



soundlines

unleashing potential through music

Connect

Project Evaluation (2025-2026)

April 2026

Project Overview

SoundLincs' Connect project provides critical support for individuals transitioning from acute and rehabilitation mental health wards to the community, targeting suicide prevention during periods of vulnerability. Beginning in April 2025, SoundLincs delivered 281 music sessions across 10 wards and 8 community locations. Co-designed with lived-experience contributors, these interventions evidenced enhanced emotional resilience, social inclusion, and continuity of care. SoundLincs' skilled music facilitators, supported by health and voluntary sector partners, used person-centred musical activities to engage participants. This project aimed to foster sustainable recovery networks, improve mental wellbeing, and reduce distress, creating lasting positive outcomes for vulnerable individuals across Lincolnshire.

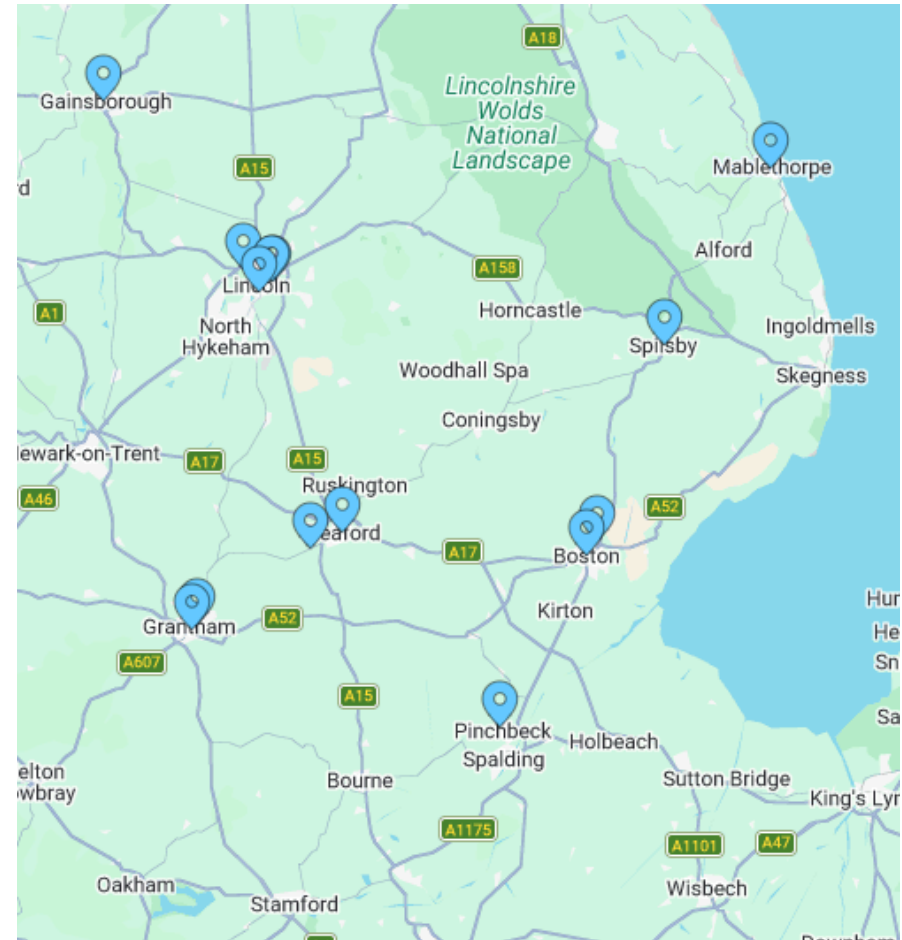


Fig.1 Location of Connect groups across Lincolnshire

Key Findings

1. Reach and Engagement

The Connect project significantly exceeded its delivery targets, demonstrating a high demand for creative health interventions during mental health recovery.

- **Participants reached: 220 unique individuals** engaged with the project, nearly triple the original target of 80.
- **Total Provision: 281 sessions** delivered across **10 mental health wards** and **8 community locations**, ensuring a 'bridge' of support from hospital to community.
- **Transition: 73 referrals** received for individuals eligible for Connect community groups

2. Targeted Suicide Prevention Outcomes

The project directly addressed the core psychological drivers of suicide, reducing the perception of burdensomeness and increasing sense of belonging, through inclusive music-making.

- **Reduced Distress:** Anxiety levels plummeted from **7.1% (pre-session) to just 0.4% (post-session)** based on SoundLincs' emotional wellbeing word-cloud data.
- **Protective Factors: 30.5% of participants** (65 individuals) identified emotional traits directly linked to suicide prevention, such as feeling '**accepted**', '**involved**', and '**understood**'.

- **High-Risk Support:** By targeting the first three days post-discharge (a period responsible for 21% of post-ward suicides), Connect provided a vital safety net in the community.

3. Social Return on Investment (SROI)

The evaluation proves that the Connect model is not only clinically effective but also highly cost-efficient.

- **Value for Money:** For every **£1 invested**, the project generated **£15.40 in social value**.
- **Prevention Savings:** The high SROI is driven by the significant social and economic 'cost of a life lost' that is mitigated through successful suicide prevention interventions.
- **NHS Savings:** For the same cost of an individual's average stay of 22 days on an acute ward (£9438), SoundLincs could deliver 53 community based sessions.

4. Impact on Subjective Wellbeing (ONS4)

Using Office for National Statistics (ONS) metrics, the project evidenced a clear uplift in life satisfaction.

- **Life Satisfaction:** Participants reported an average increase in life satisfaction during the project.
- **The 'Cliff Edge' Risk:** Contrastingly, life satisfaction scores dropped by **1.6 points** when sessions were due to end, highlighting the critical need for sustained, long-term funding to prevent relapse and maintain recovery momentum.

Table of Contents

Context	5	Emotional Wellbeing	33
The Post-Discharge Vulnerability	5	Suicide Prevention	34
Bridging the Support Gap	5	Social Return on Investment (SROI)	35
A Holistic Approach to Mental Health Recovery	5	Cost Comparisons	36
Integration into Acute and Rehabilitation Wards	6	End of Funding 'Cliff Edge'	37
Acute Wards	6	Additional Outcomes	38
Rehabilitation Wards	6	Future Research	39
Integration into Community Settings	7	Considerations	39
		SoundLincs Social Prescription Model	40
Objectives	8	Conclusion	41
Activities and Suicide Prevention Measures	8	Reference List	42
Alignment	8		
Delivery	9		
Acute and Rehabilitation Wards	9		
Community	10		
Participant Led	10		
Evaluation Methods	11		
Emotional Wellbeing Wordcloud Assessments	11		
Results	12		
Participation Metrics	12		
Emotional Wellbeing Assessments	13		
ONS4 Personal Wellbeing	19		
Cost of Delivery	21		
Social Return on Investment (SROI)	22		
Qualitative	24		
Discussion	29		
Delivery	29		

Context

SoundLincs' Connect project is rooted in evidence-based understanding of the risks faced by individuals in acute and rehabilitation mental health settings, particularly during transitions from hospital care to community living. Research highlights that patients recently discharged from inpatient mental health wards are at heightened risk of suicide, particularly in the critical days and weeks following their discharge. Our conversations with clinical staff have also indicated that a patient's transition to the community is a priority area for the NHS. By integrating musical interventions, SoundLincs seeks to address these vulnerabilities, offering creative, supportive, and evidence-based solutions to enhance recovery and reduce suicide risk.

The Post-Discharge Vulnerability

The challenges associated with discharge from mental health wards are starkly outlined in data from the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Between 2009 and 2019, 14% of post-discharge suicides occurred within the first week, with 21% occurring on day 3 following discharge (NCISH, 2022). In 2020 alone, 186 suicides occurred within three months of discharge in the UK (NCISH, 2023), underscoring the urgent need for effective post-discharge support systems.

The King's Fund (2024) emphasises that this period is particularly dangerous because many patients feel unprepared and unsupported. Discharged individuals may lack access to adequate community services, feel alone, and worry about relapsing. This disconnect is compounded by dissatisfaction with discharge planning, including patients feeling uninvolved in their care

decisions and unsupported in addressing psychosocial challenges such as housing or finances.

Bridging the Support Gap

Music has been shown to be a powerful tool in mental health care, offering a therapeutic medium for self-expression, and reducing feelings of hopelessness, depression, and suicidal ideation (Situmorang, 2025, p. 2). Music has also been noted as a significant coping mechanism for those at risk of suicide (Daglas et al., 2024, p. 278). Within acute settings, where patients rely heavily on therapeutic support, music workshops can provide a safe space for expression and stabilisation. Similarly, in rehabilitation wards, music facilitates the development of emotional resilience and self-confidence, helping patients prepare for life beyond inpatient care.

The NCISH findings emphasise that dedicated outreach and patient engagement services are critical in reducing suicide risk. SoundLincs workshops provide this outreach, fostering a sense of connection and engagement that extends beyond traditional clinical care. By offering a consistent therapeutic intervention, SoundLincs supports patients in feeling heard and valued, addressing the unmet emotional needs identified by research.

A Holistic Approach to Mental Health Recovery

The Independent Commission on Acute Adult Psychiatric Care (2016) calls for comprehensive community mental health strategies, including assertive outreach teams, to reduce re-admissions and improve patient outcomes. SoundLincs' Connect project aligns with

these recommendations by offering a holistic intervention that complements clinical care. Musical workshops address emotional, social, and psychological needs, fostering resilience and enhancing the overall quality of recovery for patients in both acute and rehabilitation settings.

Integration into Acute and Rehabilitation Wards

The project, delivered in collaboration with the Lincolnshire Partnership NHS Foundation Trust (LPFT), brings the therapeutic benefits of music to patients in acute and rehabilitation mental health wards across Lincolnshire. These sessions are designed to enhance recovery, foster resilience, and reduce distress, providing meaningful engagement for individuals during their treatment. By addressing both immediate and longer-term mental health needs, the project aims to contribute to reducing suicide rates and improving patient outcomes.

Acute Wards

Acute mental health wards in Lincolnshire provide short-term, intensive care for individuals experiencing severe crises, such as psychosis, bipolar episodes, or acute anxiety. The primary goal of these wards is to stabilise patients, reduce immediate risks, and provide a safe environment for recovery.

SoundLincs' music workshops in acute settings are designed to complement this stabilisation process by offering creative outlets for self-expression and emotional release. These sessions help reduce the intensity of crises, build coping mechanisms, and promote a sense of self-awareness.

SoundLincs sessions took place across all acute settings for Lincolnshire:

- **Ward 12 (Boston):** Acute mental health care.
- **Ash Villa (Sleaford):** Acute mental health care for females.
- **Castle Ward (Lincoln):** Acute mental health care for females.
- **Ellis Ward (Lincoln):** Acute mental health care for males.

Rehabilitation Wards

Rehabilitation mental health wards provide medium- to long-term care for individuals with severe and enduring mental health conditions. These wards support patients who are transitioning out of acute care but still require structured support to prepare for independent living.

