

EVALUATION OF MUSIC IN MIND

New Economy

May 2014

FINDINGS TO DATE

1. Introduction

Music in Mind (**MiM**) is a music therapy group run by Manchester Camerata that offers free music therapy sessions for people with dementia (**PWD**) and their carers. The sessions aim to improve the quality of life and wellbeing of the attendees through music making.

Manchester Camerata asked New Economy to undertake an evaluation of the third phase of the project which ran from February 2014 to May 2014 in three different care homes across Greater Manchester. This report details the interim findings of the evaluation.

This report is structured as follows:

- Section 2 introduces the MiM project;
- section 3 explains the evaluation approach we have taken;
- section 4 provides a brief literature review;
- section 5 presents the participants' views of the MiM; and
- section 6 summarises the key findings.

2. What is Music in Mind?

MiM was launched in 2012 to provide group music therapy for people with dementia as well as for their carers. A pilot ran from April to June 2012, consisting of ten weekly community based music therapy sessions (Habron 2013). The second phase of the project took place between November 2013 to February 2014, and the third one, which is under investigation in this report, was delivered between February 2014 and May 2014.

The third phase of the MiM project was delivered in three different care homes across Greater Manchester, with two of the care homes hosting two, and one hosting four music therapy sessions a week for their clients. All of the music therapy sessions were attended by between 3-10 clients, depending on the location and the emotional and physical well-being of the clients. Sessions were led by a qualified music therapist, and supported by two musicians from Manchester Camerata. Each music therapy session lasted approximately 30 minutes and utilised the principles of improvised music therapy; activities ranged from music making and singing to listening to music. The sessions utilised a client centred approach, hence a lot of emphasis was placed on engaging the clients in music in whichever way suited them.

All of the participating musicians received dementia awareness training, provided by Alzheimer's Society and an Admiral Nurse, as well as training in music therapy techniques, theory and improvisation from a music therapist (Habron 2013). Before and after each session the musicians, with the lead of a music therapist, also had a briefing session, during which they shared thoughts on the impact and delivery of the session.

The aims of MiM are to:

- improve the quality of life for PWD;
- develop how clients interact with music;
- improve ability to communicate;
- improve client care; and
- reconnect relationships between PWD and their carers.

3. Evaluation Approach

Manchester Camerata required evidence which:

- demonstrated the impact of MiM on quality of life and wellbeing;
- considered the impact on both the PWD and their carers; and
- assessed the benefits to the musicians of being part of delivering the programme.

Based on these requirements, the following evaluation plan was drafted:

- Musicians and the music therapists were invited to keep a diary for the duration of the project, in which they were asked to record views about the benefits and impact of the music therapy sessions;
- Carers of service users were also asked to keep diary in which they were asked questions about the delivery of the sessions, and the benefits and impact of the project.
- The care home staff were also invited to contribute to the evaluation. All of them chose interviews as their preferred way of providing information.

From everyone invited to contribute to the evaluation, majority of the people involved with the project agreed to participate: three musicians, one music therapist, five care home staff members and six carers.

4. Music and Dementia – A Review of Literature

Dementia is a condition that affects about 800,000 people in the UK (NHS 2013). Each person with dementia experiences the condition differently, but may often have problems with some of the following (Alzheimer's Society, 2013):

- day-to-day memory – difficulty recalling events that happened recently
- concentrating, planning or organising – difficulties making decisions, solving problems or carrying out a sequence of tasks (eg cooking a meal)
- language – difficulties following a conversation or finding the right word for something
- visuospatial skills – problems judging distances (eg on stairs) and seeing objects in three dimensions
- orientation – losing track of the day or date, or becoming confused about where they are.
- changes in mood - for example, they may become frustrated or irritable, withdrawn, anxious, easily upset or unusually sad.

According to Age UK, music therapy is one of the key features of dementia care¹. Music therapy treatment usually involves singing, music making and listening for up to 30 minutes (Alzheimer's Society 2013). The area has not been studied extensively, but evidence suggests that music has beneficial effects on a person's physical, emotional and cognitive abilities, especially on memory (Larkin 2001, Age UK), levels of anxiety (Svansdottir and Snaedal 2006) and relationships with carers (Hara 2011). Singing is argued to develop articulation, and when done in a group setting it can also improve participants' social skills and promote greater awareness of others (Vink et al. 2011). Listening to music may also decrease stress hormones and help participants to relax (Vink et al. 2011), in addition to "unlocking memories and kick-starting the grey matter" (Age UK).

It is unknown what causes these phenomena, however according to Lost Chord, an organisation providing therapeutic music services for people with dementia, this could be due to the fact that "there are two sides to the brain, the left hand side dealing with speech, working things out and short term memory and the right hand side dealing with music, song, rhythm and learning things in rote. With the onset of dementia the left hand side tends to die off first however when the ability to speak coherently has all but been lost the right hand side could still be intact. It's this side of the brain that Lost Chord uses to continue to communicate with people struggling with dementia" (Lost Chord).

