	2	4
Barriers	8	56
Affirmations perceived as in genuine	3	3
Artistic stance	2	3
Became a chore	2	2
Conversation lacking idea development	1	1
Creative block	1	1
Different artistic styles impact experience	2	5
Lack of relationship between CIM members	7	14
Value of feedback reduced because lack of connection	1	2
Lacked artistic analysis	1	1
Lacked reality	4	6
Problematic interaction between social dynamic and creativity	5	7
Surface level interactions	1	2
Tension between artistic expression and peer support intention	4	6
volume overwhelming	3	5
Communication platform	9	18
Negative experience of social media	5	7
Positive experience of WhatsApp	1	2
Continuation of the group	6	11
Purpose of non CIM group	1	2
Creative challenges	9	33
Accessibility of tasks	1	1
Engage with challenges that were in routine	1	1
Ex. of task dependent on non content related factors	2	2
External sharing of challenges	4	9

Name	Number of participants	Number of times
Nature orientated tasks positive	4	4
Play	2	4
Tasks hard work	1	1
tasks having a negative impact	1	2
Tasks involving others difficult	2	2
tasks involving others good	1	2
Tasks juvenile, no inspiration	1	2
Within group difference in reactions to tasks	1	3
Facilitation	9	33
Positive facilitation	7	12
Recommendation	8	21
Group Dynamics	10	66
Anonymous	2	3
Awareness of CIM members	4	8
Awareness of silent observers	2	2
Community	1	2
Developing relationships within the group	3	4
Fear of getting it wrong or offending	1	2
Fear of the group	1	1
Feeling safe in the group	5	5
friendly group	1	1
Group Dynamics - group too big	1	2
Group dynamics - In group out group	4	9
Exclusion	2	3
Favouritism	1	1
Group format challenging	1	1
Group roles	2	4
Individuals within a group	1	1
Isolation	2	2
Lack of group safety	1	1
Pre group anxiety	1	1
Pressure - from other	2	2
Pressure - from self	4	7
Reciprocal interaction	2	3
Regular presence in the group noticed	3	5
Impact of CIM Group	10	77
CIM increased anxiety - increase in phone notifications	1	1
CIM increased anxiety - increase is tasks to	3	3

Name	Number of participants	Number of times
complete		
Connecting strangers	5	7
Didn't meet expectation	2	4
Increase in creativity since CIM group	3	4
Increased creative thinking	1	1
Lasting positive effect	9	11
Little impact on MH	2	3
Management of CIM anxiety - reduce engagement	2	2
Moving through self consciousness	1	2
Observing others benefit	1	1
Perception changed - external world	4	5
Perception changed - internal world	4	4
Permancy of new perception	3	3
Positive ex	9	16
Sense of achievement	4	6
Void following group	3	5
Level of engagement	5	11
Adhoc engagement	3	3
all or nothing	1	1
Daily observation	1	1
Engagement without action	2	3
Level of engagement reduced by amply creative outlets outside of group	1	1
Life got in the way	1	2
Mechanism of change	10	91
being witnessed	2	2
Creativity as distraction (negative)	2	3
Creative direction	1	1
Creativity and positive MH	6	8
Creativity as distraction (positive)	3	3
Creativity focused mind	2	2
Experiences of low mood or anxiety expressed	5	7
Experimentation with creative process	5	6
Exposure to failure	1	1
Observation as positive	1	2
Participation from others important	2	2
Perception of the commitment	2	3
Positive peer support experienced or given	7	10
Positive peer support witnessed	6	6

Name	Number of participants	Number of times
Positive to get out of comfort zone	4	5
Prompted reflection	1	1
Public diary	1	1
Realisation	5	8
Sharing creative tasks positive	5	10
Social interaction as positive	4	6
Something to look forward to	3	3
structure	1	1
Pull factors	9	13
Pull factor - manage anxiety and depression	5	5
Pull factor - motivation to be more creativity	4	5
Pull factor - reflection	1	1
Pull factor - Social interaction	1	1
Pull factor - sounded interesting	1	1
Time	10	23
Experience changed as time passed	4	5
Lack of time outside of work reduced engagement	3	7
Making time	5	8
screen time	1	1
Time limited nature motivational	2	2
Value of creativity	6	8

