

Developing novel methods to capture health and well-being outcomes of community-based support: testing Moodscope with vulnerable families

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Acknowledgements

This research was funded by the National Institute for Health and Care Research (NIHR) through a project grant from the Applied Research Collaboration Oxford and Thames Valley at Oxford Health NHS Foundation Trust (<https://www.arc-oxtv.nihr.ac.uk/>). The project was initiated by the lay Public Involvement lead for the research theme on Improving Health and Social Care in the Community, and we thank NIHR for its support of public-led research. The views expressed are those of the authors and not necessarily those of the NHS, the NIHR, or the Department of Health and Social Care.

We are very grateful to the staff at our partner charity organisation who designed and delivered the art sessions where we conducted the research, and to all the participants for giving their time and valuable insights to the project. We thank the current Moodscope team for their positive engagement with this project and for providing the cards and scoring materials.

Key messages

- Moodscope was successfully used by family carers to measure their positive and negative mood states when participating in art sessions run by a support charity. All participants were able to use the Moodscope cards at the start and end of each session and to record all 20 measured mood states on their score sheets.
- Most participants showed a consistent positive increase in Moodscope scores between the start and end of each session.
- All participants found the Moodscope cards easy to use after one or two attempts. For some this was easier than anticipated.
- In response to using the Moodscope cards, participants reflected on their mood in a nuanced way. They found the detailed language describing the 20 mood states useful for distinguishing between them, and they found Moodscope good for highlighting the presence of positive mood states even when overall mood was negative.
- Participants saw potential for Moodscope to be used in future sessions run by the charity, adding a quantitative monitoring tool to current feedback processes. But charity staff stressed the importance of not relying solely on quantitative metrics for assessing impact; Moodscope could enhance but could not substitute for the regular qualitative information that they gather, which helps charity staff to build trusting relationships with the people they support.
- The main challenge identified for ongoing use of Moodscope was the additional time and focus that charity staff would need for collecting Moodscope data alongside running the main session activities. Ideally each session should be run by two people, one to lead session activities and the other in a support role to facilitate use of Moodscope.
- Important enablers for conducting this research were a sense of trust between participants and researchers, and the charity staff's ability to provide after-care support to participants if any issues arose during sessions.

Background and Research Aims

Voluntary sector organisations (also referred to as third sector or charity sector) support health and well-being through wide-ranging interventions and activities (Wilson et al. 2012, Dickinson et al. 2012, Roy et al. 2014). However, they can struggle to provide consistent evidence on their impacts (Bach-Mortensen and Montgomery, Hardwick et al. 2015), in spite of increased pressure to do so in a highly competitive funding environment (Harlock 2013, Foster et al. 2020). Self-reported outcomes are usually captured through standardized questionnaires, but use of these formal measures can create literacy/language barriers or alienate vulnerable groups with previous poor experience of formal services. These barriers could potentially bias the outcomes data collected and widen health inequalities (Kamerade 2015, Long et al. 2022).

Co-lead MZ, who previously worked in the third sector, saw the costs involved with doing evidence-based research and the difficulties when it comes to involving hard-to-reach communities and individuals. When she first became Public Involvement lead for the Community Health and Social Care theme within the NIHR Applied Research Collaboration for Oxford and Thames Valley (ARC-OxTV), she

was running upcycling classes and events with third sector organisations. Wanting to find out how/whether people found it useful, with the help of CP (who was staff public involvement champion) MZ developed a simple pilot evaluation to seek evidence of its impacts on quality of life and wellbeing. Following on from this work, she introduced CP to the Moodscope system as a possible alternative to formal questionnaires for capturing impacts of support provided by the voluntary sector.

Moodscope is a mood-tracking system based on the validated PANAS scale (Watson et al. 1988) that was developed by a lay person, Jon Cousins, after he could not get the help he needed with his own mental illness. He adapted the scale into a set of cards as a simple and interactive way of assessing different mood states (10 positive and 10 negative), which can be qualitatively described and quantitatively scored. It is mainly an online tool, but MZ had in her possession demo Moodscope cards, owned by www.moodscope.com, and started trialling them in a few upcycling sessions. She liked the balanced emphasis of positive/negative emotions and saw the hard copies as having several potential uses: introducing people to the nuance of their own mood in a playful way, providing them and the mental health professionals/support workers with a snapshot of their mental health, and potentially being a way of benchmarking the impact of a session on mood.

Knowing that ARC-OxTV was seeking innovative ways to engage communities in research, and wondering whether third sector support workers would find Moodscope cards useful, she and CP devised the methods of data collection that have been used in this project. We hypothesized that this less formal style of participant engagement, which allowed measurement of positive mood states in addition to negative ones, could allow for more robust data to be captured, while also helping to foster trusting relationships between vulnerable participants and the community-based organisations supporting them.

The overall aim of this project was to test the feasibility of using Moodscope to capture health and well-being outcomes of community-based activities, using mood improvement as a benchmark.

In this research we addressed the following questions:

1. What impact do an organisation's sessions have on health and wellbeing, as measured by positive and negative mood states?
2. Is it feasible to use Moodscope as a method for capturing that data within community-based support services?
3. What conversations about mood and wellbeing might use of Moodscope prompt between service users and service providers?

Methods

This pilot project tested the feasibility of using Moodscope cards to assess the effectiveness of a therapeutic art group run by a partner charity organisation that supports families affected by imprisonment. Sessions were designed by charity staff for carers (parent, grandparent, or guardian) of children supported by the charity. The two-hour sessions were run across six weeks in June-July 2023 as a closed group, with four carers selected and invited by charity staff to participate.

Attendance at all of the sessions was encouraged but not compulsory. The sessions were held at the charity's offices, with two professional members of staff sharing responsibility for leading weekly

activities in the main room, and the project co-leads undertaking data collection as part of their participation in sessions. Ethics approval was obtained from the Departmental Research Ethics Committee (DREC) at the Oxford Institute of Population Ageing (reference number OIPA_C1A_23_001, 18th May 2023).

Prior to the first session, an online meeting was held to introduce the project co-leads (researchers) to invited participants. The researchers described the aims of the project and demonstrated use of the Moodscope cards, with opportunity for participants to ask questions. Participants were sent the full Participant Information Sheet and Consent Form in advance of the first session. They provided written informed consent at the start of the first session they attended.

