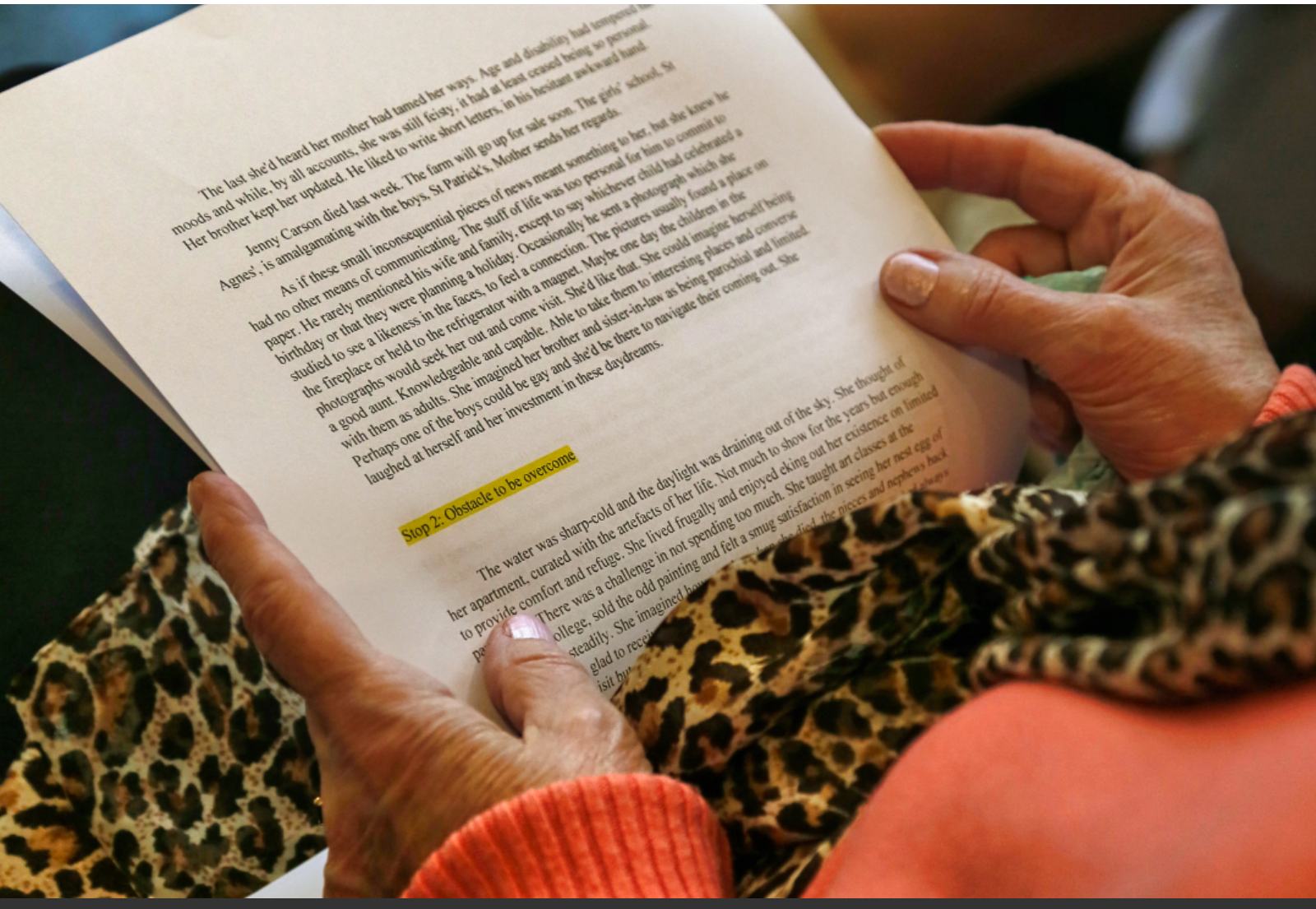
verbal
EVERY STORY MATTERS

arts council of Northern Ireland



Rural Engagement Arts Programme (REAP) Post-Project Report

Evaluating the Effectiveness of a 12-Week Shared Reading Programme to Improve Wellbeing in Rural Community Groups

Table of Contents

Executive Summary

This project was delivered by Verbal with support from the Arts Council of Northern Ireland. Verbal developed a 12-week Shared Reading programme designed to reduce loneliness and improve mental wellbeing for adults living in rural communities.

