

# *ceol le chéile* *music together*

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Music in Mental Health Project

## **Evaluation Report**

June 2008

By Mike White

Centre for Arts and Humanities in Health and Medicine  
University of Durham



## Project Partners

**Cork Arts and Health Programme, HSE South**

**Cork North Lee Mental Health Services**

Cúnamh Day Centre / Day Hospital, Macroom, Co. Cork

Carraig Mór Centre, Shanakiel, Cork

**Cork South Lee Mental Health Services**

Togher/Ballyphehane Community Mental Health Service

Adult Mental Health Unit, Cork University Hospital

**Health Services National Partnership Forum**

**North Cork Mental Health Services**

St. Stephens Hospital, Glanmire, Co. Cork

**Psychiatric Nurses Association**



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



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# CONTEXT

## 1. Background – Centre for Arts and Humanities in Health and Medicine

The Centre for Arts and Humanities in Health and Medicine (CAHHM) was set up in 2000 by Sir Kenneth Calman, the Vice Chancellor of Durham University and former Chief Medical Officer for England, to follow on from the Nuffield Trust's influential pre-millennium conferences on arts and humanities in medicine. CAHHM aims to meet the groundswell of interest from many areas of social policy and academic disciplines in the importance of the arts as a force for improving the health and well-being of communities and individuals.

CAHHM conducts research and project work in three priority areas:

1. Arts and health in community settings
2. Architecture and design of health service buildings
3. Medical humanities.

CAHHM's clients include UK government departments such as the Department of Culture Media and Sport, Department of Health and the Social Exclusion Unit, and organisations such as the Arts Councils of Scotland and England, the Health Development Agency and the Institute for Public Policy Research, producing briefing documents and literature reviews in the field of arts and health. CAHHM has established itself in the following ways:

- As a resource for policy makers in the field of arts and health.
- As leading research and evaluation in arts and health, particularly articulating its impact on socially excluded communities and groups.
- As having a lead role in the development of the new discipline of medical humanities both in research and curriculum development.

The author of this paper is Mike White, Director of Arts in Health at CAHHM. He has developed multi-sector workforce development programmes in arts and health in several UK regions and overseas, and he produced a review of arts and adult mental health for the UK Government's review of mental health services in 2004. In 2005, he was asked by Cork 2005: European Capital of Culture to observe its 'Culture + Health' programme, contributing an essay to the summary publication, and to be the keynote speaker at its 2006 conference. He is a fellow of the National Endowment for Science, Technology and Arts (NESTA), and is currently writing a book on community-based arts in health for publication by Radcliffe in 2009.

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## **2. Background - *Ceol le Chéile* / *Music Together* Music in Mental Health Project**

The HSE South Cork Arts and Health Programme developed out of a partnership between the Health Service Executive South and Cork 2005: European Capital of Culture. The HSE South/Cork 2005 partnership enabled the delivery of 32 innovative arts projects in over 40 healthcare settings in Cork City and County in 2005.

The Cork Arts and Health Programme (CAHP) was established by the HSE South in 2006 in order to build on learning from work undertaken in 2005 and from other initiatives taking place nationally and internationally and to advance this work in a strategic and innovative way. CAHP has worked across all departments in the Health Service to develop and deliver participative arts activities, environmental enhancement, health promotion, research, training and networking initiatives.

As part of this work, participatory music workshops took place in three eight-week blocks in the Carraig Mór Centre, Shanakiel and St Stephen's Hospital in Glanmire in 2005 and 2006. Independent evaluation of these workshops suggested that they had considerable personal, interpersonal and artistic benefits for service users, staff and musicians

In addition to the projects in St. Stephen's Hospital and the Carraig Mór Centre the CAHP also piloted a similar music project in Cúnamh Day Centre/Day Hospital, Macroom and in the Adult Mental Health Unit at Cork University Hospital in 2007. Planning also began to develop a community based music project with Togher/Ballyphehane Community Mental Health Services.

The HSE South Arts + Health Programme wanted to consolidate and develop this work, to build partnership and networking opportunities between mental health care settings and facilitate the sharing of ideas and learning from these projects. The Programme applied for funding from the Health Services National Partnership Forum (HSNPF) and was successful.

### ***Project Aim and Objectives***

The project aim, as set out in the funding application to the HSNPF, was to build on analysis and learning from previous arts initiatives in mental health settings to deliver arts training and participatory arts workshops (with a focus on music) which aim to improve the quality of working life for multidisciplinary groups of staff and the quality of service delivery for service users in a variety of mental health settings.

