

Online Art Therapy Pilot in the Western Isles of Scotland

designing, piloting and evaluating an online service

Project Report
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EXECUTIVE SUMMARY

Art therapy is an evidence-based intervention demonstrating well-documented benefits for a wide range of client groups. This effective, safe and easily acceptable treatment is not, however, widely available to clients/patients in Scotland, with those living in more rural and remote areas having an even more limited access. Similarly to other health services, art therapy has been increasingly provided online, particularly since the Covid-19 pandemic. Online delivery has the potential to expand the reach and accessibility of this form of psychotherapy to clients who may not be able or do not feel safe attending therapy sessions in person. Due to its unique nature and emphasis on the role of an image and artmaking alongside the therapeutic relationship, special considerations need to be given to designing successful online art therapy services.

A pilot online art therapy service was developed and delivered in the Western Isles by a multidisciplinary team, that included: a) Head of Public Health Intelligence (sponsor), b) NHS-based project manager (coordinating service setup), c) partners from mPower project (supporting the setup of digital technology and referral process), d) third sector partners (referring and supporting clients), e) two art therapists (providing therapy and contributing to service design and its evaluation), and f) a researcher from UHI (initiating the project and supporting the design and evaluation of the service). Art therapy was offered as a block of eight weekly sessions to individual adult clients wishing to increase their psychological wellbeing. Digital equipment and art materials were provided, allowing clients an option to work with traditional and/or digital arts media. Therapists and clients connected via the Attend Anywhere platform used by the Near Me services.

Staff involved in the pilot and the clients were free to choose to participate, anonymously, in a mixed-method evaluation of the service. Quantitative, qualitative and arts-based data were collected via questionnaires, focus groups, interviews and Audio Image Recordings – an art therapy-specific method, used as a reflective and evaluative tool, in both practice and research. The research aimed to assess feasibility and acceptability of the novel service, identify enablers and challenges in setting up and delivering the service, explore participants' expectations and experiences of art therapy, identify potential benefits for clients and any indications of change in wellbeing. Eight clients, two art therapists and five members of staff contributed to the evaluation. Findings were grouped into themes across several key areas: service setup, research procedures, intervention, and impacts and insights. Recommendations were developed for the first three areas and the last section presents indications of change and gives voice to client experience primarily. Appendices complement the findings and Appendix 16 in particular provides weblinks to the audio-image recordings capturing the depth of the art therapy experience.

Although the timeline for the pilot seemed somewhat rushed, posing some communication and organisational issues in the preparatory stages of the project, a combined staff effort, flexibility and dedication resulted in a successfully delivered course of art therapy for all referred clients. More time allocated to the early planning stages would have resulted in increased confidence and understanding of the referral process and criteria. Minor technical issues were generally quickly resolved, with staff supporting clients in setting up equipment and connection. Despite the online platform's limitations for use in art therapy practice, art therapists and their clients were able to find creative solutions for working

and sharing artwork in the virtual space, with some clients enjoying digital artmaking. Both the clients and the therapists valued the flexibility and convenience of working online and there was a clear evidence of the therapeutic process developing in an online setting and in the time-limited art therapy situation. Research procedures were generally acceptable for clients, with some ambiguity around psychometric scales. Audio Image Recordings were valued by clients and therapists for offering a reflective space and a unique record of clients' experience and progress.

Further findings provided insights into clients' expectations and the actual experience of art therapy, which they felt was helpful, enjoyable, worthwhile and interesting, but also challenging and surprising. Most importantly, it was described as a judgement-free zone which allowed freedom to experiment, express, feel and immerse themselves in the creative flow. Some clients felt stronger, more confident and resilient following the course of art therapy. Other benefits included readiness to accept emotions, increased understanding of self and others, and being able to see things from a new perspective. Wellbeing scores could only be measured for three clients, one of whom seemed to have benefited immensely from art therapy which was reflected in a significant change on both wellbeing scores. Clients recognised the unique nature of art therapy in relation to other psychological treatments and valued the freedom of expression it was offering, including non-verbal.

Most clients would want to continue with their art therapy should it be available to them. Almost all clients would recommend art therapy to others feeling that many people would also be interested and would benefit from it. Art therapy inspired some clients to further develop own artistic practice while it encouraged others to seek opportunities to cultivate the benefits initiated through the therapy process. This project demonstrated that online art therapy is not only a feasible and acceptable intervention, but also a powerfully impactful one, capable of instilling a positive change in a surprisingly short period of time. Exploring ways to introduce new and expand current art therapy services is highly recommended. Refinement of an intervention design, tools and research procedures is recommended through further feasibility studies of a larger scale.



ABOUT THE AUTHOR

Dr Ania Zubala is a psychologist and psychotherapist by training and has been researching and establishing evidence base for arts therapies for over a decade. She has undertaken a number of systematic reviews, piloted a group art therapy intervention for depression and consulted on projects establishing and evaluating art therapy services for young offenders with learning difficulties and for children with long-term conditions. She supported evaluation of music therapy services of Nordoff-Robbins Scotland and co-developed an evaluation framework for the Royal Scottish National Orchestra. Her most recent research focuses primarily on opportunities of digital technologies for art therapy practice, particularly in more rural and remote communities of the Scottish Highlands and Islands.

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INTRODUCTION

ART THERAPY AS AN EVIDENCE-BASED INTERVENTION

Art therapy is “a form of psychotherapy that uses art media as its primary mode of expression and communication” (BAAT 2020). Creative expression and therapeutic relationship are the therapy tools used to address a range of emotional and psychological issues that might be difficult or distressing. Artistic skills are not required to benefit from art therapy since the focus is primarily on the creative process. Importantly, art making in art therapy is not a diagnostic tool and art therapists do not interpret clients' artwork. Instead, art therapy encourages creative self-expression and guides clients towards increased insight and their own solutions. Due to not relying entirely on verbal communication, art therapy may be a particularly suitable form of psychotherapy for those clients who find verbal expression difficult or who may be looking to expand their ways of communicating thoughts and emotions which are hard to verbalize.

Art therapists in the UK are trained at a postgraduate level, belong to Allied Health Professions, are regulated by Health & Care Professions Council and abide by the Code of Ethics devised by the British Association of Art Therapists (BAAT 2019). They work in a range of settings, including healthcare, community and private practice, and with clients in all age groups, experiencing different emotional difficulties or health conditions, for example mental health problems, learning disabilities or physical illnesses. Since art therapy has both curative and preventative potential (Sweeney 2009), clients who do not have specific psychological difficulties might use art therapy to increase their quality of life and enhance wellbeing.

Art therapy is provided both in groups and individually. Duration and frequency of therapy depends on clients' needs as well as therapist's psychotherapeutic approach which might be underpinned by psychoanalysis, psychodynamic theory, attachment and client-centred approaches, mindfulness, mentalization-based treatments or cognitive analytic therapies (BAAT 2020). Approaches integrating elements of the above theories are often considered most suitable to addressing individual clients' needs. Flexibility and person-centredness are at the core of most art therapists' practice.

There is an increasing research evidence that art therapy is not only a safe and readily acceptable intervention, but it is also an effective treatment option for a range of psychological issues. Systematic reviews have established multiple benefits of art therapy for mental health conditions including depression and severe anxiety (e.g. Uttley et al. 2015, Blomdahl et al. 2013, Abbing et al. 2018, Regev & Cohen-Yatziv 2018), and demonstrated its success in addressing psychological impacts of long-term or life limiting physical conditions (e.g. Wigham et al. 2020, Tang et al. 2019).

ART THERAPY IN RURAL SETTINGS

Despite high demand for art therapy and its multiple benefits, this evidence-based treatment is not widely available to people living in rural and more remote areas of Scotland. Limited number of practicing art therapists, geographical challenges and time and financial burdens of travel mean that many clients experiencing psychological distress and patients with serious medical conditions miss out on this valuable intervention (Zubala et al. 2021).

In the UK, art therapy services are predominantly centred around urban areas, despite encouraging indications from Australia (Sweeney 2009) and Canada (MacLeod et al. 2016) that art therapy might offer a valuable and relevant support for clients of all ages living in rural areas. Remote art therapy delivery has been successfully implemented with veterans living in rural parts of the US (Levy 2018) while researchers in rural Wales are currently piloting an online art therapy service for cancer patients (BBC 2020). Although Scotland has been at the forefront of development of art therapy as a profession in the 1940', modern art therapy services have been largely limited to urban centres.

ONLINE ART THERAPY

Online delivery increases access to art therapy for clients living in rural and more remote areas, where such services may not be available face-to-face. It has also additional benefits of increased privacy, which might be particularly welcomed by clients in small communities. In online art therapy sessions clients may choose to create artworks using traditional or digital arts media. There are a number of benefits of both artmaking methods and art therapists should be able to work with clients to determine an approach most suitable for them.

Art therapy discipline has increasingly welcomed opportunities offered by digital technology for both online therapy and digital art making (Zubala et al. 2021). Most recently, similarly to other health professions (Torous et al. 2020), art therapy discipline embraced digital technologies enabling clients and therapists to connect remotely during the Covid-19 pandemic and ensuring continuity of treatment. A recent survey of UK-based art therapists gathered practitioners' early experiences of their transition to online practice. Art therapists reported that they intended to honour their clients' preferences for mode of delivery and it may be expected that as many as 90% therapists will continue offering online art therapy beyond the recent necessity of a health crisis (Zubala & Hackett 2020).

ART THERAPY IN THE WESTERN ISLES

Art therapy services in the Western Isles of Scotland have been offered via Cridhe Crois Shlighe project from Taigh Chearsabhaigh for about a year (2019-2020), continued to be provided privately and are currently further developed by a small team of art therapists in Benbecula. These services have been welcomed in the community but are currently limited in their reach. It has been therefore proposed that an innovative online art therapy service would allow more residents of the Western Isles to benefit from this safe life-enhancing intervention. The current pilot service was developed in response to this need.



SERVICE DESIGN: PEOPLE, PROCESSES, TOOLS

The online art therapy pilot service utilised some of the procedures and infrastructure already in place in the Western Isles, primarily through the mPower project, including alignment with mPower referral processes, where appropriate, and involvement of community and digital navigators in referrals and ongoing support. Art therapists were employed specifically for the purpose of the pilot, to deliver therapy, support service design, ensuring it maximises benefits for clients, and contribute to research (see Appendix 1 for description of the service and art therapists' role).

REFERRERS

Several stakeholder meetings took place online via MS Teams. These aimed to introduce third sector organisations to the project and to art therapy and offered a space for raising concerns and discussing (and shaping) the referral process. Referral criteria were developed by the art therapists and the researcher (see Appendix 2). A referral form was adapted from existing mPower services, with which referrers were already familiar. MPower acted as gatekeepers in the referral process by sending out the referral forms, passing them onto the art therapists for their decision on client suitability for therapy, inviting clients who were accepted and signposting those who were not accepted to other agencies and activities.

Information about the project (see Appendix 1 and Appendix 6) and referral criteria were distributed among the third sector groups in the Western Isles. Four organisations expressed interest in the project, of which one reported no interest from clients and three went on to referring clients to the service: Alzheimer Scotland, Advocacy Western Isles and Tagsa Uibhist.

CLIENTS

The service was offered to clients on individual basis. It was intended to be inclusive and suitable for adults of all ages, experiencing a range of emotional difficulties, regardless of formal mental or physical health diagnosis. Art therapists were not only guided by the referral criteria but also worked closely with the referrers and with each other to establish if art therapy might be a suitable option for each individual. In several cases art therapy as offered in this project was not considered suitable for referred individuals, specifically those with dementia, for whom a pre-defined length of therapy might not be appropriate. Art therapists consulted their decision with the referrers and supported them to communicate it to the referred individuals.

Eight individuals were accepted for the service. On acceptance of the offer of therapy, clients were contacted by their therapists to arrange suitable time in a week for therapy sessions, sign therapy consent forms, introduce the research element and confirm suitability of art therapy for each person.

ART THERAPISTS

Therapy was offered by two fully qualified and experienced art therapists, one of whom was based in the Western Isles and another elsewhere in the Highlands. Both therapists have practised extensively with different client groups and in a variety of settings and are particularly familiar and experienced in working with rural communities and clients who live more remotely. Both therapists have been providing online art therapy sessions during the course of the Covid-19 pandemic and have observed benefits for their clients reaching beyond overcoming geographical distances, e.g. clients might engage more willingly with therapy provided at distance or might feel more empowered and in control of own recovery.

Each art therapist worked with four different clients in the pilot. The therapists have been closely involved in setting up the service and have agreed to take part in research as part of their role. They worked closely together to discuss and allocate referrals. They also met twice during the eight weeks in which they provided therapy for peer supervision and met individually with their own clinical supervisors three times specifically for the purpose of this project. Art therapists and the researcher met frequently in the months preceding the pilot to consider various elements of the project, including referral criteria, digital equipment, practicalities of working online, ethical issues as well as potential clinical implications of design choices made and any predictable impacts on the therapeutic process.

It is not a common practice in art therapy to rearrange missed sessions unless this is planned and discussed with the client in advance. In this pilot, art therapists rearranged sessions with clients on occasions and a third art therapist was identified who would be available to step in should any of the two therapists be unable to complete the agreed course of sessions.

