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Creative activity, health and wellbeing: Developing research priorities and questions with key stakeholders

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# **Creative activity, health and wellbeing: Developing research priorities and questions with key stakeholders**

**A report on two participatory workshop events**

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**March 2017**



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We are especially grateful to everyone who took part in the workshop events (organisations represented at the events are listed below) - thank you very much indeed for making these two days so enjoyable. We really do appreciate your time, your fantastic contributions and your generosity.

[Organisations represented: Age UK Calderdale and Kirklees, Artlink, Brathay Trust, Calderdale Adult Social Care, Calderdale Council, Callaloo Arts, Cossins Music School, Creative Minds, Dark Horse Theatre, Displace Yourself Theatre, Glint, Globe Arts, Growing Works, Hoot, Huddersfield Poperatta, Huddersfield Mission, Kirklees Council, Kirklees Mental Health Support Service, Kirklees Women's Centre, MIND Leeds, Newhaven, Richmond Fellowship, Rokt Climbing Gym, South Kirklees Library, Sprout, South West Yorkshire Partnership Foundation Trust, Stride Theatre, Stronger Families, Support 2 Recovery, Touchstone, Victoria Theatre, Wakefield Recovery College, Yorkshire Sculpture Park, Ziggy's Wish]

Thank you!

On behalf of the research team

(University of Huddersfield: Jo Brooks and Melanie Rogers; Yorkshire Sculpture Park: Janette Robinson and Rachel Massey; Creative Minds: Phil Walters, Alex Feather, Mark Wisbey, Debs Taylor, Dave Watson and Arshad Mahmood)

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## **Executive summary**

Creative activity can have positive impacts on physical and mental health, with the evidence of beneficial effects extending to clinical and non-clinical populations. The purpose of the work reported here was to use accessible research methods to work with public and professional 'key stakeholders' (broadly defined) to develop research priorities and questions relating to creative activity, health and well-being.

We hosted two participatory workshops, run as World Café style events and attended by a variety of broadly defined stakeholders (service users and carers; creative professionals; health and social care professionals; total =81 attendees). The purpose of the events was to reflect on the impact of creativity and health and well-being, and to establish key research priorities and questions from attendees' varying perspectives.

Analysis of responses from rounds of dialogue across the key events identified: [a] four key themes in relation to attendees' reflections on mental health and well-being (1. Holistic view of mental health and wellbeing; 2. Particular characteristics of well-being; 3. 'Well-*doing*'; 4. The personal and the personal community); and [b] seven key themes in relation to their reflections on the meaning of creativity (1. Specific activities; 2. Production; 3. A way of being in the world; 4. No boundaries; 5. Exploration and discovery; 6. Challenge; 7. Expression). Photo-elicitation work facilitated attendees' reflections on how creative activity might impact on health and well-being. In addition to the themes already delineated physicality and sensory aspects; the importance of the natural environment; playfulness; and self-understanding and acceptance were additionally important aspects of this experience for attendees.

There was broad support for future research work evidencing the impact of creative activity on mental health and well-being. Although terms such as 'monitoring' and 'evaluation' were used, attendees did not often expand on their responses to explain fully what they meant by these terms – it may be that such terms have become relatively common parlance in reference to discussions around research and evidence without much attention being given to the detail of such activities. Attendees did though suggest a wide range of other alternative markers that might be used in future research. Many attendees were concerned that future work should prioritise understanding of what they described as 'meaningful impact' over measurement and overall qualitative methods to capture experience (interviews, case studies, group discussion) were preferred. A key concern that emerged was an emphasis on the importance and value of longitudinal assessment of change.

The workshops produced a large amount of rich, interesting data and were well received by attendees. The methods used worked well to reduce communicative barriers and encouraged sharing of perspectives between different stakeholder types. It is apparent that stakeholders value and perceive a need for research evidence to demonstrate the impact of creative activity on health and well-being both at local and national level – this is because they recognise the potential impact of such evidence on the likelihood and longevity of such work, rather than that they require convincing of such benefits themselves. Attendees at the workshops drew attention to the perceived need to evaluate such work appropriately: impact and outcomes can be thought of in relation to outcomes for health and other statutory services, outcomes for community peer-led projects and outcomes for individuals (and those close to them). What might represent a success for health services (e.g. reduced use of services) may not represent a successful outcome in other terms, and this needs taking into careful consideration in planning evaluation activities. The projects supported by Creative Minds are not traditional health care services but community projects and often peer led. There is no doubt that attendees recognised the wider importance of numeric/ quantitative assessment in this respect, but they emphasised that often change/ impact was most powerfully demonstrated at a more individual level, and were concerned that individual's 'stories' were not 'lost' in any such work.

Findings reported here themselves begin to evidence the successes already achieved by those working to use creative activity to improve health and well-being in this locality. Although there is a recognised need for an evidence base to support creative approaches in relation to health and well-being, there also emerged from our findings a clear concern that the development of such evidence should be done appropriately and in keeping with the empowering philosophy underpinning existing work and projects. Further developing a programme of work to evaluate and evidence the broad spectrum of work going on in this area is a recommended next step, and should draw on the findings from the successful participatory prioritisation exercises reported here.

## **Introduction**

Creative activity can have positive impacts on physical and mental health, with the evidence of beneficial effects extending to clinical and non-clinical populations (Taylor et al, 2015). Creative approaches to understanding and supporting mental health and well-being align well with community initiatives developing different ways to engage than through conventional services. Such projects can be engaging and attractive to participants, as well as appealing to other stakeholders (Murray & Wright-Bevans, 2017). However, “researching” a creative project –for example, meaningfully demonstrating and evaluating impact - can be difficult.

There is, in the United Kingdom and internationally, an increasing drive to see members of the public as active members of research teams rather than passive subjects of research. This shift has been mirrored by a change in the way that the public interacts with and contributes to healthcare research. At the core of public involvement is recognition of the valuable understanding and knowledge gained through lived experience. Patient and public involvement in research has become increasingly common (Gillard et al, 2012) and is often now a requirement for publicly funded research (Department of Health, 2006). There are many different possible levels of public involvement in research: Muir (2017) draws on the guidelines provided by a UK-based national advisory group (INVOLVE) which suggest that it is ‘research being carried out “with” or “by” members of the public rather than “to”, “about” or “for” them’.

To ensure that members of the public can meaningfully contribute to research in this manner requires the use of research methods that are accessible and empowering. There are acknowledged limitations in the ability of traditional research methods to communicate lived experience in relation to health (Keen & Todres, 2007). From a community psychology perspective, Murray and Wright-Bevans (2017) also note that such methods may emphasise pre-existing expert/participant power dynamics, particularly within traditionally disadvantaged or disempowered groups. It has been suggested that innovative methods are needed to encourage democratic research participation, many of which steer away from simple tick box questionnaires or even a sole reliance on participants’ talk and text. Arts-based research methods can, for example, facilitate engagement and inclusivity, offering alternative strategies to empower and engage participants as well as taking into account the skills and abilities of vulnerable populations (Boydell et al, 2012; Lapum et al, 2011).

Kidd et al (2015) suggest that participation in research and service development may be especially important in relation to mental health research. They argue that mental health services have traditionally been dominated by a model in which broader social determinants of health, structural disadvantage and social exclusion have been downplayed. Meaningful service user involvement in research and service development can, according to Kidd and colleagues, challenge the asymmetrical power relationship often inherent in mental health services. However, a particular

challenge across services is to persuade policy-makers and service commissioners of the value of different research approaches: their potential to improve health care practice may be constrained when strict hierarchies prevail about what constitutes good scientific evidence (Gillard et al, 2012).

## **Background to the present study**

### Research partners

#### *Creative Minds*

'Creative Minds' was set up by South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) to develop creative approaches and activities to promote wellbeing and social inclusion in partnership with local community groups. The initiative was developed in response to calls from service users and their carers for creative approaches to understanding and supporting their mental health and wellbeing. The focus of Creative Minds is on empowering service users, primarily mental health service users, to develop user-led services. The groups offer a different way of engaging with communities than through conventional services, and are seen to offer an appealing alternative to people who have traditionally been difficult to engage. Part of the appeal is in offering a broad range of activities which includes arts, sports, recreation and leisure approaches. Since its launch in 2011, Creative Minds has delivered more than 400 creative projects in partnership with over 120 community organisations benefitting over 10,000 participants.

#### *Yorkshire Sculpture Park*

One of Creative Mind's many community partner organisations is the Yorkshire Sculpture Park (YSP). YSP is a pioneering open air gallery of modern and contemporary sculpture located in the North of England. Since opening in 1977, a key organisational goal has been to ensure understanding and enjoyment of art and landscape are accessible to all. Projects delivered with Creative Minds have included the *Arts and Dementia Access Project (ADAPT)*; highly Commended in the 2011 SWYPFT Quality and Innovation Excellence in Clinical Care awards), the *Taking a View* tours (targeted at people with dementia and their Community Mental Health Support Workers) and the *Vivify: people|landscape|sculpture* project (hosting a series of workshops for older people with mental health illnesses at which they created artworks based on themes that are generated from the main exhibitions then on show). YSP is now a preferred partner of Creative Minds, and the partnership is well embedded in the strategic development of both organisations (e.g. the YSP Head of Learning is a member of the Creative Minds governance group and staff training across the organisation through SWYPFT has enabled YSP to gain accreditation as a Dementia Friendly Site).

