HAPPY ARTS Project Pilot Report

1. Introduction

The HAPPY ARTS Project was a collaborative pilot initiative developed by the CMHT (OP), Health Improvement Team who also worked in partnership with the Library Services Manager and NL Arts Development. The project ran over a 10-week period and was designed to support older adults with functional mental health difficulties through engagement in the creative arts. Participants were invited to take part in weekly sessions that focused on improving mental well-being through enjoyable, social, and creative activity.

2. Background and Rationale

Older adults with functional illness such as depression, low mood, and anxiety often experience a lack of tailored community-based interventions to support their mental health well-being. Traditional models of care can be limited, and opportunities for enjoyable, social interaction in non-clinical settings may be rare.

The HAPPY ARTS Project was developed to:

- Bridge a gap in resources available to older adults with functional mental illness.
- Offer a non-clinical, supportive, and safe space to engage in something fun and creative.
- Promote peer support and social engagement.
- Encourage longer-term community participation by signposting participants to other local groups, especially those run by library services.

3. Aims and Objectives

The key objectives of the project were:

- To engage functional patients with mental health difficulties in meaningful weekly group activities.
- To promote well-being and emotional expression through the use of arts and music.
- To offer a platform where peer support and social connection could grow.
- To provide a positive and different experience, not focused on illness or diagnosis.
- To support sustainability of mental well-being by introducing participants to community groups they may continue with independently.
- To measure the impact of the intervention through clinical nursing tools, specifically the Geriatric Depression Scale (GDS).

4. Planning and Set-Up

Partnership and Organisation

Initial planning meetings were held between Health Improvement, NL Arts Development, and the Library Manager. It was agreed that:

- The group would run for 10 consecutive weeks, for 1 hour and 30 minutes per session.
- Sessions would be held in the museum space within the central library, providing a calm and accessible location.
- Participants would be referred by the Senior Charge Nurse (SCN), based on suitability and ability to attend independently.
- A Clinical Support Worker (CSW) would attend each session, with the SCN attending selected sessions.

Group Size and Accessibility

- Group numbers were deliberately kept small to maintain a calm environment.
- Participants had to be able to attend without transport support, due to funding limitations.
- A budget was used to provide hot beverages and essential materials.

5. Delivery and Attendance

Initial Engagement

- The group began with eight participants, all of whom completed the Geriatric Depression Scale (GDS), which indicated moderate to high levels of depression/anxiety.
- The group quickly settled into a core of six regular attendees, particularly active during the first 5–6 weeks.

Decline in Attendance

As the programme progressed, attendance declined for various health-related reasons, either due to the participants themselves or their spouses. By the final two weeks, only 1–2 members continued attending.

Despite this, the sessions were delivered consistently and to a high standard, with creative input from the facilitator and meaningful engagement from those who attended.

6. Participant Feedback

While it was not possible to collect follow-up GDS scores for all participants due to dropout and availability, verbal feedback from those who took part was overwhelmingly positive. Direct quotes from participants include:

- "**It was fun to be a part of – I enjoyed the music one.**"
- "**Yes, I enjoyed it. I found it difficult to get up to the library because of the lifts being broken, but I liked attending.**"
- "**I was upset that I was not able to attend the last few.**"

- “**Will any more of these groups run?**”
- “**The support worker said she would help us all meet back up for a coffee – will she?**”
- “**I liked [redacted] – she was really good at looking after us.**”

7. Ongoing Impact

Following the conclusion of the project, the SCN has incorporated several elements from the group into ongoing clinical practice:

- A Spotify playlist developed with group members has been used successfully in one-to-one patient care, offering comfort and familiarity to older adults.
- The playlist has also been used in dementia care settings to help manage stress and reduce distress for patients and their families, promoting a calm and soothing environment.
- Ideas and creative approaches introduced in the group have informed staff practice and are being shared with other patients who were unable to attend the original sessions.

8. Lessons Learned

- The group was well-received and showed clear benefit to participants while attendance remained steady.
- Health-related disruptions are a significant barrier in this patient group; flexibility and contingency planning for dropouts should be considered in future.
- Transport remains a challenge – future funding bids should consider travel assistance to remove barriers to access.
- Participants expressed a desire for continued social connection, suggesting that follow-up “coffee meetups” or ongoing arts drop-ins could improve sustainability and engagement.

9. Conclusion and Recommendations

The HAPPY ARTS Pilot Group was a positive and well-received initiative that delivered measurable benefits in terms of engagement, mood, and social connection for older adults with functional mental health issues. Despite reduced attendance over time, participants voiced appreciation for the opportunity to participate and expressed interest in future sessions.

Recommendations moving forward:

- Explore repeat or extended versions of the group.
- Consider transport support or alternative locations to reduce access issues.
- Build on the success of the Spotify playlist and embed music-based interventions into routine care when this is appropriate.
- Develop post-group social opportunities to help sustain progress made.

This pilot has demonstrated the value of partnership working, creative approaches, and community engagement in supporting the mental well-being of older adults.