Objectives for the project were identified as follows:

1. To deliver arts training and participatory music workshops to staff and service users in five mental health settings; St. Stephen's Hospital, Glanmire, Carraig Mór Centre, Shanakiel, Cúnamh Day Centre/Day Hospital, Macroom, the Adult Mental Health Unit at Cork University Hospital, and Togher/Ballyphehane Community Mental Health Service
2. To focus on the experiences and needs of staff in each setting while also building on previous work with service users
3. To facilitate staff to meet and exchange ideas, solutions and challenges with their colleagues in the other four settings
4. To explore best models of staff learning and participation through workshops
5. To evaluate service user and staff satisfaction

6. To design a process for adaptation and transfer to other health settings
7. To produce a final evaluation report and recommendations for development and funding of this work into the future

The project was managed by a partnership working group made up of staff from each of the five mental health settings and was coordinated by the HSE South Cork Arts and Health Programme.

### **3. Brief and Methodology**

I was asked by HSE South to undertake a short, summative evaluation of *Ceol le Chéile / Music Together* Music in Mental Health Project in March/April 2008. It was felt that I already had sufficient knowledge and engagement with the HSE's arts and health programme from my previous visits to Cork in 2005/06 to be able to present the work in a research context, and that this was an opportunity to review the progress of the mental health strand of the programme in respect of both workforce development and service delivery. The focus of the study would be to assess how far *Ceol le Chéile / Music Together* had been able to meet its aim and objectives.

Time and budgetary constraints meant that I have had only six days to do the study, consisting of a three day site-visit in early March and three days' desk-based research and writing. This should be viewed, however, in the wider context of my NESTA fellowship research which has selected Cork as a case study for a book on the international practice and research of arts in health.

The site-visit in March was constructed around the following:

- Informal interview with the programme co-ordinator
- Informal interview with the project musicians
- Observation of the 2<sup>nd</sup> Learning Day for musicians and staff on 4<sup>th</sup> March
- Semi-structured interview in a focus group context at a meeting of the Partnership Working Group on 5<sup>th</sup> March
- Examination of the project's log books

My research writing also took notice of:

- The original application to Health Services National Partnership Forum
- A 2005 evaluation report by O. Moloney on music at St. Stephen's Hospital and Carraig Mór
- A brief internal evaluation of the music 'pilot' in the Adult Mental Health Unit, CUH in spring 2007
- Artists' workshop notes and feedback forms from the Learning Day

As the data I have gathered is entirely qualitative I take a narrative and discursive approach to setting out the findings. I would prefer to be considered an observer or 'critical friend' to the programme rather than an evaluator, as there has not been the time and budget to apply an evaluation framework and methodology through the term of the project.

## **4. Research Background**

### ***Music Network Ireland***

There is a research thread behind this music initiative that goes back to a 2002 partnership between Music Network Ireland and the Midland Health Board which launched a three year action research project to develop a model for using live music in residential and day care environments for older people. Ongoing evaluation noted and tracked outcomes such as improved relaxation and concentration in older people with dementia or memory loss, improved motivation and mobility, and feelings of self-esteem and community integration amongst the participants. Mentoring assisted the musicians to appreciate the role and benefits of music in the wider community. In some cases the project changed the way that care staff regarded and worked for their clients, though in other cases it highlighted confusion over roles and responsibility of care staff during the music sessions. Quality was considered crucial to the success of the activity, and became closely linked to a sense of dignity in participation.

The partnership proved strong in opening access to funding streams within the Department of Health and Children, and the view on-the-ground was that the pooling of different professional expertise to deliver the project was greater than the sum of its parts. It demonstrated how the cross-sector working that was encouraged in the *Quality and Fairness* Health Strategy (2002) could be effectively achieved, and it addressed elements of the Health Promotion Strategy for Older People that called for facilitation of creative opportunities.

A problem identified in Music Network's evaluation report (2005) was that, however strong the arts and health partnership is, when key personnel change or move away the project falters. This is why networking is important in ensuring that knowledge of a project is not vested in a few individuals but widely shared. With this in mind, Music Network's next project *Music in Healthcare/Mental Health* for Cork 2005: European Capital of Culture aimed to establish a model of good practice for music in mental healthcare settings, with an evaluation that drew in a combination of direct observation, reflective practice by the musicians, and testimony gathered from staff and patients at St. Stephen's and Carraig Mór (Music Network/Cork 2005: European Capital of Culture). The evaluation noted that the key benefits of the participatory music sessions were a fostering of empathy and self-esteem among participants, and restoring "a sense of individuality that is often lost or damaged when a person suffers from mental illness". The model that Music Network developed in Cork allows patients to access their own innate musical skills and exercise artistic choice within a context of collective creativity. To help identify such impacts from the perspective of both clients and staff, Music Network's researcher concluded that a participatory approach to evaluation with clarity of aims and objectives is crucial. This was taken a stage further in the HSNPF funded *Ceol le Chéile / Music Together* through the establishment of a Partnership Working Group and the collection of testimony from both patients and staff in the Learning Days and log books.