Use of Moodscope was demonstrated by the researchers again at the start of the first session. Each participant was given a set of Moodscope cards to use, consisting of 10 red cards (positive mood states, described by developers as 'Mental energy') and 10 blue cards (challenging mood states, described by developers as 'Distress'). The red mood states were Active, Alert, Attentive, Determined, Enthusiastic, Excited, Inspired, Interested, Proud, and Strong. The blue mood states were Afraid, Ashamed, Distressed, Guilty, Hostile, Irritable, Jittery, Nervous, Scared, and Upset. A sheet with definitions of each mood state was provided. Participants were instructed to shuffle their set of cards before each use so that the mood states would appear in a random order. For each mood state, participants oriented the card so that their selected score appeared facing them at the top of the card. Score options were 0 (feeling this mood state 'very slightly or not at all'), 1 ('a little'), 2 ('quite a bit'), or 3 ('extremely'). Participants then sorted their scored cards into two piles for the red (positive) and blue (challenging) mood states. Scores for red states were added to give a summary red score, and scores for blue states were added to give a summary blue score. An overall Moodscope score was generated using the chart provided by the Moodscope developers (see images below).

Image 1. Sample of Moodscope cards, with scores oriented at top facing direction (e.g. 1 for Inspired, 3 for Nervous, etc.)



Image 2. Scoring chart provided by Moodscope

Moodscope scoring chart – figures in main table are percentage scores where 100% is completely happy, and 0% is completely distressed.

		Blue points – Distress																			
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Red points – Mental energy	0	20	19	19	18	17	17	16	15	15	14	13	13	12	11	11	10	9	9	8	7
	1	23	22	21	20	20	19	18	18	17	16	15	15	14	13	12	12	11	10	9	9
	2	25	25	24	23	22	21	21	20	19	18	17	17	16	15	14	13	13	12	11	10
	3	28	27	26	25	25	24	23	22	21	20	19	18	18	17	16	15	14	13	12	12
	4	31	30	29	28	27	26	25	24	23	22	21	20	19	19	18	17	16	15	14	13
	5	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14
	6	36	35	34	33	32	31	30	29	27	26	25	24	23	22	21	20	19	18	17	16
	7	39	38	36	35	34	33	32	31	30	28	27	26	25	24	23	22	21	19	18	17
	8	41	40	39	38	37	35	34	33	32	31	29	28	27	26	25	23	22	21	20	19
	9	44	43	41	40	39	38	36	35	34	33	31	30	29	28	26	25	24	22	21	20
	10	47	45	44	43	41	40	39	37	36	35	33	32	31	29	28	27	25	24	23	21
	11	49	48	47	45	44	42	41	40	38	37	35	34	33	31	30	28	27	26	24	23
	12	52	51	49	48	46	45	43	42	40	39	37	36	34	33	31	30	29	27	26	24
	13	55	53	52	50	49	47	45	44	42	41	39	38	36	35	33	32	30	29	27	26
	14	57	56	54	53	51	49	48	46	45	43	41	40	38	37	35	33	32	30	29	27
	15	60	58	57	55	53	52	50	48	47	45	43	42	40	38	37	35	33	32	30	28
	16	63	61	59	57	56	54	52	51	49	47	45	44	42	40	38	37	35	33	31	30
	17	65	64	62	60	58	56	55	53	51	49	47	46	44	42	40	38	37	35	33	31
	18	68	66	64	62	61	59	57	55	53	51	49	47	46	44	42	40	38	36	34	33
	19	71	69	67	65	63	61	59	57	55	53	51	49	47	46	44	42	40	38	36	34
	20	73	71	69	67	65	63	61	59	57	55	53	51	49	47	45	43	41	39	37	35

Within one month after completion of the six-week art series, the researchers conducted qualitative interviews with each of the four carer participants and the two charity support workers. Interviews followed topic guides developed for each type of participant and each lasted approximately one hour, with both researchers participating in all interviews. Interviews were audio-recorded and transcribed for thematic analysis. Both researchers analysed and coded all six transcripts independently, then they compared results to identify prominent themes.

Results

Moodscope scores were generated at the start and end of each session by all project participants: four invited carers supported by the charity (referred to below by the pseudonyms Arianne, Beryl, Claire, and Dorothy), the two charity support workers running the sessions (SW1 and SW2 below), and the two researchers supporting collection of Moodscope data (report authors MZ and CP). Attendance ranged from five to seven participants per session, with one of the invited carers attending all six sessions and the other three invited carers attending four sessions.

At the first session participants sorted their own cards to score each of the 20 mood states, but researchers took responsibility for recording their own and other participants' scores on the provided templates. In subsequent sessions all participants recorded their own scores onto their individual templates, with researchers available to help if requested.

Scores for each of the 20 mood states were recorded for each participant each week, as well as the summary scores for the red (positive) and blue (negative) mood states, and the overall Moodscope score read from the provided scoring chart (see **Appendix 1** for data capture template). Complete data

(all 20 mood states) were collected for all participants at the start and end of every session they attended, with two exceptions; one carer left a session early before completing the end-of-session scoring, and one researcher recorded only the summary red and blue scores for herself at the end of one session. In total, 17 complete sets of measures (start and end, enabling calculation of score change across the session) were collected for the four invited carer participants, of 36 complete sets of measures collected across all eight participants.

Impact of art sessions on participants' well-being, as measured by Moodscope cards

Figure 1 shows the average Moodscope score at the start and end of each session, for all participants present at each session. Scores were lowest in the first session and highest in the second session (reasons for this emerged in the qualitative data presented below), with starting scores stabilizing to around 50 (of maximum 100) from week 3 onwards. Ending scores from week 3 onwards ranged from 60 to 73. Across all participants, an average increase of 14 points in Moodscope score from the start of a session to the end of the same session was observed. **Among invited carer participants only, Moodscope scores increased an average of 21 points per session** (see Table 1).

