
Creativity and innovation:

Findings from the Mental Health Fellowships



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The Winston Churchill Memorial Trust runs the Churchill Fellowships, which support UK citizens to travel the world in search of innovative solutions for today's most pressing problems. Any UK adult citizen can apply, regardless of qualifications, age or background. They are chosen not for their past achievements, but for the power of their ideas and their potential to be change-makers. Applications can be made annually from May-September at www.wcmt.org.uk.



The vision of the Mental Health Foundation is good mental health for all. We work to prevent mental health problems, to drive change towards a mentally healthy society for all, and to support communities, families and individuals to live mentally healthier lives, with a particular focus on those at greatest risk. The Foundation is the home of Mental Health Awareness Week.

To find the full body of research produced by all 59 Churchill Fellows, or to listen to the corresponding podcasts for **Creativity and innovation**, please visit the Mental Health Foundation and Winston Churchill Memorial Trust websites.

To get in touch with a Fellow included in this briefing, or for more details on any of the case studies featured, please contact the Winston Churchill Memorial Trust at office@wcmt.org.uk

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The views expressed by the Fellows are their own, not necessarily those of the Winston Churchill Memorial Trust nor the Mental Health Foundation.

Introduction

From 2016 to 2019 the Winston Churchill Memorial Trust ran the Mental Health Fellowships programme, funding individuals to travel abroad to learn more about how community-based solutions are being created in response to some of today's most pressing mental health challenges.

The Mental Health Foundation was the expert partner in this programme, helping to shape its aims, select the successful candidates from hundreds of applicants and provide mentoring to the successful Churchill Fellows. In total, 59 Fellows were chosen to investigate best practice in 17 countries and bring back new evidence and ideas to create positive change in their profession, practice and communities in the UK.

This is one of four briefings that distil the key findings from this rich body of learning, and make recommendations for policy and practice in the UK. Each briefing focuses on an aspect of the Mental Health Fellowships' overarching theme '**community-based solutions**', and an overview of the learning from this Fellowship can be found in the programme's summative briefing.

Scope

This briefing on Creativity and Innovation brings together learning from six Fellows' research in Finland, Bosnia and Herzegovina,

the USA and Australia, demonstrating how the creative arts and digital technological innovations are being used abroad to effectively support people's mental health.

The learning from this category is grouped into two main sections:

Section 1: How can the creative arts help?

introduces the creative arts, provides a number of case studies and findings from two Fellows' research, and details good practice in integrating arts-based interventions into community settings.

Section 2: Harnessing the potential of digital technology

focuses on the growing influence of digital technology in supporting people's mental health, provides a number of case studies and findings from four Fellows' research, and details how a range of technologies are being used abroad.

Fellows' recommendations

The creative arts

The UK Government and NHS England, and their equivalents in the devolved nations, should:

- Support the arts via social prescribing schemes, ensuring such schemes are broadly available and accessible across the UK.
- Develop specific roles, both at Board and strategic level, for individuals to take responsibility for increasing the recognition and use of the arts in local and regional health and social care systems.
- Ensure those responsible for the NHS New Models of Care and local Sustainability and Transformation Partnerships, including the new Integrated Care Systems, collaborate with arts and cultural organisations to ensure that their knowledge and expertise are involved in the delivery of health and wellbeing programmes. This is also important for the new National Social Prescribing Academy in England, and equivalent initiatives in other parts of the UK.

Digital technology

NHS England, and the equivalent for the devolved nations, should:

- Consider developing and articulating a national vision for digital mental health, detailing how this would be implemented at a community level.
- Give consideration to whether there is a case for particular e-mental health services to be commissioned at a national level.

Providers of community mental health services should:

- Consider how best they might leverage the potential of digital technologies in their organisation as part of any service redesign work.

NHS community mental health services and private and public sector organisations should:

- Consider how they can develop an effective approach for using digital technologies to better support the mental health of their employees.
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Why creativity and innovation?

Not so long ago, people's mental health was treated in settings known as asylums, where, with some exceptions, caring for people often meant the use of containment, padded cells and straitjackets.

