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Preferences for Group Arts Therapies: A Cross-Sectional Survey of Mental Health Patients and the General Population

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Arts therapies, preferences, psychiatry, survey

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Abstract

Objectives

The arts therapies include music therapy, dance-movement therapy, art therapy and dramatherapy. Preferences for the art forms may play an important role in engagement. This survey was an initial exploration of who is interested in the arts therapies, what they would choose, and why.

Design

An online cross-sectional survey of demographics, interest in and preferences for the arts therapies was designed in collaboration with patients. Summary statistics, multinomial logistic regression and thematic analysis were used to analyse the data.

Setting

Thirteen NHS mental health trusts in the UK asked mental health patients and members of the general population to participate.

Participants

A total of 1541 participants completed the survey; 685 mental health patients and 856 members of the general population. All participants were over 18 years old, had capacity to give informed consent and sufficient understanding of English to complete the survey. Mental health patients also had to be using secondary mental health services.

Results

Approximately 60% of participants would be interested in taking part in group arts therapies. Relevant socio-demographic and clinical characteristics included gender, ethnicity, education levels and diagnosis. Participants were consistently more likely to choose the arts therapies modality that they had previous experience of. The reasons given for preferences were grouped into the themes of enjoyment, expectations of helpfulness, feeling capable, impact on mood, creating something, social interaction and the unknown.

Conclusions

The findings suggest that large proportions of samples of the general population and of patients express an interest in arts therapies. Personal characteristics predict general interest as well as

preferences for a specific modality, with previous experience being associated with a preference for the same modality. The findings may justify the wide provision of arts therapies and the offer of more than one modality to interested patients.

Strengths and limitations of this study

- This is the largest survey of the arts therapies to date, and the only survey relating to preferences for the arts therapies.
- The survey's simple format made it accessible and recruitment was able to continue during the COVID-19 pandemic.
- The survey results give insight into uninformed preferences, future research should examine what patients really choose when they are offered arts therapies.

Introduction

The arts therapies is an umbrella term encompassing art therapy, music therapy, drama therapy and dance-movement therapy. They are a group of psychotherapeutic interventions which make use of specific art-forms. In the UK, the arts therapies are delivered by qualified and regulated therapists, who draw on a number of different theoretical frameworks including psychodynamic, humanistic, attachment and person-centred approaches (1). There is a focus on the therapeutic relationship and exploration of the patient's feelings and experiences through active engagement with the art form (2). In a session, interactions are usually spontaneous, with the therapist responding to the feelings and reflections which arise in the moment. There are many different ways to use the creative art forms, although improvisation and playfulness are usually encouraged and supported (3). The primarily non-verbal approach makes the arts therapies well-placed to work with patients who find verbal interaction difficult, such as those with learning disabilities, dementia or severe mental illness (4). Arts therapists work across many different settings, including as part of an arts therapies service, a multi-disciplinary team, or as lone-workers, and provide treatment both individually and in groups (5). In individual work, the therapeutic relationship between therapist and patient is key, in groups there is also an emphasis on supporting healthy interactions between group members (6).

Potential participants in the arts therapies will likely have had past experiences of the creative arts, whether that was at school or as hobbies (7). Therefore, their preferences and expectations may play a considerable role in their engagement and the success of therapy (8–10). Amongst the arts therapies there is an obvious sensory difference in the art form being used, e.g. the body for movement, the ears for music, the eyes for art, and a combination of these for drama. In music

therapy there are usually instruments to play, and patients may be encouraged to take part in singing, songwriting, listening or musical improvisation. Art therapists provide a space where patients can explore different art materials, including, but not limited to, drawing, collage, model-making or painting. In dramatherapy there may be opportunities to explore story-telling or role-play using acting or puppets. In dance-movement therapy patients would be encouraged to move their bodies, often to music, making use of props like scarves or ribbons (4).

The arts therapies have been around since the 1940s but until recently each arts modality has been considered distinct (11). An increased understanding of common factors in therapies has helped to conceptualise aspects that the arts therapies share, as well as differences between them (12–14). Historically, trials investigating the effectiveness of the arts therapies have been small in number and poor in quality (15–23). Although the number of large-scale trials has recently grown, they have reported limited positive outcomes (24–26), likely due to methodological limitations. When there is little evidence to distinguish the benefits or harms between treatment, it is recommended that treatment decisions are guided by patient preferences (27).

Mental health patients' retrospective attitudes towards the arts therapies have been investigated by some; Heaney (1992) surveyed psychiatric inpatients about their experiences of treatment, focusing on arts therapies. The participants rated all of the therapies as favourable, with music therapy coming out top of being 'pleasurable'. All of the 'activity therapies' (music, art and recreation) in the study were considered to be of equal importance to other aspects of care (28). Silverman (2010) interviewed 15 inpatients about their perceptions of music therapy after they had attended sessions. Their feedback indicated a positive perception of their experiences and that they were able to recall features of the session (29). However, these patients' attitudes and preferences were a result of their experiences of being in a session. No research to date has looked at who would be interested in taking part in group arts therapies, what their preferences would be and why.

This study was designed as an initial exploration of these topics. The research questions were:

- Who is interested in participating in group arts therapies?
- Which of the four arts modalities would people most like to take part in and why?
- Which socio-demographic and clinical characteristics are related to preferences?

Method

This study was given ethical approval by the South Central Oxford C Research Ethics Committee (18/SC/0701) and is reported according to recommended survey guidelines (30).

Participants

All participants were required to be aged 18 or over, with sufficient command of the English language and capacity to give informed consent.

NHS mental health trust sites became involved via the NIHR Clinical Research Network. Researchers at each site approached mental health group participants in secondary mental health services, such as inpatient wards and community mental health teams, to ask if they would like to take part. Researchers could ask any other member of the public to complete the general population group survey, including family members and colleagues. Numbers of people who declined to take part were not recorded.

Patient and public involvement

The survey questions were developed in collaboration with patients and members of a multi-disciplinary research team. A draft of the analysis was read and commented on by the multi-disciplinary research team. Published results will be sent to the study sites to disseminate amongst their participants.

The survey

The survey was completed electronically, in person via an ipad, or on participants' own devices whilst speaking to a researcher on the phone, and took approximately 10 minutes. The researchers were instructed to be present for the completion of the survey when possible, especially for mental health participants. There were 14 questions in the survey which focused on the participants' demographic characteristics and whether they had heard of the arts therapies, whether they would be interested in taking part, and which modality they would choose and why. A short description of the arts therapies was included in the survey.

Mental health patients gave the researcher permission to access to their medical records to look for their diagnosis and length of time in services. Length of time in services was determined from the first clinical record on the patient's profile, or from self-reported first contact with mental health services. All responses were collected via an online platform, and researchers collected identifiable information (date of birth, diagnosis and time in services) for the mental health patients on a spreadsheet. This was anonymised and emailed to XX monthly, where the information was linked up to the online responses via a unique ID number.

Data analysis

All quantitative analysis was conducted in Stata V15 (31). Age groups, gender, ethnicity, level of education and time in services were collapsed into dichotomous variables. Summary statistics were used to look at the characteristics of participants. Chi^2 tests were conducted to look at differences between participant groups and to find variables of interest. These were entered into a multinomial logistic regression to look for significant characteristics related to interest in participating in the arts therapies, and participants' preferred arts therapy modality. This was done firstly with all data together, then separately for each group of participants (mental health patients and general population).

A subsample of reasons for their preferences were coded and grouped into themes. These themes were then used as a framework to group together the remaining responses. The themes were included in tests for associations.

Results

The total number of participants was 1541. Appendix A details the sample characteristics as broken down for analysis. There were some differences between the two groups, with a larger sample in the general population group (n=856) than in the mental health group (n=685). A significantly larger proportion of the general population were female (68%) and under 45 years old (62%) than in the mental health sample (49% female, 51% under 45). A significantly higher number of people in the general population were university educated (71%) than in the mental health sample (30%). A greater proportion of people in the mental health group had received talking therapies (74% vs 45%). Higher numbers of people in the mental health group (42%) had attended arts therapies in the past than in the general population (12%).

Overall, around 60% of participants in both groups were interested in taking part in group arts therapies (see Table 1). The first regression model (see Appendix B) showed significant associations between interest in participating in the arts therapies and gender ($p<0.001$), and previous attendance of arts therapies ($p<0.001$): females were more likely than males to say they were interested in attending, as were those who had attended before. Participants who had attended before were also less likely to say they were not sure. For the mental health patients, gender ($p=0.05$), education level ($p=0.01$), diagnosis ($p=0.02$) and previous attendance of an arts therapy ($p<0.001$) were significant variables: females and people who had attended before were more likely to say that they were interested, those with a diagnosis of F2 or who were not university educated were more likely to say they were not interested in participating. In the general population sample, gender ($p=0.01$), having heard of the arts therapies ($p=0.03$) and attended the arts therapies

(p=0.02) were significant variables. Females and people who had heard of the arts therapies and attended arts therapies were more likely to say that they were interested. Those who had not attended were more likely to say they were not sure.

Table 1: Attendance and interest

Question	Response	Mental health patients (n=685)	General population sample (n=856)	Total (n=1541)
Have you attended music therapy?*	Yes	117 (17.08%)	44 (5.14%)	161 (10.45%)
Have you attended dance-movement therapy?*	Yes	59 (8.61%)	24 (2.8%)	83 (5.39%)
Have you attended art therapy?*	Yes	230 (33.58%)	57 (6.66%)	287 (18.62%)
Have you attended dramatherapy?*	Yes	54 (7.88%)	25 (2.92%)	79 (5.13%)
Attended none*	Yes	398 (58.1%)	755 (88.2%)	1153 (74.82%)
Would you be interested in taking part in group arts therapies?	Yes	420 (61.4%)	509 (59.53%)	929 (60.36%)
	No	165 (24.12%)	179 (20.94%)	344 (22.35%)
	Not sure	99 (14.47%)	167 (19.53%)	266 (17.28%)

** = significant differences between groups – Chi ^{2} at 5%*

Participants were asked to choose one of the four modalities that they would most like to attend. Table 2 shows a summary of the responses.

Table 2: Most preferred arts modality

Question		Mental health patients (n=685)	General population sample (n=856)	Total (n=1541)
Which type would you MOST like?	Music therapy	282 (41.41%)	271 (31.77%)	553 (36.05%)
	Dance-movement therapy	73 (10.72%)	139 (16.3%)	212 (13.82%)
	Art therapy	256 (37.59%)	366 (42.91%)	622 (40.55%)
	Dramatherapy	70 (10.28%)	77 (9.03%)	147 (9.58%)

When both groups were combined in the regression, participant group (p=0.02), gender (p<0.001), previous attendance of music therapy (p<0.001), dance-movement therapy (p=0.002), art therapy (p<0.001) and dramatherapy (p=0.002) were all significantly associated with most preferred arts therapy modality (Appendix C). Significant variables for the mental health patients were gender (p<0.001), whether someone was White British or BAME (p=0.05) and previous attendance of music therapy (p<0.001), dance-movement therapy (p=0.02), art therapy (p<0.001) and dramatherapy (p=0.01). Significant variables for the general population sample were gender (p<0.001) and previous attendance of music therapy (p=0.01), dance-movement therapy (p=0.02), art therapy (p=0.01) and dramatherapy (p=0.02). Significant characteristics are summarised in Table 3.

Table 3: Significant characteristics for preferences

Most preferred type	Most likely characteristics - both groups combined	Most likely characteristics - mental health patients	Most likely characteristics - general population sample
Music therapy	• Males • Mental health patients • Attended music therapy before • Not attended art therapy • Not attended dramatherapy	• Males • BAME background • Attended music therapy before • Not attended art therapy	• Males • Attended music therapy before • Not attended art therapy • Not attended dramatherapy
Dance-movement therapy	• Female • Not heard of arts therapies before • Attended dance-movement therapy before • Not attended art therapy	• Attended dance-movement therapy before • Not attended art therapy	• Female • Attended music therapy before • Attended dance-movement therapy before
Art therapy	• Females • general population sample • Attended art therapy before	• Females • Attended art therapy before	• Female • Attended art therapy before
Dramatherapy	• Males • Attended dramatherapy before	• Males • White British background • Not heard of arts therapies • Attended music therapy before • Attended dramatherapy before	• None

Reasons for preferences

Participants were asked why they had chosen their most preferred arts modality with an open response box. These answers were grouped into seven main themes; enjoyment, expectations of helpfulness, feeling capable, impact on mood, creating something, social interaction and the unknown (see Table 4 for counts).

Table 4: Counts of themes

Theme	**Most like**	
	N	**%**
Enjoyment	578	38.05
Expectations of helpfulness	294	19.35
Feeling capable	228	15.01
Impact on mood	197	12.97
Creating something	67	4.41
Social interaction	61	4.02
The unknown	34	2.24

Themes

Enjoyment

Enjoyment and pleasure were mentioned often. Participants sometimes related their enjoyment of the art form to previous experiences such as at school or using the art forms as hobbies. Many people said they had a personal interest in an art form and that is why they would choose it. They expected that using the art form would be fun.

> "*I like to make music and have a studio at home*" (Ppt0045: Music therapy)

> *"Done it before and enjoyed it, benefited from it"* (Ppt0303: Art therapy)

Expectations of helpfulness

Participants often gave a reason related to how helpful they expected that arts modality to be for them. This was sometimes due to the therapeutic benefit they thought they may gain from using that art form, as well as being able to use the art form to express themselves.

> *"Exercise and movement help with my depression"* (Ppt0270: Dance-movement therapy)

> *"Because I know that when you draw/paint, you are in touch with a childlike part of yourself. Therefore I think it could be useful, particularly in conjunction with talking about the problem. Art taps into unconscious processes"* (Ppt0767: Art therapy)

Feeling capable

Some people preferred an arts modality because they felt that they were good at it, possibly because of past experience or a natural talent. Others said they would feel more comfortable using an art form because they believed there was no need to be good at it.

> *"I think I'd make a good actor"* (Ppt0224: Dramatherapy)

> *"Because it's something anyone can do with any skill level. No judgement, it's what you feel and what drives you to put down on paper. For me it settles my head and evens me out."* (Ppt0620: Art therapy)

Impact on mood

Participants spoke about how an art form may be relaxing for them or that it cheers them up. This was expected to be through different methods of engaging with the art form, including listening to calming music, the benefits of doing exercise, or just the joy of being creative.

> *"Because of the interaction, when you listen to music your mood improves as well. You get better. When you listen to different types of music your moods gets better all the time too."* (Ppt0295: Music therapy)

> *"Dance would relax me and help to maintain fitness"* (Ppt1300: Dance-movement therapy)

Creating something

The theme of creating something encapsulated when participants said that the creativity, or producing something, would draw them to a modality. This was most often mentioned in relation to art therapy.

> *"I enjoy the quite methodical work that goes into producing a piece of artwork and having a visual representation to have and keep"* (Ppt1330: Art therapy)

> *"I like the thought of being creative and making things."* (Ppt1410: Art therapy)

Social interaction

Some participants said that they would choose their preferred modality because it would give them a chance to be with others and socialise. It seemed that art therapy was considered a less 'sociable' modality, as each person works on their own piece of art; this was a positive thing for many people.

> *"I believe it would involve the greatest amount of independent working without interaction with others."* (Ppt0788: Art therapy)

> *"I think because I'm expressive, I'm comfortable in front of other people and being able to be silly boosts your self-esteem and is good for my mental health"* (Ppt1206: Dramatherapy)

The unknown

Participants gave 'not knowing' about a modality as a reason for why they might like to take part. For example, some said they would like to try it as it was something new, or that they would like to learn a new skill.

> *"Sounds relaxing and something that I have never done before and the other three are my hobbies already. Would like to get better at art."* (Ppt1124: Art therapy)

> *"Never learnt an instrument and would want to muck around within one" (*Ppt1130*:* Music therapy)

Themes in relation to modalities

Figure 1 shows the different responses given for each modality preference. Music was expected to have a positive impact on mood, and to be enjoyable. Enjoyment and expectations of helpfulness were important for those choosing dance-movement therapy. Creativity was cited more often when speaking about art therapy than other modalities. Those who chose dramatherapy spoke about feeling capable more than for the other modalities.

Figure 1: Open response themes for most preferred arts therapies modality

Discussion

To our knowledge, this is the largest survey of the arts therapies ever undertaken. The results show who would be interested in group arts therapies, what they would want, and why. A relatively high proportion of people both in mental health services and in the general population would be interested in participating (61.4% and 59.5% respectively). However, when looking at the proportion of those using mental health services who had accessed arts therapies, this number was much lower (42%). It is unknown how many Trusts in the UK provide an arts therapies service, but of the sites in this survey the number was 4 out of 13 (31%). This may not be representative of arts therapies provision across the UK. We would recommend that research is conducted to ascertain this information.

The results indicate that preferences in the survey were heavily informed by past experiences of using that art form. The most consistent and clinically relevant predictors of preferences were previous experiences of those modalities. This is encouraging for arts therapists; people who attend sessions want to come back. Gender, ethnicity, education levels and whether someone was a mental

health patient or from the general population were associated with interest and preferences. Realistically the differences between groups were small and not absolute, and the implications of these findings are limited. It would not be possible to use these results to predict preferences on an individual level, or on a service level. We recommend that providing a wide range of treatments, including arts therapies, is likely to be beneficial to patients. There are many different reasons why someone might express an interest and a preference for the arts therapies, and it has previously been found that receiving a preferred psychosocial intervention is associated with reduced dropout and improved therapeutic alliance (8).

Art and music therapy were the most preferred modalities. There are a number of potential explanations for this, other than them being truly more popular. Although we do not know actual provision of arts therapies in mental health services, far more people in the survey had heard of and attended art therapy and music therapy than the other two modalities. As demonstrated by the regression model, those who have attended a modality before are more likely to choose it as their preference; this held true for every modality and both participant groups. Therefore, the lower numbers of people choosing dance-movement and dramatherapy could be due to the lower availability of these modalities. It could also be argued that music and art are more 'mainstream' art forms, which most people use in their day to day lives and therefore feel more comfortable with.

Another potential reason for this split is a misunderstanding of the implications of taking part in dance-movement and dramatherapy. Zajonc suggests that people are able to express preferences based on very limited information, by adhering to their past experiences and set of values (32) and many participants spoke about their past experiences of the arts, such as at school or as hobbies. Participants in this questionnaire were not informed about what the arts therapies involve, and the open responses highlighted some misconceptions. This highlights the need for clinicians to address concerns and support informed decision making. Decision aids such as leaflets, videos or taster sessions could be helpful methods of informing mental health patients about the arts therapies (7).

In line with proposed common active factors across the arts therapies, this survey found that pleasure and enjoyment are important for arts therapies preferences (33). It has been suggested that people making non-consequential decisions will do so on the basis of mental pleasure, or to minimise mental displeasure (34). In the arts therapies, pleasure and playfulness may be more important than in other forms of therapy (2), as there is an emphasis on using creativity to explore different cognitive or emotional experiences (12). Fun and enjoyment are also mentioned as factors in qualitative studies of patient experiences of arts therapies (35,36).

It was important to participants to consider how the art form might be helpful, such as being inherently therapeutic, or a way to express themselves. This is in line with literature on the construction of preferences; people consider the pros and cons of the options and how they may benefit from them (37). Expectations of how a therapy might be helpful also play a crucial role in engagement and process (9). Patients and therapists must believe that the therapy will help them in order to make positive change (13).

Other reasons for preferences included an impact on mood, the unknown and social interaction. In previous studies, changes in mood have been highlighted as key outcomes for people who attend the arts therapies (16,38–40). Social interaction is also a crucial element of group therapies (12), suggesting that the participants in the survey were being prudent in their decision-making.

Strengths and limitations

The simplicity of the survey meant it was popular with NHS sites and online access meant recruitment was able to continue during the COVID-19 pandemic. As the study was the first of its kind, the approach was exploratory and a sample size calculation was not deemed appropriate. The sampling technique may have led to some bias, and there were some significant difference between participant groups (mental health patients and general population). We also did not ask the general population sample whether they were mental health patients, so the groups may not have been mutually exclusive. In multivariable analysis, it is recommended that the sample size should be at least 10 times the number of variables considered (41); this was the case with our sample, suggesting that the associations are reliable.

Reasons for liking something can be difficult to verbalise (32) and participants in the current study sometimes gave limited responses to the open questions. This could have been influenced by the short nature of the survey and the environment in which it was being answered, e.g. in a waiting room or shopping centre, or over the phone. A more in-depth understanding of the choices that participants made could be ascertained through individual interviews. If this research were to be conducted, the themes drawn out from the open questions in this study could provide a framework for topic guides. This survey focused on group arts therapies, whereas the results may have been different for individual therapy. There could be scope for linking these reasons for preferences to personality characteristics such as openness and extraversion (42), however this was not within the remit of this study.

Zaller suggested that survey responses seem to be random and not necessarily linked to participants' preferences (43). In the current study, participants were 'forced' to choose one modality as their

preference. There was no option to say 'none' or 'all'. This may have created an unrealistic representation of true preferences. Participants were aware that there were no consequences to their preferences; they would not have to participate in the groups. They were also not given any information about the arts therapies, other than one sentence embedded in the survey. If someone was expressing a preference as part of their treatment pathway, they would be given more information, possibly in the form of decision aids (7). They would also be given more time to think about their decision and discuss with a mental health professional as part of a shared decision making process (44). Therefore, the responses in this survey may not translate into actual behaviour. Future research should focus on 'real life' preferences of those who are taking part in the arts therapies and whether preferences and expectations are associated with engagement.

Conclusion

This is the first study to investigate who would be interested in taking part in group arts therapies and what their preferences would be. Two thirds of participants said they would be interested in participating. Relevant characteristics for interest and preferences were varied, but previous experience of the arts therapies was consistently associated with a preference for the same modality. This is encouraging for arts therapists and services; that those who have attended the arts therapies would attend again. The findings may justify the wide provision of arts therapies and the offer of more than one modality to interested patients. Information should be provided to patients to ensure informed decision-making.

We would recommend that further research is undertaken to ascertain current arts therapies provision in mental health services in the UK, as well as a better understanding of the impact of preferences on arts therapies engagement in both research and clinical settings.

Contributorship statement

The study was planned and designed by Emma Millard, Catherine Carr and Stefan Priebe. Data collection was conducted by Emma Millard and researchers at each NHS site. Data preparation, analysis and write up was undertaken by all authors, with Emma Millard taking the lead.

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Competing interests

None

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Data sharing

Unpublished, anonymised data would be made available upon reasonable request.

