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Promoting young people's mental health and wellbeing through participation in the arts: A mixed-methods service evaluation of the Zinc Arts ArtZone programme

Ceri Wilson, Anglia Ruskin University

Darren Sharpe, University of East London

Abstract

Arts-for-health initiatives are associated with improvements in mental health, wellbeing and social inclusion; however, research amongst young people is sparse. The aim of the study was to conduct a mixed-methods evaluation of a participatory arts programme for young people with, or at risk of, mental ill health. The Zinc Arts ArtZone programme involved working with individuals aged 11-25 in South East England, engaging them in arts activities over ten-week courses in community and secure unit settings. 122 course participants completed pre/post measures of mental illness severity and wellbeing, and 34 participants took part in interviews and focus groups. Mental illness severity significantly decreased and mental wellbeing significantly increased. Participants reported social and emotional benefits including decreased social isolation and increased social inclusion and mental wellbeing. Participatory arts interventions may serve as a useful tool in tackling increasing mental ill health amongst young people.

Keywords:

arts participation, mental health, mental wellbeing, participatory arts, social inclusion, young people

Introduction

Mental ill health is a significant public health problem worldwide, with one in four people affected at some point in their lives (WHO 2001). Amongst young people (broadly ranging from 12 to 25) in the United Kingdom (UK) one in four experience suicidal thoughts (The Prince's Trust 2014), rates of depression and anxiety have increased by 70 per cent (Mental Health Foundation 2004), and those presenting to accident and emergency departments with mental health difficulties have more than doubled since 2009 (Parliamentary Question 2015). It has been argued that young people have the highest incidence and prevalence of mental illness across the lifespan (O'Reilly et al. 2015) and rates

of self-cutting have been found to be highest and most repeated amongst this group (Larkin et al. 2014).

The World Health Organization (WHO 2005) argues that some of the major determinants of mental health include access to: supportive social networks, social and community environments, and a variety of activities. This highlights the potential role of group arts activities in mental health promotion. Over recent years there has been a developing UK arts and health agenda (e.g. DCMS 1999, 2014, 2015a, 2015b; ACE 2003, 2007a, 2007b; DH 2007) as well as a growing number of reports to UK Government seeking to address the many challenges of improving the lives of children and young people (HM Government 2010a, 2010b, 2011a, 2011b, 2012; Department of Education 2011). Furthermore a recent report from Public Health England (2013) highlighted the need to prioritise and invest in mental health services for children and young people, with case studies outlining the benefits of arts participation for their wellbeing. Recent statutory guidance also emphasised the importance of ensuring that looked-after children have access to arts activities in order to promote their wellbeing (Department of Education and DH 2015).

Most of the existing research on arts-based interventions has focused on arts therapies, but there has been increasing interest in arts-for-health initiatives where engagement in the creative process is seen to be therapeutic in itself (e.g. National Alliance for Arts, Health and Wellbeing 2012; All Party Parliamentary Group for Arts, Health and Wellbeing 2014). Arts Council England define the arts as visual and performing art forms, music, dance, theatre and literature (ACE 2013) and participatory arts as the production of an event or experience through collaboration between an artist and the creative energy of a participant (ACE 2010). Research internationally has found that participatory arts interventions are associated with improvements in mental health, wellbeing and social inclusion amongst adults with or at risk of mental ill health in both inpatient and community settings (e.g. Lawthom, Sixsmith and Kagan 2007; Griffiths 2008; Hacking et al. 2008; Stickley 2010; Moran and Alon 2011; Secker et al. 2011; Caddy, Crawford and Page 2012; Makin and Gask 2012; Stickley and Hui 2012; Margrove et al. 2013; Wilson, Secker and Kent 2014; Shipman and McGrath 2016). However, research exploring the use of participatory arts interventions amongst young people with mental ill health is sparse. Limited evaluative research has been conducted amongst young people at risk of mental ill health (Argyle and Bolton 2005; Rapp-Pagliccie, Stewart and Rowe 2013; Wood et al. 2013), children and adolescents using a mental health service (Acharya-Baskerville 2006), young black males diagnosed with (or at risk of) mental ill health (Griffiths 2005), and children and young people looked after by the state (Salmon and

Rickaby 2014). Reviews of the impact of participatory arts interventions in community settings on children and young people's health in general have also been conducted (Daykin et al. 2008; Bungay and Vella-Burrows 2013), both concluding that more work needs to be done in this area.