TOOLS AND TIMELINES

Art therapy in this pilot was provided as a block of eight 1-hour weekly online sessions. An additional ninth session was offered with a purpose to develop an Audio Image Recording (see Research methods and Appendix 16). This specific session was scheduled between the seventh and the eighth (last) therapy session, to allow time for processing and consolidating of any new material arising through the recording.

Therapists and clients connected via Attend Anywhere, a video consultations platform approved for use within the NHS and utilised by Near Me services in Scotland (Wherton & Greenhalgh 2020). NHS email addresses were set up for the art therapists by an NHS-based IT team to enable them to use Attend Anywhere as hosts and safely share digital images with their clients. The secure NHS email addresses were also used for all communication related to the pilot, including with clients. As art therapists would normally use Zoom in their online practice, they allocated dedicated time for familiarising themselves with the new platform. Support was given by mPower to introduce therapists to the tool and the process. Therapists also arranged 'test calls' with each other and the researcher to ensure successful use of the platform with clients.

Clients could use their own digital devices to connect for their therapy if they wished. They were also provided with iPads complete with Apple Pencils and a pre-loaded Procreate application on each device for the duration of their therapy. These could be used to connect with the therapist, share images and/or for digital art making. A carefully selected set of traditional (physical) art materials were also provided to clients free of charge (see Appendix 4). The list was compiled by the researcher in consultation with the

therapists, alongside weblinks to online retailers and all individual items as well as a list of contents for individual art packs. To maximise budget, some art materials were purchased in packs of multiple items, which mPower staff helped arrange into art packs. Both art therapists received iPads and Apple Pencils as well as a set of art materials identical to the ones provided to clients, for use during the pilot. The digital equipment and the art packs were delivered to the clients in person by the mPower digital navigators and sent to the therapists by post.



EVALUATION OF THE ONLINE ART THERAPY SERVICE

AIMS AND RESEARCH QUESTIONS

This project aimed to pilot a novel online art therapy service in the Western Isles of Scotland. Evaluation was considered an important part of the process, although the pilot was not set up as a research project. In line with intention-to-treat, the project's primary aim was to deliver online art therapy to adults who might need it, regardless if they wished to take part in evaluation.

Feasibility and acceptability of the service were the key concerns in its evaluation, with outcome measurement built into the process to some degree – however, with intention to identify indications of change only. Sample was meant to be small and data collection deep rather than wide in order to identify any supportive and challenging mechanisms in the process of setting up, delivering and evaluating of an online art therapy service. Lessons were expected to be relevant to other online health and care services and psychological treatments in particular. Establishing acceptability and feasibility of research-related processes was also intended to guide future studies designs in art therapy and related disciplines.

RESEARCH OBJECTIVES

- ⇒ to examine participating stakeholders' views and experiences of the new online art therapy service
- ⇒ to assess the uptake and acceptability of the service
- ⇒ to identify challenges and enablers to setting up and delivering the service
- ⇒ to identify any impacts of the service (for the participating individuals and the wider community)
- ⇒ to advance understanding of priorities and considerations in future art therapy practice
- ⇒ to establish acceptability and suitability of research procedures and approaches

Evaluation of this pilot was undertaken by the author of this report with much appreciated contributions and generous insights from all involved in its set up and delivery. Ethical approval for the work was granted by the University of the Highlands and Islands on 15th May 2021 (ref. ETH2021-1176).

RESEARCH METHODS

Evaluation of the project employed mixed methodologies within qualitative and quantitative paradigms, as well as arts-based elements. A variety of methods was used to allow for triangulation of findings across different groups of participants and within them (Heale & Forbes 2013). Mix of methods was considered most suitable for capturing change and the complex and unique nature of art therapy practice. Stakeholders invited to share their experiences of the service included: a) staff assisting in setting up the service and referring clients to therapy, b) art therapists and c) art therapy clients (recipients of the intervention). At least two different methods of capturing experiences were used within each group.



Figure 1: Research methods and their timeline in relation to the intervention

CLIENTS: SURVEY, PADLET AND AUDIO IMAGE RECORDINGS

Adults who were offered a place in the online art therapy service were at the same time invited to take part in the research (see Appendix 5). Participation was entirely voluntary and anonymous with no personal data collected. Research procedures were intentionally designed to remain separate from the therapy process as far as possible and clients' decision to participate (or not participate) had no consequences for their involvement in therapy. Research methods were carefully chosen and adapted for the use in this project, resulting in robust but relatively non-intrusive data collection procedures. Art therapists were consulted in the research design stages to ensure that research methods would not interfere with the therapy process.

Clients who chose to take part in the research were asked to complete online questionnaires at two points in time: prior to starting online art therapy and on its completion. Time needed for completion of the questionnaires was estimated at between 10 and 20 minutes on each occasion. Both online surveys included two short self-reported psychometric measures (Warwick-Edinburgh Mental Wellbeing Scale and WHO-5, see Appendix 9) built into the body of the survey and a questionnaire devised for the purpose of this project, asking about participants' expectations (pre-therapy) and the actual experience of therapy (post-therapy) (see Appendices 10 and 11). In order to retain anonymity, participants were asked to choose a memorable nick name that would allow for linking responses from both surveys.

Surveys were hosted on the JISC Online Surveys platform. At the end of the post-therapy survey participants were also invited to share their experience of art therapy through artwork, which they could upload to a dedicated Padlet, serving as an online gallery space for the project. A link to a pre-therapy online survey was shared with clients accepted for therapy via email, followed by a similar email with post-therapy survey link on completion of a therapy course. Referrers were instructed to remind clients about the survey and direct any questions or concerns to the researcher. Several reminders were also sent by project manager to the referrers at the beginning and towards the end of the pilot.

In the second last therapy session art therapists supported their clients to create Audio Image Recordings (AIR) summarizing aspects of their experience that they might want to share with others. AIR is a unique art therapy-specific method, involving a client sharing an image (or a couple of images) of their artwork and responding to therapy-focused questions asked by their art therapist, which is captured in a simple voice-over-image video (Springham & Brooker 2013). This arts-based method serves multiple purposes: a) it supports clients and therapists to have a somewhat structured reflective conversation on the therapy process, b) it allows clients to hear themselves describing their experience, which can be therapeutic in itself, c) with client permission it may be used for research purposes and to raise awareness of art therapy among the wider public. Clients were free to opt out of the opportunity to do their AIR. Those who wished to take part, consented to their videos/images being shared for research and educational purposes. Recordings were done online, captured by the art therapists and shared with the researcher alongside digital images sent by clients via a safe dropbox area. Recordings were then edited by the researcher and uploaded to a private Youtube channel, undiscoverable publicly, but accessible through shareable weblinks (see Appendix 16).

STAFF: FOCUS GROUP AND PADLET

Staff involved in setting up and delivery of the service were invited to share feedback on various aspects of the service (including referral procedure, research/evaluation, benefits for clients, etc.) throughout the project via a dedicated Padlet (Appendix 13).

Referrers, mPower staff and project manager were also invited to take part in an online focus group towards the end of the project (after the therapy has finished for all clients), provided with information about the research (Appendix 8) and asked to complete an online consent form (Appendix 12). The group discussion lasted 1.5 hours, was facilitated by the researcher via MS Teams and recorded for the purpose of analysis. The focus group was conducted around the client journey through therapy – from referral to post-therapy situation. Participants were invited to share their honest feedback on what worked well, what did not and what they felt might be improved in similar projects in the future (see Appendix 14 for topics discussed).

ART THERAPISTS: FOCUS GROUP AND INDIVIDUAL INTERVIEWS

Having finished their art therapy sessions, both art therapists took part in a focus group-like discussion with the researcher lasting 1.5 hours. This was followed by 1 hour long individual interviews providing a space to further explore the key themes arising from the group discussion. In addition to topics similar to those explored in the staff focus group, art therapists were invited to also reflect on issues specific to art therapy practice, including: a) development of therapy process and therapeutic relationship in an online setting,

b) adaptations to practice required in online delivery and c) insights into artmaking using digital media as part of therapy (see Appendix 14).

RESEARCH PARTICIPANTS

15 participants took part in the research: five members of staff (project manager, two referrers, two mPower staff members), two art therapists and eight clients. Not all participants took part in every part of the research procedure intended for them (unsurprisingly, given its optional character). Of the six clients who completed the pre-therapy survey, four went on to also complete the post-therapy survey. Two clients who chose not to complete the pre-therapy survey decided to do so post-therapy. Six clients agreed to do their AIRs with the therapist. However, recording did not go ahead for one client due to issues with technology and timing, while one client expressed a wish to do a second recording in response to their initial AIR, resulting in six AIRs being produced. Five images were contributed to the Padlet set up for clients and one member of staff contributed feedback collected from clients via a dedicated Padlet (see Appendix x). Four members of staff took part in an online focus group and one staff member who was not available at that time agreed to take part in an interview instead. Both art therapists took part in a focus group and in individual interviews.

DATA ANALYSIS

The questionnaires, focus group plans and interview schedules were designed to gather information and capture participants' experiences on a number of pre-defined topics, which were considered pivotal for the process of service development. All methods also provided dedicated open spaces for any off-topic comments to be shared, allowing unintended effects or surprising insights to be captured.

CROSS-GROUP AND INTER-GROUP THEMES

Thematic analysis of data collected through this flexible design resulted in a set of themes shared across the different groups of participants and themes specific to a particular group experience, as well as, essentially, individual opinions and experiences. The findings pertaining to cross-group experiences are presented first, followed by findings pertinent to experiences of specific participant groups. Direct quotes are presented in *italics* and accompanied by an indication of a participant group source: C for clients, S for staff (including referrers), AT for art therapists. Any potentially identifiable information was either removed or concealed (e.g. gender indicative pronouns replaced).

ROLES, COMMUNICATION, TIMELINES

There was a common agreement among the participants that the project would have benefitted from more time for setting up of the equipment and finalising the referrals. Participants' perceptions on the amount of time spent on preparation to the project differed with some people feeling that not enough time was allocated to the early stages of the project and others feeling that they had spent long time waiting for things to happen before they could move on in their roles and tasks.

For most participants the timeline of the project felt rushed, mainly *in response to the deadline set by mPower coming to an end (S)*. This seemed to have caused pressure on all involved and led to *heavy email exchange and some confusion at times (S)* around roles and tasks, particularly early in the project, prior to therapy starting. *Communication often took different tangents with the different parties involved at different stages (S)*. In effect, activities leading towards the start of the project were not always adequately co-ordinated in time, with some actions taking place too late in the timeline and subsequently requiring human effort and flexibility to mitigate potential negative consequences (e.g. sessions with clients arranged before equipment was delivered).

The tendering process for art therapists took long time to arrange and required therapists' role description to be prepared since none was in place within the tendering system. Only once all agreements on roles and expectations were in place and signed, could the therapists be secured. Taking long to arrange the tendering process resulted in a delayed start of the pilot and art therapists needing to rearrange other commitments to continue their engagement in the project.

What was really difficult about the time was just that sudden beginning where we had to really try and set everything up very quickly. (AT)



Due to time constraints, all clients started their therapy around the same time, which the art therapists felt *was a lot to suddenly do, a lot to hold emotionally (AT)*. They, however, noticed that this felt more feasible in the online therapy setting that it would have been in a face-to-face situation as online delivery allowed for more flexibility in arranging sessions and removed the need to travel between spaces.

Art therapists felt that the clients would have also benefitted from longer time to 'settle in' therapy. In art therapy the early meetings with clients are considered particularly important for laying foundations for working together and art therapists would often support clients in making practical arrangements for therapy, e.g. advising on spaces to work in, materials that they might want to source and a dedicated place for artwork storage. In this pilot, the referrers and digital navigators supported clients in these early stages with art therapists having e-mail contact only. Art therapists felt, however, that they would have liked to meet their clients prior to starting therapy sessions to ease the beginning for clients and use time in the early sessions more effectively.

That holding is really important, and because you're not on the ground, you're not doing that, someone else is bringing materials, someone else is bringing the iPad, (...) an art therapist doesn't have control over that aspect in this case. And so we're coming in remotely, at that point, and then trying to make a beginning, which takes time. (AT)



Despite the above challenges, the service was set up in time for the intended course of therapy to take place and concerns about time and communication in the preparatory stages of the pilot *settled once the activity [art therapy] began (S)*, which was described by one person as *lots of surprises in the set-up but not the delivery (S)*. One participant shared that once the therapy had started they *didn't want to be intrusive about this (S)*, and found that *it went quiet and that was a good sign (S)*.

Practical stuff about the set up was difficult, but the benefit outweighs all that. (S)



RECOMMENDATION

Allocating sufficient time for setting up an online art therapy service is crucial, particularly in its early stages. Realistic timelines, roles and responsibilities clearly defined and clear guidance on tasks and procedures are important for ensuring success from the start. Extra time should be allocated to responding to any unforeseen adaptations, if required. Setting up regular opportunities to meet for all stakeholders is recommended to aid communication, allow to resolve issues early and provide clarity on roles as well as awareness of individual needs and the type of support staff may require. Weighting tasks according to priority and considering chronological order in which activities need to happen would help identify those that need to be attended to early in the process (e.g. arranging tender for therapists if not already in place).