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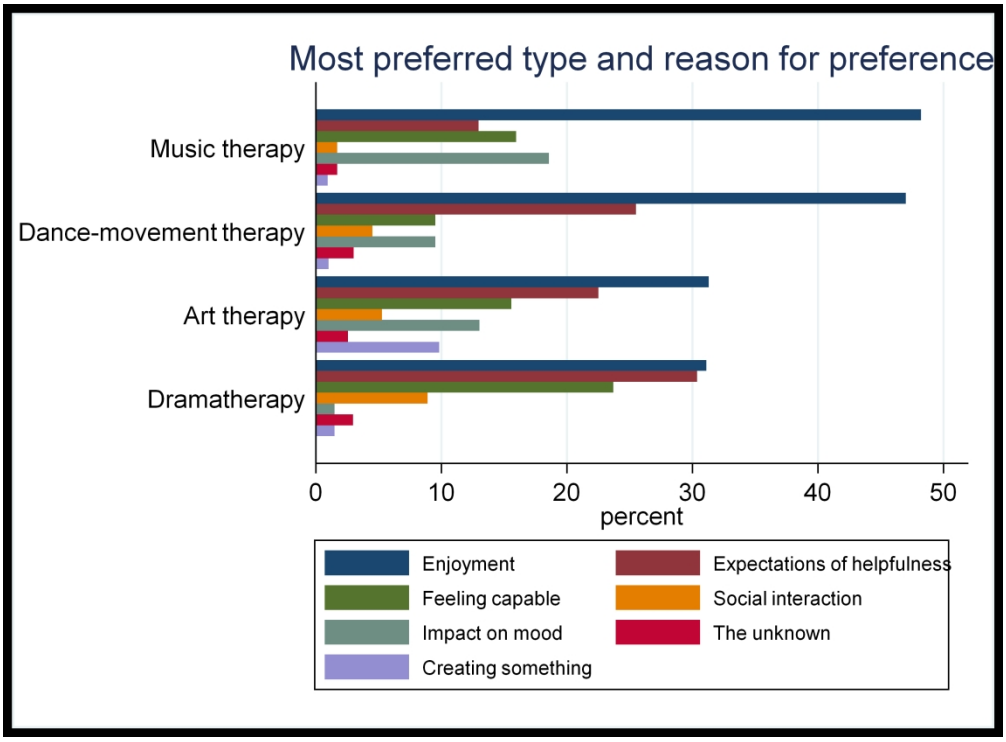

Figure 1: Open response themes for most preferred arts therapies modality

Appendix A: Sample characteristics

Characteristic		**Mental health patients (n=685)**	**General population sample (n=856)**	**Total (n=1541)**
Gender*	Male	343 (50.15%)	271 (31.73%)	614 (39.92%)
	Female	334 (48.83%)	581 (68.03%)	915 (59.49%)
	Other	7 (1.02%)	2 (0.23%)	9 (0.59%)
Ethnic group	White British	489 (73.20%)	600 (72.46%)	1089 (72.79%)
	BAME	179 (26.80%)	228 (28.54%)	407 (27.21%)
Age group*	Under 45	316 (50.72%)	526 (61.96%0	842 (57.2%)
	Over 45	307 (49.28%)	323 (38.04%)	630 (42.8%)
Level of education*	Not university educated	474 (70.01%)	244 (28.94%)	718 (47.24%)
	University educated	203 (29.99%)	599 (71.06%)	802 (52.76%)
Diagnosis	F20-F29 Schizophrenia, schizotypal and delusional disorders	283 (43.61%)		
	F30-F39 Mood (affective) disorders	177 (27.27%)		
	Other (F0-F19, F40-F99)	189 (29.12%)		
Time in services	Less than 8 years	328 (53.51%)		
	More than 8 years	285 (46.49%)		
Part of a Trust with an arts therapies service?		234 (37.34%)		
Received a talking therapy?*		504 (74.34%)	386 (45.41%)	890 (58.25%)

** = significant differences between groups – Chi ^{2} at 5%*

Appendix B: Multinomial Logistic Regression Results: Would you be interested in taking part in group arts therapies? (Yes as base outcome)

Participants	Would you be interested?	Variable	RRR	Std. error	95% CI	
All (n=1510)	Yes	(Base outcome)				
	No	Mental health or General population	0.89	0.14	0.66	1.19
		Male or female*	0.56	0.07	0.43	0.72
		Not uni or uni	0.90	0.13	0.68	1.19
		Heard of arts therapies	0.72	0.12	0.51	1.00
		Attended arts therapies*	0.53	0.10	0.37	0.76
	Not sure	Mental health or General population	1.04	0.18	0.74	1.45
		Male or female	0.98	0.15	0.73	1.32
		Not uni or uni	1.13	0.18	0.83	1.55
		Heard of arts therapies	1.02	0.21	0.68	1.52
		Attended arts therapies*	0.42	0.09	0.28	0.64
Mental health patients (n=651)	Yes	(Base outcome)				
	No	Male or female*	0.61	0.12	0.41	0.91
		Not uni or uni*	0.61	0.14	0.38	0.97
		Diagnosis F3	0.79	0.19	0.49	1.27
		Diagnosis Other*	0.51	0.13	0.31	0.84
		Heard of arts therapies	1.06	0.27	0.64	1.73
		Attended arts therapies*	0.49	0.11	0.31	0.76
	Not sure	Male or female	0.89	0.22	0.55	1.44
		Not uni or uni	1.63	0.41	0.99	2.67
		Diagnosis F3	1.66	0.49	0.93	2.97
		Diagnosis Other	1.00	0.31	0.55	1.84
		Heard of arts therapies	0.97	0.30	0.53	1.77
		Attended arts therapies*	0.39	0.11	0.22	0.68

General population sample (n=850)	Yes	(Base outcome)				
	No	Male or female*	0.60	0.11	0.42	0.86
		Not uni or uni	1.20	0.24	0.81	1.78
		Heard of arts therapies*	0.54	0.13	0.34	0.86
		Attended arts therapies*	0.44	0.17	0.21	0.92
	Not sure	Male or female	1.04	0.21	0.70	1.55
		Not uni or uni	0.92	0.18	0.62	1.36
		Heard of arts therapies	0.96	0.27	0.55	1.67
		Attended arts therapies*	0.51	0.17	0.26	1.00

*RRR=relative risk, CI=confidence interval, *=significant variables at 5%*

Appendix C: Multinomial Logistic Regression Results: Which type would you MOST prefer? (Art therapy as base outcome)

Participants	Type	Variable	RRR	Std. error	95% CI	
All (n=1505)	Music therapy	Mental health or General population*	0.68	0.10	0.51	0.91
		Male or female*	0.43	0.06	0.33	0.55
		White British or BAME	1.30	0.19	0.98	1.74
		Not uni or uni	0.81	0.11	0.61	1.06
		Heard of arts therapies	1.06	0.19	0.75	1.50
		Attended music therapy*	4.77	1.30	2.80	8.12
		Attended dance-movement therapy	1.38	0.51	0.66	2.85
		Attended art therapy*	0.26	0.06	0.17	0.40
		Attended dramatherapy*	0.48	0.17	0.23	0.98
	Dance-movement therapy	Mental health or General population	1.15	0.24	0.77	1.72
		Male or female*	1.61	0.32	1.09	2.38
		White British or BAME	1.39	0.26	0.96	2.01
		Not uni or uni	1.04	0.20	0.72	1.51
		Heard of arts therapies*	0.62	0.14	0.39	0.97
		Attended music therapy	1.34	0.52	0.62	2.88
		Attended dance-movement therapy*	4.41	1.78	2.00	9.72
		Attended art therapy*	0.56	0.15	0.33	0.95
		Attended dramatherapy	1.09	0.44	0.49	2.42
	Art therapy	(Base outcome)				
	Dramatherapy	Mental health or General population	0.87	0.20	0.56	1.37
		Male or female *	0.52	0.10	0.35	0.76
		White British or BAME*	1.54	0.33	1.01	2.34
		Not uni or uni	1.22	0.26	0.80	1.86

		Heard of arts therapies	0.62	0.16	0.37	1.04
		Attended music therapy	1.95	0.75	0.91	4.16
		Attended dance-movement therapy	1.62	0.77	0.64	4.10
		Attended art therapy	0.75	0.22	0.43	1.32
		Attended dramatherapy*	2.35	0.88	1.13	4.88
Mental health patients (n=667)	Music therapy	Male or female *	0.39	0.08	0.27	0.57
		White British or BAME*	1.72	0.40	1.10	2.70
		Not uni or uni	0.79	0.17	0.51	1.21
		Interested in arts therapies	1.07	0.14	0.83	1.38
		Heard of arts therapies	0.99	0.25	0.60	1.64
		Attended music therapy*	5.38	1.82	2.77	10.45
		Attended dance-movement therapy	1.22	0.54	0.51	2.92
		Attended art therapy*	0.27	0.07	0.17	0.44
		Attended dramatherapy	0.73	0.33	0.31	1.76
	Dance-movement therapy	Male or female	1.14	0.34	0.64	2.04
		White British or BAME	1.84	0.59	0.98	3.45
		Not uni or uni	1.61	0.48	0.90	2.88
		Interested in arts therapies	0.76	0.16	0.51	1.14
		Heard of arts therapies	0.60	0.22	0.29	1.23
		Attended music therapy	0.53	0.31	0.17	1.69
		Attended dance-movement therapy*	5.00	2.68	1.74	14.32
		Attended art therapy*	0.50	0.17	0.25	0.98
		Attended dramatherapy	2.18	1.13	0.79	6.04
	Art therapy	(Base outcome)				
	Dramatherapy	Male or female *	0.35	0.11	0.20	0.64
		White British or BAME*	1.99	0.65	1.05	3.79
		Not uni or uni	1.38	0.44	0.74	2.58

		Interested in arts therapies	0.67	0.15	0.42	1.05
		Heard of arts therapies*	0.43	0.17	0.20	0.92
		Attended music therapy*	2.58	1.23	1.02	6.55
		Attended dance-movement therapy	1.88	1.05	0.63	5.59
		Attended art therapy	0.64	0.23	0.31	1.30
		Attended dramatherapy*	3.10	1.50	1.20	8.01
General population sample (n=850)	Music therapy	Male or female *	0.43	0.07	0.30	0.60
		Attended music therapy*	4.32	2.13	1.65	11.35
		Attended dance-movement therapy	2.21	1.67	0.50	9.75
		Attended art therapy*	0.21	0.11	0.08	0.58
		Attended dramatherapy*	0.15	0.12	0.03	0.74
	Dance-movement therapy	Male or female *	1.66	0.42	1.00	2.74
		Attended music therapy*	3.39	1.76	1.22	9.40
		Attended dance-movement therapy*	7.05	4.58	1.98	25.15
		Attended art therapy	0.47	0.22	0.19	1.19
		Attended dramatherapy	0.29	0.21	0.07	1.20
	Art therapy	(Base outcome)				
	Dramatherapy	Male or female	0.67	0.18	0.39	1.14
		Attended music therapy	0.44	0.40	0.08	2.57
		Attended dance-movement therapy	1.56	1.47	0.25	9.93
		Attended art therapy	1.27	0.63	0.48	3.35
		Attended dramatherapy	1.90	1.12	0.59	6.06

*RRR=relative risk, CI=confidence interval, *=significant variables at 5%*

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Preferences for Group Arts Therapies: A Cross-Sectional Survey of Mental Health Patients and the General Population

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Arts therapies, preferences, psychiatry, survey

Word Count

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Abstract

Objectives

The arts therapies include music therapy, dance-movement therapy, art therapy and dramatherapy. Preferences for art forms may play an important role in engagement with treatment. This survey was an initial exploration of who is interested in group arts therapies, what they would choose, and why.

Design

An online cross-sectional survey of demographics, interest in and preferences for the arts therapies was designed in collaboration with patients. The survey took 10 minutes to complete, including informed consent, a short description of the arts therapies and 14 main questions. Summary statistics, multinomial logistic regression and thematic analysis were used to analyse the data.

Setting

Thirteen NHS mental health trusts in the UK asked mental health patients and members of the general population to participate.

Participants

A total of 1541 participants completed the survey; 685 mental health patients and 856 members of the general population. All participants were over 18 years old, had capacity to give informed consent and sufficient understanding of English. Mental health patients had to be using secondary mental health services.

Results

Approximately 60% of participants would be interested in taking part in group arts therapies. Participants in the mental health group were more likely to choose music therapy, the general population were more likely to choose art therapy. Past experience of arts therapies was the most robust predictor of preference for that same modality. The reasons for preferences included enjoyment, expectations of helpfulness, feeling capable, impact on mood, creating something, social interaction and the unknown.

Conclusions

Large proportions of the participants expressed an interest in group arts therapies. This may justify the wide provision of arts therapies and the offer of more than one modality to interested patients. It also highlights key considerations for assessment of preferences in the arts therapies as part of shared decision-making.

Strengths and limitations of this study

- This is the largest survey of the arts therapies to date, and the only survey relating to preferences for the arts therapies.
- The survey's simple format made it accessible and recruitment was able to continue during the COVID-19 pandemic.
- The survey results give insight into preferences when there were no consequences, future research should examine what patients choose when they are offered arts therapies as a treatment.

Introduction

The arts therapies is an umbrella term encompassing art therapy, music therapy, drama therapy and dance-movement therapy. They are a group of psychotherapeutic interventions which make use of specific art-forms. In the UK and several other countries, the arts therapies are delivered by qualified and regulated therapists, who draw on a number of different theoretical frameworks including psychodynamic, humanistic, attachment and person-centred approaches (1). There is a focus on the therapeutic relationship and exploration of the patient's feelings and experiences through active engagement with the art form (2). In a session, interactions are usually spontaneous, with the therapist responding to the feelings and reflections which arise in the moment. There are many different ways to use the creative art forms, although improvisation and playfulness are usually encouraged and supported (3). The primarily non-verbal approach makes the arts therapies suitable to work with patients who find verbal interaction difficult, such as those with learning disabilities, dementia or severe mental illness (4). Arts therapists work across many different settings, including as part of an arts therapies service, a multi-disciplinary team, or as lone-workers, and provide treatment both individually and in groups (5). In individual work, the therapeutic relationship between therapist and patient is key, in groups there is also an emphasis on supporting healthy interactions between group members (6). Mental health services in the UK often offer arts therapies in a group format as the experience of being in a group is well-understood to be helpful for people

with severe mental illness (7,8). In groups, the art forms offer a way for group members to connect with each other and the therapist on a non-verbal level (6,9,10).

Potential participants in the arts therapies will likely have had past experiences of the creative arts, whether that was at school or as hobbies (11). Therefore, their preferences and expectations may play a considerable role in their engagement and the success of therapy (12–14). Although the arts therapies share many features, including theoretical underpinning, there is a clear difference in the art form being used. In music therapy there are usually instruments to play, and patients may be encouraged to take part in singing, songwriting, listening or musical improvisation. Art therapists provide a space where patients can explore different art materials, including, but not limited to, drawing, collage, model-making or painting. In dramatherapy there may be opportunities to explore story-telling or role-play using acting or puppets. In dance-movement therapy patients would be encouraged to move their bodies, often to music, making use of props like scarves or ribbons (4).

The arts therapies have been around since the 1940s but until recently each arts modality has been considered distinct (15). An increased understanding of common factors in therapies has helped to conceptualise aspects that the arts therapies share, as well as differences between them (16–18). Historically, trials investigating the effectiveness of arts therapies have been small in number and poor in quality (19–27). Few large-scale trials into group arts therapies have reported positive outcomes (28–30), likely due to methodological limitations. When there is little evidence to distinguish the benefits or harms between treatment, it is recommended that treatment decisions are guided by patient preferences (31).

Mental health patients' retrospective attitudes towards the arts therapies have been investigated by some; Heaney (1992) surveyed psychiatric inpatients about their experiences of treatment, focusing on arts therapies. The participants rated all of the therapies as favourable, with music therapy coming out top of being 'pleasurable'. All of the 'activity therapies' (music, art and recreation) in the study were considered to be of equal importance to other aspects of care (32). Silverman (2010) interviewed 15 inpatients about their perceptions of music therapy after they had attended sessions. Their feedback indicated a positive perception of their experiences and that they were able to recall features of the session (33). In a meta-synthesis of 14 studies of patient experiences of music therapy, it was found that there were four main areas which patients reported to be important; "having a good time", "being together", "feeling" and "being someone" (34). More recently, Haeyen and colleagues surveyed patients with a diagnosis of personality disorder who had attended art therapy. They found five key categories of experiences: Expression of emotions, improved self-image, making own choices/autonomy, insight and changing of personal patterns, and dealing with

own limitations (35). This research into experiences offers understanding of patient values, and has potential to be associated with preferences and expectations for engagement with arts therapies.

No research to date has looked at who would be interested in taking part in group arts therapies, what their preferences would be and why. Given that preferences have been found to play an important role in engagement with psychosocial treatments, and the potential for the arts therapies to offer a space where patients can make choices and be autonomous, it seems pertinent to initiate a discussion about preferences in the arts therapies.

The current study was designed as an initial exploration of this topic. The research questions were:

- Who is interested in participating in group arts therapies?
- Which of the four arts modalities would people most like to take part in and why?
- Which socio-demographic and clinical characteristics are related to preferences?

Method

This study was given ethical approval by the South Central Oxford C Research Ethics Committee (18/SC/0701) and is reported according to recommended survey guidelines (36).

Participants

All participants were required to be aged 18 or over, with sufficient command of the English language and capacity to give informed consent.

NHS mental health trust sites became involved via the NIHR Clinical Research Network. Researchers at each site approached mental health group participants in secondary mental health services, such as inpatient wards and community mental health teams, to ask if they would like to take part. Researchers could ask any other member of the public to complete the general population group survey, including family members and colleagues. Numbers of people who declined to take part were not recorded.

Patient and public involvement

The survey questions were developed in collaboration with patients and members of a multi-disciplinary research team. A draft of the analysis was read and commented on by the multi-disciplinary research team. Published results will be sent to the study sites to disseminate amongst their participants.

The survey

The survey was created by the authors; a validated survey was not available as this is the first time the topic has been researched. The questions were developed based on topics of interest in collaboration with service users and a multi-disciplinary research team (see Appendices A and B for full surveys). Piloting of the survey was undertaken within the research team, and with mental health patients and the general population in the main study site.

The survey was completed electronically, in person via an ipad, or on participants' own devices whilst speaking to a researcher on the phone, and took approximately 10 minutes. The researchers were instructed to be present for the completion of the survey when possible, especially for mental health participants. There were 14 questions in the survey which focused on the participants' demographic characteristics and whether they had heard of the arts therapies, whether they would be interested in taking part, and which modality they would choose and why (as an open response). A short description of the arts therapies was included in the survey.

Mental health patients gave the researcher permission to access to their medical records to look for their diagnosis and length of time in services. Length of time in services was determined from the first clinical record on the patient's profile, or from self-reported first contact with mental health services. All responses were collected via an online platform, and researchers collected identifiable information (date of birth, diagnosis and time in services) for the mental health patients on a spreadsheet. This was anonymised and emailed to XX monthly, where the information was linked up to the online responses via a unique ID number.

Participants were given the chance to enter a £50 prize draw. They gave their personal information on a separate spreadsheet (mental health patients) or followed a link to a separate survey (general population) so that the survey responses remained anonymous.

Data analysis

All quantitative analysis was conducted in Stata V15 (37). Age groups, gender, ethnicity, level of education and time in services were collapsed into dichotomous variables. Summary statistics were used to look at the characteristics of participants. Chi^2 tests were conducted to look at differences between participant groups and to find variables of interest. These were entered into a multinomial logistic regression to look for significant characteristics related to interest in participating in the arts therapies, participants' preferred arts therapy modality, and the reasons they gave for their preferences. This was done firstly with all data together, then separately for each group of participants (mental health patients and general population). Missing data were excluded from analysis.

A subsample of reasons for preferences were coded and grouped into themes by XX using NVivo 12 (38). These themes were then used as a framework to group together the remaining responses (XX, XX and XX coded 33% each of all the open responses).

Results

The total number of participants was 1541. Appendix C details the sample characteristics as broken down for analysis. There were some differences between the two groups, with a larger sample in the general population group (n=856) than in the mental health group (n=685). A significantly larger proportion of the general population were female (68%) and under 45 years old (62%) than in the mental health sample (49% female, 51% under 45). A significantly higher number of people in the general population were university educated (71%) than in the mental health sample (30%). A greater proportion of people in the mental health group had received talking therapies (74% vs 45%). Higher numbers of people in the mental health group (42%) had attended arts therapies in the past than in the general population (12%). Levels of missing data were low for variables of interest (between 1-2%).

Overall, 61.4% and 59.5% respectively of participants in the mental health group and the general population were interested in taking part in group arts therapies (see Table 1). The first regression model (see Appendix D) showed significant associations between interest in participating in the arts therapies and gender ($p<0.001$), and previous attendance of arts therapies ($p<0.001$): females were more likely than males to say they were interested in attending, as were those who had attended arts therapies before. Participants who had attended before were also less likely to say they were not sure.

For the mental health patients, gender ($p=0.05$), education level ($p=0.01$), diagnosis ($p=0.02$) and previous attendance of an arts therapy ($p<0.001$) were significant variables: females and people who had attended before were more likely to say that they were interested, those with a diagnosis of F2 or who were not university educated were more likely to say they were not interested in participating.

In the general population sample, gender ($p=0.01$), having heard of the arts therapies ($p=0.03$) and attended the arts therapies ($p=0.02$) were significant variables. Females and people who had heard of the arts therapies and attended arts therapies were more likely to say that they were interested. Those who had not attended were more likely to say they were not sure.

Table 1: Attendance and interest

Question	Response	Mental health patients (n=685)	General population sample (n=856)	Total (n=1541)
Have you attended music therapy?*	Yes	117 (17.08%)	44 (5.14%)	161 (10.45%)
Have you attended dance-movement therapy?*	Yes	59 (8.61%)	24 (2.8%)	83 (5.39%)
Have you attended art therapy?*	Yes	230 (33.58%)	57 (6.66%)	287 (18.62%)
Have you attended dramatherapy?*	Yes	54 (7.88%)	25 (2.92%)	79 (5.13%)
Attended none*	Yes	398 (58.1%)	755 (88.2%)	1153 (74.82%)
Would you be interested in taking part in group arts therapies?	Yes	420 (61.4%)	509 (59.53%)	929 (60.36%)
	No	165 (24.12%)	179 (20.94%)	344 (22.35%)
	Not sure	99 (14.47%)	167 (19.53%)	266 (17.28%)

** = significant differences between groups – Chi ^{2} at 5%*

Participants were asked to choose one of the four modalities that they would most like to attend. Table 2 shows a summary of the responses, and Figure 1 gives a graphical representation of the differences between groups.

Table 2: Most preferred arts therapies modality

Question		Mental health patients (n=685)	General population sample (n=856)	Total (n=1541)
Which type would you MOST like?	Music therapy	282 (41.41%)	271 (31.77%)	553 (36.05%)
	Dance-movement therapy	73 (10.72%)	139 (16.3%)	212 (13.82%)
	Art therapy	256 (37.59%)	366 (42.91%)	622 (40.55%)
	Dramatherapy	70 (10.28%)	77 (9.03%)	147 (9.58%)

When both groups were combined in the regression model (Appendix E), participant group (p=0.02), gender (p<0.001), previous attendance of music therapy (p<0.001), dance-movement therapy (p=0.002), art therapy (p<0.001) and dramatherapy (p=0.002) were all significantly associated with most preferred arts therapy modality. Significant variables for the mental health patients were gender (p<0.001), whether someone was White British or BAME (p=0.05) and previous attendance of music therapy (p<0.001), dance-movement therapy (p=0.02), art therapy (p<0.001) and dramatherapy (p=0.01). Significant variables for the general population sample were gender (p<0.001) and previous attendance of music therapy (p=0.01), dance-movement therapy (p=0.02), art therapy (p=0.01) and dramatherapy (p=0.02). Significant characteristics for each modality are summarised in Table 3.