In these settings, SoundLincs' Connect project takes a longer-term approach, focusing on building confidence, emotional resilience, and practical skills to aid in recovery. Music workshops promote self-expression, reduce isolation, and encourage patients to connect with others, supporting their journey toward reintegration into the community.

SoundLincs sessions took place across all rehabilitation settings for Lincolnshire:

- **Maple Lodge (Boston):** Residential rehabilitation service.
- **The Wolds (Lincoln):** Residential rehabilitation service.
- **The Vales (Lincoln):** Residential rehabilitation service for females.

- **The Fens (Lincoln):** Residential rehabilitation service for males.
- **Francis Willis Unit (Lincoln):** Low secure ward for males.

Integration into Community Settings

Statistics demonstrate that the transition from inpatient care to community living is a high-risk period for individuals with suicidal tendencies, making it a critical focus for the NHS. This heightened risk has been reinforced through our discussions with medical professionals and individuals with lived experience of suicide. SoundLincs' Connect project is uniquely designed to address this vulnerable transitional phase. By providing support both within hospital wards and in community settings, we ensure continuity and stability during this crucial time.

These sessions are further supported by a multidisciplinary network, including the Community Rehab Team, Allied Health Professions - Recovery and Inclusion, Personality and Complex Trauma Team (PACT), Carer and Patient Experience, and The Recovery College.

This collaborative and holistic approach ensures that participants benefit from creative interventions that enhance and complement their traditional clinical support, fostering resilience and a supportive reintegration into community life. Delivery is centred around being based in the locality of the individuals needing support, removing barriers to access, particularly for participants of lower socio-economic status, which has been associated with 'higher rates of suicidal thoughts, attempts, and deaths' (Cairns et al., 2017; Lemmi et al., 2016; Stack, 2021, as cited in Marzetti et al., 2025, p. 3)

The NCISH 20-year review (2016) report highlights that greater family involvement could have helped reduce suicide risk in 18% of cases. Our music workshops aimed to address this by incorporating opportunities for family participation, providing a safe and supportive environment where patients can strengthen their personal support networks. Participants had the option to invite a friend or family member to join our community sessions, fostering a stronger sense of connection and support. This inclusive approach not only enhances the participants' immediate support systems but also creates opportunities for continued music-making beyond the SoundLincs sessions, encouraging long-term engagement and wellbeing.

Objectives

1. **Reduce suicide risk** through continuity of care and meaningful engagement during the critical transition period.
2. **Enhance mental health and emotional resilience** using music activities to help participants process emotions and alleviate distress.
3. **Foster social inclusion and belonging** through peer-supported musical communities that promote connection and reduce isolation.
4. **Provide sustainable support networks** for recovery, extending beyond the program's duration.

Activities and Suicide Prevention Measures

Co-designed with individuals who have lived experience of suicide and developed in partnership with key stakeholders, our activities align with best practices in creative therapies and suicide prevention. This collaborative approach ensures the program is effective, relevant, and participant-centred.

Alignment

Aligning with the commitments of the Lincolnshire Suicide Prevention Strategy, our approach incorporates:

- **People with lived experience:** The project has been co-designed with individuals who have lived experience of mental health challenges, ensuring the activities are relevant and engaging for the target population. Their perspectives and needs directly guide our interventions.
- **Encouraging open conversations:** Involving family/friends in workshops, we promote open conversations about mental health, fostering a supportive and accepting environment. This helps combat stigma, strengthens support networks and increases social interaction.
- **Targeting risk factors:** Focusing on high-risk groups, including individuals with mental health conditions, dual diagnoses, and those experiencing rural isolation, our sessions are designed to address their unique needs and challenges.
- **Evidence-based approach:** Following consultations with mental health professionals, occupational therapists, psychiatrists, and individuals with lived experience of suicide we can ensure our activities are grounded in evidence-based practices that have proven to be effective.
- **Improved support:** We recognise the vulnerability of individuals transitioning from acute and rehabilitation wards to community life. Our program addresses risks such as isolation, loss of routine and reintegration challenges by providing ongoing support.

Our project closely aligns with the collaborative and inclusive values of Lincolnshire's "Our Shared Agreement," integrating its 5 foundations:

- Using music during transitions from clinical wards is a pioneering approach in Lincolnshire. This aligns with Foundation 1: Being prepared to do things differently, showcasing innovation in meeting diverse needs and fostering resilience during critical periods.
- We adopt a person-centred approach, ensuring participants guide their engagement, creating a safe and inclusive environment. This reflects Foundation 2: Understanding what matters to ourselves and each other, prioritising individual needs and embracing diversity to ensure every voice is heard.
- Our project collaborates with local organisations to reach diverse and underserved groups, addressing rural and systemic barriers. This supports Foundation 3: Working together for the wellbeing of everyone, leveraging partnerships to ensure broader accessibility and holistic care.
- Co-designing with individuals with lived experience, including contributions from Stepping Stones Theatre, SoundLincs UpBeat participants, and core staff's family, our project integrates feedback into session design, language, and engagement strategies. This directly embodies Foundation 4, emphasising inclusive dialogue and participant empowerment.
- We maximise existing networks to create an inclusive, sustainable program. This aligns with Foundation 5, ensuring the project uses available tools and partnerships effectively to support marginalised communities.

Delivery

Acute and Rehabilitation Wards

The SoundLincs Connect project adopts an inclusive delivery model, ensuring access for individuals in all locations. Delivery followed a countywide model, with multi-ward collaborative groups in Discovery House, Lincoln, and individual groups at the Francis Willis Unit and Peter Hodgkinson Centre. Groups also took place in Ash Villa (Sleaford), and across Boston through Ward 12 and Maple Lodge (see Fig.1).

Ward based delivery was established in April 2025 across Lincoln and Boston sites, with Ash Villa undertaking delivery from September 2025. In total, 126, 1.5 hour sessions were delivered across these sites, delivered by 5 freelance SoundLincs Music Facilitators.

As this was a pilot year for the project, SoundLincs explored a range of delivery options, including:

- Multi instrumentalists.
- Music Production.
- Percussion.
- DJing.

Delivery formed part of the regular programme of activities provided by Occupational Therapists across each ward. It is important to recognise the specialist facilitation required with music, limiting these interventions to organisations or individuals that have the ability to provide a Music Facilitator, sessional development, and the relevant equipment. This establishes music as more challenging

to implement than other creative interventions, and requires specialist provision to do so.

Community

Continuing the ambition to reduce financial and transportational barriers to accessing our provision, SoundLincs established 8 community groups across the county. Importance was placed on having at least one group per district of Lincolnshire, establishing a true county wide provision in the second largest county in the country.

Our community sessions commenced in Boston, Lincoln and Grantham in August 2025, marking a significant milestone in the project. Establishing these two groups in the second quarter of delivery allowed for our Music Facilitators to establish rapport with participants during their time in inpatient care, fostering trust and connection before they transitioned into the community groups. The establishment of the first two groups was guided by referrals from NHS teams, with further groups later introduced in Gainsborough, Spilsby, Mablethorpe, Pinchbeck, and Sleaford. (see Fig.1).

Alongside SoundLincs' own community provision, we also established a group in Ashley House, a new step-down service in Grantham to support people from across the county who are being discharged from a mental health hospital.

In total 155, 1.5 hour sessions have been delivered across the community, with facilitation incorporating songwriting, music production and instrumental sessions.

Participant Led

All sessions reflect SoundLincs' participant-led philosophy. Guided by the ethos of community music, our Music Facilitators tailor delivery to participants' interests, abilities, and personal outcomes. This approach may involve managing multiple instruments within a group, supporting one-to-one objectives, and ensuring that each participant is encouraged to develop and progress as an individual.

A key aspect of this delivery is that it does not follow a set syllabus or rigid schedule. Instead, our Music Facilitators remain adaptable and responsive to participants' needs. This may involve changing instruments partway through a participant's intervention, reinforcing the unique opportunity SoundLincs provides for individuals to explore how music can transform their lives.

SoundLincs has therefore served as a bridge into the creative world of music. Acknowledging that our interventions are time-limited, our Music Facilitators focus on empowering individuals to develop the skills and confidence needed to continue using music to support their own wellbeing and creativity.

Evaluation Methods

Connect has incorporated internal and external evaluation methods to assess the project's ability to meet both the outcomes for this specific project, and to support evidence of music-based creative health interventions.

This evaluation includes methods put in place by the funders and the University of Lincoln, such as the use of ONS4 Personal wellbeing questions, which will lead to a separate, external analysis of the Suicide Prevention funded projects. SoundLincs has also employed our own evaluation methods to support the evidence provided to funders, and to evidence the wider impact of this intervention. These include:

- **Emotional Wellbeing Assessments:** Pre- and post-session evaluations to assess changes in mood, anxiety, and resilience.
- **Participation Metrics:** Attendance and engagement rates to indicate intervention effectiveness.
- **Long-term Outcomes:** Sustained involvement in follow-up programs like SoundLincs UpBeat and collaboration with healthcare professionals to track continued wellbeing.
- **Impact Metrics:** Reduced self-harm and increased engagement with mental health services to serve as indicators of success.

The long-term outcomes will require further longitudinal studies to establish if participants from Connect continue to engage in further opportunities, and therefore evidential conclusions cannot be formed through this report.

Impact Metrics can also be supported by collaborative research with the NHS mental health teams, but will require further research not available during this evaluation process.

Alongside the evaluation of individual impact, SoundLincs has conducted research into the social value of this project, and broader analysis of the cost disparities between this funded intervention and standard practice within the NHS.

Qualitative evaluation in the form of case studies, participant written feedback, and interviews with partners forms the final evaluation methods employed in this report.

Emotional Wellbeing Wordcloud Assessments

SoundLincs has developed new methods for evidence and impact through participant centred, emotional wellbeing evaluation methods. Developed in collaboration with Dr Robert Dean, Head of the College of Arts, Social Sciences, and Humanities at the University of Lincoln, the new evaluation method tracks real-time emotional transitions pre and post sessions through participant completed word clouds. Individuals are provided with a wide range of emotive words, such as 'Anxious', 'Distant', 'Appreciative', 'Encouraged', and tick which words represent their emotional state before and after the music intervention (see Fig.2). This process moves beyond standard scales and attendance counts to capture a granular map of a participant's psychological journey.

The intention of the evaluation framework is to provide participants with opportunities for deeper reflection, approaching the evaluation with considerations of their emotional states and encouraging the development of their emotional language.

7. How did you feel at the start of the session today? *

Accepting Anxious Apprehensive Appreciative

Bored Caring Compassionate Concerned

Confused Curious Delighted Despondent

Disappointed Discouraged Distant Doubtful

Edgy Engaged Energised Encouraged

Exhausted Fascinated Focused Fulfilled

Grateful Indifferent Inhibited Inspired

Interested Involved Isolated Joyful

Lethargic Lucky Moved Nervous Open

Optimistic Peaceful Present Proud

Reflective Reluctant Resistant Restless

Safe Sceptical Self-conscious Sensitive

Shut down Stimulated Tense Thankful

Uplifted Uneasy Understood Unhappy

Upset Weary Withdrawn Worried

Worn out

Fig.2 SoundLincs' emotional wellbeing evaluation questions

Results

Participation Metrics

- **220 unique participants engaged**

The original target for Connect was 80 unique participants

This includes:

- **170 unique participants across the wards**
- **50 unique participants in the community**

Reflecting the NCISH report encouraging greater family involvement to reduce suicide risk, we have supported **5 parents/carers** to attend our sessions, alongside a further **16 practitioners**, facilitating a space that allows family involvement and support networks.