### Purpose of the work

Currently, most groups working with Creative Minds carry out some form of internal evaluation using outcome and quality indicators (most commonly the Recovery Star, the Warwick and Edinburgh Wellbeing scale and/or self-reported satisfaction measures). Two projects have carried out their own social return on investment reports which suggest that for every £100 invested there is a £700 social return on investment. Creative Minds have also used Trust mental health clinical records to identify how participation in a group impacts on need for services and an individual's care pathway (emergent findings suggest participation leads to a reduction in reliance on services). Yet although such evidence suggests that Creative Minds is a very successful initiative, Creative Minds and those working with their projects do not feel that outcome measures currently used necessarily capture well what they see as the meaningful impact of projects. Projects additionally often struggle to engage participants in completion of outcome and evaluation measures. Those involved in facilitating projects may be uncertain about how to undertake such work, whilst participants may well prefer to exclusively focus on the creative activity rather than research or evaluation activities. There is a perceived need for more inclusive and user-led ways of demonstrating impact.

Both Creative Minds and its community partners including YSP are keen to explore ways in which projects impact on those involved. Our aim in this work was to engage with a wide range of members of the public, creative practitioners, and health and social care professionals to reflect with them on what they perceive as relevant research priorities, and how they think 'impact' is best defined and measured. We sought to do this by using methods which were accessible to all attending, and we were particularly concerned with ensuring that those less familiar with group/ workshop/ research settings felt able and willing to participate. Whilst the importance of incorporating service user views is acknowledged in health and social care, it is also recognised that it can be difficult for service users and carers to contribute confidently and meaningfully. Our approach was therefore underpinned by participatory research principles (see following page [Methods]) throughout.

## **Methods**

### Research approach: participatory research

Participatory research methods seek to actively involve as “co-researchers” those who would conventionally be regarded as research “participants”, and places strong emphasis on learning from the process of research co-production as much as from research outcomes. Where conventional forms of knowledge production distinguish between knowledge producers and consumers, co-production offers an alternative to find ways of generating, disseminating and using knowledge that blur these boundaries. Participatory research is premised upon the ongoing active involvement of participants in all aspects of research process. Doing this at an early stage can maximise participant involvement in the research design and allow for their concerns and interests to be incorporated into a project.

Central to participatory research is the notion of empowerment. The aim is to provide participants and communities with the opportunity to develop their ‘voice’ to raise key concerns and issues. Practically, empowerment results from the collaborative nature of participatory research and the involvement of participants in key decisions throughout the project. Empowerment can also result from the specific methodological tools employed. Various innovative research methods can be used in participatory research to encourage democratic participation, many of which steer away from relying solely on standard research methods, instead allowing more creative avenues of expression.

We held two days of workshop events, one in October 2016 at the Yorkshire Sculpture Park and one in November 2016 at the University of Huddersfield.

### Participants

An initial list of potential invitees was collated drawing on contacts provided by Creative Minds team, the Yorkshire Sculpture Park and existing local health and social care contacts. An invitation flyer to the event (see appendix 1) was distributed as widely as possible to contacts throughout the local (Calderdale, Kirklees Barnsley and Wakefield) community including existing and potential Creative Minds partners and their group members, third sector organisations, Trust and Council employees, community artists and creative practitioners – the event was also advertised through social media by all three research partners (Creative Minds, YSP, and the University of Huddersfield).

There were places for around forty people at each event, and each event was oversubscribed. We did endeavour in our recruitment strategy to ensure that there were roughly similar proportions of public members, creative practitioners and health and social care professionals at each event. Attendee details for each event are presented in tables 1 and 2 (page 10). On arrival, all attendees were given an information sheet (appendix 2) and asked to sign an assent form (appendix 3).

**Table 1: Attendees at Workshop Event 1 (October, YSP)**

Members of the public (service users and carers)	10
Health and Social Care Professionals (Trust and Council employees)	12
Creative practitioners and third sector	14
Academics	2
TOTAL	38*
	*2 confirmed attendees (1 service user, 1 carer) were unable to make the event on the day

**Table 2: Attendees at Workshop Event 2 (November, University of Huddersfield)**

Members of the public (service users and carers)	9
Health and Social Care Professionals (Trust and Council employees)	15
Creative practitioners and third sector	17
Academics	2
TOTAL	43

### Workshop description

Both workshops (October 2016 at YSP; November 2016 at the University) followed the same format. The events ran from 11am to 3pm and lunch was provided for attendees. We deliberately timed the events so that they were accessible (for example, for those with other commitments such as childcare) and manageable (for example, for those on significant levels of medication). Service user and carer transport costs were covered, and those who required help in making transport arrangements were assisted by the Creative Minds team.

Both events were underpinned by participatory research principles, and run as 'World Café' style events (e.g. Brown and Isaacs, 2005). World Café methodology is a simple, effective, and flexible format for hosting large group dialogue, involving 'rounds' of dialogue in small groups. As attendees arrived, they were welcomed and given a different colour of Post-It notes. Three colours were available to represent the three different attendee 'types' we had broadly identified: (1) Public, (2) Health/ Social Care Professional; (3) Creative Professional. Seven round tables were available, and we asked that attendees ensure that there was at least one person with each of three available Post It note colours at each table. A key purpose of these events is to reduce communicative barriers and to encourage sharing of perspectives between different stakeholder types, and this process was to ensure that individual groups were made up of a variety of stakeholder representatives. It was hoped that colour coding by profession/background would also enable the research team to separate out different perspectives on the topics discussed.

Each 'round' of dialogue was prefaced with the workshop facilitator posing a question to attendees who were asked to reflect on their response in their groups. Questions included: What do the terms 'mental health' and 'well-being' mean to you?; What does the term 'creativity' mean to you?; How can we demonstrate the impact of creative activity on mental health and well-being?. Attendees were encouraged to record their discussions however they wished– each table was provided with large sheets of (A0, flipchart) paper and attendees were told they could use their Post It notes and coloured pens to note key words, phrases, images and symbols that might reflect ideas emerging in their conversations. After each 'round', the facilitator engaged all attendees in a whole group discussion to reflect on their thoughts and to summarise key emerging points.

In addition to the dialogue 'rounds', we also used a method known as photo-elicitation. Attendees were provided with approximately 90 photographs of a wide variety of situations, experiences and objects sourced from online open access image repositories (<http://www.public-domain-image.com/>; <https://avopix.com/category/photos/health-medical>). Each attendee was asked to choose a picture which resonated with the following question: "How might creative activity impact on mental health and well-being?" Photo-elicitation is based on the premise that photographs are capable of generating multiple

meanings, and that each viewer will construct their own meaning in association with a picture (e.g. Barthes, 1964; Harper, 2002). Each small group was provided with a large piece of flipchart paper, and asked to stick their chosen photograph to their group's flipchart paper and annotate it to describe its significance in terms of the question above. Attendees then discussed their photo choices and annotations together, and made further annotations to their flipchart paper as discussions continued. At the end of the session, each small group was asked to summarise the themes on their poster. The photo-elicitation session ended with a plenary session discussing the following questions: What are we learning here? What seems really important in improving health and well-being outcomes? How might creative activity help? How do these issues and questions challenge us in our own roles?

Over the lunch break, we additionally held a question and answer session (see appendix 4). Questions had been written by the research team onto flipchart sheets and fastened to the walls around the room. Delegates were asked to look at the questions on the walls, write their own answers to each question on their coloured Post-It Notes, and stick it to the flipcharts beneath the relevant questions. Due to space constraints, responses collated from this session are not reported here, but are available from the first author on request. At the end of the workshop, attendees were asked to (anonymously) complete and return a feedback form asking them about their experiences of the day – collated feedback is presented in appendix 5.



## Findings

The rounds of dialogue sessions generated responses from seven groups at workshop 1 and eight groups at workshop 2. To highlight key and overarching emerging thoughts required that feedback be in some way 'grouped' and expressed so that outputs from the events could be displayed and recounted in an accessible and meaningful way. To facilitate this, a simple thematic analysis of responses generated in each dialogue round was undertaken. Responses were grouped by the first author (JB) into meaningful clusters to assist in compiling the overall narrative of workshop outcomes reported here.

### 1. 'What do the terms *mental health* and *well-being* mean to you?'

**What do the terms *mental health* and *well-being* mean to you?: Key themes**

1. Holistic view of mental health and wellbeing;
2. Characteristics of well-being;
3. 'Well-doing';
4. The personal and the personal community

The first round of dialogue asked that attendees reflect on their personal understandings of the terms 'mental health' and 'wellbeing'. Thematic analysis of the data produced four top level themes: 1. Holistic view of mental health and wellbeing; 2. Characteristics of well-being; 3. 'Well-doing'; 4. The personal and the personal community. A brief description of each theme is provided below, the following pages provide some examples of attendee comments to evidence and exemplify each theme.

#### 1. *Holistic view of mental health and wellbeing*

Attendees had a strikingly holistic understanding of these terms. They described the physical and the psychological as being intertwined and playing an equally important role in determining health (mental and physical) and wellbeing. They described mental health and well-being in terms of a spectrum or continuum which was changing, not fixed. Notions of 'balance' 'stability' and 'equilibrium' were often referred to. Mental ill health was described in terms of being one (potentially stigmatised) end of the mental health and wellbeing continuum.

#### 2. *Characteristics of mental health and wellbeing*

In their responses, attendees provided details of many positive characteristics they associated with the terms 'mental health' and 'wellbeing'. Such characteristics could be

broadly divided into (a) terms associated with a state of equilibrium and calm (which relate to the notions of balance and stability highlighted in the previous theme) and (b) more purposeful terms or terms associated with more intense (positive) emotional states (e.g. 'joy' as opposed to 'calm' or 'content').