REFERRAL PROCESS

Interest in the pilot among the local third sector groups was limited with some not replying to invitations to participate despite project manager remaining in regular contact to promote referrals. There was some concern that the organisations might not have shared the information with their service users and/or clients or that they targeted a small group of selected people only. The referrers approached certain individuals for whom they felt art therapy might be helpful, but it seemed that they might not have shared the information about the pilot more widely. One participant felt that a protective approach resulted in not sharing the information with some clients / service users, which in fact *takes a bit informed choice away from people (S)*.

There were indications that the third sector groups might not have had enough *understanding of what art therapy really was about (S)*, despite the materials provided (Appendix 1 and 6); presumably considering it similar to art activities and concluding that their clients were already receiving those and might not have further need. One person did not seem to have the knowledge about the effectiveness of art therapy and therefore had concerns about burdening their clients with *something additional, something new, irrespective of how beneficial that might be (S)*.

Part of the work is just discussing it. People over time get an idea of what we do and don't do or what we can best achieve and where our resources are best to go. (AT)



There was also some confusion about the referral criteria with staff reporting uncertainty about the reasons why some referrals were not considered suitable by the art therapists, despite the inclusion criteria provided (Appendix 2) and having met with art therapists to discuss. Presumably because certain criteria contained some ambiguity indicating that they may be considered on case by case basis, staff felt that they were not explicit enough. In particular, there did not seem to be a shared understanding as to why people with dementia were excluded from the service. Art therapists explained that the short length of therapy guided their decision in some cases, proposing that people with dementia would need a longer course of therapy to accommodate their unique needs. One person shared that they were *not clear why people were told 'no' (S)*, could not see the difference between some of the suitable and unsuitable referrals and therefore felt that the process *did not seem very inclusive to everybody (S)*. Contradictory to this opinion, another participant felt that the art therapists *have given quite clear decisions (S)*. One participant pointed out that *sending rejection emails was difficult (S)*.

There was also some ambiguity in opinions around the role of art therapists in accepting or rejecting referrals, with some participants believing that the therapists should be approving the criteria being the people delivering the service, and others wishing to be more included in the decision process: *Therapists gave their response which did not give enough room to go back, it was their decision as art therapists, we did not feel that was our role to then start challenging their professional decisions (S)*. One person felt that *there was no decision making tool, no risk assessment process (S)* and proposed use of *a scoring tool and a more robust decision process (S)*. While the art therapists used a referral criteria tool that they had developed with the researcher ahead of the pilot, it is unclear if some participants were unaware of it and therefore perhaps failed to share with the referrers, which might have in turn affected their confidence in the process.

I was surprised about one referral as I thought that would not be [their] thing at all and [they] probably got out of it more than anybody. (S)



Participants generally felt that it was important that *the referral form was coming through somebody they [the clients] knew and were already involved with (S)*. Referrers felt responsible to some extent for their client's experience and often supported them to settle into their therapy and in some cases throughout the process. Participants generally felt that it was important *that that support is in place for that person (S)*.

I wanted to make sure that they [clients] succeeded, that they had everything they needed and were comfortable (S)



One referrer hoped that art therapy might support their client to be more creative, *as the more creative [they] become, the better [they] may be able to deal with [their] anxiety (S)*. The same person shared that they had been *looking for art therapy for [their] clients for years (S)*.

RECOMMENDATION

Involving NHS-based partners and engaging an independent clinician (e.g. clinical psychologist) in the referral process could increase referring organisations' confidence in getting involved. A risk assessment procedure shared across partners in the project may be helpful in addition to art therapists' own. It is important to arrange a discussion within the team about clinical governance in private practice and allocate sufficient time for stakeholders to meet with art therapists and raise any concerns they may have. Reconsidering ways of sharing information about art therapy practice may be needed to ensure a shared understanding. It is important to agree a good triage system to avoid any confusion around referral criteria and have procedures in place for communicating with individuals referred.

TECHNOLOGY

Delivery of the online art therapy via the Near Me service required time consuming preparation and co-ordination of several parties, including IT team, mPower staff and the therapists. Once the system was in place, however, only some minor technical issues were reported and supported by the digital navigators and, at times, by the referrers, with one referrer reporting that they had given their clients *a little bit of teaching beforehand (S)*.

In one case, the referrer offered to assist the client in setting up the Near Me connection and accompanied them in person for the very beginning of the first session. The client and the therapist made special arrangements for subsequent sessions, *where [the client] would log in at an earlier time to check all the technology (AT)*.

It is important that this support is in place to minimise anxiety and keep people engaged in the process. (S)



Despite one of the therapist's initial concerns about the quality of connection via Attend Anywhere (based on previous experience), both therapists had in fact a very positive experience of the platform in this pilot and reported that it offered smooth connectivity and functionality. It also seemed to have worked well for the clients (with some exceptions, generally resolved quickly with the support of mPower team). However, it was also noted (S) that a flexible choice of platform would make a difference for clients.

Good quality of connection makes all the difference (AT)



However, even though the platform provided good enough quality connection between the clients and the therapists, its functionality is limited for use in art therapy. Art therapy practice requires artwork to be shared and for the therapist to observe the process of artmaking alongside client's facial/body expression. To compromise for the lack of such inbuilt functionality within the platform, photographs of artwork were often shared via email and/or artwork was lifted to the camera for therapists/clients to see. One client remarked that *there was no way to show both [their] face and the art (C)*.

Clients experienced some issues connecting through the platform, including with sound, 'echo' and *frequent freezing (C)*. One person had difficulty *getting into the waiting room due to the platform stating weak signal (C)* despite their own signal being strong. The same person reported that the platform initially did not recognise their camera and microphone despite them working fine on their laptop. One person felt that *having to manually input the url every time before a session took extra time and preparation (C)* and they would have preferred an easier way to initiate the connection.

Similarly to setting up the platform, arranging the digital equipment for use in the pilot was time consuming but once in place, the technology was well used by both the clients and the therapists. There were indications that some clients might prefer to use their own devices, being more used to, for example, the Android operational system. Questions were raised whether an Apple device is best to use (S). While the choice of iPads in this study was dictated by them being compatible with Procreate app and offering

potentially most advance drawing on screen technology, public and expert consultation might reveal alternative options. It was indicated (S) that most clients reverted to using own devices towards the end of their therapy. One client regretted that they could not transfer the images they had made on the Procreate app to their own device and shared that they *would have loved to have kept them (C)*. Another client felt that having a stand for the device would have helped with showing artwork to the therapist. An art therapist felt that clients would appreciate some training in the use of the Procreate app: *It would be better to have someone that would actually go through Procreate with them (AT)*.

The iPad didn't have a stand so I had to take it to my laptop screen in order to tilt it to the correct position to see both myself and the art. (C)



RECOMMENDATION

An online art therapy service demands reliable digital technology, including high quality Internet connection, to be in place well for everyone in advance of the actual therapy sessions starting. NHS emails need to be arranged early for art therapists, enabling contact with clients prior to the sessions. Sufficient time needs to be allocated for preparation and co-ordination of the platform and equipment setup and, essentially, for clients and art therapists to familiarise themselves with (likely) new to them systems. Training sessions should be available for therapists and clients who may need them – in using the platform and also in using app(s) and equipment for digital artmaking, should they wish to try this. Support arrangements need to acknowledge individual needs (e.g. wish to use own device) and varying confidence and familiarity with digital technology. A technology-focused check-in early in the therapy (separate from therapy sessions) can be arranged to identify any issues that may still need to be resolved. Finally, development of a bespoke digital platform better suited to art therapy practice may be considered.

QUESTIONNAIRES

Recruitment of participants to research (particularly the art therapy clients) required a lot of input from the researcher, the project manager and the referrers. Aiming not to interfere with the therapy process, the research was designed in a way that protected clients' anonymity as far as possible. That meant that the researcher did not have direct contact with art therapy clients and therefore the research element of the pilot relied on the project manager's and referrers' support in promoting it to clients. One person shared that the additional responsibility of sharing reminders about the research felt *uncomfortable (S)* at times but they also found the survey weblinks and instructions *clear and easy to follow (S)*.

All six clients who completed the post-therapy survey found the questions easy to answer (S) and *perfectly fine (S)*, with one participant also saying that they were useful as a reflective tool.

The questions were much about the same as the ones answered in the recorded session [AIR]. So it was not a big deal. (C)



[Completing questionnaires] made me happy to reflect. (C)



Two clients who completed the pre-therapy survey decided not to take part post-therapy. Although it was not possible to identify those clients and to explore directly the reasons for their decision, one referrer indicated that some clients, particularly those with known mental health diagnoses, found it difficult to answer the self-report wellbeing questions, which might have discouraged them from doing it again post-therapy. It seems that, while for the majority of clients in this pilot the questionnaires were acceptable, for two other clients the psychometric scales might have presented too many choices which felt overwhelming. Even though four clients completed both surveys, including the self-report wellbeing scales, responses could be linked for three clients only as one respondent seemed to have provided two different nicknames in the two surveys they completed.

One client with [MH condition] could not face completing psychometric scale, felt it was overwhelming, could not decide how [they] felt. (...) One client with [MH condition] found it a bit daunting, [they] obsessed about [their] answers: do I feel great? or do I feel a little bit great?... Because people do try to answer honestly... (S)



Although the clients were not asked about this directly, one staff member felt that *in a perfect world it would be best if it [the research procedure] was face-to-face (S)*. The same person felt that clients would find interviews with the researcher acceptable (either face-to-face or online), suggesting that in person might be a better option for those clients who might be worried about digital records being kept safely.

AUDIO IMAGE RECORDINGS

Audio Image Recordings were optional and five clients decided to do them with their art therapists. One person expressed their wish to do an additional recording in response to hearing themselves speaking in their initial AIR. In total, six AIRs of five different clients were produced, of a length between about 7 and 12 minutes each (see Appendix 16 for weblinks to all six AIRs).

Of the six clients who completed the questionnaire following their art therapy, five agreed to do their AIRs and one did not, explaining that they felt confused and hesitant about doing this and *didn't feel comfortable showing [their] art (C)*. One client shared that the recording did not go ahead due to technical difficulty, confirmed also by the art therapist. Three clients described a positive experience of recording their AIRs with one person saying it was *brilliant (C)* and another feeling that through doing this they were able to explain how *[they] found the whole experience [of therapy] (C)*.

It was a safe and understanding experience and [the art therapist] guided me through it very well and thanked me for my input. (C)



Participating staff also observed the positive impact recording their AIRs had on clients, with one person noting that the recording *made [the client] realise there was something going on and [they] needed to get to the bottom of it (S)*. One person also observed that some clients seemed to have been quite proud of the recording that they did, *it was a real boost of confidence (S)*.

When people see the videos [AIRs], that's where the real feedback is, I think. (S)



Art therapists felt that doing AIRs was an important experience for their clients and they themselves found them to be a valuable reflective tool, enhancing their practice. One art therapist said they were *struck with how generous everybody was, just wanting to do this knowing it will help someone else to maybe start thinking about doing art therapy (AT)*.

For me it was quite a turning point in thinking about future work really in terms of capturing things and actually being able to use that recording as a reflective tool. (AT)



The opportunity to have the final therapy session following the recordings of AIRs, including in some cases reviewing the recordings together, the therapists felt was so *valuable as well (AT)* and in one case resulted in the client recording a second AIR in response to their first recording. Both the art therapist and the client found the experience very rewarding.

It was such a powerful thing for [the client] and such a powerful reaction to [their] artmaking and what [they] saw in [themselves] that to make that second one felt so important, because to me that really captured that whole powerfulness of the therapy, of what [they] were doing. (AT)



As I was listening, it was a really good insight. I took a step back and I could see a distorted sight of me. It was a good experience to have to think about actually what I have deep inside me that I could bring out. (C)



RECOMMENDATION

It is recommended that future research continues to utilise mixed methods for capturing the complex multilayer nature of art therapy practice. Study designs should be guided by the intention-to-treat principle, which in larger studies should not compromise recruitment if, for example, control group is offered therapy at a later stage. Audio Image Recordings should be seen as a valid method in art therapy research, capable of capturing insights of a depth difficult if not impossible to achieve via other methods. Sufficient time and resources need to be allocated for editing and sharing of AIRs with the wider team. Questionnaires are a helpful and generally acceptable tool but the use of psychometric scales may need to be reconsidered with some client groups and/or optionality in answering questions offered. A reliable system for linking responses should also be in place. Anonymity might not be in fact as important to art therapy research participants as an opportunity to speak with the researcher directly and in person interviews should be considered, offering an additional space for reflection.

DIGITAL ARTMAKING TOOLS

One (staff) participant felt that digital artmaking was *either very loved or very hated (S)* by clients. Of the six clients who completed the questionnaire following their art therapy, three tried making digital images in their art therapy and three did not. One of those who tried reported that they did not enjoy it as they *liked to be hands on and have the materials in [their] hand to touch (C)*. Two other clients enjoyed making digital art, particularly the variety of (digital) arts media available through the app and ease of use.

I really enjoyed the variety of tools I was able to experiment with, it was really good fun and easy to share. (C)



One of the art therapists noticed benefits for one client in particular of engaging in digital artmaking, observing that it aided their confidence in being creative. That client expressed regret that they would not be able to use the Procreate app once the art therapy sessions finish and was hoping to make arrangements to be able to continue using it on own device.