### ***A UK National Study***

Recent UK studies of arts and mental health have highlighted the complexities for evaluation and the importance of networking to build a community of both practice and research. The UK's Health Development Agency's report into community-based arts in health (HDA 2000) noted there are "no established principles and protocols for evaluating outcomes, assessing the processes by which outcomes are achieved, and

disseminating recommendations for good practice.” The report, however, noted three emergent approaches to evaluation:

- Health based approaches testing what the arts contribute to self-esteem and its effect on qualitative self-assessments of well-being. (Argyle 1998)
- *Socio-cultural approaches* derived from recent assessments of the social impact of the arts. (Matarasso and Chell 1998)
- *Community based approaches* adapted from social capital theory on health improvement. (Campbell, Wood. and Kelly 1999)

Whilst it is sometimes possible to classify an arts and health project under one of these approaches, in many cases you find that two or all three approaches are intertwined. A recent national study in the UK has evaluated arts and mental health projects that are using these combined approaches in an attempt to identify both health and social outcomes (Anglia Ruskin/UCLan 2007). This study grew out of a government review of Mental Health and Social Exclusion (2004), to which CAHHM contributed a literature review of arts and mental health. The two year study, carried out by researchers at Anglia Ruskin University and University of Central Lancashire, aimed to identify appropriate indicators & outcome measures from arts interventions in a range of mental health settings, and to develop and implement an evaluation framework.

Indicators of improved mental health were identified as increased levels of mental wellbeing, decreased mental distress, reduced levels of primary and secondary care service use, and reduced medication. Indicators of increased social inclusion were higher levels of social contact likely to build both bonding and bridging forms of social capital, reduced levels of perceived stigma and discrimination, and higher levels of engagement in employment and education. ‘Distance travelled’ indicators to measure empowerment included increased levels of confidence and self esteem, enjoyment of arts participation, learning/skills gained, and pride in work produced.

The research developed a combination of its own and existing measures for an outcomes study across 22 projects, at baseline and after six months, assessing levels of mental health, social inclusion and empowerment through a framework that attempted to reflect the ‘distance travelled’ through a project by each participant. Six projects were also selected for qualitative case study. Triangulation of results suggested that there was very strong evidence for empowerment, with less strong evidence for improvement in mental health and social inclusion, though the report concluded that the results justify support for arts and mental health work from statutory services. It also cautions that arts provision for people with mental health needs is not a case of ‘one size fits all’ and this needs to be taken into account when designing projects.

Three processes were important for most participants at all six projects that provided qualitative case studies:

1. Getting motivated inspired hope and reduced inactivity and so improved mental wellbeing and decreased mental distress.
2. Focusing on art provided relaxation and distraction, which again resulted in improved mental wellbeing and decreased mental distress.
3. Connecting with others in a supportive environment decreased social isolation and increased confidence to relate to others, thus combating social exclusion and mental distress.

A further three processes were important at some but not all projects:

1. Self-expression promoted catharsis and self-acceptance, and provided alternative ways of coping – benefits that decreased mental distress and reduced social exclusion.
2. Connecting with abilities gave a sense of pride and achievement, which improved mental health/wellbeing.
3. Having time out helped alleviate worry and responsibilities, thus decreasing mental distress.

Two processes were important for some participants in all projects:

1. Rebuilding identities was associated with increased self belief, external validation and moving beyond a service user identity, thus combating social exclusion and mental distress.
2. Expanding horizons led to wider aspirations and opportunities and to enhanced self-esteem, resulting in reduced social exclusion and improved mental wellbeing.

The six case studies concluded that it is not meaningful to attempt to measure changes in medication and levels of service use, but the contribution of arts participation to ‘recovery’ is worth pursuing. Arts should not be reduced to just individual psychological and therapeutic benefits, as user-led notions of recovery place the activity in a social rather than medical model. It is not necessarily all about medication, symptoms and services post-discharge, but about individuals beginning able to live the kind of lives they want to live. Key common themes in recovery include:

- Finding hope, meaning, purpose and value
- Finding new coping mechanisms
- Developing new identities within and beyond mental health.

It is precisely these aspects that arts in mental health projects seem to do best, yet these are particularly hard to standardise and measure.

