

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Preferences for Group Arts Therapies: A Cross-Sectional Survey of Mental Health Patients and the General Population
AUTHORS	Millard, Emma; Medicott, Emma; Cardona, Jessica; Priebe, Stefan; Carr, Catherine

VERSION 1 – REVIEW

REVIEWER	Haeyen, Suzanne GGnet Centre for Mental Health
REVIEW RETURNED	24-Apr-2021

GENERAL COMMENTS	<p>Clearly written, interesting article.</p> <p>Abstract:</p> <ul style="list-style-type: none"> - Please clarify if there were differences between patients and the healthy population. - Some information about the survey; how many questions for example? No information about the Arts Therapies? ('uninformed preferences') - Were all reasons equally important? Are there some results to present on this? <p>Introduction:</p> <ul style="list-style-type: none"> - 3th line: Not only in the UK, and several other countries as well. - last line page 3: 'the eyes for art'; I do not agree. The senses are more present than only this. Think about skin and hand-sensoric and kinestatic aspects. - p.4: Retrospective attitudes. This reference is missing but relevant. Please add: "Benefits of Art Therapy in people with Personality Disorders" https://www.frontiersin.org/articles/10.3389/fpsyg.2020.00686/full. This publication is also a survey among PD patients (N = 528) in which a result shows a correlation between benefits of experienced art therapy and the ability to come to meaningful expression in art work. - Question: Why is the main question focused on only group arts therapies? Is there a reason for this? Please explain. In the introduction the individual therapy (p.3) is clearly mentioned. In the research question this option disappeared while this could make a lot of difference. In practice, a group therapy is not always preferred when given the option. - Participants seem to be recruited in the networks of the researchers. Isn't that biased? Can this be seen in the results (in the level of education for example)? - As a reader I would like to have insight in the Survey, how the questions were formulated. Please add at least how the question was formulated concerning 'having interest or not'. That is maybe the most crucial one. - also add answering scale (answering options, Likert-scale etc.) - and reliability/validity of the survey if possible. <p>Results:</p> <ul style="list-style-type: none"> - It seems strange to me that the % of female was larger in the general population. In mental health care the % of female is much larger in general (mostly about 70%). How can you explain this?
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	<ul style="list-style-type: none"> - The general population is higher educated (university). Because of the recruitment procedure? How does this influence the results? (point for discussion) - In the question 'have you attend x-therapy?' there is no distinction between group/individual. Being interested is focused on group therapy. An explanation for this is lacking. - the open response box (p.8) is not mentioned in the description of the survey in the method-section. Please add. <p>Discussion:</p> <ul style="list-style-type: none"> - Previous experiences (what helped, in what they feel competent) lead the present preference. That does not come as a surprise.. but as an art therapist my clinical view is that this also reflects one's comfort zone, 'the expected', while therapy is sometimes more beneficial stepping outside of this zone to explore new ways. Therapy goals are not only about searching for mental pleasure, but focused on learning alternative ways of dealing with issues. Please add some clinical viewpoints in the discussion to enlarge clinical relevance. - People can not easily see the pros and cons when they do not know what it is. Providing some information has a limited reach in this. Trying out would be of more 'informed' help. <ul style="list-style-type: none"> - Is there something more to say about the differences between the two groups? - Zooming out to existing research is good. - p.12 Zajonc ? Does not fit reference 7. - explore emotional experiences, see also reference: "Perceived effects of Art Therapy" based on patients experiences.https://www.sciencedirect.com/science/article/pii/S0197455615000283?via%3Dihub
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REVIEWER	Hughes, Jean Dalhousie University
REVIEW RETURNED	03-May-2021

GENERAL COMMENTS	<p>While the objectives of the paper are clear, there needs to be much more justification (with evidence-informed literature) for the study - that is, WHY is it important??? In addition, while the study procedure and findings are presented clearly, little attention is given to the take away messages from the findings - i.e., how do the findings enlighten our understanding regarding why art therapy is important, how best to use art therapies and for whom?</p> <p>On the whole- the paper needs much more clarification and justification in terms of its need and the meanings of the results.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1		
Please clarify if there were differences between patients and the healthy population.	The main difference between the two participant groups has been highlighted in the abstract.	P1 - Participants in the mental health group were more likely to choose music therapy, whereas the general population were more likely to choose art therapy as their preference.
Some information about the survey; how many questions	Some information about the survey has been included in	P1 - The survey took approximately 10 minutes to

for example? No information about the Arts Therapies? ('uninformed preferences')	the design section of the abstract. The survey has also been included as a supplement.	complete, including informed consent, a short description of the arts therapies and 14 main questions.
Were all reasons equally important? Are there some results to present on this?	The counts of responses are included in the results section, and they are presented in order of frequency in the abstract. As it was an open response, rather than a standard question, the categories should not be given too much weight.	
3th line: Not only in the UK, and several other countries as well.	This has been updated to reflect this.	P2 - In the UK and several other countries, the arts therapies are delivered by qualified and regulated therapists...
last line page 3: 'the eyes for art'; I do not agree. The senses are more present than only this. Think about skin and hand-sensoric and kinestatic aspects.	This has been changed to avoid over-simplification of the sensory experience.	P3 - Although the arts therapies share many features, including theoretical underpinning, there is a clear difference in the art form being used.
Retrospective attitudes. This reference is missing but relevant. Please add: "Benefits of Art Therapy in people with Personality Disorders" This publication is also a survey among PD patients (N = 528) in which a result shows a correlation between benefits of experienced art therapy and the ability to come to meaningful expression in art work.	Thank you for highlighting this very relevant reference! It has now been included in the introduction.	P3 - More recently, Haeyen and colleagues surveyed patients with a diagnosis of personality disorder who had attended art therapy. They found five important experiences: Expression of emotions, improved self-image, making own choices/autonomy, insight and changing of personal patterns, and dealing with own limitations (30).
Question: Why is the main question focused on only group arts therapies? Is there a reason for this? Please explain. In the introduction the individual therapy (p.3) is clearly mentioned. In the research question this option disappeared while this could make a lot of difference. In practice, a group therapy is not always preferenced when given the option.	The reason for the focus on group therapy has been explained in the introduction.	P3 - Mental health services in the UK often offer arts therapies in a group format due to the inherent benefits of group therapy (7). In groups, the art forms offer a way for group members to connect with each other and the therapist on a non-verbal level (6,8,9).

