

Response to APPG on Arts, Health and Wellbeing from MHA – August 2016

Contact details:

Liz Jones, Head of Policy and Research
01332 221921

Liz.jones@mha.org.uk

Ming Hung Hsu, Chief Music Therapist

Ming.hunghsu@mha.org.uk

Who is MHA

MHA is an award-winning charity providing care, accommodation and support services for older people throughout Britain. We are one of the most well-respected care providers in the sector and amongst the largest charities in Britain, providing services to older people for more than 70 years. Our aim is to eliminate isolation and loneliness among older people by connecting older people in communities that care.

MHA delivers a range of high quality services to 17,000 individuals:

- 4,350 older people living in 84 care homes - residential, nursing and specialist dementia care
- 2,500 older people living independently in 72 retirement living communities with flexible support and personalised care, with a further ten sites in development
- 10,000 older people supported through 66 Live at Home services in the community.

Our services are delivered by 7,000 dedicated staff and enhanced by the commitment of 5,500 volunteers.

MHA recognises that loneliness is an increasing challenge that affects many of us as we age and it is manifested physically, emotionally and spiritually. Our ambition is to ensure that every older person can be connected within a community of their choice so they can live an independent and fulfilled later life as they age.

This is our practice example for the inquiry, into Arts Health and Wellbeing.

Music Therapy and Dementia

MHA's Music Therapy Service

MHA's Music Therapy Team has been providing music therapy for people with moderate to severe dementia in its care homes since 2008. MHA employs 17 qualified therapists (which equates to 11 FTEs) who deliver both group therapy and weekly 30-minute individual 1:1 sessions for residents with dementia who have severe difficulties in communication, behaviour or wellbeing.

MHA is one of the biggest employers of music therapists in the country. Our highly-trained Music Therapy team run sessions in 54 homes providing dementia care. In 2015 they helped more than 2,300 residents through 1:1 sessions and group music therapy. We fund raise in order to be able to offer music therapy for free to our residents with dementia - it costs around £500,000 per year, approximately £30 per 1:1 session.

What makes Music Therapy special?

We are convinced that music therapy improves the quality of life for our residents with dementia. Our therapists encourage our residents to be interactive with the music, by singing, playing simple percussion instruments or responding to musical cues. Sessions are guided by the residents enabling them to use the music to express how they feel.

Our Music Therapists have made a real difference to the lives of many of our residents, their families / carers and our staff and continue to do so every day.

MHA's Chief Music Therapist Ming Hung Hsu recently completed a feasibility study to prove the benefits of music therapy as part of his doctorate. He has demonstrated that music therapy provides very positive outcomes, as detailed below, for people with dementia in care homes.

We know that music therapy improves wellbeing and quality of life, especially for those at the later stage of dementia, where very little else works to address agitation and anxiety. Our vision is that music therapy should be available to all those with moderate to severe dementia, offered on prescription and referral, in the same way as other better known therapies. At present, we fundraise to provide music therapy, which limits the availability. We think it should be available more widely.

Feasibility study into Music Therapy and Dementia

Ming's study *Individual music therapy for managing neuropsychiatric symptoms for people with dementia and their carers: a cluster randomized controlled feasibility study*, was published in *BioMed Central Geriatrics*¹ and showed that music therapy demonstrably improved wellbeing for a sustained period beyond the therapy, and eased negative symptoms of dementia such as anxiety.

The study evidenced that the wellbeing of participants who received music therapy doubled in three months and was sustained at five months. Negative behaviour, such as anxiety, was halved in three months and continued to fall beyond therapy. Staff perceived less disruptiveness. Additional benefits were recorded for care home staff, who felt more informed, skilled and motivated.

Project details

The study took place over five months, with nine residents and seven care staff in the intervention group. The residents received a 1:1 active music therapy session once a week. Each 30-minute session was conducted by an experienced, qualified, HCPC registered MHA music therapist and was video-recorded.

Four key constructs of the sessions were identified: (1) well-known songs, (2) musical improvisation, (3) talking and (4) bodily and facial expressions. The therapists used these auditory and visual cues within the sessions to engage participants in music-making and self-expression, facilitate communication and interaction, modulate arousal levels and minimise neuropsychiatric symptoms.

¹ Authors: Hsu, M.H., Flowerdew, R., Parker, M., Fachner, J., and Odell-Miller, H.
Published: July 2015 (BMC Geriatrics, <http://www.biomedcentral.com/1471-2318/15/84>)

After each session, two video clips were presented to the care staff participants in the intervention group in order to communicate elements of music therapy to carers. These presentations aimed to address: (1) how neuropsychiatric symptoms were minimised, (2) the possible causes of such symptoms, and (3) how the therapist made use of the participants' remaining abilities to enhance expressions, mood and cognitive and sensorimotor functioning within sessions.

Evaluation methods and findings

The study was designed as a cluster randomized control trial, with residents from two care homes who were randomly selected to go into one of two groups, a control group and intervention group. A mixed methods design was used: both qualitative and quantitative data were collected.

Outcome measures included the Neuropsychiatric Inventory for Nursing Homes (NPI-NH), Dementia Care Mapping (DCM) and semi-structured interviews. Participants' levels of well-being and presentation of dementia symptoms were measured through interviews and observations at Baseline, Month 3, Month 5, and as a follow-up at Month 7.

Staff perceptions of music therapy were explored through semi-structured interviews at Month 6. Information regarding the use of psychotropic medication was also collected throughout.

Effects of music therapy on symptoms and well-being

The study found beneficial effects of the music therapy programme on the symptoms of dementia and occupational disruptiveness as measured by the NPI. The music therapy programme was also associated with higher levels of well-being, as measured and indicated by the DCM. Carers reported beneficial effects of the intervention on residents, in particular on mood and emotion and sensorimotor functioning, as well as on self-expression and communication, memory, agitation, apathy, anxiety and aberrant motor behaviour.

Effects of music therapy on caregiving

No statistically significant enhancement was found in staff-resident interaction. However, carers reported a positive impact of the music therapy presentations on themselves and their own work. They talked of gaining increased insight into residents, i.e. personal history, symptom causes and cognitive functioning. Other effects included enhanced interaction techniques, altered mood and enhanced communication and relationship with residents.

We are working with Anglia Ruskin, Nottingham Universities and international experts to design a larger scale study based on this feasibility study.