¹ Other music (therapy) projects in the UK include: Singing for the Brain, Music for Life, Lost Chord, Golden Oldies and Live Music Now.

5. Participants' Feedback

5.1 Care Homes

As with the second phase of the MiM, this phase also proved to be a very positive experience for the care home staff who provided information to the evaluation². All of the participants were happy with the delivery format, and when asked how the care homes and carers had found the time demands the activity had placed upon them, all of the participants noted that they had been manageable.

I would say so, and we have been able to get actively involved and encourage the residents to take part.

Timing has been ok. Fine to release one-to-one carers to attend.

Even though the participants reported high satisfaction rates with the number and frequency of the sessions, three participants noted that they would have liked to extend the sessions beyond the ten weeks offered, especially if funding was available.

Would definitely extend the project. Would bring more benefits. Funding can be difficult to us.

Not enough sessions. Would welcome a long term programme.

If we had the funding we would carry on with it.

In terms of benefits to the PWD, the key themes that emerged from the interviews were calmer mood, feeling happier and more energised, and mental alertness.

Has calmed agitated residents. Some are difficult beforehand then they become calm during the session.

At the start of the session [name of a PWD] was very agitated but relaxed during the session and laughed about it afterwards.

More energised after the session. I would have never believed music therapy can have such a powerful impact. I have seen things I have never seen before, for example [name of a PWD] managed to pick up instruments and hasn't moved their hands before.

People are more alert, some move around during the session. [PWD] are happier, livelier, more vocal during and after the sessions.

² Five in total

Two of the interviewees³ also mentioned that they had noticed the MiM session having an impact on the PWD's memory and recollection. The first interviewee explained that in the past the service users had not been able to remember her name, but after starting to attend the MIM sessions with the PWD they had started to associate music with the carer, and when the PWD heard music being played (outside the MIM sessions) they would recognise her and remember her name.

[PWD] don't remember [carer's name] but hearing music outside the sessions seems to trigger facial recognition and positive memories. Our relationship has strongly strengthened over the lifetime of the course.

The other participants reported a similar experience – the carer mentioned how a PWD, who had been having problems with short term memory, had started to recognise and remember the musicians, and the days they attended the care home.

Beneficial in terms of social aspect and recollection, particularly with one [PWD] with short term memory problems. Today she recalled the session. She recalled [the music therapist]. Got herself ready and acknowledged them [the musicians] when she arrived.

However, as all PWD experience dementia differently, one carer mentioned that the MIM sessions made one particular service user feel more agitated, mainly because they made the person more aware of the condition.

In terms of ideas for future improvements, one participant was hoping for more information on content and what music therapy entails upfront, and another suggested that the musician could do a concert or a presentation to residents who did not get involved with the project to encourage them to participate. With regards to personal learning, two carers mentioned, similarly to the phase two evaluation participants, how having witnessed the positive impact of music on PWD had made them think of ways to incorporate music into their other activities.

5.2 Carers

The common themes that emerged from diaries that the carers kept for the duration of the project were relaxation and enjoyment. Four of the diaries, kept by five carers⁴, consistently reported that the sessions were having a positive impact on the service users' mood: feeling happier, calmer and more relaxed. There was very little variation in the diary entries from one session to another, and typical entries are demonstrated below:

The residents seemed more happier and at ease.

They always come back to the home smiling and in good moods. This can last all day, even staff on the units have mentioned this.

³ From different care homes

⁴ One diary was kept by two carers from the same care home

They have a very happy look on their faces. Residents seem more relaxed and happy for the rest of the day.

They expressed themselves and it made them smile and happiness shown in their faces.

The music on mind sessions really lift [names of PWD] mood. They become more relaxed and can express themselves more whilst playing the instruments.

I think it is beneficial. The person is always in a happy frame of mind but music just does so much people's mood.

In addition to the positive impact on mood, two of the carers had also noted a change in the confidence levels of the PWD they cared for. The comments about increased confidence levels started to appear in the diary entries after the sixth session.

[...] we have learned our strengths and weaknesses through going to the music in mind session. It has made [names of the PWD] more confident and to feel better in themselves.

I took [names of the PWD] on the first session and my colleague took them after that. I then took them again aprox 7 weeks later and could see how their confidence has grown and how their spirits and moods have been lifted.

Also around half way through the project⁵, four of the carers had started to note, that the sessions were having a positive impact on the relationship they had with the people they cared for.

They tend to be more approachable and will listen to what you are asking them.

Yes to help bond with the residents and spend more time with them.

It is having a good impact on our relationship. We are interacting more on a one to one and there is more understanding to what [name of the PWD] likes regarding the music in mind sessions.

They [PWD] always come and chat to me about it [MIM sessions] and tell me how much they have enjoyed it.

In terms of benefits to the PWD, one of the diaries varied slightly from the others. The carer mentioned that the PWD had enjoyed the session, and that they had sometimes made the person feel more relaxed, though mainly on the occasions when the group size was smaller. The person thought the sessions

⁵ One respondent reported this after the first session and three carers started mentioning this in their diary entries between sessions 3 and 7.

were beneficial but had no noticeable change in post session behaviour or mood.