Even after the formation of the NHS in 1948, there were still more than 100 asylums operating in England, until the efforts of successive governments led to the old asylums being abandoned and replaced with care in the community and more appropriate models of in-patient care, such as the mental health hospitals that exist today.

This change signified the beginning of a radical transformation in how we, as a society, think about and respond to mental ill-health, and the past 30 years has seen a community-based care model largely replacing the acute and long-term care provided by in-patient settings, with increasing focus being given to prevention and early intervention, as opposed to treatment further down the line.

Whilst there are, of course, many reasons for such a radical transformation, one thing is certain: we would not be where we are today without the vital contribution that creative approaches and innovative thinking have played in helping to find appropriate solutions to the wide range of challenges that

our mental health system faced. The transformation we have experienced over the last 70 years has, to some extent, been driven by a determination and will, on behalf of researchers, policy makers and the general public, to think differently about mental health and find innovative solutions and ways of doing things that better serve and protect the mental health and human rights of people living in the UK. Without this, such progress would not have been possible.

There is, however, still more to do. Far too many people with mental health problems do not receive effective and timely treatment. Figures from the Adult Psychiatric Morbidity Survey found that six out of ten people diagnosed with bipolar disorder are not receiving any current medication or treatment (59.2%);¹ similarly, nearly one in five people with a psychotic disorder, such as schizophrenia, are not receiving treatment.² The number of people experiencing common mental health problems is also increasing. Almost one fifth (18.9%) of 16-64 year olds surveyed in England in 2014 met the criteria for a common mental health

problem, such as anxiety or depression.³ This compares to 17.6% in 2007,⁴ and 15.5% in 1993.⁵

Such statistics are clearly troubling, and the Fellows' work therefore comes at a time when further creativity and innovation is needed if we are to find solutions to the most pressing problems our current system faces. In these difficult times, both the creative arts and digital technologies provide an opportunity in quite different ways for much-needed alternative approaches for supporting people's mental health, offering a range of different options

for providing timely and accessible care and ensuring a greater focus on prevention and earlier intervention.

Seventy years ago, it may have been difficult to imagine a world in which an individual could log on to a mobile phone application and receive evidence-based support for their mental health. Given the pace of change, how we might be supporting people's mental health in another 70 years is difficult to imagine. The opportunities are great, and the role of creativity and innovation in helping us to make the most of these will be vital.

Section 1:

How can the creative arts help?

Context

What do we mean by the creative arts?

The creative arts are activities that we engage in or experience that bring us pleasure, entertain us, enable us to express ourselves in different ways and help us to think differently and/or gain new insights into human experience. When we talk about the arts, we include all creative, visual and performing arts, such as traditional craft, sculpture, painting, digital art, writing, dance, theatre, film, literature, music and singing.

Can the creative arts help people with mental health problems?

There is a growing body of research and evidence that the creative arts can have a positive impact on health and wellbeing,⁶ with one study finding that being involved with the arts can help protect against a range of mental health conditions, help people to manage their mental health problems and enable recovery.⁷ Another study has shown this can be a consequence of their ability to enable people to express themselves emotionally, without necessarily having to use words,⁸ and supporting them to build their social connections.

What support is currently available?

In the UK, mental health support involving the creative arts takes many forms, with two of the most common being social prescribing, Arts on Prescription, and art therapy. Social prescribing involves health professionals, usually GPs, referring people to community schemes, to connect to a range of local, non-clinical initiatives in order to improve their health and wellbeing. Art therapy, whilst providing similar types of support, is usually accessed directly through the NHS, voluntary and community sector organisations, and the private sector.

