

Project "Heard"

A therapeutic songwriting intervention to enable service-user voice within CAMHS

Project brief: to devise, deliver and evaluate a Music Therapy intervention for CAMHS which seeks to elicit service-user opinion.

Project Heard was devised in response to a desire to find innovative ways of enabling service-user voice and eliciting opinion regarding patient experience within CAMHS. It also stems from a hypothesis that the process of harvesting service-user data can simultaneously represent a valid therapeutic intervention in its own right. The method selected for this pilot phase is Music Therapy, specifically using group therapeutic songwriting methods. The target client group is Tier 4 CAMHS inpatients, for whom meaningful service-user opinion data is relatively scarce.

Identifying a suitable delivery setting

Contact was made with the regional CAMHS management organisation, who were asked to recommend a local setting to host the intervention in early 2016. They referred the enquiry to the lead Occupational Therapist at a Tier 4 CAMHS inpatient unit. The project manager visited the unit to meet with staff and introduce the project. Safeguarding and consent protocols were discussed as relevant. An agreement was made that two HCPC-registered Music Therapists would spend two days on the unit, with one day off in between, offering open group songwriting sessions on all three wards. Sessions were scheduled to last for one hour and each ward would receive one session on each of the two days. Sessions would be integrated into the activity timetable for the week and attendance would be on a voluntary basis.

Ward 1 is a 12-bed specialist eating disorders unit for young people aged 12-18 with a range of eating disorders. (at the time of the intervention: 2 boys, 8 girls 13-17 years)

Ward 2 is a 14-bed general adolescent unit which provides assessment and treatment of 12-18 year olds with a range of mental health and emotional difficulties (at the time of the intervention: 4 boys, 8 girls 13-16 years).

Ward 3 is an 8-bed secure unit that provides assessment and treatment for 12-18 year olds with acute mental health problems (at the time of the intervention: 2 boys, 5 girls 12-17 yrs)

It was agreed that *Project Heard* participants would be made fully aware of the rationale for the intervention so that whilst a person-centred ethos would remain paramount within sessions, participants would be explicitly encouraged to explore their experience of CAMHS and to consider how this might be reflected in their song-writing activity, both verbally and musically. Therapeutic confidentiality protocols would be strictly adhered to, meaning that any material created in sessions would remain confidential unless consent was given by the service-user for it to be shared. The hope was that a body of new songs/compositions would be created which, with the participants' permission, could be regarded as a rich source of patient voice and a tangible expressive resource to be shared with clinicians and service managers. Client anonymity would be protected at all times.

Two audio recordings were to be made of each session: one device running continuously in order to capture the entire session, the second being used specifically to capture song takes in more consciously-acknowledged performances. The aim was to complete one song per session and the songs themselves would constitute the primary outcome. They would be minimally edited by the lead therapist (for recording quality and any identifying factors which would compromise anonymity, rather than for artistic content) and transferred to CD.

Ward staff involvement was discussed at this initial meeting. It was expected that staff would be present in all sessions, both to ensure safeguarding and to encourage participant engagement. The therapists requested that staff be made aware that sessions were to be participant-led and that any negative opinions articulated would be acknowledged as a valid expression of feelings, both in a therapeutic context and in the context of the project.

Six weeks after the songwriting sessions, the therapists would return to the wards to review the songs together with participants. Participants would be given a final opportunity to comment on the efficacy of the intervention a) in offering a forum for expressing service-user opinion of CAMHS, b) in terms of perceived therapeutic benefit. Unit staff would also be invited to comment on the intervention.

Personnel:

This project was co-delivered by a team of three: role 1 - project management, clinical delivery and reporting; role 2 - clinical lead and role 3 - clinical and research supervisor. All three are registered as Music Therapists with the HCPC and have DBS clearances as appropriate. We all carry our own professional indemnity and public liability insurance.

Aims:

This project seeks to assess:

- 1) service-user experience of CAMHS as perceived during the intervention
- 2) effectiveness of Music Therapy approaches in eliciting patient voice
- 3) effectiveness of an intensive Music Therapy intervention with this population

The project report includes clinical process notes, materials from sessions (brainstorming and lyric sheets) and audio recordings of final songs.

Qualitative outcomes may include:

Individuals taking part in the project will have been offered the chance to experience a group songwriting protocol, with attendant benefits including social cohesion and collaborative creative ownership, and the contingent opportunity to articulate their opinions about their care experiences in a unique format - in short, to find themselves *Heard*. The hosting institution will benefit from the opportunity to hear and respond to patient voice expressed in a new way, facilitated by independent external therapists. Anticipated outcomes are a greater understanding and acknowledgement of service-user experience within this CAMHS Tier 4 inpatient unit, and an enhanced awareness for both patients and staff of the therapeutic potential of articulating opinion in different, more creative and collaborative ways - which may in turn prompt new solutions for moving forwards in terms of service-user experience and staff-patient relationships, both in the context of this institution and with potential application elsewhere. Feedback regarding the general efficacy and perceived benefit of a short-term Music Therapy intervention with this population will also be gathered and used to inform future projects.

Why songwriting?