Table 3: Significant characteristics for preferences

Most preferred type	Most likely characteristics - both groups combined	Most likely characteristics - mental health patients	Most likely characteristics - general population sample
Music therapy	• Males • Mental health patients • Attended music therapy before • Not attended art therapy • Not attended dramatherapy	• Males • BAME background • Attended music therapy before • Not attended art therapy	• Males • Attended music therapy before • Not attended art therapy • Not attended dramatherapy
Dance-movement therapy	• Females • Not heard of arts therapies before • Attended dance-movement therapy before • Not attended art therapy	• Attended dance-movement therapy before • Not attended art therapy	• Female • Attended music therapy before • Attended dance-movement therapy before
Art therapy	• Females • General population sample • Attended art therapy before	• Females • Attended art therapy before	• Female • Attended art therapy before
Dramatherapy	• Males • Attended dramatherapy before	• Males • White British background • Not heard of arts therapies • Attended music therapy before • Attended dramatherapy before	• None

Reasons for preferences

Participants were asked why they had chosen their most preferred arts modality with an open response box. These answers were grouped into seven main themes; enjoyment, expectations of helpfulness, feeling capable, impact on mood, creating something, social interaction and the unknown (see Table 4 for counts).

Table 4: Counts of themes

Theme	**Most like**	
	N	**%**
Enjoyment	578	38.05
Expectations of helpfulness	294	19.35
Feeling capable	228	15.01
Impact on mood	197	12.97
Creating something	67	4.41
Social interaction	61	4.02
The unknown	34	2.24

These themes were also entered into a regression model to look for associations between the reasons participants gave for their preferences and their characteristics. The regression model with all categories was not a good fit because of low numbers in some of the categories. In order to create a good fit, the four categories which had the fewest responses were grouped together and named 'other'. In the bar charts, the results were kept in their original, wider, categories.

The regression model (Appendix F) for the reasons given by the full sample showed that gender ($p=0.05$) (Figure 2), level of education ($p<0.001$) (Figure 3), age group ($p=0.004$) (Figure 4), interest in taking part ($p=0.01$) (Figure 5) and most preferred modality ($p<0.001$) (Figure 6) were significant factors. When the mental health group and the general population were analysed separately, their most preferred modality ($p<0.001$) was the only variable significantly associated with the reason given for this.

Themes

Enjoyment

Enjoyment and pleasure were mentioned often. Participants sometimes related their enjoyment of the art form to previous experiences such as at school or using the art forms as hobbies. Many people said they had a personal interest in an art form and that is why they would choose it. They expected that using the art form would be fun.

> "*I like to make music and have a studio at home*" (Ppt0045: Music therapy)

> *"Done it before and enjoyed it, benefited from it"* (Ppt0303: Art therapy)

Expectations of helpfulness

Participants often gave a reason related to how helpful they expected that arts modality to be for them. This was sometimes due to the therapeutic benefit they thought they may gain from using that art form, as well as being able to use the art form to express themselves.

"Exercise and movement help with my depression" (Ppt0270: Dance-movement therapy)

"Because I know that when you draw/paint, you are in touch with a childlike part of yourself. Therefore I think it could be useful, particularly in conjunction with talking about the problem. Art taps into unconscious processes" (Ppt0767: Art therapy)

Feeling capable

Some people preferred an arts modality because they felt that they were good at it, possibly because of past experience or a natural talent. Others said they would feel more comfortable using an art form because they believed there was no need to be good at it.

"I think I'd make a good actor" (Ppt0224: Dramatherapy)

"Because it's something anyone can do with any skill level. No judgement, it's what you feel and what drives you to put down on paper. For me it settles my head and evens me out." (Ppt0620: Art therapy)

Impact on mood

Participants spoke about how an art form may be relaxing for them or that it cheers them up. This was expected to be through different methods of engaging with the art form, including listening to calming music, the benefits of doing exercise, or just the joy of being creative.

"Because of the interaction, when you listen to music your mood improves as well. You get better. When you listen to different types of music your moods gets better all the time too." (Ppt0295: Music therapy)

"Dance would relax me and help to maintain fitness" (Ppt1300: Dance-movement therapy)

Creating something

The theme of creating something encapsulated when participants said that the creativity, or producing something, would draw them to a modality. This was most often mentioned in relation to art therapy.

"I enjoy the quite methodical work that goes into producing a piece of artwork and having a visual representation to have and keep" (Ppt1330: Art therapy)

"I like the thought of being creative and making things." (Ppt1410: Art therapy)

Social interaction

Some participants said that they would choose their preferred modality because it would give them a chance to be with others and socialise. It seemed that art therapy was considered a less 'sociable' modality, as each person works on their own piece of art; this was a positive thing for many people.

> *"I believe it would involve the greatest amount of independent working without interaction with others."* (Ppt0788: Art therapy)

> *"I think because I'm expressive, I'm comfortable in front of other people and being able to be silly boosts your self-esteem and is good for my mental health"* (Ppt1206: Dramatherapy)

The unknown

Participants gave 'not knowing' about a modality as a reason for why they might like to take part. For example, some said they would like to try it as it was something new, or that they would like to learn a new skill.

> *"Sounds relaxing and something that I have never done before and the other three are my hobbies already. Would like to get better at art."* (Ppt1124: Art therapy)

> *"Never learnt an instrument and would want to muck around within one" (*Ppt1130*:* Music therapy)

In summary of the bar charts, it seems that males are more likely to place value on enjoyment and feeling capable than females, whereas females are more likely to speak about expectations of helpfulness than males when giving reasons for their preferences. Those who were not university educated, and people over the age of 45 put more emphasis on enjoyment than others. Enjoyment and impact on mood were more commonly mentioned for music therapy than for the other modalities, whereas expectations of helpfulness seemed more relevant for people who chose dance-movement or dramatherapy. Feeling capable was a key consideration for people who chose dramatherapy as their preferred modality, and creating something was more important for those who chose art therapy than the other modalities.

Discussion

To our knowledge, this is the largest survey of the arts therapies ever undertaken. The results show who would be interested in group arts therapies, what they would want, and why. A relatively high proportion of people both in mental health services and in the general population would be interested in participating (around 60%). However, when looking at the proportion of those using mental health services who had accessed arts therapies, this number was much lower (42%).

Receiving a preferred psychosocial treatment is associated with lower dropout rates (12), and the results of this survey suggest that there is the potential for arts therapies to be more widely offered, to increase engagement with treatment. It is unknown how many Trusts in the UK provide an arts therapies service, but of the sites in this survey the number was 4 out of 13 (31%). This may not be representative of arts therapies provision across the UK. We would recommend that research is conducted to ascertain this information.

The results indicate that preferences in the survey were heavily informed by past experiences of using that art form. The most consistent and clinically relevant predictors of preferences were previous experiences of the same type of arts therapy. A conceptual review of resource-oriented therapeutic models in psychiatry highlighted how utilising the experiences and knowledge of the patient, in particular to identify what has helped them in the past, is a key component of solution-focused therapy (39). This suggests that an understanding of patients' past experiences of the arts should form an integral part of the shared decision-making process.(12)

Art and music therapy were the most preferred modalities overall. There are a number of potential explanations for this, other than them being truly more popular. Although we do not know actual provision of arts therapies in mental health services, far more people in the survey had heard of and attended art therapy and music therapy than the other two modalities. As demonstrated by the regression model, those who have attended a modality before are more likely to choose it as their preference; this held true for every modality and both participant groups. Therefore, the lower numbers of people choosing dance-movement and dramatherapy could be due to the lower availability of these modalities. It could also be argued that music and art are more 'mainstream' art forms, which most people use in their day to day lives and therefore feel more comfortable with.

Another potential reason for this split is a misunderstanding of the implications of taking part in dance-movement and dramatherapy. Zajonc suggests that people are able to express preferences based on very limited information, by adhering to their past experiences and set of values (40) and many participants spoke about their past experiences of the arts, such as at school or as hobbies. Participants in this questionnaire were not informed about what the arts therapies involve, and the open responses highlighted some misconceptions. This underlines the need for clinicians to address concerns during informed decision making processes.

In line with proposed common active factors, this survey found that pleasure and enjoyment are important for arts therapies preferences (41). It has been suggested that people making non-consequential decisions will do so on the basis of mental pleasure, or to minimise mental

displeasure (42). In the arts therapies, pleasure and playfulness may be more important than in other forms of therapy (2), as there is an emphasis on using creativity to explore different cognitive or emotional experiences (16,35). Fun and enjoyment are also mentioned as factors in qualitative studies of patient experiences of arts therapies (43,44).

It was important to participants to consider how the art form might be helpful for them, such as being inherently therapeutic, or a way to express themselves. This is in line with literature on the construction of preferences; people consider the pros and cons of the options and how they may benefit from them (45). Expectations of how a therapy might be helpful also play a crucial role in engagement and process (13). Patients and therapists must believe that the therapy will help them in order to make positive change (17).

Other reasons for preferences revolved around an impact on mood. In previous studies, changes in mood have been highlighted as key outcomes for people who attend the arts therapies (20,46–48) and this seemed particularly important for people who chose music therapy as their preference. Social interaction was also important consideration for participants in the survey (16). Being together in a group has been found to be a key mechanism of change for patients attending music therapy (34,49), therefore consideration of the group dynamics is pertinent.

It is essential to remember that any decisions about engagement with the arts therapies should be made in collaboration with a healthcare professional, within the context of a shared decision-making approach (50,51). The reasons which participants gave in this study point towards the aspects of arts therapies treatment which could influence their preferences. Although past experiences are a key consideration, it may be appropriate to encourage a patient to try something new, depending on their situation. The healthcare professional should be prepared to state the aims and goals of the arts therapies so that patients have more information than only their own past experiences. Decision aids, including taster sessions, for the arts therapies could be helpful in supporting patients to make an informed choice (11).

Strengths and limitations

The simplicity of the survey meant it was popular with NHS sites and online access meant recruitment was able to continue during the COVID-19 pandemic. As the study was the first of its kind, the approach was exploratory and a sample size calculation was not deemed appropriate. The sampling technique may have led to some bias, and there were some significant difference between participant groups (mental health patients and general population). Researchers asked people in their own networks for the general population sample. This is likely to be the cause of the high levels

of education seen in the general population sample and potentially higher numbers of female participants, as many were employed by the mental health service involved in the study (27% of general population participants). It was necessary to recruit participants in this way for pragmatic reasons, however, ideally the general population sample would be more representative. We also did not ask the general population sample whether they were mental health patients, so the groups may not have been mutually exclusive. In multivariable analysis, it is recommended that the sample size should be at least 10 times the number of variables considered (52); this was the case with our sample, suggesting that the associations are reliable.

Reasons for liking something can be difficult to verbalise (40) and participants in the current study sometimes gave limited responses to the open questions. This could have been influenced by the short nature of the survey and the environment in which it was being answered, e.g. in a waiting room or shopping centre, or over the phone. A more in-depth understanding of the choices that participants made could be ascertained through individual interviews. If this research were to be conducted, the themes drawn out from the open questions in this study could provide a framework for topic guides. This survey focused on group arts therapies, whereas the results may have been different for individual therapy. There could be scope for linking these reasons for preferences to personality characteristics such as openness and extraversion (53), however this was not within the remit of this study. In hindsight, it would have been interesting to know whether participants' past experiences of the arts therapies were in groups or individually, however this question was not included in the survey because it did not seem relevant to the research question at the time.

Given the large number of tests conducted in this study, it would be expected that 5% of the significant results were due to chance, as they were not corrected for multiple testing. It is also important to consider the difference between statistical significance and clinical relevance. Many of the associations found in this study will not highlight clinically relevant findings. To account for this, significant associations have not been given undue weight and the most relevant to clinical contexts have been explored further.

Zaller suggested that survey responses seem to be random and not necessarily linked to participants' preferences (54). In the current study, participants were 'forced' to choose one modality as their preference. There was no option to say 'none' or 'all'. This may have created an unrealistic representation of true preferences. Participants were aware that there were no consequences to their preferences; they would not have to participate in the groups. They were also not given any information about the arts therapies, other than one sentence embedded in the survey. If someone was expressing a preference as part of their treatment pathway, they would be given more

information (11). They would also be given more time to think about their decision and discuss with a mental health professional as part of a shared decision-making process (55). Therefore, the responses in this survey may not translate into actual behaviour. Future research should focus on 'real life' preferences of those who are taking part in the arts therapies and whether preferences and expectations are associated with engagement.

Conclusion

This is the first study to investigate who would be interested in taking part in group arts therapies and what their preferences would be. Two thirds of participants said they would be interested in participating. Relevant characteristics for interest and preferences were varied, but previous experience of the arts therapies was consistently associated with a preference for the same modality. The findings may justify the wide provision of arts therapies and the offer of more than one modality to interested patients. They also highlight key topics to consider when supporting people to make informed decisions about engaging with the arts therapies as part of a shared decision-making process.

We would recommend that further research is undertaken to ascertain current arts therapies provision in mental health services in the UK, as well as a more in-depth understanding of the impact of preferences on arts therapies engagement in both research and clinical settings.

Contributorship statement

The study was planned and designed by Emma Millard, Catherine Carr and Stefan Priebe. Data collection was conducted by Emma Millard and researchers at each NHS site. Data preparation and analysis was undertaken by Emma Millard, Emma Medlicott and Jessica Cardona. Write up and editing was undertaken by all authors, with Emma Millard taking the lead.

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Competing interests

None

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Data sharing

Unpublished, anonymised data would be made available upon reasonable request.

Ethics statement

This study was given ethical approval by the South Central Oxford C Research Ethics Committee (18/SC/0701).

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Figure 1: Most preferred arts therapies modality divided by participant group

Figure 2: Bar chart of association between reason given and gender

Figure 3: Bar chart of association between reason given and level of education

Figure 4: Bar chart of association between reason given and age group

Figure 5: Bar chart of association between reason given and interest in participating in group arts therapies

Figure 6: Bar chart of association between reason given and most preferred modality

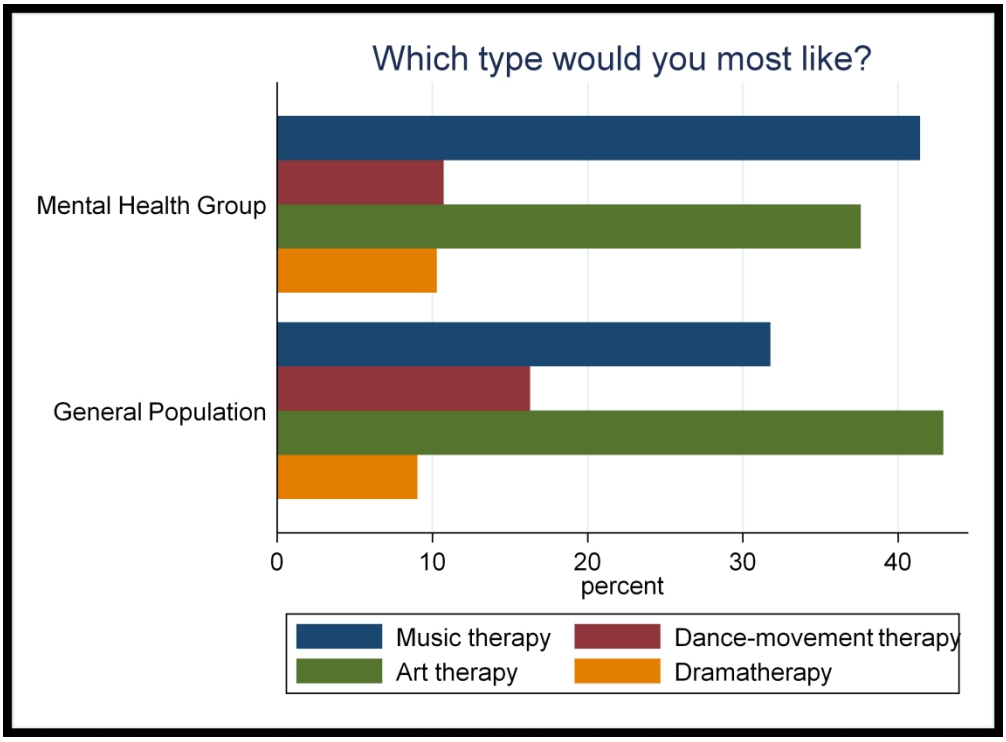

Figure 1: Most preferred arts therapies modality divided by participant group

1812x1328mm (47 x 47 DPI)

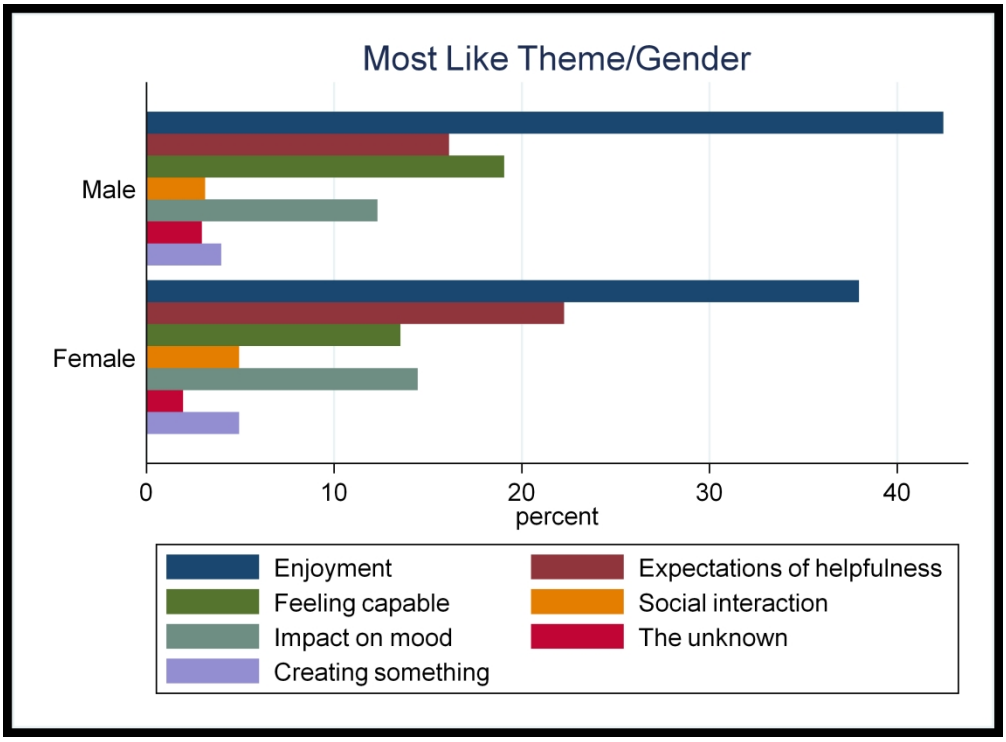

Figure 2: Bar chart of association between reason given and gender

1812x1328mm (47 x 47 DPI)

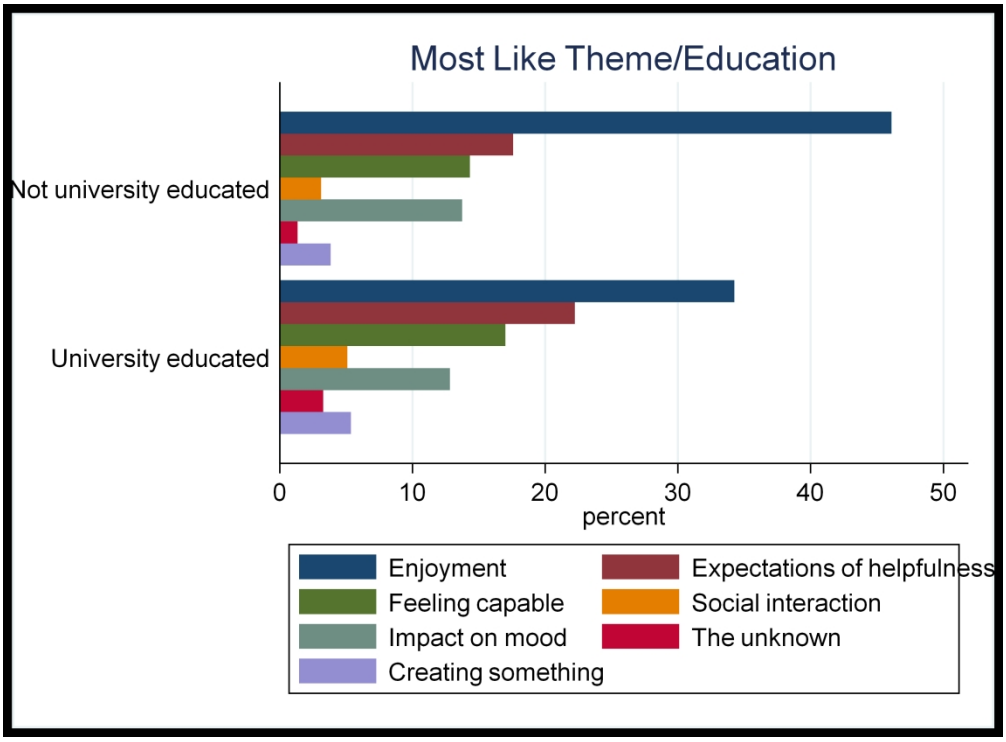

Figure 3: Bar chart of association between reason given and level of education

1812x1328mm (47 x 47 DPI)

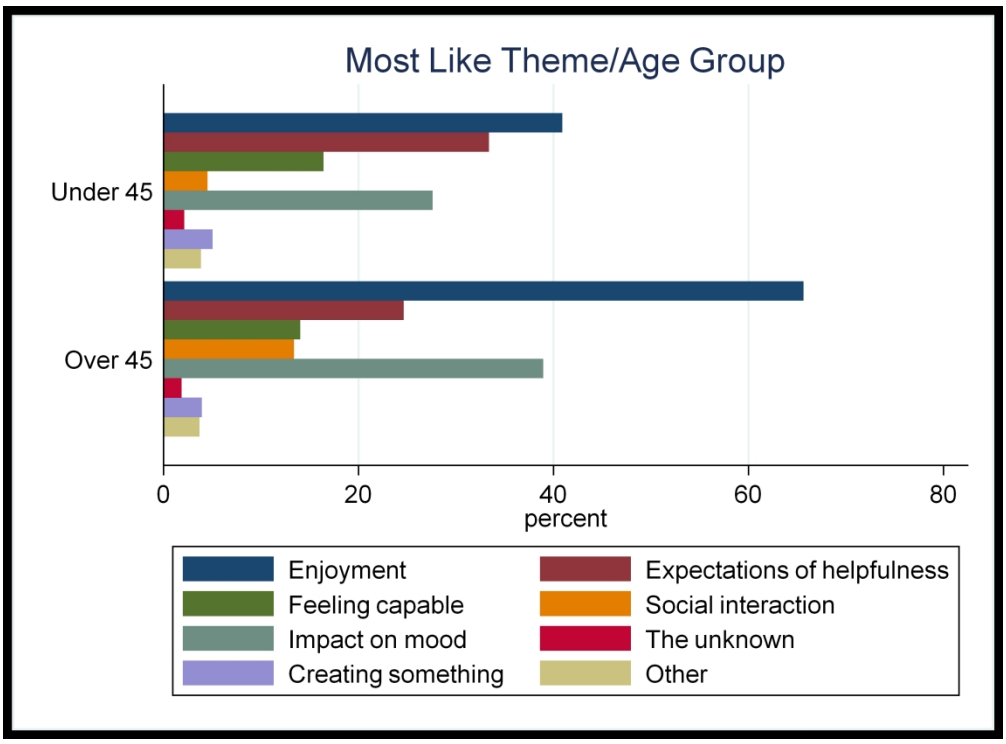

Figure 4: Bar chart of association between reason given and age group

1812x1328mm (47 x 47 DPI)