Figure 1. Moodscope scores across sessions

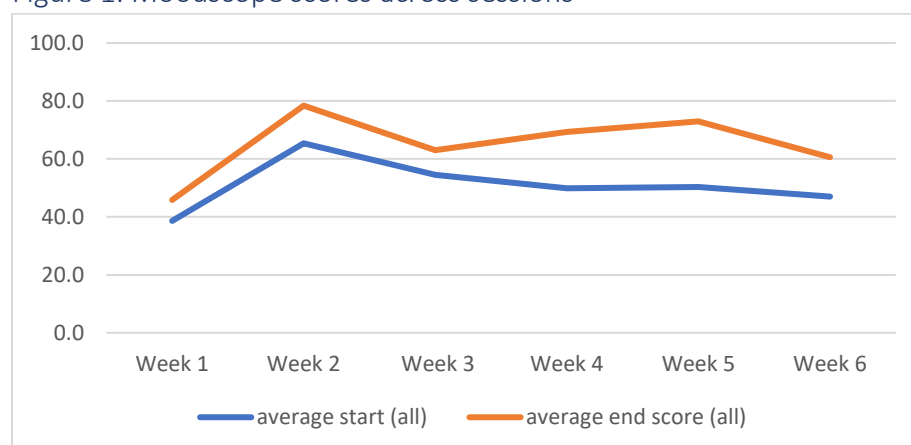


Table 1. Average Moodscope scores across sessions (carer participants only)

	average score (carers)	start score (carers)	average score (carers)	end score (carers)	average score change
Week 1		26.3		47.7	21.4
Week 2		46.0		65.5	19.5
Week 3		49.0		56.8	7.8
Week 4		37.7		66.7	29.0
Week 5		36.0		71.3	35.3
Week 6		25.0		35.5	10.5
Average carer score change:					20.6

Table 2 shows individual changes in Moodscope scores for the four carer participants. Three carers showed a consistent increase in Moodscope score between the start and end of sessions, averaging 25-30 points increase. One carer participant showed little change in Moodscope scores across sessions and had notably lower scores than others at both the start and end of sessions. Reasons for this were explored in the follow-up qualitative interviews (presented in the following section).

Table 2. Average starting and ending Moodscope scores for individual carer participants

	Average start score	Average end score	Change
Arianne	23.5	25.0	1.5
Beryl	39.3	68.7	29.4
Claire	45.8	70.7	24.8
Dorothy	36.2	64.0	27.8
All carers	36.2	57.1	20.9

What is being measured? Interpretation of scores from qualitative data

In follow-up qualitative interviews with carers, we presented each participant with their individual scores and gave them space to comment on them. A recurrent theme was the **impact of outside factors on Moodscope scores**, which could vary according to individuals' circumstances and over time.

Participants commented on feelings of uncertainty associated with the first session, coupled with difficult background states which might have been reflected in the generally lower scores:

"I don't think it [Moodscope score] was linked to the activities. I think it was more linked with being with people, so the first week...my score would've not been as high as 60, just because it takes me a while to get to know a group of people, and although we know each other, I haven't seen people for quite a while...so I think there are many things that would influence a score." (Beryl)

"that first week was also I'd had no sleep all night and my back was really bad...So my scores were really low upon arrival even though I'd been so looking forward to it... I was just drained. And even still you can see the reflection of actually I persevered through there, I made it there which I nearly really didn't think I would go. So it was really good that, you know and then the next week when I felt better that I'd had a decent night's sleep, the sun was shining, it was just really nice to ...[know] that I was going there and it was enjoyable as well." (Claire)

"I do remember I was absolutely exhausted one week, where I could hardly focus, so I think all of the reds were quite low that day. Yes, they got up a bit after a good dose of coffee, I think." (Dorothy)

The researchers and charity support workers also reflected on their nervousness about the first session's success, given that both the art programme and use of Moodscope within it were new experiences for most participants. In contrast, there was a notably more relaxed atmosphere at the

second session, which coincided with especially good weather. Participants recalled how this was reflected in the much higher Moodscope scores for this session:

"It was beautiful. I was looking forward to going to [planned event] as well, I'm sure....I was really excited about that. So yes, so yes, definitely. I think because I just, I went away for that weekend and again, it was some downtime, I didn't have to think about any of the stuff going on at home." (Arianne)

"I remember clearly with the second week where the weather was so much nicer we were all commenting on how it had impacted our mood and, we had a conversation about that and what we need. And people talked about, "I really struggle in the winter" ... So, there were definitely moments when the scoring of the cards prompted conversations about everybody's feelings." (Charity SW2)

In considering whether or not the Moodscope cards were useful for capturing the impact of the art sessions, both carers and charity support workers noted that the ongoing stresses of life would likely affect someone's mood, particularly at the start of sessions:

"I definitely felt more anxious at the beginning of sessions and most of the time when I was getting there something or other had been a problem, so I was getting there feeling pretty sort of down in myself, really, a lot of the time. So it was definitely helpful, I think, just to have that time out and do something pleasurable really. Yes. I definitely didn't feel as anxious at the end as I did at the beginning, or in such a down mood really, a low mood." (Dorothy)

"I find them [Moodscope scores] quite accurate to be honest, it's just there's quite a lot of confounding factors ... [a participant] made the point that she is generally feeling very angry and hostile because something really traumatic had happened just before she started the art therapy. So yes, I just found like just some of the measurements, some of the scores were not really about the session they were about external circumstances which of course is going to influence any supportive, therapeutic tool." (Charity SW1)

"I don't think that it just scores your project. The change in score, I think that shows what impact your project has had, but the score that they come in with is dependent on them and what's going on in their life." (Charity SW2)

The participant who showed little change in Moodscope scores put this in context of the art sessions occurring during an extended time of difficulty; for her, the art sessions provided temporary relief from otherwise unrelenting stresses that were consistently reflected in her background mood state:

"Yes, but [positive experience of art sessions] probably wasn't reflected in the cards, if that makes sense. Because when I did the cards, I was thinking about how I felt, rather than how I felt about the art session... I think overall, mine [Moodscope scores] were pretty sort of the same, they were sort of consistent with how I was feeling with, you know, as I say, with everything that's gone on over the last year to 18 months, I'm not out the other side of it." (Arianne)