It is impressive that this first UK nationwide study has attempted to engage with the complexity of arts in mental health and has successfully brought a large number of projects into a common evaluation framework that allows statistical significance to be drawn from a wide range of identified outcomes. There are some problems, however, in both methodology and results. The authors of the study have acknowledged in a separate review article the difficulties in distinguishing between psychological and social empowerment, clarifying whether outcomes were indicative only of passive adjustment or constituted genuine social empowerment. The research’s qualitative case studies adopt an interpretative stance that seems at odds with the highly rigorous approach to data in the quantitative analysis, suggesting that combined measures for this work may produce perspectives that are difficult to reconcile. In the survey results on the empowerment issue it is interesting that a question about ‘mutual aid’ did not score to statistical significance. If it had, it would have had bearing on demonstrating social empowerment. Yet projects scored highly on that question at baseline. Presumably one possible reason for this is that participatory arts are the core of the activity, so it would have been useful to consider how similar or dissimilar the six projects were, what affect their participatory ethos had on participants from the outset, whether communal as well as individualised outcomes were realised, and most importantly whether a multi-disciplinary network of staff was developed to deliver and help assess the projects. The quality of professional partnership is a crucial factor that is so far being under-examined in evaluation of arts and mental health.

### ***A UK Regional Study***

The Arts For Health centre at Manchester Metropolitan University undertook a 3-year research project to develop a delivery network for arts in health in the North West, funded by the UK Treasury's *Invest To Save* initiative.

Six projects were chosen for in-depth study in this programme, covering mental health, older people, and health culture and environments. Bringing people together from different disciplines, they used appreciative enquiry to “discover what is, dream what might be, design change and find destiny/destination.” Two kinds of well-being were identified: that which is hedonic (feels good) and that which is eudemonic (incites change). The communal reflection days which were central to the evaluation aimed to assess people's confidence in both the approach and process. This critical reflective practice is essential as there may be an inherent bias in the appreciative enquiry model to identify and assert positive outcomes.

The project's final report (MMU 2007) is strong on measuring impacts on individuals but there is almost no consideration of effects on groups and communities which a holistic model might want to address. The study used standard measurement tools such as the General Health Questionnaire and Hospital Anxiety Scale, though these have been shown to be too generalised for assessing the effectiveness of arts in health projects. The sample is limited as regards statistical significance, especially on job satisfaction issues where only a handful of staff were sampled using a control model. There is also bias in the sample – 98% white, 59% over 55. But despite flaws in methodology, overall there is often an intellectual depth and challenge in the report with a real insight into practice which I think is lacking in many evaluations.

These studies I have referred to, along with a recent evaluation by CAHHM for Lankelly Chase Foundation on music in secure mental health institutions (2008), are indicative examples of how current research in arts and mental health is moving beyond single project studies that attempt to measure therapeutic impact to multi-site studies using combined methodologies in a ‘theory of change’ model to assess the social and environmental as well as clinical dimensions of benefit. This approach allows case comparison but is averse to applying the empiricism of randomised control testing because the variables are so complex. It will need to refine its definitions of key concepts of social inclusion and empowerment, and resolve problems of reliable attribution of benefit to the effect of arts interventions. But what is clear is that capacity building is becoming a central factor in the practice of arts and health, and so in respect of staff involvement it can be evaluated as a learning programme. *The Music in Mental Health Project Ceol le Chéile / Music Together* though modest in scale, shares characteristics of cutting-edge practice and research in arts and mental health.

***“The Music in Mental Health Project Ceol le Chéile / Music Together though modest in scale, shares characteristics of cutting-edge practice and research in arts and mental health.”***

## EVALUATION

I have taken a straightforward approach by looking at how and to what extent the documentation and data gathered during my field visit provide qualitative evidence that meets the seven stated objectives of the project.

### **Objective 1 – “To deliver arts training and participatory music workshops to staff and service users in five mental health settings.”**

The project was delivered almost exactly as described in the application for funds. But there were significant external administrative constraints on the music initiative from the outset, and these are important for understanding the context in which the project operated. The original grant request to the Partnership Forum was for 60,000 Euro, but it was awarded only 25,000 Euro three months later than the funder’s timeframe originally indicated, leaving only two months (November-December) to deliver the project quickly within the calendar year, as required. A more measured delivery period would have allowed for more reflective practice by participating staff, with better opportunity to explore the relevance of the project to issues of staff morale, retention and union relations. Although it was intended to keep the prime focus on the musical intervention’s contribution to the quality of working life, a lot of management attention was absorbed simply in meeting the imposed tight deadlines for delivery of the sessions programme in each setting.