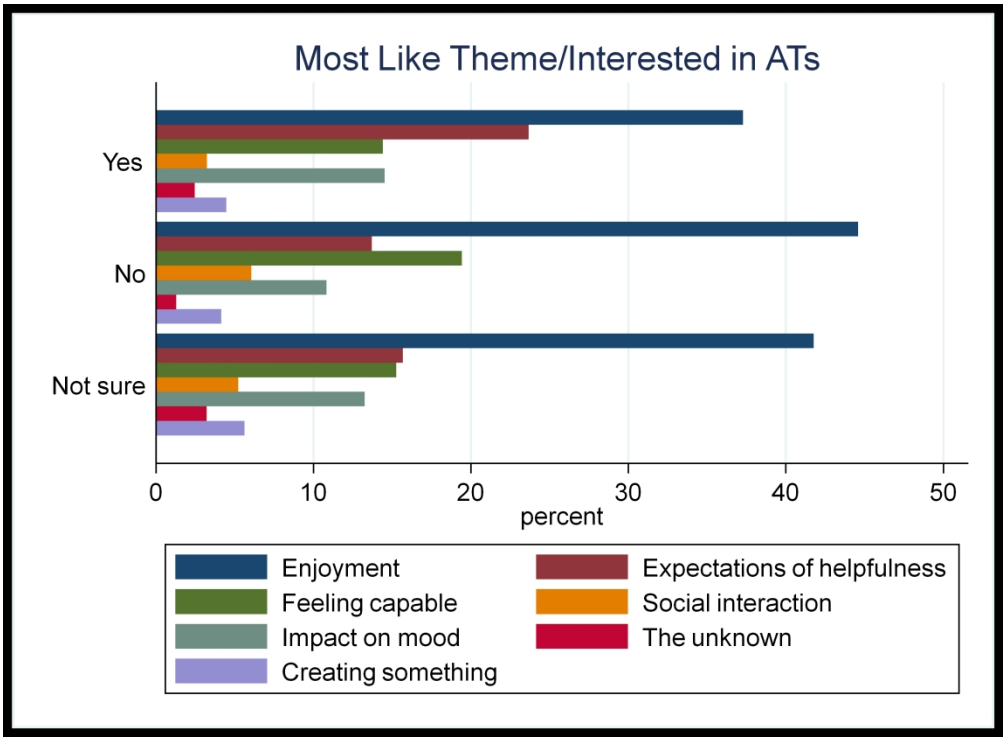

Figure 5: Bar chart of association between reason given and interest in participating in group arts therapies

1812x1328mm (47 x 47 DPI)

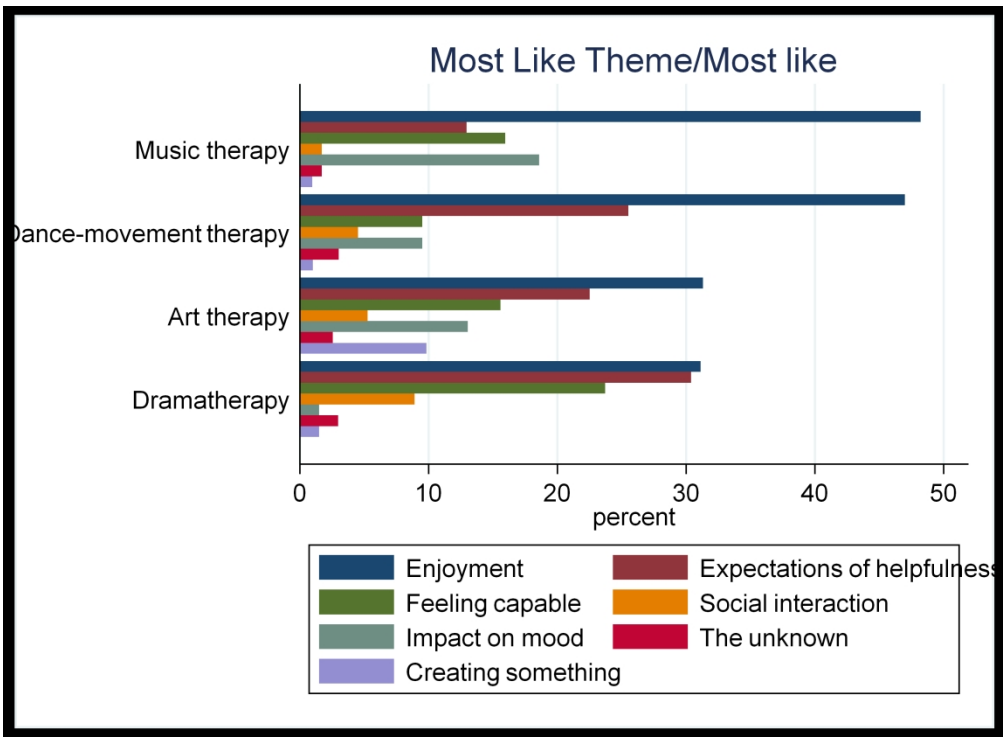

Figure 6: Bar chart of association between reason given and most preferred modality

1817x1328mm (47 x 47 DPI)

Appendix A: Mental health patients survey questions

Queen Mary University of London

Preferences for the Arts Therapies - MH Group Ex

Page 1: Information Sheet

Preferences for the Arts Therapies

We would like to invite you to participate in a study. Before you decide to take part in this study you need to understand why the research is being done and what it would involve. Please take time to read the following information carefully and feel free to email the researcher to ask questions if you wish.

What is the purpose of the study?

This study has been designed to collect information about what people know about the arts therapies and which modality they would choose if they were seeking treatment.

What will the study involve?

Once you have read this information sheet, you will be asked to give your consent to take part in the study. You will also be asked to give consent for the researcher to access your medical records. Your diagnosis and length of time using mental health services will be recorded and stored separately to your survey answers – linked by a unique ID number.

It will take around 5-10 minutes to complete the questionnaire.

If you take part, there will be the opportunity to enter a prize draw to win a £50 shopping voucher. To do this you will need to provide your name and contact number. This information will be stored separately to your questionnaire responses.

Do I have to take part?

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You do not have to take part in this study. You are free to decide not to take part and you can change your mind at any point whilst completing the survey. After submitting your answers you can no longer withdraw.

What happens to my personal information?

Queen Mary University of London is the sponsor for this study based in the United Kingdom. We will be using information from you in order to undertake this study and will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly. Identifiable information will be kept within your NHS Trust and shared without identifiers with QMUL.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the information about you that we have already obtained. To safeguard your rights, we will use the minimum personally-identifiable information possible.

You can find out more about how we use your information at http://www.arcs.qmul.ac.uk/media/arcs/policyzone/Privacy-Notice-for-Research-Participants.pdf

Your NHS Trust will collect information from you for this research study in accordance with their instructions.

Your Trust will keep your name and contact details confidential and will not pass this information to Queen Mary University of London. The Trust will use this information as needed, to contact you about the research study and to oversee the quality of the study. Certain individuals from Queen Mary University of London and regulatory organisations may look at your research records to check the accuracy of the research study. Queen Mary University of London will only receive information without any identifying information. The people who analyse the information will not be able to identify you and will not be able to find out your name or contact details.

What are the possible benefits of taking part?

There is no immediate benefit to taking part in this research. You will be helping us to gain an understanding of people's attitudes towards the arts therapies.

What are the possible disadvantages of taking part?

This is a brief survey and we believe that it is safe for you to take part. However, if you feel uncomfortable or decide you do not want to participate, you can stop the survey at

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any time.

Who is sponsoring and funding the research?

Queen Mary University of London is sponsoring this research and it is funded by East London NHS Foundation Trust.

Who has reviewed this study?

The Research Ethics Committee of South Central - Oxford C Research Ethics Committee have approved this study (REC:18/SC/0701).

What will happen with the results of the study?

The results of the study will be submitted for publication in a peer-reviewed journal, and be a part of the researcher's PhD thesis.

What if there is a problem?

If you have any concerns about this study, you should speak to the researcher who is completing the survey with you.

Or you can speak to the Chief Investigator, Emma Windle, who can be reached at e.h.windle@qmul.ac.uk.

If you wish to complain formally, you can do this by contacting the Patient Advisory Liaison Service (PALS):

Queen Mary University of London has agreed that if you are harmed as a result of your participation in the study, you will be compensated, provided that, on the balance of probabilities, an injury was caused as a direct result of the intervention or procedures you received during the course of the study. These special compensation arrangements apply where an injury is caused to you that would not have occurred if you were not in the trial. These arrangements do not affect your right to pursue a claim through legal action.

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Page 2: Consent Form

I confirm that I have read and understood the information sheet for the 'Preferences about the Arts Therapies'. I have been given the opportunity to ask questions.

I understand that the study involves completing a short questionnaire about my perspectives of the arts therapies.

I understand that my participation is voluntary and that I can withdraw at any time by closing the browser. Once I have submitted my answers I can no longer withdraw from the study.

I agree that the research team can access my clinical records to find out more about my mental health diagnosis and treatment history.

I understand that all information will be kept confidential and any personal details will be anonymised. I understand that confidentiality may need to be broken if there is a concern for risk to other people or to myself.

I agree to take part in the above study. * *Required*

- ○ Yes
- ○ No

I agree for the research team to access my clinical records to find out more about my mental health diagnosis and treatment history. * *Required*

- ○ Yes
- ○ No

Date * *Required*

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Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.

(dd/mm/yyyy)

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Page 3: To be completed by the researcher

Name of site

Patient ID

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Page 4

What is your gender?

- Male
- Female
- Other
- Prefer not to say

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Page 5

What is your ethnic group? Choose one option that best describes your ethnic group or background

- White - English/Welsh/Scottish/Northern Irish/British
- White - Irish
- White - Gypsy or Irish Traveller
- White - Any other White background, please describe
- Mixed/multiple ethnic groups - White and Black Caribbean
- Mixed/multiple ethnic groups - White and Black African
- Mixed/multiple ethnic groups - White and Asian
- Mixed/multiple ethnic groups - Any other Mixed/Multiple ethnic background, please describe
- Asian/Asian British - Indian
- Asian/Asian British - Pakistani
- Asian/Asian British - Bangladeshi
- Asian/Asian British - Chinese
- Asian/Asian British - Any other Asian background, please describe
- Black/ African/Caribbean/Black British - African
- Black/ African/Caribbean/Black British - Caribbean
- Black/ African/Caribbean/Black British - Any other Black/African/Caribbean background, please describe
- Other ethnic group - Arab
- Other ethnic group - Any other ethnic group, please describe
- Prefer not to say

If you selected Other, please specify:

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What level of education have you completed?

- Primary school (up to age 11)
- Secondary school (up to age 16)
- College (up to age 18)
- University (18+)
- Prefer not to say

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Page 7

Have you ever received talking therapy (e.g. cognitive behavioural therapy, psychotherapy, counselling)?

- Yes
- No
- Prefer not to say

Was this individual or group therapy?

- Individual
- Group
- Both
- Prefer not to say

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Page 8

Many people use different art forms therapeutically to support their mental wellbeing. The 'arts therapies' involve the use of creative art forms as a mode of expression and communication, supported by an accredited arts therapist. There are four main types of arts therapies; music therapy, dance-movement therapy, art therapy and dramatherapy.

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Would you be interested in taking part in group arts therapies?

- Yes
- No
- Not sure

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Please tick the relevant boxes (can be more than one):

Please don't select more than 5 answer(s) per row.

Please select at least 2 answer(s).

	Music therapy	Dance-movement therapy	Art therapy	Dramatherapy	None	Other
Which arts therapies have you heard of before?	☐	☐	☐	☐	☐	☐
Have you ever attended any of these types of arts therapies?	☐	☐	☐	☐	☐	☐

If other, please give details:

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Please choose **one** modality for each of these questions:

Please don't select more than 1 answer(s) per row.

Please select at least 2 answer(s).

	Music therapy	Dance-movement therapy	Art therapy	Dramatherapy
Which type would you MOST like to take part in?	☐	☐	☐	☐
Which type would you LEAST like to take part in?	☐	☐	☐	☐

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Why would you most like to take part in [CHOOSE_1]?

Why would you least like to take part in [CHOOSE_2]?

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Page 13: Thank you for taking part in this survey

Would you like to be entered into a prize draw to win £50 of shopping vouchers?

- ○ Yes
- ○ No

If yes, the researcher will record your name and contact details.

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Page 14

Would you like to be contacted about future opportunities to be involved in research?

- Yes
- No

If yes, the researcher will record your contact details.

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Page 15

Thank you for taking the time to complete this survey.

If you have any questions or concerns, please email Emma Windle: e.h.windle@qmul.ac.uk.

If you would like to know more about the arts therapies, please follow this link:

https://www.youtube.com/watch?v=GMRSvV1PJMQ

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Appendix B: General population survey questions

Queen Mary
University of London

Preferences for the Arts Therapies - Pop group Ex

Page 1: Information Sheet

Preferences for the Arts Therapies

We would like to invite you to participate in a study. Before you decide to take part in this study you need to understand why the research is being done and what it would involve. Please take time to read the following information carefully and feel free to email the researcher to ask questions if you wish.

What is the purpose of the study?

This study has been designed to collect information about what people know about the arts therapies and which modality they would choose if they were seeking treatment.

What will the study involve?

Once you have read this information sheet, you will be asked to give your consent to take part in the study. It will take around 5-10 minutes to complete the questionnaire.

If you take part, there will be the opportunity to enter a prize draw to win a £50 shopping voucher. To do this you will need to provide your name and contact number. This information will be stored separately to your questionnaire responses.

Do I have to take part?

You do not have to take part in this study. You are free to decide not to take part and you can drop out at any time without giving a reason. To withdraw from the study, just close the browser window without submitting your answers. If you have any questions about the study you can speak to the researcher (Emma Windle) or email her later at: e.h.windle@qmul.ac.uk.

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What happens to my personal information?

Queen Mary University of London is the sponsor for this study based in the United Kingdom. We will be using information from you in order to undertake this study and will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly. Identifiable information will be kept within the NHS Trust site and shared without identifiers with QMUL.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the information about you that we have already obtained. To safeguard your rights, we will use the minimum personally-identifiable information possible.

You can find out more about how we use your information at http://www.arcs.qmul.ac.uk/media/arcs/policyzone/Privacy-Notice-for-Research-Participants.pdf

The NHS Trust will collect information from you for this research study in accordance with our instructions.

The NHS Trust will keep your name and contact details confidential and will not pass this information to Queen Mary University of London. The Trust will use this information as needed, to contact you about the research study and to oversee the quality of the study. Certain individuals from Queen Mary University of London and regulatory organisations may look at your research records to check the accuracy of the research study. Queen Mary University of London will only receive information without any identifying information. The people who analyse the information will not be able to identify you and will not be able to find out your name or contact details.

What are the possible benefits of taking part?

There is no immediate definite benefit to taking part in this research. You will be helping us to gain an understanding of people's attitudes towards the arts therapies.

What are the possible disadvantages of taking part?

This is a brief survey and we believe that it is safe for you to take part. However, if you feel uncomfortable or decide you do not want to participate, you can stop the questionnaire at any time.

Who is sponsoring and funding the research?

2 / 20

Queen Mary University of London is sponsoring this research and it is funded by East London NHS Foundation Trust (ELFT).

Who has reviewed this study?

The Research Ethics Committee of South Central - Oxford C Research Ethics Committee have approved this study (REC:18/SC/0701).

What will happen with the results of the study?

The results of the study will be submitted for publication in a peer-reviewed journal, and be a part of the Chief Investigator's (CI) PhD thesis.

What if there is a problem?

If you have any concerns about this study, you should speak to the researcher.

Or contact Emma Windle (CI), who can be reached at e.h.windle@qmul.ac.uk.

If you wish to complain formally, you can do this by contacting the Patient Advisory Liaison Service (PALS):

Queen Mary University of London has agreed that if you are harmed as a result of your participation in the study, you will be compensated, provided that, on the balance of probabilities, an injury was caused as a direct result of the intervention or procedures you received during the course of the study. These special compensation arrangements apply where an injury is caused to you that would not have occurred if you were not in the trial. These arrangements do not affect your right to pursue a claim through legal action.

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Page 2: Consent Form

I confirm that I have read and understood the information sheet for the 'Preferences for the Arts Therapies'. I have been given the opportunity to ask questions.

I understand that the study involves completing a short questionnaire about my perspectives of the arts therapies.

I understand that my participation is voluntary and that I can withdraw at any time by closing the browser. Once I have submitted my answers I can no longer withdraw from the study.

I understand that all information will be kept confidential and any personal details will be anonymised. I understand that confidentiality may need to be broken if there is a concern for risk to other people or to myself.

I agree to take part in the above study. ** Required*

- ○ Yes
- ○ No

Date ** Required*

Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.

(dd/mm/yyyy)

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Page 3: To be completed by the researcher

Site name * Required

Participant ID * Required

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Page 4: Questionnaire

What is your year of birth?

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Page 5

What is your gender?

- Male
- Female
- Other
- Prefer not to say

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Page 6

What is your ethnic group? Choose one option that best describes your ethnic group or background

- White - English/Welsh/Scottish/Northern Irish/British
- White - Irish
- White - Gypsy or Irish Traveller
- White - Any other White background, please describe
- Mixed/multiple ethnic groups - White and Black Caribbean
- Mixed/multiple ethnic groups - White and Black African
- Mixed/multiple ethnic groups - White and Asian
- Mixed/multiple ethnic groups - Any other Mixed/Multiple ethnic background, please describe
- Asian/Asian British - Indian
- Asian/Asian British - Pakistani
- Asian/Asian British - Bangladeshi
- Asian/Asian British - Chinese
- Asian/Asian British - Any other Asian background, please describe
- Black/ African/Caribbean/Black British - African
- Black/ African/Caribbean/Black British - Caribbean
- Black/ African/Caribbean/Black British - Any other Black/African/Caribbean background, please describe
- Other ethnic group - Arab
- Other ethnic group - Any other ethnic group, please describe
- Prefer not to say

If you selected Other, please specify:

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Page 7

What level of education have you completed?

- Primary school (up to age 11)
- Secondary school (up to age 16)
- College (up to age 18)
- University (18+)
- Prefer not to say

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Page 8

Have you ever received talking therapy (e.g. cognitive behavioural therapy, psychotherapy, counselling)?

- Yes
- No
- Prefer not to say

Was this individual or group therapy?

- Individual
- Group
- Both
- Prefer not to say

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Page 9

Are you currently employed by mental health services?

- Yes
- No
- Prefer not to say

If yes, in which category do you work?

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Page 10

Many people use different art forms therapeutically to support their mental wellbeing. The 'arts therapies' involve the use of creative art forms as a mode of expression and communication, supported by an accredited arts therapist. There are four main types of arts therapies; music therapy, dance-movement therapy, art therapy and dramatherapy.

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Page 11

If you were seeking help for psychological problems would you be interested in taking part in group arts therapies?

- Yes
- No
- Not sure

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Page 12

Please tick the relevant boxes (can be more than one):

Please don't select more than 5 answer(s) per row.

Please select at least 2 answer(s).

	Music therapy	Dance-movement therapy	Art therapy	Dramatherapy	None	Other
Which arts therapies have you heard of before?	☐	☐	☐	☐	☐	☐
Have you ever attended any of these types of arts therapies?	☐	☐	☐	☐	☐	☐

If other, please give details:

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Page 13

Please choose **one** modality for each of these questions:

Please don't select more than 1 answer(s) per row.

Please select at least 2 answer(s).

	Music therapy	Dance-movement therapy	Art therapy	Dramatherapy
Which type would you MOST like to take part in?	☐	☐	☐	☐
Which type would you LEAST like to take part in?	☐	☐	☐	☐

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Page 15: Thank you for taking part in this survey

Would you like to be entered into a prize draw to win £50 of shopping vouchers?

- Yes
- No

If yes, please follow this link to enter your contact details:

https://qmul.onlinesurveys.ac.uk/prize-draw-entry

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Page 16

Would you like to be contacted about future opportunities to be involved in research?

- Yes
- No

If yes, please follow this link to enter your contact details:

https://qmul.onlinesurveys.ac.uk/contact-details-for-future-research

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Page 17

Thank you for taking the time to complete this survey.

If you have any questions or concerns, please email Emma Windle: e.h.windle@qmul.ac.uk.

If you would like to know more about the arts therapies, please follow this link:

https://www.youtube.com/watch?v=GMRSvV1PJMQ

Key for selection options

9.a - If yes, in which category do you work?