Therapeutic songwriting is defined as:

“The process of creating, notating and/or recording lyrics and music by the client or clients and therapist within a therapeutic relationship to address psychosocial, emotional, cognitive and communication needs of the client” (Wigram 16:2005)

This project further privileges its own agenda in terms of seeking to use the songwriting process specifically to enable patient voice and elicit opinion of service-user experiences within CAMHS. Whilst the concept of a predetermined agenda in terms of subject matter might be construed as being in conflict with a traditional therapeutic premise, this project seeks to answer a specific question regarding patient experience, so there is a need to identify and implement the therapeutic method most likely to enable relevant answers to emerge. Offering the container of a song with a broadly-suggested theme allows the intervention to remain within therapeutically-valid parameters yet creates favourable conditions for yielding concrete answers. Songs quite literally enable voice and are likely to contain referential language, supported by music, which makes for a rich and compelling data set for interpretation.

In addition, the suggestion of a topic relevant to the client group will provide a collective focus which lends a momentum to the therapeutic process, which might otherwise prove elusive in such a constrained timeframe. “Unlike improvisation, songs typically have a form, a structure comprising of a beginning, a middle and an endpoint. These structures provide a frame for the therapy process and product and allow the songwriter to move outside his comfort zone but still feel safe within the given structures. All songs have an endpoint, regardless of whether the endpoint is resolved or unresolved. Motivation is maintained by the need to complete the song.” (Baker 2015:20)

Giving the group a clearly defined task – to create a song about their CAMHS experiences – creates a sense of common purpose. Whilst there are a number of clearly defined therapeutic songwriting models that we might refer to, a participant-led approach seeks to call upon these for descriptive rather than prescriptive purposes so, within the fundamental container of the song, the creative parameters will remain wide open during the process itself.

The stand-alone therapeutic efficacy of song-based work with children and adolescents with mental health issues is in any case well-supported in music therapy literature:

“Creating a song can help children externalize some of the issues that they are facing and, in the process, give their difficulties a more manageable form.[...]The process therefore can help increase children’s self-confidence and self-esteem, provide them with a creative way to express themselves, and help them discover a tool that they will, it is hoped, continue to use beyond the music therapy space.” (Davies, 2005; p46)

Additionally, within a group context, as is relevant here:

“Group songwriting experiences enable therapeutic group processes to emerge, such as trusting others, letting others in, and respecting others’ experiences and perspectives. These can be experienced through brainstorming ideas, constructing lyrics or creating music. Group experiences foster a sense of community and social support” (Baker 2015:22)

We believe that a songwriting approach offers the best chance of meeting the demand for harvesting service-user data within the context of offering a valid therapeutic intervention.

Process notes from sessions:

YP=young person; ST=staff member; MT=Music Therapist

Session 1 – Eating Disorders ward

NO! NO! NO!

*They tried to make me go to [ward name] and I said NO! NO! NO!
Yes I think I’m fat, eat I don’t do that, NO! NO! NO!
Cus I’ve got massive thighs and I’m convinced I’m fine.
They tried to make me go to [ward name] and I said NO! NO! NO!*

*They tried to make me go to clinic and I said NO! NO! NO!
The leader is an egg, get blinded by his head, NO! NO! NO!
Cus he’s the CNS, who always causes stress.
They tried to make me go to [ward name] and I said NO! NO! NO!*

*I’m victim for the bloods, milk we drink in floods, NO! NO! NO!
I hope onto the scales, they’ve turned us into whales NO! NO! NO!
They tried to make me go to [ward name] and I said NO! NO! NO!
And now we’re moving on, E.D. you’re almost gone Yes Yes Yes*

*Our new friends mean a lot, we can be each other's rocks
And now I've got to leave [ward name] and I said NO! NO! NO!*

We were told by ST1 before the session began that the YPs were excited about our visit and had already written the words to their song – a rewrite of Amy Winehouse's "Rehab" (see appendix 1). Following a brief verbal introduction to the project, MT1 asked the YPs if they had any ideas for a song – initially this question was met with silence, but when MT1 gently prompted, YP1 revealed that they had prepared new lyrics for "Rehab". MT1 began to work out the chord sequence on the guitar, checking with the YPs that she had remembered it correctly – this gave them the chance to be the experts and they began to relax and talk spontaneously about the lyrics they had devised. There was some confusion amongst them as to the exact words, so we suggested that they write it down – YP1 took on the role of scribe, periodically checking with the other YPs that she was writing what they had agreed. Some group discussion was necessary in order to establish exact word order and effective scansion. Some of the later lines had not yet been firmly settled amongst them, so the discussion opened out within the group as the lyrics progressed. YP7 assisted with scribing process in terms of clarifying verse/chorus structure (asterisks written in). ST13 was present throughout but made no verbal contribution and was not overtly engaged even in listening, whereas ST1 was only briefly in the room but played a more active role, suggesting to the YPs that they "include something positive", but then commenting "sorry, I shouldn't have said that" (a response to our earlier request to ST1 that we felt it was therapeutically important that the YPs should feel uninhibited in expressing their opinions, even if negative). A few minutes later, YP2 and YP3 reintroduced the idea of including a more positive statement and this was accepted by the group as a whole – resulting in the final verse: "Yes, yes, yes" and an explicit acknowledgement of the close friendships that develop on the unit.

7 YPs were active participants in this session:

YP1 (F) - lead vocalist, lead scribe, initiated most of the discussion.

YP2 (F) – contributed to discussion of lyrics, with particular emphasis on scansion and including positive statements. Sang.

YP3 (M) – extensive contribution to discussion of lyrics, primarily to affirm and encourage suggestions from others. Sang.

YP4 (F) – some verbal contribution to discussion, very much listened to by other YPs. Also agreed to set the pulse for the song by using the shakey egg. Sang, but at a very low volume level.

YP5 (F) – was deferred to by YP1 at the beginning of the discussion, as they had discussed lyrics prior to the session. Beat the drum on "No, no, no"/ "Yes, yes, yes" and sang.

