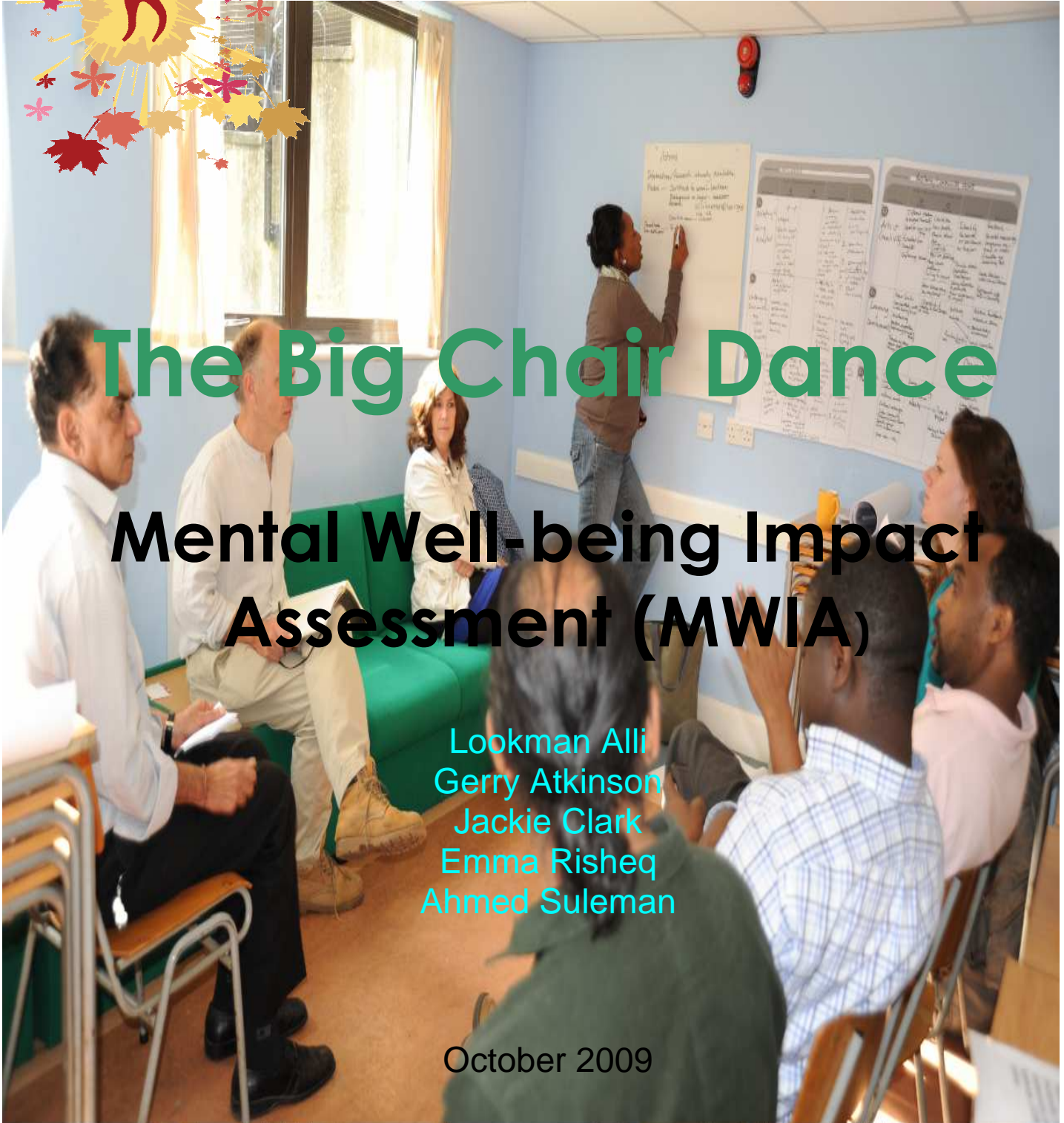




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# The Big Chair Dance

## Mental Well-being Impact Assessment (MWIA)

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# **THE IMPACT OF BIG CHAIR DANCE PROJECT ON MENTAL WELL-BEING**

## **1. INTRODUCTION**

In June/July 2008 older residents from the Noel Park area participated in a series of dance workshops as part of a pan London cultural event with older people : The Big Chair Dance. The workshops culminated in dance performances both in the Royal Festival Hall and in the Haringey Asian Centre. The event was enthusiastically received by all of the local groups who had contact with it: members of the Council of Asian People, The Somali Welfare Association and the Over Fifties Group from Shropshire Hall.

Phase 2 will build on the success of the Big Chair Dance and Entelechy Arts, the organisation co-ordinating the project will continue to work with the group at the Asian Centre and Shropshire Hall and older participants from Noel Park. The aim and objectives include the following:

- Create opportunities for older people to participate in dance based exercise
- Develop theatre-based skills devising work that focuses on issues related to ageing and wellbeing
- Create opportunities for older people from different groups to meet and share each others work

Shropshire Hall developed a drama (soap opera) which started by listening to the preoccupations of the over 50's living in Noel Park (e.g. fear of crime). They developed a story/performance from that. The dance was developed at the Asian Centre. The two parts came together at the event in Haringey Library on 22 July 2009. The group worked together for 12-14 weeks.

## **2. AIMS OF THE MWIA ASSESSMENT**

- To identify how Big Chair Dance potentially impacts on the mental health and well-being of Noel Park residents
- To identify ways in which the project might maximise its positive impacts and minimise its negative impacts
- To develop indicators of mental well-being that can be used to measure, evaluate and improve the mental well being of its members

## **3. WHAT DO WE MEAN BY MENTAL HEALTH AND WELL-BEING?**

The Mental Well-being Impact Assessment was developed using the 1997 Health Education Authority definition of mental health and well-being:



*“ ..the emotional and spiritual resilience which enables us to survive pain, disappointment and sadness. It is a fundamental belief in one's own and others dignity and worth” (Health Education Authority, 1997)*

Put simply our mental well-being is about how we think and feel.

