

Developing an Arts-Based Intervention to Promote Mental Health Among 'At Risk' Men: A Protocol

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Introduction



- Men in areas of social disadvantage are a vulnerable group to suicidal behaviour 
- Men are often reticent to engage in a formal mental health process. Using 'gender-specific' approaches (e.g. informal environments, activity-based, peer-led) has shown promise in engaging men around their mental health.
- Arts-based interventions utilise such informal & activity-based approaches and have a growing evidence base of mental health promotion. However, there is a dearth of interventions that specifically target men or use gender-specific approaches.

Aim & Study Design

- Aim:** Develop an arts-based intervention to promote mental health among 'at risk' men.
- Study Design:** Qualitative study informed by MRC guidance for developing complex interventions (Craig et al., 2008) & taxonomy of approaches to guide intervention development (O'Cathain et al., 2019).
- Participants:** (i) Men residing in areas of social disadvantage & who have engaged in art-making activities in a men's group; (ii) Service providers with a remit for working with men, art, and/or mental health.



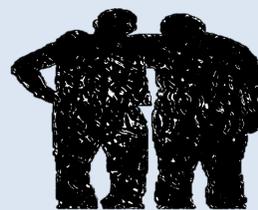
Stage 1- Identifying the Evidence Base

- Mixed methods systematic review: Effectiveness & acceptability of arts-based interventions to promote mental health among men
- Background literature review of suicide risk/protective factors & theories with a specific focus on men & best practice approaches of engaging men.



Stage 2- Understanding & Exploring Experiences

- Semi-structured interviews (n=12) with men in areas of social disadvantage to explore experiences of psychological distress & art-making.
- Focus groups (n=6) with men in areas of social disadvantage to explore experiences of engaging in men's groups & art-making.



Stage 3 – Co-Design of Intervention

- Six co-design workshops with one group from Stage 2 to develop intervention. Present evidence of Stage 1 & 2 and; decide on problem to address, generate solutions, components & features of intervention; and, make decisions about content, format & delivery.
- Interviews with service providers (n=6) to guide development process & inform on implementation practicalities & sustainability.
- Focus groups (n=5) with remaining groups from Stage 2 to assess acceptability & gain feedback. Refine & optimise intervention.

A logic model will be developed & refined as the study progresses 

Conclusion

- Stage 1 will provide a summary of international literature indicating the quality and strength of evidence in relation to the effectiveness of arts-based interventions to promote mental health among men.
- Stage 2 will provide in-depth knowledge of the mental health experiences of men in areas of social disadvantage and 'what work best' within the social context of this population.
- Stage 3 will provide a co-designed intervention that is tested for acceptability & implementation potential among men in areas of social disadvantage