



ART LIFT

Name of Organisation

ART LIFT

Title of project

ART LIFT

Dates of project/programme

2007-2011

Summary

Art-Lift Phase 1 was funded by Arts Council England (South West) with some match funding from Gloucestershire County Council and one of the primary care trusts. 15 artist residencies in GP surgeries, mental health and hospital settings were created, with artists drawn from a range of forms including visual arts, ceramics and creative writing.

Art Lift Phase 2 is funded by NHS Gloucestershire. It is a primary care based art intervention where health professionals refer patients for a ten week art programme, usually delivered in a primary care setting. Patients are referred for a range of reasons (to reduce stress, anxiety or depression; to improve self esteem or confidence; to increase social networks; alleviate symptom of chronic pain or illness; distract from behaviour related health issues; improve overall wellbeing). The ten week intervention involves art activities delivered by eight artists within GP surgeries, including working with words, ceramics, drawing, mosaic and painting.

The evaluation of Art Lift Phase 1 (2008) was advised by Professor Norma Daykin, Dr Paul Pilkington and Dr Stuart McClean from UWE, Bristol.

The Art Lift Phase 2 (2011) evaluation team of Dr Diane Crone, Professor David James (University of Gloucestershire), Dr Phil Tyson (University of Wales, Newport), Elaine O'Connell (HPA Primary Care Unit, Gloucester Hospital), and Francis Clark-Stone, worked with the Art Lift Steering Group.

Overview

Art Lift Phase 1 took place between March and September 2007.

Art Lift Phase 2 took place has run from 2009-2012, and funding is currently being sought to sustain the project.

Art Lift now runs in nine GP settings across the county, and is a partnership project between the Primary Care Trust, County Council, Arts Organisations, Adult Learning and the University of Gloucestershire. A wide range of referrers include GPs, Health Visitors, IAPT workers, Mental Health Nurses, Sheltered Housing and Health Trainers.

The Art-Lift project Phase 1, created 15 artist residencies in GP surgeries, mental health and hospital settings, with artists drawn from a range of forms including visual arts, ceramics and creative writing.

Art Lift Phase 2 is a primary care based art intervention where health professionals refer patients for a ten week art programme, usually delivered in a primary care setting. Patients are referred for a range of reasons (to reduce stress, anxiety or depression; to improve self esteem or confidence; to increase social networks; alleviate symptom of chronic pain or illness; distract from behaviour related health issues; improve overall wellbeing). The ten week intervention involves art activities delivered by eight artists within GP surgeries, including working with words, ceramics, drawing, mosaic and painting.

The project originated when Dr Simon Opher, a GP in the Gloucestershire area, noticed that many of his patients were coming to see him with problems that were social or emotional as opposed to medical. This led to a high number of unnecessary medical consultations, which could potentially be reduced by offering alternative non-medical treatments.

Aims and Objectives

- Through professional artists, resident within GP surgeries, to offer a range of creative activities to patients with a range of problems, as a way to improve health and emotional wellbeing.
- (Phase 1)To provide evidence to make a case for long term funding for Arts and Health work in Gloucestershire, the South West and beyond. (Daykin, *et al.*, 2008).
- To particularly include participants who face health inequalities because of their socio-economic circumstances.(Crone, *et al.*,2011)

The evaluation for Phase 1 was guided by three main aims:

1. To examine the effects of the artist residencies on patient attendance figures.
2. To examine the impact of the arts on health and wellbeing, including anxiety.
3. To explore patients' subjective experiences of the project.

(Daykin, *et al.*, 2008).

Evaluation Objectives for Phase 2 of the project, identified by Crone, O'Connell, James, Tyson and Clark-Stone (2011) include:

- To investigate the impact of the art intervention on mental well-being of patients, using a validated measure.
- To investigate the associations between patient characteristics (i.e., gender, age, referral reason, place of residence, deprivation) and their progress through the art intervention (i.e., attendance, uptake, completion and engagement).
- To explore the experiences, opinions and perceptions of the art intervention for the patients, health professionals and artists involved in the intervention, for example: Patients' experiences, attitudes and perceived role and outcomes from taking part in the art intervention. Referring health professionals' opinions and experiences of the intervention, the referral process, referral reasons and their personal involvement. Artists' opinions and experiences of the intervention and their personal involvement.

The three-year Art Lift initiative, supported by Gloucestershire NHS and Gloucestershire County Council, brought together hundreds of patients and 15 artists in classes held at nine GP surgeries and other community venues across the county.

Adult patients with anxiety and depression, or affected by bereavement, chronic health conditions or other life-changing circumstances such as relationship break-up or redundancy, were 'prescribed' a course of art by GPs and other health professionals. The classes were led by a professional artist, which offered them new creative experiences and skills.

Art Lift classes were held at GP surgeries and other community venues in Blakeney, Bourton-on-the-Water, Cheltenham, Gloucester (Bartongate, Brockworth, Longlevens, Rosebank, Saintbridge), Minchinhampton, Stonehouse and Tewkesbury.