Zinc Arts is a UK-based arts and education charity that promotes inclusion through 'arts without exception'. The organisation exists to advance and promote the creativity, culture and heritage of disabled young people and adults and socially excluded groups. Zinc Arts runs a wide range of creative courses and is underpinned by the ethos that the arts can be a positive and powerful force in individuals' lives; awakening them creatively, inspiring future choices, providing a voice for self-expression, serving as a tool for learning, stimulating change, and resulting in a product which serves as an end in itself. The Zinc Arts team comprises professional artists with a background and experience relevant to the groups with whom they work. ArtZone, a three-year Zinc Arts programme, involved working with children and young people aged 11-25 with or at risk of mental ill health through engaging them with a wide range of arts activities (including music, sculpture, drama, spray painting, stop-frame animation, film, and visual arts). Six-to-ten week outreach projects were delivered to an array of organisations who work with young people in both secure inpatient and community mental health services, including organisations working with young people at risk of mental ill health. ArtZone enabled young people to work alongside professional artists to create high quality art pieces, as individuals and groups. The sessions were designed so that young people could use the arts to express themselves in a safe and secure setting. This article reports on the findings from a mixed-methods service evaluation of the ArtZone programme between August 2012 and July 2015. As a service evaluation National Health Service (NHS) ethical approval was not required for the study; however' written informed consent was obtained from NHS participants following standard ethical procedures and approval was obtained from the South Essex Partnership NHS Foundation Trust Research Governance Group.

Methods

Quantitative methods

The quantitative strand of the evaluation involved key workers completing questionnaires (at baseline and post-intervention) relating to participants' mental illness severity and mental wellbeing, and participants completing a measure of satisfaction after the course had ended. All participants who took part in the ArtZone programme were invited to

take part. Those individuals who agreed to take part provided written informed consent prior to participating. In order for this evaluation to protect participant anonymity, the research team did not receive any personally identifying information. The Zinc Arts project co-ordinator gave each participant a unique ID code and entered participant data (with accompanying ID codes) into a database which was passed on to the lead author for analysis.

Participants

Participants (*n*=122) were spread across locations/courses, with 54 attending their course within a secure unit, and 68 attending their course in the community. Participants were aged 12 to 25 (mean=16.89; *SD*=3.10). 41.3% were male (*n*=50) and 58.7% female (*n*=71) with one individual choosing not to disclose their gender or ethnicity. The majority identified themselves as White British (*n*=101), 20 were from black or white minority ethnic groups.

Measures

Threshold Assessment Grid (TAG: Slade et al., 2000)

The measure of mental illness was the TAG (Slade et al., 2000), a valid and brief assessment tool comprising seven domains grouped into three categories: safety (intentional and unintentional self-harm); risk (risk from others and to others); and needs and disabilities (survival, psychological and social). Higher scores indicate greater illness severity. The TAG has been shown to be reliable and valid (Slade et al., 2000, 2002).

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS: Tennant et al., 2007)

The measure of mental wellbeing was the WEMWBS-short version (Tennant et al., 2007) which measures positive affect, psychological functioning and interpersonal relationships. The shortened version consists of seven positively phrased statements rated on Likert scales. Scores range from 0 to 28 with higher scores reflecting higher mental wellbeing. The WEMWBS has demonstrated high validity and reliability (e.g. Tennant et al., 2007; Stewart-Brown et al., 2009; Clarke et al., 2011).

Client Satisfaction Questionnaire (CSQ: Larsen et al., 1979)

Participants also completed the CSQ (Larsen et al., 1979) following course attendance, which comprises eight questions scored one to four, with a minimum possible score of eight and a maximum possible score of 32 (higher scores indicate greater satisfaction). This measure demonstrates high internal consistency (Larsen et al., 1979).

Data analysis

As the data were non-normally distributed, Wilcoxon Signed Ranks Tests were used to compare baseline and post-intervention TAG and WEMWBS scores. This analysis was also conducted separately for those in secure unit and community settings. Mann Whitney U Tests were also used to compare baseline scores on the TAG and WEMWBS between participants in secure units and the community.