- Medical
- Nursing
- Allied health professional
- Support staff
- Administrative
- Carer
- Other

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Appendix C: Sample characteristics

Characteristic		Mental health patients (n=685)	General population sample (n=856)	Total (n=1541)
Gender*	Male	343 (50.15%)	271 (31.73%)	614 (39.92%)
	Female	334 (48.83%)	581 (68.03%)	915 (59.49%)
	Other	7 (1.02%)	2 (0.23%)	9 (0.59%)
Ethnic group	White British	489 (73.20%)	600 (72.46%)	1089 (72.79%)
	BAME	179 (26.80%)	228 (28.54%)	407 (27.21%)
Age group*	Under 45	316 (50.72%)	526 (61.96%0	842 (57.2%)
	Over 45	307 (49.28%)	323 (38.04%)	630 (42.8%)
Level of education*	Not university educated	474 (70.01%)	244 (28.94%)	718 (47.24%)
	University educated	203 (29.99%)	599 (71.06%)	802 (52.76%)
Diagnosis	F20-F29 Schizophrenia, schizotypal and delusional disorders	283 (43.61%)		
	F30-F39 Mood (affective) disorders	177 (27.27%)		
	Other (F0-F19, F40-F99)	189 (29.12%)		
Time in services	Less than 8 years	328 (53.51%)		
	More than 8 years	285 (46.49%)		
Part of a Trust with an arts therapies service?		234 (37.34%)		
Received a talking therapy?*		504 (74.34%)	386 (45.41%)	890 (58.25%)

** = significant differences between groups – Chi ^{2} at 5%*

Appendix D: Multinomial Logistic Regression Results: Would you be interested in taking part in group arts therapies? (Yes as base outcome)

Participants	Would you be interested?	Variable	RRR	Std. error	95% CI	
All (n=1510)	Yes	(Base outcome)				
	No	Mental health or General population	0.89	0.14	0.66	1.19
		Male or female*	0.56	0.07	0.43	0.72
		Not uni or uni	0.90	0.13	0.68	1.19
		Heard of arts therapies	0.72	0.12	0.51	1.00
		Attended arts therapies*	0.53	0.10	0.37	0.76
	Not sure	Mental health or General population	1.04	0.18	0.74	1.45
		Male or female	0.98	0.15	0.73	1.32
		Not uni or uni	1.13	0.18	0.83	1.55
		Heard of arts therapies	1.02	0.21	0.68	1.52
		Attended arts therapies*	0.42	0.09	0.28	0.64
Mental health patients (n=651)	Yes	(Base outcome)				
	No	Male or female*	0.61	0.12	0.41	0.91
		Not uni or uni*	0.61	0.14	0.38	0.97
		Diagnosis F3	0.79	0.19	0.49	1.27
		Diagnosis Other*	0.51	0.13	0.31	0.84
		Heard of arts therapies	1.06	0.27	0.64	1.73
		Attended arts therapies*	0.49	0.11	0.31	0.76
	Not sure	Male or female	0.89	0.22	0.55	1.44
		Not uni or uni	1.63	0.41	0.99	2.67
		Diagnosis F3	1.66	0.49	0.93	2.97
		Diagnosis Other	1.00	0.31	0.55	1.84
		Heard of arts therapies	0.97	0.30	0.53	1.77
		Attended arts therapies*	0.39	0.11	0.22	0.68
General population sample (n=850)	Yes	(Base outcome)				
	No	Male or female*	0.60	0.11	0.42	0.86
		Not uni or uni	1.20	0.24	0.81	1.78
		Heard of arts therapies*	0.54	0.13	0.34	0.86
		Attended arts therapies*	0.44	0.17	0.21	0.92
	Not sure	Male or female	1.04	0.21	0.70	1.55
		Not uni or uni	0.92	0.18	0.62	1.36
		Heard of arts therapies	0.96	0.27	0.55	1.67
		Attended arts therapies*	0.51	0.17	0.26	1.00

*RRR=relative risk, CI=confidence interval, *=significant variables at 5%*

Appendix E: Multinomial Logistic Regression Results: Which type would you MOST prefer? (Art therapy as base outcome)

Participants	Type	Variable	RRR	Std. error	95% CI	
All (n=1505)	Music therapy	Mental health or General population*	0.68	0.10	0.51	0.91
		Male or female*	0.43	0.06	0.33	0.55
		White British or BAME	1.30	0.19	0.98	1.74
		Not uni or uni	0.81	0.11	0.61	1.06
		Heard of arts therapies	1.06	0.19	0.75	1.50
		Attended music therapy*	4.77	1.30	2.80	8.12
		Attended dance-movement therapy	1.38	0.51	0.66	2.85
		Attended art therapy*	0.26	0.06	0.17	0.40
		Attended dramatherapy*	0.48	0.17	0.23	0.98
	Dance-movement therapy	Mental health or General population	1.15	0.24	0.77	1.72
		Male or female*	1.61	0.32	1.09	2.38
		White British or BAME	1.39	0.26	0.96	2.01
		Not uni or uni	1.04	0.20	0.72	1.51
		Heard of arts therapies*	0.62	0.14	0.39	0.97
		Attended music therapy	1.34	0.52	0.62	2.88
		Attended dance-movement therapy*	4.41	1.78	2.00	9.72
		Attended art therapy*	0.56	0.15	0.33	0.95
		Attended dramatherapy	1.09	0.44	0.49	2.42
	Art therapy	(Base outcome)				
	Dramatherapy	Mental health or General population	0.87	0.20	0.56	1.37
		Male or female *	0.52	0.10	0.35	0.76
		White British or BAME*	1.54	0.33	1.01	2.34
		Not uni or uni	1.22	0.26	0.80	1.86
		Heard of arts therapies	0.62	0.16	0.37	1.04
		Attended music therapy	1.95	0.75	0.91	4.16
		Attended dance-movement therapy	1.62	0.77	0.64	4.10
		Attended art therapy	0.75	0.22	0.43	1.32
		Attended dramatherapy*	2.35	0.88	1.13	4.88
Mental health patients (n=667)	Music therapy	Male or female *	0.39	0.08	0.27	0.57
		White British or BAME*	1.72	0.40	1.10	2.70
		Not uni or uni	0.79	0.17	0.51	1.21
		Interested in arts therapies	1.07	0.14	0.83	1.38
		Heard of arts therapies	0.99	0.25	0.60	1.64
		Attended music therapy*	5.38	1.82	2.77	10.45
		Attended dance-movement therapy	1.22	0.54	0.51	2.92
		Attended art therapy*	0.27	0.07	0.17	0.44
		Attended dramatherapy	0.73	0.33	0.31	1.76

	Dance-movement therapy	Male or female	1.14	0.34	0.64	2.04
		White British or BAME	1.84	0.59	0.98	3.45
		Not uni or uni	1.61	0.48	0.90	2.88
		Interested in arts therapies	0.76	0.16	0.51	1.14
		Heard of arts therapies	0.60	0.22	0.29	1.23
		Attended music therapy	0.53	0.31	0.17	1.69
		Attended dance-movement therapy*	5.00	2.68	1.74	14.32
		Attended art therapy*	0.50	0.17	0.25	0.98
		Attended dramatherapy	2.18	1.13	0.79	6.04
	Art therapy	(Base outcome)				
	Dramatherapy	Male or female *	0.35	0.11	0.20	0.64
		White British or BAME*	1.99	0.65	1.05	3.79
		Not uni or uni	1.38	0.44	0.74	2.58
		Interested in arts therapies	0.67	0.15	0.42	1.05
		Heard of arts therapies*	0.43	0.17	0.20	0.92
		Attended music therapy*	2.58	1.23	1.02	6.55
		Attended dance-movement therapy	1.88	1.05	0.63	5.59
		Attended art therapy	0.64	0.23	0.31	1.30
		Attended dramatherapy*	3.10	1.50	1.20	8.01
General population sample (n=850)	Music therapy	Male or female *	0.43	0.07	0.30	0.60
		Attended music therapy*	4.32	2.13	1.65	11.35
		Attended dance-movement therapy	2.21	1.67	0.50	9.75
		Attended art therapy*	0.21	0.11	0.08	0.58
		Attended dramatherapy*	0.15	0.12	0.03	0.74
	Dance-movement therapy	Male or female *	1.66	0.42	1.00	2.74
		Attended music therapy*	3.39	1.76	1.22	9.40
		Attended dance-movement therapy*	7.05	4.58	1.98	25.15
		Attended art therapy	0.47	0.22	0.19	1.19
		Attended dramatherapy	0.29	0.21	0.07	1.20
	Art therapy	(Base outcome)				
	Dramatherapy	Male or female	0.67	0.18	0.39	1.14
		Attended music therapy	0.44	0.40	0.08	2.57
		Attended dance-movement therapy	1.56	1.47	0.25	9.93
		Attended art therapy	1.27	0.63	0.48	3.35
		Attended dramatherapy	1.90	1.12	0.59	6.06

*RRR=relative risk, CI=confidence interval, *=significant variables at 5%*

Appendix F: Multinomial Logistic Regression Results for Reasons Given for Most Preferred Modality

Participants	Reason	Variable	RRR	Std. error	95% CI	
	Enjoyment (n=578)	(Base outcome)				
All (n=1519)	Expectations of helpfulness (n=294)	Mental health or general population	0.97	0.19	0.67	1.42
		Male or female	1.18	0.20	0.84	1.65
		University educated or not*	1.59	0.28	1.13	2.23
		Under or over 45	0.81	0.13	0.59	1.10
		Attended talking therapy	0.84	0.14	0.61	1.17
		Interested in taking part – no*	0.64	0.13	0.42	0.95
		Interested in taking part – not sure	0.66	0.15	0.42	1.01
		Attended arts therapies	1.00	0.38	0.47	2.13
		Attended art therapy	1.33	0.55	0.60	2.98
		Most prefer art therapy*	1.63	0.40	1.00	2.65
		Most prefer dance-movement therapy*	2.11	0.41	1.43	3.09
		Most prefer dramatherapy*	2.79	0.81	1.58	4.95
		Least prefer art therapy	0.88	0.25	0.50	1.53
		Least prefer dance-movement therapy	0.90	0.30	0.47	1.72
		Least prefer dramatherapy	0.94	0.26	0.55	1.60
	Feeling capable (n=228)	Mental health or general population	0.88	0.18	0.59	1.32
		Male or female*	0.67	0.12	0.47	0.96
		University educated or not*	1.91	0.36	1.33	2.76
		Under or over 45	1.21	0.21	0.87	1.69
		Attended talking therapy	0.75	0.13	0.53	1.07
		Interested in taking part - no	1.09	0.22	0.74	1.62
		Interested in taking part – not sure	0.91	0.21	0.58	1.42
		Attended arts therapies	0.97	0.39	0.45	2.12
		Attended art therapy	0.77	0.34	0.33	1.82
		Most prefer art therapy*	0.54	0.17	0.29	1.01
		Most prefer dance-movement therapy	1.46	0.29	0.99	2.16
		Most prefer dramatherapy*	2.20	0.65	1.23	3.93
		Least prefer art therapy	0.82	0.26	0.44	1.53
		Least prefer dance-movement therapy	0.87	0.32	0.42	1.80
		Least prefer dramatherapy	0.83	0.27	0.44	1.55
	Impact on mood (n=197)	Mental health or general population	1.34	0.30	0.87	2.07
		Male or female	1.13	0.22	0.78	1.66
		University educated or not	1.06	0.21	0.72	1.56
		Under or over 45*	0.65	0.12	0.45	0.94

		Attended talking therapy*	0.69	0.13	0.48	1.01
		Interested in taking part - no	0.67	0.15	0.43	1.04
		Interested in taking part – not sure	0.66	0.16	0.41	1.07
		Attended arts therapies	1.17	0.47	0.54	2.55
		Attended art therapy	0.91	0.40	0.38	2.17
		Most prefer art therapy*	0.44	0.14	0.24	0.81
		Most prefer dance-movement therapy	0.94	0.19	0.63	1.40
		Most prefer dramatherapy*	0.07	0.08	0.01	0.56
		Least prefer art therapy	1.22	0.53	0.52	2.87
		Least prefer dance-movement therapy	1.11	0.56	0.41	2.98
		Least prefer dramatherapy	1.75	0.74	0.77	3.99
	Other (n=222)	Mental health or general population	1.16	0.25	0.76	1.77
		Male or female	0.83	0.16	0.57	1.20
		University educated or not*	1.71	0.33	1.17	2.49
		Under or over 45	1.36	0.24	0.97	1.92
		Attended talking therapy	0.98	0.18	0.69	1.39
		Interested in taking part - no	1.29	0.27	0.86	1.94
		Interested in taking part – not sure	1.19	0.27	0.76	1.85
		Attended arts therapies	0.72	0.35	0.28	1.86
		Attended art therapy	0.90	0.47	0.32	2.53
		Most prefer art therapy	1.64	0.50	0.90	2.98
		Most prefer dance-movement therapy*	4.95	1.14	3.14	7.78
		Most prefer dramatherapy*	5.45	1.81	2.85	10.43
		Least prefer art therapy	0.71	0.23	0.38	1.32
		Least prefer dance-movement therapy	1.16	0.44	0.56	2.43
		Least prefer dramatherapy	1.18	0.37	0.65	2.17
Mental health patients (n=678)	Enjoyment (n=276)	(Base outcome)				
	Expectations of helpfulness (n=135)	Male or female	1.38	0.32	0.87	2.18
		University educated or not*	1.61	0.40	0.99	2.61
		Attended talking therapy	0.73	0.20	0.42	1.25
		Heard of the arts therapies	1.60	0.55	0.81	3.16
		Interested in taking part - no	0.58	0.18	0.32	1.05
		Interested in taking part – not sure*	0.40	0.16	0.19	0.86
		Attended arts therapies	0.51	0.34	0.14	1.85
		Attended music therapy	1.25	0.46	0.61	2.58
		Attended art therapy	2.41	1.48	0.72	8.05
		Most prefer art therapy	1.68	0.65	0.79	3.57
		Most prefer dance-movement therapy*	2.20	0.60	1.29	3.76
		Most prefer dramatherapy*	2.40	0.94	1.11	5.19
		Male or female	0.86	0.21	0.53	1.39

	Feeling capable (n=110)	University educated or not*	1.79	0.46	1.08	2.95
		Attended talking therapy	0.72	0.20	0.42	1.22
		Heard of the arts therapies	0.89	0.27	0.49	1.63
		Interested in taking part - no	1.49	0.41	0.87	2.55
		Interested in taking part – not sure	1.05	0.36	0.54	2.04
		Attended arts therapies	1.56	0.90	0.51	4.80
		Attended music therapy	0.98	0.41	0.43	2.24
		Attended art therapy	0.68	0.36	0.24	1.90
		Most prefer art therapy	1.02	0.44	0.44	2.39
		Most prefer dance-movement therapy*	1.93	0.54	1.12	3.33
		Most prefer dramatherapy*	2.18	0.86	1.00	4.74
	Impact on mood (n=78)	Male or female	1.56	0.43	0.91	2.68
		University educated or not	1.11	0.34	0.61	2.02
		Attended talking therapy*	0.49	0.17	0.25	0.97
		Heard of the arts therapies	1.11	0.43	0.52	2.35
		Interested in taking part - no	0.98	0.32	0.52	1.86
		Interested in taking part – not sure	0.77	0.31	0.35	1.69
		Attended arts therapies	1.56	0.95	0.47	5.13
		Attended music therapy	1.64	0.74	0.68	3.99
		Attended art therapy	0.64	0.34	0.23	1.82
		Most prefer art therapy	0.51	0.27	0.18	1.44
		Most prefer dance-movement therapy	0.95	0.29	0.52	1.74
		Most prefer dramatherapy	0.00	0.00	0.00	.
	Other (n=79)	Male or female	1.21	0.35	0.69	2.13
		University educated or not	1.63	0.49	0.90	2.96
		Attended talking therapy	1.00	0.32	0.54	1.88
		Heard of the arts therapies	0.87	0.31	0.44	1.73
		Interested in taking part - no	1.12	0.39	0.56	2.22
		Interested in taking part – not sure	1.34	0.50	0.65	2.79
		Attended arts therapies	0.57	0.51	0.10	3.28
		Attended music therapy	1.01	0.55	0.34	2.94
		Attended art therapy	1.31	1.11	0.25	6.96
		Most prefer art therapy*	3.89	1.93	1.48	10.27
		Most prefer dance-movement therapy*	5.72	2.22	2.67	12.26
		Most prefer dramatherapy*	9.46	4.46	3.75	23.84
General population sample (n=841)	Enjoyment (n=302)	(Base outcome)				
	Expectations of helpfulness (n=159)	University educated or not*	1.71	0.39	1.09	2.69
		Most prefer art therapy*	2.01	0.63	1.09	3.70
		Most prefer dance-movement therapy*	2.25	0.59	1.35	3.76
		Most prefer dramatherapy*	3.59	1.41	1.67	7.73
		Least prefer art therapy	0.79	0.31	0.37	1.69

		Least prefer dance-movement therapy	0.78	0.35	0.32	1.88
		Least prefer dramatherapy	0.61	0.23	0.29	1.26
	Feeling capable (n=118)	University educated or not*	1.75	0.45	1.07	2.88
		Most prefer art therapy*	0.41	0.16	0.19	0.90
		Most prefer dance-movement therapy	1.11	0.29	0.67	1.85
		Most prefer dramatherapy	1.95	0.79	0.89	4.30
		Least prefer art therapy	0.67	0.29	0.29	1.55
		Least prefer dance-movement therapy	0.73	0.37	0.27	1.98
		Least prefer dramatherapy	0.54	0.23	0.23	1.24
	Impact on mood (n=119)	University educated or not	1.14	0.27	0.72	1.82
		Most prefer art therapy	0.54	0.19	0.27	1.09
		Most prefer dance-movement therapy	1.08	0.27	0.67	1.77
		Most prefer dramatherapy	0.32	0.25	0.07	1.49
		Least prefer art therapy	1.29	0.78	0.40	4.21
		Least prefer dance-movement therapy	0.97	0.70	0.23	4.01
		Least prefer dramatherapy	1.78	1.03	0.57	5.56
	Other (n=143)	University educated or not	1.44	0.34	0.91	2.28
		Most prefer art therapy	1.00	0.37	0.49	2.05
		Most prefer dance-movement therapy*	3.65	0.99	2.15	6.20
		Most prefer dramatherapy*	2.94	1.29	1.25	6.96
		Least prefer art therapy	0.67	0.28	0.29	1.51
		Least prefer dance-movement therapy	1.17	0.59	0.44	3.13
		Least prefer dramatherapy	0.82	0.33	0.37	1.80

*RRR=relative risk, CI=confidence interval, *=significant variables at 5%*

STROBE Statement—Checklist of items that should be included in reports of ***cross-sectional studies***

	Item No	Recommendation	Page No
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	1
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	1
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	2
Objectives	3	State specific objectives, including any prespecified hypotheses	4
Methods			
Study design	4	Present key elements of study design early in the paper	4
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	4
Participants	6	(*a*) Give the eligibility criteria, and the sources and methods of selection of participants	4
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	4
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	*5*
Bias	9	Describe any efforts to address potential sources of bias	N/A
Study size	10	Explain how the study size was arrived at	16
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	5
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	5
		(*b*) Describe any methods used to examine subgroups and interactions	5
		(*c*) Explain how missing data were addressed	5
		(*d*) If applicable, describe analytical methods taking account of sampling strategy	5
		(*e*) Describe any sensitivity analyses	N/A
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	7 and supplement
		(b) Give reasons for non-participation at each stage	N/A
		(c) Consider use of a flow diagram	N/A
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	6 and supplement
		(b) Indicate number of participants with missing data for each variable of interest	supplement
Outcome data	15*	Report numbers of outcome events or summary measures	7

Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	7
		(*b*) Report category boundaries when continuous variables were categorized	supplement
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	N/A
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	N/A
Discussion			
Key results	18	Summarise key results with reference to study objectives	14
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	16
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	15
Generalisability	21	Discuss the generalisability (external validity) of the study results	17
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	18

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.

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Preferences for Group Arts Therapies: A Cross-Sectional Survey of Mental Health Patients and the General Population

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Key words

Arts therapies, preferences, psychiatry, survey

Word Count

5,078

Abstract

Objectives

The arts therapies include music therapy, dance-movement therapy, art therapy and dramatherapy. Preferences for art forms may play an important role in engagement with treatment. This survey was an initial exploration of who is interested in group arts therapies, what they would choose, and why.

Design

An online cross-sectional survey of demographics, interest in and preferences for the arts therapies was designed in collaboration with patients. The survey took 10 minutes to complete, including informed consent and 14 main questions. Summary statistics, multinomial logistic regression and thematic analysis were used to analyse the data.

Setting

Thirteen NHS mental health trusts in the UK asked mental health patients and members of the general population to participate.

Participants

A total of 1541 participants completed the survey; 685 mental health patients and 856 members of the general population. All participants were over 18 years old, had capacity to give informed consent and sufficient understanding of English. Mental health patients had to be using secondary mental health services.

Results

Approximately 60% of participants would be interested in taking part in group arts therapies. Music therapy was the most frequent choice among mental health patients (41%) and art therapy was the most frequent choice in the general population (43%). Past experience of arts therapies was the most important predictor of preference for that same modality. Expectations of enjoyment, helpfulness, feeling capable, impact on mood, and social interaction were most often reported as reasons for preferring one form of arts therapy.

Conclusions

Large proportions of the participants expressed an interest in group arts therapies. This may justify the wide provision of arts therapies and the offer of more than one modality to interested patients. It also highlights key considerations for assessment of preferences in the arts therapies as part of shared decision-making.

Strengths and limitations of this study

- This is the largest survey of the arts therapies to date, and the only survey relating to preferences for the arts therapies.
- The survey's simple format made it accessible and recruitment was able to continue during the COVID-19 pandemic.
- The sampling technique may have led to some biases in the data.
- The survey results give insight into preferences when there were no consequences, future research should examine what patients choose when they are offered arts therapies as a treatment.

Introduction

The arts therapies is an umbrella term encompassing art therapy, music therapy, drama therapy and dance-movement therapy. They are a group of psychotherapeutic interventions which make use of specific art-forms. In the UK and several other countries, the arts therapies are delivered by qualified and regulated therapists, who draw on a number of different theoretical frameworks including psychodynamic, humanistic, attachment and person-centred approaches (1). There is a focus on the therapeutic relationship and exploration of the patient's feelings and experiences through active engagement with the art form (2). In a session, interactions are usually spontaneous, with the therapist responding to the feelings and reflections which arise in the moment. There are many different ways to use the creative art forms, although improvisation and playfulness are usually encouraged and supported (3). The primarily non-verbal approach makes the arts therapies suitable to work with patients who find verbal interaction difficult, such as those with learning disabilities, dementia or severe mental illness (4). Arts therapists work across many different settings, including as part of an arts therapies service, a multi-disciplinary team, or as lone-workers, and provide treatment both individually and in groups (5). In individual work, the therapeutic relationship between therapist and patient is key, in groups there is also an emphasis on supporting healthy interactions between group members (6). Mental health services in the UK often offer arts therapies in a group format as the experience of being in a group is well-understood to be helpful for people

with severe mental illness (7,8). In groups, the art forms offer a way for group members to connect with each other and the therapist on a non-verbal level (6,9,10).

Potential participants in the arts therapies will likely have had past experiences of the creative arts, whether that was at school or as hobbies (11). Therefore, their preferences and expectations may play a considerable role in their engagement and the success of therapy (12–14). Although the arts therapies share many features, including theoretical underpinning, there is a clear difference in the art form being used. In music therapy there are usually instruments to play, and patients may be encouraged to take part in singing, songwriting, listening or musical improvisation. Art therapists provide a space where patients can explore different art materials, including, but not limited to, drawing, collage, model-making or painting. In dramatherapy there may be opportunities to explore story-telling or role-play using acting or puppets. In dance-movement therapy patients would be encouraged to move their bodies, often to music, making use of props like scarves or ribbons (4).

The arts therapies have been around since the 1940s but until recently each arts modality has been considered distinct (15). An increased understanding of common factors in therapies has helped to conceptualise aspects that the arts therapies share, as well as differences between them (16–18). Historically, trials investigating the effectiveness of arts therapies have been small in number and poor in quality (19–27). When there is little evidence to distinguish the benefits or harms between treatment, it is recommended that treatment decisions are guided by patient preferences (28).

Mental health patients' retrospective attitudes towards the arts therapies have been investigated by some; Heaney (1992) surveyed psychiatric inpatients about their experiences of treatment, focusing on arts therapies. The participants rated all of the therapies as favourable, with music therapy coming out top of being 'pleasurable'. All of the 'activity therapies' (music, art and recreation) in the study were considered to be of equal importance to other aspects of care (29). Silverman (2010) interviewed 15 inpatients about their perceptions of music therapy after they had attended sessions. Their feedback indicated a positive perception of their experiences and that they were able to recall features of the session (30). In a meta-synthesis of 14 studies of patient experiences of music therapy, it was found that there were four main areas which patients reported to be important; "having a good time", "being together", "feeling" and "being someone" (31). More recently, Haeyen and colleagues surveyed patients with a diagnosis of personality disorder who had attended art therapy. They found five key categories of experiences: Expression of emotions, improved self-image, making own choices/autonomy, insight and changing of personal patterns, and dealing with own limitations (32). This research into experiences offers understanding of patient values, and has potential to be associated with preferences and expectations for engagement with arts therapies.

No research to date has looked at who would be interested in taking part in group arts therapies, what their preferences would be and why. Given that preferences have been found to play an important role in engagement with psychosocial treatments, and the potential for the arts therapies to offer a space where patients can make choices and be autonomous, it seems pertinent to initiate a discussion about preferences in the arts therapies.

The current study was designed as an initial exploration of this topic. The research questions were:

- Who is interested in participating in group arts therapies?
- Which of the four arts modalities would people most like to take part in and why?
- Which socio-demographic and clinical characteristics are related to preferences?

Method

This study was given ethical approval by the South Central Oxford C Research Ethics Committee (18/SC/0701) and is reported according to recommended survey guidelines (33).

Participants

All participants were required to be aged 18 or over, with sufficient command of the English language and capacity to give informed consent.

NHS mental health trust sites became involved via the NIHR Clinical Research Network. Researchers at each site approached mental health group participants in secondary mental health services, such as inpatient wards and community mental health teams, to ask if they would like to take part. Researchers could ask any other member of the public to complete the general population group survey, including family members and colleagues. Numbers of people who declined to take part were not recorded.

Patient and public involvement

The survey questions were developed in collaboration with patients and members of a multi-disciplinary research team. A draft of the analysis was read and commented on by the multi-disciplinary research team. Published results will be sent to the study sites to disseminate amongst their participants.

