

# Implementing creative psychotherapy in primary mental health services

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<b>Registration date</b> 01/06/2024	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 06/02/2026	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

The aim of this study is to explore whether it is viable to use Arts for the Blues in mental health services. This will include trying to measure if it works for people.

Arts for the Blues is a manualised group psychotherapy which utilises best practices from Cognitive Behavioural Therapy (CBT), counselling for depression, psychodynamic psychotherapy and arts psychotherapies. Ongoing research suggests Arts for the Blues is a useful group intervention, however further evaluation of the model is needed in adult services.

The evidence for Arts for the Blues for adults for depression has been established in the context of the charity MIND but the study had a small sample size. In this study we aim to translate the findings from MIND to the NHS context in order to build our evidence base and also to see whether this intervention could be implemented in the NHS setting in the future.

### Who can participate?

Adults over 18 years, with depression or symptoms of depression, a Manchester-based GP, and willing to take part in the study.

### What does the study involve?

Arts for the Blues is a 12-week creative psychotherapy that includes creative methods such as, drawing, writing and movement as well as talking. Artistic abilities are not required as the psychotherapy is based on individual expression and creativity. Arts for the Blues has been developed as there is evidence that creative therapies can be effective in improving mental health and well-being, however access to these therapies are limited within the NHS.

Each session lasts 90 minutes.

Arts for the Blues is a collaborative research project between Edge Hill University, University of Salford and Greater Manchester Mental Health NHS Foundation Trust and includes academics, psychological therapists and artists. People with lived experience have also been involved in developing the study.

### What are the possible benefits and risks of participating?

#### BENEFITS:

The intervention is intended to be a positive experience for participants. Participants will work with their own personal goals and will have the opportunity, in a safe and non-judgemental

space, to work creatively with their goals using a structured approach. This is likely to help them deepen their understanding of their needs and feelings and find some way forward for themselves. They will have a chance to work on a personal level which is likely to have a positive impact on their self-esteem.

It is possible that if creative approaches such as creative writing, music, art and dance are used in conjunction with forms of psychotherapy such as counselling that this will benefit people struggling with depression. Furthermore, we expect that collaborative work between artists and therapists will have the potential to enrich and deepen both fields and do so within psychologically-sound frames. Further research in this area could lead to an exploration of interdisciplinary work that will advance the understanding of the respective fields and will open possibilities for new ways of looking at, and engaging with, the treatment of depression, especially for people who do not find available therapy options suitable for them.

#### RISKS:

##### Coercion:

Participants will be asked if they want to find out more or participate in the study in a way that closely approximates how they would normally be asked questions in clinical practice.

Participants will not be pressured to take part in this study and they will be reassured that their treatment and any future contact with the participating mental health services will not be affected by their decision. Similarly, discussions about the study and the PIS will be provided in a way that is similar to what would normally happen in clinical practice. Clients receiving information will be free to listen/read it as they wish, will not be required to do so and they will not be pressured in any way. No financial or other inducements will be offered

##### Time:

The study requires a certain amount of time for the participants to attend the therapeutic sessions. The maximum time to participate in the study is 23 hours over a 6 month period. The timescales for the study will be fully explained to participants prior to recruitment and is outlined in the PIS so participants can decide whether this is acceptable to them.

##### Possible Distress of Participants:

The intervention is intended to be a positive experience. However, due to the nature of the study, it is possible that some amount of distress may be experienced by the participants.

Psychological therapies, while shown to be effective via a relief of symptoms, can sometimes cause distress for participants due to their reflective process.

Participants will be reassured that they don't have to do anything they don't want to do. They will also be asked to take care of themselves physically as the intervention involves some gentle movements. They will be invited to disclose any emotional or physical problems that might affect them in the Arts for the Blues meeting so the therapist can take these into account.

In the unlikely event that pre-existing distress is uncovered or unmet clinical need is identified, the therapists involved in the research are experienced, registered therapists and as such are able to recognise symptoms of distress and will respond accordingly. Participants who experience distress will be able to have a follow up meeting with the therapist. An appropriate referral may be considered within the appropriate mental health service or externally if necessary. Contact details for helplines and emergency organisations are also provided on the participant information sheet.

##### Where is the study run from?

Greater Manchester Mental Health NHS Trust/University of Salford (UK)

##### When is the study starting and how long is it expected to run for?

April 2023 to March 2026

Who is funding the study?  
Greater Manchester Mental Health NHS Trust (UK)

Who is the main contact?  
Dr Joanna Omylinska-Thurston, joanna.omylinskathurston@gmmh.nhs.uk

## Contact information

### Type(s)

Public, Scientific, Principal investigator

### Contact name

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## Additional identifiers

### Clinical Trials Information System (CTIS)

Nil known

### Integrated Research Application System (IRAS)

324474

### ClinicalTrials.gov (NCT)

Nil known

### Protocol serial number

IRAS 324474

## Study information

### Scientific Title

Feasibility study of implementation of an evidence-based creative group psychotherapy for depression (Arts for the Blues) into primary care mental health services

### Study objectives

This study aims to evaluate the feasibility of implementing the Arts for the Blues into primary care mental health services.

Research Questions:

1. How can the Arts for the Blues model be implemented into primary care mental health services?
2. How acceptable is the Arts for the Blues model within the services for the participants and therapists?
3. What is the impact of the Arts for the Blues model for participants on depression scores as well as anxiety, wellbeing, and quality of life?

