EVALUATION OF MUSIC IN MIND

New Economy

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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 phase of the project which ran from November 2013 to February 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, which is under investigation in this report, was delivered between November 2013 to February 2014. Manchester Camerata has received funding for two further phases of the project over the next 12 months.

The second phase of the MiM project was delivered in three different residential care homes across Greater Manchester, with each care home hosting two 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, supported by two musicians from Manchester Camerata. Each music therapy session lasted approximately 30 minutes and utilised the principals of improvised music therapy; activities ranged from music making and singing to listening to music. The sessions were designed as client centred, 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 participate in a post-project focus group, during which they were asked to contribute views on the following topics: logistics and delivery of MiM, impact of MiM and future changes and improvements;
- Care home staff were asked to complete a questionnaire, in which they were asked questions about the benefits and impact of the project, delivery of the sessions and possible future improvements; and
- A brief literature review was also carried out to inform the evaluation.

From everyone invited to contribute to the evaluation, all the musician and music therapists participated in the focus group, and one of the three care homes provided information for the evaluation.
4.  Music and dementia – a review of the 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, Live Music Now
5. Initial Feedback

5.1 Care Home

MiM proved to be a very positive experience for the care home staff who provided information to the evaluation. All respondents found the music sessions to be a very enjoyable experience, both for themselves as well as for the clients. In terms of benefits to the clients, improvements were mainly noted in their mood. Two respondents mentioned how they had noticed the clients feeling calmer as a result of the activity, and four had noted a positive change in the general mood of the people with dementia.

Yes, lifting moods when they are down. Given them something to think about as well.

Mood is calmer in some, more uplifting in others.

Yes they seem calm.

It was a thoroughly enjoyable afternoon had by all and the mood continued for the remainder of the day.

Three of the participants also mentioned that they had observed an improvement in PWDs’ communication levels.

Communication is improved during the session.

[The clients] communicate more with others.

I feel individuals have gained valuable experiences from differing aspects, the social responses are more confident.

Two respondents reported that the improvements observed in PWDs’ mood and communications were mostly limited to the duration of the sessions.

Any changes are more obvious during and just after the session.

I haven’t noticed [changes in overall mood, behaviour and ability to communicate since staring the MiM]. Once it stops they have forgotten about it again.

The respondents also showed their appreciation for the importance of music in dementia care, and how satisfied they had been with the delivery of the project:

I think the delivery of the sessions has been excellent and would only wish that we could have more!

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2 Five carers provided responses.
Although in general service users enjoy differing types of musical activities, the MiM has more of an impact because professionals like those who have delivered the sessions are experienced and practiced in working in the environment and can advice staff who are unfamiliar in playing instruments.

And the evaluation uncovered evidence which suggests that these lessons will be embedded in future practice/activities within the care homes.

I have gained valuable lesson on how music and instruments enable individuals with complex needs to enjoy the session in several different ways.

It has made me aware of how important music is to those who have dementia and I now try to carry this forward by using our instruments as often as possible in activities”

5.2 Musicians Feedback

The musicians and music therapists also enjoyed MiM and found it very beneficial for the people with dementia. The main themes that emerged from discussion were the importance of the musicians’ pre-project training and the pre and post-briefing sessions, space and benefits to the PWD. When the musicians talked about their experiences with the care homes, a couple of them mentioned that the size and temperature of the rooms had caused very minor issues, but in general the care homes had responded really well to the delivery of the project.

Musician also discussed the importance of the training they had received as part of the MiM project. All of them mentioned how beneficial both the training and the pre and post session briefings had been.

“The training is very, very beneficial to us”

“The pre and post session a part of the format has been invaluable as a resource.”

All of the participants agreed that the sessions had been very beneficial for the people with dementia. Both, the musicians and the music therapists, had observed changes in PWDs’ behaviour, mood and articulation, and many of them also talked about increased confidence levels and how the PWD felt more enabled to engage in the music activities. As with the carer observations, it was noted that the changes in behaviour may be limited to the time musicians spend with the PWD.

“It was incredible the transformation from a physical poorness to enabling them. Also I think the clients often from their feedback talk about positiveness.”
“Contact increases...between each other (the PWD) and the therapists and the musicians. Also posture was a major differential in a sense that it was much more lined upright. There is also an increase in expression [of] happy and sad feelings.”

“By the end people are sitting up right, they are looking round, they are smiling, their eyes are open, they are awake and they are engaged.”

“Sometimes people might have repetitive behaviour like crying and saying a certain word in distress..., which when you come in you hear it being repeated and then you don’t hear it again until you have stopped the music.”

6. Key Findings

Due to the small number of responses and the belated involvement of the evaluation team in this phase MiM, it is hard to draw firm conclusions about the impact of the MiM, and how long the effects last. Accepting this, 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. This is in line with the literature findings reported in section 4.

Some of the musicians and carers 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.

Further research is needed to test and expand the findings of this report; hence for the evaluation of the next phase of MiM musicians and carers will be asked to keep a diary to better monitor the impacts of MiM over the whole lifetime of the 10 week course. The evaluation team is also exploring opportunities to include the PWD in future evaluations of the MiM.
7. References

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