Northern Ireland is experiencing record-high rates of loneliness, particularly for older adults and those living in areas of high deprivation (NISRA, 2022). It is imperative to reduce loneliness due to its association with poor mental wellbeing and cognitive decline (Victor & Yang, 2012; Holt-Lunstaad et al., 2010). We aimed to reduce loneliness by delivering an arts-based community intervention encouraging group discussion and reflection. We targeted engagement with rural communities to overcome barriers to participation such as lack of access to transport.

Our Shared Reading intervention was delivered in 10 rural community groups across Northern Ireland over a six month period in 2023, reaching a total of 111 participants. Sessions were delivered by Community Champion Facilitators who received Shared Reading training.

Loneliness significantly reduced in 44% of participants after taking part in the programme. Over a third of participants reported feeling more connected to others.

Mental wellbeing also improved in half of participants. After taking part, over a third of participants felt closer to others, felt more relaxed, and felt more optimistic about the future. Improvements in mental wellbeing were found to be six times higher in the most deprived community in the programme.

We found a significant reduction in symptoms of cognitive decline after taking part. The programme helped participants with their critical thinking and problem-solving skills, and helped people to feel more interested in hobbies and activities.

This programme led to significant reductions in loneliness and cognitive decline, and helped half of participants to improve their mental wellbeing. These findings indicate that Shared Reading is an accessible and effective method of overcoming loneliness, improving mental wellbeing, and reducing symptoms of cognitive decline in rural community groups, reaching people directly within their community to improve their wellbeing and foster connections with others.

Introduction

One in five adults in Northern Ireland (NI) have experienced problems with their mental health, a rate that is 25% higher than Great Britain (Mental Health Foundation, 2022). Poor mental wellbeing in NI has been exacerbated in recent years by factors such as the COVID-19 pandemic and the cost of living crisis. The Wellbeing in Northern Ireland 2021/22 survey (NISRA, 2022) has identified its lowest life satisfaction scores and highest loneliness scores since the survey began, with particularly high loneliness scores observed in older age groups and areas of high deprivation.

It is imperative to reduce feelings of loneliness due to its association with negative mental health outcomes such as depression, anxiety and sleep problems (Victor & Yang, 2012; Beutel et al., 2017). Experiencing loneliness and social isolation has also been linked with cognitive impairments including cognitive decline and Alzheimer's disease in aging populations (Holt-Lunstaad et al., 2010; Luchetti et al., 2020).

An effective method of improving wellbeing is to deliver health-promoting interventions directly within community groups (Wallerstein & Duran, 2006; Robinson & Elliott, 2000). Interventions delivered within community groups, particularly those with social components such as group discussions, have been shown to improve mental health and wellness (Forsman et al., 2011).

Arts-based programmes that encourage group discussions can improve mental health and quality of life while reducing feelings of loneliness and social isolation (Vella-Burrows, 2016; Fancourt & Finn, 2019; Greaves & Farbus, 2006; Wikström, 2002). This is achieved through a number of factors such as fostering social connections and promoting tenets of positive psychology such as life satisfaction, a sense of purpose, autonomy, optimism, resilience, and self-esteem (Fredrickson & Losada, 2005; VanderWeele, 2017).

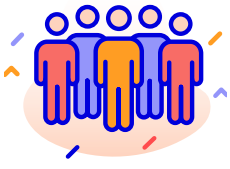
An additional benefit of delivering arts-based interventions within the community is the ability to reach people close to where they live. As loneliness scores were shown to be particularly high for those with no car access (NISRA, 2022), the programme can be delivered in local community centres within rural locations that would minimise the need for participants to travel.

The aim of this programme is to reduce feelings of loneliness and to improve mental wellbeing for those within rural communities. We would additionally like to explore whether arts-based interventions can reduce symptoms of cognitive decline by encouraging reflection, discussion and engagement.

Methods

The Programme

A 12-session intervention designed to improve mental wellbeing and reduce loneliness was delivered in 10 rural community groups across Northern Ireland:



Participating Groups

Flawsomes; Strabane Community Project; Rainbow Community Centre; Older People North West; 040 Cookstown; Strathfoyle Community Association; Castlederg Healthy Living Centre; Ederney Community Hub; Eglinton Carers Group; Eglinton Monday Club.