Traditionally arts and culture have been separated from regional health and social care strategies, and wellbeing schemes involving the creative arts are instead often provided by voluntary and community sector organisations. This is, however, beginning to change, as more and more people begin to appreciate the valuable role that the arts and culture can play in supporting people with mental health problems. At a regional level, for example, Greater Manchester is the UK's first city region with a directly elected mayor to have made the arts and culture integral to its health strategy. Greater Manchester's

Plan (2017-21) "positions the strong relationship between arts and individual and community health as one of the key foundations of building sustainable and resilient communities."⁹

In national government policy, social prescribing is increasingly being acknowledged as an effective intervention for supporting people's mental health. In 2019, the Department for Digital, Culture, Media and Sport pledged to support all local health and care systems to implement social prescribing connector schemes across the whole of England, with a universal national offer being available in GP practices (by 2023),¹⁰ and in October 2019, the Secretary of State

for Health announced the creation of a new National Social Prescribing Academy. Similarly, in Scotland, social prescribing is becoming more widely available since the Scottish National Party's 2016 manifesto commitment to "recruit at least 250 Community Link Workers to work in GP surgeries and direct people to local services and support".¹¹

As things stand, however, there is still a limited number of arts-based social prescribing schemes across the UK, and art therapy, whilst more established, can also be difficult to access, with the availability of such schemes often depending on where an individual lives.

Good practice from abroad

Two Churchill Fellows visited a wide range of programmes abroad that are using the creative arts to support people's mental health. The Fellows were:

Dr Kat Taylor

Report title: Art Thou Well? Towards Creative Devolution of Mental Health in Greater Manchester

Kat, a clinical psychologist and art and mental health innovation programme manager at Greater Manchester i-Thrive, travelled to Finland and the USA (2017) to study initiatives embedding the arts into health care. Her report, written in the context of the Manchester Devolution deal of 2014, explores the roles the arts can, and do, play in supporting people's mental health.

Alison O'Connor

Report title: Transforming Trauma: Moral Injury and Arts with Military Veterans, Families and Communities

Alison is a psychotherapist, trainer and co-founder of Cardiff based Arts in Health organisation, Re-Live. Alison travelled to Bosnia and Herzegovina and the USA in 2016 to investigate the impact of the creative arts on families and veterans affected by trauma and moral injury.

Key findings

The arts can connect people

Both Fellows commented on the potential of the arts for bringing people together and reducing social isolation and loneliness. This is supported by research showing that arts groups providing shared activities and goals can improve an individual's connection with other people, and with their community.¹²

Loneliness is a growing problem in the UK, with feeling lonely being shown to be as harmful to an individual's health as smoking 15 cigarettes per day.¹³ With this in mind,

community approaches that allow people to engage with, and look out for, one another, are increasingly important, and in offering opportunities for non-verbal expression, the creative arts are unique in their ability to offer programmes that meet the culturally diverse needs of UK communities.

Dr Kat Taylor travelled to Finland to investigate how social connectedness can be encouraged through arts-based community groups aimed at building connections between mothers, their babies, and the wider community.

CASE STUDY

Baby Dance Hour, Dance Centre of Central Finland, Jyväskylä

What happens?

At Baby Dance Hour, mothers and their children participate in an African dance session, which is observed by older adults with dementia in residential care facilities. The course runs for ten weeks and is organised by the equivalent of an activities or arts co-ordinator employed by the public sector. Mothers are encouraged to play, sing, and dance with their children in the presence of people with dementia, and all participants, including the elders, are encouraged to explore the room together, interact with one another, and build connection.

Has it been evaluated?

Whilst no formal evaluation has taken place, feedback collected from participants of Baby Dance Hour suggests that the project has positive effects on both the wellbeing of mothers and babies, and the elders.

The initiative, and other similar projects, are also supported by research that finds strong positive benefits for community approaches, such as singing groups for women with post-natal depression, and that they offer significant improvements in mental health outcomes for participants, and improve the quality of mothers' bonding with their babies.¹⁴

The arts provide alternative opportunities for support

Both Fellows highlighted the potential of the creative arts for providing more holistic approaches for supporting people's mental health, in addition to more traditional methods such as talking therapies, and the prescribing of medication. Whilst talking therapies and medication can be an effective treatment for some, they will not be for all, and medication can sometimes cause a range

of harmful and unwanted side-effects.¹⁵

In being "non-medical", the creative arts provide access points for groups of people who can sometimes find it difficult to engage with more traditional health services, for example veterans. It is estimated that only half of veterans with mental health problems seek help from the NHS,¹⁶ and with this in mind, the Fellows investigated a number of more holistic arts-based approaches being used abroad to support this group.