She went on to say that the sessions were beneficial to her, even if this was not reflected in the Moodscope scores:

“And if you said to me, at the beginning of the session, I did the cards, and that was my score. Then at the end of the session, you said to me, do you feel a little bit better now than you did when you came in this morning? 100%, I would have said, yes, I do. I do feel better. I do feel I've benefited from the session, I do feel better, I do feel more positive. But then as soon as I go back to the cards, because the cards are almost asking that direct question about how I'm feeling, how I'm feeling is still, I'm still feeling uninspired, and I'm still feeling guilty, and I'm still feeling jittery or annoyed or aggravated, or, all the words, I'm still feeling the same as I was feeling. But I do feel a little bit better.” (Arianne)

This participant's experience highlighted that Moodscope would best be used in addition to other ongoing feedback on participants' experience of community-based activities, which the charity already captures through frequent informal feedback and occasional satisfaction questionnaires. While acknowledging the outside influences that could affect Moodscope scores, there was general consensus that the cards provided a useful metric for capturing the impact of the sessions on participants' wellbeing:

“I would like to think that that uplift in score is because of what has just happened in those two hours. Like I said the score at the beginning isn't necessarily to do with us, but the score at the end I would say is and that's because of the involvement and that's because - And not necessarily just because of us, because they've taken part in the session, they've done therapeutic art, they've been able to talk to their peers, they've had that place where they can just come and forget and just be them. So, I definitely think that for me I would be saying, you know, “This group has shown that it has improved people's moods.” (Charity SW2)

“It still benefits group data, it still shows that it had a positive impact generally. So I mean for me that's still very positive and look I wasn't expecting the group to massively improve everybody's mood, I mean the thing I did expect was it's just getting people out of their comfort zone and socialising in itself can be really healing...these are great scores and definitely helpful for us especially around group work.” (Charity SW1)

Value of art sessions

In discussing the use of the Moodscope cards to capture potential changes in mood across sessions, participants described the value of the art sessions in several aspects. Carers described **feeling more relaxed when focused on the activity**, during time set apart from the daily stresses of life:

“I am conscious that I need to de-stress...I'm conscious that I pack a lot into life and I need to, you know, get that more regulated, and I was hoping that art would play a part in that, so that's why I was keen to see this because it was offering a space to do some creative stuff, and with the aim of actually relaxing during it.” (Beryl)

“I've always enjoyed doing art because I enjoyed doing art at school, it's just something I do find therapeutic... I think it sort of like reverts back to that inner child of being able to get lost in something. And being able to focus on something then takes you away from the day-to-day stresses of life...in general when I've come away I would feel, for the rest of the day like inspired to do something, I felt upbeat, I didn't want to just go home and just switch off like I generally do ...afterwards I felt like I

wanted to do something and was able to do something a bit more than maybe what I would have done at the beginning of the day because I tend to be very stressed after a school run and the rushing about of a morning, this was just a really nice down time.” (Claire)

“I do find arts and crafts really therapeutic, because you do just get lost in them. I think you don't have to put too much stress on yourself when you're doing them, you know, and there were a couple of the activities that I did, and at the end, I was like, I hate that. It's not going up on my wall, it's fit for the bin. Which for me was fine but to actually do the activity I did find it helpful, because it just gave me those couple of hours to not think about all of the rubbish that was going on at home.” (Arianne)

“I think it was a calming activity in terms of the tactile bits, it was just for me the imagination was lacking and was challenging, really. But in terms of just using the brush and trying to put marks on paper, that was soothing I think.” (Dorothy)

They stressed the importance of **taking time for themselves** in the context of generally intensive caring responsibilities, which the art sessions provided a rare opportunity to do:

“it's helped me during that transition time, and it's given me optimism for a different type of future. I really do want, you know, to be creative, and just to spend time doing things for me rather than constantly for other people, which has been just crazy adult life, really.” (Beryl)

“I think I was just keen to make a little bit of time for me in what's usually a schedule where I'm being pushed out and sort of being there for everyone else. I just thought it would be a really nice thing to have a morning to myself for six weeks where I could dedicate it and nothing get in its place. I was a little bit apprehensive about the project because I'm not, in any way, artistic. I just thought okay, I might be pushing it a bit, in terms of my ability, but I'll just go along and see what I can do.” (Dorothy)

“I had a lot going on behind the scenes so and even when it was harder to get there for the day I just felt a lot better from being there... it was just a bit of grounding time for me to just switch off from the world.” (Claire)

Participants also conveyed feeling a **sense of accomplishment in creating something**, with flexibility to explore their potential without pressure to achieve a particular standard:

“every time I came in, I felt vulnerable and tired, even with [charity support worker who knows them well], and as time went on, we went through a pattern of doing things, and they were all really interesting sessions. I went out feeling much more, well I felt quite empowered, actually, because each time I produced something, which always shocks me, actually.” (Beryl)

“you know, even the painting that I did that I hated, I still enjoyed doing it. I didn't like the outcome but while I was doing it, it was a nice feeling that I was doing it.” (Arianne)

“it all worked out well really. Even though I found them quite challenging. At the outset I think every time I went I felt a little bit unsure about whether or not I'd be able to manage it, I sort of just did something and it always seemed to be acceptable, so I lessened in terms of worrying about it as time

went on, I think, and just thought well, yes, I'll just put a mark and do what I can... I wasn't getting any feeling that there was any judgment or sort of a black mark or not doing what I should have been doing or anything like that." (Dorothy)

Linked to the value of the art sessions themselves was the importance of the context, which participants and charity staff described as a **'safe space'**:

"it's been great, actually, to be in a safe space and that's really what I've been looking for. A safe space to start to explore and just try to get onto a different level of, you know, being able to relax. ...you were offering, that day, art therapy and that's what it gave. It gave a moment in time to just forget about everything, to concentrate on something else in a safe space, to grow a little bit, and then to leave, and you didn't take away other people's problems, you didn't take away other people's complexities, you were just left to be, and that was what was the therapy in it." (Beryl)