3. *'Well-doing'*

Attendees provided many responses which related to activity or 'doing' in response to the question posed ("what do you understand by the terms 'mental health' and 'wellbeing'?").

These responses were categorised into three subthemes: (a) descriptions of mental health and wellbeing as defined by the extent to which a person is *able* to 'do' (that is, cope or function); (b) descriptions of proactively undertaking activity to protect, improve and/or maintain mental health and wellbeing; (c) Responses highlighting individuals' sense of being able to 'do' as relevant in relation to mental health and wellbeing - just 'being' (awareness and mindfulness) and some sense of control and self-efficacy are both important here.

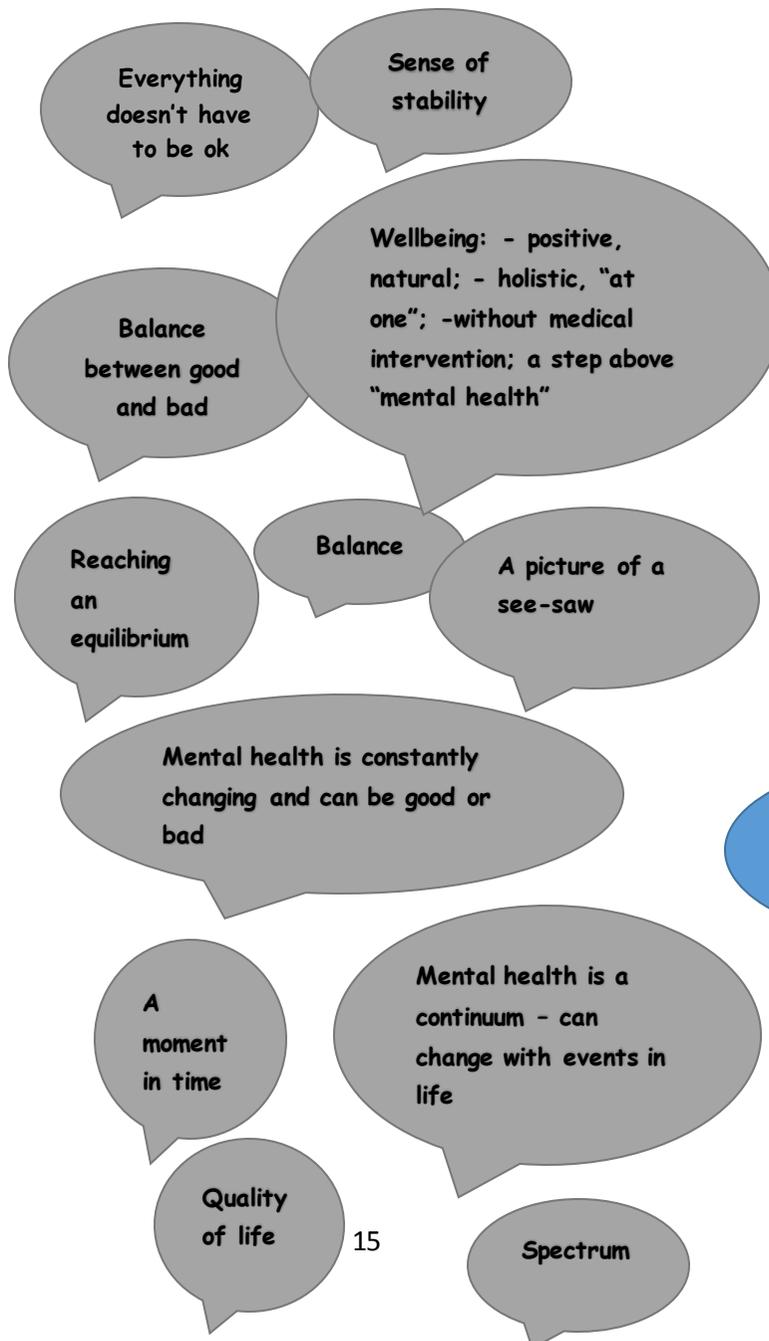
4. *The personal and the personal community*

This theme covers ways in which attendees referred to mental health and wellbeing as being personal, individual and requiring self-care and self-knowledge. It also covers references to community as being important in this respect, and the need for social support and interaction to support mental health and wellbeing.

**A holistic understanding: *physical and psychological as intertwined***



**A holistic understanding: *a spectrum/continuum; change and the balancing act***



**A holistic understanding: *mental 'ill health' as one (potentially stigmatised) end of the continuum***



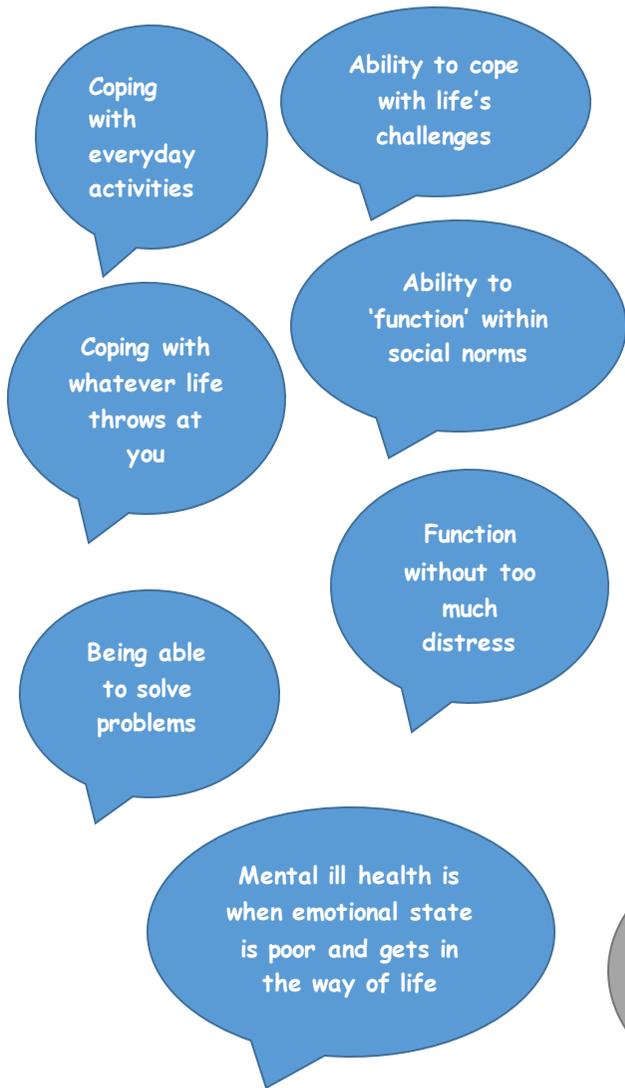
## Characteristics of mental health and wellbeing: *equilibrium*



## Characteristics of mental health and wellbeing: *purposeful*



**Well-doing: mental health and wellbeing as defined by the extent to which a person is able to 'do' (cope or function)**

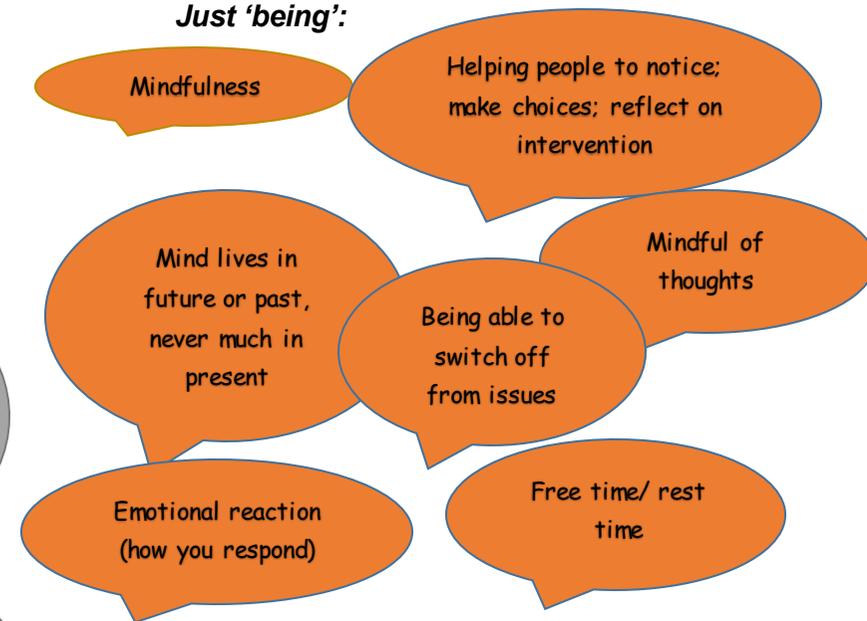


**Well-doing: proactively undertaking activity to protect, improve and/or maintain mental health and wellbeing**



**Well-doing: individuals' sense of being able to 'do' as relevant in relation to mental health and wellbeing**

**Just 'being':**



**Self-efficacy:**



### The personal and the personal community



### The personal and the personal community



## 2. 'What does the term *creativity* mean to you?'

### **What does the term *creativity* mean to you?: Key themes**

1. Specific activities;
2. Production;
3. A way of being in the world;
4. No boundaries;
5. Exploration and discovery;
6. Challenge;
7. Expression

The second round of dialogue asked that attendees reflect on their personal understandings of the term 'creativity'. Thematic analysis of the data produced seven top level themes: 1. Specific activities; 2. Production; 3. A way of being in the world; 4. No boundaries; 5. Exploration and discovery; 6. Challenge; 7. Expression. A brief description of each theme is provided below, the figures on the following pages provide some examples of attendee comments to evidence and exemplify each theme.