As the main aim of Phase 1 was to provide evidence to make a case for long term funding for Arts and Health work in Gloucestershire, the South West and beyond, evaluation was a significant aspect of the project.

Art forms included:

Poetry, writing, singing, ceramics, drawing, mosaic and painting.

Referral criteria onto the Art Lift intervention included the following:

Reduce stress/anxiety/depression

- Improve self esteem/confidence

- Improve social networks
- Help alleviate symptoms of chronic pain or illness
- Distraction from behaviour related health issues
- Improve overall wellbeing
- Support following major loss or life change

(Crone, *et al.*, 2011)

During Phase 1, Art Lift placed arts practitioners into 15 healthcare settings across the county including GPs surgeries, acute hospitals and mental health units.

It brought artists and patients together across Gloucestershire between March and September 2007. Part of the project was managed by Willis Newson through Arts in Trust and involved three artist residencies. Poet Brenda Read-Brown helped patients and carers in Oncology Outpatients at Gloucestershire Royal Hospital to create their own heart-warming, funny and moving poems. Francis Bossom and the patients of the Head & Neck Surgical Ward produced a collage transforming images of the ward into an array of spectacular sites including a funfair, a rambler's delight and a surfer's ocean. Ceramic artist Karen Hilliard worked with patients at Ermin Neurological Centre to produce beautiful ceramic figures, now installed around the gardens at the Centre.

<http://willisnewson.co.uk/art-lift-project.html>

A wide range of work has taken place including visual arts projects, some of which have led to exhibitions, dance, music and creative writing.

Art Lift Phase 2 is a partnership project between Gloucestershire County Council and NHS Gloucestershire (formerly known as Gloucestershire PCT). Funded by NHS Gloucestershire charitable funds it has a project manager, a steering group who oversee the project and eight artists, 6 Gloucestershire arts venues, Dursley GP Dr Simon Opher, Arts in Trust and other arts and medical professionals from within the county. Overall, approximately 500 patients were referred to Art Lift over three years.

Two evaluations were undertaken, listed below are the evaluation reports:

- Phase 1: Daykin N, McLean S and Pilkington P (2008) *Evaluation of Art-Lift: A Partnership Arts and Health Project*. UWE: Bristol. (The final report is available from: <http://hsc.uwe.ac.uk/net/research/Data/Sites/1/GalleryImages/Research/Artlift%20Final%20Report.pdf>)

- Phase 2: Crone, D., O'Connell, E., James, D.V.B., Tyson, P. and Clarke-Stone, F. (2011). *Art Lift, Gloucestershire: Evaluation Report: Executive Summary*. University of Gloucestershire, U.K. (Available from: <http://www.glos.ac.uk/research/dse/projects/Documents/Crone%20et%20al.,%202011%20Art%20Lift%20Final%20Report%2022%2009%2011.pdf>)

Two papers have been written – the qualitative paper will be published in the Journal of Public Health during the summer of 2012, and the quantitative paper is under review with an international mental health nursing journal.

In addition, health spend data was collected for patients in the year before and the year after attending, as part of a service evaluation conducted by Dr Opher.

Face to face GP consultations were counted for the year before the patient was seen by the artist, and for a year afterwards.

Innovation

The idea for 'Art on Prescription' originated with Dursley GP Dr Simon Opher and his team at May Lane surgery, and was then rolled out within health settings across Gloucestershire during both phases of the project. Through adopting a rigorous mixed method design using established measurement methods, it provided a valuable addition to the evidence base supporting the use of arts for health. (Crone, *et al.*, 2011).

Participation

Art Lift is a partnership project between Gloucestershire local authorities Arts Advisory Group, the Gloucestershire Primary Care Trusts, 6 Gloucestershire arts venues, Dr Simon Opher and May Lane Surgery in Dursley, Arts in Trust and other arts and medical professionals from within the county. The project created 15 artists residencies in three different types of healthcare settings; primary (GP surgeries), acute (Hospital settings) and mental health, with artists drawn from a range of forms including pottery; painting; poetry and literature; and other arts. (Daykin, *et al.*, 2008).

Approximately 500 patients were referred during the three-year initiative.

During Phase 2, artists either worked with patients on a one-to-one basis or in groups. Once patients completed the 10 week programme, it was hoped that patients would realise their own creativity, have broadened their horizons and improved their confidence and wellbeing (Gloucestershire County Council, 2011). The project also had strong links with Adult Education Services and, where possible, supported patients to continue their art through the development of the new opportunities, or feeding into existing art opportunities in the community. (Crone, *et al.*, 2011).