The survey

The survey was created by the authors; a validated survey was not available as this is the first time the topic has been researched. The questions were developed based on topics of interest in

collaboration with service users and a multi-disciplinary research team (see Appendices A and B for full surveys). Piloting of the survey was undertaken within the research team to ensure useability of the survey software, and with mental health patients and the general population in the main study site (n=200). No changes were required before expansion to further sites.

The survey was completed electronically, in person via an ipad, or on participants' own devices whilst speaking to a researcher on the phone, and took approximately 10 minutes. The researchers were instructed to be present for the completion of the survey when possible, especially for mental health participants. There were 14 questions in the survey which focused on the participants' demographic characteristics and whether they had heard of the arts therapies, whether they would be interested in taking part, and which modality they would choose and why (as an open response). A short description of the arts therapies was included in the survey.

Mental health patients gave the researcher permission to access to their medical records to look for their diagnosis and length of time in services. Length of time in services was determined from the first clinical record on the patient's profile, or from self-reported first contact with mental health services. All responses were collected via an online platform, and researchers collected identifiable information (date of birth, diagnosis and time in services) for the mental health patients on a spreadsheet. This was anonymised and emailed to EM monthly, where the information was linked up to the online responses via a unique ID number.

Participants were given the chance to enter a £50 prize draw. They gave their personal information on a separate spreadsheet (mental health patients) or followed a link to a separate survey (general population) so that the survey responses remained anonymous.

Data analysis

All quantitative analysis was conducted in Stata V15 (34). Age groups, gender, ethnicity, level of education and time in services were collapsed into dichotomous variables. Summary statistics were used to look at the characteristics of participants. Chi^2 tests were conducted to look at differences between participant groups and to find variables of interest. These were entered into a multinomial logistic regression to look for significant characteristics related to interest in participating in the arts therapies, participants' preferred arts therapy modality, and the reasons they gave for their preferences. This was done firstly with all data together, then separately for each group of participants (mental health patients and general population). Missing data were excluded from analysis.

A subsample of reasons for preferences were coded and grouped into themes by EM using NVivo 12 (35). These themes were then used as a framework to group together the remaining responses (EM, EMed and JC coded 33% each of all the open responses).

Results

The total number of participants was 1541. Appendix C details the sample characteristics as broken down for analysis. There were some differences between the two groups, with a larger sample in the general population group (n=856) than in the mental health group (n=685). A significantly larger proportion of the general population were female (68%) and under 45 years old (62%) than in the mental health sample (49% female, 51% under 45). A significantly higher number of people in the general population were university educated (71%) than in the mental health sample (30%). A greater proportion of people in the mental health group had received talking therapies (74% vs 45%). Higher numbers of people in the mental health group (42%) had attended arts therapies in the past than in the general population (12%). Levels of missing data were low for variables of interest (between 1-2%).

Overall, 61.4% and 59.5% respectively of participants in the mental health group and the general population were interested in taking part in group arts therapies (see Table 1). The first regression model (see Appendix D) showed significant associations between interest in participating in the arts therapies and gender ($p<0.001$), and previous attendance of arts therapies ($p<0.001$): females were more likely than males to say they were interested in attending, as were those who had attended arts therapies before. Participants who had attended before were also less likely to say they were not sure.

For the mental health patients, gender ($p=0.05$), education level ($p=0.01$), diagnosis ($p=0.02$) and previous attendance of an arts therapy ($p<0.001$) were significant variables: females and people who had attended before were more likely to say that they were interested, those with a diagnosis of F2 or who were not university educated were more likely to say they were not interested in participating.

In the general population sample, gender ($p=0.01$), having heard of the arts therapies ($p=0.03$) and attended the arts therapies ($p=0.02$) were significant variables. Females and people who had heard of the arts therapies and attended arts therapies were more likely to say that they were interested. Those who had not attended were more likely to say they were not sure.

Table 1: Attendance and interest

Question	Response	Mental health patients (n=685)	General population sample (n=856)	Total (n=1541)
Have you attended music therapy?*	Yes	117 (17.08%)	44 (5.14%)	161 (10.45%)
Have you attended dance-movement therapy?*	Yes	59 (8.61%)	24 (2.8%)	83 (5.39%)
Have you attended art therapy?*	Yes	230 (33.58%)	57 (6.66%)	287 (18.62%)
Have you attended dramatherapy?*	Yes	54 (7.88%)	25 (2.92%)	79 (5.13%)
Attended none*	Yes	398 (58.1%)	755 (88.2%)	1153 (74.82%)
Would you be interested in taking part in group arts therapies?	Yes	420 (61.4%)	509 (59.53%)	929 (60.36%)
	No	165 (24.12%)	179 (20.94%)	344 (22.35%)
	Not sure	99 (14.47%)	167 (19.53%)	266 (17.28%)

** = significant differences between groups – Chi ^{2} at 5%*

Participants were asked to choose one of the four modalities that they would most like to attend. Table 2 shows a summary of the responses, and Figure 1 gives a graphical representation of the differences between groups.

Table 2: Most preferred arts therapies modality

Question		Mental health patients (n=685)	General population sample (n=856)	Total (n=1541)
Which type would you MOST like?	Music therapy	282 (41.41%)	271 (31.77%)	553 (36.05%)
	Dance-movement therapy	73 (10.72%)	139 (16.3%)	212 (13.82%)
	Art therapy	256 (37.59%)	366 (42.91%)	622 (40.55%)
	Dramatherapy	70 (10.28%)	77 (9.03%)	147 (9.58%)

When both groups were combined in the regression model (Appendix E), participant group (p=0.02), gender (p<0.001), previous attendance of music therapy (p<0.001), dance-movement therapy (p=0.002), art therapy (p<0.001) and dramatherapy (p=0.002) were all significantly associated with most preferred arts therapy modality. Significant variables for the mental health patients were gender (p<0.001), whether someone was White British or BAME (p=0.05) and previous attendance of music therapy (p<0.001), dance-movement therapy (p=0.02), art therapy (p<0.001) and dramatherapy (p=0.01). Significant variables for the general population sample were gender (p<0.001) and previous attendance of music therapy (p=0.01), dance-movement therapy (p=0.02), art therapy (p=0.01) and dramatherapy (p=0.02). Significant characteristics for each modality are summarised in Table 3.

Table 3: Significant characteristics for preferences

Most preferred type	Most likely characteristics - both groups combined	Most likely characteristics - mental health patients	Most likely characteristics - general population sample
Music therapy	• Males • Mental health patients • Attended music therapy before • Not attended art therapy • Not attended dramatherapy	• Males • BAME background • Attended music therapy before • Not attended art therapy	• Males • Attended music therapy before • Not attended art therapy • Not attended dramatherapy
Dance-movement therapy	• Females • Not heard of arts therapies before • Attended dance-movement therapy before • Not attended art therapy	• Attended dance-movement therapy before • Not attended art therapy	• Female • Attended music therapy before • Attended dance-movement therapy before
Art therapy	• Females • General population sample • Attended art therapy before	• Females • Attended art therapy before	• Female • Attended art therapy before
Dramatherapy	• Males • Attended dramatherapy before	• Males • White British background • Not heard of arts therapies • Attended music therapy before • Attended dramatherapy before	• None

Reasons for preferences

Participants were asked why they had chosen their most preferred arts modality with an open response box. These answers were grouped into seven main themes; enjoyment, expectations of helpfulness, feeling capable, impact on mood, creating something, social interaction and the unknown (see Table 4 for counts).

Table 4: Counts of themes

Theme	**Most like**	
	N	**%**
Enjoyment	578	38.05
Expectations of helpfulness	294	19.35
Feeling capable	228	15.01
Impact on mood	197	12.97
Creating something	67	4.41
Social interaction	61	4.02
The unknown	34	2.24

These themes were also entered into a regression model to look for associations between the reasons participants gave for their preferences and their characteristics. The regression model with all categories was not a good fit because of low numbers in some of the categories. In order to create a good fit, the four categories which had the fewest responses were grouped together and named 'other'. In the bar charts, the results were kept in their original, wider, categories.

The regression model (Appendix F) for the reasons given by the full sample showed that gender ($p=0.05$) (Figure 2), level of education ($p<0.001$) (Figure 3), age group ($p=0.004$) (Figure 4), interest in taking part ($p=0.01$) (Figure 5) and most preferred modality ($p<0.001$) (Figure 6) were significant factors. When the mental health group and the general population were analysed separately, their most preferred modality ($p<0.001$) was the only variable significantly associated with the reason given for this.

Themes

Enjoyment

Enjoyment and pleasure were mentioned often. Participants sometimes related their enjoyment of the art form to previous experiences such as at school or using the art forms as hobbies. Many people said they had a personal interest in an art form and that is why they would choose it. They expected that using the art form would be fun.

> "*I like to make music and have a studio at home*" (Ppt0045: Music therapy)

> *"Done it before and enjoyed it, benefited from it"* (Ppt0303: Art therapy)

Expectations of helpfulness

Participants often gave a reason related to how helpful they expected that arts modality to be for them. This was sometimes due to the therapeutic benefit they thought they may gain from using that art form, as well as being able to use the art form to express themselves.

"Exercise and movement help with my depression" (Ppt0270: Dance-movement therapy)

"Because I know that when you draw/paint, you are in touch with a childlike part of yourself. Therefore I think it could be useful, particularly in conjunction with talking about the problem. Art taps into unconscious processes" (Ppt0767: Art therapy)

Feeling capable

Some people preferred an arts modality because they felt that they were good at it, possibly because of past experience or a natural talent. Others said they would feel more comfortable using an art form because they believed there was no need to be good at it.

"I think I'd make a good actor" (Ppt0224: Dramatherapy)

"Because it's something anyone can do with any skill level. No judgement, it's what you feel and what drives you to put down on paper. For me it settles my head and evens me out." (Ppt0620: Art therapy)

Impact on mood

Participants spoke about how an art form may be relaxing for them or that it cheers them up. This was expected to be through different methods of engaging with the art form, including listening to calming music, the benefits of doing exercise, or just the joy of being creative.

"Because of the interaction, when you listen to music your mood improves as well. You get better. When you listen to different types of music your moods gets better all the time too." (Ppt0295: Music therapy)

"Dance would relax me and help to maintain fitness" (Ppt1300: Dance-movement therapy)

Creating something

The theme of creating something encapsulated when participants said that the creativity, or producing something, would draw them to a modality. This was most often mentioned in relation to art therapy.

"I enjoy the quite methodical work that goes into producing a piece of artwork and having a visual representation to have and keep" (Ppt1330: Art therapy)

"I like the thought of being creative and making things." (Ppt1410: Art therapy)

Social interaction

Some participants said that they would choose their preferred modality because it would give them a chance to be with others and socialise. It seemed that art therapy was considered a less 'sociable' modality, as each person works on their own piece of art; this was a positive thing for many people.

> *"I believe it would involve the greatest amount of independent working without interaction with others."* (Ppt0788: Art therapy)

> *"I think because I'm expressive, I'm comfortable in front of other people and being able to be silly boosts your self-esteem and is good for my mental health"* (Ppt1206: Dramatherapy)

The unknown

Participants gave 'not knowing' about a modality as a reason for why they might like to take part. For example, some said they would like to try it as it was something new, or that they would like to learn a new skill.

> *"Sounds relaxing and something that I have never done before and the other three are my hobbies already. Would like to get better at art."* (Ppt1124: Art therapy)

> *"Never learnt an instrument and would want to muck around within one" (*Ppt1130*:* Music therapy)

In summary of the bar charts, it seems that males are more likely to place value on enjoyment and feeling capable than females, whereas females are more likely to speak about expectations of helpfulness than males when giving reasons for their preferences. Those who were not university educated, and people over the age of 45 put more emphasis on enjoyment than others. Enjoyment and impact on mood were more commonly mentioned for music therapy than for the other modalities, whereas expectations of helpfulness seemed more relevant for people who chose dance-movement or dramatherapy. Feeling capable was a key consideration for people who chose dramatherapy as their preferred modality, and creating something was more important for those who chose art therapy than the other modalities.

Discussion

To our knowledge, this is the largest survey of the arts therapies ever undertaken. The results show who would be interested in group arts therapies, what they would want, and why. A relatively high proportion of people both in mental health services and in the general population would be interested in participating (around 60%). However, when looking at the proportion of those using mental health services who had accessed arts therapies, this number was much lower (42%).

Receiving a preferred psychosocial treatment is associated with lower dropout rates (12), and the results of this survey suggest that there is the potential for arts therapies to be more widely offered, to increase engagement with treatment. It is unknown how many Trusts in the UK provide an arts therapies service, but of the sites in this survey the number was 4 out of 13 (31%). This may not be representative of arts therapies provision across the UK. We would recommend that research is conducted to ascertain this information.

The results indicate that preferences in the survey were heavily informed by past experiences of using that art form. The most consistent and clinically relevant predictors of preferences were previous experiences of the same type of arts therapy. A conceptual review of resource-oriented therapeutic models in psychiatry highlighted how utilising the experiences and knowledge of the patient, in particular to identify what has helped them in the past, is a key component of solution-focused therapy (36). This suggests that an understanding of patients' past experiences of the arts should form an integral part of the shared decision-making process.(12)

Art and music therapy were the most preferred modalities overall. There are a number of potential explanations for this, other than them being truly more popular. Although we do not know actual provision of arts therapies in mental health services, far more people in the survey had heard of and attended art therapy and music therapy than the other two modalities. As demonstrated by the regression model, those who have attended a modality before are more likely to choose it as their preference; this held true for every modality and both participant groups. Therefore, the lower numbers of people choosing dance-movement and dramatherapy could be due to the lower availability of these modalities. It could also be argued that music and art are more 'mainstream' art forms, which most people use in their day to day lives and therefore feel more comfortable with.

Another potential reason for this split is a misunderstanding of the implications of taking part in dance-movement and dramatherapy. Zajonc suggests that people are able to express preferences based on very limited information, by adhering to their past experiences and set of values (37) and many participants spoke about their past experiences of the arts, such as at school or as hobbies. Participants in this questionnaire were not informed about what the arts therapies involve, and the open responses highlighted some misconceptions. This underlines the need for clinicians to address concerns during informed decision making processes.

In line with proposed common active factors, this survey found that pleasure and enjoyment are important for arts therapies preferences (38). It has been suggested that people making non-consequential decisions will do so on the basis of mental pleasure, or to minimise mental

displeasure (39). In the arts therapies, pleasure and playfulness may be more important than in other forms of therapy (2), as there is an emphasis on using creativity to explore different cognitive or emotional experiences (16,32). Fun and enjoyment are also mentioned as factors in qualitative studies of patient experiences of arts therapies (40,41).

It was important to participants to consider how the art form might be helpful for them, such as being inherently therapeutic, or a way to express themselves. This is in line with literature on the construction of preferences; people consider the pros and cons of the options and how they may benefit from them (42). Expectations of how a therapy might be helpful also play a crucial role in engagement and process (13). Patients and therapists must believe that the therapy will help them in order to make positive change (17).

Other reasons for preferences revolved around an impact on mood. In previous studies, changes in mood have been highlighted as key outcomes for people who attend the arts therapies (20,43–45) and this seemed particularly important for people who chose music therapy as their preference. Social interaction was also important consideration for participants in the survey (16). Being together in a group has been found to be a key mechanism of change for patients attending music therapy (31,46), therefore consideration of the group dynamics is pertinent.

It is essential to remember that any decisions about engagement with the arts therapies should be made in collaboration with a healthcare professional, within the context of a shared decision-making approach (47,48). The reasons which participants gave in this study point towards the aspects of arts therapies treatment which could influence their preferences. Although past experiences are a key consideration, it may be appropriate to encourage a patient to try something new, depending on their situation. The healthcare professional should be prepared to state the aims and goals of the arts therapies so that patients have more information than only their own past experiences. Decision aids, including taster sessions, for the arts therapies could be helpful in supporting patients to make an informed choice (11).

Strengths and limitations

The simplicity of the survey meant it was popular with NHS sites and online access meant recruitment was able to continue during the COVID-19 pandemic. As the study was the first of its kind, the approach was exploratory and a sample size calculation was not deemed appropriate. The sampling technique may have led to some bias, and there were some significant difference between participant groups (mental health patients and general population). Researchers asked people in their own networks for the general population sample. This is likely to be the cause of the high levels

of education seen in the general population sample and potentially higher numbers of female participants, as many were employed by the mental health service involved in the study (27% of general population participants). It was necessary to recruit participants in this way for pragmatic reasons, however, ideally the general population sample would be more representative. We also did not ask the general population sample whether they were mental health patients, so the groups may not have been mutually exclusive, which is a limitation of the study. In multivariable analysis, it is recommended that the sample size should be at least 10 times the number of variables considered (49); this was the case with our sample, suggesting that the associations are reliable.

Reasons for liking something can be difficult to verbalise (37) and participants in the current study sometimes gave limited responses to the open questions. This could have been influenced by the short nature of the survey and the environment in which it was being answered, e.g. in a waiting room or shopping centre, or over the phone. A more in-depth understanding of the choices that participants made could be ascertained through individual interviews. If this research were to be conducted, the themes drawn out from the open questions in this study could provide a framework for topic guides. This survey focused on group arts therapies, whereas the results may have been different for individual therapy. There could be scope for linking these reasons for preferences to personality characteristics such as openness and extraversion (50), however this was not within the remit of this study. In hindsight, it would have been interesting to know whether participants' past experiences of the arts therapies were in groups or individually, however this question was not included in the survey because it did not seem relevant to the research question at the time.

Given the large number of tests conducted in this study, it would be expected that 5% of the significant results were due to chance, as they were not corrected for multiple testing. It is also important to consider the difference between statistical significance and clinical relevance. Many of the associations found in this study will not highlight clinically relevant findings. To account for this, significant associations have not been given undue weight and the most relevant to clinical contexts have been explored further.

Zaller suggested that survey responses seem to be random and not necessarily linked to participants' preferences (51). In the current study, participants were 'forced' to choose one modality as their preference. There was no option to say 'none' or 'all'. This may have created an unrealistic representation of true preferences. Participants were aware that there were no consequences to their preferences; they would not have to participate in the groups. They were also not given any information about the arts therapies, other than one sentence embedded in the survey. If someone was expressing a preference as part of their treatment pathway, they would be given more

information (11). They would also be given more time to think about their decision and discuss with a mental health professional as part of a shared decision-making process (52). Therefore, the responses in this survey may not translate into actual behaviour. Future research should focus on 'real life' preferences of those who are taking part in the arts therapies and whether preferences and expectations are associated with engagement.

Conclusion

This is the first study to investigate who would be interested in taking part in group arts therapies and what their preferences would be. Two thirds of participants said they would be interested in participating. Relevant characteristics for interest and preferences were varied, but previous experience of the arts therapies was consistently associated with a preference for the same modality. The findings may justify the wide provision of arts therapies and the offer of more than one modality to interested patients. They also highlight key topics to consider when supporting people to make informed decisions about engaging with the arts therapies as part of a shared decision-making process.

We would recommend that further research is undertaken to ascertain current arts therapies provision in mental health services in the UK, as well as a more in-depth understanding of the impact of preferences on arts therapies engagement in both research and clinical settings.

Contributorship statement

The study was planned and designed by Emma Millard, Catherine Carr and Stefan Priebe. Data collection was conducted by Emma Millard and researchers at each NHS site. Data preparation and analysis was undertaken by Emma Millard, Emma Medlicott and Jessica Cardona. Write up and editing was undertaken by all authors, with Emma Millard taking the lead.

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Competing interests

None

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Data sharing

Unpublished, anonymised data would be made available upon reasonable request.

Ethics statement

This study was given ethical approval by the South Central Oxford C Research Ethics Committee (18/SC/0701).

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Figure 1: Most preferred arts therapies modality divided by participant group

Figure 2: Bar chart of association between reason given and gender

Figure 3: Bar chart of association between reason given and level of education

Figure 4: Bar chart of association between reason given and age group

Figure 5: Bar chart of association between reason given and interest in participating in group arts therapies

Figure 6: Bar chart of association between reason given and most preferred modality

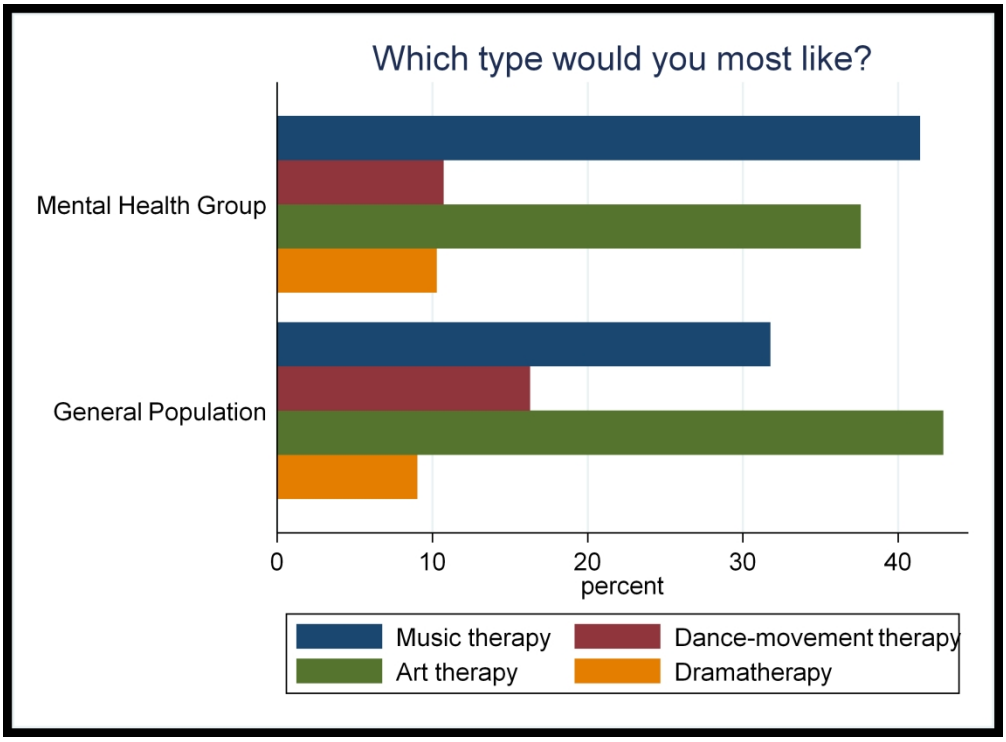

Figure 1: Most preferred arts therapies modality divided by participant group

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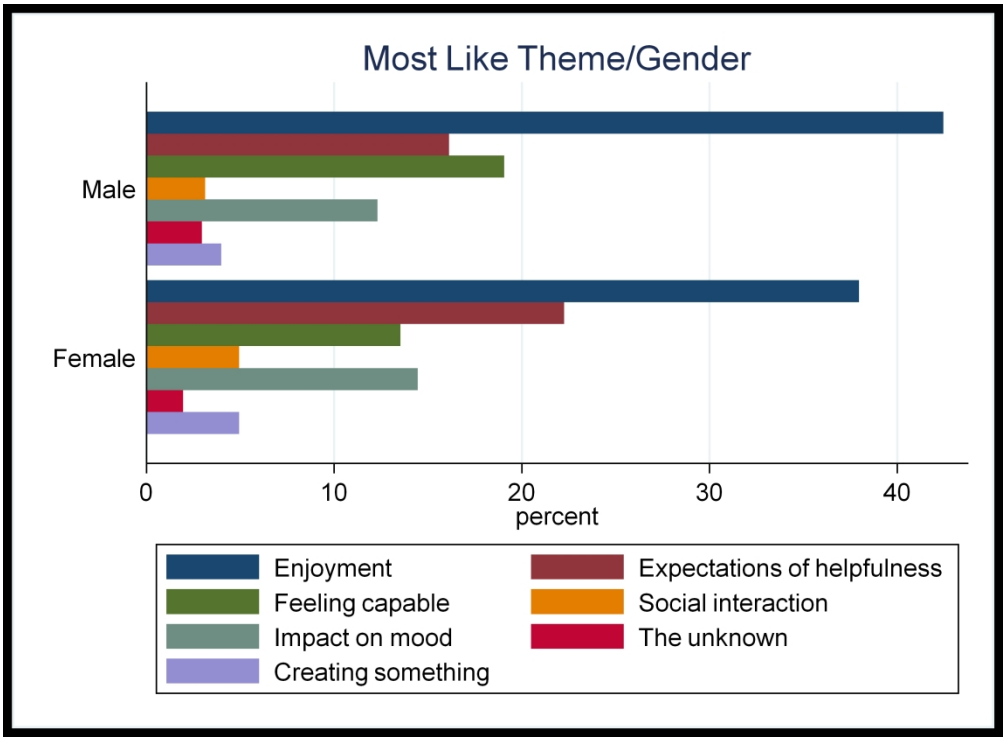