- **281 sessions facilitated**
- **725 cumulative participants**

73 referrals for individuals eligible for Connect (those that have/do express(ed) suicidal thoughts/behaviours). Alongside this, individuals who have not specifically demonstrated this behaviour have also accessed community groups as a preventative, early intervention.

Connect engaged the participants aged from **18 to 69**.

Engagement Rates

SoundLincs measures a 0-5 scale of participant engagement, completed by the Music Facilitator following each session.

Across the project, the average level of engagement was 3.36, demonstrating participants who regularly:

- Respond to instruction.
- Co-operate and begin to learn to sing & play.
- Keep busy throughout the session.
- Talk about the activity positively.
- Talk about ideas of songs, activities etc.

Whilst engagement levels across the wards remained above 3, community sessions demonstrated a broader range of engagement. Interventions with a smaller number of participants per group demonstrated higher levels of engagement, taking on roles such as:

- Bringing their own ideas to the session.
- Offering advice and starting to help others learn.
- Communicating successfully about their music / learning.
- Talking to peers about the sessions.
- Adapting songs/activities for those that are finding it difficult.

This demonstrates a possible benefit to smaller groups, or 1-2-1 learning in community environments. This could be due to reduced levels of anxiety around new social interactions. This can be further evidenced by some groups having slightly lower levels of engagement in the community where group sizes have been larger (averaging 2.83).

Emotional Wellbeing Assessments

Utilising the new emotional wellbeing wordcloud evaluation method, SoundLincs can establish the emotional transformation across individuals, groups, and the project.

The following key has been used for the grouping of emotive words pre-session (see Fig.3):



Fig.3 Emotive words pre-session grouping

Post-Session (Whole Project Analysis)

Demonstrating key emotional development of participants, the following pie chart evidences the emotional status of participant post-session (this is across all sessions) (see Fig.6).

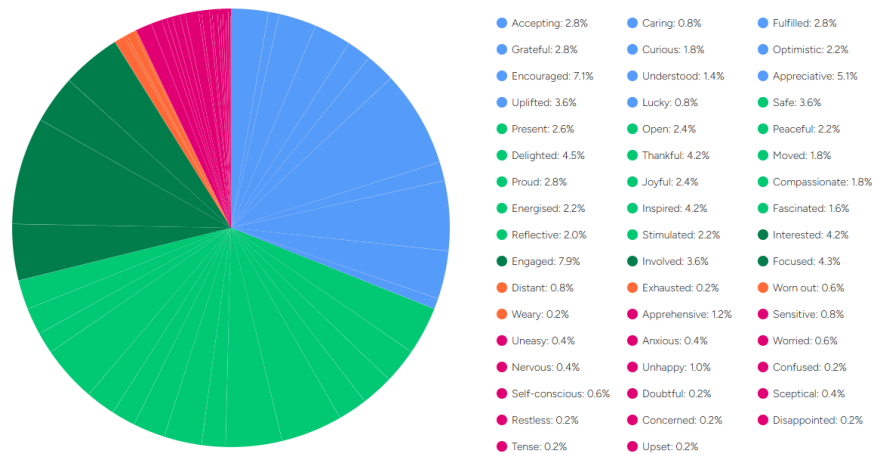


Fig.6 The emotional status of participants pre-session

Feelings of being ‘Still Unsettled’ and ‘Neutral or Unchanged’ demonstrated the largest decline. Particular areas to highlight are the reduction in feelings of anxiety (from 7.1% pre-session to 0.4% post-session).

Feelings of apprehension are now the largest of ‘Still Unsettled’, but have reduced from 5.2% pre-session to 1.2% post-session.

Participants now identify enhanced levels of feeling ‘Engaged’:

- 7.9% of responses identified feeling engaged.

- 4.3% of responses identified feeling focussed.
- 4.2% of responses identified feeling interested.

They also demonstrated ‘Positively Transformed’ and ‘Calm & Settled’ traits:

- 7.1% of responses identified feeling encouraged.
- 4.5% of responses identified feeling delighted.
- 4.2% of responses identified feeling inspired.

Pre-session 1 Analysis

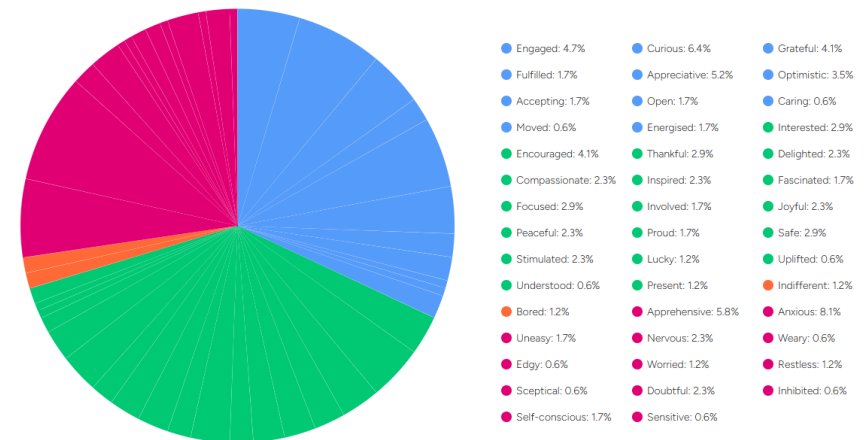


Fig.7 The emotional status of participants pre-session 1

Analysis of the emotional transformation across varying periods of time can be established. The above pie chart demonstrates the emotional status of participant pre-session 1 (see Fig.7), establishing the baseline for comparisons with short term (1

session), medium term (2-5 sessions), and long term (6+ sessions) engagement from participants.

This baseline assessment further demonstrates participants feeling anxious (8.1% of responses), apprehensive (5.8% of responses), and nervous (2.3% of responses) prior to the first session. This emulates the feelings of participants being 'Unsettled & On Guard' that has been a consecutive pre-session across the whole project (see Fig.4).

Contrastingly, feelings of 'Disconnected & Low Energy' were less present at the beginning of session 1. This could reflect participants becoming more 'Disconnected & Low Energy' further into their intervention, with factors such as the environment affecting their wellbeing. Replacing the feelings of 'Disconnected & Low Energy' were participants feeling 'Calm & Grounded'. This was reflected through feelings of encouragement (4.1% of responses), alongside thankfulness, interest, focus, and safety (all equally 2.9% of responses).

As with the whole project analysis, responses identified feeling curious, appreciative, and an increase of feeling grateful (4.1% of responses).

Short Term Intervention Analysis

Data from evaluations post-session 1 demonstrates a significant improvement of participants emotional wellbeing when compared to pre-session 1 (see Fig.8). The short term intervention demonstrates greater variation of emotional phrases from 'Still Unsettled' when compared to medium and long term interventions. The vast majority of responses evidenced feelings of engagement (7.8% of responses), delighted (6.3% of responses), and thankful (4.7% of responses).

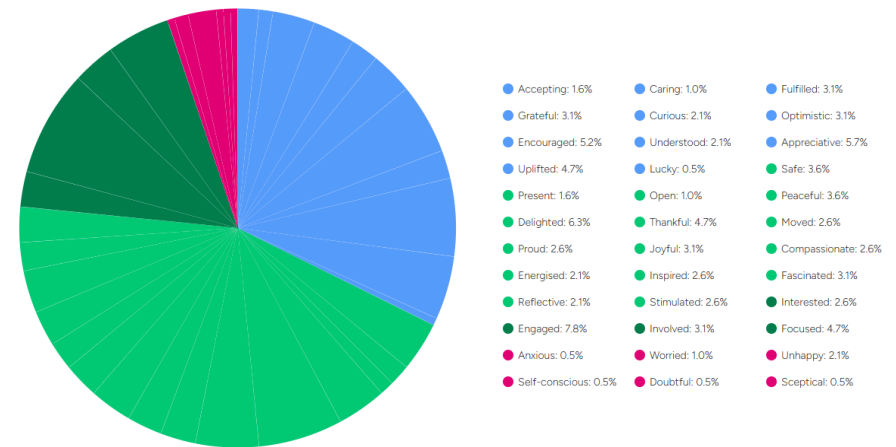


Fig.8 The emotional status of participants post-session = 1

Medium Term Intervention Analysis

The medium term intervention (>1 ≤ 6 sessions) analysis introduces more participants identifying feelings of being 'Neutral or Unchanged' alongside 'Still Unsettled' (see Fig.9). The introduction of participants feeling distant (2.3% of responses), alongside sensitive (2.3% of responses) and self-conscious (1.1% of responses) reflects a progression of a participant's emotional state to one of vulnerability post-session. This could draw conclusions that participants open up following a medium term intervention, allowing for more vulnerable traits to remain post-session.

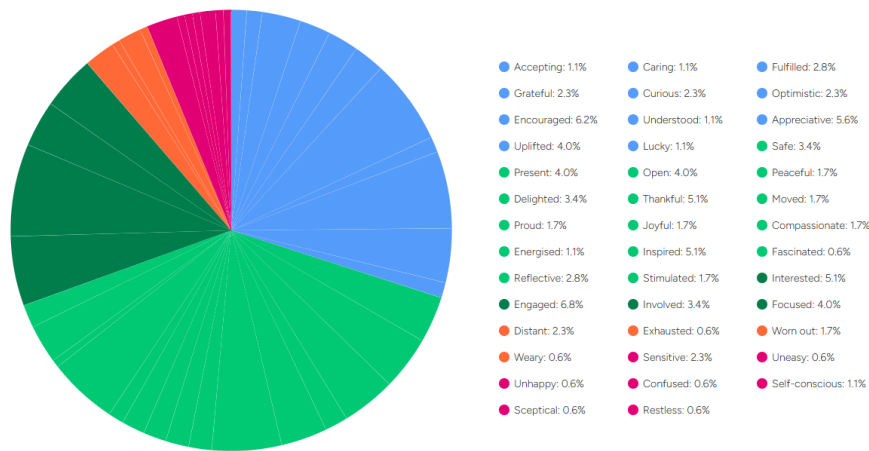


Fig.9 The emotional status of participants post-session from session >1 ≤ 6

Long Term Intervention Analysis

A longer term intervention demonstrates the most significant reduction in participants feeling 'Still Unsettled', with apprehensive (3.6% of responses) being the only remaining emotive word from this category. 'Neutral or Unchanged' feelings are now not present in participants' responses. 'Calm & Settled' and 'Engaged' continues to grow over a longer term intervention, reflecting a significant increase in positive mental health markers compared to participants' baseline assessments.