YP6 (F) – made no verbal contribution but participated by nodding agreement when addressed directly. Accepted a shaker and maintained a steady but quiet pulse throughout the song. Sang, but almost inaudible.

YP7 (F) – contributed strongly to verbal discussion, particularly in terms of clarifying structure, which she annotated. Played a drum and sang.

Three further YPs were present:

YP8 (F) – sat in the circle with the other YPs throughout, but made no verbal contribution and declined all offers of an instrument with which to participate. Did not sing.

YP9 (F) – hovered briefly at the edge of the group for the first 10 minutes of the session, then left the room.

YP10 (F) – sat in the lounge area throughout, away from the other YPs. Shook her head when invited to join the group. Not obviously engaged in what was happening, but no obvious engagement with any other activity either – watched silently.

MT1 – played the guitar throughout and engaged in verbal discussions and negotiations with the YPs regarding the shape of the final song.

MT2 – sat as part of the group of YPs and tried to encourage participation, including offering instruments, occasional verbal interjections and playing percussion to support.

MT2 reflections

Song parody is a recognised model in therapeutic songwriting but it took us slightly by surprise that the YPs had already decided in advance of our first meeting that they wanted to do their own version of a song which they all felt a connection with. ST1 referred to how organised patients on this ward often are as a group – there is a strong culture of support. We were very much in the position of acting as musical facilitators, enabling them to put together a final product that matched their predetermined expectations of the session. Their choice of

Winehouse's "Rehab" perhaps suggests that they can identify parallels between substance abuse/drug addiction and their own eating disorders – or at least in the treatment models of such conditions. The concept of an eating disorder as a temporary condition, distinct from the sufferer, rather than an integral part of their personhood ("ED you're almost gone") felt as though it was an implicit part of the treatment philosophy on this ward, in contrast, perhaps, to the idea of a persisting "diagnosis" which felt more prevalent on other wards. The lyrics created by the YPs articulate their ambivalent feelings around getting better and leaving the ward - the "No! No! No!" refrain begins as a refusal to attend treatment and morphs into a reluctance to leave. We might speculate that this is partly due to anxiety about reintegrating into life outside the unit and leaving supportive "new friends" behind, but also due to the nature of their conditions, which is likely to mean that they have previously adopted a mindset which sees getting better, insofar as it entails maintaining a healthy bodyweight and stable eating patterns, as a failure of sorts. ST1 also made reference to the fact that whilst the prevailing culture amongst patients on this ward is ostensibly supportive, there is also an undercurrent of competition as far as their eating disorders are concerned, so tensions can arise when new, thinner, patients arrive – this again makes clear the ambivalence inherent in accepting treatment ("I'm convinced I'm fine"). The YPs also displayed a strong sense of humour in their lyrics – both taking advantage of the license we had given them to say what they wanted as an opportunity to tease a particular staff member ("The leader is an egg") and acknowledging their body dysmorphia in a light-hearted way ("They've turned us into whales").

Session 2 – Eating Disorders ward

Do you know how hard it is?

Do you know how hard it is being trapped in here?

Doing things we don't wanna do,

Little things are huge in here,

It's a long...term...stay...

It's a long...term...stay...

It's the place that save our lives...

So why do we want to get out?

One minute we're laughing...

One minute we're crying...

Do you know how hard it is being trapped in here?

Doing things we don't wanna do,

Little things are huge in here,

It's a long...term...stay...

It's a long...term...stay...

We arrived on the ward to find 3 YPs present in the lounge area where the session was due to run, as several were out on day release with their families. YP2 and YP3 seemed to be waiting for us expectantly. YP4 was sitting on a beanbag, where she had been for the previous session, but was engaged in chemistry revision and was reluctant to get involved. After a few minutes, YP8 came in and spoke briefly to YP4 – they both decided to leave the common area shortly afterwards. Meanwhile, we had begun discussing a songwriting process with YP2 and YP3. They initially insisted that they couldn't write a song because YP1, "the loud one" (YP2), wasn't present on the ward and they didn't have any ideas. We suggested that it was entirely possible to write a song from scratch – the parody method that we had used in the previous session was merely one possible technique. They agreed to brainstorm some ideas on the theme of how they felt about being resident at the unit. MT1 began scribing, but then offered the pen to YP3, who gladly took it and continued writing. The four of us began voicing ideas of how these isolated phrases might be shaped into lyrics – the initial rough sheet was tacked to the wall, in full view, and YP3 took on the task of scribing the lyrics as they were gradually agreed. MT1 began a gentle guitar backing and experimented with a couple of different versions of a possible melody for the first line,

asking the YPs if the mood felt right and which they preferred – they consulted with each other and chose. The song continued to take shape in this way, line by line, with both MTs singing along to support the two YPs, who were keen to sing, but also shy. The YPs particularly liked the idea of emphasising the phrase “it’s a long term stay” – firstly by allowing space between each word, so that it took longer to sing and the delivery matched the concept, and secondly by repeating this line. They suggested a brief instrumental section with a modulation into a happier (related major) key to introduce the middle section, which begins with the more hopeful lyric “It’s the place that saved our lives”. Musically, they were able to take control of prompting this change of mood by using handchimes at the relevant pitches. MT1 suggested returning to the opening lyrics to create a simple ternary (ABA) structure, which the YPs were also enthusiastic about, feeling that it effectively reinforced the meaning of the words about being “trapped in here”. Towards the end of the session, YP1 entered the room and came over to investigate – she asked who had created the song, to which YP2 and YP3 answered that they had. YP1 looked briefly at the lyrics and then left again.