### **3. METHODOLOGY**

#### **The Mental Well-being Impact Assessment (MWIA)**

The Mental Well-being Impact Assessment is a two part screening toolkit that enables people to consider the potential impacts of a policy, service or programme on mental health and well-being and can lead to the development of stakeholder indicators. The toolkit brings together a tried and tested Health Impact Assessment methodology with the evidence around what promotes and protects mental well-being.

The DOH 'Making it Happen Guidance' for mental health promotion (2001) identifies four key areas that promote and protect mental well-being:

- Enhancing Control
- Increasing Resilience and Community Assets
- Facilitating Participation
- Promoting Inclusion

The MWIA is based on these four key areas and helps participants identify things about a policy, programme or service that impact on feelings of control, resilience, participation and inclusion and therefore their mental health and well-being. In this way the toolkit enables a link to be made between policies, programmes or service and mental well-being that can be measured.

*“How people feel is not an elusive or abstract concept, but a significant public health indicator; as significant as rates of smoking, obesity and physical activity” (Department of Health 2001).*

#### **MWIA Workshop**

The purpose of the workshop is to work with stakeholders to identify from their perspective the key potential impacts that the Big Chair Dance will have on the mental well-being of its members. It will also identify actions to maximise positive impacts and minimise potential negative impacts on mental well-being

**Table 1: Workshop participants**



| <b>Role</b>                | <b>No.</b> | <b>%</b>    |
|----------------------------|------------|-------------|
| Big Chair Dance            | 1          |             |
| Asian Centre               | 2          |             |
| London Borough of Haringey | 1          |             |
|                            |            |             |
| <b>Total</b>               | <b>4</b>   | <b>100%</b> |

### **What does mental well-being mean to the stakeholders in the project?**

The participants were asked to look at different definitions of mental wellbeing. There was a group discussion and participants were invited to award green dots for definitions they found useful and/or meaningful, and red dots for less helpful ones. From the discussion a number of aspects were considered important across definitions such as:

- Liked the definition because it was about becoming who we could be in relation to interacting with other people
- Includes both physical and well-being
- 3 important components –being happy, and if we are well and happy we can prosper – and welfare which is about interacting with others and being social
- Like it because it touches on all areas of life (e.g. work, family, worries, money etc.)

## **4. POPULATIONS AFFECTED BY THE BIG CHAIR DANCE PROJECT**

Public mental health aims to promote and protect the mental health of the whole population, while recognising that (as is the case for physical health) levels of vulnerability to poor mental health will vary among different population groups.

A profile of the community/ies that are living in the area that this Big Chair Dance is targeting suggests the following characteristics and needs:

- Noel Park is located in the North-Eastern part of Haringey. The resident population of Noel Park, as measured in the 2001 Census, was 11,472 of which 47 per cent were male and 53 per cent were female.<sup>1</sup>
- The population in this ward has, however, increased by 4.4- 9.1% by 2006.
- Noel Park is one of the most deprived wards in Haringey with an index of deprivation score of between 50.3- 66.4 (Haringey average = 37.7) in 2006.



- The ward has between 16.4 and 17.9% of people living with long term limiting illness, and one of the wards in Haringey with highest number of people reporting their health as 'not good' according to Census 2001.
- The life expectancy in Noel Park was approximately 79 years for females and 74 years for males between year 2000 and 2004 (England average for females and males was 81 and 76 years respectively)

In order to identify those communities that local stakeholders consider to be affected by the Big Chair Dance, a discussion was facilitated. The findings are presented in table 2.

**Table 2**

| <b>Priority population group affected or targeted by your proposal</b>  |
|---|
| <p>The participants identified that the factors of particular concern to them were:</p> <ul style="list-style-type: none"> <li>• Disability- People with Learning Disabilities</li> <li>• Older people</li> <li>• Young people</li> </ul> |

The Big Chair Dance project focused on older people and a number of people with mental health issues were supported to participate. There was a younger dance group rehearsing at the Asian Centre at the same time that this project was going on and they were invited to be involved in the final show at the library.

**WHAT ARE THE KEY IMPACTS OF BIG CHAIR DANCE ON MENTAL HEALTH AND WELL-BEING?**

The MWIA toolkit suggests a four-factor framework for identifying and assessing protective factors for mental well-being, adapted from Making it Happen (Department of Health 2001) and incorporates the social determinants that affect mental well-being into four factors that evidence suggests promote and protect mental well-being:

- *Enhancing control*
- *Increasing resilience and community assets*
- *Facilitating participation*
- *Promoting inclusion.*



Participants were introduced to the factors and asked to think about the Big Chair Dance Project and rate how important these factors are to the project and what potential impact that the project could have on the factor e.g. positive or negative.

Due to the limited time available for the workshop the facilitators prioritised two factors to be discussed which were resilience and community assets and participation.

## **The Potential Impact of the Big Chair Dance on Feelings of Control**

### **Enhancing control - the evidence**

A sense of agency (the setting and pursuit of goals), mastery (ability to shape circumstances/ the environment to meet personal needs), autonomy (self-determination/individuality) or self-efficacy (belief in one's own capabilities) are key elements of positive mental health that are related to a *sense of control* (Mauthner and Platt 1998; Stewart-Brown et al in press).

Enhancing control is fundamental to health promotion theory and practice, and is identified in the Ottawa Charter as a key correlate of health improvement:

“Health promotion is the process of enabling people to increase control over, and to improve their health”. (Ottawa Charter for Health Promotion. WHO, Geneva, 1986.)

Lack of control and lack of influence (believing you cannot influence the decisions that affect your life) are independent risk factors for stress (Rainsford et al 2000). People who feel in control of their everyday lives are more likely to take control of their health (McCulloch 2003). Job control is a significant protective factor in the workplace, and this is enhanced if combined with social support (Marmot et al 2006).

Employment protects mental health; both unemployment and job loss increase risk of poor mental health: financial strain, stress, health damaging behaviour and increased exposure to adverse life events are key factors associated with job loss that impact on mental health (Bartley et al 2006). Job insecurity, low pay and adverse workplace conditions may be more damaging than unemployment, notably in areas of high unemployment (Marmot and Wilkinson 2006)

### **Control**

Due to limited time available for the workshop this factor was not discussed.