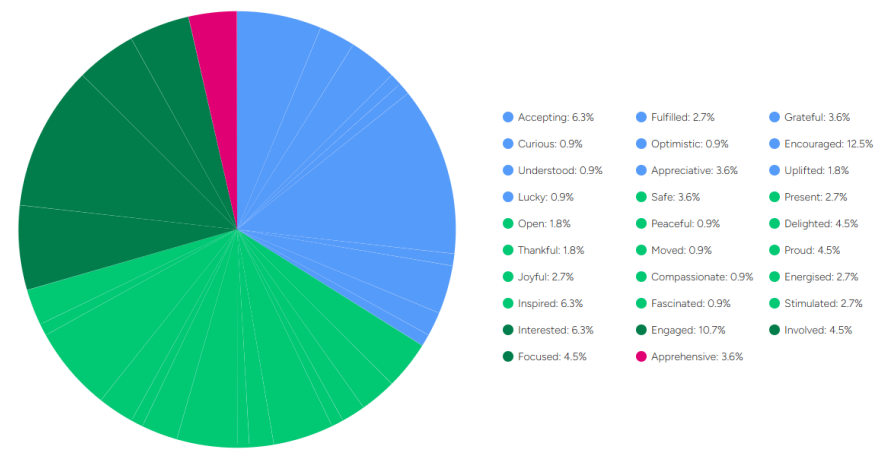


Fig.10 The emotional status of participants post-session >6

Pre-session >6 Analysis

To gain further understanding of the emotional wellbeing of participants over a long term intervention, participants' pre-session emotional wellbeing from >6 sessions is evidenced in Fig.11.

Participants accessing >6 sessions reflect a greater number of 'Unsettled & On Guard' and 'Disconnected & Low Energy' traits pre-session. Notably, feelings of anxiety increased from the baseline assessment (from 8.1% of responses to 11.6%), but feelings of apprehension dropped from 5.8% of responses to 4.7%. Traits such as nervous remained the same (2.3% of responses), whilst new emotive choices, such as unhappy (1.2%) or shut down (2.3%) were introduced.

Whilst this emulates the feelings of participants being 'Unsettled & On Guard' and 'Disconnected & Low Energy' that has been a consecutive pre-session across the whole project (see Fig.4), it also interlinks with participants potentially sharing more vulnerability further into the intervention.

This further evidences participants' emotional wellbeing significantly improving from pre-session (Fig.11) to post-session (Fig.10).

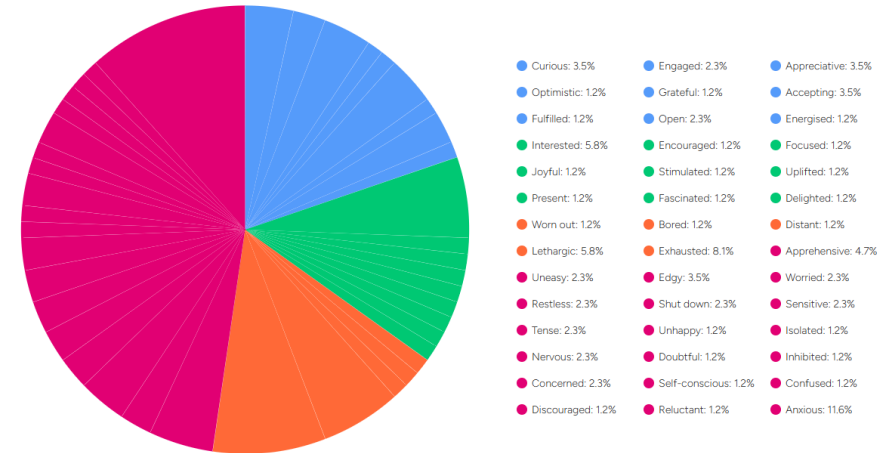


Fig.11 The emotional status of participants pre-session >6

ONS4 Personal Wellbeing

Exploring the data collected from the ONS4 Personal wellbeing questions for the external evaluation by the University of Lincoln. Individuals were asked to respond to the following questions on a scale of 0 to 10, forming the following averages across 46 responses (see Fig.12):

ONS4 Personal Wellbeing Questions	Overall, how satisfied are you with your life nowadays?	Overall, to what extent do you feel that the things you do in your life are worthwhile?	Overall, how happy did you feel yesterday?	On a scale where 0 is “not at all anxious” and 10 is “completely anxious”, overall, how anxious did you feel yesterday?
Average Score	6.13	5.82	4.67	5.86

Fig.12 ONS4 Personal Wellbeing scores - Average across 46 responses

Individual participant ONS4 personal wellbeing analysis

R attended 6 Connect sessions, providing a beginning, middle, and end of intervention analysis (see Fig.13).

R began their intervention with high levels of anxiety and low levels of happiness the previous day, but increased positivity after the intervention. Session 4’s scores reflect a further decrease in happiness the day before the session, but consistent life satisfaction with session 1’s post-session scores. The sixth and final session demonstrated an increase of two points in life satisfaction

and ‘R’ feeling that the things they do in their life were worthwhile. However, happiness the day before the intervention further decreased, and anxiety the day before the session also increased.

ONS4 Personal Wellbeing Questions	Overall, how satisfied are you with your life nowadays?	Overall, to what extent do you feel that the things you do in your life are worthwhile?	Overall, how happy did you feel yesterday?	On a scale where 0 is “not at all anxious” and 10 is “completely anxious”, overall, how anxious did you feel yesterday?
‘R’ Session 1 Score	6	6	4	6
‘R’ Session 4 Score	6	6	3	7
‘R’ Final Session Score	8	8	2	8

Fig.13 ‘R’ ONS4 Personal Wellbeing scores

A higher level of fluctuation was observed with participant A. A engaged with Connect for 20 sessions by the end of the project (see Fig.14). The first ONS4 assessment was conducted partway through their intervention, at session 7.

ONS4 Personal Wellbeing Questions	Overall, how satisfied are you with your life nowadays?	Overall, to what extent do you feel that the things you do in your life are worthwhile?	Overall, how happy did you feel yesterday?	On a scale where 0 is “not at all anxious” and 10 is “completely anxious”, overall, how anxious did you feel yesterday?
‘A’ Session 7 Score	5	5	3	3
‘A’ Session 13 Score	7	5	4	8
‘A’ Final Session Score	5	5	5	5

Fig.14 ‘A’ ONS4 Personal Wellbeing scores

Post-session impact continues to be prevalent, with session 13 demonstrating the largest improvement of wellbeing post-session. The final recorded intervention demonstrated a consistent level of wellbeing both the day before accessing Connect and post-session, although post-session scores had decreased compared to session 13. Notably, A’s happiness the day before a Connect session

increased by one point across each measurement, whilst anxiety had large fluctuations. Reduction in scores for life satisfaction were a regular occurrence across the ONS4 personal wellbeing scores. One participant provided a score of 2 for this question following their final session, but added additional feedback evidencing that this was because the provision was ending.

ONS4 personal wellbeing data collected across the beginning, middle, and end of participants’ engagement with Connect reflects the following averages (see Fig.15).

ONS4 Personal Wellbeing Questions	Overall, how satisfied are you with your life nowadays?	Overall, to what extent do you feel that the things you do in your life are worthwhile?	Overall, how happy did you feel yesterday?	On a scale where 0 is “not at all anxious” and 10 is “completely anxious”, overall, how anxious did you feel yesterday?
Average Beginning Score	6.6	7.2	5	4.4
Average Mid point Score	7.6	6.2	5	5.2
Average End Score	6	7.4	4.2	4.6

Fig.15 Average ONS4 personal wellbeing scores collected across the beginning, middle, and end of Connect intervention.

Average scores for ONS4 personal wellbeing data from 2023-2024 across Lincolnshire and Nationally is provided for comparison below (OFNS, 2023) (see Fig.16).

ONS4 Personal Wellbeing Questions	Overall, how satisfied are you with your life nowadays?	Overall, to what extent do you feel that the things you do in your life are worthwhile?	Overall, how happy did you feel yesterday?	On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday?
Lincolnshire Average Score 2023-2024	7.53	7.88	7.51	2.7
National Average Score 2023-2024	7.49	7.77	7.42	3.21

Fig.16 Average ONS4 personal wellbeing scores across Lincolnshire and Nationally for 2023-2024 (OFNS, 2023).

Further analysis alongside the emotional wellbeing wordcloud assessment provides an opportunity to cross-examine both evaluation methods, evidencing both qualitative and quantitative emotional wellbeing impact (see *Discussion*).

Cost of Delivery

Through the 2025/26 financial year SoundLincs delivered the Connect project for a total of £50,000. Funding of £25,000 was provided from the Arts Council National Lottery Project Grants and £25,000 from the Lincolnshire Suicide Prevention Strategy Grant Fund.

Funds were divided across ward based delivery (a total of 126 sessions) and community based delivery (a total of 155 sessions), totalling 281 sessions delivered across the whole project. To establish the cost of each phase (ward and community), the percentage for spend has been calculated (number of ward (or) community sessions / total number of sessions), equalling 45% spend of the budget on ward delivery and 55% spend on the community delivery. The total budget can therefore be divided into £22,500 for ward based delivery, and £27,500 for community based delivery.

A cost per session analysis evidences:

- £178.57 per ward based session.
- £177.41 per community based session.

Social Return on Investment (SROI)

SoundLincs has utilised the Social Value Engine to provide a Social Return on Investment for Connect. This has indicated that:

For every £1 invested, the Connect project generates a return of **£15.40** of economic and social value.

This can also be measured as **£797,404.75** of impact, from an input of £50,000.

The following proxies, evidence-based quantitative values, and deflators^{1 2} (unless the proxy had predetermined deflators) were used to establish this figure:

Improve Mental Wellbeing

This proxy is drawn from Arts Council England's *The Values of Arts and Culture to People and Society: an evidence review* (2014, p. 7).

Utilising the emotional wellbeing wordcloud assessments, we established that post-session 91.4% of participants chose emotive language in line with improved mental health.

¹ Deflators are measures that account for impact from other services (attribution), how much of the outcome may have been achieved without the intervention (deadweight), the proportion of the outcome will diminish over time (Drop-Off), and how much of the outcome has displaced other outcomes (Displacement)

² Following consultation with Social Value Engine, the following deflators have been applied across all of SoundLincs SROI proxies:
Deadweight - 35%, Attribution - 30%, Drop-Off - 10%, Displacement - 5%

The quantity of participants that have demonstrated improved mental health from Connect can there be established at 91% of participants, equalling 200 participants.

Improving Mental Wellbeing resulted in **£129,674.99** of impact.

Value of highly meaningful work

SoundLincs aimed to recognise the value a project such as Connect has on our workforce. The quantitative data has been sourced by Social Value Engine from Achor et al. (2018, p. 1).

Through Connect 12 SoundLincs members of staff have engaged in the project. A deflator of 55% deadweight was assigned by the proxy.

Value of highly meaningful work resulted in **£41,628.60** of impact.

Reduced Social Isolation

Quantitative data for this proxy has been sought from the 2020 *Loneliness monetisation report* by Peytrgnet et al. (p. 2).

