



School of Hard Knocks QLD: Final Evaluation Report

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Executive Summary

This report presents findings from a one year longitudinal and multiple method evaluation of 56 participants who joined the first two activities organised by the SHK QLD: the choir and the creative writing group. Demographic characteristics of the participants as they joined the SHK confirmed that they were typically marginalised from the general community due to not being in the paid workforce, not being in personal (couple) relationships, and the majority experiencing chronic mental health and physical health conditions.

The results show substantial improvements in mental health indicators between joining the SHK groups (time 1) and three to six months later (time 2), and these gains were maintained at the one year assessment (time 3). Significant improvements were found in symptoms such as: increased energy, optimism, sense of closeness with others, ability to think clearly and make good decisions. Despite only modest decreases between time 1 and time 2 in the proportion of the sample that were admitted to hospital, or were taking medication for their mental health problem in the prior three months, 44% of participants perceived their mental health to have improved and ratings of life satisfaction had significantly increased.

In terms of physical health conditions, 15% reported that from time 1 to time 2 they had fewer visits to the General Practitioner in the three months prior and 46% considered that their physical health condition had improved.

The emotion study showed a significant boost in participants' feelings of pride, happiness, inspiration, determination and activation from the first hour after waking to the time they spent in the SHK group, with some dampening of positive emotions at the dinner time assessment. Negative emotions such as sadness, nervousness and irritability decreased significantly during the SHK activity, and further decreased by the dinner time assessment. Individuals who were more strongly identified with their SHK group experienced the greatest emotional benefits from the SHK activity.

The qualitative study provided rich data attesting to the importance of social bonding and capital that occurred when individuals regularly attended the SHK group, as well as identifying the barriers and challenges they faced in joining and attending. Participants described how SHK programs differed in important ways from formal mental health services in terms of their focus on individual strengths and less sense of stigma.

Taken together, the findings show that the SHK provides meaningful and enjoyable group activities that support participants' social connectedness, emotional state, and mental and physical health. The aims and outcomes of the SHK are therefore extremely well aligned with the National Framework on Recovery Oriented Mental Health services.

Background to the Evaluation Project

An estimated three million Australians (13.6% of the population) experience a chronic mental or behavioural condition [1]. The term chronic mental illness (CMI) typically includes such conditions as schizophrenia, bipolar disorder, recurrent depression, posttraumatic stress disorder, personality disorders and addiction.

Recommendations for the treatment of chronic mental illness in Australia and internationally focus on promoting social and vocational functioning [2, 3, 4]. Yet Australia's mental health system is falling short on delivering the integrated services needed to minimise acute symptoms and facilitate optimal social and occupational functioning for these individuals [5]. This is where community organisations play a crucial role.

The School of Hard Knocks (SHK) is a charitable organisation based in Melbourne, which aims to empower disadvantaged adults through the arts. The organisation recruits participants from community mental health, homeless, substance rehabilitation and disability organisations and provides a range of arts-based group activities such as choirs, musical theatre, and creative writing groups. The SHK commenced a QLD branch in October 2014 with funding from the QLD Government, and this project is an independent evaluation of the SHK QLD over the first year of its operation.

Aim and Research Questions

The four specific research aims are:

1. To evaluate the 12 month outcomes for participants of the School of Hard Knocks QLD
2. To understand the psychosocial processes through which positive outcomes are achieved
3. To understand the barriers and difficulties for those who discontinue their SHK membership in the first year
4. To obtain participants' perceptions of how this arts-based health approach to mental health and addiction recovery compares and contrasts with other hospital and community treatment approaches they have experienced.

Theoretical Framework

The project draws from two theoretical models. The first of these is the *recovery model of mental health* which has been adopted by the Australian national framework for recovery-oriented mental health services [6]. Representing a shift away from medical concepts such as diagnosis, symptoms, treatments and cure, the recovery model focuses on individuals gaining and retaining hope, with an understanding of their abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self. The recovery approach recognises that like all members of the community, people experiencing mental health issues desire sustaining relationships, meaningful occupation, and safety and respect in their lives.

The second theoretical model underpinning the project is the *social identity approach* [7, 8]. Social identification is where we meld our social group memberships into our self-concept. For example, my neighbour might describe herself as an Australian woman of Vietnamese background, who is a partner and mother of two children, part of a school community where she works as a teacher, and part of a group of friends who attend a Church together. Social identification is influenced by context, and mere contact with these various family, community and cultural groups does not imply a strong identification with the groups. It is only those groups and communities we identify strongly with (our “ingroups”) that provide us with the resources of support, attitudes, behavioural norms and purpose, and these result in improved self-esteem [9], wellbeing [10], and mental health [11].

Methodology

In this longitudinal project, we assessed participants’ social group memberships and identification with their new School of Hard Knocks (SHK) group as well as other groups, in relation to measures of their physical health, self-esteem, social support, perceived discrimination versus respect from members of the general community, mental health and wellbeing. We used mixed methods including participant interviews, social network mapping, and questionnaire scores at various time points during the participants’ first year in the SHK. The study protocol is shown in Table 1.

The choir is an ongoing group, so Time 2 was set at six months for these participants. The creative writing group is conducted in 10 weeks terms, and many participants continued for more than one term. Time 2 for these participants was set around three months. Time 3 was collected from as many choir participants as possible, regardless of whether they were continuing to attend rehearsals. Due to the term based structure of the creative writing groups, it was difficult to carry out 12 month follow ups with these participants. For this reason, most of the statistical analyses of change over time have been conducted on the T1 to T2 data (N = 47).

Table 1. Protocol of the School of Hard Knocks QLD Evaluation Study

MEASURE	Time 1 (Entry to SHK group)	Time 2 (3 or 6 months)	Time 3 (12Months)
Semi Structured Interview	✓		✓
Social Network Map	✓		✓
Questionnaire:			
• Social support	✓	✓	✓
• Social identity	✓	✓	✓
• Discrimination	✓	✓	✓
• Physical health measures	✓	✓	✓
• Mental health measures	✓	✓	✓
• Life satisfaction	✓	✓	✓

The Participants

School of Hard Knocks Participants

Demographic characteristics of the sample are presented in Table 2 for the full sample and separated into choir and creative writing groups. There were 56 participants in the SHK sample with even numbers (50%) of men and women, ranging from 25 to 67 years old ($M = 45$, $SD = 12$). The participants were recruited from the Choir ($N = 31$) and Creative Writing group ($N = 25$) only, because the SHK Street Beat (rhythmic basketball) group and the Musical Theatre group started later and involved individuals who were already attending the choir or creative writing group.

The majority identified as Caucasian Australian (86%), with small proportions identifying as Asian, Aboriginal / Torres Strait Islander or other ethnicity. Most were single (61%), with around a quarter separated or divorced, 9% married or cohabiting, and 7% in a relationship (not cohabiting). Forty-one percent had children. Education level varied widely, with some participants having only a primary school education (7%), and others continuing on to bachelor and higher degrees (22%). Most (93%) had not engaged in paid work in the past month. Over a third (39%) had a history of homelessness.

Control Choir Participants

A control choir was recruited for the purpose of comparison on the self-report measures. These were 28 adults (78% females) who participated weekly in a Brisbane community choir of a similar size as the SHK choir, led by the same musical director and singing a similar repertoire of songs. Their average age was a little higher ($M = 50.7$ years, $SD = 14.41$) and a larger proportion of this sample were in relationships (35.8%) and had children (67.9%) compared to the SHK sample. The education levels showed a similar pattern overall, although more of the control choir members had completed higher education (43%). Additionally, a larger proportion of this sample was in paid work either full time (39.3%) or part time / casual (14.3%). A minority (3.6%) of this sample had a history of homelessness.

Jane's Story

Jane is a 41-year-old woman suffering from adjustment disorder, anxiety, post-traumatic stress disorder, rheumatoid arthritis and an overactive thyroid condition. She describes herself as “a forgotten Australian”, with a traumatic childhood growing up in institutionalised care homes without any parents. She currently lives in community housing and joined the School of Hard Knocks writing group after finding a leaflet in her mailbox.

Working as the Editor of multiple online and magazine publications in her early life, Jane has recently completed a Bachelor's degree in communications. However, she found the transition into study very difficult having never finished Year 9 at school.

“...there's a big difference in knowledge if you've been to high school or if you haven't and then to go into Uni for further studies or the workplace. It's noticeable. It's hard to hide.” – Time 1

She was not exposed to creative writing in her work or life, however, but found acceptance and meaning in the group from the first few weeks of attendance, despite difficulties with anxiety in the group and toward writing in general.