The Overcoming Loneliness Programme was designed to facilitate discussions surrounding the following topics related to loneliness and wellbeing:

Creating connections and building trust

Healthy communication and assertiveness

Understanding anxiety and mood management

Self-compassion and self-esteem

Being open to new experiences

Grief and relapse prevention

Shared Reading Model

Verbal's intervention for improving wellbeing and reducing loneliness was developed using Verbal's Shared Reading Model. This model is derived from Affective Bibliotherapy (Shechtman & Nir-Shfrir, 2008, Heath et al., 2005), a process involving the guided reading of literature combined with targeted discussions. Shared Reading fosters change and understanding in others by gently breaking through defence mechanisms to help develop insight (Shechtman & Nir-Shfrir, 2008). Stories act as an "intermediary object" between the person and their problems (Gray et al., 2016), offering a less direct but appropriate way of discussing their emotions and experiences in a safe and inclusive environment (Detrixhe, 2010).

Programme Development

A combination of poetry and stories was selected by Verbal's Literature Team to align with the mental health themes previously outlined. In the Shared Reading Model, discussions are guided by psychologically-informed annotations written by Verbal's Psychology Team to prompt personal and group growth, healing and understanding. These annotations are guided by key psychological frameworks, including Cognitive Behavioural Therapy to change unhealthy thoughts and behaviours, and Acceptance and Commitment Therapy to accept and/or change emotions and behaviours.

This programme was delivered in community groups by Community Champion Facilitators. Facilitators received training on how to deliver Shared Reading and delivered these sessions within their local communities.

The Programme

Participants completed a questionnaire before and after taking part in the intervention; these questionnaires contained the same psychological measures to allow direct comparison pre- and post-intervention. These measures are:

Warwick and Edinburgh Mental Wellbeing Scale – Short Form

This is a 7-item measure which uses positively-worded questions to assess mental wellbeing, including facets such as feeling hopeful, relaxed and connected to others (Stewart-Brown et al., 2009). High scores are indicative of participants feeling positive, hopeful and getting along with others.

De Jong Gierveld Loneliness Scale

This scale is designed to measure two separate components of loneliness: emotional isolation and social isolation (De Jong Gierveld & Van Tilburg, 2010). The scale was deliberately chosen for these subscales as while feelings of social isolation can change from the group aspect of the programme, emotional isolation could theoretically change through discussions with others. An overall loneliness score is calculated from these subscales, with low scores indicating positive socialisation and emotional connectedness to others.

AD8 Dementia Screening Interview

This is an 8-item measure designed to measure cognitive ability in relation to dementia symptoms (Galvin et al., 2005). Five questions from this measure were selected to measure signs of declining cognitive ability such as problems with memory and judgement. High scores are indicative of the participant struggling with cognitive difficulties.

Procedure

This programme was developed and delivered in rural community groups across a six month period in 2023. Participants completed the pre-programme questionnaire before the beginning of the first session.

Each session, participants would be read a story pertaining to themes of wellbeing and overcoming loneliness. Stories were selected by Verbal's Literature Team and structured breaks were implemented for discussions. The Psychology Team developed questions for these breaks that would encourage discussion and reflection on the theme. The programme was delivered in 12 sessions by Community Champion Facilitators, typically on a weekly basis where possible. Participants completed the post-intervention questionnaire at the end of the programme.

Data Analysis Strategy

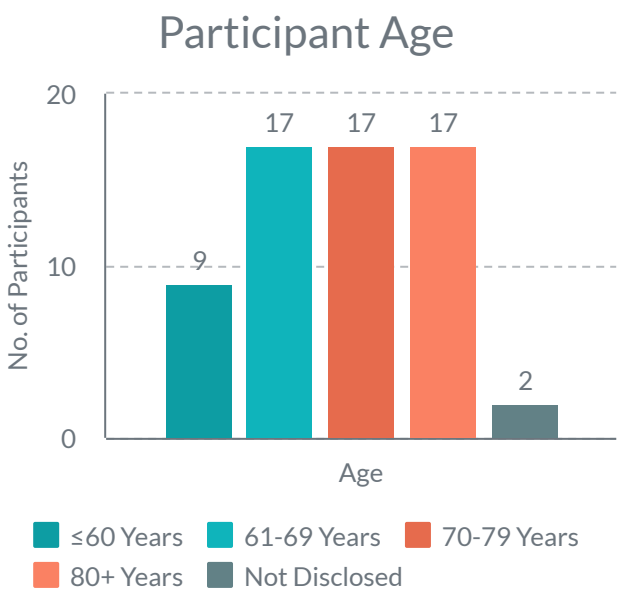
Quantitative data were entered, cleaned and statistically analysed by the Verbal Psychology Team using SPSS Version 29.