Qualitative methods

The qualitative strand consisted of semi-structured interviews and focus groups with ArtZone participants at the end of their course. Example questions include: 'Do you feel you have gained from the project?'; 'Thinking about the whole project, is there anything that could have been done differently?'; 'Since you have joined this project, do you feel more like making art in your own time? If yes, what support would you need?' Potential participants were first approached by the learning moderator and asked if they would be willing to take part. Participants were later introduced to the interviewer who explained the purpose of the evaluation and their role in the interview and/or focus group before asking them to provide written informed consent. On the follow-up questionnaire from the quantitative strand, respondents were also asked to write any free text suggestions or comments they had about the course and eight participants did so.

Participants

Thirty-four participants took part in a combination of semi-structured interviews and focus groups during years one and two of the programme (see Table 1).

<Insert Table 1 around here>

Qualitative analysis

Interviews and focus groups were digitally recorded and transcribed, and underwent content analysis to generate themes following Miles and Huberman (1994). This involved repeated readings of the transcripts to gain familiarity with the content, the use of coding to identify recurring, similar and contrasting content, and the collapsing of codes into central themes.

Findings

Quantitative findings

Mental illness severity

Only those participants for whom the TAG was completed at both baseline and follow-up were included in the initial analysis (n=82). The mean TAG score at baseline was 4.90 (SD=4.10) and this significantly decreased to 4.57 (SD=3.77) post-intervention: z=-3.024, p=.002. There was no significant difference in change in TAG scores between males and females (p>.05). Age was not significantly related to change in scores (p>.05). The mean TAG score at baseline for those in a secure unit (n=53) was 6.62 (SD=4.49) and for those in the community (n=45) this was 3.82 (SD=3.31). Those in the secure unit had significantly higher baseline TAG scores than those in the community: U=762.50, p=.002, r=-.31. Thirty-eight participants from secure units completed both baseline and follow-up measures, and scores significantly decreased amongst this group: z=-2.674, p=.007. There was a non-significant decrease in scores amongst the 44 participants from the community who completed baseline and follow-up measures: z=-1.633, p=.102. See Table 2 for baseline and follow-up scores.

<Insert Table 2 around here>

Mental wellbeing

Only those participants for whom WEMWBS scores at both baseline and follow-up were available were included in the initial analysis (n=112). Mean WEMWBS scores significantly increased from 15.37 (SD=6.56) at baseline, to 20.47 (SD=5.75) post-intervention: z=8.229, p<.001. There was no significant difference in wellbeing change between males and females (p>.05). Age was not significantly related to wellbeing change (p>.05). The mean WEMWBS score at baseline for those in a secure unit (n=53) was 12.40 (SD=6.71) and for those in the community (n=68) this was 16.94 (SD=6.12). Those in the community had significantly higher baseline scores than those in secure units: U=1103.50, p<.001, r=-.33. Forty-five participants from secure units completed both baseline and follow-up measures, and scores significantly increased amongst this group: z=-5.226, p<.001. There was also a significant increase in scores amongst the 67 participants from the community who completed baseline and follow-up measures: z=-6.366, p<.001. See Table 3 for baseline and follow-up scores.

<Insert Table 3 around here>

Satisfaction

113 participants completed the CSQ following completion of their course. The mean score was 29.46 (*SD*=3.13) indicating that participants were highly satisfied with their course. As can be seen in Table 4 the vast majority answered all of the questions favourably. Worthy of note, 96.5% said that the course met most or almost all of their needs and 92.9% said that the course had helped them deal with their problems better.

<Insert Table 4 around here>

Qualitative Findings

The data collected from the focus groups, one-to-one interviews and free text questionnaire responses, were collapsed during the course of the thematic analysis to reveal common and divergent thoughts and feelings about the programme.

The participant's accounts showed promising outcomes that the programme had made changes in their outlook and attitude towards their mental health and wellbeing. Participants described three distinct patterns of change that had occurred since participating in the programme. The descriptions can be typified as 'emergent changes' (i.e. that were coming into being or just noticed at the time of being interviewed), 'transformative changes' (i.e. the participant's deeper understanding of the 'self)'; and finally, 'projected changes' (i.e. which were felt to have a significant impact on their future lives). On a micro-level, the above changes can be captured in the participants' identified changes at an individual and social level.