Drawing on the emotional wellbeing wordcloud assessments, the specific phrases; 'interested', 'curious', 'inspired', 'engaged', 'involved', 'caring', 'understood', 'accepted', 'safe', and 'peaceful' have been recognised as demonstrating improved socialisation (Frederickson, 2001, pp. 220-221; Ryan & Deci, 2000, pp. 71-73; Reis & Shaver, 1988, pp. 375-377; Porges, 2011, pp.132-153).

In post-session responses the above phrases were identified by 32% of participants. Therefore, we can conclude that at least 70

participants across the project will have reduced their social isolation. A preset deadweight of 34% is applied.

Reduced Social Isolation resulted in **£5,035.79** of impact.

Suicide Prevention

Social Value Engine provided the proxy from *Suicide Prevented* (2024), although the link to the original document cannot be accessed.

Again, drawing on the emotional wellbeing wordcloud assessments, the specific phrases 'involved' and 'accepted' demonstrate belongingness, identified as a 'buffer' against the desire for death (Joiner, 2005, p. 118). Joiner further identifies feeling 'understood' as reducing perceived burdensomeness (2005, p. 121). Snyder's *Hope Theory* identifies 'inspired' and 'encouraged' as high hope emotions, promoting 'agency thinking' and allowing individuals to find pathways to solving life's problems (2002, p. 257). 'Safe' and 'Peaceful' has indicated 'de-escalation[s] of suicidal crisis', whilst 'interested' can demonstrate how an individual is no longer 'tunnel-visioned' on self harm (Stanley & Brown, 2012, pp. 259 - 261). Finally, 'curious' and 'interested' states are 'approach oriented', which is seen as incompatible with 'withdrawal oriented' states of suicidal despair (Kashdan et al., 2009, pp. 788-792).

Combining the above research with the evidence of heightened suicide risk of participants of Connect (NCISH, 2016; NCISH, 2022; NCISH, 2023), we can establish that 30.5% of participants identified traits that are likely to prevent suicide. This concludes that 67 individuals across Connect had presented emotional traits akin to suicide prevention. SoundLincs' standard deflators have been

applied, but an increased attribution of 85% has been adjusted to account for the various interventions (mental health services, other community support) that may have contributed to this reduced risk.

Suicide Prevention resulted in **£621,065.35** of impact.

Qualitative

Throughout the project, SoundLincs has collected qualitative data from case studies, practitioners in both the community and hospital settings, Music Facilitator feedback, and participant comments.

Case Studies

From Ward to Community

D, a passionate musician at The Fens rehabilitation ward, longed to play music with others. D had been referred into mental health services over 20 times, representing an individual in need of alternative interventions. Despite having instruments, fellow patients lacked confidence, and staff lacked the time or musical ability to support his desire. D had performed at the ward cafe to a small audience, highlighting his drive but also the limited opportunities for collaborative music-making within the ward.

During focus groups facilitated by SoundLincs core staff, D was an influential voice, brimming with ideas for workshop direction. Ellie, our SoundLincs Music Facilitator, was immediately introduced to D upon delivery, who shared his struggles with regular music engagement. Ellie utilised this to design sessions based on participant interests, gradually building towards whole-group activities. D has been our most engaged participant, attending every weekly session, and has become a strong advocate, encouraging others to join. Recognising his ability, Ellie now regularly finds opportunities to involve D in supporting other participants.

D's confidence, wellbeing, and engagement have soared, and he's now positively influencing those around him. As D approached

discharge, his support network and the community mental health team proactively contacted SoundLincs to ensure he could continue sessions in the community. This overwhelmingly positive feedback reinforces the immense value of pre-session focus groups, allowing us to plan and deliver truly participant-led workshops.

Following D's discharge from The Fens, they joined their local SoundLincs Connect community group, engaging in weekly sessions and continuing their progression. Our Music Facilitator in the community, Emma, provided the following feedback:

'I have been working with D for a few months now and over this time I have seen a clear and encouraging progression in both his confidence and his creative engagement. From our early songwriting sessions to the work we are doing now, he has increasingly begun to take the lead, offering ideas with growing assurance and shaping the direction of the music with a strong sense of ownership. His enjoyment has become more evident each week; he arrives with enthusiasm, contributes readily, and seems genuinely energised by the creative process. D is a skilled guitar player, and he takes real pride in his musicianship. One of the most rewarding aspects of our sessions is the way he enjoys sharing his knowledge, often pausing to teach me bits of music theory with confidence and humour. It has been meaningful to see how much value he finds in having a space where his strengths are recognised and where he can express himself through music. The steady growth in his engagement, leadership and joy in the creative process has made this ongoing collaboration both rewarding and inspiring to be part of. This last week D played me some recordings of some music he has recorded whilst on the ward.'

D has consistently engaged with Connect across both the ward and community provision, accessing a total of 36 sessions. Through D's engagement with Connect, SoundLincs is exploring opportunities to provide further support, whether through volunteering or joining our adult mental health advisory panel.

Regularity in the Community

A joined the Boston Community group as a participant that was struggling with suicidal ideation. They were referred in to the project by the Community Connector for Boston, citing the specific suicidal prevention objectives as a key factor in recommending the group to A. Upon attending the first session, A displayed a baseline assessment of highly anxious, apprehensive and uneasy, but was curious about the group.

A has now regularly attended the Boston community group, joining 21 sessions and exploring a range of instruments and music production during this time. Whilst the group continues to develop, A has met new participants and developed social connections through our SoundLincs Music Facilitator. Feedback from the setting demonstrated that our Music Facilitator created an environment where 'service users warmed to him quickly and were able to follow his instructions with ease.'

A has significantly contributed to our participant feedback, allowing us to map out their progression over the sessions they have attended so far. Connect improved A's positive emotional state, moving one of active engagement and motivation by the end of just their third session. A felt engaged, involved, and encouraged. The activities not only eliminated initial anxiety and caution but successfully increased energy, converting it into a sustained,

positive experience characterised by a sense of being understood and present. A continues to attend the Boston community groups and sees it as a valuable, regular social experience, supporting their connection with the community and development of social networks.

A has now purchased guitar equipment to continue their engagement with music outside of just the SoundLincs Connect sessions. As the group has continued to grow, SoundLincs Music Facilitator, Tim, has encouraged participants to collaborate together and is forming a band, with regular participants A and C playing guitar and bass together. In total A has engaged with 21 Connect community sessions.

Community Mental Health Teams

B works for a mental health community team supporting people who have been in hospital and returning to the community, sometimes to a different home situation altogether. As part of supporting individuals to feel connected to their community, it is important that they have structure and opportunities to engage in activities they enjoy. B identified that music often sparks a passion and can positively impact multiple aspects of an individual's wellbeing. 'From singing to instruments to electronic music, pretty much everyone has a type they like/enjoy.' B continues, 'enjoyment is a great way to start back into doing things, often people I support have stopped almost everything and when momentum starts it can lead to other things. Confidence and skills grow, not just musically but connecting and interacting with others, having a voice and having a product that they made and can confidently say "I did this!"

B's team supports people to identify areas that they would like to work on, build confidence and the steps to achieve their goals. He says 'everyone has some experience/connection with music, some are deep into technical areas but others just enjoy singing to the radio. SoundLincs recognises these all as valid and positively impacting wellbeing.'

B identified that attending these groups can be a start of a person moving forward, building on skills and connecting with others in a safe and supportive environment. 'I see people's mood and attitudes/outlook change, which is wonderful to be part of.'

'In every session there is something to show and achieve, which is incredibly powerful and motivating. This can give confidence for other areas and allow conversations which otherwise may have been more difficult.'

'I have seen people who required encouragement and support to attend, grow into a person wanting to 'do more' and independently find/do/achieve all different things they want to do, as confidence builds. Mental health can be so complicated and when low, motivation/hope is difficult to have. Fun and achievements are huge in improving this. Music can be just this.'

This has been best reflected through Connect participant, M. M was a long term participant on the rehab mental health ward in Lincoln, engaging in the music sessions taking place weekly. Upon discharge M has been supported by B to continue their journey through Connect, and engaged with the Sleaford Connect group.

Practitioner Feedback:

A patient who was admitted to one of our acute wards was struggling with expressing herself and how she feels which has led to a number of incidents. She expressed an interest in poetry and writing, she was initially promoted by one of the OT staff to try attending our SoundLincs group, attending the group led to her starting to write lyrics and she was able to create a song about her experience with the support from Tim.

Sophie Nicol, OT Lead - Acute Occupational Therapy, Physiotherapy and PHC activity provision

I just heard the original songs created at Discovery House and I was blown away. I am aware of the patient who sang in this and I cannot express enough what an amazing achievement it was for your facilitators Ellie and Tim along with the therapy team allocated to that group to get her to a place to be able to sing again.

Claire McGrath, OT Lead - Rehabilitation Wards

A patient who had not really engaged with our usual groups, attended and expressed that he used to play and enjoy the guitar. From attending the group this encouraged him to start back to playing guitar during admission and then also buying one in the community to keep playing.

Sophie Nicol, OT Lead - Acute Occupational Therapy, Physiotherapy and PHC activity provision

He had written words/a poem that he wanted to turn into a song and Ellie was brilliant at supporting the patient to do this, to feel able to express himself and the pain he had gone through and turn it into music and something he was proud of. The patient said that was

the first time he had shown anyone what he had written and initially felt anxious sharing it, but was pleased he did.

Boston Ward 12 OT

Music Facilitator Feedback:

One patient especially looked forward to the live performances. Although he wouldn't engage very well with activities, he would talk about things the songs reminded him of, make song suggestions and occasionally play the tambourine. FWU staff told me that he was a lot more social during the music group than he would be the rest of the time.

Francis Willis Unit Music Facilitator (Instrumental)

D's contribution of a guitar part has given the group a sense of progress and achievement. Mind mapping lyrics together has encouraged open discussion and creative expression, supporting the emotional aims of the project. The informal and collaborative approach has helped build trust and group cohesion in the early weeks.

Gainsborough Community Group Music Facilitator

I didn't realise the impact this is having on the participant. I remarked on his new haircut this week. He appeared smarter, cleaner, happier. I spoke with the OT later who told me L's psychologist said he's never looked more happy or excited (he's been there over a year). The OT said he's never been more motivated. He's showing volition - asking for a haircut, asking if I'm coming. L forgot that he was receiving money next week (for a haircut), but remembered the DJ session. The OT said she has seen him shake with anxiety being around people, but with me is now willing to ask for help and give a fist bump.

Francis Willis Unit Music Facilitator (DJ)

This week we did some songwriting which was really well received. G who has been attending the group for some time seemed to enjoy it and was confident making suggestions, after a hesitant start. H, who does not speak, communicated through writing. and again after being quite shy to share her thoughts in the beginning made a confident contribution to the song we produced. She wrote and showed it to me after the session...'that was really fun'

Ashley House Music Facilitator

Group members who were discharged from Discovery House reported that the group was very helpful in terms of readying them for life in the community. One member was particularly skilled at using Logic Pro and he really enjoyed acting as producer for group recordings. He became much more confident interacting with others during these sessions. All group members valued having a space in which they could be themselves without fear of judgement.

