Response to Justine Schneider's article: Music therapy and dementia care practice in the UK: A British Association for Music Therapy (BAMT) membership survey

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Justine Schneider's article is timely, as it coincides with a national initiative to promote and prioritise music; including music therapy; as a core and essential intervention for people with dementia at all stages of their care. The initiative arises from the Commission on Music and Dementia, funded by the Utley Foundation, and organised by the International Longevity Centre (ILC). Following the Commission, Grace Meadows, Music Therapist and previously BAMT development officer has been appointed as Programme Director by the Utley Foundation to work closely with the government and public services, to implement the recommendations across the UK. Recommendations primarily call for embedding music interventions, including music therapy; in dementia care pathways, building music interventions into strategies for people living with dementia including appointing local music ambassadors, and for more research in the field.

The results of the BAMT survey reported here in Schneider's article contributed to the outcomes of the consultation process and resulting strategy document launched in the House of Lords in January 2018 (Bowler and Bamford 2018), *What would life be-without a song or a dance, what are we? - Commission on Music and Dementia*, which can be found in full on the ILC website. The Commission gathered evidence from across the world including from Music Therapists and, although UK focused, it also represents the state of the evidence in music therapy and music as interventions for people with dementia. Schneider's article reports the results of the BAMT survey and her reflections upon these; it is extremely welcome and timely. In this invited response I aim to update readers on what has happened since the Commission, to summarise key recommendations from it, and to provide further information, raise questions and challenges for the music therapy profession.

Four Music Therapists were part of the Commission, and we had a general role in drawing forward evidence and information from musicians, including qualified Music Therapists across all training programmes. We also aimed to help the Commission understand the different roles and types of training needed for delivering music interventions, including music therapy, for people living with dementia. This included advice about stakeholders who would be able to contribute to the consultation process from a range of services, and teams, including calling for case studies. In the full web-based document (Bowler and Bamford, 2018), case studies from working Music Therapists about their daily work, both from the care sector and the NHS are included. I would encourage readers to read the full document and to use it to help develop new posts in music therapy for people living with dementia, and to develop research projects.

The Commission drew together evidence from all relevant areas, organisations and individuals, including from neuroscience, music therapy, musicology, participants in music and music therapy, people living with dementia and their carers. It also called upon leaders from NICE (the National Institute for Health and Care Excellence), Health Education England, those responsible for Commissioning care in the UK, voluntary and statutory funding bodies, and members of the House of Commons and House of Lords. It was heartening to hear how music and music therapy interventions were prioritised for people living with dementia in some organisations, such as MHA Care Homes, and how much acknowledgement there is across the board of the powerful effects of music for people with dementia; despite the recently updated Cochrane review which is inconclusive about the benefits of music therapy (van der Steen, J.T., Smaling, H.J.A., van der Wouden et al. 2018).

The 2017 BAMT survey investigating music therapy for people living with dementia, as Schneider indicates, is one of the largest carried out through BAMT. The final ILC document (Bowler and Bamford 2018), for the first time publically attempts to differentiate between music therapy and a wide range of other musical interventions delivered by musicians and carers; it outlines different trainings and further need for these, and summarises current research and practice.

Relatives and carers need to know they can have access to therapies and activities which do not require complex cognitive powers but which focus upon positive non-verbal interaction, which is usually possible even in the last stages of dementia. Music therapy is also useful for people who do not have English as their first language. Providing all who work with people with dementia specific training, as the dementia awareness programmes in the UK do, is essential. However, missing from some of these programmes currently is an emphasis upon how to communicate through sensory, art-based media, such as music, and this could be integral to such training.

Recommendations from the ILC initiative also call for further research of different kinds: qualitative and quantitative, interpretative and objectivist in relation to music and its role for people living with dementia, and their carers and companions. As Commissioners we called for evidence from around the world about music therapy and music interventions. During the series of meetings held in the House of Lords we were able to include stakeholders across all disciplines, settings, and also to draw upon the working practice of Music Therapists and the value of this for people living with dementia. The recommendations will be taken forward by the Utley Foundation, and included in these is a recommendation for an up-to-date map of all the interventions available, outlining how and when these might be accessed by people living with dementia and their carers. The BAMT National Committee for Music Therapy and Dementia will contribute to this, and BAMT members will be asked for contributions to this process.