CASE STUDY

Comedy Bootcamp, Armed Services Arts Partnership, Washington, USA (Alison O'Connor)

Comedy Bootcamp, organised by the Armed Services Arts Partnership (ASAP), aims to reconnect veterans with their communities using the arts.

What happens?

Comedy Bootcamp is the first-ever stand-up comedy class for veterans, service members, and military family members. Led by professional comics, the seven-week course develops the comedy writing and performing skills of participants using hands-on instruction and group feedback.

Comedy Bootcamp culminates with a graduation show at a local comedy club, with each participant delivering a five-minute set to a public audience. Upon graduating from the course, participants have the opportunity to continue to practise and perform through the project's Veteran Open Mics events, partner performances and the Alumni Mentor Programme.

The photo below is of the Armed Services Arts Partnership, Comedy Performance.



Has the project been evaluated?

Throughout 2018 and 2019, ASAP is conducting a Programme Impact Evaluation (PIE) in partnership with Western Carolina University. The findings will be available in Spring 2020.

The arts can help change UK culture

In recent years, there has been a shift in how our society thinks about and responds to people's mental health. Research conducted by Time To Change, for example, found that over the past decade, stigmatising and negative public attitudes to mental health have reduced by 9.6%.¹⁷

Whilst we are clearly moving in the right direction, there is still a long way to go, with the same survey, taken only a couple of years earlier (2015), finding that one in four of us would not want to work with someone with a mental health problem.¹⁸ Clearly, the stigma and discrimination that exists in our society towards mental health problems is deep-rooted, and the path to achieving tolerance and acceptance can be a difficult

one. In thinking about this process, the Fellows' research considered what roles the arts could play in this and investigated examples of good practice.

Dr Kat Taylor visited New York which, as one of the Thrive cities, has made a commitment to develop a mental health system that works for everyone. As part of this, New York is using the arts to share positive messages about mental health in order to influence mainstream culture. The case study below shows how Fountain House is curating art exhibitions involving artists with lived experience of mental health problems. Such initiatives are supported by research demonstrating positive shifts in public perceptions around mental health following art exhibitions that consider or promote work from people with mental health problems.¹⁹ Exhibitions such

as these increase awareness and visibility, whilst at the same time challenging misunderstanding and stigma, and there

is potential for a similar approach to be adopted across a wide range of regions and communities in the UK.

CASE STUDY

Fountain House, Manhattan, New York, USA

What is Fountain House?

Established in 1948, Fountain House opens its doors to 350 New Yorkers every day and has 1,300 members at any one time. In 2014 the organisation was awarded the Hilton Humanitarian Prize for its work dedicated to supporting recovery through offering engagement in a range of activities: skills development, education, socialising and employment programmes. As part of this, members are offered a range of arts activities to support their skills development and improve their confidence.

How does Fountain House curate art work involving people with lived experience?

As part of the project Fountain House has a public gallery, centrally located on 9th Avenue in Chelsea. Fountain House Gallery exhibits the artwork of Fountain House members curated through partnerships with professional curators from the city's prominent cultural institutions. People can browse and buy, creating a visible, community-based and business-like arrangement for sharing the skills of the artists at Fountain House.

What is its impact?

Fountain House reports significant impacts which compare favourably to traditional state-provided mental health care, indicated by statistics available on their website:

"People living with mental illness are re-hospitalised at a rate of 50%. The re-hospitalisation rate for Fountain House members is 10%. Lower hospitalisation rates lead to a 21% reduction in the use of high-cost services such as inpatient care and emergency room treatments."

Applying the learning in the UK

Dr Kat Taylor

Greater Manchester is the UK's first city region to have made the arts and culture integral to its health strategy. Since returning to the UK, Kat has taken on the role of Arts and Mental Health Innovation Programme Manager. Kat's remit is to encourage the implementation of arts-based services, through linking sectors and influencing commissioning in order to provide a wider offer that includes the arts.