"as soon as I come out of there [art sessions], I've got someone on the phone, and I've got this going on, and then this to deal with. It's that harsh reality shock that, actually you know, still got all of this rubbish to deal with. But having that space that I knew was just for me, and I'd set the time, like, you know, I would put my phone on silent. So if people did ring me, tough, I'm not answering. Whereas, I don't put my phone on silent any other time because people are always ringing me. So it was just nice to have that safe space...for me, it was invaluable." (Arianne)

The sense of safe space was reinforced by charity support workers' active involvement in the sessions:

"we always kind of like lead by example, we get involved in everything; we're not just sitting on the sides telling people what to do and all of that kind of stuff. And I think it just shows people that it is okay as well to allow yourself to be vulnerable. If the person leading the group is allowing themselves to be vulnerable then I feel that creates a really safe space for everybody else to think, oh well yes I can, you know, this is a place where I can feel vulnerable because the group leader isn't just pretending that everything's all right, or not even getting involved at all." (Charity SW2)

Feasibility of using Moodscope in community-based support settings

Carer participants and charity support workers all found the Moodscope cards **easy to use** after a short period of familiarization. For some, this was in spite of expecting it to be more difficult:

"I think they're simple enough to not overly confuse people. So that's why I think any like anybody could use them... that's how I would say the cards are, they're simplified without overcomplicating anything but they do make you think and I think so they're worth their weight in gold in that way." (Arianne)

"I thought it was going to be a bit tricky to get the hang of it because it seemed quite technical, but actually, it was really straightforward.... and I thought the definitions you gave were very useful." (Beryl)

"I think it just looks, it looks more complicated than it is and I think it's more beneficial in that sense. I mean it was a bit daunting on the first attempt, everyone was like oh what do we do with these cards?"

And oh, this, that and the other but once you've been explained once and you've got your chart in front of you, literally you know by the end of that session what it is and how it's broken down and it's quite easy to get in the flow of it." (Claire)

"It was good. It was easy enough to do. Sometimes I wasn't quite sure where to put myself, in terms of on the edge between one or two different ones, but I found it reasonably easy. I definitely found there was a shift upwards, in terms of better scoring towards the end of it." (Dorothy)

"I did get in a bit of a faff with the papers, you know the gathering the data, but using the cards takes maybe two goes and then it becomes very, very easy. The ladies that had had less access to it than me were quite confident writing their own scores down. I think by the end of the first session do you remember? They just cracked on or maybe it was the second session so no, I found using the cards easy." (Charity SW1)

"Yes I thought it was really good. I was a little bit concerned beforehand about like it seemed complicated, but actually the first time that we did it was, you know, and everyone picked it up really easily I think. You know there was little bits of confusion sometimes about where you're putting the scores down, but actually to use the cards is really easy I thought." (Charity SW2)

Some participants also found the tactile nature of the cards more engaging than standard questionnaire-based measures:

"I found that [using cards] easier, I'm sure, rather than trying to follow a piece of paper and do it that way because you were just looking at one thing at a time and concentrating on one thing, it stood out a lot easier, I would think. Yes, tactile, yes, possibly made a difference. Connecting with it a bit more and easier." (Dorothy)

"I like to be hands on. So for me, the just, you would say every week, make sure you shuffle the cards, just that simple thing of shuffling the cards, it just almost clears your mind ready to do it. Whereas if someone puts a form down in front of you, it's a bit like, ohh boring form, here we go, again, is how I would perceive it. Whereas for me, the shuffling of the cards just clears my mind ready, and then that's what I'm focusing on and that's what I do." (Arianne)

There was also consensus on the **type of session in which Moodscope should be used**. Both charity support workers felt that using Moodscope worked well in a closed group with regular attendance, as the art sessions had been run.

"it needs to be in that contained environment which isn't always the case for [charity's activities]...When we do events where people are here there and everywhere I'm not sure about that because they are cards they've got to go in those things and everyone has got to have their sheets and then be given their sheet again. That art session was contained, it was in one room, we had the desk for all the Moodscope papers and the cards so it would just have to be the kind of right situation." (Charity SW1)

“definitely groups and definitely closed groups with a purpose. Face to face would be much easier because you’ve got the cards, you’re there, you can all help each other. I’m not sure how that would look with an online group because, you know, would you need to send cards to everybody? Would everybody be able to do it on their own without being able to peer over at someone else’s or get a bit of help? I don’t know if there’s an online version of the cards, but if there was how long would that take to go round everybody and to do theirs? So, I feel like it would be best suited for face to face, targeted groups.” (Charity SW2)

Within this context, they speculated that capturing Moodscope scores might provide extra information that would help them to get to know newer carers better:

“I think some of this would be much more useful when you don’t know the participants as well...if I took a group of people I didn’t know, I had no background or just maybe an e-mail saying, ‘Look I’m really struggling up getting divorced I’d love to do your art therapy class.’ Then it would give me more information I think.” (Charity SW1)

“I feel if you were doing this with a group that maybe you didn’t know as well you’d need to do a little bit more checking in with knowing what people’s scores are because they might not want to say, “Oh this terrible thing’s happened this morning.” But then their score is really low...we know the [participants invited to the art group] so well and they know us so well, but if it was something you were doing with brand new parents or families that you hadn’t really met or had a relationship with that checking in bit would be more important.” (Charity SW2)

On being asked about **whether they wanted to share their Moodscope scores** during the session, participants varied.

“I would come to the group sometimes and I might have had a really bad week. But actually, for me, I didn’t want to discuss it, because that is my two hours of not having to think about it. So for me, I would rather not bring up too much, like maybe the odd little thing, but I don’t really want to spend all that time talking about it, because that’s my downtime. Whereas other people, they want to come and they want to offload everything, and that’s fine. It’s, I think it’s everyone’s different, aren’t they?” (Arianne)

“Well I don’t think I was really analysing it, so I didn’t know the pattern until I’ve just seen it. So I was just doing it as a task, but actually, it was quite relaxing, because you were all doing it and it was part of a process.” (Beryl)

“I personally wouldn’t have been put off by like halfway through the session the checking and reflection, if people felt like they’d like to share that, between them, I don’t know. But I think at the end of sessions people were openly able to talk about their scores because sometimes it was more, you know, oh, a realisation to them, Oh I’m feeling like this a bit more. Or, Yes I feel a lot a better now.” (Claire)

This variation of participants’ preferences highlighted the need for **consensus from the group on how to use Moodscope**, including whether or not to share scores during sessions and to what extent

charity support members might monitor individual scores.