What has helped to keep the project to its original aim, however, has been the effectiveness of the Partnership Working Group (PWG), regularly attended by staff from all five settings and union representatives (who attended more infrequently). By March 2008 it had held four meetings with two more scheduled. As the initiative aimed to deliver through a partnership between the mental health care settings, willingness in the PWG to listen, share discussion and achieve consensus has shaped a common ethos. However, each mental health care setting was also encouraged to deliver and interpret the project as it felt appropriate, so each could have objectives additional to those of the overall project. Thus the Adult Mental Health Unit focused on patients who resisted participation normally, Cúnamh Day Centre/Day Hospital focused on self-expression, and Togher concentrated on combating social isolation. Both Carraig Mór and St. Stephens Hospital saw the programme as an opportunity to consolidate work begun during the Cork 2005: European Capital of Culture to achieve the inclusiveness of patients in arts opportunities that the City offers. *The programme covered the gamut of mental health settings from secure wards to day care, thereby demonstrating its relevance across different tiers of service provision.*

Pivotal to the development of the programme have been the two Learning Days organised for a wider pool of staff and musicians. The second of these, which I attended, facilitated group reflection on the programme to date and then focused on a group exercise working through practical ideas for staff to facilitate their own sessions. The Learning Day was held at Lewis Gluxsman Gallery, UCC, out of a wish to provide an attractive ‘neutral’ space away from health service buildings. The health professionals and musicians clearly held each other in positive regard; the word ‘privilege’ was repeatedly heard with reference to their joint participation in the programme. There was a sense of common ownership of the programme and a consensus on the wish for it to continue. As one Clinical Nurse Manager commented, *“Ireland has tremendous ability in music and this should flourish in the health system as it does in the community.”*

There were five professional musicians engaged on the programme, two of whom worked in three settings, one in two settings, and two in one setting. The musicians checked in with staff before and after workshops to jointly prepare for the session and de-brief afterwards. The musicians were facilitated to meet together twice during the programme to reflect on the impact of the work on their own practice - the main benefit cited by them was the experience of working in a team with other musicians and healthcare staff. The musicians' 'exit strategy' has been to give staff a core activity they could lead for themselves, accommodating their different skills, capacity and interests. This aim arose because in the previous music initiatives the staff attempted in-between the 8-week blocks of sessions to maintain the activity themselves, with varying results.

The project aim to achieve multi-disciplinary working was only partly achieved, however, because exigencies of the service meant the music activity involved only the staff available at the session time. One staff member commented that "OTs say they are too busy to go to sessions, and see it as an add-on that doesn't matter, and some fear the participation. Other staff should be formally invited to come and observe." More promotion and lead-in time may have helped encourage wider staff participation.

**Objective 2 – “To focus on the experiences and needs of staff in each setting while also building on previous work with service users.”**

Carraig Mór and St. Stephen's Hospital have nearly three years experience of hosting musical intervention and applying it to their care work. As one staff member put it, "The process has been refined, and we have better knowledge of what's good for clients. Music has been a catalyst for that." The participating staff members have become able to judge what makes for appropriate and effective practice as their appreciation of music in a healthcare setting has grown. That experience appears also to have peer influenced staff in the other newer settings who were looking for creative solutions to their own needs. Nursing staff in the Adult Mental Health Unit for example, wanted to find alternative forms of engagement with patients that could make a difference. I heard staff from all five settings affirm that the music intervention had therapeutic benefit for themselves as well as patients, addressing both professional and personal needs.

At the Partnership Working Group meeting I attended someone made the passionate observation that *“A fire was lit in people. I could see arts and expression are vital to psychiatric care. Music gave hope to patients and staff.”* I was intrigued by reference to 'hope' and to arts intervention as a vital need and invited explanation, and another member of the group said that "Different therapies have different 'languages'. We must recognise that patients can be poor communicators. It is connection that gives hope. Music helps sense the mood in non-communicators." And another helped to ground the discussion by declaring "Music is a basic communication tool. It doesn't need talent and formality. It is good for very ill people, because they can stay with it. It's a non-stressful discipline, but maybe it's impossible to evaluate? It's certainly a stepping stone to more complex interaction." This is just to give a sample of the quality and depth of dialogue I found in both the Learning Day and the Partnership Working Group. It was noticeable throughout how little professional jargon was used.

A commonly articulated need was to have a different working atmosphere better suited to relationship-based working. Music seemed to help because “it made the work environment different, it wasn’t clinical or sterile.” But there was also concern that to outsiders and clinical superiors the intervention could appear superficial or contrary to governance, “The clinicians concern is ‘will anything go wrong here?’ There are issues for example about documentation but we don’t have to be stiff about it. Most clinicians don’t take it (music workshops) seriously.”