<p>Participants seem to be recruited in the networks of the researchers. Isn't that biased? Can this be seen in the results (in the level of education for example)?</p>	<p>This has been addressed further in the strengths and limitations section.</p>	<p>P12 - 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).</p>
<p>As a reader I would like to have insight in the Survey, how the questions were formulated. Please add at least how the question was formulated concerning 'having interest or not'. That is maybe the most crucial one.</p>	<p>This has been made clearer in the methods section.</p>	<p>P5 - 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. Piloting was undertaken within the research team, with patients and in the main study site.</p>
<p>also add answering scale (answering options, Likert-scale etc.)</p>	<p>This can be seen in the survey questions included in the appendices.</p>	<p>P5 - 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 (see appendices A and B for full surveys).</p>
<p>and reliability/validity of the survey if possible.</p>	<p>This is now addressed in the methods section.</p>	
<p>It seems strange to me that the % of female was larger in the general population. In mental health care the % of female is much larger in general (mostly about 70%). How can you explain this?</p>	<p>This is likely to be because of sampling bias in the general population, this has been addressed further in strengths and limitations.</p>	<p>P12 - 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).</p>
<p>The general population is higher educated (university). Because of the recruitment procedure? How</p>	<p>This has been addressed further in the strengths and limitations section.</p>	<p>P12 - Researchers asked people in their own networks for the general population sample. This is likely to be the</p>

<p>does this influence the results? (point for discussion)</p>		<p>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).</p>
<p>In the question 'have you attend x-therapy?' there is no distinction between group/individual. Being interested is focused on group therapy. An explanation for this is lacking.</p>	<p>The format of their past experience of the arts therapies did not seem relevant to the research question at the point of design, as we were seeking to understand their experience of using each art form. With hindsight, this information would have been interesting for context, now that we know there is an association between past experiences and preferences. We have included acknowledgement of this in the discussion.</p>	<p>P16 - 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.</p>
<p>The open response box (p.8) is not mentioned in the description of the survey in the method-section. Please add.</p>	<p>This has been addressed.</p>	<p>P5 - 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).</p>
<p>Previous experiences (what helped, in what they feel competent) lead the present preference. That does not come as a surprise.. but as an art therapist my clinical view is that this also reflects one's comfort zone, 'the expected', while therapy is sometimes more beneficial stepping outside of this zone to explore new ways. Therapy goals are not only about searching for mental pleasure, but focused on learning alternative ways of dealing with issues. Please add</p>	<p>An additional paragraph has been added to the end of the discussion section to underpin the importance of collaborative decision-making.</p>	<p>P12 - It is important 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). 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</p>

some clinical viewpoints in the discussion to enlarge clinical relevance.		therapies so that patients have more information than only their own past experiences (which could be an inaccurate indication of engagement in group arts therapies). Decision aids, including taster sessions, for the arts therapies could be helpful in supporting patients to make an informed choice (10).
People can not easily see the pros and cons when they do not know what it is. Providing some information has a limited reach in this. Trying out would be of more 'informed' help.	This is addressed in the paragraph added for the previous point – that decision aids, including taster sessions, are an appropriate method of informing patients about the arts therapies.	See above
Is there something more to say about the differences between the two groups?	A figure has been included to highlight the different preferences between the groups.	P7
Zooming out to existing research is good.		
p.12 Zajonc ? Does not fit reference 7.	References have been checked and updated.	
Explore emotional experiences, see also reference: "Perceived effects of Art Therapy" based on patients experiences.	Thank you, your paper has been cited in the discussion here.	
Reviewer 2		
While the objectives of the paper are clear, there needs to be much more justification (with evidence-informed literature) for the study - that is, WHY is it important???	The introduction and the discussion have been edited substantially. We hope that this provides further context and justification.	P4 - 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 crucial to initiate a discussion about preferences in the arts therapies.
In addition, while the study procedure and findings are presented clearly, little	Some further implications have been added to the discussion section	P13 - Receiving a preferred psychosocial treatment is associated with lower dropout

<p>attention is given to the take away messages from the findings - i.e., how do the findings enlighten our understanding regarding why art therapy is important, how best to use art therapies and for whom?</p>		<p>rates (11), 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.</p> <p>P14 - It is important 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 (which could be an inaccurate indication of engagement in group arts therapies). Decision aids, including taster sessions, for the arts therapies could be helpful in supporting patients to make an informed choice (10).</p> <p>P16 - 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.</p>
<p>On the whole- the paper needs much more clarification and justification in terms of its need and the meanings of the results.</p>	<p>As above</p>	