## **The Potential Impact of Big Chair Dance on Resilience**

### **Increasing resilience and community assets – the evidence**

Emotional resilience is widely considered to be a key element of positive mental health, and is usually defined as the extent to which a person can adapt to and/or recover in the face of adversity (Seligman; Stewart Brown etc). Resilience may be an individual attribute, strongly influenced by parenting (Siegel 1999), or a characteristic of communities (of place or identity) (Adger 2000). In either case, it is also influenced by social support, financial resources and educational opportunities. It has been argued that focusing on 'emotional resilience' (and 'life skills') may imply that people should learn to cope with deprivation and disadvantage (Secker 1998). WHO states that interventions to maximise and take advantage of health assets can counter negative social and economic determinants of health, especially among vulnerable groups. The result is improved health outcomes. [www.euro.who.int/socialdeterminants/assets/20050628\\_1](http://www.euro.who.int/socialdeterminants/assets/20050628_1)

Good physical health protects and promotes mental health. Physical activity, diet, tobacco, alcohol consumption and the use of cannabis and other psychotropic substances all have an established influence on mental well-being. Capacity, capability and motivation to adopt healthy lifestyles are strongly influenced by mental health and vice versa. There is growing evidence of the link between good nutrition, the development of the brain, emotional health and cognitive function, notably in children, which in turn influences behaviour. (Mental Health Foundation 2006; Sustain 2006). Regular exercise can prevent some mental health problems (anxiety and depression), ameliorate symptoms (notably anxiety) improve quality of life for people with long term mental health problems and improve mood and levels of subjective well-being (Grant 2000; Mutrie 2000; Department of Health 2004). Both heavy drinking and alcohol dependence are strongly associated with mental health problems. Substance misuse may be a catalyst for mental disorder. (Alcohol Concern; Mental Health Foundation 2006; Royal College of Psychiatrists 2006)

Although the evidence is limited, spiritual engagement (often, but not necessarily expressed through participation in organised religion) is associated with positive mental health. Explanations for this include social inclusion and participation involving social support; promotion of a more positive lifestyle; sense of purpose and meaning; provision of a framework to cope with and reduce the stress of difficult life situations (Friedli, 2004; Aukst-Margetic & Margeti, 2005) (Idler *et al*, 2003); Mental Health Foundation 2006.

Low educational attainment is a risk factor for poor mental health; participation in adult education is associated with improved health choices, life satisfaction, confidence, self-efficacy and race tolerance. (Feinstein *et al* 2003; James 2001)

Communities with high levels of social capital, for example trust, reciprocity, participation and cohesion have important benefits for mental health (Campbell





and McLean 2002; Morgan and Swann 2004). Social relationships and social engagement, in the broadest sense, are very significant factors in explaining differences in life satisfaction, both for individuals and communities.

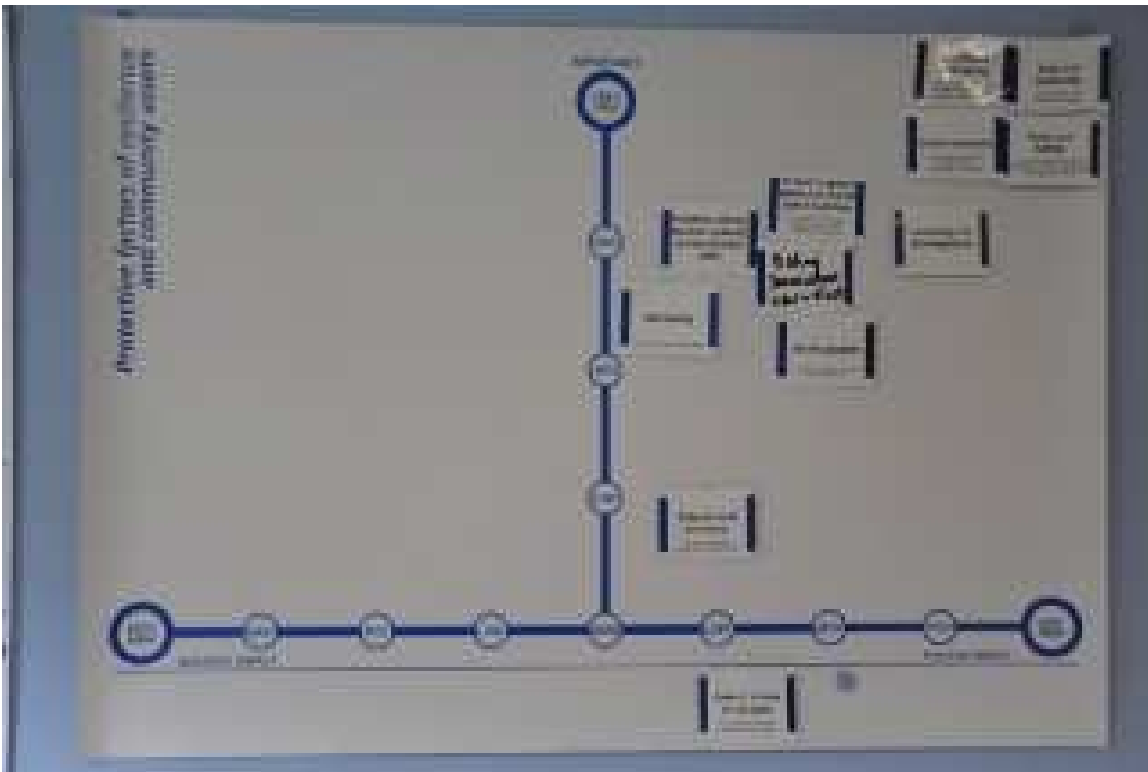
Neighbourhood disorder and fragmentation are associated with higher rates of violence; cohesive social organisation protects against risk, stress and physical illness; (Fitzpatrick and LaGory 2000; McCulloch 2003;

Physical characteristics associated with mental health impact include building quality, access to green, open spaces, existence of valued escape facilities, noise, transport, pollutants and proximity of services (Chu et al 2004; Allardyce et al 2005; Jackson 2002). Housing is also associated with mental health - independent factors for increasing risk of poor mental health (low SF36 scores) are damp, feeling overcrowded and neighbourhood noise (Guite et al 2006;HF Guite, Clark C and Ackrill G (2006). Impact of the physical and urban environment on mental well-being Public Health supplement in press).