In the feedback forms from the Learning Day, in response to a question ‘Has participation in the music project improved the quality of your working life’ a repeated observation was that it had enabled staff to get a better understanding of what is valuable to the service user and to see the person, not just the presenting patient.

Other needs were simply practical but fundamental to the health staff/musician teamwork - for example, the need for instrument banks to be purchased and available in each setting, and for written guidance for staff in running sessions. The musicians presented ideas on this at the Learning Day.

### **Objective 3 - “To facilitate staff to meet and exchange ideas, solutions and challenges with their colleagues in the other four settings”**

Prior to the Partnership Working Group (PWG) being established its members had previously only met informally if at all, and there was a perception that only the managers from different units would meet up to discuss operational matters and policy. The PWG conferred status on the project and provided a meaningful context for exchange of professional views and experiences. Members clearly took pleasure in how they had been able to enthuse each other to engage with the music programme, one describing the fun of it as “incomparable”. It was gratifying that staff from other units had visited the project and taken part, and that the project would be promoted in forthcoming conferences at national level. Several comments were made on how the project had developed confidence and job satisfaction. An observation that “It has provided self-efficacy and we have become champions of the work” was tempered with a reflection that “maybe now we have to leave behind those who don’t want to change.” The PWG provided a meeting place in which members could explore positively together the purpose and value of their work, mindful of the energised context of their role in the music programme.

Participation in the music programme raised expectations in staff as well as clients/patients. Whilst this impacted positively on perceptions of everyday work and the work environment, it did also challenge the status quo: “There is no cohesive service here, and that’s a mirror of the mental health of the system. We need to heal ourselves.”

Views similar to those expressed in the PWG were shared in the wider forum of the Learning Day. Though there was a broader mix here of professions from different mental health settings as well as musicians, the forum discussion indicated a clear consensus on the benefits of the programme and staff embraced the challenge to lead future music sessions. All applied themselves readily to the group music session that tried out ideas for facilitating work with clients.

The musicians attested to the value of being able to work together in a health care context and learn from collaboration with health staff, “It was good to team up with

other musicians and I got new ideas for group work. It keeps me aware of different approaches and contexts for music. It was a privilege to be involved and it gave me a window onto others' experience."

#### **Objective 4 – “To explore best models of staff learning and participation through workshops”**

The Programme Co-ordinator told me at the time of application that she did not think HSNPF would normally fund an arts project but might be interested in this case to see if it could address staff issues. The issues subsequently identified (and addressed) in the programme included: effective team working, better understanding of clients' needs, job status and satisfaction, training in how to lead participatory activities, workplace improvement, and on-the-ground innovation versus senior staff scepticism.

The participating staff affirmed the value of being in a multi-disciplinary learning programme. *Staff felt the music initiative was ideas-rich and that it empowered them to engage with patients in a new way and complemented clinical intervention.* Some felt that more clarity is needed in the model, however, in distinguishing between art and the art or music therapy, as this can be confusing for both staff and patients. What appeared to attract patients to the activity was that it was not individual therapy but a pleasant communal diversion. Staff from Carraig Mór commented on the importance of the social inclusion element in the activity and referenced the benefits of the arts to mental health that are cited in the National Economic and Social Forum report on mental health and social inclusion. (NESF Report 36, 2007. p151).

Discussion at the Learning Day acknowledged the need for 'refresher' sessions in the context of continuous professional development in order to provide staff with skills in facilitating arts activity. A central co-ordinator is also needed to deploy resources effectively and sustain the benefits of networked activity and multi-disciplinarity. More training is needed now because the six week programme was too fast and too short; "By the fourth week everyone was communicating better, and then it was over. People were initially shy of each other. It was great on a social level, as well as an introduction to the potential of professional interaction and multi-disciplinarity. But the achievement was felt in the group rather than the wider organisation. It helped us think outside the box. It was an entrepreneurial spur." There was a perception that the 'social level' was important to the quality and relevance of the learning. But there was also concern that the learning was not transmitting to other staff who did not participate directly in the programme, leaving a sense of 'us and them'; *“There is a lot of dynamic interaction going on in music sessions that other staff don't see. This message needs to get to the funders and consultants. Senior medical staff should experience this activity.”* There is a common frustration felt in arts and health practice that it is necessary to experience the work in order to understand its significant benefit. It certainly impacted on other staff in some settings, however, where student nurses would come in on their days off. One CNM explained that “students nowadays get little interaction with clients, so music provides that human interaction.”