“...in terms of meaning it's helped me explore topics I wouldn't have... It's almost a little bit of destiny I think” – Time 1

Jane has found the writing group to be an essential part of her life and something she looks forward to each week.

“Writing was my first introduction to getting out of my room for years after recovering from a combination of physical problems which led to agoraphobia... I make it last. It's like a natural high. I look forward to it from Tuesday on until the next Monday. If I could do this class every day I would.” – Time 2

She has found being part of the group has not only improved her writing ability, it has also improved her social connections and personal relationships.

“So I met a fellow from writing. We write together, we read together, we're reading a novel together, we read the newspapers and we compare literary pieces. It's very new, but we're getting on wonderfully ...” - Time 2

With the recent loss of her sister, Jane has found the skills she has learned through the writing group and the School of Hard Knocks has helped with her ability to cope with challenges.

“I wrote a song and sung at my sister's funeral. Normally I would love to do something like that, but emotionally I wouldn't have the capacity. I would just breakdown in tears... But I got through it” - Time 2

Despite this loss, however, she still looks forward to coming to the group and finds the group a space to not only build on her writing skills, but for her to explore her emotions, her life experiences, and engage with others in a safe environment.

Table 2. Demographic Characteristics of the SHK and Control Samples

	SHK TOTAL	SHK CHOIR	SHK WRITING	CONTROL CHOIR
N	56	31	25	28
Male	28	14	14	6
Female	28	17	11	22
Age Mean	45.29	47.19	42.92	50.70
SD	11.64	10.3	12.94	14.41
Ethnicity				
Caucasian Australian	85.7%	87%	84%	100%
Asian	3.6%	3%	4%	-
Aboriginal/TSI	3.6%	0%	8%	-
Other	3.6%	3%	4%	-
Children (yes)	41.1%	41.9%	40%	67.9%
Homelessness (yes)	39.3%	38.7%	40%	3.6%
Relationship status				
Single	60.7%	67.7%	52%	28.6%
Separated/divorced	23.2%	25.8%	20%	25%
In a relationship/not living together	7.1%	3.2%	12%	3.6%
Married	5.4%	3.2%	8%	28.6%
Defacto	3.6%	28.6%	8%	3.6%
Widowed	0%	0%	0%	7.1%
Education				
Primary school	7.1%	12.9%	0%	7.1%
Secondary school	23.2%	19.4%	28%	32.1%
TAFE/Trade qualification	28.6%	29%	28%	0%
Diploma	16.1%	16.1%	16.1%	17.9%
Bachelor's degree	17.9%	12.9%	24%	28.6%
Higher degree (masters/ PhD)	3.6%	3.2%	4%	14.3%
Income source				
Centrelink/pension	85.7%	77.4%	96%	14%
Casual employment	7.1%	12.9%	0%	10.7%
Part time employment	0%	0%	0%	3.6%
Full time employment	0%	0%	0%	39.3%
Retired	1.8%	3.2%	0%	14.3%
Other	5.4%	6.5%	4%	17.9%

Physical Health at Entry to the Project

As shown in Table 3, more than half (57%) of the SHK participants reported a diagnosed health condition, 43% were taking prescribed medication for their health condition, and nearly a third said that their health condition had interfered with their usual activities in the previous three months. Most (88%) had visited their General Practitioner in that previous three months, and the average number of visits was 3.28.

The control sample had a lower proportion of participants (39%) with a diagnosed health condition, and fewer taking medication for this. Although two thirds had visited their GP in the previous three months, their use of health services was lighter, with an average of 1.94 visits to the GP.

Only a minority of either sample reported drinking four or more times a week, or engaging in binge drinking (6+ drinks on one occasion) at least monthly. The substance use figures for the SHK are likely to be an underestimate of the true numbers with substance use problems because some participants were in residential drug and alcohol rehabilitation at the time of their participation in the project, so they were required to be abstinent as a condition of their rehabilitation. Around 20% of the SHK sample smoked daily (compared to none in the control choir). Fewer than 5% of the SHK reported using drugs other than alcohol or tobacco (none in the control choir).

Participants' satisfaction with their physical health (on a scale from 1 = not at all satisfied to 10 = completely satisfied) was just above the mid-point ($M = 5.80$, $SD = 2.4$) indicating that they wanted to see some improvement in their physical health. Despite this, a majority (80%) of SHK participants were engaged in weekly exercise activities, an average of 4.4 times a week. This compared favourably with the proportion of the control sample (64%) who engaged in regular exercise, and their average of 2.8 episodes of exercise per week.



Melissa Gill directs the Choir at a performance at the State Library of QLD

Table 3. Health Indicators of the Participants at Entry to the Project

	SHK TOTAL	SHK Choir	SHK Writing	Control CHOIR
Visited a GP in past 3 months	87.5%	80.6%	96%	64.3%
Number of visits				
<i>Mean</i>	3.28			1.94
<i>SD</i>	2.46			1.39
Diagnosed physical health condition	57.1%	71%	40%	39.3%
Diabetes	7.1%	9.7%	4%	3.6%
Heart complications and HBP	16.1%	22.6%	8%	10.7%
Injury/Chronic Pain/Arthritis	28.6%	29%	28%	7.1%
Asthma	7.1%	12.9%	0%	3.6%
Taking medication for these conditions	42.9%	51.6%	32%	28.6%
Condition interfered with usual activities in the past 3 months	28.6%	29%	28%	10.7%
Exercise				
Engagement in weekly fitness activities	80.4%			64.3%
Times exercise weekly				
<i>Mean</i>	4.40			2.81
<i>SD</i>	2.84			2.84
Satisfaction with physical health scale of 1-10				
<i>Mean</i>	5.80			6.64
<i>SD</i>	2.41			2.00
Substance Use				
Drink 4 or more times a week	5.6%	3.2%	8%	10.7%
Drink 6 or more drinks on one occasion monthly or more	7.2%	3.2%	12%	10.7%
Smoking daily	19.6%	19.4%	20%	0%
Use of other drugs	3.6%	3.2%	4%	0%

Mental Health and Wellbeing at Entry to the Project

Table 4 presents measures of mental health and wellbeing for the SHK sample, separated into the choir and creative writing groups, and the control choir. Almost all of the SHK participants (89%) reported a current mental illness diagnosis, and the most common diagnoses were anxiety disorders, depression, substance use disorders, bipolar disorder and schizophrenia. Over half were taking medication for their mental health problem and around 12% had been hospitalised for this problem in the three months prior to joining the SHK. This compared with 21% of the control choir who experienced a mental health problem, reflecting the prevalence in the general population.

A substantial proportion (38%) reported that their mental health problem had interfered with their usual activities in the previous three months. Participants' ratings of satisfaction with their mental health on a scale of 1 = completely unsatisfied to 10 = completely satisfied averaged 6.32, which was a standard deviation lower than the average of 8.08 reported by the Control choir.



David Stavenger leads the creative writing group at Qld State Library

Table 4. Mental Health of the Participants at Entry to the Project

	SHK TOTAL	SHK Choir	SHK Writing	Control CHOIR
Diagnosed mental health conditions	89.3%	80.6%	100%	21.4%
Schizophrenia	21.4%	35.5%	4%	0%
Substance Abuse Disorder	26.8%	0%	60%	0%
Intellectual Disability	3.6%	6.5%	0%	0%
Acquired Brain Injury	1.8%	3.2%	0%	0%
PTSD	14.3%	9.7%	20%	3.6%
Other Anxiety Disorder	28.6%	25.8%	32%	3.6%
Bipolar Disorder	19.6%	6.5%	36%	0%
Depression	26.8%	35.5%	16%	14.3%
Dissociative Identity Disorder	3.6%	6.5%	0%	0%
Personality Disorder	5.4%	6.5%	4%	0%
Autism Spectrum Disorder	5.4%	9.7%	0%	0%
ADHD	7.1%	9.7%	4%	3.6%
Median no. of diagnosed mental health conditions	1	1	1	0
Taking medication for these conditions	58.9%	64.5%	52%	21.4%
Hospitalisation due to these conditions in the past 3 months	12.5%	12.9%	12%	3.6%
Number of hospital admissions				
<i>Mean</i>	8.00			0.95
<i>SD</i>	7.13			0.21
Mental health condition interfered with usual activities in the past 3 months	37.5%	29%	48%	7.1%
Satisfaction with mental health (1-10) <i>Mean</i>	6.32	5.83	6.92	8.08
<i>SD</i>	2.51	2.38	2.59	1.88

Results on Measures of Mental Health and Wellbeing

Analyses on Time 1 and Time 2 data from 47 SHK participants indicated highly significant improvements across a range of measures of mental health, life satisfaction, and self-esteem. These improvements were supported by modest decreases in the % of participants who had been admitted to hospital for their mental health issue in the past 3 months, the % taking medication and the % stating that mental health problems significantly impaired their usual activities (Figure 1).