2 YPs were active participants in this session. No members of staff were present.

YP2 (F) co-created the lyrics and melody, sang and played a handchime

YP3 (M) co-created the lyrics and melody, scribed the lyrics, sang and played a handchime

MT1 supported YPs to create lyrics and melody, created the harmonic scheme on the guitar and sang

MT2 supported YPs to create lyrics and melody, sang and maintained a gentle pulse on the drum

MT2 reflections

The difference in atmosphere from the session on the same ward two days earlier was marked. This was partly due to a much smaller number of participants and also because although the YPs were more familiar with the MTs, this time they had no preconceived idea of what they wanted to achieve from the session. The process felt very tentative at the start and we were conscious of a need to build the YPs confidence in terms of convincing them that they had the ability to create an original song a) from scratch, and b) without the presence of a key member of their peer group (YP1), who had taken a leading role in the process for the previous session. We were also rather surprised to find that no member of staff remained in the room with us, despite us being aware that ST1 had specifically requested this. Staff members were within easy reach in an adjoining room (glass wall) should they have been needed, but the fact that they were not actually in the room with us probably added to the feeling of hesitancy which characterised the start of the session. However, this meant that all four of us (2 MTs and 2 YPs) were beginning from an unsure place, enhancing the sense of embarking on an unfamiliar process together, rather than with therapists cast as all-knowing experts. The physical environment also presented challenges when working with such a small group – it is a vast open space, with high ceilings and obtrusively loud air-conditioning. Extraneous noises also risked disturbing the sense of therapeutic space – from clattering cutlery and banging doors to someone sobbing loudly. Given this, it is testament to the power of the process that we engaged in and the sense of commitment that all four participants brought to it that the atmosphere created as we worked felt both focused and intimate. With hindsight, it seems unlikely that this would have been possible with a larger group of participants or with ward staff present. As therapists, we felt moved by how much the YPs were willing to share with us about their experience of being inpatients on the ward. The arrival of YP1 felt like a challenge – I was curious to see how YP2 and YP3 would handle this interruption. Their claiming of creative ownership was quietly assertive and felt like an important coda to the process.

Session 1 – General ward

Inmates

*Me and my fellow inmates,
We don't have much
We're here for support
And we hope we get a lot*

*We're here for the journey
Though our feet may bleed*

*We will keep on going,
Growing ever more*

We were based in the activity room at the far end of the ward – which is kept locked unless a member of staff is present. One staff member made YPs aware of the session, but only 3 YPs (YP 13, YP14, YP15) were persuaded to come along. ST3 (student OT) was present throughout and ST4 was asked by ST1 to be the responsible member of staff for this hour-long session. MT2 gave a brief verbal introduction to the project and checked that the YPs were comfortable with the background recording device being active for evaluation purposes only. YP15 made an excuse to leave the room shortly afterwards and didn't return for the remainder of the session. YP13 was keen to explore a variety of instruments. This led to him picking out a guitar motif, which MT2 continued as a simple background riff. Meanwhile, YP13 had adopted the keyboard, taking it onto his lap and settling on a preset rhythm that he liked. YP14 was more hesitant, but mentioned that she used to play the guitar and was encouraged to have a go. She then moved onto the drum and gradually increased her input as the session progressed, finding her own beat which grew in confidence, as indicated by dynamic level and rhythmic energy. Alongside these tentative explorations of the instruments, MT1 encouraged discussion of possible song themes. YP13 initially found it hard to engage verbally, offering "meh!" and "John" (not his name) as possible words, which MT1 wrote down. YP14 referred to "fellow inmates" (scribed by MT2) and this phrase seemed to spark the imagination of YP13, who requested pens and paper and began designing an album cover. He then spent a few minutes studiously writing a complete set of lyrics without further discussion. At this point, ST4 (who had previously been offering verbal encouragement to the YPs and modelling some of the percussion instruments) suddenly announced that it was time for them to leave, as they needed to walk down to the shops before a certain time. We were rather taken aback by this, as was ST3. Brief verbal negotiation led to us persuading ST4 to allow the YPs to stay for long enough to record their efforts. YP13 asked MT1 to sing the words he had written. The session felt abruptly curtailed, although we succeeded in capturing one possible version of the song "Inmates".

YP13 wrote the lyrics, created the underlying guitar riff, played and controlled the keyboard

YP14 suggested the theme and played the drum

MT2 maintained the guitar riff

MT1 added guitar harmonies and sang (spontaneously improvised melody)

MT2 reflections

It felt significant that YP13 was able to engage readily with a music-making process despite his initial resistance to engaging with us verbally. He began with a form of humorous verbal evasion, refusing to divulge his first name and insisting on referring to both MT1 (female) and himself as "John". When he did engage verbally, it was in written form only and very self-directed, though notable that he had listened to YP14 and used her words as inspiration. His lyrics raise a variety of potential themes. He articulates a sense of deprivation ("we don't have much") and of solidarity amongst patients on the ward ("fellow inmates"/ "we're here for support"). The idea of a journey and consequent growth feels important and it is a shame that there wasn't the opportunity to explore this further. YP14 began from a position of being quite reserved both musically and verbally, but her input in the final song was crucial. She seemed wary about reconnecting with the guitar, which she implied had been something she valued at an earlier point of her life. The drum allowed her to find a new way to express herself musically and it was a pity, in terms of this particular development, that the session ended so abruptly and unexpectedly.