Participants were then invited to work between themselves to identify which of the factors that contribute to a sense of resilience that the Big Chair Dance had the potential to have either a positive or negative impact, and the degree of importance of that impact. The results are presented in figure 2.

**Figure 1 Prioritisation Grid - Increasing resilience and community assets**





### Notes from the discussion

- Learning & Development –physical exercise, social development, community working together to learn a dance to perform –sitting down helps and makes people feel safer and this way they can observe and then gradually participate at their own speed
- Emotional well-being –this developed over time –performance pictures show people looking happy and enjoying themselves
- Trust and safety – people need confidence and trust in their community to take to the stage and trust that the community will value them and not laugh at them
- Safe transport – system that transports people from their local area to the venue in central london –if this isn't available then participants may be preoccupied and not perform well or not go –the project had built the precedent in phase 1 when they went to Southbank to perform
- Social networks –some participants live on their own , some in sheltered accommodation and some with family or spouse and getting together is important –some participants were involved in phase 1 and the Asian Centre Manager told 1 person from that phase knowing that they were all still in touch and that the word would get around about phase 2 beginning
- Problem solving/communication skills and decision making –the drama group discussed their own personal experiences and these were raw this took communication skills –also had to negotiate some extra rehearsal dates and the other group had to decide together on a dance



- Access to green space and shared public space –had access to the library, Southbank, Asian centre and also encourages other people to use and frequent the Southbank Centre
- Support local economy –low importance and impact –the event performance enables the Asian Centre catering service to be publicised and may generate some new business

Having identified these participants were invited to work through their top three priorities to identify in more detail the potential impacts and any recommendations that emerged.

The results are presented in table 3.



**Table 3**

| Top priorities                    | Impacts of the Big Chair Dance on resilience and community assets   |  | Comments and Actions   | Measure   |
|-----------------------------------|---|--|--|---|
|                                   | (+) Positive Impact   | (-) Negative Impact  |  |   |
| <b>Arts &amp; Creativity</b>      | <ul style="list-style-type: none"> <li>• Different medium to express themselves</li> <li>• Good for your mental health</li> <li>• Enables fun</li> <li>• Laughter</li> <li>• Exploring issues</li> </ul>  | <ul style="list-style-type: none"> <li>• Could be how people think about art</li> <li>• Conflicts</li> <li>• How we publicise may cause problems</li> <li>• Selling the project</li> <li>• How issues may be explored</li> </ul> | <ul style="list-style-type: none"> <li>• Identify research or evidence to support</li> <li>• Think about promotion strategies</li> <li>• Using advocates to promote their experience of the project</li> </ul> | <ul style="list-style-type: none"> <li>• Feedback</li> <li>• Parallel measuring programmes eg – group on medication and another group accessing art</li> <li>• Case studies – individual stories</li> <li>• Research into arts and creativity.</li> </ul> |
| <b>Learning &amp; Development</b> | <ul style="list-style-type: none"> <li>• New skills</li> <li>• Connected with well being / mental health</li> <li>• De-stressing</li> <li>• Positive aspiration (performing at South Bank)</li> <li>• Teaching others about your community through dance</li> </ul> | <ul style="list-style-type: none"> <li>• Stressful if unable to feel skilled at task</li> </ul>  | <ul style="list-style-type: none"> <li>• Publicity could include stakeholders and local counsellors</li> <li>• Radio / media</li> </ul>  | <ul style="list-style-type: none"> <li>• Positive feedback</li> <li>• Individual stories</li> <li>• Stakeholder involvement</li> <li>• Local counsellors</li> <li>• Front Row – Radio 4</li> <li>• (Time Out magazine circulation figures)</li> </ul>     |



|                       |   |   |  |   |
|-----------------------|---|---|--|---|
| <b>Social Network</b> | <ul style="list-style-type: none"> <li>• Partnership working with other cultures and organisations</li> <li>• National events</li> <li>• Cultural exchange</li> <li>• Safer community</li> <li>• Tolerance / understanding</li> <li>• Specific groups</li> <li>• Social support – inclusive</li> <li>• Given roles - title</li> </ul> | <ul style="list-style-type: none"> <li>• Image could be seen as exclusively for Asian women – publicity?</li> </ul> | <ul style="list-style-type: none"> <li>• Publicity – type of project</li> <li>• Perhaps taster sessions</li> </ul> | <ul style="list-style-type: none"> <li>• Feedback</li> <li>• Case studies – before and after</li> <li>• Family members observations</li> <li>• Social life improvement</li> <li>• Expectations</li> </ul> |
|-----------------------|---|---|--|---|



## **The Potential Impact of the Big Chair Dance on participation and Inclusion**

### **Facilitating participation and promoting social inclusion – the evidence**

Feeling useful, feeling close to other people and feeling interested in other people are key attributes that contribute to positive mental wellbeing (Stewart Brown et al, Warwick Edinburgh, Measuring Mental Wellbeing Scale forthcoming).

Participation is the extent to which people are involved and engaged in activities outside their immediate household, and includes cultural and leisure activities, as well as volunteering, membership of clubs, groups etc., participation in local decision-making, consultation, voting etc.

Social inclusion is the extent to which people are able to access opportunities, and is often measured in terms of factors that exclude certain groups, e.g. poverty, disability, physical ill-health, unemployment, old age, poor mental health.

Although participation and social inclusion are different constructs, there is some overlap in the literature, and they are therefore considered together here.

Strong social networks, social support and social inclusion play a significant role both in preventing mental health problems and improving outcomes (SEU 2004). Social participation and social support in particular, are associated with reduced risk of common mental health problems and poor self reported health and social isolation is an important risk factor for both deteriorating mental health and suicide (Pevalin and Rose 2003). Similarly for recovery, social participation increases the likelihood, while low contact with friends and low social support decreases the likelihood of a recovery by up to 25% (Pevalin and Rose).