Outcomes

The evaluation of Phase 2, conducted by (Crone, *et al.*, 2011), reported the following findings:

- There were high attendance and completion rates for patients, when compared with other primary care based health referral programmes such as exercise referral schemes.
- For those that completed, there was a significant improvement in wellbeing after ten weeks of art sessions. The significant improvement in wellbeing from the pre- and post- WEMWBS data was from a sample size of 84; a larger sample size than other published arts for health project evaluations to date.
- There was a successful recruitment of people from a broad range of socio-economic backgrounds. In particular, a high percentage of people referred were from more deprived areas, furthermore those from more deprived areas had good adherence levels.
- Patients revealed self reported benefits with regard to increased confidence, distraction from illnesses and everyday life, enjoyment, a new interest, offering therapeutic value and providing social interaction and support. It was also apparent that continuation was important to some participants and they felt that the opportunity to be re-referred was a necessity as the initially prescribed ten week intervention duration was not long enough.
- Artists revealed that a high level of flexibility and motivation was required when working in health care settings. Enhanced support for artists who were not working in health care settings was also needed due to the nature of the referrals; i.e., many of the referrals had long-term mental health problems.
- Referrers' interviews confirmed that Art Lift is perceived as a valuable resource for health professionals and felt it should be a commissioned service. Art Lift was deemed a useful service for certain patients groups in primary care, and it helped health professionals respond with a holistic approach to health problems.

Learning

Recommendations made by (Crone, *et al.*, 2011) in their evaluation report, reflect learning from Phase 1 and 2 of the study.

Recommendation 1: Ensure the promotion of arts interventions is sufficient to attract potential participants and referring health professionals. Consider the use of surgery waiting areas to promote the intervention and the local media using the art forms produced from the

project. The positive findings from the present evaluation could also be used to further enhance profile within health professionals and potential commissioners of health promotion interventions in the future.

Recommendation 2: The referral protocol and associated forms ensured a professional and efficient referral process for referrers, artists and patients. The protocols also allowed for an efficient method of data collection for the purposes of the evaluation. The use of similar protocols is therefore recommended in the future to ensure the smooth and efficient process for patient referral. This will also allow for a rigorous evaluation of the patients at the point of entry and their progress through the pathway.

Recommendation 3: Consider the current 10 week duration of the intervention as many patients and health professionals felt it could be longer. This could be achieved through either increasing the initial ten week period, maintaining and promoting the re-referral option or developing a built in follow-up programme that enables patients to 'graduate', but still have a weekly session to attend.

Recommendation 4: Consider introducing evening and weekend sessions to increase the accessibility of the project to the wider community. This may also mean that if Art Lift were delivered in a surgery setting there may be more spaces available which are not so accessible in the day.

Recommendation 5: The locations of the Art Lift sessions need to be considered with regard to available space, access issues, numbers of people taking part and sustainability. Promoting the usage of facilities in larger local health care settings, may enable space issues to be overcome.

Recommendation 6: The provision of support and training for artists appears vital for them as a professional group to develop skills and competencies when dealing with patients with mental health issues, especially when sessions are held outside of the surgery. Future arts for health interventions should ensure this training and support is an integral part of the intervention process, as it was with the Art Lift project. The consideration of 'on site' professional support should be also considered for artists who are not based in a surgery setting.

Critical success factors

(Crone, *et al.*,2011) conclude that findings from this mixed method evaluation support the calls for arts interventions for health and have demonstrated the value that these programmes have for those that take part, and the positive perspectives on their potential for health improvement, both from those who refer into them and those who deliver them. The evaluation findings suggest that arts interventions could have a role in the plethora of interventions for health improvement in primary care and, through their high attendance, completion rates and improvements in wellbeing, support calls for their commissioning.

Findings from the qualitative aspect of the evaluation of Phase 2 are currently in press with the Journal of Public Health, and the quantitative aspect under review with an international mental health nursing journal.

Funding and Resources

Art Lift Phase 1 was funded by Arts Council England, South West, who also funded the evaluation research (Phase 1). There was some contribution from one of the Primary Care Trusts, and match funding from Gloucestershire County Council. Art Lift Phase 2 was funded by the Charitable Fund Trust of NHS Gloucestershire, with some match funding from Gloucestershire County Council, who managed the project.

Dr Opher has conducted a Cost-benefit evaluation of Art Lift 2009-2012
<http://www.gloucestershire.gov.uk/artlift>

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REFERENCES

Crone, D., O'Connell, E., James, D.V.B., Tyson, P. and Clarke-Stone, F. (2011). *Art Lift, Gloucestershire: Evaluation Report*. University of Gloucestershire, U.K. (Available from: <http://www.glos.ac.uk/research/dse/projects/Documents/Crone%20et%20al.,%202011%20Art%20Lift%20Final%20Report%2022%2009%2011.pdf>)

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- *Partnership Arts and Health Project*. UWE: Bristol. (The final report is available from: <http://hsc.uwe.ac.uk/net/research/Data/Sites/1/GalleryImages/Research/Artlift%20Final%20Report.pdf>)

For more details including individual case studies and film clips go to:

<http://www.gloucestershire.gov.uk/artlift>

http://www.gloucestershire.gov.uk/utilities/action/act_download.cfm?mediaid=50384

<http://willisnewson.co.uk/art-lift-project.html>