Two of the carers also mentioned that they had not noticed any longer lasting benefits, or felt that the sessions had any impact on their relationship with the person they cared for. The other one of these carers offered an interesting insight into what it is like to care for a PWD, which could also explain the reason for the lack of impact among some of the service users. The carer explained that once the sessions were over, the PWD had very little recall of what had happened or what the person had felt during the session.

[Name of the PWD] lives 'in the moment' so although [the person] is enjoying sessions, once away from the group the session have little impact.

The carers themselves had also made notes about how much they had enjoyed the sessions, and how they felt more relaxed as a result of attending the MiM.

5.3 Musicians

The musicians' diary entries varied greatly but reflected well the fluctuating nature of dementia; some sessions were described as energising and some very challenging, depending on the varying abilities and the emotional and physical wellbeing of the service users.

Really well, constant development. Ended up with no practitioners playing and they [PWD] were holding their own. Supporters relaxing and doing their own things.

[Name of PWD] more withdrawn, [name of PWD] tired, so a quieter session.

Interesting – fragmented to start with. Music/improvisations happening but in smaller groups rather than everyone relating together. Last 10/15 [minutes] or so things came together.

Intimate sessions. Client group varying abilities. Very calming.

Quite a tough sessions in terms of the amount of observer clients⁶ (minimal ability).

Very intimate session, great responses from 2 clients normally unresponsive.

Really fun and lots of music making and singing, happy environment. Use of instruments. Bright eyes, alert behaviour, sense of cohesions from the music and improvisation.

⁶ A person with limited ability to participate due to late onset dementia.

When asked about the impact of the music sessions on the PWD, there was no uniformity in the answers, and no clear progression points. The way the PWD experienced the sessions varied from one week to another, reflecting their wellbeing and the type of dementia they were living with. Though, as also noted by the other participants, the sessions clearly had an impact on the service users' mood. The musicians' diary entries reported a wide range of emotions throughout the project: happy, sad, angry, calm, positive - to name a few.

A client who came into the session quite unusually upset /angry and wanting to leave – managed to completely turn the mood around in 20 mins.

Singing provoked some quite emotional responses and some angry/disturbed ones.

Mood/posture lifted. One session promoted calm/sleepy response another group very upbeat. Lots of interaction with the group vocally. Conversation.

Mood lifted, lots of vocal response, chat, confidence with instruments and solo singing.

Verbal confirmation of pleasure in the session, further evidence of reduced agitation.

[Name of PWD] played a wide variety of instruments – happy to do things she hadn't done before. [Name of PWD] full of enthusiasm – talked of music bringing everyone together. Fantastic group playing from everyone, clients and family/staff and us together.

In terms additional benefits arising from the music therapy sessions, two of the participants mentioned that one of the regularly attending service user had been able to reduce his/hers medication because of music therapy⁷.

[Name of PWD] has had music therapy they now don't need to be medicated.

I felt and experienced possibly one of the biggest impacts of music therapy in this session. A client who normally would be medicated for behaviour and can be controlled by music is fantastic achievement.

Regarding benefits to themselves, all of the musicians noted how they had enjoyed the sessions, and one of them also mentioned that she had been able to use the techniques learnt in music therapy in another project. In terms of future improvements, communications between the musicians and the care homes was mentioned, and not being clear about the role of the musicians during session when there were only few service users present.

⁷ This was mentioned to the participants by the care home staff.

6. Discussion and Key Findings

The evaluation of the second phase of the MiM indicated that MiM does appear to have a positive effect on PWD. Music sessions were reported to either calm down PWD or make them feel happier and more communicative. Some of the musicians and carers also reported longer term benefits such as recognising the value of music and integrating that into other activities, learning new skills and getting new ideas for future sessions.

To better capture the true impact of the music therapy sessions in a timely manner, and to test and expand on the phase two findings, MiM musicians and carers were asked to keep a diary to better monitor the impacts of MiM over the whole lifetime of the 10 week course. The key themes that emerged from the evaluation were linked to the mood of the service users: feeling calmer, happier, energised and/or relaxed. Improvements were also noted in PWD's memory and recollection, confidence levels and relationships with carers.

What has become evident from the research is that everyone experiences dementia differently and no activity can have a uniform effect on all PWD. All of the service users felt happier and more relaxed as a result of attending the MiM sessions; however the extent of other benefits varied greatly depending on the type of dementia the service users' were living with and the severity of their symptoms. The findings of this evaluation seem to be in line with the literature and the findings of the second phase; MIM does seem to promote general wellbeing amongst participants, and have a positive impact on relationships. Overall this phase of the MIM seems to have been very enjoyable and powerful experience to everyone, as noted by one of the research participants:

The power of music therapy enables, excites, enthuses, entertains. It's like opening the window of a stuffy room and allowing scented fresh air to waft in, lifting the spirits, changing the nature of the room.

7. References

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