Appendix Q: An early iteration of the analytic framework

Name	Number of participants	Number of times
2.0 Impact	9	24
Increase in anxiety	1	1
Increase in creativity and thinking	6	8
Loss	2	2
Negative perception of CIM	3	5
Positive perception of CIM	5	8
2.1 Mechanism of change	1	1
Altered perception	2	2
Being witnessed	2	2
Collective creativity	4	12
Creative process	7	12
Discovery	2	3
Expression of emotion	0	0
Pushing boundaries	4	5
Structure	6	7
2.2 Group process	0	0
Accountable to group	5	8
Comparison to others	3	4
Group safety	5	9
Roles	0	0
2.3 Implementation	0	0
2.3.1 Barriers	0	0
Artistic approach	2	3
Intensity of interaction and tasks	4	6
Purpose of CIM	1	2
2.3.2 Engagement	0	0
Approach to engaging with CIM	6	9
Impact of external factors	5	10
Observation	2	2
Application (WhatsApp)	5	12
Positive perception of facilitation	5	12
Pull factors	7	7
Recommendations	6	17
Service user led CIM	3	4
2.4 Creative challenges	0	0
Impact of challenge	4	5

Name	Number of participants	Number of times
Sharing of challenge	4	6
Type of challenge	5	6
2.5 Relationships	0	0
Fear of negative appraisal	2	3
Peer support	5	8
Quality of relationships	5	13
Relationship to self	2	2

Appendix R: An example of the charting process

	A	B	C	D	E
1		2.1.1 Impact of challenge	2.1.2 Increase in negative affect	2.1.3 Increase in creativity and thinking	2.1.4 Loss
2	P6		1 Task triggered stress		2 Feeling down, void post intervention, regret participation but permanent record moderated this
3	P8	0	0	2 Increase in creative thinking about task and concepts involved	0
4	P10	1 achievement, cue for connection, facilitated by sharing	0	1 Continued creative tasks	0
5	P12	0	0	1 Increase in thinking creatively post intervention	0
6	P14	1 Achievement, facilitated by sharing and pushing boundaries	3 Triggered anxiety before and during (technology)	3 Increase and change in type of thinking	1 Bereft, nothing was expected of me
7	P15	0	0	0	0
8	P18	2 permission to play, helped mood, fun, release, making time for me, freedom, distraction from worry	0	0	2 Loss of contact, empty
9	P19	1 Engaged in thinking about task	1 daily trepidation about tasks	0	2 Loss of momentum
10	P9	0	2 Comparison of group dynamics Triggered self criticism	3 Thought about the creative tasks, continued creativity post intervention	0
11	P20	2 Sense of achievement for a morning	0	1 Opening possibility for future creativity	0
12	P13	1 Task preparation engaging, achievement, motivation for next task	0	1 Slight increase in creativity post intervention	0
13	P1	2 Engaging in thinking about the task - neutral,	0	2 Prioritise creativity more post intervention, thought about tasks	1 Abrupt, anti-climax, no closure
14	P16	1 Achievement, facilitated by sharing	0	0	1 Loss of service user led CIM sad
15	P22	0	0	1 Type of thinking changed	1 Abrupt finish
16	P5	1 Lift in mood facilitated by connection	0	0	0

Appendix S: An example of the process of mapping and interpreting

	A	B	C	D	E	F
1		2.1.1 Impact of challenge	2.1.6 Positive perception of CIM	2.1.3 Increase in creativity and thinking	2.1.2 Increase in negative affect	2.1.4 Loss
21	MAPPING					
22	Associations	Merge with Impact	Merge with Impact	Mechanism of change?	Impact	Impact
23	Patterns	Achievement (6), mood lifted (3)	Enjoyment (6) Positive (3) Sharing creative tasks, looked forward to receiving the tasks, achievement, permanent record, creative space,	Thinking creatively (7) increased creativity (4)	Self criticism (2), anxiety and low mood	Abrupt loss (8)
24	Explanations	Stimulated thinking (3) facilitated by sharing, pushing boundaries, connection		Increased awareness and possibilities for creativity	Self appraisal of skill, unfavourable within group comparisons	Loss of contact, momentum, duty, having a record helped

Appendix T: Member checking additional information

Where has the research got to?