Discovery House Music Facilitator

The Occupational Therapist told me "2 of the 3 people you've worked with today have never engaged with any of our other activities".

Francis Willis Unit Music Facilitator (DJ)

My favourite session had a single participant, who brought his laptop computer and we were able to build a song together using his DAW. I could see him really come out of his shell during the session and I hope I helped him feel like he wasn't a hospital patient during that session itself. Many other sessions were notable for how uplifted and energised patients would be after an afternoon

of singing pop songs. From Maple Lodge there was one patient who struggled to interact with anybody during the first session but who became more lively and involved during subsequent sessions. He never missed a session after his first attendance.

Boston Ward 12 and Maple Lodge Music Facilitator

J is very talented. She can play guitar and piano to a high standard. She just wants to concentrate on learning more chords and some theory. Next session I'm going to record her playing one of her original pieces. She's so keen that the 1 1/2 hours flies by.

Lincoln Community Group Music Facilitator

K has purchased her own guitar. A has expressed gratitude and is sad this is the last session. Both him and K have gotten a lot out of this but wish they knew about it sooner.

Grantham Community Group Music Facilitator

This week R came to me and asked if I could help her write a poem/song for her sister, whose partner has recently passed away. She had already gathered some resources to use as inspiration. The session was wonderful, and R seemed confident in approaching the songwriting process, which I believe has developed from the other songwriting sessions we have done together. She was very happy with what we achieved during the session, and we plan to continue working on it again next week.

Ashley House Music Facilitator

Participant Feedback:

My son L has been going to Bridge Central to do drumming, I just wanted to say amazing people, they listen, it has been wonderful for my son but apparently next week is the last week and I wondered if there is going to be any more in the future because it is the first time that people have been able to have a connection with my son in such a way. It was not just the drumming, it is the way in which they communicate with him and he can understand what to do and they are very understanding of him.

Lincoln Community Group Participant's parent

I feel amazing everytime. It helps me with my anxiety.

Francis Willis Unit Participant (DJ)

Very happy started learning the guitar after years of thinking about it

Spilsby Community Group Participant

I struggle with my mental health considerably since losing mobility. The iPad allows me to focus whilst creating music.

Grantham Community Group Participant

Emma is lovely and plays the guitar beautifully, she helped me start writing a song which is crazy!! I'm looking forward to future sessions.

Sleaford Community Group Participant

Life can feel like I'm walking happily along the pavement when all of a sudden a large metal pillar several feet tall blocks my path and I can't do anything about it. Music makes me forget to worry.

I feel sad that today is the last session. I'm going to miss this.

Mablethorpe Community Group Participant

Discussion

The combined results demonstrate SoundLincs' Connect project as having a significant impact on participants emotional wellbeing, social connectedness, and reducing the risk of suicide.

Delivery

Across the 126 sessions delivered within the mental wards of Lincolnshire and the 155 sessions in all eight districts of the county, SoundLincs has successfully engaged 220 unique participants. The original target established with funders was 80 unique participants, demonstrating a far greater reach for the project.

The establishment of a clear referral pathway between the NHS mental health teams and other community providers (such as social prescribers and partner organisations) to SoundLincs enabled 73 individuals, eligible for Connect, to be contacted by the SoundLincs team. For individuals to access Connect groups a referral had to be in place first. Analysing the pathway from referral to community group, 64% of individuals referred in to SoundLincs transitioned into accessing the Connect community provision. Through SoundLincs' referral system alternate pathways were also established based on participant need. This included 11 individuals gaining access to UpBeat³ 1-2-1 music sessions, with this provision deemed more suitable because of high levels of anxiety about joining group provision or accessibility to groups presenting a challenge due to

³ UpBeat is SoundLincs' general mental wellbeing provision, providing free access to 6, 45 minute 1-2-1 sessions that usually take place in participants homes or a community setting.

transport. A further 6 individuals were also directed to our Inside Voices groups⁴. The remaining 9 participants were unable to be contacted during this time period. Overall, 87% of individuals referred in to Connect gained access to community provision.

Engagement levels have provided clear metrics that evidence music as an engaging and interactive intervention that works across projects such as Connect. In ward based delivery, individuals were noted as being actively involved in sessions, averaging a 3.36 level of engagement out of 5. Community provision offered a greater range of engagement, with small group provision demonstrating higher levels of agency, communication and opportunities for adaptability. Larger groups averaged 2.83 levels of engagement, reflecting challenges of managing groups with multiple complex needs and requirements.

Other challenges that affected engagement include the use of community sites where other activities can be taking place in the same space. This was also reflected in ward based delivery, where space for delivery can be limited. Where sessions have been facilitated in independent, reserved spaces, levels of engagement have shown increased positive results.

A key positive recognition by NHS staff is that 'anyone can do music', breaking down barriers individuals face in accessing music as a creative resource. Staff members have recognised the sense of connection and belonging that the Connect sessions have

⁴ Inside Voices is SoundLincs' 'through the gate' prison and community group provision for those who have been involved in the justice system.

provided individuals, and also cite greater interconnection across the wards.

Ward Based Delivery

The highest numbers of participants came through the ward based delivery, reaching 170 unique participants. Provision was across 5 sites, and a notable aspect of this delivery was the provision being available from April 2025 across 3 sites, demonstrating year round accessibility to the groups.

High participant numbers could reflect the higher turn over of patients seen in acute wards, where the average length of stay for individuals is 22 days (Edge Health, 2023, p. 36). Rehabilitation wards demonstrate a longer average length of stay of around two years (NHS Digital, 2024). The contrast between Acute and Rehabilitation ward participants' length of engagement has been reflected through Connect attendance data, with a greater number of unique participants across less sessions in the Acute wards.

Rehabilitation wards therefore provide a space to engage participants for longer, establishing SoundLincs and music as an accessible intervention during their time on the ward. This longer term intervention has resulted in at least 3 individuals discharging from rehabilitation wards and accessing the Connect community provision. Further data is needed in collaboration with the NHS and LPFT mental health teams to establish if more participants gained access to community provision after being discharged from wards.

This highlights one of the challenges of this project, integrating a VCSE sector organisation with NHS systems. Whilst SoundLincs has demonstrated a successful referral model, staff across the NHS

have identified challenges of referring individuals into a third sector organisation that sits outside of their standard framework. The confirmed transition of 3 individuals from ward to community reflects those participants who have demonstrated the highest levels of engagement across the wards, and therefore music has been identified as a key intervention by staff and a referral subsequently made. Notably, all of these successful transitions came from rehabilitation wards. The short turnaround of acute wards could demonstrate challenges for staff to recognise the impact, and subsequently refer individuals into SoundLincs for the community provision. Furthermore, considerations around a lack of awareness of the community provision may have impacted referrals from acute wards.

Where direct referrals from acute wards may have been limited, SoundLincs has noted individuals self refer once discharged from hospital, or to have been referred in by community mental health teams, or other organisations.

Practitioner and Music Facilitator feedback has captured the contrasting delivery required across acute and rehab environments, with a model of focussed, medium term interventions across the Acute wards established through Connect. This has often centred around supporting participants to gain confidence and experience, and opportunities for expression, which can then be transferred into the community and for personal self care. This has been recognised by NHS staff, with Sophie Nicol (OT Lead - Acute Occupational Therapy, Physiotherapy and PHC activity provision) highlighting an individual who was 'struggling with expressing herself' later using the SoundLincs sessions to write lyrics and create a song about their experience. A participant from Francis Willis Unit identified

how DJing made them 'feel amazing every time. It helps me with my anxiety.' This demonstrates the identification by participants of music as a coping mechanism that can be transferred with them following their shorter engagement with the acute settings.

Rehabilitation ward delivery focussed on longer term interventions, supporting the development of social confidence and reducing the risk of suicidal ideation. This has been achieved by improving belongingness (Joiner, 2005, p. 118), reducing perceived burdensomeness (Joiner, 2005, p. 121), or encouraging Snyder's *Hope Theory* (2002, p. 257).

Adaptability has been a key success factor for SoundLincs' ward based delivery. NHS staff have commended the flexibility for sessions to be rearranged, ensuring provision is not missed or 'wasted', and SoundLincs has also facilitated provision to be transferred to a different site (PHC could no longer sustain sessions due to a reduction in staff, with this provision transferring to FWU instead). Furthermore, feedback from the Every Voice Patient Voice Group (responsible for patient feedback) influenced participant-led change. Specifically, new provision of DJ sessions at Ash Villa was identified as affecting the ward environment because of sound levels. SoundLincs immediately rotated facilitators for Ash Villa and FWU, instantly improving engagement across both sites and ensuring patient input and wellbeing is at the heart of the delivery.

Overall, Sophie Nicol, emphasised the importance of engaging patients through informal and creative methods, such as Connect. These approaches can complement traditional treatments like therapy and medication, particularly for patients who may find it difficult to express their emotions verbally. Whether patients are

sectioned under the Mental Health Act or receiving care voluntarily, music provides a constructive and therapeutic means of engagement during their stay. Connect presents an intervention that aligns with Lincolnshire Partnership Foundation Trusts objectives.

Claire McGrath, OT Clinical Lead for rehabilitation settings, highlighted the critical period during which patients transition from 24-hour care to community living. She noted that this period of increased vulnerability can benefit significantly from the continuity of care provided by SoundLincs' sessions, which offer a stable and supportive environment as patients prepare for greater independence. She also emphasised the importance of 'normalising' life outside the wards, with Connect sessions providing participants with non-clinical interventions, better equipping them in the move away from medical supervision.

Community Delivery

Community intervention averaged 5 unique participants across the 8 countywide groups, totalling 50 unique participants. Uptake of the community groups was gradual to increase, beginning in areas with a high number of referrals, links with the mental health wards, and high populations (Lincoln, Boston, and Grantham), before expanding to areas when further referrals came in (Gainsborough, Sleaford and Mablethorpe), or establishing groups where demand had not been represented through referrals (Pinchbeck and Spilsby).

All groups had developed regular members by the final month of delivery, reflecting a growth pattern across all groups of increased attendance through increased awareness. Awareness raising in the community has been a challenging aspect, with the referral based, closed nature of the groups requiring targeted approaches to

marketing and engagement. This provides context of why the majority of groups were established based on referrals, allowing resources to be allocated to areas of demand.

Particular notable impact is the ability for the project to reach across all districts of the county. NHS staff identified how their mental health provision can often be reduced to certain areas, with the majority of interventions only available in Lincoln or Boston. Sophie Nicol identified the provision of a connected pathway that reaches across the community, across all of the wards, the step-down service, and all districts of Lincolnshire as a model that is not replicated anywhere else within current projects.

Within community provision SoundLincs engaged with the Community Mental Health Hub and Community Connector model to provide sessions in safe and accessible community spaces. This ensured a model of delivery that supported engagement and signposting outside of just SoundLincs' Connect delivery. Delivery in these settings, with the vulnerable individuals that access them, has led to Connect becoming an integral part of the wellbeing hub offer, and has become part of a regular routine for participants.