One such programme of work involves partnering with the Warren Project in Hull, specifically the Three Minute Heroes project, which will go into 120 Greater Manchester schools to support children to creatively express themselves and have their words turned into songs by emerging bands with professional music videos. The project aims to raise awareness of children and young people's mental health and to challenge stigma.

Section 2: Harnessing the potential of digital technology

Context

What do we mean by digital mental health?

In the UK, 38 million adults access the internet every day.²⁰ On average, internet users aged 16 and over, spend more than 20 hours online each week and more than 70% have a social networking profile.²¹

With this growth of the internet, online spaces and smartphone apps, healthcare services are beginning to use these developing technologies to help monitor health and prevent and treat any problems. Digital health, or eHealth as it is sometimes known, is a wide and varying concept that includes the use of technology for digital record keeping, online booking systems, online repeat prescriptions and also for support,²² such as online resources, social media and smartphone applications.²³

Can it effectively support people's mental health?

Digital mental health has been associated with providing a wide range of benefits such as:

- Improved access to support, including online self-help and reduced barriers such as stigma.²⁴
- Greater potential for reaching people in accessible and meaningful ways.²⁵

- Reduced and often non-existent waiting times in comparison to traditional services.²⁶

- Improved access for people living in rural communities.²⁷

Whilst digital mental health should not be viewed as a panacea or a substitute for face-to-face care, the opportunities to advance and develop mental health support in the UK through the use of digital technology are widely regarded as having great potential.

What are the challenges?

Despite evidence for the effectiveness of e-mental health approaches, a 2016 research study found that the majority of people are not aware of web-based therapies and that there is low awareness of e-mental health more widely.²⁸ There are also considerations about whether e-services provide the same level of tailored care as is offered by a face-to-face service.

To what extent is it already available?

Digital mental health support is, to some extent, still in its infancy, with the majority of mental health support being provided in face-to-face settings. There is, however, a growing availability of e-mental health

programmes, and ambitions within the sector to rethink service design and delivery based on developments in digital technologies.

The NHS Long Term Plan (2019) recognises the need to increase access to mental health support for millions of people, and as the NHS Topol Review (2019) makes

clear, digital technology is increasingly being cited as an effective way to do this. Over the next 15 years, digitally enabled care is expected to become mainstream, with more online consultations in addition to remote monitoring, smart homes and more comprehensive electronic records.²⁹

Good practice from abroad

Four Churchill Fellows visited a wide range of programmes abroad that are using digital technologies to support people's mental health. The Fellows were:

Rebecca Cotton

Report title: Using Digital Technology to Design and Deliver Better Mental Health Services

In 2017 Rebecca, formerly Director of Mental Health Policy for the NHS Confederation, travelled to Australia and the USA to research approaches to using digital technology in mental health support.

Marcus Gardiner

Report title: Decoding Digital Solutions for Workplace Mental Healthcare

Marcus, a Software Developer and Management Consultant, travelled to the USA in 2018 to explore the use of digital technology to support good mental health in the workplace.

Dr Erin Hope Thompson

Report title: Shaping Cancer Bereavement Care: Developing a Framework for Action

Erin, Founder and Director of The Loss Foundation, travelled to the USA in 2017 to research best practice in bereavement support, with a particular focus on the role of digital technology.

Dr Ajay Thapar

Report title: Understanding Sleep Problems (Insomnia) in Children, Adolescents and Adults and their Management

In 2017, Ajay, a General Practitioner, travelled to the USA to study innovative approaches to supporting people with distressing sleep problems, including the use of digital technology.

Key findings

Digital technology can provide scalable options for prevention, self-help and peer support

In the UK, not enough people experiencing mental health problems have access to good quality care and support, with stigma and a limited number of easily accessible services being central to this problem. There is therefore a clear gap in relation to providing a wide range of scalable, cost-efficient, first-line interventions for people with developing mental health problems.