1. Changes at an individual level

Participants reported various positive changes to their mental health and wellbeing as a result of participation in their respective art course. Participants reported a sense of freedom and autonomy; a sense of enjoyment, distraction and escapism; increased relaxation and calmness; increased empowerment, confidence and motivation; and the whole experience extended beyond the 'classroom'.

1.1. Freedom and autonomy

A number of those who took part in the interviews and focus groups talked about the art programme providing them with a sense of freedom and autonomy, with opportunities for decision-making. For example:

> *I liked it because it was sort of hands on and we were trusted with things that we usually wouldn't be trusted with. Scissors and sharp scissors and stuff like that, and it was more hands on, it wasn't the norm, so it was something different to do instead of the normal…* (Interview participant)

> *We're actually making our own choices… it's not like they're actually tutoring us, it's like we're doing it together you know...* (Focus group participant)

> *When you're in a job club and you walk out, they say, where are you going, but they didn't bother. They just let you get on with it, if you need to go for a fag, come back…* (Focus group participant)

However, some participants in secure settings highlighted the inherent limitations of handling art and craft equipment in this setting. One participant remarked, *'we're allowed to do anything as long as we're being watched'* (Interview participant).

1.2. Enjoyment, distraction and escapism

A number of focus group and interview participants reported enjoyment of the arts activities; described how they provided a distraction and a sense of escapism; and helped to normalise their situations, for example:

> *When you're drawing and stuff you don't realise how time flies.* (Focus group participant)

> *We've got activities we can do. I could just sit and make a bracelet, because it keeps your hands busy. Before I wouldn't have known how to do that.* (Focus group participant)

> *It was an escape from normal life.* (Interview participant)

> *...you can just feel like a normal person instead of sitting round doing therapy for like hours on end.* (Focus group participant)

This was also reported amongst questionnaire respondents:

A good distraction for me. (Questionnaire respondent)

I liked painting the canvases, we don't normally do things like that here. (Questionnaire respondent)

I enjoyed trying things I haven't tried before. It has inspired me to get back into art! (Questionnaire respondent)

It was fun, I enjoyed getting messy. (Questionnaire respondent)

Other participants observed that the programme gave them a sense of freedom to create and often bought them into close proximity to personal memories of shared family hobbies and interests (e.g. playing instruments, painting, writing poems and acting) and areas of study where they'd done well. A participant recounted, *'my dad's an actor and my mum's a singer, and my sister did acting at university, so it made me think, oh my God, this is right up my street'.* These associations with the arts centred participants in happier times when mental health and wellbeing was not considered an imperative. These threads formed the bridge by which art activities introduced in timetabled sessions were carried over into the participant's own time. Participants reported that they continued doing knitting, jewellery-making, writing poems and painting in their own time either by themselves or in self-started groups. Art supplies continued to be made available to the community-based groups and if individuals from these groups expressed a further interest Zinc Arts helped them identify any suitable courses. Zinc Arts were unable to leave art supplies behind in the secure inpatient settings due to security issues; however, materials lists were provided, so that if the hospital wished to continue with the work they could.

1.3. Relaxation and calmness

Nearly all interview and focus group participants said that they learnt new relaxation and self-soothing techniques as a result of being on the programme. These participants also reported that the programme gave them a sense of wellbeing that had a positive impact on all areas of their life, which often continued well into the next day. This sense of calmness helped participants manage the formalities of treatment and for a significant number of participants it helped to cope with the limited freedoms they experienced inside hospital.

1.4. Empowerment and confidence

In the secure hospitals, participants identified that one of the unforeseen benefits of taking part in the programme was the sense of empowerment it gave them as a result of the symbolic break from institutionalised care and the respite from their healthcare teams. Participants commented: *'...it helped me with my confidence'* and *'I have experienced growth in confidence'*. (Focus group participants)

1.5. Motivation

A number of the hospitalised and community-based participants spend countless hours alone in their rooms and sometimes not leaving their beds. But by scheduling morning sessions the programme motivated some participants to establish a morning routine and gave them something to look forward too. One participant explained:

> *...a lot of people stay in bed and don't bother with getting up, but since ArtZone's been here, like quite a lot of people, people that would normally stay in bed, have got up.* (Focus group participant).