“what you’d need to do is at the beginning when you’re sort of like drawing up that verbal contract between the group it’s, “How do people feel? Do we want to share our scores? Do we want to keep them to ourselves?” Get a general consensus and then that’s it and then every week subsequently it is either we share them, or we don’t, you know, depending on what we’ve sort of come to as our verbal contract.” (Charity SW2)

The key challenge raised for ongoing use of Moodscope within the charity was the **extra resource needed for staff to facilitate data collection** during the session. This was seen as a potential burden or distraction for the person leading delivery of the session. During this study the researchers facilitated this process, and participants agreed that ideally a second person would need to be available to facilitate future use of Moodscope.

It's probably quite nice for them to have someone else facilitate it [use of Moodscope] so that, as [researcher] you did, [session leader] can concentrate on the actual sessions and bringing the knowledge, because she's like a fountain of knowledge isn't she? She'd tell us all about the different artists and everything which was brilliant. So sometimes it just takes off a little bit of pressure isn't it, you don't want one person to be completely overloaded. So it's nice to have other people, so it sort of takes the strain off.” (Arianne)

Having a second member of staff in a facilitator / support role is consistent with how the charity currently operates, although staff noted that this could not always be guaranteed:

“We always aim to have two people but again, because we are a small team if people's holidays you know it's just we can't always get a replacement so again, that is a problem with a small charity like us...in a perfect therapeutic world I'd have a handover after every group but that just wasn't possible because I have to go after sessions like immediately, which is a bit annoying but I did the first two sessions, I did have a bit of a handover with [other charity support worker]. So I think say I did the exact same thing again with a different cohort of women I'd think it would be useful to hand over with whoever is supporting me and look at the scores then. So look at the scores and then have a bit of a sort of you know, personal take on how it went.” (Charity SW1)

“We usually try to do, particularly adult groups, with two members of staff. And then quite often we’ll have guests, like people that are coming in to run that group. So, I wouldn’t expect that person to be then doing the scoring and things like that as well, and then that’s where we would step in and be in charge of doing the scoring and explaining it and things like that. But yes ideally we’d always have two people... I think if you were just doing it as one person running the group it would be much more difficult.” (Charity SW2)

Use of Moodscope to prompt reflection and conversation about mood / wellbeing

Participants fed back during follow-up interviews that using Moodscope had prompted reflection and insight about their mood.

"But yes, the Moodscape, I found them quite useful really because I had to think about myself a bit more, in terms of coming into it and then how I felt afterwards. And yes, it was quite useful for me to see myself, really." (Dorothy)

"I find that figuring out my different feelings are really complex. So I often don't realise quite what's going on, so it did get me to be able to look at each strand of feeling, and to consider it, so I think it was useful, and it was really useful only having a few options, because there are only four options, aren't there, as to each mood, so that's much better than doing a one to ten scaling." (Beryl)

"I think it's just quite focused, I think it's sort of a lovely chance for people just to sit and think about how they're doing. It felt mindful, there's something mindful about it and then counting and having a little think about, actually I'm a bit lower than I thought or, oh actually I'm feeling better than I thought. I just think yes, everyone just seemed to quite enjoy doing it they just had a good feeling when we were all doing it." (Charity SW1)

In particular, they appreciated how the cards had **highlighted the presence of positive mood states**, even when overall mood felt negative:

"just because you feel guilty about something doesn't mean you can't be inspired by something else. So I think it's quite, because it's really easy, isn't it, to just get drawn in on everything negative and just being a Negative Nancy, if you like, or you have other people who are really positive, and they're all like, yes, I see the sunshine in everything. And actually, life's not like that, you do have ups and downs, and you do have goods and bads, so I personally think that was a good thing." (Arianne)

"when it's there in front of you and, you know, like you said inspired and things like that it's like actually yes that did make me feel like that or I did feel like that this morning without realising it. So it's reminding me that even when you are low and tired that you can still have those positive thoughts and feelings, it's just the negatives do overrun that that's the thing...you've got to unpick the negatives, of course you have you tobut, you know, keeping that balance I think that was the nice thing with the cards that you can remind yourself there is that [positive mood state]there or if it [mood score] was low then a reflection on what you can do to sort of encourage the positives." (Claire)

Both carers and charity support workers noted the **detailed language of the cards**, which helped people to distinguish between different feelings and to understand which mood states might be driving overall mood.

"My emotional band of what I immediately recognise is very narrow, so it broadens it out, and particularly as some are quite similar, it really was good at challenging me to think about emotions in a much broader way." (Beryl)

"I really liked the fact that you sent over the list of the words and the sort of different meanings of each word...we had a conversation about one of the words, didn't we? And we said it was interested in how I think angry wasn't on there or something. But some of the other words, that's what they mean, effectively. So I think that was quite good. Because sometimes it's really difficult to be able to describe

how you feel about things. We just go yes, I'm okay, or it was good or no, I didn't like that, but actually, to sort of expand on that and use different words [was good].” (Arianne)

“[good example of difference in words] the jittery and anxious. They're very similar but when you're sort of thinking about anxiety to being a bit jittery off caffeine, you know, or that you've just been a bit jittery because you rushed there, that's a different feeling. So I could then go back and be okay I'm a bit more jittery than I am anxious this morning or I'm a bit more anxious than I am jittery.” (Claire)

“I think that there were quite a few surprises from some people of the scoring. And like, “Oh I'm maybe better than I thought I was. My score's higher than maybe I thought it would be.” And also, you know, we had that, you know, people were sort of discussing those different descriptors for feelings a little bit more and people hadn't really- You know like when you went through the list of, “This is what this means.” I remember people being like, “Oh yes I didn't realise it meant it that way. And sometimes I feel this about that.” You know, so yes I definitely think it was a good prompt...the thing that I like the most about it is that it's not just a number, it's not just a, “I was a four now I'm a five.” You know, it's much more, although you've got that number at the end it's much more detailed around where those numbers are coming from and particular feelings and things like that.” (Charity SW2)

As previously described, it was important that the context of the sessions felt like a safe space. This was reflected in **conversations about Moodscope scores emerging spontaneously** rather than being explicitly prompted.