There is literature emerging on this topic, especially clarifying why and when a Music Therapist is necessary, as addressed by the International Consortium for Music Therapy Research meeting in Denmark on this topic and subsequent publication (Odell-Miller Ridder et al 2016). Schneider's article and the BAMT survey did not look at the detail of what is provided for people living with dementia, but many are investigating this. We have been looking in more depth at types of interventions, along with international colleagues, and investigating when and why they would be most helpful for people living with dementia.

Music therapy specific interventions for people with dementia typically include:

- Community music therapy groups for people with dementia and their carers
- Community music therapy groups with families
- Group music therapy in care homes and hospitals for people at different stages of dementia
- Individual music therapy

A variety of approaches including improvisation, singing, songwriting, listening to music, adapted to community, group or individual needs are taken. Wood (2014) and Hsu, Flowerdew, Parker, Fachner and Odell-Miller (2015) show indications that training carers to use music in their daily communication with people with dementia, improves quality of life for both sufferers and their carers. Odell-Miller, Ridder and Smidt (2017), discuss the 'indirect' role of Music Therapists, working with communities, families, carers and multidisciplinary teams. In the dementia care environment, Music Therapists also supervise others using music in every day care, which improves communication with people living with dementia, and carers own well- being (Hsu et al 2015). Musical training of others, embedding a musical culture throughout care as well as more formal short training courses for professional musicians working in orchestras and ensembles, are increasing. Recently I have proposed a new definition for a music therapy individual or small group intervention, which might help distinguish between different interventions: '*individualized personal care through music, adapted in the moment for the person's needs and their family/carers'.* (Odell-Miller 2018)

Music interventions by people who do not have a formal music therapy qualification might typically be focused upon:

- Public performances geared for people with dementia without a process orientated goal
- Playlists individually compiled
- Music appreciation

- Entertainment including interactive engagement such as joining in singing, with percussion, in larger groups; and karaoke provided by professional and amateur musicians
- 'Singing for the brain' choirs (which are led by Music Therapists and non-Music Therapists)

It is a complex picture, and the challenge from the recommendations in the ILC document (Bowler and Bamford 2018) is to produce better information for people living with dementia and their families, and for other professionals such as doctors and General Practitioners (GPs). It is salutary that the least involved group which Music Therapists liaise with, mentioned in Schneider's BAMT survey analysis, is GPs. This may be because music therapy is often prioritised for people in middle to later stages of dementia and therefore they would already be linked to specialist services in mental health older person's services or other statutory agencies. Thus they are relating more to carers and others who are responsible at that stage, rather than the GP.

To highlight further points and challenges from Schneider's article, the crucial situation for people with dementia is emphasised in presented statistics, which show the likely rise of people living with dementia. This could reach unmanageable proportions over the next decades. In her conclusion Schneider also refers to the work many of us have been doing to ensure music therapy and the arts are included in NICE guidelines. Schneider draws our attention to the fact that despite the current evidence (Livingstone et al 2014, Abraha et al 2017), music therapy is one of only two interventions which should be recommended for people with dementia following meta-systematic reviews. Whilst recording the evidence submitted during the consultation, NICE guidelines do not include specific mention of music therapy in their final 2018 guidelines for people living with dementia (NICE 2018). However, the guidelines for 'Older people: Independence and mental wellbeing' (NICE 2015) recommend that services provide a range of group activities, including singing programmes and choirs led by professionally qualified people. These guidelines also suggest that a range of activities to promote wellbeing are offered, are tailored to the person's preferences and offer group cognitive stimulation therapy for people living with mild to moderate dementia. Psychosocial and environmental interventions are also recommended to reduce distress in people living with dementia. Music therapy would meet these criteria.

On a closer look, NICE guidelines for people living with dementia (NICE 2018), *do* point to roles for music therapy, and Music Therapists should be linking their practice to these. Whilst Schneider is correct that the 2018 NICE guidelines do not specifically mention music therapy, I have suggested below ome examples of the recommendations for care for people living with dementia and their families, which point to how music therapy as an intervention can help.

Guideline 1.7.9 states: ‘for people living with dementia who experience agitation or aggression, offer personalised activities to promote engagement, pleasure and interest’. Guideline 1.11 under the guidelines for Supporting Carers states that carers should be given ‘advice on planning enjoyable and meaningful activities to do with the person they care for, such as how to find psychological therapies’. Many music therapy services are firmly placed within psychological therapies. In my view it is important to know your local area and services, find out the core strategies for offering help for people living with dementia, and respond to this by explaining where music therapy can meet needs. It is certainly clear from neuroscience research and music therapy findings that one area for benefit of music therapy is its potential for enabling interaction with loved ones when cognition and verbal communication deteriorate (Hsu et al 2015; Bowler and Bamford (2018).