That [digital artmaking] felt quite a helpful tool for [the client] who felt less confident with the art materials. (...) The iPad actually was easier and it was convenient. It was practical, and it tapped into something personally for [them], I think, as a tool. (AT)



Both art therapists enjoyed using iPads for digital artmaking in sessions with clients and felt that, although it offers a fundamentally different experience, it is an appropriate arts medium for use in art therapy, certainly for some clients. Interestingly, one of the art therapists found themselves engaging in digital artmaking for the purpose of ongoing reflection on their clients' therapy process, valuing it as a useful tool in professional practice, particularly for keeping and revisiting records of client progress.

I made an image after every single session that I did and that was brilliant. I loved doing that. I felt it was so easy drawing on the iPad. I found that really freeing as well as being very containing. And once you turn it off, it's gone almost, but it was there, so for me there was a really good record. (...) I would be looking at them all at the sequence and it just really helped to work. (AT)



TRADITIONAL ART MATERIALS

The process of purchasing and arranging individual art packs and subsequent delivery to clients was time consuming and required co-ordination between the researcher, the project manager and particularly mPower community navigators. There was a shared feeling among staff, though, that the clients appreciated the opportunity to use the variety of (often new to them) art media, which were not necessarily readily available to buy around where they lived other than online.

For [the client] getting that box of materials was amazing, really set [them] off on a positive foot. (AT)



Experiencing all the different [art] materials that I haven't used before has been great. (C)



For some clients there seemed to have been a *real excitement about the material packs coming and the variety of materials and actually the accessibility, the fact that they've all arrived to their house (AT)*. Art therapists also felt that for some clients having the art materials provided was an important part of the therapy process and particularly helpful in the early stages of therapy.

[Some clients] felt something quite nurturing about this pack that had been given to them and it felt quite important, and I noticed there was a real sense of looking after the materials and real pride in their packs as well. (AT)



WORKING ONLINE

Participating staff generally felt that online mode of delivery was advantageous for their clients not only being more convenient, but also removing certain barriers to engaging, particularly for those who *might not be entirely comfortable being out (S)* due to the Covid-19 pandemic. One person felt that as many people have lost a *lot of confidence over the last few years, it is important they are given the choice to do things online (S)*.

[Online delivery] was invaluable, because there was no travel time required, not as much arrangements had to be made (S)



One client in particular, [they] wouldn't have come face to face. [They] said that this opportunity to engage online was what made [them] do it. (AT)



In their responses to the online surveys, four clients shared that online delivery was an important factor in making their decision to take part in art therapy, for three participants that was not important and one participant was not sure. Asked about potential advantages of online delivery, participants mentioned

practical factors like convenience of being able to connect from the comfort of own home, not having to arrange child care and reduced costs of travel. Three participants referred to the impacts of the pandemic, noting that online delivery is a safer option due to Covid and that being given the choice to connect online might help those who struggle with interpersonal interactions, either as effect of the pandemic or in general. Another participant similarly expected that connecting online might make them feel relaxed, while another felt that it would give them more time to prepare.

Following their therapy the clients who responded that they would like to continue with art therapy were also asked how they would like to meet with their art therapist; blended mode (mix of online and face to face contact) was chosen three times, online only two times and face to face was chosen once. While it seems that for the majority of clients connecting with the therapist online, at least to some extent, was a preferable option, one client shared that they found it difficult *not having the therapist in the same room (C)* and said that they would have preferred *to be away from the home setting and any issues you have going on (C)*.

Art therapists recognised that online working allowed for more flexibility in arranging times to meet with their clients and adapting more easily to their needs, which they felt the clients were valuing. This potential for adaption extended to being able to offer options for clients to switch their video off, if needed, and to offer them more control over sharing their artwork.

For me, being able to offer that greater flexibility when needed is something I'm really valuing with the online working. You just don't have that flexibility when you're working face to face. (AT)



THERAPEUTIC PROCESS IN AN ONLINE SPACE

The importance of a comfortable, quiet and private space to connect from might not have been obvious for clients from the start, not knowing what therapy is until they start, so not knowing what they need really in the beginning in terms of the space (AT). Creating a safe space for sharing and reflecting is core to art therapy practice and is made more challenging in an online setup, where the art therapist needs to support the client remotely in making this space for themselves.

There is an intimacy about seeing people in their own homes and I think it becomes a shared responsibility really to set up the frame. (AT)



The art therapists found that some of the obvious challenges specific to online practice, like issues with connectivity and digital technology, could have been used with some clients, quite unexpectedly, to aid the therapeutic process. With one particular client, the therapist felt that the technological challenges prompted the client to find solutions and *actually showed a real resourcefulness in the person (AT)*.

[The connectivity issue] was quite a parallel in terms of the person themselves and how they manage things not working out. So actually we were able to utilize that theme of how they experience that, connecting up as part of our narrative in the session as well as in other situations, which was helpful. (AT)



One of the art therapists reflected how working in an online space, quite paradoxically, seemed to have intensified the experience of connection with clients and supported an even greater focus on what was going on for themselves that they needed to work through.

There's something about the kind of tightness and smallness of the space that sort of intensifies everything somehow, and it doesn't feel like a flat screen. When the connection is good, it feels very 3 dimensional, like a capsule or something like a capsule. (AT)



LENGTH AND STRUCTURE OF THERAPY

The structure of the therapy and its pre-defined duration in this pilot presented both advantages and challenges for all involved. While art therapists would not usually work with clients for an arbitrarily set length of time but rather according to needs and progress, art therapists in this pilot found the clarity of the structure to be helpful in some ways. However, they agreed that having an option to extend therapy by additional blocks of sessions would have been helpful for most of the clients who took part.

If there had been another block of time (...) no doubt that each person would have continued to use the space and wanted to use the space, I think. And in terms of the development of what they were doing, I think that would have unraveled further. (AT)



Similar view was shared by a member of staff whose client wished that could go for longer, as [they] were really getting into it when it stopped (S).

If the therapy could have gone longer that would be such a benefit to [the clients]. (S)



One client in particular also felt that allotted number of weeks wasn't enough (C), particularly as they found it difficult to commit to the set times during the week, saying that trying to maintain the allotted time for sessions was difficult due to various health issues for [themselves] and others (C). The same client also didn't feel comfortable with the therapist only being available during the session and not at all outside of it (C), highlighting that the fundamental frame of art therapy practice might not be acceptable for all clients.

THERAPEUTIC PROCESS IN TIME-LIMITED THERAPY

Despite recognising that a longer time for therapy would have been beneficial for most clients, the art therapists did not find the time limit to be restrictive for the therapeutic process. On the contrary, they felt that the frame might have at times supported progress and engagement in the process. Both therapists agreed that although *at the end it was starting to feel like a very short piece of work, (...) it was still possible to do a lot in a very short space of time (AT).*

There was quite an awareness of keeping themselves [clients] safe, knowing that they had a limited time, but equally really wanting to maximize the opportunity that they had and absorb themselves in as much of that as they could (...) I don't feel it hindered the processes at all, but I think it was certainly a theme that was there. (AT)



I was just so impressed with, bearing in mind the time constraints, how much and how deep [the clients] all worked. (AT)



RECOMMENDATION

Offering art therapy clients a choice of art materials is recommended, including digital artmaking tools for those willing to try or not comfortable with traditional art media. Ideally, length of art therapy would be agreed with clients on individual basis and with regular reviews. Time-limited art therapy, however, can still be beneficial, particularly in an online setting where the therapeutic process seems to develop more intensely for some clients. Art therapists should consider aspects of practice specific to online settings not only mirroring face to face arrangements in virtual spaces but also reflecting on unique opportunities that online work opens.

EXPECTATIONS OF ART THERAPY

Seven participants have not experienced art therapy prior to this pilot and were not offered it before and one participant has taken part in art therapy previously and shared their positive experience:

My previous experience was extremely fulfilling, I was able to concretely work through a number of issues that had been really troubling me, it allowed me to improve upon relationships, take a step back and accept the feelings I'd been having in a safe environment. I felt validated and understood by my art therapist, her feedback and guidance was crucial to the therapy process. (C)



Prior to their art therapy three participants were not sure what to expect from the sessions while others shared how they imagined art therapy might be like. They all expected to be having a conversation with an art therapist to some extent and making art either within the sessions or in between sessions. One participant expected to be offered topics to explore in their art and that the work would then be reviewed with the therapist. Participants shared that they appreciated the opportunity to try art therapy and two people expressed slight nervousness about starting, including related to lack of confidence in using digital technology.

An interactive, welcoming and supportive collaboration between therapist and patient. A safe space to explore various issues and learn to understand oneself and how we might better interact with the world around us as a result. (C)



Talking about how I feel and showing how I feel through my art. (C)



On committing to art therapy the participants were hoping to achieve a range of benefits for themselves, including:

- a better understanding of self (C)
- increased confidence (C)
- opportunity to express, confront and accept emotions: to talk through all my feelings and why I have them (C), to express and figure out why I was feeling emotions that I knew were affecting my everyday life (C), acceptance of uncomfortable feelings (C)
- a way to release tension: A form of relaxation and possibly some soul searching (C), to be able to relax and concentrate on it and feel happy (C), calm tools to relax and not panic about new things (C)
- opportunity to 'move on': A safe space to explore and move on from things that hold us back in life (C), I wanted to know how it worked so that I could give myself the tools to do it myself (C)
- a protected time for oneself and purpose: time for me, give me a focus to do something (C)
- a good rapport with therapist (C)

ACTUAL EXPERIENCE OF ART THERAPY

Of the six participants who completed the questionnaire following their art therapy, three felt that it was as they imagined, two were not sure and one person said that it was not what they expected purely because *not having done it before [they] didn't really know what to expect (C)*.

Clients who took part in the post-therapy survey agreed to varying degrees that the experience of art therapy had been enjoyable, surprising and helpful. Majority also indicated that it was interesting, educational and worthwhile, but also challenging. Respondents differed in their opinions on whether the therapy was important and demanding with more respondents leaning towards agreement rather than disagreement with these descriptors. Three respondents felt that the above words did not describe their experience fully and complemented them with their own, which included: *relaxing, thought provoking, enlightened, fulfilling, revealing of different perspectives and a safe and nurturing space, which made you make time for yourself (Cs)*.

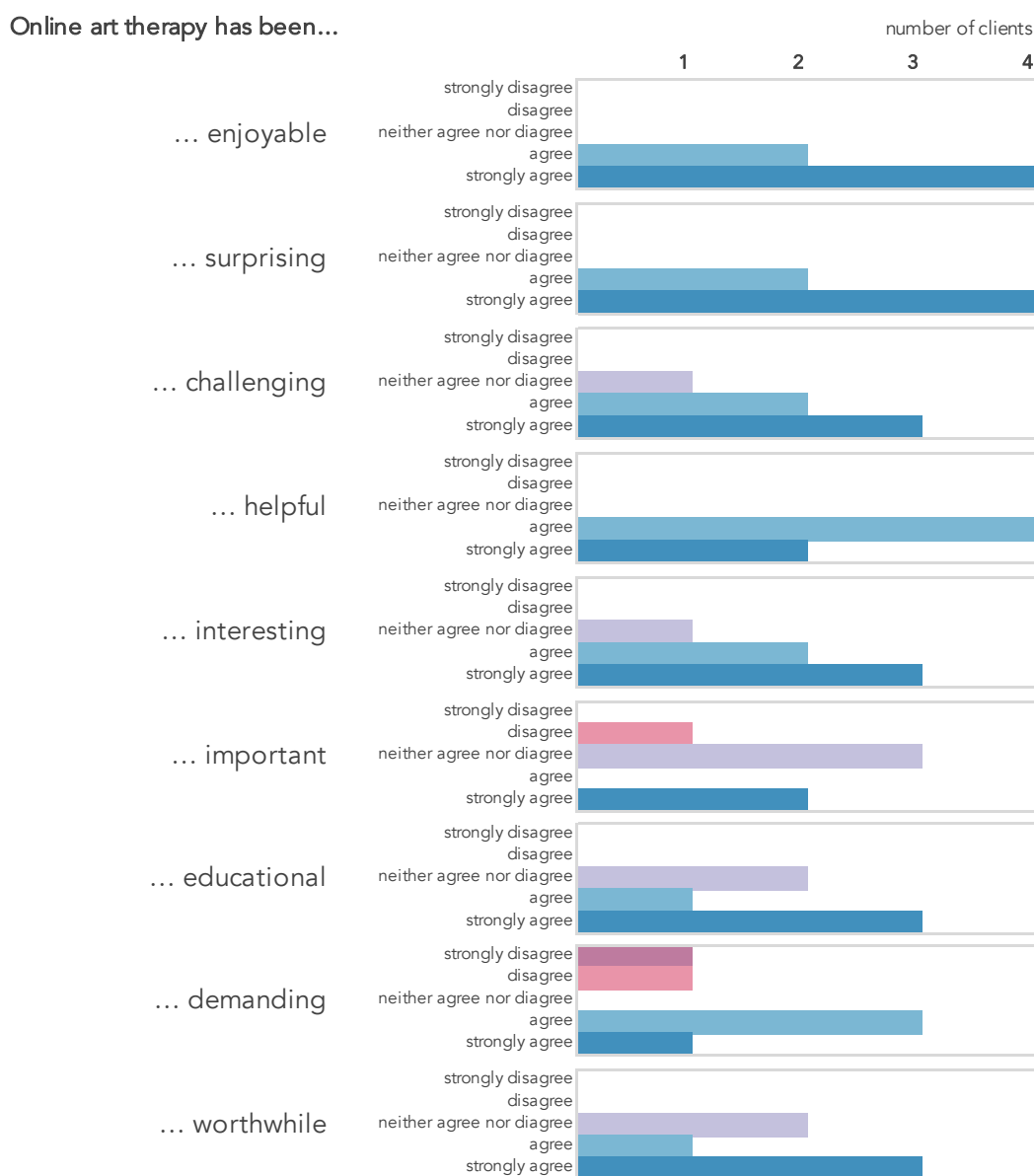


Figure 2: Responses to the post-therapy survey item 17: How strongly do you agree or disagree with the following descriptions of your online art therapy experience?