However, social support and social participation do not mediate the effects of material deprivation, which in itself is a significant cause of social exclusion (Mohan et al 2004; Morgan and Swann 2004; Gordon et al 2000).

Anti discrimination legislation and policies designed to reduce inequalities also strengthen social inclusion (Wilkinson 2006; Rogers and Pilgrim 2003).

There is some evidence that informal social control (willingness to intervene in neighbourhood threatening situations, e.g. children misbehaving, cars speeding, vandalism) and strong social cohesion and trust in neighbourhoods, mitigates the effects of socio-economic deprivation on mental health for children (Drukker et al 2006).

Higher national levels of income inequality are linked to higher prevalence of mental illness (Pickett et al 2006). Mental health problems are more common in areas of deprivation and poor mental health is consistently associated with low income, low standard of living, financial problems, less education, poor housing and/or



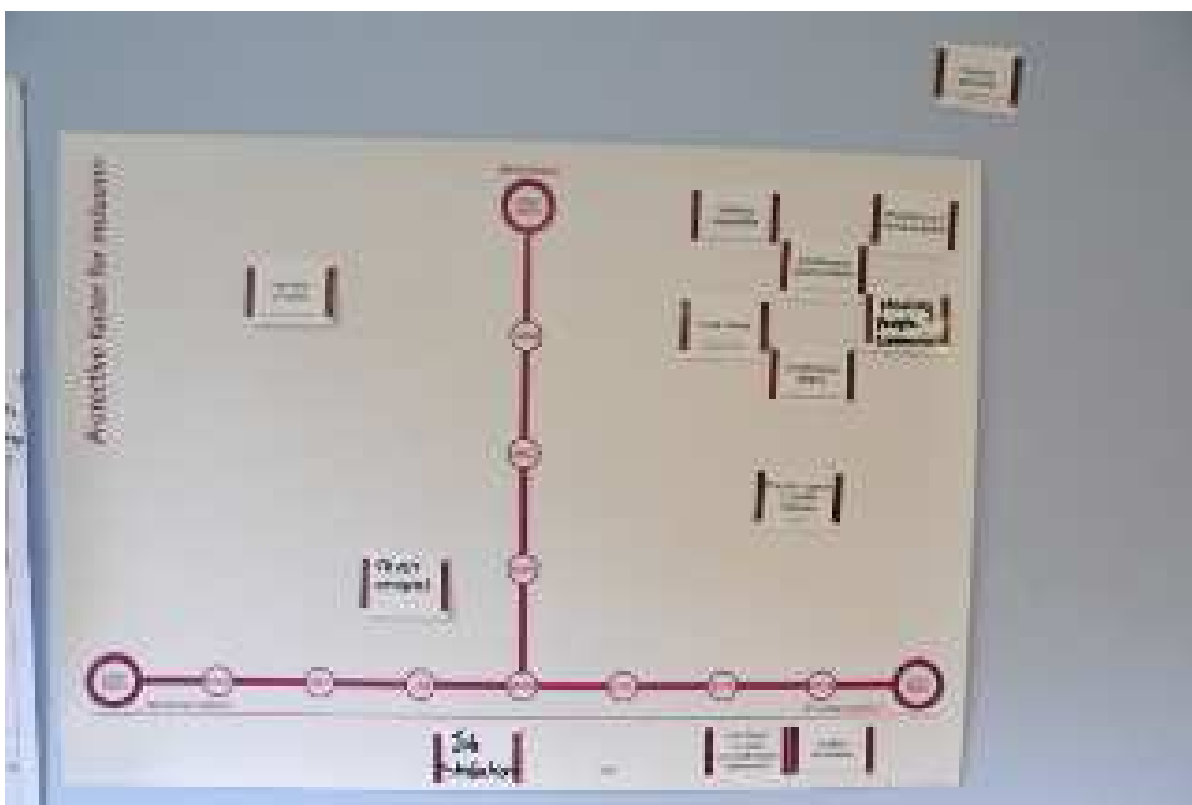
homelessness. Inequalities are both a cause and consequence of mental health problems (Rogers and Pilgrim 2003; SEU 2004; Melzer et al 2004).

Participants were then invited to work between themselves to identify which of the factors that contribute to facilitating participation and reducing social isolation they felt the Big Chair Dance had the potential to have either a positive or negative impact and the degree of importance of that impact. The results are presented in figure 3.

### Participation

Due to limited time available for the workshop this factor was not discussed.

**Figure 3 Prioritisation Grid - Inclusion**



### Notes from the discussion

- Practical support to enable inclusion –medium importance and high impact –a number of members with mental illness were supported to be involved
- Positive identities –high importance and really positive impact –bringing YP group and older peoples groups together in the end performance – multigenerational –enables them to appreciate one another
- Being accepted –respecting each others culture different group came together at the library performance and valued one another



- Challenging stigma –participant with mental illness supported to participate in group (not separated into own group) this is good for the whole population – also the YP and OP performing together at the library
- Trusting others –the Shropshire group shared personal life experiences and therefore had to trust others in the group to be able to do this –this trust grew over the 12-14 weeks of the project –importance of the facilitator as need to ensure people aren't being exploited or put at risk
- Meeting people and communication –high importance and high impact
- Feeling safe at home –Shropshire group talked about this issue and said they were concerned about it e.g. car being broken into –these issues were covered in soap opera drama they developed –and it was thought that the focus on negative issues may have had a negative impact on participants but the participants didn't want the performance to be called Noel Park because they didn't want people to publicly diss the area –'pride of place'
- Tackling inequalities –targeting over 50s –the drama focused on the issue of grandparents giving free childcare (for their children's children) because they weren't working however, this limited the grandparents freedom –they wanted to explore the issues facing their generation –this was partially due to income but also because their children hadn't explored other childcare options and expected their parents to do the childcare

Having identified these participants were invited to work through their top three priorities to identify in more detail the potential impacts and any recommendations that emerged.

The results are presented in table 4.