Descriptive statistics such as age, gender and area-level deprivation as measured by the Northern Ireland Multiple Deprivation Measure were explored. t-tests were used to explore whether scores on psychological measures significantly changed before and after taking part in the intervention. If data were identified as being non-parametric, Wilcoxon tests were conducted rather than t-tests. Analyses of Covariance (ANCOVAs) were then used to explore whether changes in scores pre- and post-intervention significantly differed by age, gender or deprivation.

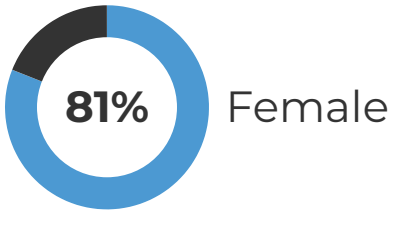
Statistical significance was explored when analysing data. Statistical significance refers to the probability that a finding happened due to a specific cause, most likely the result of the programme. In alignment with established guidelines, results were considered as statistically significant if $p<.05$. This means that we can be at least 95% sure that a finding was not due to chance or coincidence. Statistically significant findings in charts and graphs were denoted using an asterisk (*).

Results: Participant Overview

This intervention was delivered in **10 community groups**, reaching a total of **111 participants**. A consent form, a pre-programme questionnaire, and a post-programme questionnaire were available for 62 participants (56%).



Participants ranged between ages 38-92, with the majority of participants being aged 61 and above (mean age=72.08).



The majority of participants were female (81%). The remainder of participants identified as male (16%), identified as 'other' (1%), or chose not to disclose their gender (2%).

Results: Loneliness

Programme Results

Loneliness **significantly reduced** in participants after taking part in the programme (t=1.77, *p*=.041). We found that overall loneliness scores improved in **44% of participants,** with particular improvements seen for emotional isolation which reduced in **36% of participants.** After taking part, **31% of participants** felt less empty.

44%
Felt less lonely

36%
Felt more connected to others

31%
Felt less empty

Exploring Demographic Differences

Analyses explored whether age, gender or deprivation differences were apparent between the pre- and post-intervention questionnaires. We did not find any significant differences in findings by demographic factors.

Results: Mental Wellbeing

Programme Results

Mental wellbeing **improved in 50% of participants** after taking part in the programme. The programme led to **39% of participants** feeling closer to other people, helped **37% of participants** to feel more relaxed, and helped **34% of participants** feel more optimistic about the future.

50%
Improved their wellbeing

39%
Felt closer to others

37%
Felt more relaxed

34%
Felt more optimistic

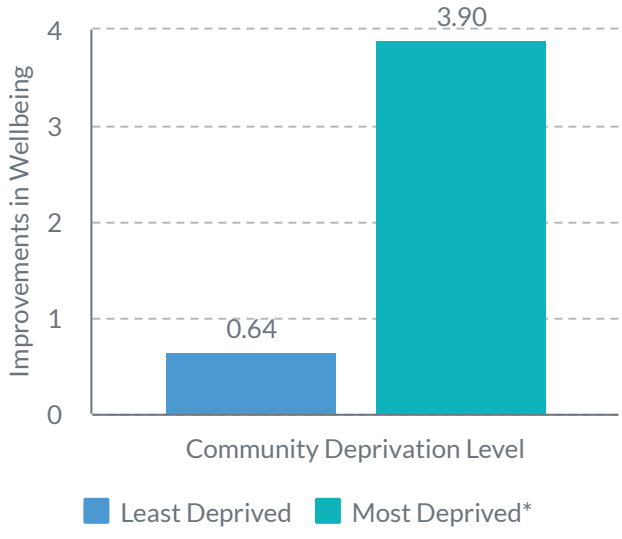
Exploring Demographic Differences

Analyses explored whether age, gender or deprivation differences were apparent between the pre- and post-intervention questionnaires.

We found that improvements in mental wellbeing significantly differed by deprivation (F=3.38, *p*.=011). When exploring this difference, we found that **improvements in mental wellbeing were highest in the most deprived communities**.