### **Objective 5 – “To evaluate service user and staff satisfaction”**

Project log books were kept at each setting. They functioned mainly as open comments books and do not differentiate between clients, staff and musicians. All the log books have useful observations but one or two are especially rich in data and have been well-maintained, including a record of attendances. Here are some of the comments (including the very few negative ones I could find):

- *I was able to relax very well afterwards*
- *The beat was great. It cheered me up and it is good for my depression*
- *I look forward to coming and feel great afterwards*
- *Room was too small for the crowd but can't wait till next week*
- ***It took my mind away from the problems I am dealing with currently***
- *I spend so much time thinking I find music is a great escape. You can almost see people losing themselves in the rhythm*
- *Very uplifting and soothing*
- ***I look forward to every Monday morning***
- *Boring. I don't know why*
- *It was OK - a bit childish singing happy birthday*
- *People felt free and encouraged to get up and dance.*
- *They really knew how to get the crowd going and give us a good time*
- *It was good therapy on a Monday morning*
- *I'm here early and looking forward to seeing everyone for the morning's session*
- *I don't want to lose my place*
- *The group was very well run and always had a friendly and welcoming atmosphere.*
- ***Hope the music group will continue for a long time to come***
- *I feel really honoured to have joined in the group here. I particularly felt the interaction of staff and clients and felt that I was part of something very worthwhile*
- ***Music flowed throughout the corridors creating a distraction and a sense of serenity***

Satisfaction with the music activity can stem from different sources – some see its therapeutic benefit, others its impact on social connectivity, and several comments here regard the music as a special event in the healthcare settings' calendar, an experience that people could bond within. ***It can also help clients engage more pro-actively with their treatment plan; as one nurse observed.***

Staff at Carraig Mór particularly noted the significance of the patients' comments in the logbook; "Even small comments are significant with this group. It opens conversation between staff and patients, gives triggers to discussion. It is possible to talk about other things than health problems. Otherwise the medical model often prevails in conversation. Instead we should be asking what is behind people's creativity. If the health aim is to heal the split in a person's psyche then connection with that person is vital". *The 'triggers to discussion' provided by participatory music-making are thus seen as an important step in each individual's road to recovery, and enable staff to get to know the person and not just the problem.* What was apparent at the meeting of the PWG that I attended was that the music initiative had motivated staff to reflect upon and re-define the core values of the service.

The feedback forms from staff at the Learning Day highlighted other *work-related benefits of increased confidence, the usefulness of arts-based training, empathic insight into clients, increased energy and happiness at work.* One person made a comment that "it allowed a spirit and the unconscious to flourish" – this is not how one might ordinarily expect work in a mental health institution to be described, but it speaks volumes for the transformative knowledge that may come from a creative approach to training. The environmental effect of the music was often instant, "It was a better place to be after the sessions".

There were almost no negative observations of the programme by staff, only suggestions for improvement and concern that ending the project will confound patients' expectations. It was noted that new admissions at St. Stephens can be afraid of the group and need more gentle induction. For some it could seem awkward and 'cheesy' when 'old timey' music (Irish standards) was played; but still, as one Clinical Nurse Manager observed, "it develops concentration and connection – it's the best thing I've ever seen for concentration". And a staff member on the Adult Mental Health Unit came up with the most down-to-earth indicator of patients' engagement, *"They always come back into session after breaks!"*

#### **Objective 6 – "To design a process for adaptation and transfer to other health settings"**

The music initiative has itself adapted approaches and processes from elsewhere by taking elements of the Music Network Ireland / Cork 2005: European capita of Culture model for community music development described earlier in this report, and from CAHHM's ongoing action research into network development.

CAHHM's learning programme in arts and health in North East England known as 'Common Knowledge' focuses on the development of relationship-based working (Smith 2002). Common Knowledge has evolved as a flexible, multi-layered network of organizations and individuals connected by interest in the relationship between arts and health. It develops multi-sector groups who connected through localities, or around specific art form applications (such as therapeutic uses of music) and care groups (such as the elderly with dementia). It is a tapestry of relationships woven together from different strands of discussion. Many individuals in the network also represent organisations. The network has a strategic layer that works through a governance group including representatives from local authorities, the arts, education and health, and a constituency layer of representatives (i.e. people who have participated in events). Common Knowledge is organically developed through the alliance of its members, requiring only a part-time co-ordinator to facilitate meetings and help set up pilot projects in a wide range of settings. Artist and CAHHM

associate Mary Robson, who has led the development of this approach, describes Common Knowledge as “not one grand construction but many small ground works”. There is continual reflection on the quality of relationships formed between participants in the programme to point up that it is not what we do in arts in health but how we do it that counts. We see the arts in health practitioner as a collective rather than an individual. That perspective encourages collaborative working between people from different backgrounds and relieves the burden on the artist or co-ordinator to deliver the whole project.