Figure 2: Bar chart of association between reason given and gender

1812x1328mm (47 x 47 DPI)

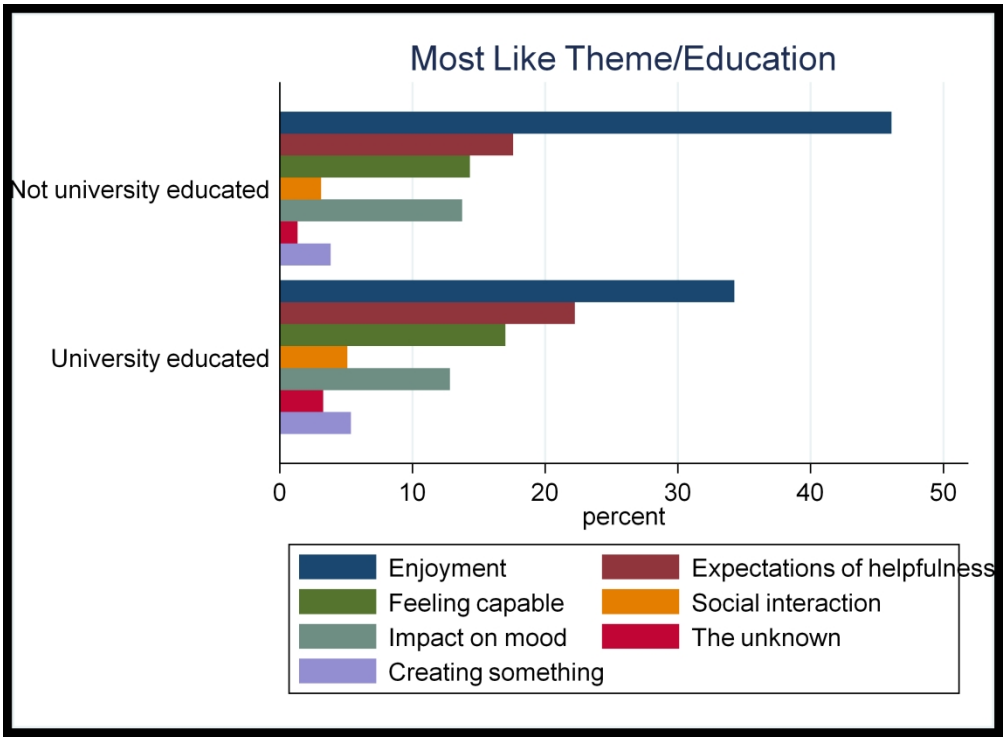

Figure 3: Bar chart of association between reason given and level of education

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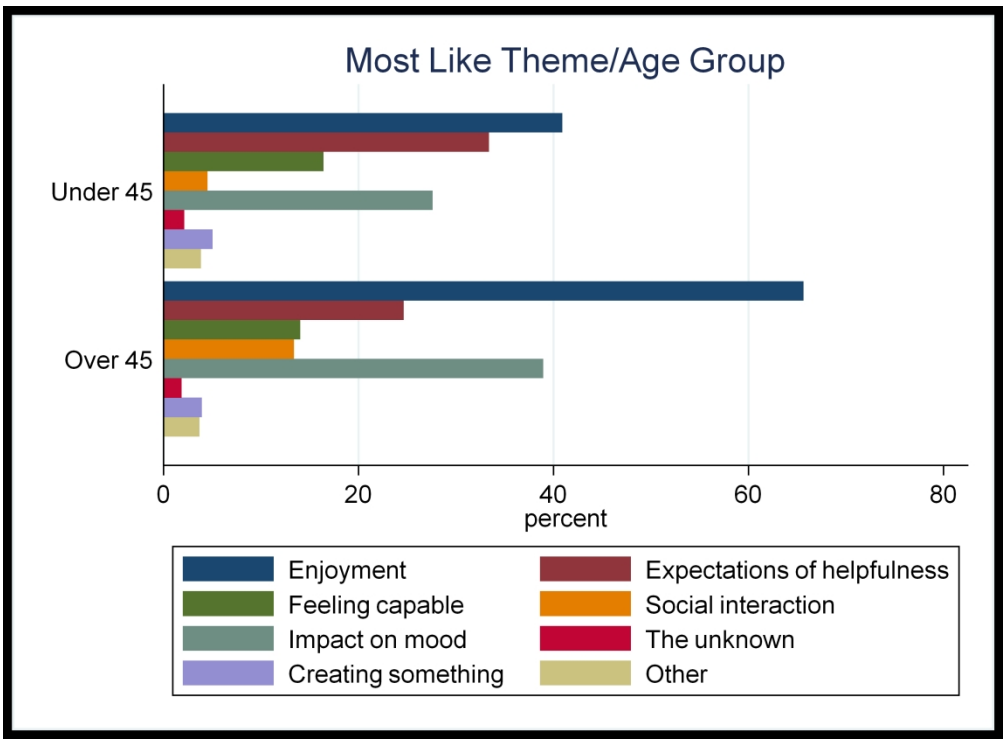

Figure 4: Bar chart of association between reason given and age group

1812x1328mm (47 x 47 DPI)

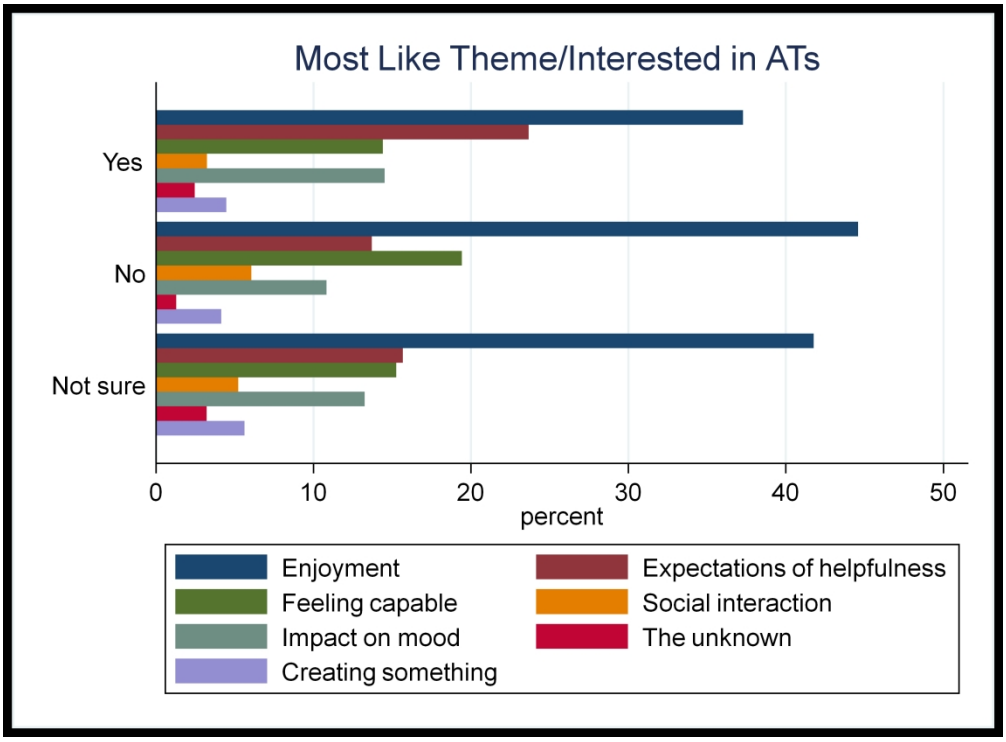

Figure 5: Bar chart of association between reason given and interest in participating in group arts therapies

1812x1328mm (47 x 47 DPI)

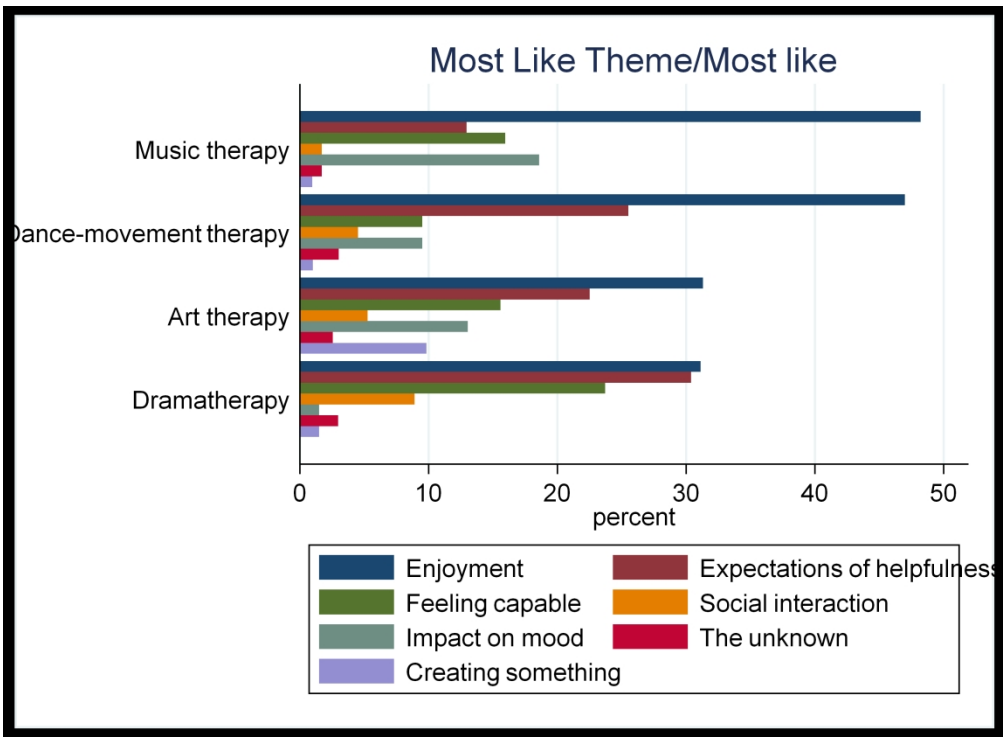

Figure 6: Bar chart of association between reason given and most preferred modality

1817x1328mm (47 x 47 DPI)

Appendix A: Mental health patients survey questions

Queen Mary University of London

Preferences for the Arts Therapies - MH Group Ex

Page 1: Information Sheet

Preferences for the Arts Therapies

We would like to invite you to participate in a study. Before you decide to take part in this study you need to understand why the research is being done and what it would involve. Please take time to read the following information carefully and feel free to email the researcher to ask questions if you wish.

What is the purpose of the study?

This study has been designed to collect information about what people know about the arts therapies and which modality they would choose if they were seeking treatment.

What will the study involve?

Once you have read this information sheet, you will be asked to give your consent to take part in the study. You will also be asked to give consent for the researcher to access your medical records. Your diagnosis and length of time using mental health services will be recorded and stored separately to your survey answers – linked by a unique ID number.

It will take around 5-10 minutes to complete the questionnaire.

If you take part, there will be the opportunity to enter a prize draw to win a £50 shopping voucher. To do this you will need to provide your name and contact number. This information will be stored separately to your questionnaire responses.

Do I have to take part?

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You do not have to take part in this study. You are free to decide not to take part and you can change your mind at any point whilst completing the survey. After submitting your answers you can no longer withdraw.

What happens to my personal information?

Queen Mary University of London is the sponsor for this study based in the United Kingdom. We will be using information from you in order to undertake this study and will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly. Identifiable information will be kept within your NHS Trust and shared without identifiers with QMUL.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the information about you that we have already obtained. To safeguard your rights, we will use the minimum personally-identifiable information possible.

You can find out more about how we use your information at http://www.arcs.qmul.ac.uk/media/arcs/policyzone/Privacy-Notice-for-Research-Participants.pdf

Your NHS Trust will collect information from you for this research study in accordance with their instructions.

Your Trust will keep your name and contact details confidential and will not pass this information to Queen Mary University of London. The Trust will use this information as needed, to contact you about the research study and to oversee the quality of the study. Certain individuals from Queen Mary University of London and regulatory organisations may look at your research records to check the accuracy of the research study. Queen Mary University of London will only receive information without any identifying information. The people who analyse the information will not be able to identify you and will not be able to find out your name or contact details.

What are the possible benefits of taking part?

There is no immediate benefit to taking part in this research. You will be helping us to gain an understanding of people's attitudes towards the arts therapies.

What are the possible disadvantages of taking part?

This is a brief survey and we believe that it is safe for you to take part. However, if you feel uncomfortable or decide you do not want to participate, you can stop the survey at

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any time.

Who is sponsoring and funding the research?

Queen Mary University of London is sponsoring this research and it is funded by East London NHS Foundation Trust.

Who has reviewed this study?

The Research Ethics Committee of South Central - Oxford C Research Ethics Committee have approved this study (REC:18/SC/0701).

What will happen with the results of the study?

The results of the study will be submitted for publication in a peer-reviewed journal, and be a part of the researcher's PhD thesis.

What if there is a problem?

If you have any concerns about this study, you should speak to the researcher who is completing the survey with you.

Or you can speak to the Chief Investigator, Emma Windle, who can be reached at e.h.windle@qmul.ac.uk.

If you wish to complain formally, you can do this by contacting the Patient Advisory Liaison Service (PALS):

Queen Mary University of London has agreed that if you are harmed as a result of your participation in the study, you will be compensated, provided that, on the balance of probabilities, an injury was caused as a direct result of the intervention or procedures you received during the course of the study. These special compensation arrangements apply where an injury is caused to you that would not have occurred if you were not in the trial. These arrangements do not affect your right to pursue a claim through legal action.

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Page 2: Consent Form

I confirm that I have read and understood the information sheet for the 'Preferences about the Arts Therapies'. I have been given the opportunity to ask questions.

I understand that the study involves completing a short questionnaire about my perspectives of the arts therapies.

I understand that my participation is voluntary and that I can withdraw at any time by closing the browser. Once I have submitted my answers I can no longer withdraw from the study.

I agree that the research team can access my clinical records to find out more about my mental health diagnosis and treatment history.

I understand that all information will be kept confidential and any personal details will be anonymised. I understand that confidentiality may need to be broken if there is a concern for risk to other people or to myself.

I agree to take part in the above study. * *Required*

- ○ Yes
- ○ No

I agree for the research team to access my clinical records to find out more about my mental health diagnosis and treatment history. * *Required*

- ○ Yes
- ○ No

Date * *Required*

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Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.

(dd/mm/yyyy)

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Page 3: To be completed by the researcher

Name of site

Patient ID

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Page 4

What is your gender?

- Male
- Female
- Other
- Prefer not to say

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Page 5

What is your ethnic group? Choose one option that best describes your ethnic group or background

- White - English/Welsh/Scottish/Northern Irish/British
- White - Irish
- White - Gypsy or Irish Traveller
- White - Any other White background, please describe
- Mixed/multiple ethnic groups - White and Black Caribbean
- Mixed/multiple ethnic groups - White and Black African
- Mixed/multiple ethnic groups - White and Asian
- Mixed/multiple ethnic groups - Any other Mixed/Multiple ethnic background, please describe
- Asian/Asian British - Indian
- Asian/Asian British - Pakistani
- Asian/Asian British - Bangladeshi
- Asian/Asian British - Chinese
- Asian/Asian British - Any other Asian background, please describe
- Black/ African/Caribbean/Black British - African
- Black/ African/Caribbean/Black British - Caribbean
- Black/ African/Caribbean/Black British - Any other Black/African/Caribbean background, please describe
- Other ethnic group - Arab
- Other ethnic group - Any other ethnic group, please describe
- Prefer not to say

If you selected Other, please specify:

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Page 6

What level of education have you completed?

- Primary school (up to age 11)
- Secondary school (up to age 16)
- College (up to age 18)
- University (18+)
- Prefer not to say

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Page 7

Have you ever received talking therapy (e.g. cognitive behavioural therapy, psychotherapy, counselling)?

- Yes
- No
- Prefer not to say

Was this individual or group therapy?

- Individual
- Group
- Both
- Prefer not to say

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Page 8

Many people use different art forms therapeutically to support their mental wellbeing. The 'arts therapies' involve the use of creative art forms as a mode of expression and communication, supported by an accredited arts therapist. There are four main types of arts therapies; music therapy, dance-movement therapy, art therapy and dramatherapy.

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Page 9

Would you be interested in taking part in group arts therapies?

- Yes
- No
- Not sure

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Page 10

Please tick the relevant boxes (can be more than one):

Please don't select more than 5 answer(s) per row.

Please select at least 2 answer(s).

	Music therapy	Dance-movement therapy	Art therapy	Dramatherapy	None	Other
Which arts therapies have you heard of before?	☐	☐	☐	☐	☐	☐
Have you ever attended any of these types of arts therapies?	☐	☐	☐	☐	☐	☐

If other, please give details:

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Page 11

Please choose **one** modality for each of these questions:

Please don't select more than 1 answer(s) per row.

Please select at least 2 answer(s).

	Music therapy	Dance-movement therapy	Art therapy	Dramatherapy
Which type would you MOST like to take part in?	☐	☐	☐	☐
Which type would you LEAST like to take part in?	☐	☐	☐	☐

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Page 12

Why would you most like to take part in [CHOOSE_1]?

Why would you least like to take part in [CHOOSE_2]?

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Page 13: Thank you for taking part in this survey

Would you like to be entered into a prize draw to win £50 of shopping vouchers?

- ○ Yes
- ○ No

If yes, the researcher will record your name and contact details.

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Page 14

Would you like to be contacted about future opportunities to be involved in research?

- Yes
- No

If yes, the researcher will record your contact details.

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Page 15

Thank you for taking the time to complete this survey.

If you have any questions or concerns, please email Emma Windle: e.h.windle@qmul.ac.uk.

If you would like to know more about the arts therapies, please follow this link:

https://www.youtube.com/watch?v=GMRSvV1PJMQ

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Appendix B: General population survey questions

Queen Mary
University of London

Preferences for the Arts Therapies - Pop group Ex

Page 1: Information Sheet

Preferences for the Arts Therapies

We would like to invite you to participate in a study. Before you decide to take part in this study you need to understand why the research is being done and what it would involve. Please take time to read the following information carefully and feel free to email the researcher to ask questions if you wish.

What is the purpose of the study?

This study has been designed to collect information about what people know about the arts therapies and which modality they would choose if they were seeking treatment.

What will the study involve?

Once you have read this information sheet, you will be asked to give your consent to take part in the study. It will take around 5-10 minutes to complete the questionnaire.

If you take part, there will be the opportunity to enter a prize draw to win a £50 shopping voucher. To do this you will need to provide your name and contact number. This information will be stored separately to your questionnaire responses.

Do I have to take part?

You do not have to take part in this study. You are free to decide not to take part and you can drop out at any time without giving a reason. To withdraw from the study, just close the browser window without submitting your answers. If you have any questions about the study you can speak to the researcher (Emma Windle) or email her later at: e.h.windle@qmul.ac.uk.

1 / 20

What happens to my personal information?

Queen Mary University of London is the sponsor for this study based in the United Kingdom. We will be using information from you in order to undertake this study and will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly. Identifiable information will be kept within the NHS Trust site and shared without identifiers with QMUL.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the information about you that we have already obtained. To safeguard your rights, we will use the minimum personally-identifiable information possible.

You can find out more about how we use your information at http://www.arcs.qmul.ac.uk/media/arcs/policyzone/Privacy-Notice-for-Research-Participants.pdf

The NHS Trust will collect information from you for this research study in accordance with our instructions.

The NHS Trust will keep your name and contact details confidential and will not pass this information to Queen Mary University of London. The Trust will use this information as needed, to contact you about the research study and to oversee the quality of the study. Certain individuals from Queen Mary University of London and regulatory organisations may look at your research records to check the accuracy of the research study. Queen Mary University of London will only receive information without any identifying information. The people who analyse the information will not be able to identify you and will not be able to find out your name or contact details.

What are the possible benefits of taking part?

There is no immediate definite benefit to taking part in this research. You will be helping us to gain an understanding of people's attitudes towards the arts therapies.

What are the possible disadvantages of taking part?

This is a brief survey and we believe that it is safe for you to take part. However, if you feel uncomfortable or decide you do not want to participate, you can stop the questionnaire at any time.

Who is sponsoring and funding the research?

2 / 20

Queen Mary University of London is sponsoring this research and it is funded by East London NHS Foundation Trust (ELFT).

Who has reviewed this study?

The Research Ethics Committee of South Central - Oxford C Research Ethics Committee have approved this study (REC:18/SC/0701).

What will happen with the results of the study?

The results of the study will be submitted for publication in a peer-reviewed journal, and be a part of the Chief Investigator's (CI) PhD thesis.

What if there is a problem?

If you have any concerns about this study, you should speak to the researcher.

Or contact Emma Windle (CI), who can be reached at e.h.windle@qmul.ac.uk.

If you wish to complain formally, you can do this by contacting the Patient Advisory Liaison Service (PALS):

Queen Mary University of London has agreed that if you are harmed as a result of your participation in the study, you will be compensated, provided that, on the balance of probabilities, an injury was caused as a direct result of the intervention or procedures you received during the course of the study. These special compensation arrangements apply where an injury is caused to you that would not have occurred if you were not in the trial. These arrangements do not affect your right to pursue a claim through legal action.

3 / 20

Page 2: Consent Form

I confirm that I have read and understood the information sheet for the 'Preferences for the Arts Therapies'. I have been given the opportunity to ask questions.

I understand that the study involves completing a short questionnaire about my perspectives of the arts therapies.

I understand that my participation is voluntary and that I can withdraw at any time by closing the browser. Once I have submitted my answers I can no longer withdraw from the study.

I understand that all information will be kept confidential and any personal details will be anonymised. I understand that confidentiality may need to be broken if there is a concern for risk to other people or to myself.

I agree to take part in the above study. ** Required*

- ○ Yes
- ○ No

Date ** Required*

Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.

(dd/mm/yyyy)

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Page 3: To be completed by the researcher

Site name * Required

Participant ID * Required

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Page 4: Questionnaire

What is your year of birth?

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Page 5

What is your gender?