#### *1. Specific activities*

In response to this question, attendees listed a variety of specific activities they associated with the term 'creativity'. As well as activities commonly associated with 'The Arts' (e.g. art, sculpture, music, poetry and creative writing), attendees also mentioned other activities such as horse-riding and football in this context.

#### *2. Production*

For many attendees, 'creativity' is clearly associated with producing or making something. This theme covers responses related to making/ producing/ constructing, and to the skills that might be required to do this.

#### *3. A way of being in the world*

This theme covers ways in which attendees talked about 'creativity' as a part of their human existence and their identity - in terms of something which made them truly themselves. It also covers emotional descriptors used by attendees in response to the question "what does the term 'creativity' mean to you?" (these tended to be positive emotions –joy, pleasure – but 'angst' is also referred to), as well as comments relating to the difficulties in assessing or pinning down the term.

#### *4. No boundaries*

Attendees frequently mentioned notions such as 'escape' and 'freedom' in their reflections on the term 'creativity'. The sense that there are no boundaries or rules that have to be adhered to is covered in this theme - creativity was often described in terms of play and imagination and this theme represents the feedback from attendees suggesting that creativity is, for them, associated with liberation, fun and a release from barriers they may encounter elsewhere.

#### *5. Experimentation*

Notions of exploration are covered in this theme. Attendees described creativity in terms of discovery of new skills and knowledge. Creativity was also described as a way of finding new and different approaches. This sense of experimenting and learning is reflected in a sub-theme 'thought/ reflection': this sub-theme highlights responses suggesting the term 'creativity' is associated with developing understanding, thinking and reflection.

#### *6. Challenge*

This theme includes responses which refer to feelings of fear which might arise in relation to 'creativity' and relates to the previous theme 'no boundaries'. Attendees responses draw attention to a number of ways in which creativity 'can feel scary' – trying new things (relating to the theme of 'Experimentation') and 'pushing boundaries' may mean that there is a need for some degree of courage and bravery amongst those involved in creative activity.

#### *7. Expression*

This theme is divided into two sub-themes: (1) self/ individuality and (2) as communicative tool/ social aspect. Attendees' responses frequently highlight self-expression and related concepts as important in relation to the term 'creativity'. Responses also referred to creativity as having a social aspect, and as being a useful means of expressing and communicating ideas and feelings to others.