In speaking to clinicians, academics and non-profit leaders, a major theme coming through many of the Fellows' conversations was that of the opportunities provided by digital technology. On site visits across Australia and the USA, Rebecca Cotton met with many colleagues, particularly from the non-profit sector, who were leading work to enable more people to access good quality information and support one another online. An example of an organisation using digital technology for this purpose is Beyond Blue, based in Australia.

In researching innovative approaches to treating people with sleep problems, Dr Ajay Thapar found other examples

from abroad of digital apps providing scalable, low-cost, first-line interventions offering Cognitive Behavioural Therapy for Insomnia (CBT-I) for people with sleep problems. CBT-I is a multi-faceted treatment for insomnia and involves a number of different components, both cognitive and behavioural.

In the UK, face-to-face CBT-I is available on the NHS in some areas of the UK, but as with the majority of talking therapy services, there are often long waiting lists. There is scope for apps such as Sleepio, a CBT-I app, to be adopted more widely, and championed by health care providers, public services and decision makers.

Digital technologies can support the mental health of employees

Marcus Gardiner travelled to the USA to explore the use of digital technology in supporting good mental health in workplaces. Whilst the opportunities are great, his research found there to be an enormous, and sometimes overwhelming, range of available online information resources and e-mental health programmes. The infographic on the next page, developed by Marcus, provides an overview of some of the options available.

The map of solutions: Examples of solutions across all 6 categories

A non-exhaustive set of examples in each category

1. Portals, gateways and marketplaces	2. Comprehensive wellbeing platforms	3. Teletherapy
4. Wearables, Virtual Reality and Analytics	5. Digitised Screening, Therapies, Behaviour Change	6. Peer support

How to adopt the right approach?

In adopting the right approach, Marcus found that organisations should be mindful that there is no one-size-fits-all approach, and instead tailor assessment and implementation to the needs of their employees accessing the support. In doing so, there are a number of considerations that any organisation redesigning their e-mental health support should consider, such as:

1. Have you engaged your end user? The

right approach will depend on the culture of the organisation and the people working for it. Start with a user-led mental health needs assessment, to understand the range of mental health problems in your organisation.

2. What is the scope? Providing a wide range of support is often vital for effectively meeting the varying mental health needs of employees.

3. Does it make good business sense? The chosen programme of support should

provide a return on investment to build on, perhaps preferring solutions that have been implemented before in workplaces and shown to be effective and cost-efficient.

4. Do you have the technology to deliver it? Be sure to assess what technology the desired platform requires, for example telephone, tablet and/or computer, and the current ability of the organisation to deliver it. Will additional investment be required?

5. Have you considered the investment trade-off? Digital technology companies often face a trade-off between investing in clinical research that provides proof of efficacy versus investing in features and design that encourage user engagement. In practice: $\text{Impact} = \text{Reach} \times \text{Efficacy}$. Both factors need to be considered and balanced.

How to implement it effectively?

Once an organisation has chosen an approach, the next steps involve the implementation stages. Based on his research, Marcus identifies three important steps in this process:

1. Ensure the model is championed at all levels, including senior leaders, and that there is an effective communication and engagement strategy.
2. Use appropriate terminology and ensure communication is tailored to the end-user. The more "mental health" or "wellbeing" can be normalised, the more likely people are to engage.

3. Utilise digital technologies to establish, augment and sustain holistic initiatives that target both working and non-working life. Digital mental health support should only be part of the support available.

Spring Health are a USA-based company that provide digital mental health support to a range of organisations in the USA, and were identified by Marcus as an example of good practice. Their technology has been clinically validated in over 30 peer-reviewed papers in medical journals and endorsed by the American Psychiatric Association (APA). In working with an organisation, they aim to sign up one in three employees during a structured launch and implementation process. More details are available on their website.

Digital technology can bring people together

As highlighted by a number of Fellows, digital technology has the power to connect people, bring them together and provide a platform for individuals to share stories and life experiences. Talking to others, and finding commonality in experience, can be very important for people who are experiencing mental health problems, or those at risk of developing them. A number of Fellows picked up on this theme, and Dr Erin Hope Thompson, in her travels to the USA to research best practice in bereavement support, identified The Dinner Party as an example of good practice.