- Male
- Female
- Other
- Prefer not to say

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Page 6

What is your ethnic group? Choose one option that best describes your ethnic group or background

- White - English/Welsh/Scottish/Northern Irish/British
- White - Irish
- White - Gypsy or Irish Traveller
- White - Any other White background, please describe
- Mixed/multiple ethnic groups - White and Black Caribbean
- Mixed/multiple ethnic groups - White and Black African
- Mixed/multiple ethnic groups - White and Asian
- Mixed/multiple ethnic groups - Any other Mixed/Multiple ethnic background, please describe
- Asian/Asian British - Indian
- Asian/Asian British - Pakistani
- Asian/Asian British - Bangladeshi
- Asian/Asian British - Chinese
- Asian/Asian British - Any other Asian background, please describe
- Black/ African/Caribbean/Black British - African
- Black/ African/Caribbean/Black British - Caribbean
- Black/ African/Caribbean/Black British - Any other Black/African/Caribbean background, please describe
- Other ethnic group - Arab
- Other ethnic group - Any other ethnic group, please describe
- Prefer not to say

If you selected Other, please specify:

8 / 20

Page 7

What level of education have you completed?

- Primary school (up to age 11)
- Secondary school (up to age 16)
- College (up to age 18)
- University (18+)
- Prefer not to say

9 / 20

Page 8

Have you ever received talking therapy (e.g. cognitive behavioural therapy, psychotherapy, counselling)?

- Yes
- No
- Prefer not to say

Was this individual or group therapy?

- Individual
- Group
- Both
- Prefer not to say

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Page 9

Are you currently employed by mental health services?

- Yes
- No
- Prefer not to say

If yes, in which category do you work?

11 / 20

Page 10

Many people use different art forms therapeutically to support their mental wellbeing. The 'arts therapies' involve the use of creative art forms as a mode of expression and communication, supported by an accredited arts therapist. There are four main types of arts therapies; music therapy, dance-movement therapy, art therapy and dramatherapy.

12 / 20

Page 11

If you were seeking help for psychological problems would you be interested in taking part in group arts therapies?

- Yes
- No
- Not sure

13 / 20

Page 12

Please tick the relevant boxes (can be more than one):

Please don't select more than 5 answer(s) per row.

Please select at least 2 answer(s).

	Music therapy	Dance-movement therapy	Art therapy	Dramatherapy	None	Other
Which arts therapies have you heard of before?	☐	☐	☐	☐	☐	☐
Have you ever attended any of these types of arts therapies?	☐	☐	☐	☐	☐	☐

If other, please give details:

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Page 13

Please choose **one** modality for each of these questions:

Please don't select more than 1 answer(s) per row.

Please select at least 2 answer(s).

	Music therapy	Dance-movement therapy	Art therapy	Dramatherapy
Which type would you MOST like to take part in?	☐	☐	☐	☐
Which type would you LEAST like to take part in?	☐	☐	☐	☐

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Page 15: Thank you for taking part in this survey

Would you like to be entered into a prize draw to win £50 of shopping vouchers?

- Yes
- No

If yes, please follow this link to enter your contact details:

https://qmul.onlinesurveys.ac.uk/prize-draw-entry

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Page 16

Would you like to be contacted about future opportunities to be involved in research?

- Yes
- No

If yes, please follow this link to enter your contact details:

https://qmul.onlinesurveys.ac.uk/contact-details-for-future-research

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Page 17

Thank you for taking the time to complete this survey.

If you have any questions or concerns, please email Emma Windle: e.h.windle@qmul.ac.uk.

If you would like to know more about the arts therapies, please follow this link:

https://www.youtube.com/watch?v=GMRSvV1PJMQ

Key for selection options

9.a - If yes, in which category do you work?

- Medical
- Nursing
- Allied health professional
- Support staff
- Administrative
- Carer
- Other

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Appendix C: Sample characteristics

Characteristic		Mental health patients (n=685)	General population sample (n=856)	Total (n=1541)
Gender*	Male	343 (50.15%)	271 (31.73%)	614 (39.92%)
	Female	334 (48.83%)	581 (68.03%)	915 (59.49%)
	Other	7 (1.02%)	2 (0.23%)	9 (0.59%)
Ethnic group	White British	489 (73.20%)	600 (72.46%)	1089 (72.79%)
	BAME	179 (26.80%)	228 (28.54%)	407 (27.21%)
Age group*	Under 45	316 (50.72%)	526 (61.96%0	842 (57.2%)
	Over 45	307 (49.28%)	323 (38.04%)	630 (42.8%)
Level of education*	Not university educated	474 (70.01%)	244 (28.94%)	718 (47.24%)
	University educated	203 (29.99%)	599 (71.06%)	802 (52.76%)
Diagnosis	F20-F29 Schizophrenia, schizotypal and delusional disorders	283 (43.61%)		
	F30-F39 Mood (affective) disorders	177 (27.27%)		
	Other (F0-F19, F40-F99)	189 (29.12%)		
Time in services	Less than 8 years	328 (53.51%)		
	More than 8 years	285 (46.49%)		
Part of a Trust with an arts therapies service?		234 (37.34%)		
Received a talking therapy?*		504 (74.34%)	386 (45.41%)	890 (58.25%)

** = significant differences between groups – Chi ^{2} at 5%*

Appendix D: Multinomial Logistic Regression Results: Would you be interested in taking part in group arts therapies? (Yes as base outcome)

Participants	Would you be interested?	Variable	RRR	Std. error	95% CI	
All (n=1510)	Yes	(Base outcome)				
	No	Mental health or General population	0.89	0.14	0.66	1.19
		Male or female*	0.56	0.07	0.43	0.72
		Not uni or uni	0.90	0.13	0.68	1.19
		Heard of arts therapies	0.72	0.12	0.51	1.00
		Attended arts therapies*	0.53	0.10	0.37	0.76
	Not sure	Mental health or General population	1.04	0.18	0.74	1.45
		Male or female	0.98	0.15	0.73	1.32
		Not uni or uni	1.13	0.18	0.83	1.55
		Heard of arts therapies	1.02	0.21	0.68	1.52
		Attended arts therapies*	0.42	0.09	0.28	0.64
Mental health patients (n=651)	Yes	(Base outcome)				
	No	Male or female*	0.61	0.12	0.41	0.91
		Not uni or uni*	0.61	0.14	0.38	0.97
		Diagnosis F3	0.79	0.19	0.49	1.27
		Diagnosis Other*	0.51	0.13	0.31	0.84
		Heard of arts therapies	1.06	0.27	0.64	1.73
		Attended arts therapies*	0.49	0.11	0.31	0.76
	Not sure	Male or female	0.89	0.22	0.55	1.44
		Not uni or uni	1.63	0.41	0.99	2.67
		Diagnosis F3	1.66	0.49	0.93	2.97
		Diagnosis Other	1.00	0.31	0.55	1.84
		Heard of arts therapies	0.97	0.30	0.53	1.77
		Attended arts therapies*	0.39	0.11	0.22	0.68
General population sample (n=850)	Yes	(Base outcome)				
	No	Male or female*	0.60	0.11	0.42	0.86
		Not uni or uni	1.20	0.24	0.81	1.78
		Heard of arts therapies*	0.54	0.13	0.34	0.86
		Attended arts therapies*	0.44	0.17	0.21	0.92
	Not sure	Male or female	1.04	0.21	0.70	1.55
		Not uni or uni	0.92	0.18	0.62	1.36
		Heard of arts therapies	0.96	0.27	0.55	1.67
		Attended arts therapies*	0.51	0.17	0.26	1.00

*RRR=relative risk, CI=confidence interval, *=significant variables at 5%*

Appendix E: Multinomial Logistic Regression Results: Which type would you MOST prefer? (Art therapy as base outcome)

Participants	Type	Variable	RRR	Std. error	95% CI	
All (n=1505)	Music therapy	Mental health or General population*	0.68	0.10	0.51	0.91
		Male or female*	0.43	0.06	0.33	0.55
		White British or BAME	1.30	0.19	0.98	1.74
		Not uni or uni	0.81	0.11	0.61	1.06
		Heard of arts therapies	1.06	0.19	0.75	1.50
		Attended music therapy*	4.77	1.30	2.80	8.12
		Attended dance-movement therapy	1.38	0.51	0.66	2.85
		Attended art therapy*	0.26	0.06	0.17	0.40
		Attended dramatherapy*	0.48	0.17	0.23	0.98
	Dance-movement therapy	Mental health or General population	1.15	0.24	0.77	1.72
		Male or female*	1.61	0.32	1.09	2.38
		White British or BAME	1.39	0.26	0.96	2.01
		Not uni or uni	1.04	0.20	0.72	1.51
		Heard of arts therapies*	0.62	0.14	0.39	0.97
		Attended music therapy	1.34	0.52	0.62	2.88
		Attended dance-movement therapy*	4.41	1.78	2.00	9.72
		Attended art therapy*	0.56	0.15	0.33	0.95
		Attended dramatherapy	1.09	0.44	0.49	2.42
	Art therapy	(Base outcome)				
	Dramatherapy	Mental health or General population	0.87	0.20	0.56	1.37
		Male or female *	0.52	0.10	0.35	0.76
		White British or BAME*	1.54	0.33	1.01	2.34
		Not uni or uni	1.22	0.26	0.80	1.86
		Heard of arts therapies	0.62	0.16	0.37	1.04
		Attended music therapy	1.95	0.75	0.91	4.16
		Attended dance-movement therapy	1.62	0.77	0.64	4.10
		Attended art therapy	0.75	0.22	0.43	1.32
		Attended dramatherapy*	2.35	0.88	1.13	4.88
Mental health patients (n=667)	Music therapy	Male or female *	0.39	0.08	0.27	0.57
		White British or BAME*	1.72	0.40	1.10	2.70
		Not uni or uni	0.79	0.17	0.51	1.21
		Interested in arts therapies	1.07	0.14	0.83	1.38
		Heard of arts therapies	0.99	0.25	0.60	1.64
		Attended music therapy*	5.38	1.82	2.77	10.45
		Attended dance-movement therapy	1.22	0.54	0.51	2.92
		Attended art therapy*	0.27	0.07	0.17	0.44
		Attended dramatherapy	0.73	0.33	0.31	1.76

	Dance-movement therapy	Male or female	1.14	0.34	0.64	2.04
		White British or BAME	1.84	0.59	0.98	3.45
		Not uni or uni	1.61	0.48	0.90	2.88
		Interested in arts therapies	0.76	0.16	0.51	1.14
		Heard of arts therapies	0.60	0.22	0.29	1.23
		Attended music therapy	0.53	0.31	0.17	1.69
		Attended dance-movement therapy*	5.00	2.68	1.74	14.32
		Attended art therapy*	0.50	0.17	0.25	0.98
		Attended dramatherapy	2.18	1.13	0.79	6.04
	Art therapy	(Base outcome)				
	Dramatherapy	Male or female *	0.35	0.11	0.20	0.64
		White British or BAME*	1.99	0.65	1.05	3.79
		Not uni or uni	1.38	0.44	0.74	2.58
		Interested in arts therapies	0.67	0.15	0.42	1.05
		Heard of arts therapies*	0.43	0.17	0.20	0.92
		Attended music therapy*	2.58	1.23	1.02	6.55
		Attended dance-movement therapy	1.88	1.05	0.63	5.59
		Attended art therapy	0.64	0.23	0.31	1.30
		Attended dramatherapy*	3.10	1.50	1.20	8.01
General population sample (n=850)	Music therapy	Male or female *	0.43	0.07	0.30	0.60
		Attended music therapy*	4.32	2.13	1.65	11.35
		Attended dance-movement therapy	2.21	1.67	0.50	9.75
		Attended art therapy*	0.21	0.11	0.08	0.58
		Attended dramatherapy*	0.15	0.12	0.03	0.74
	Dance-movement therapy	Male or female *	1.66	0.42	1.00	2.74
		Attended music therapy*	3.39	1.76	1.22	9.40
		Attended dance-movement therapy*	7.05	4.58	1.98	25.15
		Attended art therapy	0.47	0.22	0.19	1.19
		Attended dramatherapy	0.29	0.21	0.07	1.20
	Art therapy	(Base outcome)				
	Dramatherapy	Male or female	0.67	0.18	0.39	1.14
		Attended music therapy	0.44	0.40	0.08	2.57
		Attended dance-movement therapy	1.56	1.47	0.25	9.93
		Attended art therapy	1.27	0.63	0.48	3.35
		Attended dramatherapy	1.90	1.12	0.59	6.06

*RRR=relative risk, CI=confidence interval, *=significant variables at 5%*

Appendix F: Multinomial Logistic Regression Results for Reasons Given for Most Preferred Modality

Participants	Reason	Variable	RRR	Std. error	95% CI	
	Enjoyment (n=578)	(Base outcome)				
All (n=1519)	Expectations of helpfulness (n=294)	Mental health or general population	0.97	0.19	0.67	1.42
		Male or female	1.18	0.20	0.84	1.65
		University educated or not*	1.59	0.28	1.13	2.23
		Under or over 45	0.81	0.13	0.59	1.10
		Attended talking therapy	0.84	0.14	0.61	1.17
		Interested in taking part – no*	0.64	0.13	0.42	0.95
		Interested in taking part – not sure	0.66	0.15	0.42	1.01
		Attended arts therapies	1.00	0.38	0.47	2.13
		Attended art therapy	1.33	0.55	0.60	2.98
		Most prefer art therapy*	1.63	0.40	1.00	2.65
		Most prefer dance-movement therapy*	2.11	0.41	1.43	3.09
		Most prefer dramatherapy*	2.79	0.81	1.58	4.95
		Least prefer art therapy	0.88	0.25	0.50	1.53
		Least prefer dance-movement therapy	0.90	0.30	0.47	1.72
		Least prefer dramatherapy	0.94	0.26	0.55	1.60
	Feeling capable (n=228)	Mental health or general population	0.88	0.18	0.59	1.32
		Male or female*	0.67	0.12	0.47	0.96
		University educated or not*	1.91	0.36	1.33	2.76
		Under or over 45	1.21	0.21	0.87	1.69
		Attended talking therapy	0.75	0.13	0.53	1.07
		Interested in taking part - no	1.09	0.22	0.74	1.62
		Interested in taking part – not sure	0.91	0.21	0.58	1.42
		Attended arts therapies	0.97	0.39	0.45	2.12
		Attended art therapy	0.77	0.34	0.33	1.82
		Most prefer art therapy*	0.54	0.17	0.29	1.01
		Most prefer dance-movement therapy	1.46	0.29	0.99	2.16
		Most prefer dramatherapy*	2.20	0.65	1.23	3.93
		Least prefer art therapy	0.82	0.26	0.44	1.53
		Least prefer dance-movement therapy	0.87	0.32	0.42	1.80
		Least prefer dramatherapy	0.83	0.27	0.44	1.55
	Impact on mood (n=197)	Mental health or general population	1.34	0.30	0.87	2.07
		Male or female	1.13	0.22	0.78	1.66
		University educated or not	1.06	0.21	0.72	1.56
		Under or over 45*	0.65	0.12	0.45	0.94

		Attended talking therapy*	0.69	0.13	0.48	1.01
		Interested in taking part - no	0.67	0.15	0.43	1.04
		Interested in taking part – not sure	0.66	0.16	0.41	1.07
		Attended arts therapies	1.17	0.47	0.54	2.55
		Attended art therapy	0.91	0.40	0.38	2.17
		Most prefer art therapy*	0.44	0.14	0.24	0.81
		Most prefer dance-movement therapy	0.94	0.19	0.63	1.40
		Most prefer dramatherapy*	0.07	0.08	0.01	0.56
		Least prefer art therapy	1.22	0.53	0.52	2.87
		Least prefer dance-movement therapy	1.11	0.56	0.41	2.98
		Least prefer dramatherapy	1.75	0.74	0.77	3.99
	Other (n=222)	Mental health or general population	1.16	0.25	0.76	1.77
		Male or female	0.83	0.16	0.57	1.20
		University educated or not*	1.71	0.33	1.17	2.49
		Under or over 45	1.36	0.24	0.97	1.92
		Attended talking therapy	0.98	0.18	0.69	1.39
		Interested in taking part - no	1.29	0.27	0.86	1.94
		Interested in taking part – not sure	1.19	0.27	0.76	1.85
		Attended arts therapies	0.72	0.35	0.28	1.86
		Attended art therapy	0.90	0.47	0.32	2.53
		Most prefer art therapy	1.64	0.50	0.90	2.98
		Most prefer dance-movement therapy*	4.95	1.14	3.14	7.78
		Most prefer dramatherapy*	5.45	1.81	2.85	10.43
		Least prefer art therapy	0.71	0.23	0.38	1.32
		Least prefer dance-movement therapy	1.16	0.44	0.56	2.43
		Least prefer dramatherapy	1.18	0.37	0.65	2.17
Mental health patients (n=678)	Enjoyment (n=276)	(Base outcome)				
	Expectations of helpfulness (n=135)	Male or female	1.38	0.32	0.87	2.18
		University educated or not*	1.61	0.40	0.99	2.61
		Attended talking therapy	0.73	0.20	0.42	1.25
		Heard of the arts therapies	1.60	0.55	0.81	3.16
		Interested in taking part - no	0.58	0.18	0.32	1.05
		Interested in taking part – not sure*	0.40	0.16	0.19	0.86
		Attended arts therapies	0.51	0.34	0.14	1.85
		Attended music therapy	1.25	0.46	0.61	2.58
		Attended art therapy	2.41	1.48	0.72	8.05
		Most prefer art therapy	1.68	0.65	0.79	3.57
		Most prefer dance-movement therapy*	2.20	0.60	1.29	3.76
		Most prefer dramatherapy*	2.40	0.94	1.11	5.19
		Male or female	0.86	0.21	0.53	1.39

	Feeling capable (n=110)	University educated or not*	1.79	0.46	1.08	2.95
		Attended talking therapy	0.72	0.20	0.42	1.22
		Heard of the arts therapies	0.89	0.27	0.49	1.63
		Interested in taking part - no	1.49	0.41	0.87	2.55
		Interested in taking part – not sure	1.05	0.36	0.54	2.04
		Attended arts therapies	1.56	0.90	0.51	4.80
		Attended music therapy	0.98	0.41	0.43	2.24
		Attended art therapy	0.68	0.36	0.24	1.90
		Most prefer art therapy	1.02	0.44	0.44	2.39
		Most prefer dance-movement therapy*	1.93	0.54	1.12	3.33
		Most prefer dramatherapy*	2.18	0.86	1.00	4.74
	Impact on mood (n=78)	Male or female	1.56	0.43	0.91	2.68
		University educated or not	1.11	0.34	0.61	2.02
		Attended talking therapy*	0.49	0.17	0.25	0.97
		Heard of the arts therapies	1.11	0.43	0.52	2.35
		Interested in taking part - no	0.98	0.32	0.52	1.86
		Interested in taking part – not sure	0.77	0.31	0.35	1.69
		Attended arts therapies	1.56	0.95	0.47	5.13
		Attended music therapy	1.64	0.74	0.68	3.99
		Attended art therapy	0.64	0.34	0.23	1.82
		Most prefer art therapy	0.51	0.27	0.18	1.44
		Most prefer dance-movement therapy	0.95	0.29	0.52	1.74
		Most prefer dramatherapy	0.00	0.00	0.00	.
	Other (n=79)	Male or female	1.21	0.35	0.69	2.13
		University educated or not	1.63	0.49	0.90	2.96
		Attended talking therapy	1.00	0.32	0.54	1.88
		Heard of the arts therapies	0.87	0.31	0.44	1.73
		Interested in taking part - no	1.12	0.39	0.56	2.22
		Interested in taking part – not sure	1.34	0.50	0.65	2.79
		Attended arts therapies	0.57	0.51	0.10	3.28
		Attended music therapy	1.01	0.55	0.34	2.94
		Attended art therapy	1.31	1.11	0.25	6.96
		Most prefer art therapy*	3.89	1.93	1.48	10.27
		Most prefer dance-movement therapy*	5.72	2.22	2.67	12.26
		Most prefer dramatherapy*	9.46	4.46	3.75	23.84
General population sample (n=841)	Enjoyment (n=302)	(Base outcome)				
	Expectations of helpfulness (n=159)	University educated or not*	1.71	0.39	1.09	2.69
		Most prefer art therapy*	2.01	0.63	1.09	3.70
		Most prefer dance-movement therapy*	2.25	0.59	1.35	3.76
		Most prefer dramatherapy*	3.59	1.41	1.67	7.73
		Least prefer art therapy	0.79	0.31	0.37	1.69

		Least prefer dance-movement therapy	0.78	0.35	0.32	1.88
		Least prefer dramatherapy	0.61	0.23	0.29	1.26
	Feeling capable (n=118)	University educated or not*	1.75	0.45	1.07	2.88
		Most prefer art therapy*	0.41	0.16	0.19	0.90
		Most prefer dance-movement therapy	1.11	0.29	0.67	1.85
		Most prefer dramatherapy	1.95	0.79	0.89	4.30
		Least prefer art therapy	0.67	0.29	0.29	1.55
		Least prefer dance-movement therapy	0.73	0.37	0.27	1.98
		Least prefer dramatherapy	0.54	0.23	0.23	1.24
	Impact on mood (n=119)	University educated or not	1.14	0.27	0.72	1.82
		Most prefer art therapy	0.54	0.19	0.27	1.09
		Most prefer dance-movement therapy	1.08	0.27	0.67	1.77
		Most prefer dramatherapy	0.32	0.25	0.07	1.49
		Least prefer art therapy	1.29	0.78	0.40	4.21
		Least prefer dance-movement therapy	0.97	0.70	0.23	4.01
		Least prefer dramatherapy	1.78	1.03	0.57	5.56
	Other (n=143)	University educated or not	1.44	0.34	0.91	2.28
		Most prefer art therapy	1.00	0.37	0.49	2.05
		Most prefer dance-movement therapy*	3.65	0.99	2.15	6.20
		Most prefer dramatherapy*	2.94	1.29	1.25	6.96
		Least prefer art therapy	0.67	0.28	0.29	1.51
		Least prefer dance-movement therapy	1.17	0.59	0.44	3.13
		Least prefer dramatherapy	0.82	0.33	0.37	1.80

*RRR=relative risk, CI=confidence interval, *=significant variables at 5%*

STROBE Statement—Checklist of items that should be included in reports of ***cross-sectional studies***

	Item No	Recommendation	Page No
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	1
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	1
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	2
Objectives	3	State specific objectives, including any prespecified hypotheses	4
Methods			
Study design	4	Present key elements of study design early in the paper	4
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	4
Participants	6	(*a*) Give the eligibility criteria, and the sources and methods of selection of participants	4
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	4
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	*5*
Bias	9	Describe any efforts to address potential sources of bias	N/A
Study size	10	Explain how the study size was arrived at	16
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	5
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	5
		(*b*) Describe any methods used to examine subgroups and interactions	5
		(*c*) Explain how missing data were addressed	5
		(*d*) If applicable, describe analytical methods taking account of sampling strategy	5
		(*e*) Describe any sensitivity analyses	N/A
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	7 and supplement
		(b) Give reasons for non-participation at each stage	N/A
		(c) Consider use of a flow diagram	N/A
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	6 and supplement
		(b) Indicate number of participants with missing data for each variable of interest	supplement
Outcome data	15*	Report numbers of outcome events or summary measures	7

Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	7
		(*b*) Report category boundaries when continuous variables were categorized	supplement
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	N/A
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	N/A
Discussion			
Key results	18	Summarise key results with reference to study objectives	14
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	16
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	15
Generalisability	21	Discuss the generalisability (external validity) of the study results	17
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	18

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.