It is disheartening to read from the comments from Music Therapists in the BAMT survey that our profession is not fully understood, that people do not know enough about it, and that research is lacking, including appropriate methodologies. There *is* a range of evidence out there, as a recent Medline search in 2017 by Biljana Vrancic Coutinho, PhD student at Anglia Ruskin University revealed. Using a broad search for literature about interventions for older people and music; including keywords such as music, singing, choir singing, songwriting, improvisation, improvisational music therapy, vibro-accoustics, and drumming, 35,643 returns were found (Vrancic Coutinho 2017).

If the public is not aware of the evidence, as Schneider suggests, I think it is our responsibility to contribute to this, drawing upon the wealth of experience and knowledge that is ‘out there’. I believe we can work with carers and with families, teams and society to point out how music therapy can improve quality of life, in which ways, and to show how it can respond to identified need. Having said this, it is also important to recognise that many services do not follow NICE guidelines, and are sceptical about certain types of evidence. An example of this is that whilst music therapy was recommended strongly in the NICE guidelines for people with schizophrenia, many NHS mental health services still did not provide music therapy for people with schizophrenia, and some NHS Trusts which had been doing so for many years, cut back music therapy services when financially constrained.

Regarding training and input for carers, NICE guideline 1.13.2.states:

‘*Care providers should provide additional face-to-face training and mentoring to staff who deliver care and support to people living with dementia. This should include: ‘how to monitor and respond to the lived experience of people living with dementia, including adapting communication styles’.*

Music therapy can contribute to the provision of alternative ways of communicating as is suggested here; an important point to make to Care Commissioning Groups around the UK.

There are many initiatives now developed by Music Therapists involving the person living with dementia and their companion or carer, and connecting music therapy programmes to concert halls and professional musicians such as the *Together in Sound* project at Saffron Hall in collaboration with Anglia Ruskin University, and the *Manchester Camerata* project (Anglia Ruskin University 2018; Campbell et al 2017). Early evidence reported by Claire Molyneux, Natalie Ellis and Jodie Bolska, shows that carers and people living with dementia feel that these experiences provide new ways of relating in their lives at home together, which music therapy practitioners and researchers will take further (Anglia Ruskin University 2018).

In Australia, researchers from the University of Melbourne have recently published a feasibility study, similarly to *Together in Sound*, with couples, where 12 people with dementia and their home based/family carer attended music therapy group singing for 20 weeks. A range of measures was used to look at quality of life, carer satisfaction and other changes (Tamplin, Clark, Lee and Baker 2018). The study demonstrates good feasibility for a research protocol and therapeutic group singing intervention for people with dementia living in the community and their family caregivers. Plans for further research across multi sites and countries are taking shape in collaborations between international partners. Participant reflections in the study and researcher observations provided useful information guiding the selection of quantitative outcome measures for future research in this field. In the UK and elsewhere in Europe, where a more instrumental and improvisational approach has traditionally been used (Hsu et al 2015), it is interesting to note the focus also upon using songs and singing. This approach is also prevalent in the UK music therapy models, however music therapy trainers may need to focus upon this more intensively in the future.

Just over 25% of the BAMT membership answered the survey, which, considering the specialised area, is quite high. We do not know how many did not respond but do work in the field and could have provided further information. Regarding the demographics, I would like to comment upon Schneider's reflection upon the finding that the majority of Music Therapists working in this field have been qualified for five or less years. She concludes that this might be problematic as there will not be a more experienced population of Music Therapists to supervise. From my experience in the profession I think it is likely that many Music Therapists worked full time or intensively in this field earlier in their career and now supervise others who draw upon their experience**.** This situation might also reflect a level of positive enthusiasm for working with people living with dementia from early career Music Therapists for

whom developing dementia might be a more distant prospect. More experienced Music Therapists might cease working full time with people with dementia because they need to keep a boundary around their own responses to feeling more at risk of developing dementia. However they continue to be effective supervisors of music therapists working in the field.
The challenge and extraordinary opportunity for the music therapy profession - particularly in the UK - will be in responding to the Utley Foundation Campaign. This will be bringing together people from all sectors related to people living with dementia, to bring about the recommendations for music and music therapy interventions, including music therapy, to be accessible at all stages of the dementia care pathway, and for training and research to be improved and expanded.

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