CASE STUDY

The Dinner Party (global)

What is The Dinner Party?

The Dinner Party (TDP) is an organisation that brings together mainly 20 to 30-year-olds who have experienced significant loss, connecting them with others over dinner parties, and allowing them to share their experiences. TDP have been running for several years, and at the time of writing have approximately 250 dinner parties happening across eight countries.

How are the events organised?

People who want to join a dinner table are asked to complete a form online. Once read by a member of the TDP team, each individual is allocated a dinner table local to them based on the information provided. Importantly, allocation is not based solely on location, but also on similarities between potential diners. For example, their current experience of loss, their interests and how they like to spend their free time.

How is digital technology involved?

At the time of Erin's travel, TDP were in the process of adapting their matching system by setting up an electronic platform allowing people to join specific tables, with hosts responding directly. This enables an interactive and smoother system and provides people with more agency in seeking connection with others. TDP is also embracing digital technology and web tools to help them identify those in need and to bring them together with others who have experienced something similar.

Has it been evaluated?

Whilst no formal evaluation has taken place, TDP's model is supported by research which suggests that connecting bereaved people to one another at social events allows them to feel pleasure and achievement via both a connection with others and becoming engaged with the grieving process. Both are facets shown to be effective in elevating mood and are important concepts in grief counselling.³⁰



Applying the learning in the UK

Dr Erin Hope Thompson

Since returning to the UK, Erin's organisation The Loss Foundation (TLF) have set up and piloted a new initiative, Connect. The programme is based on the hundreds of supportive conversations that have developed quite naturally, and even enjoyably, between people who hardly knew each other, and allowed them to be heard and understood. This act of friendship is something that individuals, with their shared experience of loss, are able to provide for each other.

During Connect pilots, TLF used a digital platform to collect information from those who were interested in taking part and matched them to others in a similar situation. TLF then shared pairings via email and provided guidance for participants to have a supportive telephone conversation with one another at their earliest convenience. This enabled TLF to facilitate supportive conversations between people across the country from the comfort of their homes. The aim is to reduce social isolation and loneliness, and to help normalise what people are experiencing as part of their grieving.

Feedback from the first pilot was positive, and TLF are now piloting the initiative again more widely.

Conclusion

In the UK, there is a growing recognition of the valuable role that both the creative arts and digital technologies can play in supporting people with mental health problems, and, whilst quite different to each other in approach, the Fellows' research found similarities in their potential for reducing social isolation and loneliness, providing effective and timely first-line interventions, and ensuring that a wide and diverse range of mental health support is available to meet the varying needs of the UK population.

The NHS Long Term Plan (2019) recognises the need to increase access to mental health support for millions of people, and both the creative arts and digital technologies can provide opportunities for doing this at a community level, whether it be through scalable, preventative digital mental health apps, or comedy clubs aimed at supporting veterans following their time in service.

In considering the UK context, however, both creative arts and digital technology interventions are in their relative infancies in terms of influence and inclusion in health and wellbeing strategies, and are still developing their evidence bases. Greater Manchester is, for example, the first UK city to integrate the arts into its health and wellbeing strategy. Similarly, whilst there

is a growing availability of e-mental health programmes, digital mental health support is, to some extent, still in its early stages, with the majority of mental health support still being provided face-to-face.

The opportunities for both are great. As we continue to rely on creative approaches and innovative thinking to find solutions to the most pressing problems that our current mental health system faces, the findings of the Churchill Fellows' research, alongside the case studies provided, offer further evidence of the positive impact that these approaches can have in supporting people's mental health, and provide useful evidence to support their continued integration into national, regional and local health and wellbeing strategies in the UK.

To find the full body of research produced by all 59 Churchill Fellows, or to listen to the corresponding podcasts for **Creativity and innovation**, please visit the Mental Health Foundation and Winston Churchill Memorial Trust websites.

To get in touch with a Fellow included in this briefing, or for more details on any of the case studies featured, please contact the Winston Churchill Memorial Trust at office@wcmt.org.uk.

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