2. Changes at a social level

Participants reported a considerable impact of the arts programme on social interactions and relationships between the patients themselves, between patients and staff, and between patients and the artists facilitating the groups.

2.1. Peer relationships

Most participants reported that they made new friendships and established context-specific support networks with other participants. In such groups, participants commented that they shared their art techniques but also shared their problems and fears for the future (e.g. not being able to be entered for their GCSE due to hospitalisation). Participants commented, *'we tell each other [our] problems', 'it is a support',* and *'it is like a family'* (Focus group participants). Participants reported that they felt encouraged to discuss, debate and create using art as the basis of their interaction. Participants commented, *'you feel the need to talk....I received constructive criticism from peers'* (Focus group participant).

Exposure to the programme was reported to increase social inclusion and brought isolated young people closer together who perhaps would not have otherwise connected on the ward or in the community. Not all participants engaged in conversation but nonetheless benefitted from being in the same space. As one participant observed: *'I think everybody got*

on with their own thing, but we were in a room together' (Focus group participant). Some participants intuitively came together outside the timetabled sessions, which provided participants with a range of knowledge, experience, and emotional, social or practical help. Participants suggested that the sessions led to a willingness to work together and built trust in participants to share their concerns. This enabled participants to identify with each other's idiosyncratic behaviours and idioms. Such displays of empathy and understanding strengthened social bonds and inclusion within the groups, which increased participation at all levels. The richness of the peer conversations and depth of the relationships formed as a result of involvement in the programme seemed to be one of the pillars on which the programme was effective. Participants commented:

> *It helped to build relationships with other patients on the ward through being in the group.* (Focus group participant)
>
> *You just get to know people better, like people that you didn't really speak to much on the ward you just get to know better...* (Focus group participant)
>
> *I think everyone got quite a lot closer because you like work together and stuff and you don't mind speaking to people when it's about work...* (Focus group participant)
>
> *I feel more connected with people.* (Questionnaire respondent)

However, two of the questionnaire respondents explained that whilst they enjoyed the course they were not as keen on working in a group:

> *I like to work individually on individual pieces.* (Questionnaire respondent)
>
> *I thought it would be more individual.* (Questionnaire respondent)

2.2. Relationships between healthcare staff and patients

The skilful implementation of the programme transformed the atmosphere of hospital 'classrooms' into youth clubs and although healthcare workers were present in all the sessions, they adopted a different role and by doing art together this often served to neutralise the power imbalance and encourage unscripted dialogue that deviated from care and control.

2.3. Relationships between artists and patients

A number of those who took part in the interviews and focus groups reflected on the relationship built between the artists facilitating the sessions and themselves as participants in the group. Positive feedback was provided in relation to the artists treating them as 'normal' people and giving them freedom and encouragement, for example:

> *…they don't make you feel like you're in a mental hospital.* (Interview participant)
>
> *'They do not force you to do anything, but at the same time they do not let you give-up…* (Focus group participant)
>
> *… if they can see that you're like not feeling very good or like in a bad space then they like... they sort of like do something to help you like ask you or if you want to do an activity or help you like do what you're doing.* (Focus group participant)

Positive feedback on the artists was also provided in the free-text questionnaire responses:

> *I thoroughly enjoyed spending time with the Zinc Arts Staff, they were supportive and refreshing - and helped to open up new options and possibilities for the future.* (Questionnaire respondent)
>
> *The service providers are very helpful with lots of advice and help to expand your own ideas and feelings and thoughts.* (Questionnaire respondent)
>
> *… Zinc listened to what we wanted to do.* (Questionnaire respondent)

Discussion

Zinc Arts is a UK-based arts and education charity which promotes the creativity, culture and heritage of disabled young people and socially excluded groups. ArtZone, a three year Zinc Arts programme, involved working with 11-25 year olds with, or at risk of, mental ill health through engaging them with a range of participatory arts activities (based around music, drama and visual arts) over six-to-ten week courses in secure unit or community settings. The results reported here represent an evaluation of the impact of the ArtZone programme in terms of participants' mental illness severity, mental wellbeing, and social impacts over the three years.