SoundLincs Music Facilitators have identified the variation of delivery styles employed across community groups. The Gainsborough community group facilitator identified the benefits of an 'informal and collaborative approach' that built trust and group cohesion in the early weeks of the intervention. Where possible, some facilitators have incorporated targeted 1-2-1 support, either scheduling specific time slots within their 1.5 hour of delivery (Spilsby community group), or managing multiple individuals in one space. Notably, individualised work does not remain that way for the

entire intervention, with facilitators using 1-2-1 work to establish trust and confidence, before bringing participants together to form small bands, developing social connection through structured and supportive progression.

Whilst delivery has varied across a wide range of musical opportunities, including instrumental sessions and DJing, the most regular intervention for Connect delivery was songwriting and the development of original music, emphasising the importance of expression in these groups. Significantly, songwriting has been used for communication, evidenced in Ashley House where a participant wrote a song for their sister, whose partner had recently passed away.

The framing of Connect as a suicide prevention project has hindered some participants from joining community groups, demonstrating the continued stigma around suicide (Wyllie et al., 2025). When discussing the intended outcomes of the project with perspective participants, some were concerned about being in an environment centred around suicide. SoundLincs established through marketing and discussions with participants that these groups are not intended to function as talking therapies, where discussions around suicide may occur, but instead provide creative interventions that support the development of emotional wellbeing, strengthen social networks, and contribute to reducing the risk of suicide.

Emotional Wellbeing

Utilising the emotional wellbeing wordcloud assessments, significant improvement in participants' wellbeing has been recorded from pre- to post-session. Notably, prior to engaging in a SoundLincs' Connect session participants were reflecting a broad range of unsettled and on guard emotional traits, including high levels of anxiety and apprehension. A smaller percentage of responses identified disconnected and low energy traits, identifying feelings of exhaustion. Notably, a significant amount of responses established positive emotions prior to a session, demonstrating appreciation and optimism for the provision, as well as feeling safe and focussed.

Post-session analysis evidences a successful intervention for reducing negative emotions, with anxiety reducing from 7.1% of responses to 0.4%. Apprehension remained the largest negative post-session emotion, but reduced from 5.2% to 1.2%. As with the positive anticipation of engaging with Connect pre-session, it can be posed that participants returning to situations outside of Connect could have caused levels of apprehension to still remain present.

Analysis across varying levels of intervention demonstrates a consistent positive impact on emotional wellbeing, with 91.4% of participants demonstrating improvement in their mental wellbeing. Interestingly, a 1 session intervention, and over 6 session intervention reduced negative emotions to just feelings of apprehension, with the remaining identifiers all categorised as calm and settled, engaged, or positively transformed. Medium term interventions (2 to 6 sessions) demonstrated improvement of mental wellbeing, but had slightly higher choices of unsettled and

on guard traits, and the introduction of feelings of being disconnected and low energy post session. With these specific emotions being identified as distant (2.3% of responses), sensitive (2.3% of responses) and self-conscious (1.1% of responses), it could be concluded that medium term intervention reflects a progression of a participant's emotional state to one of vulnerability post-session, causing a higher percentage of negative emotional wellbeing choices when compared with short or long term intervention.

Emotionally vulnerability further into the intervention is also evidenced through pre-session analysis of participants who attended more than 6 sessions. A greater number of unsettled and on guard and disconnected and low energy traits were identified pre-session, with feelings of anxiety increasing but feelings of apprehension reducing. Combining evidence, participants experience greater vulnerability earlier in the intervention, which then continues to impact them pre-session over long term interventions, but is eradicated post-session. The scope of this analysis is limited by the length of intervention, with current provision concluding in March 2026. Whilst ward based delivery has been accessible year round in most cases, community delivery has been limited to an average of 3 months of provision. Opportunity to conduct further analysis over a longer period could strengthen results and form understanding of a multi-year interventions impact on participants wellbeing.

Utilising the ONS4 Personal Wellbeing assessment, participants demonstrated greater positivity with their life nowadays (an average of 6.13) than how happy they felt the day before the intervention (4.67). Referencing the Office for National Statistics, Connect

supports individuals to transition from the threshold of low personal wellbeing (0-4) to medium (5-6).

Further analysis of ONS4 personal wellbeing data collected across the beginning, middle, and end of participants' experience demonstrates an improvement of life satisfaction during the intervention, which then decreased by 1.6 points when the provision was ending. The end of the project was specifically cited by participants as reasons for providing a low score for this question. This evidences a potential harm of discontinuing provision, disrupting the improvement of life satisfaction for participants, which increased by 1 whole point when engaging in the sessions (6.6 rises to 7.6). Evidence of Connect impacting participants' life feeling worthwhile is demonstrated by the increase of this score from a baseline of 7.2 to 7.4. Whilst a small increase, and a high score, the ONS4 scores demonstrate more positivity following the session, drawing similar conclusions to the emotional wellbeing word cloud analysis.

Exploring how happy participants felt the day before the session, beginning and middle of intervention scores sustain at an average of 5, but drop to 4.2 for the final session. Levels of anxiety the day prior to Connect sessions prove difficult to predict, with anxiety increasing midway through their provision, before decreasing again by the end of the project. As previously proposed, participants may be experiencing an increase in anxiety due to heightened emotional vulnerability, or returning to other challenges they face in their own environments.

Comparison to regional and national data demonstrated Connect as providing above average scores for life satisfaction at the mid point

of engagement, and also being within 0.37 points of the national average of individuals feeling that life is worthwhile by the end of the intervention. Reflecting trends established earlier in this evaluation, participants on Connect scored significantly lower for happiness yesterday (measured as the day before the session for Connect participants), when compared with the average score for Lincolnshire in 2023 (7.88). Establishing further support mechanisms outside of Connect sessions could improve these results, but the data can also be analysed as Connect providing respite from challenging environments that the participants were experiencing in their day to day lives.

Overall, ONS4 data presents an increase in life satisfaction and happiness during the period of intervention, which subsequently decreases when participants no longer have access to the sessions. The improvement of participants feeling their life is worthwhile demonstrates a positive impact on participant wellbeing at the end of the intervention.

Suicide Prevention

The main outcomes for SoundLincs' Connect project was providing an intervention that would support suicide prevention. Combining the data analysed in this evaluation, this outcome has been achieved. This is evidenced by combining the positive impact of participants mental wellbeing with evidence of the intervention reducing social isolation⁵, and the following specific identifiers of

⁵Reduction in social isolation was evidenced in the Social Return on Investment, drawing on the emotional wellbeing wordcloud assessments, where specific phrases; 'interested', 'curious', 'inspired', 'engaged', 'involved', 'caring', 'understood', 'accepted', 'safe', and 'peaceful' were

suicide prevention from the emotional wellbeing wordcloud assessments; specific phrases ‘involved’ and ‘accepted’ demonstrate belongingness, identified as a ‘buffer’ against the desire for death (Joiner, 2005, p. 118). Joiner further identifies feeling ‘understood’ as reducing perceived burdensomeness (2005, p. 121). Snyder’s *Hope Theory* identifies ‘inspired’ and ‘encouraged’ as high hope emotions, promoting ‘agency thinking’ and allowing individuals to find pathways to solving life's problems (2002, p. 257). ‘Safe’ and ‘Peaceful’ indicates ‘de-escalation[s] of suicidal crisis’, whilst ‘interested’ can demonstrate how an individual is no longer ‘tunnel-visioned’ on self harm (Stanley & Brown, 2012, pp. 259 - 261). Finally, ‘curious’ and ‘interested’ states are ‘approach oriented’, which is seen as incompatible with ‘withdrawal oriented’ states of suicidal despair (Kashdan et al., 2009, p. 989).

Through the emotional wellbeing wordcloud assessments, we can establish that 30.5% of participants identified traits that are likely to prevent suicide. When applied across all unique participants, 67 individuals across Connect developed emotional traits akin to suicide prevention.

Another key factor for suicide prevention is having continuously accessible provision, as suicidal crises take place over brief periods of time (Kleiman et al., 2017, as cited in Tsypes et al., 2023). Whilst the participants have demonstrated greater positivity with their life nowadays whilst involved in the project, factors such as their life outside of the project (how happy they felt the day before the

chosen by participants and have been recognised as demonstrating improved socialisation (Frederickson, 2001, pp. 220-221; Ryan & Deci, 2000, pp. 71-73; Reis & Shaver, 1988, pp. 375-377; Porges, 2011, pp.132-153).

intervention) or the impact when the provision stops (a reduction in life satisfaction) can potentially have negative effects on suicide prevention. Keeping access to regular sessions can reduce this risk, as participants' life satisfaction significantly increased during their engagement with Connect.

Further preventative measures include the involvement of family (NCISH, 2016). SoundLincs successfully engaged 5 parents/carers of individuals in our community sessions, reflecting a space where participants could be supported by their close networks. One participant's support network identified that SoundLincs Music Facilitators demonstrated communication and understanding of her son, identifying these sessions as ‘the first time that people have been able to have a connection’ with him.

Social Return on Investment (SROI)

The Connect project has evidenced a SROI of £15.40⁶. Kadel et al.'s (2020) report on the *Social Return on Investment (SROI) of mental health related interventions* provides other creative based interventions for comparison (see Fig.17).

Intervention	Outcomes	Time	Cost	SROI ratio
Community arts in mental health	Improved mental health and wellbeing, Improved confidence	36 months	Investment = £16,420 Benefits = £153,940	SROI = £9.38/£1 invested

⁶ Evidence of how the SROI was calculated, including detailed evidence of proxies and outcomes, can be found in the results section.

Creative arts	Reduced anxiety and depression, Improved mental health, Increased confidence	18 months	Investment = £489,000 Benefits = £2,497,000	SROI = £5/£1 invested
Creative arts alternatives	Improved mental wellbeing, Reduced GP visits, Increased social activities	12 months	Investment = £40,000 Benefits = £165,000	SROI = £4.12/£1 invested

Fig.17 Creative arts examples from Kadel et al.'s (2020) report on the *Social Return on Investment (SROI) of mental health related interventions*

Although the above examples are a selected sample from 42 studies, they specifically present additional and comparative evidence for the positive SROI creative arts interventions can have on mental wellbeing.

Connect presents a higher SROI because of the specific targeting of suicide prevention. The proxy used to measure this resulted in £621,065.35 of impact, demonstrating significant return on the £50,000 investment for Connect. SROI in this range is demonstrated in Kadel et al.'s analysis (2020), with a Wildlife Trust intervention yielding a 'SROI ratio of £14.55 for every pound invested' over twelve months. Across their study interventions SROI ranged from £0.79 to £28 for every £1 invested.

Furthermore, O'Shea identifies the return on investment (ROI) is three times higher for preventive care than specialist treatment (2021). Connect presents a preventative, community integrated provision, resulting in a higher SROI.

Cost Comparisons

Edge Health identified the average cost per day of a patient to stay on an LPFT inpatient acute mental health ward as £429 (2023, p. 36). Similarly, NHS Nottingham and Nottinghamshire ICB recently identified a £426 average cost for a patient occupying an in-patient bed in a rehabilitation and recovery unit for a mental health condition (2024).