There are many similarities with Common Knowledge already in what has been achieved in the music initiative in Cork, including the down-to-earth practicalities of gathering data in project log books, which is a staple tool in Common Knowledge. But the music initiative has also forged a unique identity and purpose in bringing together the different tiers and institutions for mental health in the city and county. And it has had a specific focus on the impact of arts in health initiatives on staff relations and multi-disciplinarity within the work environment. It is a pity the HSNPF grant was too short-lived to enable this to be explored more fully. *With a little more development it might be possible to set out an integrated pathway for music making in mental health services from institutional care to day services and into the community post-discharge.*

At the Learning Day the project was spoken of freely as an ‘arts initiative’, suggesting that music is the pilot initiative but there is the aspiration for it to be followed by development programmes in other art forms. The members of the PWG certainly hope that may be possible through both collective and individual effort. Carraig Mór, for example, has already tried to spread the work wider and get patient advocacy into its governance. The PWG’s aim is to have an enduring partnership with mental health budget support, recognising that the weakness of external funding is that it can soon get forgotten about. To make a case for the work to be mainstreamed it is felt that the holistic approach of the initiative needs to more clearly address issues in ‘Vision For Change’, the 2006 mental health strategy for Ireland. It will require both hard and soft evidence and must demonstrate effective joint working beyond that of a time-limited project. *With this initiative the whole is greater than the sum of its parts and together all the settings can put a stronger case to decision makers for its continuation and adaptation elsewhere.*

The challenge to sustain the programme with less money after expiry of the HSNPF grant has raised concern for quality and professional approach, “It’s more about going on now with crumbs rather than the full cake that came.” But some encouraging steps have been taken by individual healthcare settings in the programme. The Togher/Ballyphehane Community Mental Health Service is working in collaboration with Togher Family Centre and the VEC to run further music and dance workshops. It is felt that this will improve partnership at local level and Togher/ Ballyphehane Community Mental Health Service has identified a service budget of its own to support continuation of the music sessions. The Family Centre is putting time and money into the initiative and more clients’ families could take part in future. The advantage of having the work occur in smaller neighbourhood settings means that everyone knows about it. People already come into the clinic to ask about future sessions.

The Adult Mental Health Unit is using a Lottery grant to support more sessions. Carraig Mór is offering placements to music therapy students who can combine music

workshop activity with their training. Carraig Mór is also running dance workshops. Cúnamh Day Centre / Day Hospital have also sourced funding for further music workshops. But it is felt that much more could be done if senior staff would approve and champion this work.

Immediate needs identified by the Project Partnership Working Group include;

- need for presentations to policy and decision makers and wider health and social fora about the benefits of utilising the arts and working with professional artists in healthcare settings
- greater partnership between the settings and their local communities
- professional development for staff to assist them to learn more about the arts, working with artists and organising art workshops
- secure funding to build on the lessons learned from the project in order to develop a sustainable model that can be adapted and replicated elsewhere

**Objective 7 – “To produce a final evaluation report and recommendations for development and funding of this work into the future”**

This is of course the final evaluation report, but the recommendations and where they are tabled I think should really be determined by the Project Partnership Working Group. I simply offer some suggestions that might contribute to those recommendations.

- There is an immediate need to resource and facilitate further training for staff to lead music sessions themselves. The staff learning days determined that a musician should be on hand to support staff members in the early stages of leading sessions in their healthcare setting, and some ongoing mentoring would be desirable
- There is a need to establish musical instrument banks (mainly percussive) in each setting
- The retention of a part-time co-ordinator is important if the initiative is to remain energised
- A clear focus on staff needs as well as those of patients should be retained. This kind of work can be promoted and regarded not only as arts development in mental health, but also as a method of multi-disciplinary workforce development and capacity-building spanning different units and tiers of service provision. This would broaden its funding base. Early endorsement of the project by HSNPF would assist bids for funding.
- There is opportunity to train other musicians and artists through the project, as well as nursing and medical students, and establish the practice of arts and health as a dialogue between the sectors.
- Future research on the project should allow time and resources for first-hand observation and interviews with participants subject to ethics approval. There are emerging methodologies for the evaluation of arts and mental health and these could be adapted from other studies. Cost benefit analysis would also be useful.

- Each setting should continue to document the work and gather data and testimony. As Carraig Mór and St. Stephen's Hospital already demonstrate, projects with a proud history of intervention are more likely to be sustainable. It is not just about funding; sustaining vision and connection are vital.

**Mike White**  
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