Table 5. Change over Time on Measures of Mental Health and Wellbeing

Measure	Time 1	Time 2	F test	p
Warwick-Edinburgh Mental Wellbeing Scale	48.79	52.81	12.14	.001
Life Satisfaction (1-10 scale)	6.36	7.07	6.53	.014
Self-Esteem (1-7 Scale)	4.28	4.96	12.69	.001

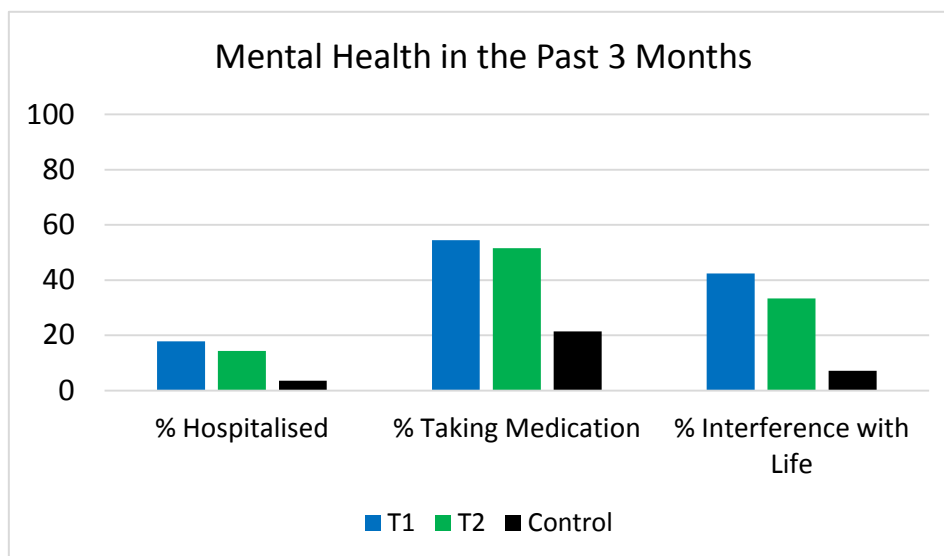
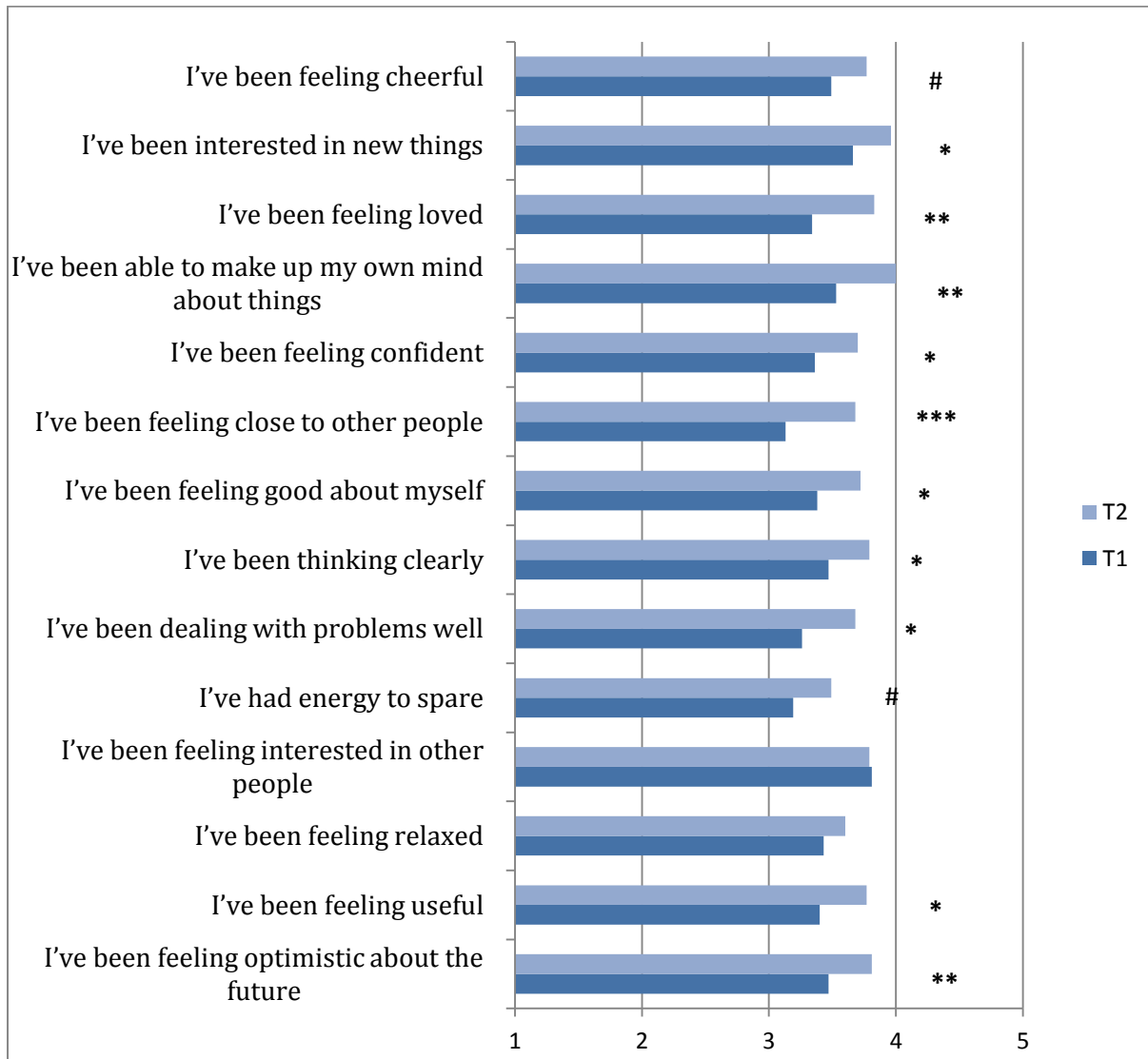


Figure 1. Changes from Time 1 to Time 2 in Mental Health measures in the SHK Sample compared with the Control Choir

Warwick Edinburgh Mental Wellbeing Scale Outcomes

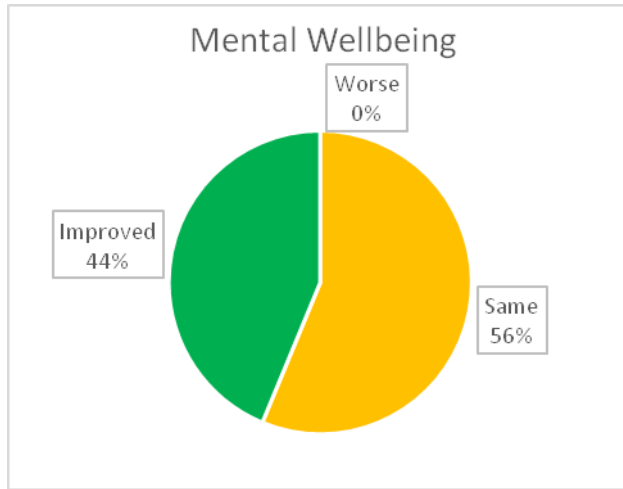


Significance: # = .10>p>.05; *p< .05; **p<.01; ***p<.001

Figure 2. Item means on the Warwick Edinburgh Mental Wellbeing Scale at Time 1 and Time 2 (N = 47)