For example, we found that improvements in mental wellbeing in the most deprived community were **six times higher** than in the least deprived community taking part (Figure 1).

Figure 1



Results: Cognitive Ability

Programme Results

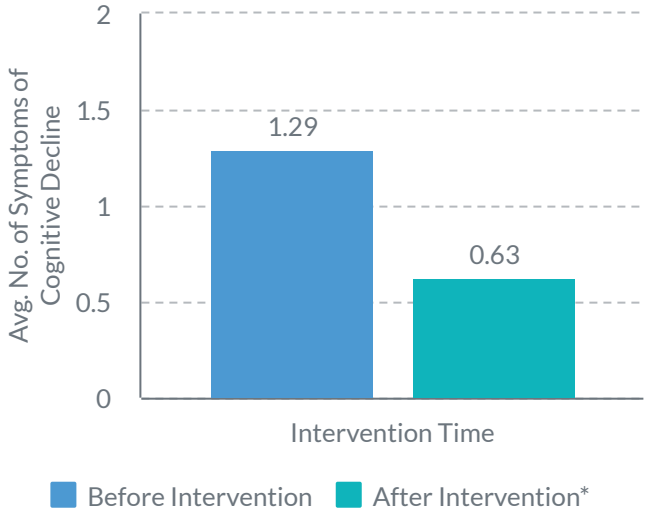
↑33%

Improved cognitive ability

Taking part in the programme led to a **significant reduction in symptoms of cognitive decline** (Z=2.92, *p*=.004).

We found that symptoms of cognitive decline **reduced in 33% of participants,** with the average number of symptoms **reducing by over half** (Figure 2).

Figure 2



When exploring improvements in individual symptoms, we found a **23% improvement** in critical thinking and problem-solving skills and a **19% improvement** in being interested in hobbies and activities. We did not identify demographic differences when exploring improvements and changes in symptoms.

↑23%

Improved critical thinking skills

↑19%

Felt more interested in hobbies

Discussion

In the context of record-high loneliness and poor wellbeing in NI, we designed and delivered a programme to improve mental wellbeing and reduce loneliness within community groups. Delivering this intervention in a rural community setting has the additional benefit of reaching people in their area and minimising barriers such as access to travel.

We found that loneliness significantly reduced in participants after taking part in the programme. Nearly half of those who took part felt less lonely, with over a third feeling more connected to others emotionally. Feeling closer to others may be attributed to the programme encouraging group discussion, leading to people sharing their story and listening to the experiences of others. The open exchange of stories has the potential to foster empathy and understanding as participants can understand the perspectives of others, identify with their hardships, and develop bonds through a shared experience.

We also found that mental wellbeing improved in half of participants. We observed particular improvements in feeling closer to others, feeling more relaxed, and feeling more optimistic about the future. These findings demonstrate that listening to stories is a relaxing experience for participants that helps them to create connections with others during discussion breaks.

Improvements in hope and optimism may be linked to our findings regarding cognitive decline: symptoms of cognitive decline significantly reduced after taking part. The programme led to improvements in critical thinking and problem-solving skills, and helped people to feel more interested in hobbies and activities. When designing the Overcoming Loneliness programme, we hoped to encourage participants to become open to new experiences as a way to overcome loneliness. The findings suggest that listening to a range of stories and the experiences of others encouraged participants to feel more excited by and open to new hobbies and activities, subsequently fostering a sense of optimism about future activities.

The Wellbeing in Northern Ireland 2021/22 survey (NISRA, 2022) found particularly high loneliness scores in older adults and within areas of high deprivation. Our programme primarily reached older adults within rural communities, demonstrating the positive impact that Shared Reading can have in helping older adults to feel closer to others. Our programme also has implications for fostering connections in areas of high deprivation: improvements in wellbeing were six times higher in the most deprived community compared to the least deprived. These findings support the benefits of community-based interventions in minimising barriers to wellbeing initiatives such as access to travel.

In conclusion, our findings indicate that Shared Reading is an effective tool for reducing loneliness, reducing cognitive decline, and improving wellbeing in rural communities, demonstrating the benefits of using arts-based interventions within communities to disrupt record-high rates of loneliness and poor wellbeing.

References

Beutel, M. E., Klein, E. M., Brähler, E., Reiner, I., Jünger, C., Michal, M., ... & Tibubos, A. N. (2017). Loneliness in the general population: prevalence, determinants and relations to mental health. *BMC Psychiatry, 17*(1), 1-7.