Session 2 – General ward

God bless the NHS!

*Our mate Dave...He doesn't make enough cuts to mental health (that's right)
The NHS have their wicked schemes
But I still have faith in Dave*

(freestyle)

*God bless the NHS, the NHS, oh yes!
God bless the NHS, the NHS, oh yes!*

*We all need more freedom
But we rarely ever get out
We know they have their reasons
But we still cry and shout*

(freestyle)

*God bless the NHS, the NHS, oh yes!
God bless the NHS, the NHS, oh yes!*

(repeat with clapping)

We were again based in the activity room and 5 YPs joined us. YP13 had also attended the first session on this ward and YP15 had been present for the introduction on that occasion, then chosen to leave. ST7 also joined us and was an encouraging presence for the YPs throughout. Having explained that we were hoping to help them to create songs which reflected on their experience of being CAMHS inpatients, YP17 exclaimed “God Bless the NHS!” and the room erupted into laughter. This was unanimously adopted as the chorus to their song. YP18 sat apart from the rest of the group, on a beanbag in the corner, with headphones in and apparently fixated on her phone (another YP asserted that “she’s only come in because she can get a signal in here”), yet although she couldn’t be persuaded to join in overtly, she interjected several comments, which the others seized upon. The first of these concerned “our mate Dave” (a reference to Prime Minister David Cameron), which again caused much hilarity – with the YPs at pains to point out to us that they were “being sarcastic”. The MTs began writing down possible lyrics as they were spoken and gradually a possible structure emerged. YP17 was keen to play the keyboard and MT1 suggested a simple chord structure which MT2 was able to support on the viola with harmonic shadowing. YP16 was reluctant to sing or play an instrument, but wanted to include a sample of a Rihanna (singer-songwriter) track, which she played on her phone so it could be incorporated into the song. YP15 wanted to say “Harry Styles” (singer in One Direction pop group) on the final track. YP13 made a significant contribution to the session as it transpired he had a talent for freestyle rapping and this resulted in several extended passages of virtuosic verbal improvisation. Although he was aware that the entire session had been recorded for evaluation purposes, he was reluctant to feature so heavily on the recording of the final song, so what is heard on the CD is a reduced version of his contribution. YP17 volunteered to write out a neat version of the final song, so it was easier for everyone to follow. In the final cut, ST7 joined in with the “God Bless the NHS” chorus, which seemed to encourage YP13 to sing, as well as amusing the other YPs.

YP13 contributed extensive freestyle lyrics

YP15 helped to create main lyrics and sang

YP16 helped to create main lyrics and inserted Rihanna sample

YP17 helped to create main lyrics, played keyboard, wrote out the lyrics and sang

YP18 contributed ideas for lyrics

ST7 joined in with discussions regarding lyrics, sang chorus

MT1 played guitar, led structure, sang

MT2 played viola

MT2 reflections

The mood in this session was chaotic and upbeat, with a sense of the YPs enjoying some downtime together, with licence to make a noise. Their relationship with ST7 allowed them to relax and his willingness to join in as an equal encouraged them to engage with the process. Offering their experiences of the mental health system a political, rather than a personal, focus felt quite different to all of the other sessions. The implicit anger in much of their lyrics contrasted with their evident delight at being able to express their feelings together, in song

– the choice of a happy major key and upbeat rhythms created a darkly humorous, sarcastic tone to the whole song. YP13's role was pivotal, emerging from the background, the final song hangs on his contribution. Despite his professed reluctance to be recorded, he seemed to enjoy the positive attention that his rapping brought him from the others in the room – his skill in improvising was impressive and clearly appreciated by his peers. This showed a further side to the verbal ability and instinctive understanding of effective musical structure which he had demonstrated so compellingly in written form in session 1.

Session 1 – Secure ward

Stay strong for snacktime (no recording available)

*1 dessert instead of 2
The rules here smell like poo
The game room smells like barnyard
The Cottage Pie is icky too
We've got about 5 books
The board games are all ripped up
With the plastic knives and forks
We might as well have a Tommy Tippee cup*

*All we wanna do is have some fun
Crochet, colouring
We'll dance and run
We wanna eat donuts every day
["hashtag"] #stay strong for snacktime today*

Our session took place in the lounge. 3 YPs were initially present, supported by 2 members of staff (ST1 and ST14). YP22 and YP23 were interested in why we were there and ST1 said that they had asked to know more about our "credentials", so we both told them a little about our backgrounds as musicians and therapists. YP24 was on a sofa in the far corner, apparently asleep throughout. We then began a verbal brainstorming session, beginning with MT1 and MT2 writing down comments made by YP22 and YP23. Many centred around their perceptions of poor food and resources on the ward. YP23 commented in bitter tones that "we're just the basement kids". She was increasingly vocal in her opinions, most of which were negative, and when offered a pen and paper was eager to begin crafting her ideas into more structured lyrics. She spontaneously chose to adopt a simple rhyme scheme at this point. She began trying out different lines of verse in spoken form, with some input from YP22. ST1 tried gently to encourage them to steer clear of using swear words – at this point YP23 fixed her gaze on ST1 and announced "the whole place smells like SHIT, it makes me wanna COMMIT" [suicide], then looked away. This seemed to break the tension that had been building in the room and we were able to steer her attention back to the lyrics she had written so far, making encouraging comments about the rhyming structure that was emerging and asking her to consider the next line. YP22 offered peer support in a similar way. YP23 spontaneously altered some of her lyrics, changing "staff" in line 2 to "rules". It also became apparent, through comments offered by ST1 and YP23 herself, that YP23 had a strong musical background as a singer. YP25 entered the room at this point with ST15, who was greeted enthusiastically by YP22 and YP23 and encouraged to choose a percussion instrument. YP23 had herself adopted a small drum and cabasa. We gradually began workshoping the material, MT1 on guitar and MT2 on viola. YP23 began to really take charge of the process, becoming quite directive in terms of deciding on the musical structures of the song – she took responsibility for cueing each instrument in, conducting us carefully and being quite critical if we didn't follow her leads accurately enough. Once she was satisfied with the accompaniment, she began to sing, clearly and confidently, over the top. We rehearsed this material a few times to perfect it. In discussion with YP22, YP23 decided to plan a chorus, being keen to finish with everyone present saying "# [hashtag] stay strong for snacktime today" in unison, over a held chord. The mood by this point of the session had evolved into something more upbeat, with staff and YPs joking about their obsession with snacktime. We agreed to record a final version of the song and just as we were about to start, YP23 decided that it was imperative that all staff present on the ward were involved, so she demanded that they all come to the lounge to join in with "#staystrongforsnacktime today". Having captured the definitive version of the song, we drew the session to a