The present evaluation has found that the Zinc Arts ArtZone programme has coincided with emotional and social benefits to its participants and has supported Zinc Art's ethos that the arts can be a positive and powerful force in individual's lives; awakening them creatively,

inspiring future choices, providing a voice for self-expression, serving as a tool for learning, stimulating change, and resulting in a product which serves as an end in itself. The project has provided opportunities for over a hundred young people in both secure unit and community settings, and their engagement with and enjoyment of the project has been evident.

The Zinc Arts ArtZone programme has achieved important measurable outcomes, with statistically significant improvements in mental wellbeing and significant reductions in mental illness severity. Significant reductions in mental illness severity were only found amongst those participants in a secure setting, perhaps due to those in the community already having relatively low scores on the baseline measure of mental illness. Furthermore, the qualitative findings have revealed that the programme has led to a number of social and emotional benefits to participants, most notably: decreased social isolation and increased social inclusion (through an increased sense of community and connection, the development of peer support networks and friendships, increased communication and understanding); and increased mental wellbeing (through the provision of an emotional outlet, freedom and autonomy, distraction and escapism, enjoyment, relaxation, motivation, increased self-confidence, and increased empowerment). In addition, the project sparked imagination and creativity in participants, built new skills and competencies, and prompted thinking ahead and making future plans. These findings complement the established evidence-base amongst adults with or at risk of mental ill health (e.g. Lawthom et al. 2007; Hacking et al. 2008; Stickley 2010; Secker et al. 2011; Makin and Gask 2012). They build on the sparse evidence amongst young people with mental health difficulties and strongly contribute to addressing the previous cries for further research amongst this age group (e.g. Daykin et al. 2008; Bungay and Vella-Burrows 2013).

Limitations of the present evaluation need to be acknowledged. Due to the nature of the evaluation and resource limitations it was not feasible to include a control group in order to assess the extent to which improvements on the mental illness and wellbeing scales could be attributed to participation, or to follow-up longer-term beyond the end of the course. A useful next step would be to explore whether these positive outcomes are maintained in the longer-term, for example after three, six and 12 months. Assessment of the sustainability of the aforementioned self-started arts-based groups and individuals continuing with arts activities on their own following on from the Zinc Arts programme will be an avenue for further evaluation. Furthermore, comparison to a control group would help to better isolate and measure the impact of the programme on mental health and wellbeing. Additionally, a number of potentially confounding variables were not able to be included in the data analysis,

for example any changes to medication/treatment during the course of the arts intervention, or participation in any other arts or leisure activities; which is an avenue for future research.

Conclusion

Qualitative and quantitative strands of a service evaluation have shown that the Zinc Arts ArtZone programme is associated with significant benefits to young people with, or at risk of, mental ill health in terms of mental health and social inclusion. Limitations of the present research are acknowledged and there is a need for further research with a control group and longer-term follow-up in order to reliably assess causality and longevity. However, initial findings presented here provide promising results regarding the benefits of the participatory arts programme. The key now is to ensure sustainability of the programme in order for the work to continue and for longer-term outcomes to be assessed. Unfortunately the ArtZone programme did not receive further funding at the end of the three year project, however art supplies continued to be made available to the community groups and material lists were provided for the secure hospitals and Zinc Arts have maintained contact with all of the participating organisations. Assessment of any continuation of self-started groups and individual continuation of arts activities which arose from the Zinc Arts programme is an important avenue for future research. Participatory arts interventions may serve as a useful tool in tackling the rising rates of mental ill health amongst young people, whilst also addressing UK recommendations from Public Health England (2013) and global recommendations from the WHO (2005).

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Contributor details

Dr Ceri Wilson is a Senior Research Fellow at Anglia Ruskin University in the Faculty of Health, Social Care and Education. Prior to taking up this role Ceri completed a Ph.D. within the Loughborough University Centre for Research into Eating Disorders. Her research interests centre on the promotion of mental wellbeing and social inclusion of mental health service users.