**Table 4**

| Top priorities                      | Impacts of the Big Chair Dance on Inclusion   |                     | Comments and Actions  | Measure  |
|-------------------------------------|---|---------------------|---|--|
|                                     | (+) Positive Impact   | (-) Negative Impact |   |  |
| <b>Accepting and being accepted</b> | <ul style="list-style-type: none"> <li>• Unique project</li> <li>• There was talent in the community – this was a way to bring it out</li> <li>• The whole community accepted that the older people had the talent to perform the Big Chair Dance and this brought their well being into focus</li> <li>• Participants accepted regardless of mental illness or age</li> <li>• This reflects well on the facilitator and highlights the leaders facilitation expertise</li> </ul> |                     | <ul style="list-style-type: none"> <li>• Continuity of people very important. The 'who' mattered</li> <li>• Person running workshop - very important to identify someone who group participants trust</li> <li>• There was an element of trust already there from the previous year. Also Pritap was known to the participants.</li> <li>• Dance was taught in Hindi at the start. Although Rachel did not speak Hindi she gained the participants respect "this young girl who doesn't speak our language can also teach us". A good rapport was established.</li> <li>• Transferring credibility from Shiv to Rachel</li> <li>• Facilitator understood where people are coming from and going to</li> <li>• <u>Listening</u> to what needs to happen</li> </ul> | <ul style="list-style-type: none"> <li>• Feedback evaluation from participants</li> <li>• Cohesion – participants expressed that they appreciated this.</li> <li>• Measuring attendance by demographics – mental illness, ethnicity, disability, age</li> <li>• Photographs/video</li> <li>• Short case studies on people who were most moved (social isolation). What tipped the balance? People can relate to personal stories.</li> </ul> |



|   |  |  |  |  |
|---|--|--|--|--|
| <p><b>Challenging Discrimination – age, culture, gender, disability</b></p> | <ul style="list-style-type: none"> <li>• Gave Women a voice</li> <li>• Got women performing</li> <li>• Giving context</li> <li>• Breaking down barriers</li> <li>• Creative vehicle for challenging discrimination (age, culture, gender, disability)</li> </ul> |  | <ul style="list-style-type: none"> <li>• Ability to take risks</li> <li>• Intuitive</li> <li>• Flexibility</li> <li>• Community cohesion</li> <li>• Creating confidence</li> <li>• Experienced facilitator</li> <li>• Trend in funding – good area to emphasise</li> <li>• The groups worked separately at the start. This helped build confidence in their identity as a group and then the confidence to engage with other groups (experienced facilitator)</li> </ul> | <ul style="list-style-type: none"> <li>• Feedback – people feeling safer. Could approach someone different?</li> <li>• Photographs - faces</li> <li>• Specific questions</li> <li>• Evaluation – ask if they have ever participated in something like this before and would they do it again.</li> </ul> |
|---|--|--|--|--|



|                            |   |  |  |  |
|----------------------------|---|--|--|--|
| <p><b>Trust others</b></p> | <ul style="list-style-type: none"> <li>• Building ownership / control. Group had licence to form dance and drama and put their mark on it.</li> <li>• Drama &amp; dance</li> <li>• Participants leading</li> <li>• Telling their story though this vehicle helps creative risk-taking and new experiences</li> <li>• Door opening to other communities</li> </ul> | <ul style="list-style-type: none"> <li>• Risk of getting inexperienced facilitator – need to know background of community. Cannot ‘parachute in’.</li> <li>• Needs allot of time/resources. Community development and working with the community needs time</li> <li>• Shoestring budget / inexperienced facilitator can backfire</li> <li>• Creating aspiration – what then? Has become part of their lives</li> <li>• Future funding - sustainability</li> </ul> | <ul style="list-style-type: none"> <li>• Well known Arts venue away from Local area – raising aspirations</li> <li>• Staff support in whole process</li> <li>• Other performance</li> <li>• The group had excellent facilitation. This is crucial</li> <li>• The participants were very nervous about the performance but once they had the opportunity to rehearse it in the venue they were reassured.</li> <li>• It was important that Shiv was there to welcome them off the coach. A staff member from the Asian Centre travelled with them on the coach. This made a big difference</li> <li>• Sustainability – group could meet themselves even if there was no future funding. Pritap has suggested this to them. They can use the Asian Centre for free.</li> </ul> | <ul style="list-style-type: none"> <li>• Have participants gone on to do anything else as a result of this – has it inspired them? (Hounslow group do performances. Haringey have been invited to perform in September and October) – possibilities are opening up</li> <li>• Future performances recorded</li> <li>• Future possibilities</li> <li>• Positive story – publicity in local papers/national papers/ Haringey People</li> </ul> |
|----------------------------|---|--|--|--|



## Summary

The stakeholders identified six (6) key determinants of mental well-being that were both of high importance and had a high impact.

| MWIA Area        | Increasing Control           | Resilience             | Participation                | Inclusion                    |
|------------------|------------------------------|------------------------|------------------------------|------------------------------|
| Key Determinants | Not covered in this workshop | Arts & Creativity      | Not covered in this workshop | Accepting and being accepted |
|                  |                              | Learning & Development |                              | Challenging discrimination   |
|                  |                              | Social Networks        |                              | Trust Others                 |

A focus on these for the Big Chair Dance will help promote the mental well-being of the participants.

## 7. REVIEWING THE LITERATURE EVIDENCE BASE

The MWIA toolkit assessment criteria for the protective factors (discussed in section 6) are based on a review of the published literature that research suggests are helpful in promoting and protecting mental well-being. In order to build on this evidence base a short additional literature review was undertaken to identify, what if any, published research studies there may be suggesting that the Big Chair Dance may have on mental well-being. This is intended to provide further evidence to substantiate or challenge the findings from the MWIA workshop.

The evidence for the effectiveness of creative activities such as arts and performance (including music, poetry, drama, dance and other performance arts, and film) on mental wellbeing has built up overtime. A number of studies have suggested that creative activities have positive mental health benefits on the development self-expression and self-esteem, as well as offering opportunities for social contact and participation.<sup>2</sup> Creative activity provides a sense of purpose and meaning and improved quality of life.<sup>3,4</sup>

A review by the Health Education Authority in 1999 was able to demonstrate improvements in wellbeing as shown by enhanced motivation; greater connectedness to others; more positive outlook; and a reduction in sense of fear, isolation and anxiety. These benefits were shown to be as a result of opportunities for self-expression; enhanced sense of value and attainment; and pride in achievement brought about by engagement in arts and creativity.<sup>5</sup>

Arts and creativity could also save the NHS some resources. In the evaluation of the Stockport Arts on Prescription scheme, it was demonstrated that Increase in



involvement in social activities, particularly in participative activities was statistically significant, with some evidence that the use of GPs, social workers and other services was reduced. <sup>24</sup> These findings bear similarities to the findings from the Big Chair Dance MWIA.