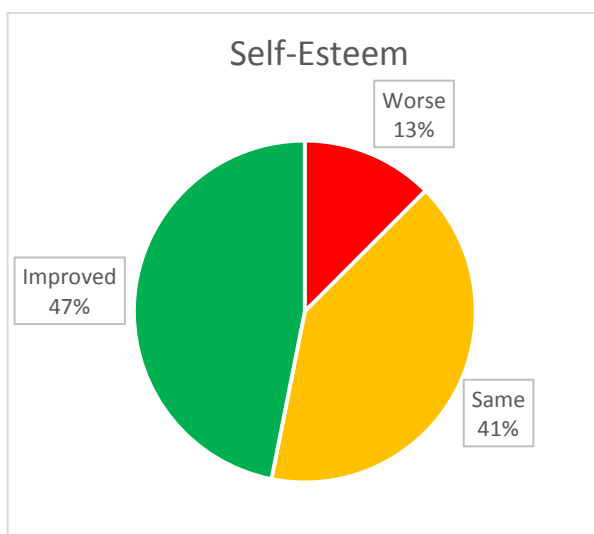
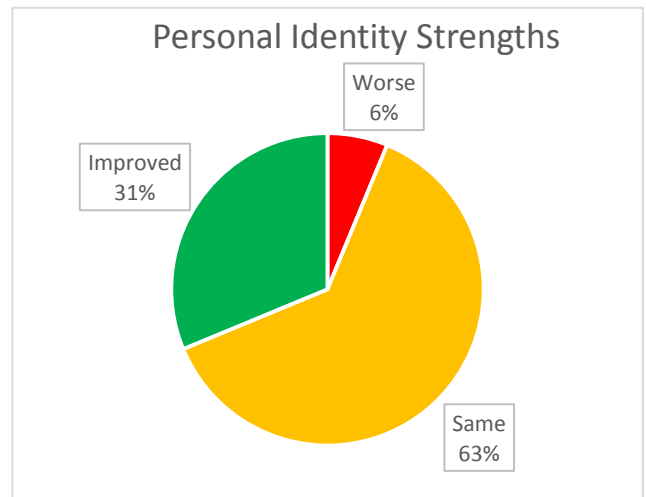
The items on the WEMWB scale show that participants improved across the board on aspects of mood, confidence, cognitive function and social function. The largest effect sizes were found for feeling close to other people (social inclusion), ability to make up own mind about things (agency), and optimism about the future. These outcomes are all aligned with the recovery approach to mental health.

Participants' Perceptions of Mental Health Change



Just under a half of the participants experienced an improvement in their mental wellbeing from Time 1 to Time 2 according to their scores on the Warwick-Edinburgh Mental Wellbeing scale, see 'Mental Wellbeing' graph to the left. This is a remarkable result considering that most were diagnosed with chronic mental health conditions that may have improved but were not resolved.

Similarly, almost a third improved on the personal identity strength scale since joining the School of Hard Knocks. This indicates that they developed a stronger sense of who they are as an individual. The majority did not change over time, see 'Personal Identity Strengths' graph.



Almost a half of the sample scored their self-esteem higher at Time 2 than Time 1, see 'Self-Esteem' graph.

Results for Measures of Physical Health

Participants were also asked about their physical health status at the Time 2 interview. There were decreases in the proportion of the sample that had been hospitalised for their physical health problem in the previous three months, and in the proportion taking medication for this health problem. However, there was no particular improvement in the amount of interference the physical health problem had on participants' usual activities – see Figure 3. At Time 1, the SHK sample mean on satisfaction with physical health was 5.773 out of 10, and at Time 2 it had increased to 6.598. This was a statistically significant improvement, $t(32) = 2.336, p = .026$.

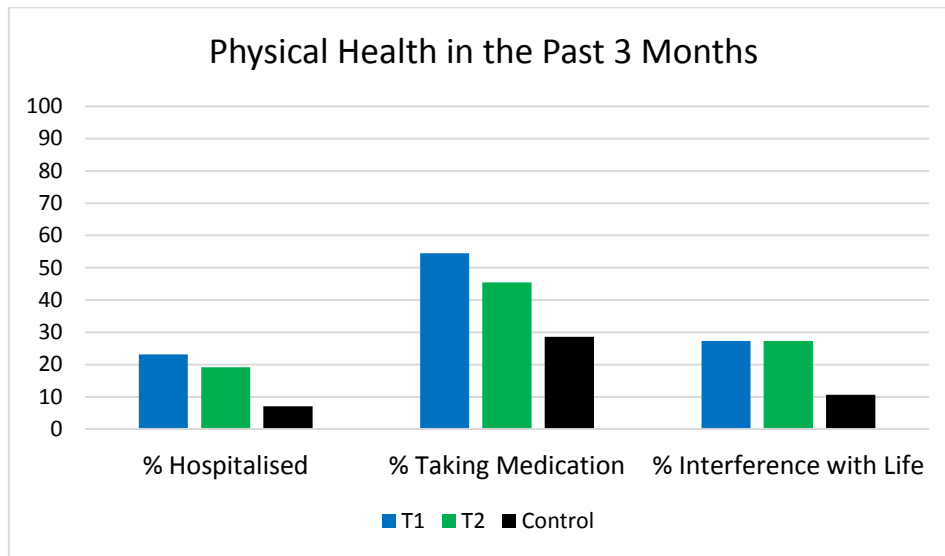
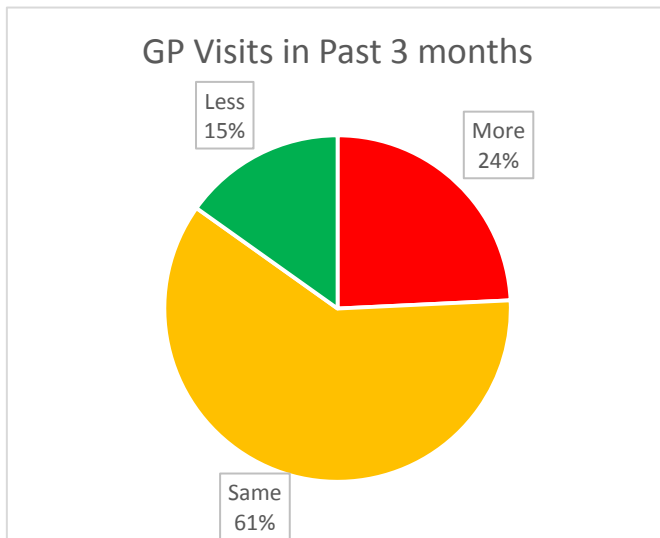


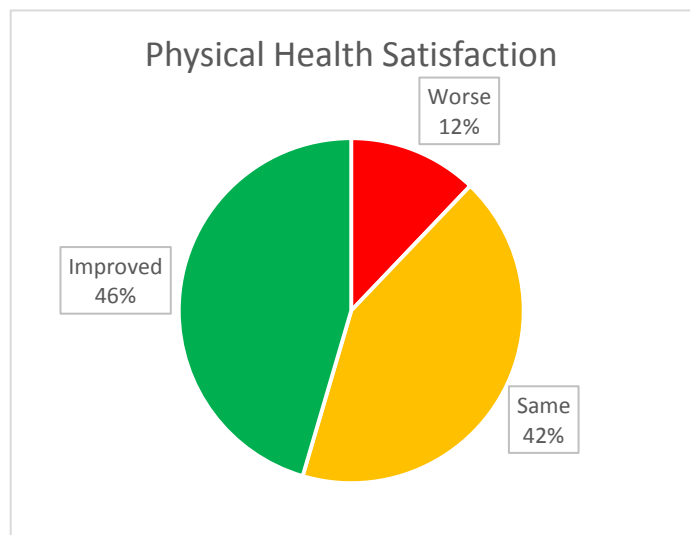
Figure 3. Changes from Time 1 to Time 2 in Physical Health measures in the SHK Sample compared with the Control Choir

Participants' Perceptions of Physical Health Change



Some participants reported that they'd visited their GP more often in the past 3 months at Time 2 compared to Time 1, others reported fewer visits, and the majority said it was the same frequency.

Despite the fact that they may still have experienced a chronic health condition and be visiting the GP and taking medication for this, almost a half of the participants perceived that their physical health had improved over time.



Mary's Story

Mary is a 62 year old woman who has been diagnosed with schizophrenia, depression and Asperger's. She also experiences physical pain from two spinal injuries and osteoarthritis. Previously she was married and had children; however, she now has no contact with her family. Throughout her life making friends and socialising has not come easily to Mary.

"I suffer from Asperger's syndrome and that holds me back in a lot of ways. It takes me a while to get used to people and to be able to talk...when I first joined I felt totally separated from everything." – Time 1

She joined the *School of Hard Knocks* following a recent admission to hospital. After leaving hospital she was connected with an occupational therapist from an organisation called *Transitional Housing Team* who introduced Mary to the *School of Hard Knocks*. Being a part of the choir has meant a lot to Mary. She enjoys feeling a part of the group and improving her singing.