close. YP23 wanted to know about the songs that the other wards were creating, asking if they would be able to hear each others (she was keen for this to happen). We had an initial discussion about this there and then, concluding that if everyone agreed, we would put all the songs onto one CD, which all the YPs involved would be entitled to receive a copy of.

YP22 contributed to creation of lyrics, sang and played percussion

YP23 lead vocalist, lyricist and conductor

YP24 remained in the room but no apparent engagement

YP25 joined in with percussion in the later stages of the process

MT1 played guitar and sang

MT2 played viola and sang

ST1 involved in discussion of lyrics

All staff present joined in with “#staystrongforsnacktime today”

MT2 reflections

It was noticeable that the YPs chose to focus on the concrete aspects of the living conditions on the ward, primarily food and entertainment opportunities. This is perhaps unsurprising on a locked ward, where it makes sense that the feeling of being trapped and under constant staff watch might lead to an acute awareness of, and frustration with, the details of the immediate environment. Comments like “we might as well have a tommy tippie [sic] cup” show resentment of some of the rules that are in place in order to keep these highly vulnerable YPs safe – the YPs spoke about this as an infantilising humiliation. Whilst YP23 initially seemed to see the songwriting exercise as an opportunity to complain to and about staff, in ways that were clearly calculated to challenge the staff present, she was able to move on from this and engage with the creative process in an overwhelmingly positive way. Her desire to involve everyone on the ward in the final song, bringing them all together for an in-joke about the importance of something as apparently trivial as snacktime, felt like an important part of the process, recognising a sense of community and shared humour in an often fraught environment.

Session 2 – Secure ward

Tree

Fire

Closed-in

Enclosed space

Not claustrophobic

Bored sometimes

Fear of the unknown

Hopeful

We were again based in the lounge. There were 4 YPs present in the lounge at the start of the session, YP24, YP26, YP27 and YP28. YP26 and YP28 were particularly interested in exploring the instruments on offer, with YP26 spending some time playing the viola and YP28 trying various blown instruments and making reference to the fact that she used to be able to play the flute. However, as we settled to thinking about creating a song, YP28 suddenly left the room, claiming she didn't like loud noise. There were 3 members of staff present throughout the session (ST1, ST2, ST6). YP27 began outside the group, initially agreeing only to watch and listen, while ST2 plaited her hair. YP24 lay on a sofa but, unlike the previous session, remained awake throughout and was able to engage. YP26 was the most proactive participant and took responsibility for most of the artistic decisions during the songwriting process. None of the YPs offered a theme for the song, so MT1 suggested that we begin by brainstorming around the word [the ward name]. This yielded a list of words which MT1 wrote down. All 3 participating YPs contributed to this list. We then focused on setting a suitable mood for the song, using the instruments. Everybody present, staff and YPs took an instrument and we co-created a harmonically-static riff, to which everybody could easily contribute, drifting in and out as the mood took them. This included drums, shakers, pitched handchimes, guitar and viola. During this period, YP24 played the drum for a while, but then decided to leave. YP27 elected to take her place on the sofa, thus joining the circle of musicians. It transpired that she was able to play the guitar. In considering what to do with the words we had written down, YP26 suggested a call-and-response structure to the song, whereby we would take turns around the circle to speak or sing single words which the rest of the group would then echo back. This proved to be an effective technique. Having agreed a word order, written up by MT2, we experimented with starting at different places around the circle, so that people had a chance to see what it felt like to have solo responsibility for different words. "Not claustrophobic" proved to be particularly tricky to sing, invariably resulting in an eruption of giggling! The melody was freely improvised on each new version of the song.