## Specific activities

Music

Art

Sculpting

Poetry

The Arts

Photography

Emotions  
through  
language

Theatre

Colour

Different  
activities

Horse riding

Musical and  
drama

Football

Creative  
writing

## Production

Producing  
something

Making things

Making things out of  
unusual objects  
/materials

A combination of  
imagination, skill  
and application

The ability to  
create something

Process not  
product

Co-production

Something  
constructive

Making a  
difference

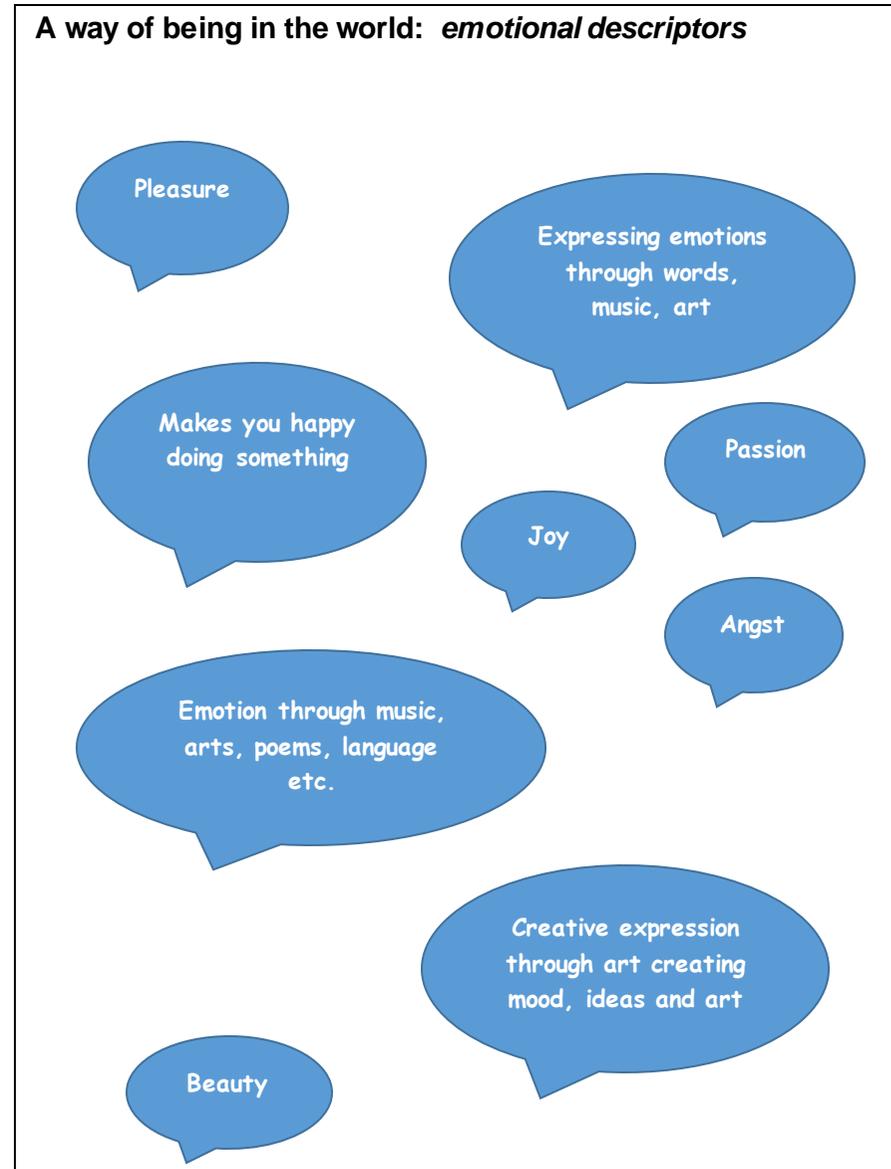
Using the skills  
you have

The ability to make,  
change or adapt  
things

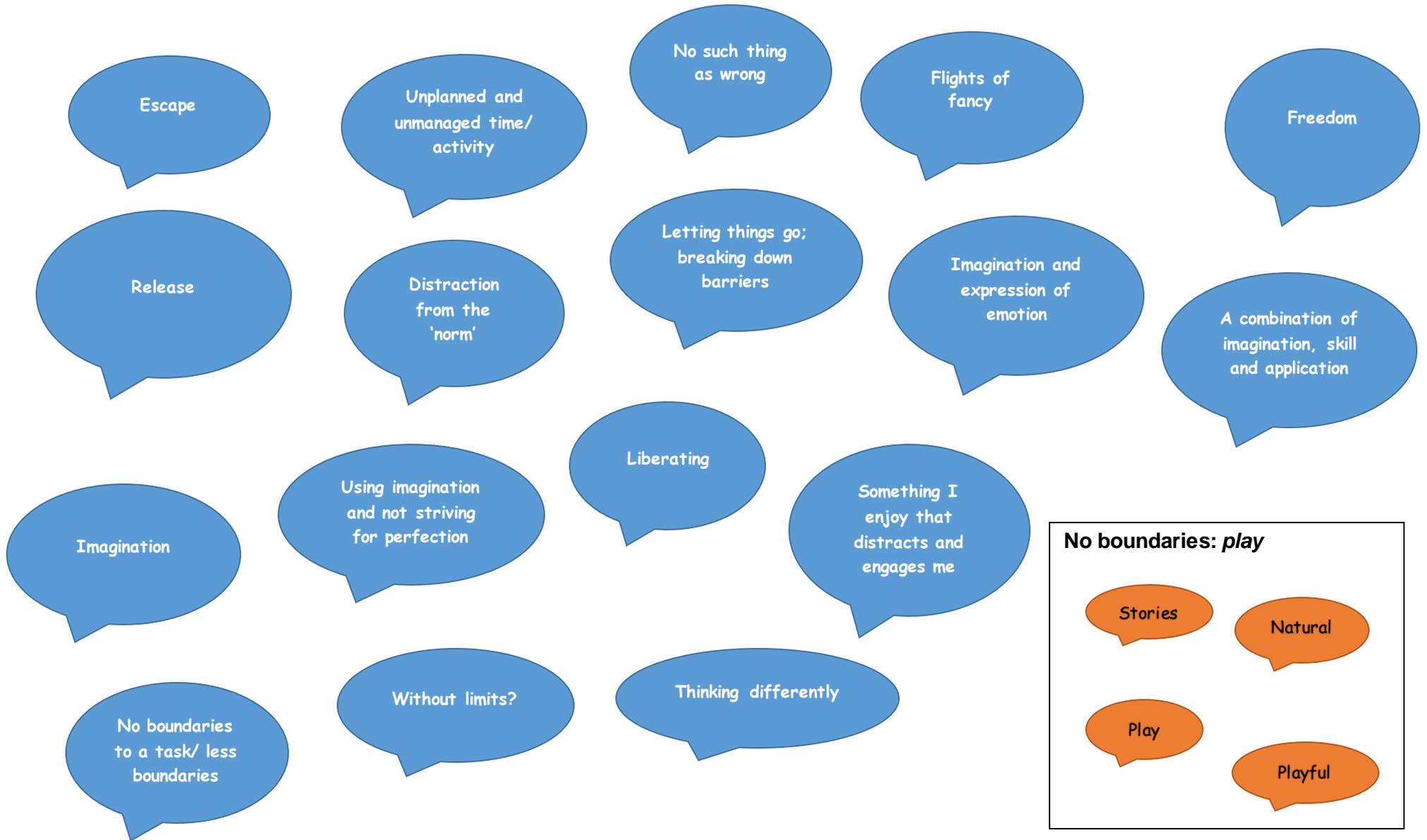
## A way of being in the world



## A way of being in the world: *emotional descriptors*



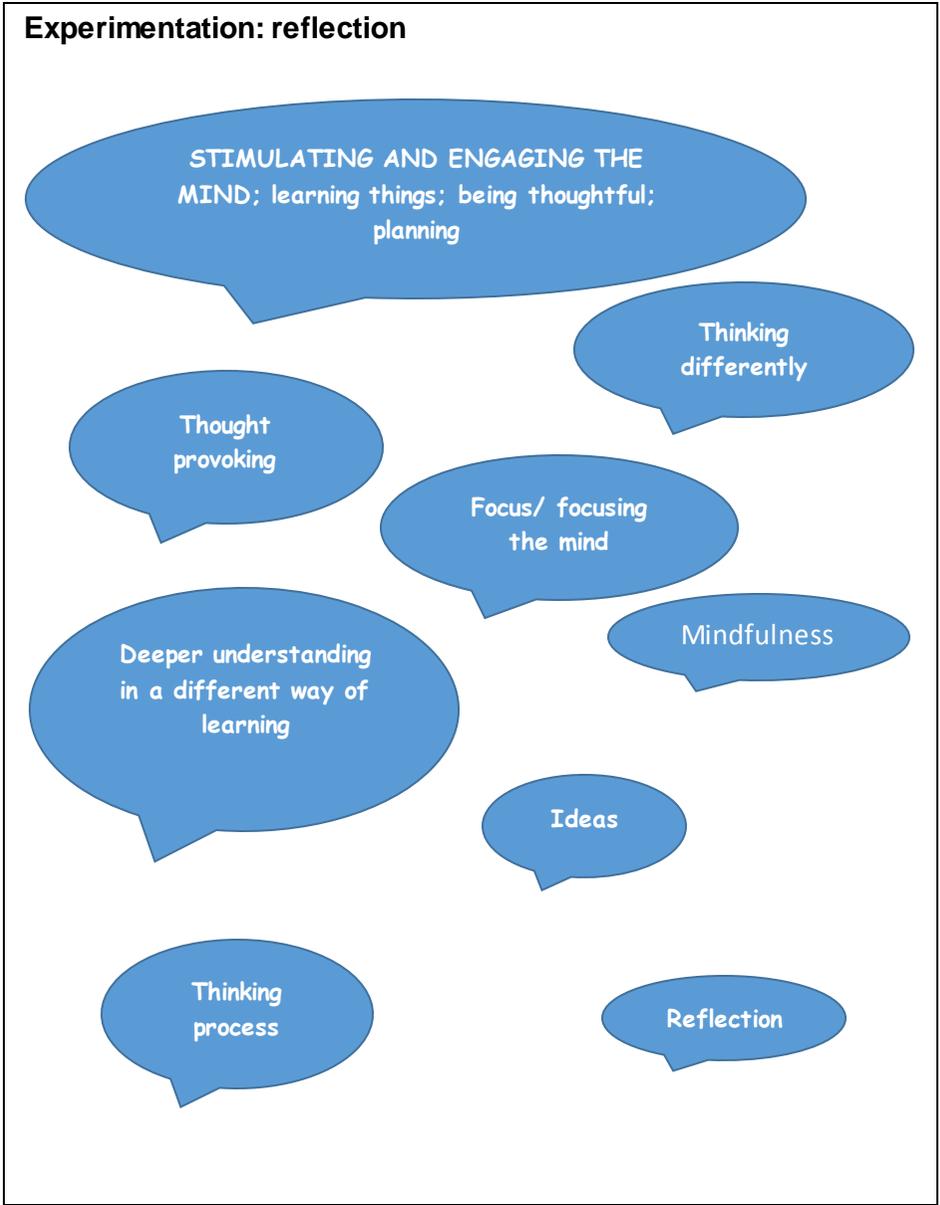
## No boundaries



## Experimentation



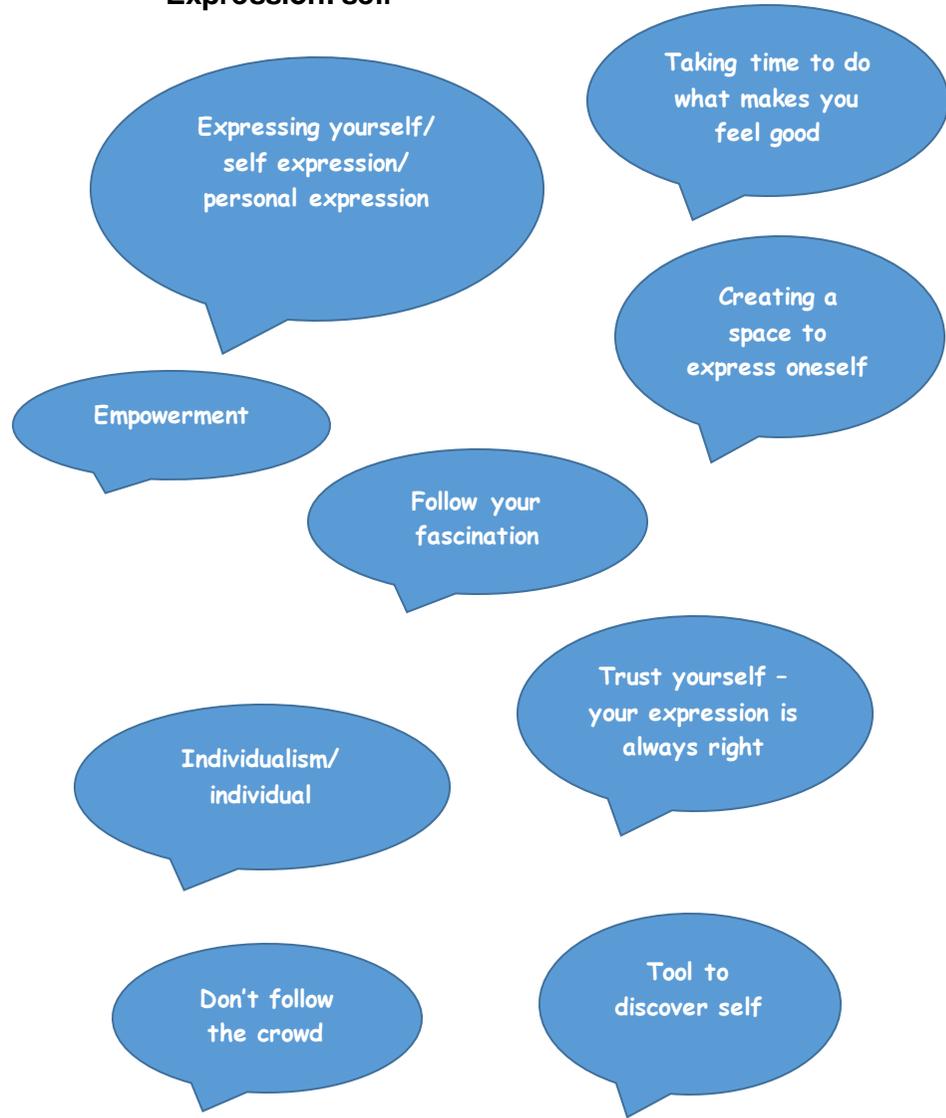
## Experimentation: reflection



## Challenge



## Expression: self



## Expression: social/ communication





*Photo-elicitation findings: links to and development of work in previous rounds*

In the previous rounds of dialogue, attendees had reflected on what the terms 'mental health', 'well-being' and 'creativity' meant to them. As discussed above, attendees described a holistic understanding of mental health and well-being. They associated positive mental health and well-being with calm, equilibrium and content as well as more intense positive emotional states such as joy. *Doing* is understood as important in relation to mental health and well-being: be this being able to 'do', or 'doing' to improve mental health and well-being. A role for both the individual (solitary) and the community (social) were highlighted. In relation to 'creativity', attendees identified a wide variety of specific activities they associated with the term and (linking to the individual/ community theme described above) highlighted the ways in which creativity could facilitate expression (either self-expression, or communication and understanding with others). Attendees identified creativity as having an important productive aspect (and see descriptions of 'doing' in relation to mental health and well-being above), and as having no (or fewer) boundaries: creativity was described in terms of exploration and discovery as well as being challenging. Creativity was also talked about in terms of being an integral part of human existence and identity - in terms of something which made an individual truly themselves – and there are links between this theme and attendees' holistic understanding of mental health and well-being.