“I enjoyed the fact that it was very easy going and it was, you know, there were a couple of conversations that people had, to say, you know, if they've had a particularly bad week ... But it wasn't overly heavy conversation to put any extra stress on anyone. I think it was just quite easy, free flowing conversations, which I found quite nice.” (Arianne)

“somebody was saying, you know, about their stress levels reducing, and I was saying, “oh my gosh, mine doubled,” and then that leading to a conversation. I think it just frees people up if you're not put on the spot and have to say.” (Beryl)

“a couple of us had sometimes said about, you know, “I felt a bit-” you know, like I said about guilty this morning because, you know, I didn't do this with mum or I'm a bit upset because this happened. You know, or, you know, a bit more alert because I've had that coffee on the way. So it was good because it did prompt the conversation between people and as much as we were doing our own, you know, focusing on our own work it was, and there was no pressure to talk about anything and I think because it was such a nice small group there was that confidence within each other to be able to speak freely and openly as well with, you know, at ease.” (Claire)

“I think it did prompt reflection, I think people were talking quite openly about what was going on for them after they had written down their scores and there was quite a bit of self-deprecation, a bit of joking around it which was nice, made people chat...I liked how it made people interact.” (Charity SW1)

As part of this safe context, carers appreciated everyone participating in the Moodscope exercise:

"I thought that was good. Because it was all inclusive then, wasn't it? Nobody felt left out, it didn't feel like we were just the guinea pigs and you were watching us in a goldfish bowl. Everyone joined in and everyone got involved and it was, you know, we were all equals, if you like, there was no divide. So I thought that was really good." (Arianne)

"I think it's important not to be seen as guinea pigs, but that we're taking part in a process together, and we're all in it, and it was the same with the art." (Beryl)

Participants also expressed a preference for **recording their own scores**, which aided in self-reflection and allowed them ownership of their information.

"I think it worked better when everybody was doing their own scores rather than [researcher] going off and sitting to the side and then doing them. I thought that was better that we all did it together because again it's something that you're sharing and you're, you know, people are kind of helping each other out with it" (Charity SW2)

"I think I would have probably done them much the same, whether it was doing it and passing them on or doing it myself, really. But I quite enjoyed having responsibility for it and focusing on it a bit more, in terms of getting the scores added up and then charting it at the end. So I liked that responsibility more than just handing it over, really." (Dorothy)

"I think I preferred doing it myself, because the first week, obviously we did the cards, and then you took them away. Then it's almost like, well, you get to see my score, so you know how I feel. And for me... I would rather do it myself, and then you take my score sheet away, and you look at it later. Then you come to your own conclusions later about my score, whereas me doing it there and then and then handing it to you, and then you work out my score for that whole session, then you know where my score is. So for me, because I don't like a lot of the, like spotlight if you like, then I would hate it if you looked at my score and was like, oh, her scores eight this week, it must be really, things must be really bad this week for her. For me personally, I would rather that you knew that once I've left." (Arianne)

The support workers had differing views on doing Moodscope as part of the group. One said:

"[carers feel that] this is a place where I can feel vulnerable because the group leader isn't just pretending that everything's all right, or not even getting involved at all. So yes I thought it was really good that everybody participated in the scores and kind of yes put themselves out there really" (Charity SW2).

However, the other said that they would rather not do Moodscope as a facilitator, in order to be fully focused on the participants:

"I think it should have been about them.... I don't think my Moodscope scores are relevant as a facilitator. Someone else may completely disagree but personally I've got enough balls in the air when I take these groups...I've got other places I think about my own stuff ...That's just a very personal opinion of the way I manage stuff. Another group, another person might be like, 'No it's fantastic I love seeing how I'm doing.'" (Charity SW1)

There were mixed views on the extent to which participants thought that Moodscope could **prompt staff to follow up** with people. Arianne thought that any follow-up should be done separately from the session, but she recognized that others might feel differently:

“But for me, I would say a conversation afterwards, privately is better, because that's me. Some people might like to have that conversation there and then, face to face in front of other people. For me, I wouldn't be comfortable with that, I'd rather it be a personal, a later, or you know, but that's me. But for other people, I'm sure they'd be more than... that might be their way of signalling that they are having a really bad time and actually, they want to talk right now, because they need to get it off their chest. But I think that's important, where the likes of <SW2> and <SW1> would come into play. I think they know the families that they work with well enough that they would know which people would want the here and now and would want the later conversation.” (Arianne)

Claire felt it would be better if the support workers followed up during rather than after the session:

“I would expect the session leader to maybe keep observation on the scores for the fact of if there was a drastic change in score or it wasn't having, you know, the impact that was, you know, that's needed like a more positive impact, it would be good for the session person to just check in and just say, “Is everything okay? Can we help you with something?” I think that that really should, part of that session is kind of like a little security blanket I suppose.” (Claire)

Charity staff reflected on a need to handle this sensitively, with prior agreement from the group on if and how their scores would be monitored.

“I see the point of seeing where everyone is at before the group, I certainly see a benefit in that. My issue is it would affect me personally if I know two people are low and three are chatty and they are not low. I would potentially start to either focus on those people, maybe feel slightly responsible when actually that session really is what should be improving their wellbeing...” (Charity SW1)

“I guess the one thing to think about it though is that if you are going to be phoning people up and saying, “Oh I noticed you were a 40”, and that, is that going to impact on the way that they score themselves? Are they going to be more, “Oh well actually I'll just say that I'm a 60 so that [charity support worker] doesn't call me and check in.” So, I guess again you'd have to just be careful with how you framed that. You know just phoning up, “Oh I saw your score, you know, 20, tell me what's going on” might not be the best way of doing it.” (Charity SW2)

Reflections on process: barriers and enablers to PPI-led research

The fact that this was a PPI-led research project introduced some barriers but also some enablers to meaningful research within the third sector. The barriers were largely organisational, in navigating the formal research structures imposed by the university setting. Specifically, it was a challenge for MZ to access training for the project (e.g. completion of the university's Research Integrity course, which is stated as a requirement on the application form for Research Ethics approval) and software packages for data analysis that are readily available to university employees. In hindsight, we might have

avoided these barriers by securing an honorary research contract with the university for MZ as co-lead of the project, although we lacked guidance on how to do this.