Several themes are clearly emerging from how participants have described their experience. It is felt that the participants' words are the best illustration of these themes and for this reason a brief description is simply followed by a set of quotes.

JUDGEMENT FREE ZONE – A SAFE SPACE FOR SELF-EXPRESSION

It's a judgement free zone. I think it sometimes takes a little bit for people to adjust to that, to realise that they're safe in this little space. And I think it's really interesting to see what happens as that develops. (C)

It's made me realise that I don't have to be so hard on myself when it comes to painting or drawing. It doesn't have to be a perfect reflection of whatever it is that you're trying to draw. (C)

[The client] felt that [they] could express [themselves] and not be worried about being judged. (S)



FREEDOM – TO CREATE, TO LET GO, TO EXPERIMENT

Making the art piece left you free to let your mind wander as to where it could take you. (C)

Just being able to let go and be free and just try these materials out and actually just go with it. (C)

In my imagination I can do what I want in these drawings. That's a great feeling. (C)

It felt good at times and it felt annoying at times because I'm not an artist. I don't know how to draw, I don't know how to paint. It can be a bit frustrating at times. But once I got the basic base (...) I was able to just have my mind run free with what I was trying to do and I think it worked out well. (C)

The art therapy is giving you the freedom (...) Your mind is free to paint whatever it wants. (C)

It was the freedom around the art side but around the conversation as well, total freedom, opportunity to vent, to share. (S)

It's the freedom (...) You're having to think about what it is you're trying to create, you're having to think about other things around you that you can maybe pull into the artwork, things that are going on in life, you can put them down (...) you can either be wild with it or you can be sad with it or you can be happy with it. (C)

Having the freedom to make what I wanted. Leave it for a day or two and go back to it often finding it would have evolved more in my head.



FLOW – IMMERSION IN THE PROCESS

Time has run away. A few times when I've been working on an artwork I've lost track of time because I am getting stuck with what I'm doing and I'm enjoying myself. (C)

I think this is what triggers the imagination of as well for me, I get lost in my pictures and I feel like I'm actually there. (C)



BENEFITS FROM ART THERAPY

A range of benefits from art therapy for the clients were observed by all involved in the pilot, including the clients themselves. One staff participant emphasised that they *found this project to be the most beneficial for [their] clients (S)* in relation to other psychological therapies and social prescribing activities they took part in previously. One participant thought that *it was a surprise to [clients], how much they got from it (S)*.

It was super beneficial for my clients. (...) It seems that all of them have had a good experience and that makes it worthwhile for me. (S)



One participant felt that art therapy was particularly helpful for anxiety *because it forces you to focus on something else, you have to concentrate on what you're creating in the present moment (S)*. One client confirmed that *art therapy was great for helping [them] keep focused (C)*. A staff participant also recognised that *the therapist was so patient with [them], let [them] work at [their] own pace, let [them] speak when [they] felt like speaking, which had a very calming effect on [them]. (S)*

It was overwhelmingly positive reactions from people, what they got from it, at the time of the sessions and ongoing. (S)



Of the six clients who completed the post-therapy survey, four reported that they had noticed benefits for themselves from taking part in online therapy and two were not sure. One person felt that they had become more acceptant and observing of own feelings. Another client felt that they had learnt about art therapy and were *able to support [themselves] better (C)*. One client felt *strong and resilient (C)* and another felt *more happy (C)*. One of the clients who were not sure if they had noticed benefits, explained that they found themselves in an overly busy time during their therapy due to unforeseen circumstances, but the therapy made them realise that they *needed time for just [themselves] (C)*.

*It just makes me feel I can let go. I don't have to always be in control.
And I'm on a learning curve. It's really beneficial. (C)*

I still feel like I'm on the road to recovery, I still feel a little bit trapped, but it's from how I feel now to when I started the first session, it's just a big improvement. (C)

Enjoying having an opportunity to chat about things, in a relaxed way in my own home. (C)



ACCEPTING EMOTIONS

I feel it has made me more focused on myself and not trying to find ways to ignore how I feel inside. (C)

Feeling peace about issues I have held onto all my life. (C)

I learned to forgive myself for things I'd been blaming myself for. (...) I released some blame for very difficult situations where I was berating myself. (C)

UNDERSTANDING

I am getting so much out of it. Managing to figure out a lot of my long-term feelings and why they are there. (C)

When you're painting or drawing from what's inside of you, you start seeing a part of yourself you never saw before. (C)

And it's also understanding, why did I paint that dark here? (...) maybe something in my life that's been a cloud over me? and seeing it actually there, you start thinking maybe I'm going to dissect that cloud and find out what's in it? (S)

CONFIDENCE

I honestly can't believe that I have drawn a picture. I never thought that I would be able to do that. (C)

It gave people confidence that they are capable of creating something, being proud of what they did. (S)

RESILIENCE

I feel mentally fit to care for myself properly and to not worry all the time about things I don't need to worry about. (C)

PERSPECTIVE

It's helped me to stop agonising over things quite as much. (C)

I'm more relaxed about things. I'm not so hard on myself. (C)

Client described how therapy made her see things differently, that gave her realisation about how things are for her. (S)

Even though I'm still overthinking it's not as bad as it used to be. (C)



RELATIONSHIPS

I think it helped me to feel very validated about what I was feeling and very understood. And it's always felt like a very safe space to explore more. And it's allowed me to have conversations with people in a different way, that's been really beneficial for both of us. I've managed to somehow process anger and instead of letting it come out in those conversations, just make a deeper connection to the intricacies of it (C)

I understand myself better and my [spouse] understands me better, [they] have seen the improvement and they are encouraging it. (C)

WELLBEING MEASURES

A small sample in this study does not allow for statistical analysis of change on neither of the psychometric scales used. However, both scales have shown to be responsive to change at an individual level: for WEMWBS, a minimally important level of change in wellbeing was detected at 3 points difference (Maheswaran et al. 2012) and for WHO-5 a 10% difference indicates a significant change (Topp et al. 2015). According to these calculations, art therapy might have led to significant improvement in wellbeing for one of the three clients for whom establishing and comparing scores was possible – with 12 point improvement in WEMWBS and 52% improvement in WHO-5 (Figure 3).

	WEMWBS		WHO-5	
	pre-therapy	post-therapy	pre-therapy	post-therapy
Participant 1	44	56	40	92
Participant 2	50	48	80	40
Participant 3	47	43	40	52

Figure 3: WEMWBS and WHO-5 scores for the three participants who completed both questionnaires.

NATURE OF ART THERAPY

Art therapists felt that their clients had a good understanding of the nature of the art therapy process and recognised that it is a very different experience to verbal psychotherapy, counselling, art classes or a conversation with a friend. Most of the clients have had previous experience of psychological therapy or counselling and were able to compare those with their experience of art therapy, noticing the unique role of artmaking, non-verbal expression and the therapeutic relationship involving the therapist, the client and, to some extent, the artwork.

Everybody was able to make that difference in terms of how that process of nonverbal plus that supportive therapeutic relationship really allowed them to use the session. (AT)



It's not like having a cup of tea with somebody, you can still have a conversation but it's pulling things out... (C)



ART THERAPY IN COMPARISON TO SEEING A DOCTOR OR A PSYCHIATRIST...

I went to see a psychiatrist but you don't really get time to talk, you just take these tablets and it's nothing. I needed this, I needed something personal to get me out of there (...) somebody I can talk to about everything properly... as well as drawing... and make me feel better at the same time. (C)

I've been looking forward to our sessions because it's good to talk to somebody and you feel you get feedback. I don't feel like I get feedback from my doctor because he's just dealing with certain issues that you go with. (C)



ART THERAPY IN COMPARISON TO COUNSELLING OR PSYCHOLOGICAL THERAPY...

The art therapy is giving you more freedom (...) it's making you expand more, it's making you think more and you're not having to be concerned about how it is you're explaining things to people whereas you do to a certain degree when you're just sitting across the table and you're chatting with that person and you think 'Should I use this term? Should I use that term? Perhaps not...' You are free to do just whatever you want on that piece of paper. (C)

Having been through ordinary face to face counselling I found this easier... In talking with someone you are aware that you may need to be aware of how you word your feelings... With the artwork you're free to let your mind think what it wants. (C)

I think as far as other therapies, they're often quite structured and they involve a lot of talking. So it's nice just to not always talk, just see what the non-verbal part of you is saying. (C)

Without the images, you'd just be sitting there trying to put all these emotions into words and sometimes there aren't good words to really convey everything simultaneously. You're feeling so many things and you're trying to process it and you're trying to think about how to explain it to someone but with art therapy, you just put a brush on paper and you just see where it goes. You don't have to worry about articulating in any specific way. Taking that pressure away is just so beneficial. (C)

I feel it's very important to not feel judged in a therapy session (...) You come away from other sorts of therapy not quite feeling like you've really been related to. Like there's some kind of a disconnect, with art therapy it is just such an open-minded experience and such a nurturing experience, it's very gentle, you can't really do it wrong. It's just a really safe environment to explore things that you don't even realise are inside you. Because there's so much that we can't put into words. (C)



ART THERAPY AND BEYOND

I think that's what I really needed to have. (C)



Some impacts of art therapy clearly exceeded the time in which it was offered. One art therapist felt that their client's *realisation that she needs this for herself (AT)* was an important outcome for that client and might possibly allow them to take actions towards improved wellbeing. One staff participant shared that *when [their client is] feeling down, [they] look regularly at what [they've] already created. Through therapy [they] have found a way to do something positive (S).*

Four out of the six clients who completed the post-therapy survey stated that they would like to continue with their art therapy should that option be available to them. Two clients would not want to continue with one person saying that art therapy was *just not suited to [them] (C)* and another client sharing that they were *getting more anxious before therapy sessions (C).*

I don't think it is suited to myself but without trying I wouldn't have known. But it has made me realise that I need to have and make an opportunity to talk to someone outwith family and friends. (C)



Of the six clients who took part in the post-therapy survey, five said that they would recommend online art therapy to others and one person was not sure. Clients felt that more people would be interested in art therapy if it was available to them and they were already recommending it to people they know.

It's really beneficial and I think more people would be interested in doing art therapy. (C)

All these therapy sessions have been fantastic, and it's helped me immensely, and I think a lot of people can benefit from this therapy. (C)

There's so many people needing it, people I've spoken to... I want people to know about it and how good it is. (C)



Inspired by art therapy experience, some clients developed interest in group activities and art classes which they may be able to attend having regained *confidence to try out other things (S)*. One client went to an art event which was not something they would have done before and which the referrer felt was *like this has opened that door for them (S)*. Some clients found new (or rediscovered) interest in developing own artistic practice with one participant expecting that they would *probably continue with the art [themselves] (C)* and another noticing *the urge to continue making art pieces (C)*. One staff participant noticed that two of their clients were *still using art materials they got left (S)* and an art therapists observed that artmaking became an important part of their client's daily life, *it totally took off in [their] life (AT)*.

There was a real sense of people continuing with the art after [art therapy] and talking about it in terms of art making as opposed to art therapy for themselves afterwards, really wanting to keep that connection with their art making process, that feeling. (AT)

I found the passion that I love and I've never had that in my life before. (C)



Staff participants felt that there were not many other services in the Western Isles that would address the clients' needs identified through this pilot. Some psychological therapies were restricted to specific age groups or specific geographical locations only. Art therapy was available face-to-face but with limited reach and demand exceeding capacity.

It would be great to have AT on offer within NHS Western Isles. (S)

This is a service that is so important. It has turned my life around. (C)

Just to encourage it to continue or to be on offer somehow, so that people can access it (...) because without it so many people are just left out and not managing to live a quality of life really. (C)

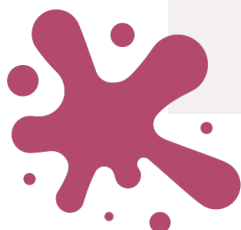


FINAL THOUGHTS...