Responses from the photo-elicitation round supported and usefully expanded on findings from the previous rounds, and themes delineated previously were clearly apparent in attendees' responses to the images. Analysis of photo-elicitation responses enabled a better understanding of the ways in which themes identified in relation to 'understandings of mental health and well-being' mapped well onto or linked meaningfully with themes identified in relation to 'understandings of creativity'. In addition to highlighting how the two sets of themes linked, this round also facilitated an expanded and deeper understanding of some themes (highlighted in **bold text** in this section).

In previous rounds, attendees had highlighted a holistic understanding of wellbeing and described creativity as an important aspect of human experience. The very range of the images selected and attendee comments on the images supported these interpretations - for example:

**Image 1**



"The woodlands and body of water are vast - makes you feel small and insignificant in a good way - perspective"

"Nature/ natural setting promotes feeling of calm"



"Exciting"

"Being outdoors, open space; not being confined"

"Activities heighten the senses like dipping your toe in water hot/cold"

"Exhilaration of the unknown and new"

## Image 2

The sense of perspective referred to in relation to the first image is somewhat reminiscent of the notions of balance discussed in relation to the mental health and wellbeing continuum described by attendees previously. Many of the particular characteristics attendees had associated with 'mental health' and 'wellbeing' (terms associated with content and calm, as well as more intense positive emotional states) also emerged through the image work. What was additionally apparent from the photo-elicitation responses was **the importance of the natural environment** for many attendees. The themes of 'exploration and discovery' and 'no boundaries' highlighted in relation to understandings of creativity previously are evident in attendee annotations to image 2, and appeared in many responses to the images. Whilst there had been discussion of the holistic (physical and psychological) nature of mental health and well-being amongst attendees, and the 'productive' element of creativity was reflected on in earlier rounds of discussion, **physicality and sensory aspects** (referred to above – '*heighten the senses*') were also additionally repeatedly apparent and featured prominently in many responses in the photo-elicitation session.



"The body in action"

"Movement and physical activity  
-> wellbeing "

"Rhythmic movement and dancing"

"Enjoyment and fun"

## Image 3



"Sense of smell"  
"Creating shapes"  
"Warmth"  
"Memories"  
"Excitement and danger"

**Image 4**

'Fun' (as above, image 3) and 'play' were frequently mentioned, and several attendees referred to **memories and childhood** – interestingly, in image 6, such comments are juxtaposed with one of several comments relating to a concern with present moment awareness (*living in the moment*). 'Reminiscence' and 'living in the moment' are not contradictory for our attendees: they seemingly share an understanding of childhood as being less bounded and more associated with play, imagination and fun.



**Image 5**

"Igniting things we enjoyed as children"  
"Happy memories"



**Image 6**

"Childhood memories 😊"  
"Happiness; play time"  
"Living in the moment"

A challenging aspect to creativity was discussed in the previous rounds of dialogue and was a theme that also emerged in the photo-elicitation discussions – see image 7 below, and comments relating to 'bravery' – other comments included '*sense of achievement*', '*having goals*' and '*pushing yourself*'. The reflection that '*creativity can expand your life*' additionally ties in well with the themes 'no boundaries' and 'experimentation'.



**Image 7**

"Freedom and expression"

"Bravery and innovation from within"

"Realisation that creativity can expand your life"

'Expression' (referred to in attendee annotations to image 7 above) is a theme identified in the earlier dialogue round considering the term 'creativity'. The themes of self-expression and communication were similarly apparent in responses to the images – see image 8 below.



"To express darkness, trauma, the unacceptable. To bring the experience out to process"

**Image 8**

Whether talk about expression refers to a means of self-expression (as above, '*bringing out the experience to process*') or to a way of communicating with others links to another theme which emerged in the first round of dialogue: whether mental health and well-being are thought of as personal and perhaps private, or in a more social and communal sense (the personal and the personal community). Attendees themselves commented and reflected on how people evidently had individual preferences for different creative activities and approaches to managing their wellbeing – they noted that different approaches were equally necessary and valuable (for example, see the attendee comment on images 9 and 10 below).



**Image 9**

"Polar opposites -  
different people feel more  
comfortable and content in  
different environments"



**Image 10**

In addition to self-expression, **self-awareness** was mentioned in a number of responses – being comfortable with one's own identity was described in terms of both self-knowledge and being comfortable with others. Both are understood by attendees as important in the context of well-being and mental health, and creative activity is described as a means of developing a better understanding of one's own identity.



**Image 11**

"Different faces - confidence to be who you  
are"

"Knowing who you are when you're with  
others"

Although a number of attendees focused on the individual and personal, it is also evident that for many social interaction and support are important and particularly valued in relation to mental health, wellbeing and creative activity. The attendee comments on Image 12 (below) nicely illustrate how attendees perceive and describe the intertwined nature and compatibility of 'the personal' (the solitary) and 'the personal community' (the social).



**Image 12**

"Self-worth = interest = interest in other  
people's work= communicating with others"

"Acknowledgement by others of what you  
are/ do"

"Single upright element, twisted to be made  
strong, linking with others"

Creative activity was described as having a positive impact on mental health and well-being through **total immersion** in the activity, for example image 13 below. Attendees note that having space and time is important here: this links with the notions of no/ fewer boundaries discussed previously (there is a sense that often in life things may be rushed and time limited – creative activity can provide a safe space where time can be ‘slowed’ to facilitate mindfulness/ awareness).



**Image 13**

"Immersive activity"

"All senses noted "

"Being in nature/ outdoors"

"Taking notice"

"Making time, slowing time"

#### *Photo-elicitation findings: use as a research tool*

A key purpose of our participatory and inclusive workshop approach was to reduce communicative barriers and encouraged sharing of perspectives between different stakeholder types. It was apparent to the research team that the photo-elicitation session was particularly successful in this respect. Although those attending as service users or carers (rather than in a professional capacity) certainly all participated in the other sessions (as was easily evident from examination of the post-it note colours used on the sheets as well as through researcher observation at the events), this occurred to a greater or lesser extent amongst different (service user/ carer) individuals. Examination of the colour coded responses indicates that professionals were responding with more frequency and at greater length. However, this was not the case in the photo-elicitation rounds where patient and carer attendees produced very detailed, rich responses. This activity seemed particularly successful in genuinely ensuring all attendees were working together on an equal footing. An example chosen and annotated by an attendee who identified as a service user (image 14) is presented below: the use of metaphor demonstrated here was also employed by others in this session.



**Image 14**

"Not all the cracks start in the centre which could show that creativity isn't always a given gift or that it's not always needed."

"The rings of the trees could symbolise the passage of time. From the centre, that can be the start. As you work outwards, that can be the years. The dark areas could be how mental health has affected you badly and the lighter areas where they have affected you well. The cracks could be creativity as they all seem to work outwards to the lighter areas."

"All the big cracks seem to go through the dark areas and so could symbolise a broken mind. This could be that when you are in a dark place, creativity is needed to pull you through darker times."

"The cracks could also symbolise the cracks in the façade to seem 'alright'."

**4. 'How can we evidence the impact of creative activity on mental health and wellbeing? Who is the audience?'**

In the final session of the day, attendees undertook a final round of dialogue in which they were asked to respond to the question "How can we evidence the impact of creative activity on mental health and wellbeing, and who is our audience?"

Figure 3 presents the range of bodies and individuals identified as a potential important audience for such evidence:



**Figure 3: Combined responses from attendees to discussion on "Evidencing the impact of creative activity on mental health and wellbeing: who is the audience?"**

Several groups acknowledged and reflected on the need for evidence of impact as part of their discussions:

"Need to convince so that they (health care professionals) support/ understand benefits/ refer"

"Why measure? Public money needs justification"

"We know it works - need to standardise finding"

However, some did express discomfort and potential concerns around the production of research and evidence in this context:

"The act of doing this undoes the creativity benefit"

"Value the importance of things happening organically"

"Does measuring it stigmatise it?"

Attendees identified a range of potential research outcomes which could broadly be categorised into health service outcomes, creative project outcomes and individual outcomes. Health service outcomes are those which, whilst evidently impacting on individuals, focus primarily on quantitative (numerical) measurement of service costs and service provision. A number of responses simply referred to 'targets', 'monitoring' and 'evaluation' but provided no detail as to what form this should take or what the focus here should be on. More detailed suggestions from attendees included assessing hospital admission rates (with the assumption here being that that lower admission rates will evidence reduced rates of relapse). Assessing patterns of service use was also recommended – but it is worth highlighting here that "(Being able to) moving on to other services" was perceived positively by our attendees, and that they cautioned against using patterns of service use oversimplistically as an outcome measure. Attendees explicitly discussed *increased* service use as a potentially very positive outcome for the individual which, they recognised, might not necessarily be seen as an improved outcome at health service level. Attendees also suggested assessing 'progression routes - e.g. into peer support, into employment'. 'Observation', 'observing behaviour' and 'monitoring behaviour' were also suggested but it was not clear who should do this or how it could or should be undertaken: 'Other services' reports' were also suggested as useful, and 'feedback from carers' was additionally mentioned here.

Various measures to establish the success of creative projects were discussed. Several responses suggested that popularity and longevity of such groups could be used as a marker of success:

"Length the project lasts, the longer the better"

"Sustainability"

"How many attending"

"Demand for creative groups"

"Attendance"

"Punctuality"

"How many people you reach"

"Rate of continuation"

"Feedback from participants"

Attendees suggested that the outcome of creative activity (e.g. 'the art work they produce') could be used as 'evidence' and to develop or inspire future work (e.g. 'Use of material as a source for presentation creatively - e.g. scenarios around improving communications in care homes').