The quantitative data resulting from the CIM intervention has nearly been completed (the outcome measures part). I'm currently in the analysis stage of the qualitative data! Please see the PDF with an image of the themes and how they connect to each other. The accompanying document also gives a very brief summary of the themes and how they correspond to the data collected from all 18 participants. If anything doesn't make sense about that or the below instructions please let me know and I can explain it in a bit more detail.

How did I get here?

Firstly I transcribed all of the interviews. In framework analysis you begin by coding the transcripts - noting anything that might be relevant to the research question next to the text, like particularly behaviours, incidents, beliefs and emotions. A framework develops using these codes and combining them with the things you want to find out, so in this case we wanted to know about the impact of CIM, the mechanism of change and any relevant implementation issues. The framework begins as a broad set of categories, with some sub categories:

Name
<input checked="" type="radio"/> 2.1 Impact
<input checked="" type="radio"/> 2.2 Mechanism of change
<input checked="" type="radio"/> 2.3 Group process
<input checked="" type="radio"/> 2.4 Implementation
<input checked="" type="radio"/> 2.5 Relationships
<input type="radio"/> Other

Once a final framework was settled on, I reapplied this to all 18 transcripts so that all the data was stored in to one or more of the categories in a computer program called Nvivo. Following this a process of charting occurs where each quote from each participant is summarised so that the large data set can be managed as a whole. At this stage I started to draw the themes together, which I have attached in a separate document.

This is a draft set of themes that would now benefit from your feedback based on the following questions. This is a common process in qualitative data analysis termed 'Member checking' and can happen at different stages. Below are some questions to guide your feedback:

Questions for reflections, thoughts, disagreements and anything else that comes to mind!

The thematic diagram and explanation of the themes:

1. Do the themes and subthemes seem realistic to you?
2. Does the lay out make sense to you?
3. Does it represent in part or whole of your experiences of the CIM group?
4. What do you think of the names of the themes? Would you suggest any changes to the language used?

Your quotes and fit with the themes:

5. Do your quotes accurately reflect what you remember saying?
6. Do your quotes fit roughly under the selected theme?
7. What meanings have I missed?

What will happen to your feedback?

Please feel free to respond to all or a few of the above questions, and please don't feel you need to provide much detail, just a few sentences with a small explanation about why you came to a particular conclusion will be plenty. Your responses to the above questions may contribute to how I write up the themes, may change the theme names, or the themes themselves, your feedback on your quotes may change how I interpret your quotes and how I write them in to the final report. Overall, this process adds to the trustworthiness of the final report which is really important.

Hopefully in the summer, after I have handed in this thesis report, I will construct a briefing report for publication in a journal and related conferences. Some or none of your quotes may be anonymously used for this purpose. I will also write about the process of obtaining feedback and may provide a summary of what was fed back.

What now?

If you are happy with the above, please have a look at the themes, the explanation of the themes and a few examples of your quotes. Once you have reflected on the questions above please email me your notes as soon as you can, and preferably before April 21st. If any one needs this information in different format please let me know.

Important things to note before you start

- It can feel really weird and sometimes unsettling to read your speech! If it feels too uncomfortable please feel free to stop, and if you want to discuss this please email me and we can arrange a telephone call.
- These are my interpretations not fact, and still need lots of refining
- The quotes are usually quite big so that the context can be captured, but it might be that only one sentence refers the actual theme I have listed it under
- Not every individuals experience will fit with all the themes, I'm aiming to get a sense of everyone's experiences as a whole as best I can
- P stands for participant, and I stands for Interviewer
- I will double check spelling and grammar before I use any quotes in the final report
- You will each receive about an A4 page of quotes, these are not all of your quotes but a random selection from a variety of themes.
- As I preparing each interviewees document for feedback, I noticed that the name of 'Overwhelming volume of interactions and challenges', would better suit the data if it were named "Overwhelming nature of interactions and challenges". So in some of your documents it might appear differently
- **If you change your mind about feeding back that's absolutely fine, no need to let me know and opting out wont affect your overall participation in the research. This part is very additional so thank you so much!**