I'd 110% recommend art therapy to absolutely anyone. It was a non-judgement free space where I could explore my emotions. It isn't about artistic talent, but acceptance and seeing beauty and learning to understand your life and the things holding you back. (C)

I would tell the world to have a go. It's fun. It's probably a bit scary at first but then as time goes on and you are more relaxed with what it is you're doing, it does become fun. (C)

I think art therapy is generally just underutilised. All the way through school and my entire life I was taking art classes, trying to basically get therapy from them. And there's really no comparison once you do art therapy in that supportive, nurturing environment with a professional, you realise what you've been missing trying to just do art in an academic setting, it just doesn't have anywhere near the same effect. I think it's a real shame that it's not more prominent. (C)



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Online art therapy service description

- Art therapy (AT) is a form of psychotherapy that uses arts as a means of expression and communication, it also involves talking with therapist (proportion of talking to art making might differ a lot, to suit each client)
- AT is usually well accepted therapy, suitable for most people: can be beneficial for clients with mental health conditions, but also for those affected by physical health issues and with no apparent psychological difficulties (it can be a treatment option and also has preventative and simply wellbeing-enhancing potential)
- Artistic skills are not needed - it is more about the process of engaging with art materials than the product/outcome
- In our pilot AT will be provided online (this is how art therapists have been practising in the last year) in blocks of 8 weekly sessions (with possibility of extension)
- AT will be provided by an experienced local art therapist, holding a postgraduate Masters degree in AT and registered with Health and Care Professions Council (HCPC)
- Clients will be able to choose how they would like to make art: either digital or traditional or both
- Digital equipment will be provided - rented to clients for the duration of the therapy (iPads with Apple pencil for drawing on screen)
- A generous set of traditional art materials will also be provided for each client
- Evaluation of the pilot service will be undertaken by a researcher from UHI. Clients and referring organisations will be offered information on how to take part in research, this is entirely voluntary. Participation for clients will involve completing short online questionnaires and producing a short multimedia (anonymous) summary of their experience of therapy (with the help of art therapist). For staff, it will involve taking part in interviews towards the end of the pilot. Research will help us assess the need, acceptability and feasibility of online AT.

Art therapists' role

- To provide a series of individual art therapy sessions to clients in the Western Isles referred to the pilot project. The sessions will be facilitated online, in blocks of eight. Suitability of clients to therapy will be assessed during initial sessions with each individual and with consultation with referring individual/team. Art therapy will be tailored to the needs of individual clients, with therapy goals agreed. Reasons for referrals can vary to include emotional distress and/or mental health problems, either of long-term nature (e.g. depression, long term or serious physical illness) or in effect of particular personal circumstances (e.g. bereavement, life changes). Art therapy sessions will involve clients engaging in art making using art materials available to them and/or supplied through the project. This might include traditional art making using physical arts media and/or digital image making. Progress will be monitored and recorded, with ongoing communication with multi-disciplinary team, as needed.
- To contribute to service design and research. To undertake preparatory work prior to service start, to include contribution to meetings focused on details of the service and therapy-specific issues. To liaise with the research team prior to service commencement to establish the shape of research processes with minimal disruption to therapy. To contribute to service evaluation throughout the duration of the project, as agreed with the research team.

Referral criteria/recommendations for the Online Art Therapy Pilot

(by Ania Zubala, Nicola Kennell and Catriona MacInnes / November 2021)

Essential criteria: Who will online art therapy be suitable for?

- Age 18+
- Willingness to work creatively with an art therapist in a supportive (virtual) environment towards achieving personal goals and/or psychological growth
- Willingness to reflect on experiences and feelings
- Willingness to try using arts media (traditional, digital or both) to communicate, express emotions and/or share experiences
- Motivation to attend weekly sessions over the course of 8 weeks initially (with possibility of extension if needed)
- Reliable broadband access
- Basic digital literacy - using an iPad and (optional) Apple Pencil (instruction will be provided)
- A safe and quiet physical space to connect from and make art without interruption

Exclusion criteria: Who online art therapy will not be suitable for?

- While mental health diagnosis is neither essential nor excluding, online art therapy in this pilot may not be suitable for people with complex mental health diagnoses (e.g. psychotic illness, personality disorder, current PTSD symptoms)
- Online art therapy would not be suitable for people with current suicidal intent
- Online art therapy may be suitable for people recovering from addiction, but current substance misuse would be excluding
- Please note that referrals cannot be accepted for clients who currently engage in psychotherapy

Considerations: Who might art therapy be suitable for (with adaptations)?

- People with a diagnosis of dementia may benefit from online art therapy however an initial discussion between referrer and an art therapist would be necessary
- If a client has cognitive or functional decline or intellectual disability it may be possible to work dyadically along with the client and carer (as above, discussion would be necessary)

mPower Referral Information: Digital Art Therapy Pilot

Digital Art Therapy 8-week pilot/research referral form (please read attached leaflet).

Potential participants should fit the following criteria:

Person is aged 18 and over.

Person does not have any severe or acute mental health needs but may require mild to moderate psychological support.

Participant has given consent for this referral and to take part in the Digital Art Therapy 8-week pilot led by UHI and NHS Western Isles.

Person will benefit from support from a digital navigator in the following area:

- to enable participation in the Digital Art Therapy pilot.

Name: Click here to enter text.

Date of birth: Click here to enter text.

Gender: Click here to enter text.

Home Address: Click here to enter text.

Post Code: Click here to enter text.

Home Telephone: Click here to enter text.

Mobile Telephone: Click here to enter text.

Emergency contact: Click here to enter text.

Telephone Number: Click here to enter text.

Risk(s) to lone worker? (Y/N) Y/N

Consent to be referred: Y/N

Medical conditions which may affect use of iPad e.g. accessibility support needed (Please list any current medical conditions below):

Click here to enter text.

Reason for referral and any additional information: Click here to enter text.

Referred by: Click here to enter text. **Role:** Click here to enter text.

Team: Click here to enter text. **Contact Number:** Click here to enter text.



A project supported by the European Union's INTERREG VA Programme, managed by the Special EU Programmes Body (SEUPB).

List of art materials

Tools

A2 portfolio sleeve
 Masking tape 25mm x 25m
 Scissors
 PVA glue 60ml
 Colour mixing tray
 Brushes (set of 4)
 Sticky double-sided pads (12x25mm, 56 pads)

Art media

Pencils (set of 6, HB-6B) with sharpener & eraser
 Coloured pencils (set of 12)
 Watercolour paint (12ml tubes, set of 8)
 Acrylic paint (12ml tubes, set of 8)
 Soft pastels (set of 24 half sticks)
 Double-ended felt tip pens (set of 10)
 Compressed charcoal (set of 12 assorted greys)
 Air drying clay (1kg White)

Paper

Cartridge drawing paper 130gsm A3 (white, 8 sheets)
 Cartridge drawing paper 130gsm A1 (white, 4 sheets)
 Tissue paper (assorted colours, 12 sheets)
 Sugar paper A3 (black, 4 sheets)
 Sugar paper A2 (assorted colours, 10 sheets)

Template email/letter on client acceptance of therapy offer

Dear

We are delighted that you have accepted a place in the Online Art Therapy project. Prior to starting your therapy sessions, it is important that you understand and agree to how your therapist will support you in the process. We would be grateful if you could please **read the information in the link below and sign the online consent form before attending your first art therapy session** here:

<link>

It is also very important to us to be able to learn from this pilot project in order to improve and be able to offer similar services in the future. We would be immensely grateful if you could please **help us by taking part in a research study evaluating this project**. By taking part, you would be helping other people benefit from similar therapies. Taking part would mean completing short online questionnaires on two occasions: before your therapy starts and after it is finished. This should take no more than 15 minutes at a time and is completely anonymous. You can read more about this study and access the first online questionnaire here:

<link>

Please remember to sign the consent form and complete the research questionnaire before you attend your first therapy session.

Thank you for reading this information. We hope that you find your online art therapy sessions worthwhile and enjoy taking part in this project and its evaluation.

Online Art Therapy service pilot in Na h-eileanan an iar

What is art therapy?

Art therapy is a form of psychotherapy that uses arts as a means of expression and communication. A range of art materials can be used to explore the therapeutic aspects of the creative process alongside the art therapist. Art making in this way gives individuals the opportunity to express themselves more freely, gain insight, self-awareness and can support change. No experience of using art or artistic ability is necessary to be able to benefit from art therapy.

Art therapy can help to support a wide range of difficulties, disabilities or diagnoses. These include bereavement and loss, mental health problems such as anxiety, depression and trauma, learning or physical disabilities, life-limiting conditions, and physical illnesses. Art therapy can also be helpful for someone who is interested in enhancing their psychological wellbeing.

Who is the service for?

We are inviting adults (over the age of 18) living in Na h-eileanan an iar who are interested in working creatively with an art therapist towards achieving personal goals and/or psychological growth. We will provide equipment, but you should be able to ensure that you have reliable broadband access.

What will art therapy sessions look like?

Art therapy will be offered in blocks of 8 weekly sessions (with the possibility of extension). You will work with an experienced art therapist based in the Highlands and Islands who is registered with the Health and Care Professions Council. You and the therapist will connect online via a safe platform used for remote health appointments. Digital equipment for connecting and artmaking will be provided for the duration of your therapy. A set of traditional art materials will also be sent to you and you will be able to choose if you would like to work with digital or traditional art media (or both).

What about research?

Evaluation of the pilot service will be undertaken by the University of the Highlands and Islands. Taking part in evaluation is entirely voluntary and anonymous. You might choose to contribute in different ways - for example, by completing short online questionnaires and/or working with your art therapist on a short audiovisual summary of your experience. Staff referring to the art therapy service and art therapists themselves will take part in interviews, but they will not share any information on participants. This research will help us assess the need, acceptability and feasibility of an online art therapy service in the future.

Would you like to find out more about taking part in art therapy and/or the research?

Dr Ania Zubala will be very happy to answer any questions, please do get in touch:

ania.zubala@uhi.ac.uk



Participant Information for adults using an online art therapy service

Research study

Online art therapy in the Western Isles: Evaluation of a pilot service

You are being invited to take part in a research study which aims to evaluate the pilot online art therapy service offered to adults living in the Western Isles. This information is intended to help you decide if you would like to take part. Please read this carefully and ask any questions you might have.

Background of this project

Art therapy is a safe and acceptable evidence-based intervention that brings multiple benefits to clients experiencing a range of psychological difficulties, as well as mental and physical health conditions. Art therapy is not only an effective treatment option, but also a supportive intervention for those simply interested in enhancing their emotional wellbeing. By encouraging creative expression and working within a therapeutic relationship, art therapists help clients to address their emotions. Artistic skills are not required to benefit from art therapy since the focus is primarily on the creative process.

Despite high demand for art therapy and its multiple benefits, it is not widely available to people living in rural and more remote areas of Scotland. Limited number of practicing art therapists, geographical challenges and time and financial burdens of travel mean that many clients miss out on this valuable intervention. Online delivery might increase access to art therapy where such services might not be available face-to-face and has additional benefits of increased privacy, which might be particularly welcomed by clients in small communities.

What is this research about?

An online art therapy service will be piloted in the Western Isles in order to establish the need, acceptability and feasibility of such service. Evaluation is an important part of this pilot and involves gathering perspectives of staff involved in the service and those who are its recipients.

Why have I been selected to take part?

You are invited to take part because you have been referred to an online art therapy service. It is important for us to understand your experience and gather any insights you might want to share in connection with this pilot service or any potential similar service in the future.

What would taking part involve?

If you agree to take part, you will be invited to complete an online survey (a weblink will be provided), consisting of a short self-assessment questionnaire of how you have been feeling recently and a short questionnaire pertaining to your expectations and the actual experience of the online art therapy

service. You will be invited to complete the survey twice: prior to starting your online art therapy and on completion of the course of therapy sessions. It should take between 10 and 20 minutes to complete the survey each time, so the total time you spend in this study should not be more than 40 minutes.

Completing the questionnaire is entirely voluntary and you may withdraw at any time by simply closing the survey window in your internet browser. Your participation in the online surveys is completely anonymous. We will not ask about any personal details, including demographics or email addresses, and in case you choose to provide any data that might potentially lead to you being identified (e.g. details of where you live or services you use), we will anonymise any such responses. Because we will not collect your name or email address, we will ask you to choose a memorable nick name which you would be able to enter at the start of each questionnaire. This will help us link your responses from the two surveys, so that we know that they come from the same person. It is important that you remember your nick name as the second time you complete the questionnaire is likely to be after a couple of months from when you complete the survey for the first time.

On completion of the second questionnaire you will also have an option to contribute your artistic response to the experience of taking part in an online art therapy. This is entirely voluntary. You will be invited to share a photograph of your artwork with us by sending it to the lead researcher, Dr Ania Zubala (email: ania.zubala@uhi.ac.uk) or uploading anonymously to Padlet (weblink: <https://padlet.com/azubala/onlineATpilot>). We will only use the submitted images for scientific purposes, which might include reproduction (anonymously) in academic journals and at conferences, for example to illustrate findings of this project. We will never use your images for commercial purposes. If you upload your image to Padlet, you will also be able to see other respondents' images and they will be able to see yours. This will act as a non-commercial gallery space for this project.

What will happen if I decide not to take part or if I change my mind?

Taking part in this research study is completely voluntary and deciding not to participate will not have any negative consequences for you. You will still be able to take part in an online art therapy service. You will also be able to withdraw your consent to participate at any point prior to data analysis, including after you have completed the questionnaires, by emailing Dr Ania Zubala (ania.zubala@uhi.ac.uk). If you withdraw your consent, your data will be deleted. We may not be able to withdraw your data once analysis is completed.

What are the possible benefits of taking part?

There will not be any direct benefits for you from taking part in this research study. However, by taking part you will be genuinely helping us to advance research on art therapy and in particular to enhance our understanding of the needs and views of those receiving online art therapy services. Therefore, you might feel that the time you have volunteered to share your experience is meaningful and you have made a valuable contribution to developing a service which may be beneficial to others in the future.