YP24 contributed to the lyrics and workshopped the music using a drum

YP26 contributed to lyrics, played untuned percussion and handchime, devised call-and-response structure of final song, sang

YP27 contributed to lyrics, played handchime and guitar, sang with support from ST2

YP28 experimented with a variety of instruments but left before songwriting process began

ST1 played the drum and sang

ST2 played percussion, supported YP27 one-on-one with singing and playing

ST6 played percussion and sang

MT1 played guitar and sang

MT2 played viola and sang

MT2 reflections

Before we began, ST5 asked us to go to the office briefly, where she informed us that YP23 had called into the ward to request that the material featuring her from the previous session was deleted, as she wished to withdraw her consent for it to be included on the CD. We were disappointed by this news, as we felt that the outcome of the previous session had been both positive and compelling, but we had made it clear to all participants that they were free to withdraw consent at any point and knew we had to respect that. ST1 was clearly frustrated by this too – feeling that as there were other YPs involved in that session, the decision should be a collective not an individual one and also commenting that, due to the nature of YP23's condition, it was entirely possible that she would change her mind again. However, as therapists we agreed to honour YP23's decision, especially as she was the lead vocalist on the track in question. It was hard not to let this disappointment affect our feeling about the session we were about to embark on. The YPs evident excitement about the instruments proved an easy ice-breaker, which helped us to focus fully on the session in hand. I felt very aware that there were more adults than YPs in the room for most of the session. Whilst this could have felt awkward, it in fact turned out to be a very positive experience as the staff present involved themselves fully in the songwriting process, allowing the two principal YPs to work in an ensemble dynamic, where they were able to participate fully without feeling exposed – and even, in the case of YP26, to take the artistic initiative and direct the process in a variety of ways. Personally, I found the act of echoing back the YPs' chosen words an enormously effective way of acknowledging what had been articulated. The simple structure of a solo voice, mirrored and reaffirmed by the group as a whole, with everyone taking it in turns to own a single word or phrase, felt like a powerful way to hold awareness of both individual and community. The static harmonic

backing held us all musically, allowing each individual as much space as they needed without feeling exposed or alone. The lyrics moved from concrete images inspired by the ward name to thoughts about how the ward as an enclosed physical space can feel both closed and safe, moving on eventually to a sense of imaginative space – a place to explore boredom, fear and finally hope.

Final session – whole unit

Nature (no recording available)

*Going to the park is like freedom
Like being a dog
Not on its lead
(Ah, springtime!)*

*See the owls coming out at nighttime
Sitting on a tree
Going... "T'WIT T'WOO T'WIT T'WOO"*

*Tinkerbell flies through the window at night
Jumps on your face and gives you a fright
Going... "poof poof"*

At the suggestion of ST1, when we returned to the unit 6 weeks later as part of the evaluation process, we held a large group music-making session, to which all YPs present on the unit that day were invited. Unfortunately, set-up for this session was not ideal, with some YPs being kept waiting and others arriving late. The room was organised in such a way that we felt as though we were expected to perform or teach, rather than facilitate group music-making. Approximately 20 YPs were present, plus 5 STs. There was a mixture of YPs from all wards, some of whom had been involved in the original sessions, but some of whom hadn't. Running this session in a productive way felt really difficult as several of the YPs decided not to take the songwriting process seriously, blurting out lyric suggestions which failed to engage with the narrative that was developing and refusing to play instruments. Other YPs, some of whom had been very engaged during the ward sessions, seemed to disengage as a result. In addition, some of the YPs seemed very excited at being able to spend time with YPs from other wards, which also made it hard to draw their focus. We persevered and managed to create a set of lyrics, which we ran through a couple of times with accompaniment on guitar and percussion (including several YPs). We ran out of time to make a more conscious recording

Feedback

We found that, much as anecdotal evidence would have it, obtaining verbal/written feedback from this client group was a difficult process to persuade the YPs to engage in. We tried a variety of ways to encourage them to comment on the intervention.

- 1) Choosing a number from 1-10 to express how "heard" they felt – by putting a counter in a numbered pot. This method was wholly unsuccessful, with participants flicking counters into pots at random. We abandoned this feedback method after 3 sessions.
- 2) Comment boxes were left on the wards after the intervention, with pens and paper provided, so that participants (and staff) could write feedback anonymously. When we returned to the ward for evaluation, ST1 explained that the YPs had all said they would prefer to talk to us directly, so the boxes were empty.
- 3) Conducting listening sessions, where we sought verbal feedback. Due to the fact that staff had decided not to distribute the CDs as we had agreed (it had been decided that they represented a risk to some of the YPs), these sessions were the first opportunity that the YPs had to hear their songs again, in their final form – this fact encouraged them to attend the feedback session and prompted verbal engagement. However, the fact that not all the YPs who had been involved in creating the songs were present and several YPs who hadn't been involved were there instead, the sense of evaluating the song creation process was patchy.

Listening and feedback sessions – Secure ward

There were 2 YPs present for the feedback session. One had been present for the songwriting sessions: YP26. One had not been on the ward at the time of the original sessions: YP29. In addition, 3 members of staff were present (ST8, ST9, ST10), none of whom had attended the original sessions.

This feedback session happened before the large group session on the evaluation day.

This was the first time since the sessions themselves that any of the YPs had heard the songs they created.

General feedback on intervention

YP26 was able to explain to the other people present what the session had entailed: “we got to mess about with instruments, then we wrote down some words about [ward name] and each person had to say one word”. He also commented that he thinks it “can be claustrophobic” in here –despite what the lyrics say. He felt it was good that everyone present took part in the session. ST8 said the music made him think of “medieval people running with fire towards a wicker man”. He also commented on the “continuous melody”, adding that the music overall seemed to fit the theme of the lyrics, which highlighted some of the “difficulties of being on the ward”. YP 29 thought that the melody was “really good” – MT1 pointed out that the melody was completely improvised by each individual. YP29 said that the “instrument playing is really good” and that it was “crazy” that the song had been put together in the session “all by scratch”. When asked if she thought songwriting was a good way to capture opinions, she answered “one of the best ways”.