"I think that there is a togetherness in the group and we have fun together... you learn to harmonise and join in." – Time 1

Performing as a part of the group has been a challenge for her, however, she has felt supported through the process and has enjoyed taking part in performances.

"I've enjoyed when we've had a gig and it's been a challenge getting up on the stage and singing with other people and knowing that they're enjoying themselves like I am."

She reports looking forward to the group each week and anticipating to "feel good" during the rehearsals. Moreover, the music she sings in the choir helps her to reflect on her life.

"Que sera says, "That's okay. Let it be, let it be," and that's what I'm finding in my life now that I have to let things be." – Time 1

Although she has struggled to expand her social circle beyond mental health support groups, she perceives these groups as very important to her and as providing a lot of social support. According to another member's interview, Mary was invited to spend Christmas day with other members of the choir. Overall, she feels that the *School of Hard Knocks* has contributed to her maintaining her mental health, and she has not been re-admitted into hospital.

"When you're under treatment and that sort of thing and things aren't going well you feel down, you feel depressed, whereas this keeps me on an even keel." – Time 2

How do the School of Hard Knocks Activities improve Mental Health?

According to Social Identity theory, joining a new group that participants feel a sense of belonging to and identification with provides them with numerous psychological resources. Group identification was measured here by averaging across the following four items on a scale from 1 (disagree completely) to 7 (agree completely):

- *I see myself as a member of the group*
- *I am pleased to be a member of the group*
- *I feel strong ties with members of the group*
- *I identify with members of the group*

Figure 4 shows that group identification was very high right from the beginning of the year, and continued to stay high across the year. Although these values increased, because of the small numbers with data at all three time points, this change was not statistically significant. By Time 3, the mean values from SHK group participants were similar to the high values rated by members of the Control choir, who had been rehearsing together for some years.

As expected, individuals also experienced moderate to high levels of social support from within the group. This was measured by an average of the following items on a scale from 1 (disagree completely) to 7 (agree completely):

- *I get the emotional support I need from other group members*
- *I get the practical help I need from other group members*
- *I get the advice I need from other group members*

There was no significant change in social support over time, however social support was generally quite high and stayed high (see means in Figure 4).

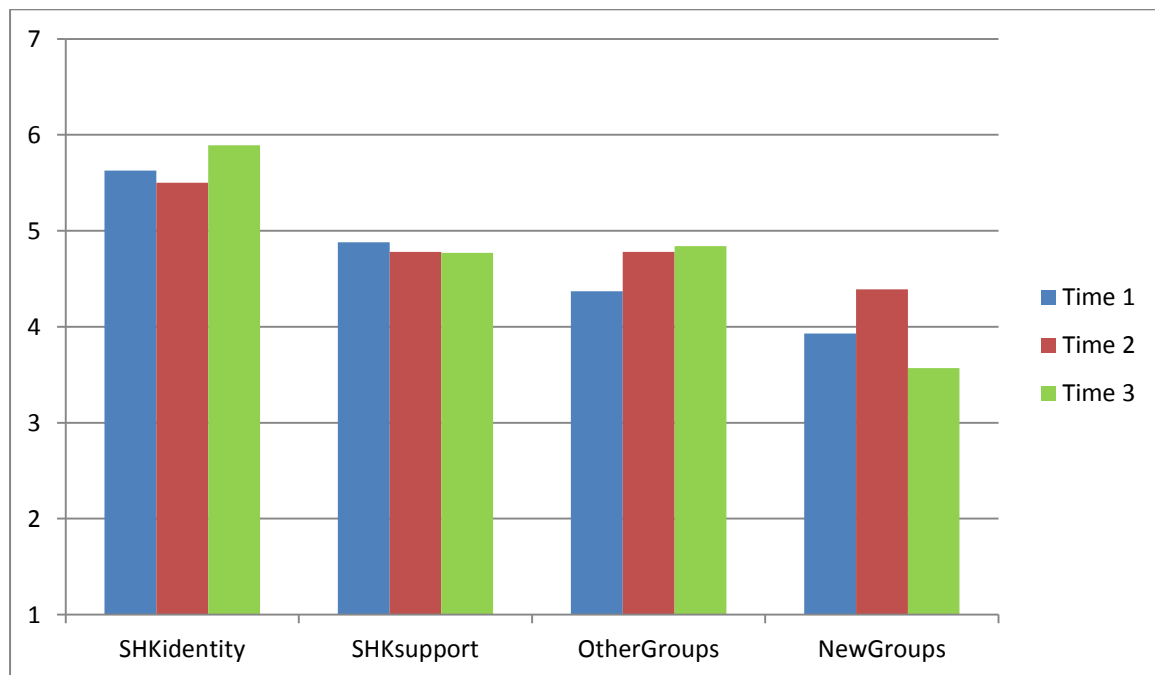


Figure 4. Identification and support from SHK Group and Other Groups

Multiple Group Memberships – Existing and New

Participants' social capital was measured in terms of their membership of multiple social groups. Existing group membership uses the mean of the following items on a scale from 1(disagree completely) to 7(agree completely):

- *In addition to this group, I am a member of lots of different groups*
- *In addition to this group, I am active in lots of different groups*
- *I have friends in lots of different groups*

New group memberships were measured with the items:

- *In addition to this SHK group, I have joined one or more new groups*
- *In addition to this SHK group, I am active in one or more new groups*
- *In addition to this SHK group, I have become friends with people in one or more new groups*

Sample means in Figure 4 indicate that there was an increase in social capital during time 1 to time 3, however this was not statistically significant.



Richard Thayill leads the Street Beat rhythm basketball group at the Powerhouse Stores

Perceived Group Based Discrimination And Respect

Perceived group based discrimination was measured with an average of the three items:

- *I feel people look down on us (choir) members*
- *Others hold prejudice against people like us*
- *People like us face discrimination*

Perceived group based respect was measured with an average of three items:

- *People like us choir members are treated with respect*
- *People like us are generally given a fair go*
- *We're treated the same as everyone else*

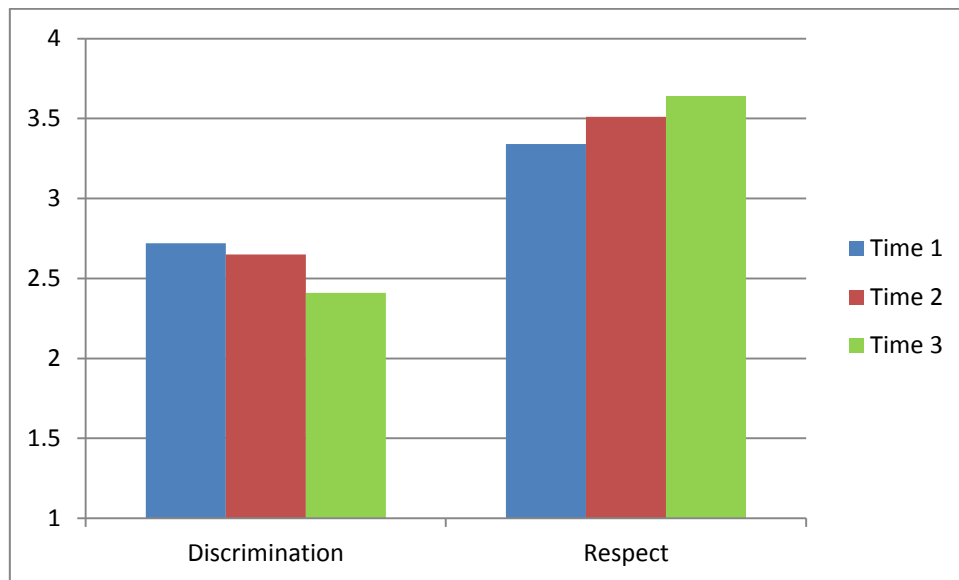


Figure 5. Perceived group based discrimination and respect in SHK participants

Sample means in Figure 5 indicate that perceived discrimination decreased across the year while perceived respect from others increased across the year. These changes were not statistically significant.

Interviews with Participants

In order to understand the detailed experience of individuals joining and participating in School of Hard Knocks groups, including those who were no longer participating at the follow up point, we conducted semi-structured interviews as they joined the group and again one year later (for choir members) or around six month later (creative writing group members). The interviews were transcribed verbatim and thematically analysed by the three authors and Renee Calligeros independently. We met several times to discuss and refine the themes, and produced the thematic map shown in Figure 6.