De Jong Gierveld, J., & Van Tilburg, T. (2010). The De Jong Gierveld short scales for emotional and social loneliness: tested on data from 7 countries in the UN generations and gender surveys. *European Journal of Ageing, 7*, 121-130.

Detrixhe, J. J. (2010). Souls in jeopardy: Questions and innovations for bibliotherapy with fiction. *The Journal of Humanistic Counseling, Education and Development, 49*(1), 58-72.

Fancourt, D., & Finn, S. (2019). What is the evidence on the role of the arts in improving health and well-being? A scoping review. *Health Evidence Network Synthesis Report, 67.*

Forsman, A. K., Nordmyr, J., & Wahlbeck, K. (2011). Psychosocial interventions for the promotion of mental health and the prevention of depression among older adults. *Health Promotion International, 26*, i85-i107.

Fredrickson, B. L., & Losada, M. F. (2005). Positive affect and the complex dynamics of human flourishing. *American Psychologist, 60*(7), 678.

Galvin, J. E., Roe, C. M., Powlishta, K. K., Coats, M. A., Muich, S. J., Grant, E., ... & Morris, J. C. (2005). The AD8: a brief informant interview to detect dementia. *Neurology, 65*(4), 559-564.

Gray, E., Kiemle, G., Davis, P., & Billington, J. (2016). Making sense of mental health difficulties through live reading: an interpretative phenomenological analysis of the experience of being in a Reader Group. *Arts & Health, 8*(3), 248-261.

Greaves, C. J., & Farbus, L. (2006). Effects of creative and social activity on the health and well-being of socially isolated older people: outcomes from a multi-method observational study. *The Journal of the Royal Society for the Promotion of Health, 126*(3), 134-142.

Heath, M. A., Sheen, D., Leavy, D., Young, E., & Money, K. (2005). Bibliotherapy: A resource to facilitate emotional healing and growth. *School Psychology International, 26*(5), 563-580.

Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: a meta-analytic review. *PLoS Medicine, 7*(7), e1000316.

Luchetti, M., Lee, J. H., Aschwanden, D., Sesker, A., Strickhouser, J. E., Terracciano, A., & Sutin, A. R. (2020). The trajectory of loneliness in response to COVID-19. *American Psychologist, 75*(7), 897.

Mental Health Foundation. (2022). Mental Health Foundation – Northern Ireland Manifesto 2022. Retrieved October 5, 2023 from https://www.mentalhealth.org.uk/explore-mental-health/publications/mental-health-foundation-northern-ireland-manifesto-2022

NISRA. (2022). Wellbeing in Northern Ireland, 2021/22. Retrieved October 5, 2023 from https://www.nisra.gov.uk/statistics/people-places-and-culture/wellbeing-northern-ireland

Robinson, K. L., & Elliott, S. J. (2000). The practice of community development approaches in heart health promotion. *Health Education Research, 15*(2), 219-231.

Shechtman, Z., & Nir–Shfrir, R. (2008). The effect of affective bibliotherapy on clients' functioning in group therapy. *International Journal of Group Psychotherapy, 58*(1), 103-117.

Stewart-Brown, S., Tennant, A., Tennant, R., Platt, S., Parkinson, J., & Weich, S. (2009). Internal construct validity of the Warwick-Edinburgh mental well-being scale (WEMWBS): a Rasch analysis using data from the Scottish health education population survey. *Health and Quality Life Outcomes, 1*(7), 1–8.

VanderWeele, T. J. (2017). On the promotion of human flourishing. *Proceedings of the National Academy of Sciences, 114*(31), 8148-8156.

Vella-Burrows, T. (2016). The arts and older people: a global perspective. *Oxford textbook of creative arts, health, and wellbeing: International perspectives on practice, policy, and research*, 235-244.

Victor, C. R., & Yang, K. (2012). The prevalence of loneliness among adults: a case study of the United Kingdom. *The Journal of Psychology, 146*(1-2), 85-104.

Wallerstein, N. B., & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice, 7*(3), 312-323.

Wikström, B. M. (2002). Social interaction associated with visual art discussions: A controlled intervention study. *Aging & Mental Health, 6*(1), 82-87.

Thank you

Contact Us

theverbal.co

info@theverbal.co