## **Ethics approval required**

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## **Ethics approval(s)**

approved 19/03/2024, South East Scotland Research Ethics Committee 02 (2nd Floor, Waverley Gate 2-4 Waterloo Place, Edinburgh, EH1 3EG, United Kingdom; +44 7814 764 241; ruth.fraser4@nhslothian.scot.nhs.uk), ref: 24/SS/0011

## **Study design**

Mixed methods interventional non-randomized

## **Primary study design**

Interventional

## **Study type(s)**

Treatment

## **Health condition(s) or problem(s) studied**

Depression

## **Interventions**

Arts for the Blues is a manualised group psychotherapy which utilises best practices from Cognitive Behavioural Therapy (CBT), counselling for depression, psychodynamic psychotherapy and arts psychotherapies. The model offers a structured, evidence-based, group, short-term psychotherapy (Haslan et al., 2019). It follows a pluralistic approach to psychotherapy using creative methods and holds the therapeutic relationship at the heart of the work. There are eight key ingredients which are core components of the intervention model and are regarded as responsible for therapeutic change (Omylinska-Thurston et al., 2020). The model is offered over twelve 90-minute sessions and is comprised of eight key ingredients which are delivered through diverse forms of creative engagement such as visual arts, music, dance and movement, drama and creative writing. The eight key ingredients are as follows:

- Encouraging active engagement
- Learning skills
- Developing relationships
- Expressing emotions
- Processing at a deeper level
- Gaining understanding
- Experimenting with different ways of being
- Integrating useful material

The Intervention will be facilitated by psychotherapists trained in the Arts for the Blues model. It is expected that creative methods will support engagement, enable non-verbal opportunities for

recovery and contribute towards the attractiveness, acceptability and value of the Intervention. Ongoing research suggests Arts for the Blues is a useful group intervention, however further evaluation of the model is needed in adult services.

The total number of sessions:

- 1 assessment
- 12 sessions of the intervention
- 1 follow up

### **Intervention Type**

Behavioural

### **Primary outcome(s)**

1. Patient Health Questionnaire (PHQ-9) (Kroenke et al., 2001) - (collected pre and post intervention, weekly and 3 months post intervention).
2. Generalised Anxiety Disorder assessment (GAD-7) (Spitzer et al., 2006) - (collected pre and post intervention, weekly and 3 months post intervention).
3. Work and Social Adjustment Scale (WSAS) (Mundt et al., 2002) - (collected pre and post intervention, weekly and three months post intervention).
4. WHO's Five Well-Being Index (WHO-5) (Topp et al., 2013) – (collected pre and post intervention and 3 months post intervention).
5. Goal Based Outcomes (GBO) (Law & Jacob, 2013) – (collected pre and post intervention, midway (in week 6 of the intervention) and 3 months post intervention).
6. Group Session Rating Scale (GSRs) (Quirk et al., 2013) – (Collected weekly).

### **Key secondary outcome(s)**

Qualitative data will be collected post-intervention and will be subjected to thematic analysis (Clarke & Braun, 2013). Qualitative data will be collected using:

- Evaluation forms completed by participants
- Adherence forms completed by therapists
- Focus groups – Online or in-person. Facilitated by a member of the research team or therapist and will be audibly recorded

Adherence Forms will be completed by the Arts for the Blues therapist which comprise of quantitative and quantitative data. The Adherence Form requires the therapist to evaluate the Arts for the Blues model each week using numerical scales with space for additional comments on the Arts for the Blues model.

### **Completion date**

31/03/2026

## **Eligibility**

### **Key inclusion criteria**

1. Aged 18 years or over
2. Must have depression or symptoms of depression (assessed by PHQ9 >5)
3. Interested and willing to take part in group work
4. Interested and willing to take part in the creative interventions
5. Able to communicate in English at a basic level without the need for an interpreter

Added 02/08/2024:

6. Must have Manchester-based GP

**Participant type(s)**

Carer, Patient

**Healthy volunteers allowed**

No

**Age group**

Mixed

**Lower age limit**

18 years

**Upper age limit**

100 years

**Sex**

All

**Total final enrolment**

13

**Key exclusion criteria**

1. Too physically unwell to attend the intervention
2. Currently at risk of harming self and/or others
3. Regularly misusing alcohol or other illegal substances which would make engaging in the group difficult
4. Experiencing psychotic episodes which would make engaging in the group difficult
5. Severely psychologically distressed and/or who is presenting any condition which could interfere with regular attendance and participation, such as significant dissociation, severe social anxiety, paranoia, difficulties in comprehension, difficulties in emotional regulation, severe personality disorder, severe depression
6. Currently participating in other research

**Date of first enrolment**

01/07/2024

**Date of final enrolment**

31/01/2025

**Locations**

**Countries of recruitment**

United Kingdom

England

**Study participating centre**  
**Greater Manchester Mental Health NHS Foundation Trust**  
Prestwich Hospital  
Bury New Road  
Prestwich  
Manchester  
England  
M25 3BL

## Sponsor information

**Organisation**  
Greater Manchester Mental Health NHS Trust/University of Salford

## Funder(s)

**Funder type**  
Hospital/treatment centre

**Funder Name**  
Greater Manchester Mental Health NHS Foundation Trust

## Results and Publications

**Individual participant data (IPD) sharing plan**  
All data generated or analysed during this study will be included in the subsequent results publication

**IPD sharing plan summary**  
Published as a supplement to the results publication

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Participant information sheet</a>	version 4.4	14/03/2024	29/05/2024	No	Yes
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Protocol file</a>	version 5	15/03/2024	30/05/2024	No	No