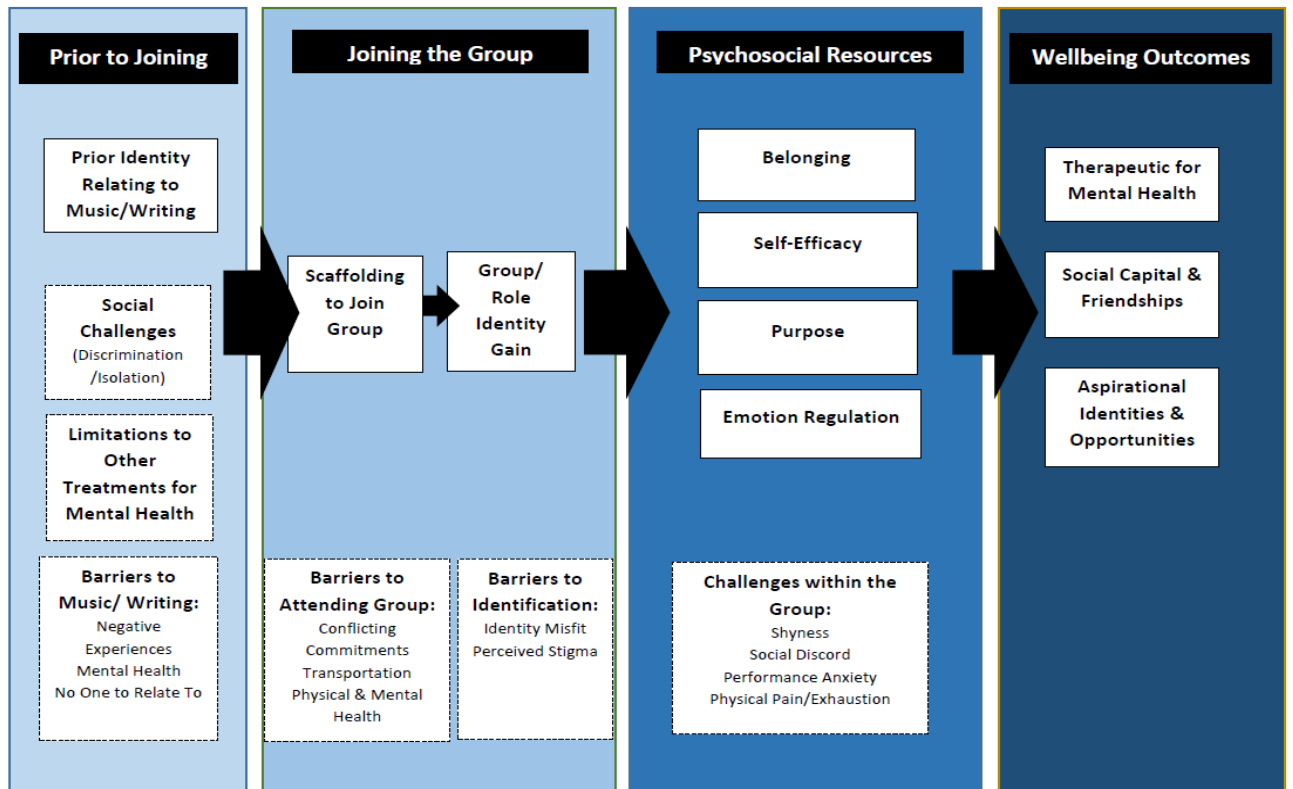


Figure 6. Themes arising from interviews with SHK participants

The coloured blocks indicate the process over time. The solid outline boxes indicate psychological constructs and resources offered by the group. The dotted outline boxes indicate difficulties and barriers that participants experienced along the way. The themes with example quotes from interviews are presented below.

Factors and Process of Joining

Prior Interest. The majority of participants from the choir and writing group expressed prior interest and participation in music, singing, writing or reading.

“It’s good to be doing something musical because most of my life, since I was a teenager, I’ve always been playing music. So I like that I’ve still got something musical in my life.” – Male, Choir Member, Time 1

“I haven’t really been reading heaps the last few years, but I’ve read heaps when I was younger. So it’s more of a reawakening” – Male, Writing Member, Time 1

Moreover, many of the participants had also experienced significant barriers to partaking in these activities prior to joining the group. Mental health problems were noted to cause disengagement with music or reading. Some participants had previously negative experiences such as being told that they are unable to sing, difficulty engaging in the educational system, or not knowing other people with the same interest.

“I stopped playing music altogether after I finished my uni degree and that has a lot to do with a trauma that occurred.” – Female, Choir Member, Time 1

“I didn’t finish Year 9 at school and I’m a forgotten Australian, which means I had a very disadvantaged childhood... I’m missing major parts of my basic training in sentence construction and phraseology.” – Female, Writing Member, Time 1

Mental Health and Social Challenges. The *School of Hard Knocks* organises groups for disadvantaged adults; therefore, many of the participants had experiences of mental health and social challenges. Limitations of other treatments for mental health were identified, in particular, that medication and hospitalisation provided no sense of purpose in their lives.

“The medication helps, but it’s not really therapeutic, as in psychologically. It balances the chemicals. But hospitalisation was like the worst possible thing that could happen to me. That didn’t help at all. That made me worse. Yeah, the School of Hard Knocks is really something to look forward to, get my mind working.” - Female, Writing Member, Time 2

However, there were others who perceived that the different treatments they were receiving were working collaboratively. Social challenges included experiencing discrimination based on their mental health, social isolation, and exposure to violence.

“When I first joined I felt totally separated from everything.” Female Choir Member, Time 1

“I guess there’s some moments where I feel stigmatised...Every day I’m nearly ready to jump off the edge of that bridge by the negative impact that I experience in society.” – Male, Choir Member, Time 2

Scaffolding. The majority of the participants were referred into the groups from mental health community organisations. For some participants a visit from the *School of Hard Knocks* organisers triggered their interest in joining the groups. Others received encouragement to join from support workers, family and friends, due to their known interest in music or writing.

“I’ve got a case manager, who is up on all the things that I’m interested in and she brought it up” – Male, Choir Member, Time 1

Despite encouragement to join the groups, some participants experienced practical barriers to attending the groups, for example, difficulties with transportation or physical health. Significant life changes, such as starting a new job, study, or moving further away were common reasons that people quit the groups.

“One difficulty is getting to and from the course. Sometimes I haven’t been able to come because I have a low income and I don’t always have the bus money.” – Female, Writing Member, Time 2

Group Identification. Participants overwhelmingly reported feeling a part of the groups that they had joined. They demonstrated a positive identification with the group, which for some participants signified a change from isolating, hostile environments.

“I’m becoming part of a group...like part of a family, relaxed” – Male Choir Member, Time 1

However, some participants indicated some conflict with their new identity, for example, having limited interest in the activity, feeling socially out-of-place, not liking chosen songs or perceived stigma toward the group. In some instances, this was a transitory issue, however, for others it led to them leaving the group.

“It just didn’t really fit me anymore and I was not even myself there.” – Female, Choir Drop Out

“the fact that it’s called the Choir of Hard Knocks. It’s like, “Well why are you in it then?” and I don’t want to answer that question.” – Female, Choir Member, Time 1

Psychosocial Resources

Belonging. The most striking benefit that participants reported was a strong sense of acceptance and belonging. Participants felt that the groups were welcoming and safe, though many participants took time to overcome their initial shyness. The sense of acceptance led to exchanges of social support such as encouragement, constructive feedback, humour, and discussing personal problems. Having said this, social discord developed between a few members of the groups.

“It’s about acceptance, accepting everybody and this is everybody’s little idiosyncrasies” – Female, Choir Member, Time 1

“We’re all working together, we’re all giving each other feedback, encouraging each other, being supportive.” – Male, Writing Member, Time 2

Self-Efficacy. Participating in the groups provided the opportunity to learn new skills. Many of the participants reported a sense of greater confidence in their abilities.

“My self-esteem and my confidence has gone through the roof compared to where I was.” – Male, Writing Member, Time 1

Confidence was, in part, developed through opportunities to share their work. The choir participated in regular performances, while the writing group read out their writing to the group. Participants from both groups reported experiences of performance anxiety, but also the enjoyment they experienced in performing and receiving positive feedback.