What are the possible disadvantages and risks of taking part?

We do not foresee any risks or disadvantages to you in taking part in this project. However, we are aware that thinking about using a psychotherapy service might bring up emotions and potentially uncomfortable feelings. Self-report questionnaires used in this project are safe tools, carefully developed and tested in a wide range of research studies and should not cause a particular discomfort. We are aware, however, that sharing how you have been feeling might be difficult at times. You are free to withdraw from this research at any time if you feel uncomfortable. If at any point you feel that you might need additional emotional support in connection to taking part in this project, you might find the following links helpful:

Health and Social Care Partnership (HJB) for NHS Western Isles:
<https://ijbwesternisles.scot/>

Children and Families Services at St Lennan's Centre: 01851 822749 or website:
<https://www.cne-siar.gov.uk/social-care-and-health/children-and-families/>

Breathing Space: 0800 83 85 87 or website:
<https://breathingspace.scot/>

Who is organising and funding this study?

This study is undertaken by Dr Ania Zubala from the University of the Highlands and Islands and has been funded by the NHS Western Isles.

What if I have questions?

Please contact Ania, the lead researcher, at ania.zubala@uhi.ac.uk
She will be happy to discuss any aspect of this project.

Data protection note

The legal reason for using the data you have provided is that it is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller. That being the delivery of a course of study or research undertaken at, or by, the university or its students.

Anonymised data from this research study will be kept safely on the University of the Highlands and Islands servers for a period of ten years. It might be used for academic publications and conference presentations. If direct quotes are used, care will be taken to ensure that respondents are not identifiable (e.g. names of organisations, employers, place names, etc. will be removed).

The data controller for this study is Dr Ania Zubala, Research Fellow, UHI (ania.zubala@uhi.ac.uk)

For any data protection enquiries please contact UHI's Data Protection Officer at dataprotectionofficer@uhi.ac.uk

[Thank you for reading this information](#)



Participant Information

for staff involved in an online art therapy service

Research study

Online art therapy in the Western Isles: Evaluation of a pilot service

You are invited to take part in a research study which aims to evaluate the pilot online art therapy service offered to adults living in the Western Isles, which you have helped to shape and/or deliver. This information is intended to help you decide if you would like to take part. Please read this carefully and ask any questions you might have.

Background of this project

Art therapy is a safe and acceptable evidence-based intervention that brings multiple benefits to clients experiencing a range of psychological difficulties, as well as mental and physical health conditions. Art therapy is not only an effective treatment option, but also a supportive intervention for those simply interested in enhancing their emotional wellbeing. By encouraging creative expression and working within a therapeutic relationship, art therapists help clients to address their emotions. Artistic skills are not required to benefit from art therapy since the focus is primarily on the creative process.

Despite high demand for art therapy and its multiple benefits, it is not widely available to people living in rural and more remote areas of Scotland. Limited number of practicing art therapists, geographical challenges and time and financial burdens of travel mean that many clients miss out on this valuable intervention. Online delivery might increase access to art therapy where such services might not be available face-to-face and has additional benefits of increased privacy, which might be particularly welcomed by clients in small communities.

What is this research about?

An online art therapy has been piloted in the Western Isles in order to establish the need, acceptability and feasibility of such service. Evaluation is an important part of this pilot and involves gathering perspectives of staff who were involved in the service and those who were its recipients.

Why have I been selected to take part?

You are invited to take part because you were involved in setting up, referring to or delivering the pilot online art therapy service and it is important for us to understand your experience and gather any insights you might want to share in connection with this pilot service or any potential similar service in the future.

What would taking part involve?

If you agree to take part, you will be invited to attend an online focus group led by a study researcher, with other participants also involved in the set up and/or delivery of the online art therapy pilot (a small group of up to 5 participants). The focus group will last for an hour and a half, has been scheduled for the 24th May 2022 (afternoon) and will meet on MS Teams.

During the online session you will be invited to share your views and experiences of the pilot online art therapy service, of art therapy provision more generally and of your perceived need for a similar service in the Western Isles. The interview will be audio recorded and transcribed to aid data analysis, but your responses will remain anonymous in any future reports and/or research papers published. The recordings will be deleted immediately following transcription and your written responses will be fully anonymised, including any references to your personal situation, organization(s) and/or local services that you choose to mention during the interview (except for a general description of your role, i.e. art therapist, staff member of a third sector organization, staff member of an arts organization/venue).

What will happen if I decide not to take part or if I change my mind?

Taking part in this research study is completely voluntary and deciding not to participate will not have any negative consequences for you. You will also be able to withdraw your consent to participate at any point prior to data analysis, including after the focus group. In that case, your data will be deleted. We may not be able to withdraw your data once analysis is completed (expected to be by end of June 2022).

What are the possible benefits of taking part?

There will not be any direct benefits for you from taking part in this project. However, by taking part you will be genuinely helping us to advance research on art therapy and in particular to enhance our understanding of the needs and views of those referring to and delivering online art therapy services. Therefore, you might feel that the time you have volunteered to share your experience is meaningful and you have made a valuable contribution to evidence-based practice.

What are the possible disadvantages and risks of taking part?

We do not foresee any risks or disadvantages to you in taking part in this project. However, we are aware that discussing issues around provision and delivery of a psychotherapy service might bring up emotions and potentially uncomfortable feelings linked to your own experience or to experiences of others in your care. If at any point you feel uncomfortable, you are welcome to end your participation any time. If you are a health professional, we trust that you might be able to use your regular supervision to discuss any such feelings arising. Should you not have access to appropriate supervision or personal therapy, you might find the following links helpful:

Health and Social Care Partnership (HJB) for NHS Western Isles:
<https://hjbwesternisles.scot/>

Children and Families Services at St Lennan's Centre: 01851 822749 or website:
<https://www.cne-siar.gov.uk/social-care-and-health/children-and-families/>

Breathing Space: 0800 83 85 87 or website:
<https://breathingspace.scot/>

Who is organising and funding this study?

This study is undertaken by Dr Ania Zubala from the University of the Highlands and Islands and has been funded by the NHS Western Isles. This study has received an ethical approval from the UHI Research Ethics Committee in May 2021 (ref. ETH2021-1176).

What if I have questions?

Please contact Ania, the lead researcher, at ania.zubala@uhi.ac.uk
She will be happy to discuss any aspect of this project.

Data protection note

The legal reason for using the data you have provided is that it is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller. That being the delivery of a course of study or research undertaken at, or by, the university or its students.

Anonymised data from this research study will be kept safely on the University of the Highlands and Islands servers for a period of ten years. It might be used for academic publications and conference presentations. If direct quotes are used, care will be taken to ensure that respondents are not identifiable (e.g. names of organisations, employers, place names, etc. will be removed).

The data controller for this study is Dr Ania Zubala, Research Fellow, UHI (ania.zubala@uhi.ac.uk)

For any data protection enquiries please contact UHI's Data Protection Officer at dataprotectionofficer@uhi.ac.uk

Thank you for reading this information

Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)

Below are some statements about feelings and thoughts.
Please select the answer that best describes your experience of each over the last 2 weeks.

	None of the Time	Rarely	Some of the Time	Often	All of the Time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) © University of Warwick 2006, all rights reserved.



Psychiatric Research Unit
WHO Collaborating Centre in Mental Health

WHO (Five) Well-Being Index (1998 version)

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being.

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3 in the upper right corner.

Over the last two weeks:	All the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1. I have felt cheerful and in good spirits	5	4	3	2	1	0
2. I have felt calm and relaxed	5	4	3	2	1	0
3. I have felt active and vigorous	5	4	3	2	1	0
4. I woke up feeling fresh and rested	5	4	3	2	1	0
5. My daily life has been filled with things that interest me	5	4	3	2	1	0

Scoring:

The raw score is calculated by totaling the figures of the five answers. The raw score ranges from 0 to 25, 0 representing worst possible and 25 representing best possible quality of life.

To obtain a percentage score ranging from 0 to 100, the raw score is multiplied by 4. A percentage score of 0 represents worst possible, whereas a score of 100 represents best possible quality of life.

Interpretation:

It is recommended to administer the Major Depression (ICD-10) Inventory if the raw score is below 13 or if the patient has answered 0 to 1 to any of the five items. A score below 13 indicates poor wellbeing and is an indication for testing for depression under ICD-10.

Monitoring change:

In order to monitor possible changes in wellbeing, the percentage score is used. A 10% difference indicates a significant change (ref. John Ware, 1995).

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Online Art Therapy: Evaluation survey 1

Welcome

Thank you for your interest in this research study. If you decide to take part, you will be helping us to evaluate a pilot online art therapy service, which you will be trying out over the next weeks.

Taking part in this research study involves **completing online questionnaires on two occasions** – before the start of your art therapy sessions (which is this online survey) and at the end of your therapy course. Each of the two surveys **should take between 10 and 20 minutes** to complete. The surveys are completely anonymous and will not ask about your personal details. You will be free to withdraw from participating at any time simply by closing the survey window in your browser.

Through the surveys we would like to hear about your expectations and the actual experience you will have had of the service in a couple of months time. We would also like to know how you have been feeling recently, in connection with the service and in general. We are interested in your honest opinions and **there are no right or wrong answers** to any of the questions.

More information

Before proceeding with the questionnaire, please make sure that you read the information sheet about this research study here:

[Information about this study](#)

Consent to take part

If you have read the above information sheet and would now like to proceed with the questionnaire, please indicate that you agree with the following (please check all boxes) and click **Next**

I confirm that I have read the above information sheet. I have had the opportunity to consider the information and to contact a member of the research team if needed to have my questions answered.	<input type="checkbox"/>
I understand that my participation is voluntary and that I am free not to complete the survey and that I can stop completing the survey at any time without giving any reason.	<input type="checkbox"/>
I agree that my anonymised data (including any images I choose to submit) may be used for research purposes, including further relevant research and publication in academic journals and at scientific conferences.	<input type="checkbox"/>
Should I choose to share an image of my artwork for research purposes, I understand that only picture(s) of artwork produced by myself (for which I hold copyright) should be submitted.	<input type="checkbox"/>
I agree to take part in this research study.	<input type="checkbox"/>

This research is undertaken by researchers from the University of the Highlands and Islands (UHI) in collaboration with NHS Western Isles. It has received ethical approval from UHI Research Ethics Committee.

Introduction

On the following pages you will find three short questionnaires which together should take between 10 and 20 minutes to complete. Firstly, the survey will take you to a set of 19 single choice questions on how you have been feeling recently. Next, you will see a couple of questions about your experience and expectations of online art therapy, of which some will be open-ended. Remember that you may skip a question if you do not want to answer and you may exit the survey at any time.

To help us link your questionnaire responses, it is very important that you now **please choose a memorable nick name** and share it with us. This would allow us to tell that responses to this survey and to the next survey (to be completed at the end of your art therapy) are coming from the same person.

Your nick name:

The **Next** button will now take you to the questions...

Your wellbeing (part 1)

Below are some statements about feelings and thoughts. Please select the answer that best describes your experience of each **over the last 2 weeks**.

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling interested in other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've had energy to spare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been dealing with problems well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been thinking clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling good about myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling close to other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been able to make up my own mind about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling loved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been interested in new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling cheerful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your wellbeing (part 2)

Please indicate for each of the five statements which is closest to how you have been feeling **over the last 2 weeks**. (Please note that the order of positive and negative responses is different to the previous questions.)

	All the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
I have felt cheerful and in good spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt calm and relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt active and vigorous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I woke up feeling fresh and rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My daily life has been filled with things that interest me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your experience and expectations of online art therapy

Have you taken part in art therapy before?

- yes
- no
- not sure

How did you connect with your art therapist?

- online
- face-to-face
- both online and face-to-face

What arts media did you use to make artwork in your therapy sessions?

- traditional (physical) art materials
- digital (electronic) tools and/or software
- both traditional and digital arts media

Did others attend art therapy with you?

- yes, it was group therapy
- yes, I attended with one other person (e.g. partner, child)
- no, I worked with art therapist alone

How would you describe your previous experience of art therapy?

Has art therapy been offered to you before?

- yes
- no
- not sure

Was there an option to connect with art therapist online?

- yes
- no
- not sure

Have you previously used health and/or care services delivered online?

- yes
- no
- not sure

How would you describe this experience?

In your decision to take part in art therapy, was it important that the sessions were to be delivered online?

- yes
- no
- not sure

What might be the advantage of online delivery for you?

What do you imagine online art therapy sessions to look like?

What do you hope to gain or achieve through online art therapy?

Would you like to share anything else with us at this point?

Thank you

Thank you for all your responses and for taking the time to contribute to this research. This is very much appreciated and will help us develop better services in the future. You will receive an email invitation to complete a similar survey once you finish your art therapy sessions. Please do not hesitate to contact me with any questions about this project and/or research at ania.zubala@uhi.ac.uk

I would like to wish you all the best in your art therapy journey and hope that you find the experience worthwhile.

Dr Ania Zubala and the research team

Online Art Therapy: Evaluation survey 2

Welcome

Thank you for your interest in this research study. If you decide to take part, you will be helping us to evaluate a pilot online art therapy service, which you have had the opportunity to try out over the past weeks. We would love to find out what this experience has been like for you. This will help us learn how a similar service might be improved for people taking part in the future.