Various quantitative measures of individual outcomes were suggested. These ranged from physiological measurements (suggestions included blood pressure, cortisol levels and "therapeutic movement- physical transformation - freedom in the body") to questionnaire assessment of wellbeing, quality of life and confidence.

The majority of attendee responses though were not focused on numerical or quantitative assessment. There was a clear concern amongst attendees that such measures may not adequately assess what they perceived as the 'real' or 'meaningful' impact of creative activity and associated projects on mental health and wellbeing. Additionally, attendees were concerned that the impact on individuals may not be well represented through such means:

"Statistics - data to be understood by ? Or real lives, real experiences"

"Quality versus quantity. Creative therapy is often applied to small numbers but with a big impact on an individual - so need to be able to assess quality of life impact rather than number crunching"

"Measure on an individual basis"

"Person centred"

"Measurement tailored to the individual"

Many responses suggest that an approach which prioritised understanding to measurement (e.g. of impact and/ or outcomes) was preferred:

"Verbal feedback"

"Participant reflections"

"Dialogue, talking, listening"

"Testimony"

"Case studies, stories"

"Open space discussions/ debate"

"Personal stories"

"Asking participants basic questions about their experience of taking part in a creative project"

"What benefits have you experienced?"

"Asking why they access. Gentle conversation"

"Focus groups"

"Lived experience - stories"

A key concern that emerged was an emphasis on the importance and value of longitudinal assessment:

"Follow people. What have they done? When? How often? 1,2,5 years. What changes and what stays the same?"

"Long term impacts monitored by participant"

"Exit strategies- post-project- continual development"

"Short and long term feedback"

"Longitudinal study - change doesn't happen overnight"

## Conclusions and future steps

Two participatory workshop events, run as World Café style events with a variety of broadly defined key stakeholders to reflect on the impact of creativity and health and well-being, were very successful and well-received. The activities undertaken worked well practically to enable reflection on some often difficult to pin down topics and ideas which could then be summarised, reflected on and evidenced by the research team. Our approach enabled key stakeholders from various backgrounds and with different experiences (including service users and carers) to work together and to be able to voice their thoughts and experiences on an equal footing. In terms of future research, attendees were keen to emphasise the importance of defining positive change and impact broadly and in such a way so that it was meaningful to participants. They also emphasised the importance of taking into account the longitudinal effects of creative approaches on mental health and wellbeing.

Creative Minds develop community partnerships to co-fund and co-deliver creative approaches and activities in healthcare. A primary aim of the Creative Minds initiative since its inception has been to challenge a predominant medical culture which has tended to see creative approaches as having less of an 'evidence base' than more traditional approaches. The rich and detailed findings reported here reflect the very positive experiences that people have had of these approaches and the benefits they can have. Insight into how people see the role of creativity in improving health and wellbeing may be able play some part in convincing those who may be cynical about its effectiveness. Nonetheless, the potential for alternative forms of research to inform and improve health care practice may be constrained when strict hierarchies prevail about what constitutes good (scientific) evidence (Gillard et al, 2012).

There is an acknowledged need for more community-centred ways of working in health and social care, and an increasing focus on empowering individuals and communities to engage in participatory development of, and decision making about, health and social care services. Incorporating the views of service users, carers and the wider public is seen as increasingly important by those developing policies and initiatives, and this has been mirrored by a change in the way that the public interacts with and contributes to health and social care research. National drivers (e.g. chapter two of the NHS Five Year Forward View, available at <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>) promote a move towards shifting the power balance away from a health system controlled by experts in which service users are passive recipients of care to one that is much more in the hands of the individual and communities. This drive is by no means specific to healthcare services, and is akin to a shift in UK public health policy towards an 'asset approach' (e.g. Whiting et al., 2012), which seeks to identify and mobilise the capacity, skills, knowledge, connections and potential in individuals, communities and organisations to create positive health and cultivate resilience (see Brooks et al, 2015). Supporting people to have the knowledge, skills and confidence to play an active role in managing their own health and care requires a willingness to listen to what individuals and

communities say they want and need. It also requires the sensitive and appropriate facilitation of events and settings in which those unused to voicing their experiences and concerns are genuinely enabled to participate democratically. The events presented here are one example of how this might be achieved.

Specific future steps for the research team include using the work reported on here to develop a programme of work to appropriately evidence and evaluate work being undertaken by Creative Minds and their partners, and to develop guidelines to support the set-up of similar partnership initiatives elsewhere. Further proposed (and related) work includes the development of appropriate methods and measurements so that what projects often perceive as a burden (evidencing their impact) can be shifted to become an activity with some meaning, enhancing the skills of participants and increasing engagement.

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# Report Appendices

**Appendix 1:** Workshop flyer

**Appendix 2:** Information sheet

**Appendix 3:** Assent form

**Appendix 4:** Questions posted on walls for answers over lunch break

**Appendix 5:** Collated attendee feedback from both events

## Appendix 1: Workshop Flyer

**HEALTH AND CREATIVITY**  
**Does creative activity really have any impact on health and wellbeing?**  
**Can we measure it? Can we prove it?**

**Are you a Service User? Carer? Creative Professional? Health and Social Care Professional? Someone interested in creative activities, health and wellbeing?**  
**Then we need YOUR help!**

**Come to our first workshop event at:**  
**The YORKSHIRE SCULPTURE PARK Wakefield**  
**TUESDAY 11<sup>th</sup> OCTOBER 2016**  
**11:00 – 15:00**  
**Lunch is provided**

**Creative Minds is about using creative approaches and activities in healthcare. We need YOU to help us think about HOW WE CAN SHOW CREATIVE APPROACHES TO HEALTH AND WELL-BEING WORK!**

**LIMITED NUMBER OF PLACES AVAILABLE – FOR MORE INFORMATION AND TO BOOK YOUR PLACE, CONTACT JO BROOKS (UNIVERSITY OF HUDDERSFIELD)**  
☎ 01484 472546 ✉ [j.m.brooks@hud.ac.uk](mailto:j.m.brooks@hud.ac.uk)

Creative Minds projects have had a phenomenal impact on people's health and wellbeing – and it is crucial that we can show this!

Encouraging people to work together and engaging with communities are really important to Creative Minds. That's why we need your help to work with us and with each other to think about how we can demonstrate that creative approaches work.

Join us on **Tuesday 11 October** between **11am and 3pm** at the **Hayloft Space, Yorkshire Sculpture Park, West Bretton, Wakefield, WF4 4LG.**

We want to know your thoughts and experience. What do YOU think the effects of creative activity are? How can we convince other people that creative activity is important? There's a free lunch and we can pay your transport costs if you're a service user or a carer.

For more information and to book your place, please contact Dr Jo Brooks at [j.m.brooks@hud.ac.uk](mailto:j.m.brooks@hud.ac.uk) or 01484 472546



## Appendix 2: Information Sheet



Thank you for agreeing to take part in today's workshop, your participation is really valuable to us. This information sheet outlines the purpose of the event you are taking part in – if you have any further queries, members of the research team at today's event will be happy to answer them.

### **What is the purpose of the event?**

The University of Huddersfield, the Yorkshire Sculpture Park and Creative Minds are all interested in working together to develop ways to demonstrate the impact of creative activity on mental health and well-being. Today's workshop is part of this on-going work – we are looking to draw on the ideas and experiences of a broad range of people in this area with the aim to develop and enrich our planned and on-going work.

### **What will happen during the workshop?**

The workshop will last for four hours, with a break for lunch approximately half way through. The project team will begin by introducing themselves and the event. You will then be asked to take part in some guided workshop activities, within the larger group and in smaller groups, which have been designed to gain a good understanding of your views and experiences. Some of the group discussions will be audio-recorded, and photographs of the workshop will be taken to keep a record of how we gathered information during the course of the day.

### **Why have I been asked to take part?**

You have been invited to take part because you responded to our promotional materials, which were distributed locally to individuals and groups identified as having an interest in creative activity, health and well-being.

### **Who is funding the event?**

The event is funded by the University of Huddersfield.

### **What will happen to the information gathered at today's workshop?**

We would like to hear your experiences and explore your views to inform and develop our on-going work. We will write up findings from these events for publication and dissemination to interested parties, and any such outputs will be freely available on the University of Huddersfield webpages.

Any questions, please speak to one of the team or email Dr Jo Brooks on [j.m.brooks@hud.ac.uk](mailto:j.m.brooks@hud.ac.uk) or Dr Melanie Rogers on [m.rogers@hud.ac.uk](mailto:m.rogers@hud.ac.uk) - Thank you!

### Appendix 3: Assent Form



*School of Human & Health Sciences*

**Title of study:** Creativity, mental health and well-being – with YSP and Creative Minds

- I confirm that I have read and understood the participant information sheet related to this workshop.
- I understand that some discussions which take place during the workshop will be audio-recorded and transcribed. I understand that all my responses will be anonymised, and give permission for the use of anonymised quotes in material resulting from the study.
- I understand that photographs of the event will be taken during the course of the day, and give permission for my inclusion in the photos.
- I agree to take part in the event.

.....

**Name**

.....

**Date**

.....

**Signature**

**Appendix 4:** Questions posted on walls for answers over lunch break:

- What have been the successes or major achievements of creative activity projects focused on health and well-being, and what made them a success?

- Examples of good practice (and what makes it good practice?)

- What are the recurring challenges to using creative activity to improve mental health and well-being?

- What are the organisational, systemic and practice considerations that need to be taken into account to help people use creative activities to support their own health and wellbeing?