Dr Darren Sharpe is a Senior Fellow at the Institute for Health and Human Development at University of East London and Senior Consultant at the Institute of Public Care based at Oxford Brookes University. His research and policy development interest straddle improving outcomes in the health and wellbeing, education and civic rights of children and young people.

Contact: Dr Ceri Wilson, Department of Adult and Mental Health Nursing, Faculty of Health, Social Care and Education, Anglia Ruskin University, Bishop Hall Lane, Chelmsford, Essex, CM1 1SQ, United Kingdom.
Email: ceri.wilson@anglia.ac.uk

Tables

Table 1: Focus Group Sites

No.	Type of site	No. of Participants	Gender split		Interview method
1.	Secure unit	2	F2		1:1 interviews
2.	Secure unit	7	F6	M1	Focus groups and 1:1 interview
3.	Community	5	F1	M4	Focus group
4.	Secure unit	7	F7		Focus group
5.	Community	7	F5	M2	Focus group
6.	Secure unit	6		M6	1:1 interviews
	Total	**34**	**F21**	**M13**	

Table 2: Baseline and follow-up TAG scores

	N	Baseline TAG score M(SD)	Follow-up TAG score M(SD)	Mean change	*z*	*p*
Secure unit	38	6.26 (4.54)	5.66 (4.13)	-.60	-2.674	.007*
Community	44	3.73 (3.29)	3.64 (3.19)	-.09	-1.633	.102
Total	82	4.90 (4.10)	4.57 (3.77)	-.33	-3.204	.002*

*$p<.05$

Table 3: Baseline and follow-up WEMWBS scores

	N	Baseline WEMWBS score M(SD)	Follow-up WEMWBS score M(SD)	Mean change	*z*	*p*
Secure unit	45	13.16 (6.64)	19.11 (6.44)	+5.95	-5.266	<.001*
Community	67	16.85 (6.12)	21.39 (5.08)	+4.54	-6.366	<.001*
Total	112	15.37 (6.56)	20.47 (5.75)	+5.10	-8.229	<.001*

*$p<.05$

Table 4: CSQ response frequencies

Question	**Poor (1)** Frequency (%)	**Fair (2)** Frequency (%)	**Good (3)** Frequency (%)	**Excellent (4)** Frequency (%)
How would you rate the quality of the course?	-	1 (0.9%)	21 (18.6%)	**91 (80.5%)**
Question	**No, definitely not (1)** Frequency (%)	**No, not really (2)** Frequency (%)	**Yes, generally (3)** Frequency (%)	**Yes, definitely (4)** Frequency (%)

Did you get the kind of service you wanted?	2 (1.8%)	2 (1.8%)	27 (23.9%)	**82 (72.6%)**
Would you recommend the course to a friend?	1 (0.9%)	3 (2.7%)	15 (13.3%)	**94 (83.2%)**
Question	**No needs met (1)** Frequency (%)	**A few needs met (2)** Frequency (%)	**Most needs met (3)** Frequency (%)	**Almost all needs met (4)** Frequency (%)
To what extent did the course meet your needs?	2 (1.8%)	2 (1.8%)	49 (43.4%)	**60 (53.1%)**
Question	**Quite dissatisfied (1)** Frequency (%)	**Mildly dissatisfied (2)** Frequency (%)	**Mostly satisfied (3)** Frequency (%)	**Very satisfied (4)** Frequency (%)
How satisfied are you with the amount of help you received?	-	2 (1.8%)	16 (14.2%)	**95 (84.1%)**
Overall, how satisfied were you with the whole course?	1 (0.9%)	-	14 (12.4%)	**98 (86.7%)**
Question	**Not at all (1)** Frequency (%)	**Not much (2)** Frequency (%)	**Yes a bit (3)** Frequency (%)	**Yes lots (4)** Frequency (%)
Have the services you received helped you to deal with your problems better?	2 (1.8%)	6 (5.4%)	**55 (49.1%)**	49 (43.8%)
Question	**Definitely not (1)** Frequency (%)	**No, I don't think so (2)** Frequency (%)	**Yes, I think so (3)** Frequency (%)	**Yes definitely (4)** Frequency (%)
If you needed help again, would you come back to our course?	1 (0.9%)	2 (1.8%)	26 (23%)	**84 (74.3%)**

*The most frequent response for each question is in **Bold**.