We would like to invite you to complete an online questionnaire, this should take **between 10 and 20 minutes**. The survey is completely anonymous and will not ask about your personal details. You will be free to withdraw from participating at any time simply by closing the survey window in your browser. At the end of this survey we will also invite you to create an image in response to your participation, this is entirely optional and can be done at a later time.

- **if you completed our first survey** at the start of your therapy, you may recognise some of the questions about how you have been feeling recently, but there will be new questions about your experience of therapy in the second part of the questionnaire.
- **if you did not complete our first survey**, you will still be helping us immensely by taking part now. Through the questionnaire we would love to hear about your expectations and the actual experience of the online art therapy service.

Please remember that we are interested in your honest opinions and **there are no right or wrong answers** to any of the questions.

Before proceeding with the questionnaire, please make sure that you read the information sheet about this research study here:

Information about this study

This research is undertaken by researchers from the University of the Highlands and Islands. It has received ethical approval from UHI Research Ethics Committee.

Did you complete our first survey at the beginning of your art therapy?

- yes
 no

Consent to take part: If you have read the above information sheet and would now like to proceed with the questionnaire, please indicate that you agree with the following (please check all boxes)

I confirm that I have read the above information sheet. I have had the opportunity to consider the information and to contact a member of the research team if needed to have my questions answered.	<input type="checkbox"/>
I understand that my participation is voluntary and that I am free not to complete the survey and that I can stop completing the survey at any time without giving any reason.	<input type="checkbox"/>
I agree that my anonymised data (including any images I choose to submit) may be used for research purposes, including further relevant research and publication in academic journals and at scientific conferences.	<input type="checkbox"/>
Should I choose to share an image of my artwork for research purposes, I understand that only picture(s) of artwork produced by myself (for which I hold copyright) should be submitted.	<input type="checkbox"/>
I agree to take part in this research study.	<input type="checkbox"/>

On the following pages you will find a couple of questions about your experience of online art therapy, of which some will be open-ended. Remember that you may skip a question if you do not want to answer and you may exit the survey at any time. When you are ready to start, click **Next...**

Your nick name (Please use the same nick name you used first time to help us link your responses. Thank you!)

On the following pages you will find a set of 19 single choice questions on how you have been feeling recently. Next, you will see a couple of questions about your experience of online art therapy, of which some will be open-ended. Remember that you may skip a question if you do not want to answer and you may exit the survey at any time. When you are ready to start, click **Next...**

Your experience of online art therapy (part 1)

Was online art therapy as you expected/imagined?

- yes
 partially
 no
 not sure

How was it different to what you expected? Was there anything in particular that surprised you about online art therapy?

Have you tried making digital images in your art therapy? (e.g. using iPad and Procreate app)

- yes
 no

How was this experience for you?

Did you agree to do an Audio Image Recording with your therapist?

- yes
 no

How was this experience for you?

Can you tell us why?

Did you experience any problems with technology in relation to your online art therapy sessions?

- yes
 no
 not sure

Can you describe them briefly?

Have you noticed any benefits for yourself from taking part in online art therapy?

- yes
 no
 not sure

How would you describe them?

Can you tell us more?

What was the **best thing** (e.g. most enjoyable, rewarding, helpful) about your online art therapy?

What was the **worst thing** (e.g. least enjoyable, challenging, unhelpful) about your online art therapy?

Your experience of online art therapy (part 2)

How strongly do you agree or disagree with the following descriptions of your online art therapy experience?

Online art therapy has been...

	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
... enjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... surprising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... challenging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... interesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... educational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... demanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... worthwhile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Perhaps you can think of better words to describe this experience?

Your experience of online art therapy (part 3)

If it was available to you again, would you like to continue with your art therapy (now or in the future)?

- yes
 no
 not sure

How would you like to meet with your art therapist? (select all options that you would consider)

- online
 face to face
 blended mode (mix of online and face to face)

Can you tell us why?

Would you recommend online art therapy to others?

- yes
 no
 not sure

Would you like to share anything else about your experience with us?

Finally... how was answering these questions and taking part in research?

Can you think of something that would have improved your experience of online art therapy?

Thank you

Thank you for all your responses and for taking the time to contribute to this research. This is very much appreciated and will help us develop better services in the future.

Would you like to stay with us for a while longer?

You may now choose to finish your involvement in this study. However, if you would like to be involved for a while longer and share some of your creativity with us, we would like to warmly invite you to create an image (or an artwork of any type) in response to your participation. We know that it can be difficult to describe experiences using words, so you might want to **use art to 'tell' us what it was like for you to take part in online art therapy.**

You could share a photo of your artwork with us via Padlet, which acts as an online informal gallery space for this project. You can access it here: https://padlet.com/aniazubala/art_therapy_pilot

If this sounds like something you might want to consider, please feel free to copy and save the weblink now and submit a photo of your artwork whenever you are ready. If you prefer, you may also email your image to Ania (ania.zubala@uhi.ac.uk). The Padlet gallery will be open for submission and for viewing until end of May 2022. Please note that your image will be available for other participants to see. You may choose to sign it with your nick name, add text or submit just the image itself. We may reproduce some of the images for academic purposes (e.g. to illustrate findings of this project at conferences or in academic publication) but we will never use them for commercial purposes. We welcome any contributions and hope that you might find the exercise useful as a final reflection on your art therapy journey...

We are immensely grateful for your commitment to your therapy and this project. Thank you!

Dr Ania Zubala and the research team
(ania.zubala@uhi.ac.uk)

Please do not hesitate to contact me with any questions about this project and/or research in art therapy.

Online Art Therapy: Focus group

Welcome!

Thank you for your interest in this research project. You are invited to take part in a focus group as part of the evaluation of the **pilot online art therapy service**, which you have helped to shape and/or deliver. The information below is intended to help you decide if you would like to take part. Please read this carefully and ask any questions you might have (contact Ania at ania.zubala@uhi.ac.uk).

If you would like to take part in a focus group, please complete the consent form below. You are also welcome to visit the online space (Padlet) dedicated to gathering feedback from this project from staff involved - this might give you an idea of the topics we will be discussing in the focus group.

Information about this research study

You may download and read the information sheet about this project here:

[Information Sheet for Staff Participants](#)

Focus group

The focus group is intended to be a **friendly informal space** for us to gather insights from the project and also to reflect on its processes and the ups and downs. There will be no pressure to answer any particular question and you are welcome to contribute as much or as little as you would like and are comfortable with. You may also wish to follow up with a researcher individually if you prefer and/or if there is anything that you would like to add or discuss in more detail.

Online space for feedback (Padlet)

You are also welcome to share your feedback here (or just use it as a guide on what topics to expect in the focus group!):

[Padlet - Online Feedback Space](#)

Consent to take part

If you have read the above information and would like to take part in a focus group, **please indicate that you agree with the following:**

	please tick each box
I have read the participant information and understand that I can contact Ania (ania.zubala@uhi.ac.uk) to discuss any aspects of this research	<input type="checkbox"/>
I understand that my participation is entirely voluntary and that I am free to withdraw from the study at any time without giving any reason	<input type="checkbox"/>
I agree that my anonymised data may be used for research purposes, including further relevant research and publication in academic journals and at scientific conferences	<input type="checkbox"/>
I understand that the focus group will be audio recorded	<input type="checkbox"/>
I agree to take part in the focus group	<input type="checkbox"/>

Your name:

Thank you!

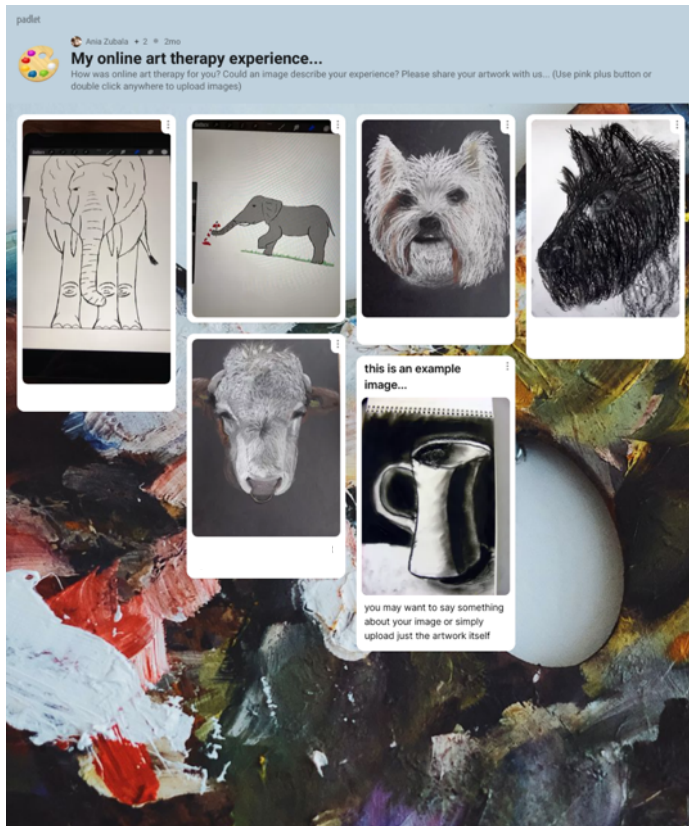
Thank you for taking the time to read about this research and complete the consent form, all much appreciated.

I look forward to speaking with you in the focus group on Tuesday 24th May. I hope you enjoy the experience and find it a useful space to reflect on the project. Please of course do get in touch with any questions in the meantime. **See you soon!**

Ania

ania.zubala@uhi.ac.uk

Padlet online spaces for art therapy clients and staff



Research study

Online art therapy in the Western Isles: Evaluation of a pilot service

- Opinions on the new online art therapy service and on art therapy in general
- Any impacts observed (for participants referred, for community, for the organisation they work for, for self)
- The actual experience of the service in relation to expectations of it
- Referrals to the service: demand for the service, any issues with recruitment, numbers of actual participants and how this matched expectations
- Thoughts on the research process: acceptability by participants and organisations, suitability of methods, clarity of information
- Ideas for improvement (of both the service and research processes)
- Any learnings taken from involvement in the project, anything transferable to other services/situations
- What has worked well? What has not worked well? (Why?) What could be improved in a larger study?
- [for therapists only] Experience of online delivery in relation to the more usual face to face: suitability of equipment, client preference in terms of traditional or digital media for art making, any technical or logistical difficulties

FG: Staff, referrers, project manager

Any experience with art therapy prior to the pilot?

Your role in this pilot service?

Client journey:

- **referrals:** clarity of information on art therapy and who the service is suitable for, demand for the service, any issues with referrals, numbers of actual participants and how this matched expectations, interest that could be expected in future, any barriers to participation? contact with art therapists?
- **technology, logistics, coms:** challenges? lessons for the future? communication between NHS, referring orgs, therapists, researcher?
- **online:** a good idea? benefits and challenges over face-to-face delivery, how would uptake be different to a face-to-face service?
- **during art therapy:** ongoing support – was this needed? any interactions with other services the clients were receiving (would be receiving)?
- **research procedures:** acceptability, suitability of methods, clarity of information
- **after art therapy:** would clients want to continue? any suitable alternative available? would you like the service to continue?

FG: Art therapists

Client experience: What was supportive for clients? What could have been done better? Any feedback from clients? Any differences to face-to-face practice?

- suitability of equipment
- client preference in terms of traditional or digital media for art making
- any technical or logistical difficulties
- differences/similarities with face to face in terms of therapeutic process – could this develop in the same way? What has supported the process and what did not?
- Any adaptations you needed to make in your way of working?

Your experience: Frustrations, challenges? Rewarding experience? What was new? Was there any learning useful for professional practice? Any new/transferable skills?
How has peer supervision worked?

Research element: What was it like? What would you change? Suitability of research methods? (interfering with therapy process? relevance to AT?) AIRS – your experience?

Examples of client artwork shared with the researcher
(left – traditional arts media, right – digital arts media)



Examples of art therapist's artwork as part of reflective practice
(left – traditional arts media, right – digital arts media)

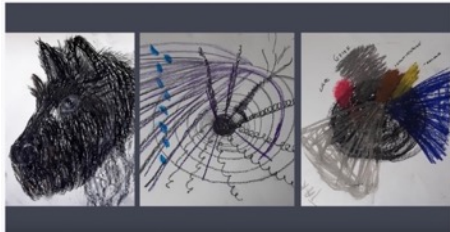


Audio Image Recordings

(click on thumbnails or links to open)

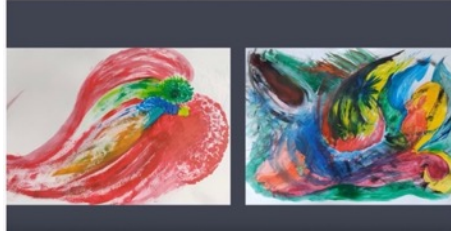
AIR1

<https://youtu.be/Ykjuv8BoFwI>



AIR2

<https://youtu.be/uo2ug8l5-gw>



AIR3

<https://youtu.be/S-AvAGQNnZA>



AIR3b

<https://youtu.be/4YqsUTdHoGI>



AIR4

<https://youtu.be/AWuYbUoa144>



AIR5

<https://youtu.be/z8-5Bib2Evg>