- Are there any particular issues around creative activity/ mental health/ wellbeing specific to your own locality?

- What measures or criteria would be suitable for assessing the extent to which creative activity might impact on mental health and well-being?

- In your opinion, what are the most important issues or questions that should be explored in research looking at creative activity, mental health and well-being?

- What would help develop creative activity and creative activity projects (in West Yorkshire and more broadly)?

- What creative activities would you like available in the local area?

## **Appendix 5: Collated feedback from workshops (YSP: N = 29 completed; UoH: N = 37)**

### **1. What did you find most useful about the workshop and why?**

#### **YSP:**

- The questions in the afternoon –very useful to help me focus my thinking around what works and why
- Opportunity to meet with other organisations particularly those outside of Kirklees to hear about what else is going on and what they experience
- Sharing good practice
- Being able to collaborate with like-minded people –we had similar levels of understanding about the importance of creative activities on health and well-being but different approaches and ideas. Thinking about ways in which to measure outcomes and the difficulties we face when trying to do this
- Focus/ thinking about creativity
- Getting to know and meet organisations I did not know of
- It's been great to hear so many different perspectives and talk to new people
- Questions about how do we monitor/ evaluate success of project and why... because it made me think about how I can capture experience
- Meeting other people/ learning about other charities etc.
- Understanding the common issues we're all facing as providers, despite the breadth of offerings
- Meeting lots of different organisations and people, good mix of experience and opinion
- Bringing together people from different professions
- Opportunity to talk and share experiences
- Networking
- Informative topical discussion
- Breadth of ideas
- Renewing contacts and working with a range of people within a broad group of outputs
- Listening to other people's ideas. Good workshop sessions, allowing good feedback. Open questions to feedback on.
- Good questions being asked of us.
- Having a range of people from different organisations (and individuals) in one room talking and considering issues.
- Meeting and hearing from other organisations and the services they provide (networking)
- sharing group experience and ideas.
- Being able to have discussion with people at different levels, learning from others ideas
- That there is research in this area, different ideas from different people
- People from different backgrounds
- Sharing ideas with people from different backgrounds or areas
- Peoples opinions and views on mental health on wellbeing because it shows people do care on other people's actions

- Meeting people, coming together, wanting the same outcomes
- Meeting new people and hearing their perspective

## **UoH:**

- Breadth/range of attendees
- Collaboration
- Creative thinking
- Range of opinions and experiences
- Impact of creativity on MH
- Felt I contributed
- Informative and thought provoking
- Bringing together professionals and individuals
- Being listened to
- Reminded self of importance of creativity
- Q&A session
- Photo exercise
- Methodology of day

## 2. How did you find the approach and way of working?

### YSP:

- Excellent – interesting and very productive in a relatively short time
- Enjoyable, stretching. Made me think but opened conversation up.
- Group working is a great way to encourage participation
- Excellent - the group work activities were really good for exploring your own and others ideas and help generate more. I also liked the photovoice activity – reaffirmed that there are so many ways of looking at ‘the same’ thing
- Good, useful, effective, promoted discussion
- Good
- Very relaxed conversations, no pressure, lots of time for topics to develop
- Sociable and fun. Short!
- Relaxed/ informal = good discussions and feedback
- Comfortable way of working that encouraged participation. Well-organised activities
- Well organised tasks with clear focus
- Great way of working. Would have liked more time to meet others in group - a lot of isolated ‘table group’ work. More time to ice-break and get to know other organisations.
- It was valuable to talk
- Nice pace
- Excellent approach. Bringing people together.
- Good. Interactive.
- I felt it was a very effective and economical way of gathering lots of data quickly. A useful approach. It was particularly good for me as I forgot to wear my hearing aids so I found large group discussion problematic.
- Very good, interesting, sharing ideas.
- OK.
- Very good – liked the easy flowing atmosphere where ideas could be voiced.
- Good
- Informal and easy to participate
- It was interactive and encouraged people to participate
- Relaxed and paced well
- Loved the participatory way
- It’s like brainstorming it helps and it helps to target the main points
- Good mixture of group work, individual work and general discussion
- Worked well and getting different perspectives new ideas

## **UoH:**

- Promoted discussion
- Strong learning approach
- Affirmative
- Easy for all levels
- Lovely
- Informal
- Quality
- Needs more time (1 week)
- Interesting
- Interactive
- Dynamic
- Energising
- Shared learning
- Excellent
- Productive
- Open/Flexible
- Opinions sort
- Well Facilitated
- Inclusive

### 3. What in particular have you learned or had corroborated today?

#### YSP:

- Great discussion at the end – thinking about how we can collaborate more effectively on Arts and Health and how to evidence prevention work
- Some of the challenges – particularly about short term funding/ projects and monitoring long term impacts
- I have learned that measuring mental health and well-being is not a simple exercise! It means different things to different people and a radical change is needed to keep up with the times
- Value of creativity
- Other organisations are seeking very much the same
- Lots of contacts, some great ideas, great energy
- Who I need to convince!
- That it can be hard to get people to places – it's not just us!
- That there is room for creative organisations to get together and collaborate on projects, bids, signposting etc.
- Impact of creativity on mental health and well-being is tricky to measure
- There's lots of great organisations
- The importance of avoiding division
- Nothing new but good to reflect
- Mental health discussed and way of breaking down barriers
- The range of positive efforts and work being undertaken across the field. Also everyone's enthusiasm and commitment
- Learned more about Creative Minds, creativity and impact on wellbeing
- Lots of stuff out there but needs a cohesive approach and way of promoting. There is too often 'information overload' in the caring/ medical professions, need to improve signposting
- Was a useful/ interesting network experience
- I learnt about different ways to measure the impact of creative activity to include physical health (i.e. blood pressure)
- Make new contact
- Shared experiences and like minds
- A way of speaking about today's problems with mental health

## UoH:

- Importance of terminology
- Reinforced our creativity
- Professionals are interested
- We are in a social movement
- Successes and stories
- Passion of others
- Continue to speak about values
- Other approaches
- The challenges around creativity
- Need to fight for creativity
- Organisations can get together and work together
- I'm not alone, support is there

## 4. What did not work so well for you today and why?

### YSP:

- All worked – and fab lunch too!
- Just times with picking up children after school, but otherwise nothing
- The questions hung up that we posted answers on – some were a bit too complex for answer on a post it note
- Not enough time to network – another hour or two...
- Would have been nice to have had a list of participants prior to the workshop
- It would have been good to have a brief introduction session at the start – to find out who was in the room
- I would have liked to see examples of how different organisations measure impact
- Isolated discussion. A lot of writing – wanted to get up on my feet
- I would have liked a physical element to help connect and engage with everyone - inclusive
- As a service user, think we need more organisations forming
- First session after lunch (posters on wall), no feedback
- I would have liked longer during the lunch break to consider the hanging sheets questions. But maybe I was just slow at eating,
- Having a more creative/ arts based approach to exploring these ideas – practically working together to make things and answering the questions by way of that exploration
- The post it labels are too small to fully express a thought on!
- Nothing.
- Not much time to go round the questions on the washing line. It would have been interesting to discuss the main points.
- Food should be labelled as I am a vegetarian
- I don't think there's anything
- All good.

### UoH:

- Nothing
- Venue, no parking
- Wall questions
- Some questions deep and fundamental, needs time to consider
- Would be good to move groups around
- The room
- Use of post its

## 5. In what way has the workshop been useful for you?

### YSP:

- Clarified some of my thinking and raised some issues for discussion with my team
- Seeing what other people think, using different methods of collecting information
- Sharing information
- It has got me thinking about alternative creative activities. It has opened my mind to different approaches to mental health and well-being.
- Meeting people. Reinforcing value of creativity
- Thinking and sparking ideas for capturing people's experiences
- Made some new contacts
- Good to get away from own little world and hear the views and experiences of others
- Potential network opportunities
- To hear about other organisations in the area
- Build relationships with those working in similar fields
- Meeting of minds
- Time to think about creativity and well-being
- Just cheered me up (see also Q1). The list of organisations will be useful and wider contacts
- Better understanding of mental health and well-being and creativity
- Interesting to hear different voices
- Don't know yet! I believe that mulling over time helps
- Interesting to share in the ideas
- Sharing ideas and networking, useful to make new contacts and ideas
- It's been a fun, engaging workshop with some good ideas emerging
- I have learnt to share ideas and network
- Strengthened my own ideas. Good networking. Made me think about how we champion creative work in healthcare.
- That there is a chance to change the stigma of mental health
- Discussion of the next steps
- Clarified that the way we work and evidence what we do is okay though it could always improve

## UoH:

- Understanding range of organisation interested in creativity
- Insightful
- Felt heard
- Felt inspired
- Would like workshop feedback
- As SU helped me evaluate my future and see I can hopefully return to work
- Good connections
- Positivity of group
- Networking
- Shared space
- Ideas for the future
- Thinking about language used in MH
- Thought provoking

## Other written comments on reverse of feedback sheets (all YSP)

- Lovely approach from Jo - very welcoming and knowledgeable. These events do feel like we are sharing info alongside other professionals who have a vested interest in creative approaches – how do we get to those who don't have an interest here or understanding
- Maybe obvious, but why do we need to justify the value of creativity? Experience tells us all it has intrinsic value – more how can we create permission to do more?
- Thank you.
- The event was well organised and managed. The facilitator had a clear and understanding voice tone. The food was lovely apart from being labelled.
- Really enjoyable day, thank you.