## 8. DEVELOPING INDICATORS OF WELL-BEING

“What gets counted, counts.” Therefore being able to measure progress and impact of the Big Chair Dance on the determinants of mental well-being identified by the stakeholders through the MWIA is an important step. Building on the initial ideas from stakeholder about “how you know” that certain impacts have happened two (2) different indicators have been developed.

| Factor                    | Determinant                                     | How do you know?         | Data collection             | Frequency      |
|---------------------------|---|--------------------------|-----------------------------|----------------|
| <b>Increasing Control</b> | Not Covered in the workshop                     |                          |                             |                |
| <b>Resilience</b>         | Learning and Development<br><br>Social Networks |                          | Questionnaire/verbal at end | Before & after |
| <b>Participation</b>      | Not covered in this workshop                    |                          |                             |                |
| <b>Inclusion</b>          | Accepting and being accepted                    | Ask the participants     | Questionnaire/verbal at end | Before & after |
|                           | Challenging discrimination                      | Observation and feedback | Case studies                | Final report   |
|                           | Trust Others                                    | Ask the participants     | Questionnaire/verbal at end | Before & after |

## 9. RECOMMENDATIONS



- It is recommended that Mental Well-being Impact Assessment should be embedded in the Big Chair Dance project and conducted way through the project to ensure the impacts of the project the participants are documented.
- Consideration should also be given to the collection of well-being measures identified in this report to act as indicators to monitor how well the project performing.
- In future, the Mental Wellbeing Impact Assessment should be held in the venue where the project took place as this is familiar to people and they are more likely to attend.
- In view of the discussion between Big Chair Dance and the Asian Centre about organising an inter-generational performance- 'Big Chair, Little Chair', it is recommended that the local counsellors councillors, commissioner, senior staff from NHS Haringey.
- The key person responsible for culture in the local council and the Cultural strategy should also be indentified and invited. This is expected to increase awareness for the project and generate support from the authorities. The project director should also look to the Olympics for funding. Other funding streams such as Community for Health funding and Awards for All
- The 'Mayors Big Dance' are interested in featuring 'Big chair, Little Chair' as a central performance in next year's event. It is recommended that The Asian Centre is a standing resource and it was suggested that the panel visit the Asian Centre.

## **10. EVALUATION (THE BIG CHAIR DANCE AND THE MWIA WORKSHOPS)**

### **10.1 The Big Chair Project Feedback**

Twenty-two (22) participants responded to the evaluation forms of The Big Chair Project workshop and performance event, which was previously conducted. Below are the responses from the participants:

#### **Perception**



Overall, the participants gained confidence, acquired knowledge of artistic work, assertiveness skills, health benefits – *increased mobility*, social benefits – *social network, friendship*, experienced sense of value – *recognition and respect*. In general participants found the workshops and the performance event informative and inspiring.

When asked to describe their experience in relation to the workshop, 78% of the participants rated the dance teaching as '*Excellent*'

The Big Chair project has changed the perception of the participants on dancing and its impact on their health. During the workshop, participants were asked how dancing make the feel. The majority replied saying - *happy, excited, energised, relaxed, stronger, more confident*. Eighty –four percent (84%) of the participants believed that dancing has had positive effects on their health.

Therefore, the workshop and the performance event was an eye-opener and thought stimulating and it enabled them to explore other means for achieving happiness, well-being and lead to positively entrenched views that older people as well as young people can gain a lot from dancing and thus, has contributed in broadening their understanding of their mental well-being.

### **Relevancy**

The majority of the participants are 65 years plus old and their attendance on both, the workshop and the performance event indicate the relevancy of the project.

### **Expectations**

Participants confirmed the workshop and performance event was helpful in retaining both their physical and mental well-being and spoke about feeling 'more fit and more confident', and '*able to move better and climb stairs*'. Participants expressed their wish to see similar programmes in future

When participants asked if they would like to be involved in other dance event, they replied "78% YES " vehemently.

### **Participants Comments**

"I enjoyed the chair exercise"

"Hope we had this type of programme every year"

"All of the dance, great for the strengthening of body, mind and spirit"

"We feel ourselves very much wanted"

## **10.2 Comments about MWIA Workshop**



Due to the small number of participants the workshop was ended with a closing round and participants stating how they found the workshop:

- 'I found it really valuable to take a whole day to discuss the project and be challenged on different aspects constructively' –Project Manager
- 'Thank you for doing this assessment I have learned a lot by participating'. Centre Manager.
- 'I am frustrated that more participants didn't come –maybe holding it in Asian Centre where people are familiar would be better'