“I love performing...It means that I come alive.” – Female, Choir Member, Time 2

“Last week I read this parody and people were laughing so I felt they appreciated my work” – Male, Writing Member, Time 2

A sense of achievement was developed from completing writing tasks, participating in performances and by simply attending the groups. A few participants also noted that they found the groups were cognitively stimulating, exercising their memory, and developing their creativity.

"I think at the end of it it's like a good mental workout." – Female, Choir Member, Time 1

Purpose. The groups provided access to a meaningful activity which developed a sense of purpose in life. It gave a reason to get out of bed and leave the house, as one choir member stated, "It gives you somewhere to go". The meaningfulness of the activities is demonstrated in participants' motivation to consistently attend the groups and to practice tasks at home. Challenges relating to physical pain or exhaustion have been endured by participants to avoid the disappointment of not attending the group.

"The singing activity is what I like because I don't have much outlet to vent my creativity. I've got nothing. The choir actually adds a very strong dimension to my life." – Male, Choir Member, Time 1

"it's a huge part of me feeling like a part of something and that my life's worth something. I'm doing the right things that I need to do so I don't fall back into those old patterns." – Male, Writing Member, Time 1

Emotion Regulation. All the participants expressed their enjoyment in the activities. Singing was described as uplifting to their emotions, while creative writing was noted as an enjoyable process to engage in.

"I think the songs that we sing are very uplifting and it brings a natural spirit to take away with you each week." – Male, Choir Member, Time 1

"It's a joy to create something beautiful." – Male, Writing Member, Time 1

This enjoyment was sometimes used as an escape or distraction from life's difficulties. The creative activities also allowed for self-reflection, emotional awareness and self-expression. In the choir this was through the interpretation of song lyrics, while in the writing group it was through noticing what they had written.

"Que sera says, "That's okay. Let it be, let it be," and that's what I'm finding in my life now that I have to let things be." – Female, Choir Member, Time 1

"After I reread it, it made a lot of sense, more than it did at the time I was writing it anyway. Just in the way of where I'm at mentally in the program and in my recovery." – Male, Writing Member, Time 1

Wellbeing Outcomes

Mental Health. Many of the participants noted that the psychosocial resources they had tapped into through the groups had been therapeutic for their mental health. Although many of the participants continued to report significant difficulties, improvements in overall mood and anxiety were attributed to participating in the group. Some participants mentioned using music, singing or writing for emotion regulation at home. Attending the groups also encouraged incidental exercise.

"I love singing. It's always helps my mental health, especially since I've started the two programs" – Male, Choir Member, Time 1

"I find creativity makes me feel more positive and just more connected and I think one can do a lot of self-therapy just by writing. I feel better than if I wasn't doing the course."
– Male, Writing Member, Time 1

Social Capital. Participants started to develop friendships and overcome social isolation. Over time some participants started to meet up outside of the group, developing stronger social networks. The activities and achievements were shared with existing family and friends. Furthermore, one couple developed a romantic relationship.

"The friendships, they do extend outside of here. [Other members of the choir] came to my place for Christmas and that's the first time I've ever invited anybody over for Christmas. Also, I would have been by myself...so having us to come together we weren't by ourselves that day." – Female, Choir Member, Time 2

"It's made me aware of also the poetry festival and the writers festival, I've never engaged with those programs ... and for the first time I'll know people at something like that" – Female, Writing Group, Time 1

Aspirations. Aspirations for the future were developed or renewed. Participants' new goals included learning a musical instrument, writing a book or script, traveling interstate to performances, returning to work, and gaining ownership of their creative works. Moreover, the groups opened up unique opportunities, for example, taking part in professional singing workshops, attending writing festivals, and performing at the Queensland Performing Arts Centre, which has provided the sense that there is no limit to what they can achieve.

"I fancy myself as one day being a professional writer again" – Female, Writing Member, Time 1

"I feel like the choir helps me to have a greater visions and hopes and dreams... We could perform anywhere or we could do anything and that's quite a good way to feel. So it is quite inspiring." – Male, Choir Member, Time 1

SHK groups influence on positive and negative emotions

In a separate study we measured the impact of participating in groups on participants’ positive and negative emotions at four time points across a single day: the first hour after waking (T1), the hour before group (T2), at the end of group (T3), and around dinner time that night (T4). This study was conducted with 62 individuals: 22 SHK Choir members, 18 SHK Creative Writing group members and 22 Control Choir members. Emotions were self-reported on the Positive and Negative Affect Scale (PANAS), which included five positive emotions: proud, happy, inspired, determined, and active; and five negative emotions: upset, nervous, irritable, sad and ashamed. See study protocol in Table 6.

By including the SHK Choir and Creative Writing group as well as the Control Choir, we aimed to find out if singing together influenced emotions in the same way as writing in a group; and if there was any difference between the SHK groups and the Control group in the emotional influence of the group activity. Finally, we examined whether participants’ strength of identification with their group influenced any emotional benefits they experienced during the group activity.

Table 6. Protocol for the Emotion Study

PANAS Emotion	Time 1 First Hour Upon Waking	Time 2 Hour Before SHK Group	Time 3 End of SHK Group	Time 4 Dinner Time that Night
Proud	✓	✓	✓	✓
Happy	✓	✓	✓	✓
Inspired	✓	✓	✓	✓
Determined	✓	✓	✓	✓
Active	✓	✓	✓	✓
Sad	✓	✓	✓	✓
Nervous	✓	✓	✓	✓
Irritable	✓	✓	✓	✓
Upset	✓	✓	✓	✓
Ashamed	✓	✓	✓	✓

Results of a series of analyses are shown in Table 7. Taking the negative emotions first; all five negative emotions were rated as relatively infrequent (1-2 out of 5). Negative emotions were rated most frequent in the first hour after waking, and least frequent at the end of the group activity. Significant main effects of Time were shown for all five negative emotions – see patterns for Nervous and Upset in Figures 7 and 8 respectively.

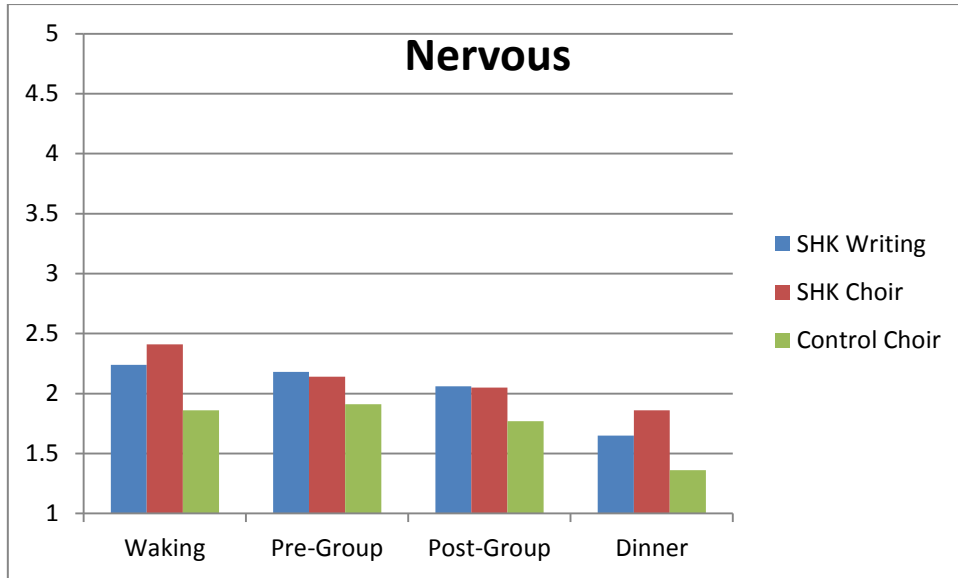


Figure 7. PANAS Nervous ratings at four times across a group day

In the case of Upset, this Time effect was modified by a significant Group x Time interaction. The SHK Choir singers experienced a greater emotional benefit from the group than the Creative Writers or the Control Choir singers. Whereas for Sadness, there was both a Time main effect and a Group main effect such that the Creative Writers felt sadness more often than the two Choir groups although all three groups felt less sad after engaging in the group activity.