In spite of the challenges, PPI leadership of the project enabled effective engagement with our third sector partner organisation and the invited research participants. MZ had previously worked with the charity to deliver upcycling activity sessions and so was known to one of the charity staff members and some of the participants. There was therefore a background level of familiarity and trust that led to openness to the research proposal, and sensitivity within the research team to the stressful circumstances of participants' lives. Charity staff clarified that they usually refuse approaches from researchers out of concern that the research will raise difficult issues among potentially vulnerable participants that researchers are not then positioned to address. In anticipation of these concerns, we worked with our third sector partners throughout the research approvals process, for example sharing the draft Ethics application for feedback and discussing the proposed interview topic guide so that staff could advise us if they thought our procedures might trigger any negative reactions. An outcome of these early discussions was the assurance that charity staff would provide any needed support for participants if the sessions raised any difficult situations for them.

A further strength of this PPI-led project was that MZ's prior insight into how the charity worked and the background situations of some participants complemented CP's 'neutral' perspective as an academic researcher. Our different perspectives aided in rigour of the analysis, as we openly discussed our background assumptions (which sometimes differed) when interpreting our observations of the sessions or responses to follow-up interviews. To increase the robustness of qualitative research, it is best practice to have multiple people analysing and interpreting the data; we were able to do this productively as co-lead researchers, each keeping our own notes that we later shared, and comparing our independent analyses of the interview transcripts in order to reach agreement on key results.

Conclusions

In relation to our research questions, we concluded that:

- 1) The art sessions delivered by our third sector partner had a positive impact on participants, as measured through use of Moodscope. For most participants there was a consistent rise in Moodscope scores at the end of each session compared to the start, reflecting increase in positive mood states and/or decrease in negative mood states during the activity.
- 2) It was feasible to use the card-based version of Moodscope within this community-based support setting. Participants found Moodscope easier to use than anticipated and were able to help others in using the cards and score sheets after one or two times doing it themselves. Most participants in this project preferred to do their own scoring rather than to have a researcher or charity staff member do it for them. Presence of the researchers in a support role (distributing cards, collecting score sheets) helped to ensure that the Moodscope exercise did not detract unnecessarily from delivery of the main activity. We recommend that future sessions using Moodscope should have someone in this support role, which could be a second member of staff or a volunteer working with the charity.
- 3) Use of Moodscope enabled spontaneous conversations about mood to emerge in the 'safe space' setting of the art sessions. Without explicit prompting, participants offered reasons for their higher or lower scores, or noted a change in mood in line with their scores.

Participants like the detailed language of the cards and found them especially useful for making them more aware of positive mood states, even if overall mood was negative. Participants saw some potential in Moodscope being used to prompt conversations between charity staff and the people they support, but this would need to be pursued carefully so as not to single anyone out or to detract from the safe environment of the sessions. Consensus should be reached in advance on the extent to which charity staff would monitor individual Moodscope scores, and whether or not the scores would prompt follow-up beyond the charity's usual checking-in procedures.

Overall, this pilot project has demonstrated that there is good potential for use of Moodscope as a quantitative evidence-gathering tool in third sector organisations. We highlighted potential limitations in interpretations of scores, such as the strong effect that events outside of the charity's activities can have on people's mood. Moodscope should therefore not be seen as a substitute for current feedback process, but as a complement to them that might give support workers more insight into the mood states of participants and that can be used as a measurable form of impact.

Next steps of research should include further feasibility testing of Moodscope in different contexts, for example support offered to a different target population or through activities other than therapeutic art. Wider considerations that need further exploration include the role of neurodiversity in how people engage with Moodscope, and the potential level of training that charities would need for using Moodscope on an ongoing basis. Finally, although in this project we used Moodscope cards for assessing the impact of art sessions on mood at the group level, the original function of Moodscope is for individual-level mood monitoring through an online tool. Further research could explore the feasibility of using the online tool and its communications functions (e.g. alerting named recipients when there is a notable change in Moodscope scores) as part of the support offered by voluntary sector organisations.

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Appendix 1. Completed data capture template

	Beginning of session:						End of session:					
<u>Red feelings</u> <u>(positive)</u>	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6
Active	2	2	1	2	2	2	2		2	2	1	2
Alert	1	3	1	2	2	1	2		3	2	2	2
Attentive	1	3	2	2	2	1	2		3	3	2	3
Determined	1	2	1	2	2	1	1		2	2	2	2
Enthusiastic	2	2	2	2	3	1	2		2	3	3	2
Excited	1	2	2	3	2	2	2		2	3	2	2
Inspired	2	3	1	2	2	1	1		2	3	2	2
Interested	2	2	2	2	2	2	2		3	3	2	3
Proud	2	2	2	1	2	2	2		1	2	2	2
Strong	2	2	2	2	2	2	1		2	2	2	2
Total RED	16	23	16	20	21	15	17	25	22	25	20	22
<u>Blue feelings</u> <u>(challenging)</u>	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6
Afraid	0	0	0	0	0	0	0		0	0	0	0
Ashamed	0	0	0	0	0	0	0		0	0	0	0
Distressed	0	0	0	0	0	0	0		0	0	0	0
Guilty	1	0	1	0	0	1	2		0	0	0	0
Hostile	0	0	0	0	0	0	0		0	0	0	0
Irritable	2	1	1	1	1	1	1		0	0	0	0
Jittery	1	0	1	0	2	1	1		1	1	1	1
Nervous	1	0	0	1	0	1	1		0	0	0	0
Scared	0	0	0	0	0	0	0		0	0	0	0
Upset	0	0	0	0	0	0	0		0	0	0	0
Total BLUE	5	1	3	2	3	4	5	2	1	1	1	1
Total red	16	23	16	20	21	15	17	25	22	25	20	22
Total blue	5	1	3	2	3	4	5	2	1	1	1	1
Moodscape score	54	79	57	69	70	53	56	83	77	85	71	77