## **11. APPENDICES**

### **APPENDIX ONE**

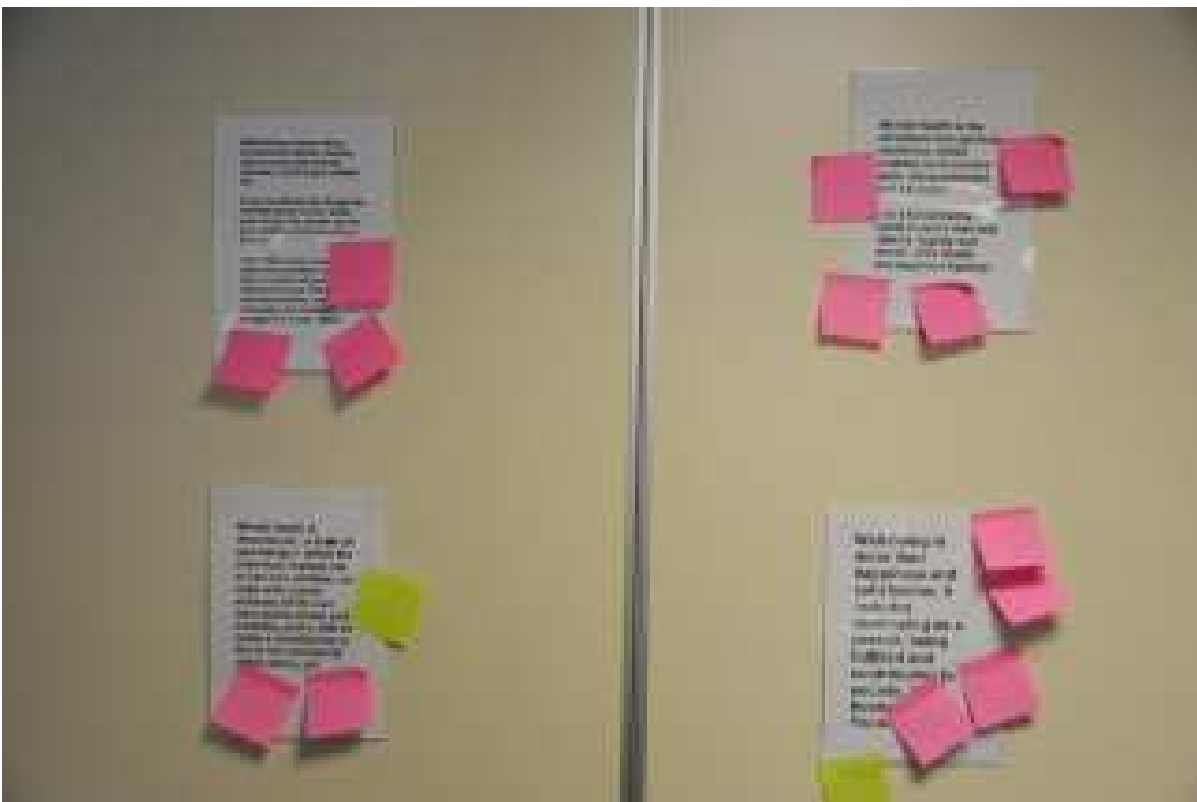
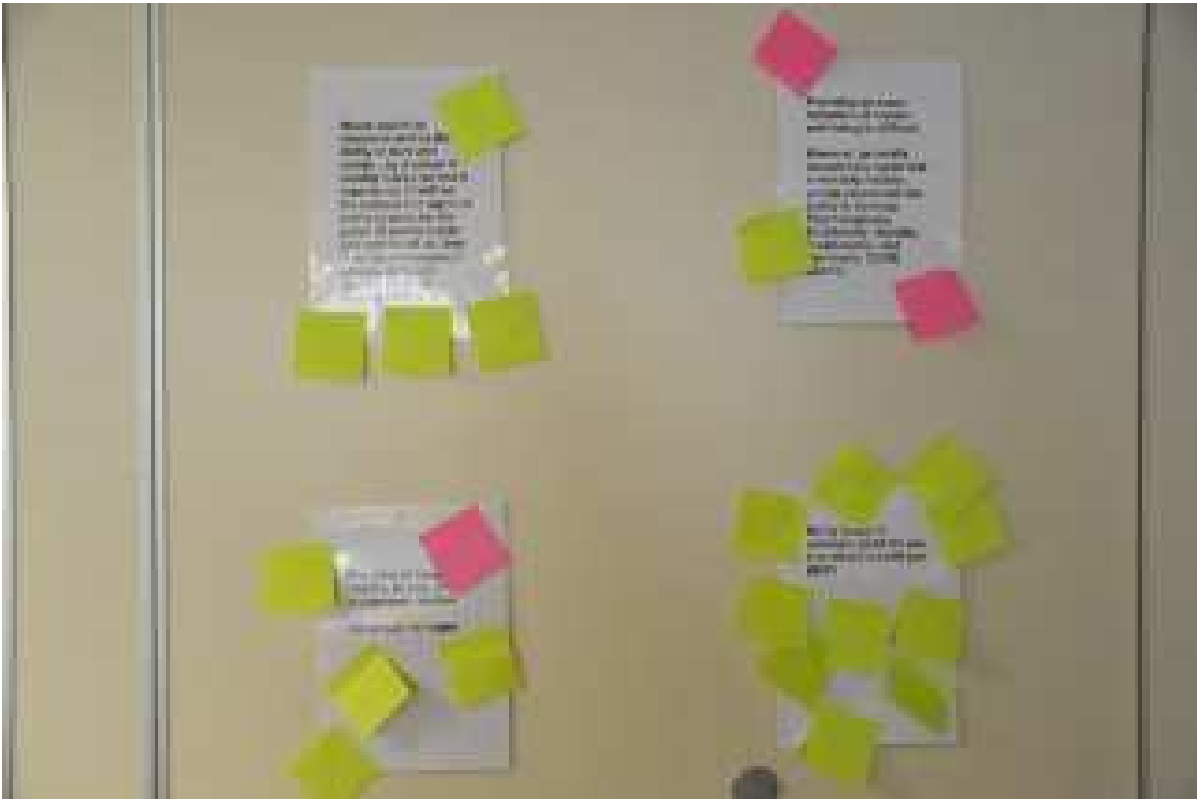
#### **Clips from the MWIA Workshop**













## 11. REFERENCES

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- <sup>1</sup> NHS Haringey. Haringey Health Report 2006.
- <sup>2</sup> Huxley, P. *Arts on prescription: An evaluation*. Stockport: Stockport Healthcare NHS Trust. 1997
- <sup>3</sup> Callard, F. and Friedli, L. Imagine East Greenwich: Evaluating the impact of the arts on health and wellbeing. *Journal of Public Mental Health* 2005 4(4): 29–41.
- <sup>4</sup> Tyldesley, R. and Rigby, T. *The Arts on Prescription Postnatal Depression Support Service: An evaluation of a twelve week pilot*. Stockport: Stockport PCT. 2003.
- <sup>5</sup> Health Education Authority. *Art for health: A review of good practice in community based arts projects and interventions which impact on health and wellbeing*. London: Health Education Authority 1999