The delivery of Connect across wards has been established as £178.57 per session, with community based sessions costing £177.41 per session. Several cost comparisons can be evidenced:

Intervention in the community

The project successfully demonstrated factors that can rapidly reduce markers of acute psychiatric illness (reducing anxiety and apprehension, and increasing engagement), and also demonstrated the development of social connectedness and coping mechanisms that can be utilised in the community ('He became much more confident interacting with others during these sessions'). If Connect can be utilised as a preventative measure, a reduction in individuals accessing mental health services could be established. A direct comparison between the cost of community based sessions to the average length of stay on acute wards is £9438⁷.

During the same period of time, 4 Connect community sessions (measured as 1 session per week) would have been delivered at a total cost of £714.28.

⁷ Average length of stay of 22 days (3 weeks and 1 day) x LPFT inpatient acute mental health ward bed cost of £429

Furthermore, all Connect sessions (ward and community) are group based, allowing multiple people to access the provision, providing a greater cost to person ratio. On average, 33 unique participants accessed the sessions in the wards across each group over the period of delivery.

For the same cost of an individual's average stay of 22 days on an acute ward (£9438), SoundLincs could deliver 53 community based sessions.

On average, Connect community groups had 5 unique participants per group. Therefore, £1887.60 per participant would be the cost for a group of this size to access 52 weeks of Connect community provision.

Cost per participant - Wards

Across Connect, SoundLincs has supported 170 unique participants across ward based delivery. This establishes a £132.35 cost per participant for this intervention (£22,500 of ward specific funding / number of unique participants). Utilising attendance registers, 132 individuals were from acute settings⁸. Applying the average length of stay, the cost to the NHS for this would be £1,245,816. The remaining 38 participants from rehabilitation wards, with an average length of stay of two years, would cost £11,817,240.

⁸ (Figures from Maple Lodge (Rehabilitation) and Ward 12 (Acute) had been merged due to inter-ward delivery

An average of 4 participants attended each Connect ward session. The £178.57 cost per session can be recalculated as a cost of £44.64 per person, per session.

Connect provides a cost effective method for reducing the length of stay by providing an immediate reduction in mental health crisis, developing emotional wellbeing and supporting individuals to sustain in the community.

End of Funding ‘Cliff Edge’

One of the most significant challenges highlighted by group members is the conclusion of the project at the end of March 2026. Many participants in the community have joined at varying times throughout the year, reflecting differences in discharge times or awareness of groups. Due to funding constraints across the charity sector and with Lincolnshire specific mental health funding, SoundLincs is not in a position to immediately continue the full Connect provision and does not have other suitable projects for participants to transition on to. SoundLincs, as of March 2026, is actively seeking funding opportunities to continue this work.

This has created a significant cliff edge for participants across Connect. Whilst there is evidence that participants have gained skills to continue using music as a creative intervention and coping mechanism outside of SoundLincs sessions, for many the added routine and social elements of Connect have supported their wellbeing. When finding out the project was concluding, one participant shared; ‘I struggle massively with anxiety, changes to my routine and meeting new people so this has really distressed me.’

Other participants specifically identified the impact music has had, 'wish[ing] this could carry on as music is really good for mental health and learning a new skill helps also with concentration.' Another participant states; 'this has been very therapeutic to learn the guitar, I feel I am only just getting the hang of it and there will be no more classes, these classes have been good for my mental health and learning a new skill has improved my confidence. I am sad that these sessions will no longer be running as they've been beneficial.' A participant from SoundLincs' Mablethorpe community group shared 'Music makes me forget to worry. I feel sad that today is the last session. I'm going to miss this.'

Whilst SoundLincs has secured localised funding to continue the provision in Boston, the transition of Hub and Connector contracts at the end of March 2026 provides further challenges to sustaining support networks and access to spaces. This could pose wider challenges to participants, especially as many mental health funded projects across the county will conclude following the end of the Mental Health and Wellbeing Community Investment Fund (MHCWIF) for Lincolnshire.

Additional Outcomes

Cross Ward collaboration

Through discussions with both Lead Occupational Therapists for Acute and Rehabilitation wards, alongside ward specific Occupational Therapists, development of inter-ward practices has developed through Connect. Both in Discovery House (the site for three separate wards) and Boston (the site for Ward 12 and Maple Lodge), the combining of wards has taken place to allow for greater access to Connect sessions. Staff have shared that this has

inspired more inter-ward collaborations, and also provided opportunities for patients to develop social interactions outside of their ward based networks. It has also been noted that inter-ward provision has supported patients transitions between acute and rehabilitation wards.

Reduction in average length of stay for inpatient acute wards

A large reduction in average length of stay across Lincolnshire inpatient acute wards took place from May to June 2025 (average stay of 66 days in May, to 22 days in June) (see Fig.18).

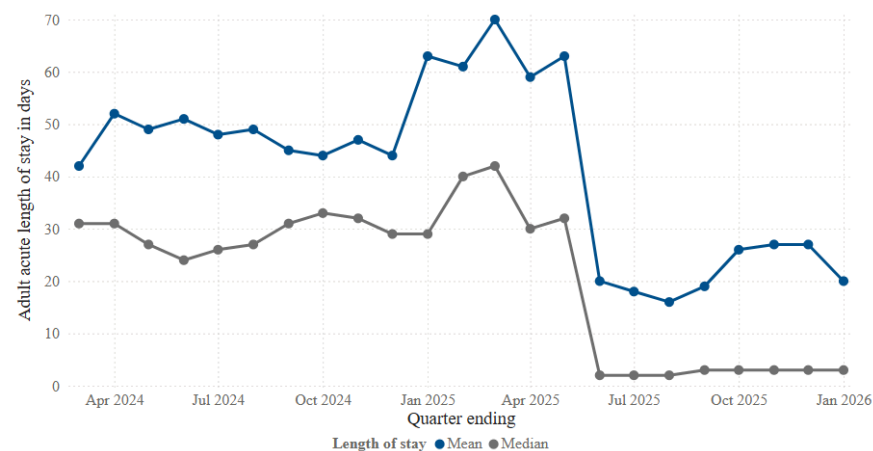


Fig.18 Average length of stay in adult acute mental health beds for Lincolnshire Partnership NHS Foundation Trust (Royal College of Psychiatrists (2026)

Further research and analysis can be conducted with NHS LPFT to establish the factors that supported reduction in the average length of stay. The data presents a correlation between the timings of the Connect intervention becoming established across inpatient acute wards, and the reduction in length of stays. This is likely a result of

larger transformational change across the practices in inpatient acute wards, and therefore remains outside of the core evaluation of Connect.

Workforce Development

The addition of Connect to SoundLincs' projects enabled further recruitment of freelance Music Facilitators to deliver across the project.

Future Research

Outside of this evaluation, analysis of the emotional wellbeing wordcloud assessment for each phase of the intervention (ward and community) or each location could be explored, providing location specific data of the emotional transformation of individuals engaging with Connect.

Collaboration with partners across each setting could be utilised to inform detailed impact of the intervention on a case by case basis. Partnered research with the NHS to review the impact of music based interventions on reducing bed stays across acute and rehabilitation wards.

Both a longitudinal study of Connect's future impact on participants, and a continued study of Connect over a longer, multi-year period, could expand research into the transitional nature of the project and the support it provides for establishing individuals in their community. This would be significant for evidencing an intervention to reduce the 50% of patients who relapse following NHS treatment for severe mental illness (Moriarty et al., 2020).

Considerations

Key considerations for future development of creative, ward to community based interventions, includes; opportunities to establish referral pathways clearly within NHS systems, particularly for inpatient acute wards where patient turnover is much higher.

The marketing of projects centred around suicide prevention can have negative effects on some participant uptake. Although Connect provides an opportunity to reduce the stigma associated with suicide, striking a balance between advertising the project as suicide prevention and not discouraging participants should be explored.

Ways to avoid the 'cliff edge' participants may experience when provision ends is a key development that should be implemented in future iterations of suicide prevention projects. This is a shared responsibility across the organisations and funders, recognising the vulnerable and high risk nature of the participants being supported. Challenges in the VCSFE sector, particularly around funding, can create a huge reduction in available provision and support networks for the most vulnerable of participants.

SoundLincs Social Prescription Model

The above considerations have informed SoundLincs' adaptation towards a connected social prescription pathway, incorporating and expanding the current adult mental health provision of Connect and UpBeat. By placing all of SoundLincs' creative health provision under one umbrella social prescription model, NHS staff do not have to be aware of multiple projects and interventions, including different parameters for accessing these projects. Instead, SoundLincs can meet the objectives of improving mental wellbeing, social connectedness, and suicide prevention through multiple phases of intervention.

This could include continuation of ward based delivery, access to both 1-2-1 sessions and localised groups in the community, and the addition of a supportive final phase to reduce the 'cliff edge' of participant engagement. This final phase could focus on specialised provision and work in collaboration with educational and employment providers, providing next steps for participants to engage in, following their experience with SoundLincs.

This model would also allow for advertisement of the group to fall under the phrasing of social prescription, encompassing a broader range of participants but still providing access to those at heightened risk of suicide. Reports, such as this one, can also be referenced as evidencing the impact of ward to community creative provision, broadening the public, NHS, and academic awareness of these interventions, and situating a future social prescription model within suicide prevention frameworks.

Conclusion

The SoundLincs Connect project has demonstrated that musical interventions are a powerful and cost-effective component of a comprehensive suicide prevention strategy. By delivering 281 sessions across 10 wards and 8 community locations, the project successfully reached 220 unique participants, providing vital support for those at heightened risk of suicide, and particularly those during the transition from inpatient to community care. This period is particularly critical given NCISH data showing that 21% of post-discharge suicides occur within just three days of leaving a ward (2022).

The project's success in suicide prevention is evidenced by significant shifts in the emotional wellbeing of its participants. SoundLincs' evaluation data highlights a dramatic reduction in high-risk emotional states, such as anxiety, which fell from 7.1% pre-session to 0.4% post-session. Furthermore, 30.5% of participants, representing 67 unique individuals, identified emotional traits that are theoretically linked to suicide prevention. Specifically, participants frequently reported feeling 'involved' and 'accepted', which serve as a critical 'buffer' against suicidal ideation by fostering a sense of belongingness. Additionally, the increase in participants feeling 'understood' directly addresses and reduces the 'perceived burdensomeness' that often contributes to suicidal ideation.

While the project achieved a Social Return on Investment (SROI) of £15.40 for every £1 spent, the 'cliff edge' of provision remains a primary concern. Participant feedback and ONS4 data indicate that life satisfaction scores dropped significantly (by 1.6 points) when

individuals were faced with the end of the provision. To prevent the loss of these established support networks and to continue addressing the unique risks faced by Lincolnshire's vulnerable populations, including those in rural isolation or areas with high levels of deprivation, it is essential that the Connect model is sustained. This project has proven that by engaging participants creatively we can provide a life-saving bridge that fosters resilience and prevents the most tragic of outcomes.

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