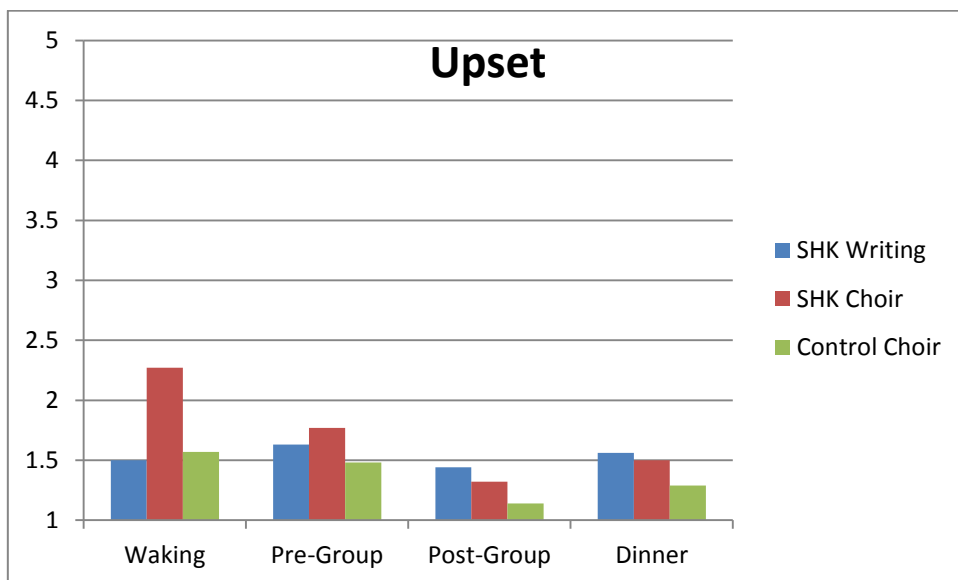


Figure 8. PANAS Upset ratings at four times across a group day

Negative emotions showed a pattern of decreasing from morning to after the group activity and further decreasing by the dinner time assessment.

Table 7. Results of repeated measures ANOVAs on the PANAS emotion ratings at 4 time points across a group day

PANAS Emotion	TIME main effect	Time x Group Interaction	Group main effect
Upset	F=7.223, p<.001, η_p^2 =.114	F=2.301, p=.037, η_p^2 =.076	F=1.57, ns
Nervous	F=4.683, p=.004, η_p^2 =.075	F= .220, ns	F=1.468, ns
Irritable	F=27.125, p<.001, η_p^2 =.319	F=.658, ns	F=1.99, ns
Sad	F=12.810, p<.001, η_p^2 =.181	F=1.609, ns	F=3.124, p=.05, η_p^2 =.097
Ashamed	F=8.040, p<.001, η_p^2 =.120	F=1.568, ns	F=1.403, ns
Proud	F=20.716, p<.001, η_p^2 =.274	F= .735, ns	F= .522, ns
Happy	F=11.697, p<.001, η_p^2 =.165	F=2.371, p=.032, η_p^2 =.074	F=1.153, ns
Inspired	F=18.851, p<.001, η_p^2 =.245	F= .618, ns	F= .612, ns
Determined	F=10.110, p<.011, η_p^2 =.148	F=2.263, p=.04, η_p^2 =.072	F=.063, ns
Active	F=14.329, p<.001, η_p^2 =.195	F=.335, ns	F= .240, ns

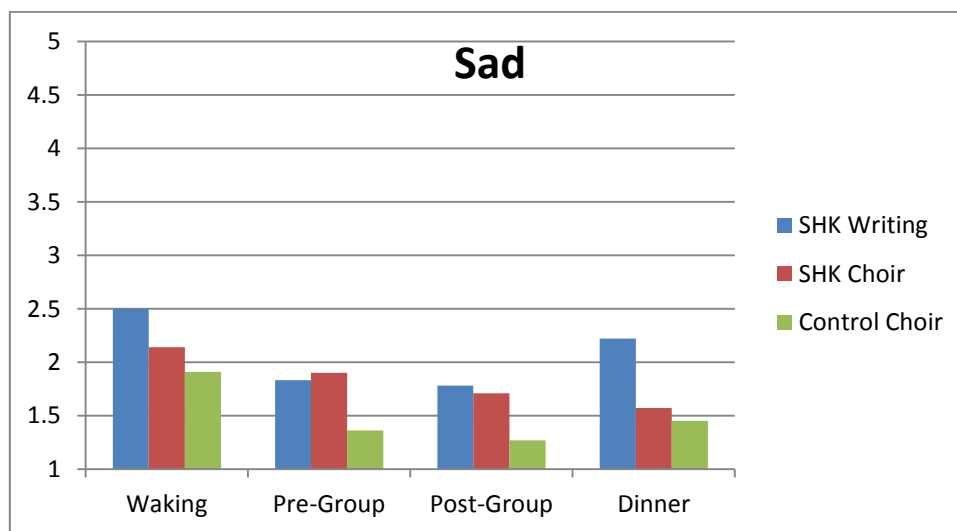


Figure 9. PANAS Sad ratings at four times across a group day

The positive emotions were rated as much more frequent than the negative emotions overall (around 3 to 5 out of 5). Again, there were highly significant main effects for Time, with every positive emotion improving from the waking (T1) to the end of the group (T3) but this effect was shorter lived, with the boost to positive emotions declining somewhat at the dinner time assessment (T4). See graphs of sample means for Happy and Determined in Figures 10 and 11.

Interestingly, participants' strength of identification with their SHK group moderated the change in emotions over time such that those who were more strongly identified with their group showed the greatest emotional benefits from participating in the group activities.



Figure 10. PANAS Happy ratings at four times across a group day

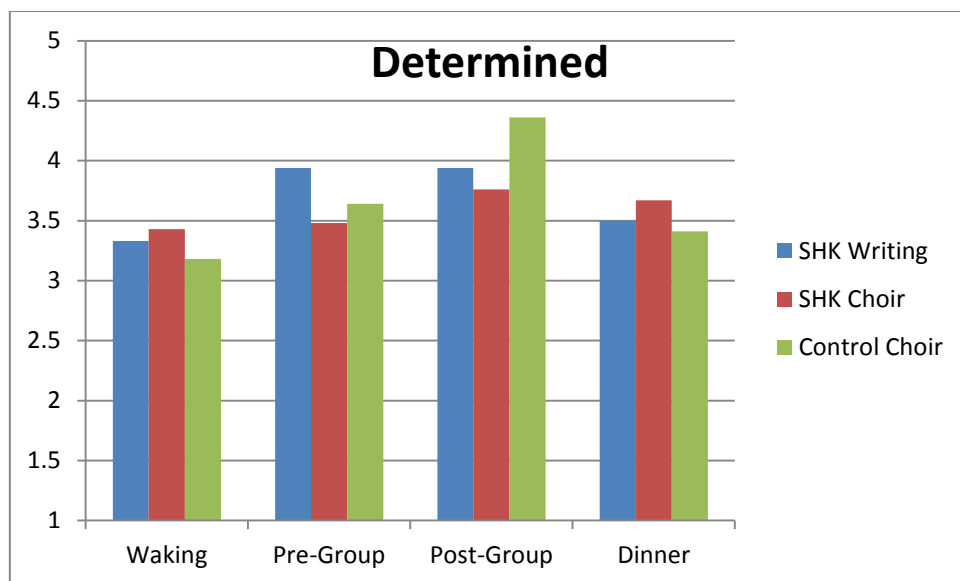


Figure 11. PANAS Determined ratings at four times across a group day

In summary, this emotion study showed that participation in School of Hard Knocks activities significantly boosted individuals' emotions during a group day, with the improvements in negative emotions such as sadness and nervousness lasting into the evening. SHK participants were able to experience emotional benefits from their group activity in the same way that the Control choir participants did.

Report Conclusions

Taken together, the findings of this 12 month longitudinal evaluation of 56 members of the School of Hard Knocks QLD demonstrate that participants experienced substantial improvements in mental health and satisfaction with life, on validated symptom measures, their own ratings, and in qualitative interviews. There was an indication that the psychosocial processes through which positive outcomes are achieved were related to strong SHK group identification, which helped individuals to feel more connected to and supported by others in the group, and enhanced the emotional benefits they received during the group activities. Some difficulties and barriers to joining and continuing group participation were identified, and organisers can work with referring agency support workers to help participants to overcome these.

Overall the findings are well aligned with the tenets of the National Framework on Recovery Oriented Mental Health services, with the focus on participants' engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self. The recovery approach recognises that like all members of the community, people experiencing mental health issues desire sustaining relationships, meaningful occupation, and safety and respect in their lives.

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