3-word snapshots

“funny, clever, fun”

Listening and feedback sessions – General ward

There were 6 YPs present for the feedback session. Three had been present for the songwriting sessions: YP13, YP15 and YP16. Three had not been on the ward at the time of the original sessions: YP19 (F), YP20 (F) and YP21 (M). In addition, 2 members of staff were present, neither of whom had attended the original sessions.

This feedback session happened before the large group session on the evaluation day.

This was the first time since the sessions themselves that any of the YPs had heard the songs they created.

General feedback on intervention

It proved very difficult to persuade these YPs to discuss their songs. This brought home to us the challenges of acquiring honest verbal feedback from this client group – which was part of the rationale for using music as a way to encourage them to express their feelings, so this experience in some ways validated the intervention. Of the YPs who had not been involved in creating the songs, one was quietly encouraging, offering a silent thumbs up. But the other two seemed to be dismissive of the process, with one repeating “I’m not exactly overwhelmed”. Despite their unwillingness to talk about their songs, the YPs who had been involved appeared to enjoy listening back to the recording, pointing out particular features to each other.

3-word snapshots

“John, sausage, egg”

“interesting, fun, don’t know”

“positive experience”

“showing emotions through song”

“I don’t know”

“sounds like fun”

“stuff, played instruments, singing, recorded stuff”

Listening and feedback sessions – Eating Disorders unit

There were 5 YPs present for the feedback session. Three had been present for the songwriting sessions: YP1, YP3 and YP4. Two had not been on the ward at the time of the original sessions: YP11 (F) and YP12 (M).

This feedback session happened after the large group session on the evaluation day.

This was the first time since the sessions themselves that any of the YPs had heard the songs they created.

Feedback on “No! No! No!”

YP11 enjoyed hearing this song for the first time: “I like it, it’s really good. The words are really clever!”

YP3 said “we’d wanted to do it for a while”, commenting on how reinterpreting an existing song had felt like a good way to approach songwriting.

Feedback on “Do you know”

YP11 commented that “it sounds really different” [to No!No!No!], adding “I’m literally so impressed” when told that both words and music had been created from scratch. She particularly liked the word-painting used on “long...term...stay...”

YP3 said that it was “something to feel quite proud of”

General feedback on intervention

YPs commented on how they had enjoyed taking part in a group activity which wasn’t explicitly focused on Eating Disorders. They felt that the therapists had been sympathetic and songwriting had allowed them to express themselves in a new way. They also enjoyed the sense of connection with other wards – both by having the chance to hear some of the other songs on the shared CD and in the large group session. There was a shared recognition that in terms of outcome the whole-unit session had felt less satisfactory – the YPs felt it had been easier to engage with songwriting in a smaller group on the wards, with fellow patients who were well known to them. There was a strong feeling expressed, both from those who had been present for the sessions and from YP11 (who had not been) that YPs would appreciate further opportunities to engage with songwriting.

3-word snapshots

“exciting”

“involving”

“productive”

“seeing other people”

“good for bonding”

“connection with other wards”

“bondful (is that an actual word?)”

Feedback from staff

ST1 and I listened to the recordings together prior to me interviewing her about the project. She described the process thus: “you visited the unit to offer semi-structured songwriting sessions, which enabled the young people to express themselves. Your approach was flexible and adaptable. The young people were able to sample different instruments.” Knowing that the unit also hosts a non-therapeutic music-making initiative, I asked in what ways, if any, she felt this project differed. She highlighted the following points:

- This project focused on a specific theme (YP experience of CAMHS)
- This project focused on creating lyrics (use of words as a key element)
- This project offered open sessions to the whole ward (as opposed to selected individuals)
- The therapeutic orientation of the facilitators was evident

I asked her to expand on this final point and she spoke about our ability to adapt quickly to participants who presented in different ways, not seeming phased by the behaviours and reactions that are part of their conditions. Rather than coming in to share a specific skill in a predetermined way, she felt that everything we did was carefully tailored to suit the YPs we encountered.

I asked her how she felt having a specific theme (YP experience of CAMHS) had affected the sessions. Her impression was that having a definite hook had meant that the process gained momentum more quickly than it might have done with an open brief.

She felt that the session spacing (2 days, with a day off in between) had worked well, offering a taste of the process and then just enough time to reflect before having another chance to explore what a session might hold.

In turn, I asked her more about some of the things we had noticed coming in as visitors to this environment.

- 1) The contrast between the different wards and the tensions this creates: the Eating Disorders ward has recently been refurbished to a very high standard, whereas the other two wards are in desperate need of updating. She explained some of the political background to this, as there are funding complications which mean that the planned refurbishment of the other two wards have been indefinitely delayed. Staff are well aware of the potential for this to cause tensions between the YPs as there is a heightened sense of the “haves” and the “have-nots”.
- 2) The particular deprivations referred to by some of the YPs on the locked ward: some of the YPs currently on the ward are extremely high-risk and are being contained there as best they can while more suitable placements are sought for them. Clocks, remote controls, cutlery and so on all present very real hazards for these YPs, so these things have been removed from the ward. This can be difficult for some of the other YPs to understand or cope with, especially as confidentiality requirements prohibit explanations.
- 3) Wildly varying levels of staff involvement and cooperation in our sessions: this is the result of a combination of personal inclination and designated role. It is part of the OTs’ remit to get actively involved in activities alongside the YPs, to model and encourage engagement, whereas the expectations of agency care staff are much less, so it depends very much on individual inclination.
- 4) Several YPs revealed in the course of our sessions that they used to engage actively with music before they were on the unit, or at some point in their past. We wondered if, with appropriate supervision to take account of potential risk factors, this might be something that could be made more accessible to them, as the unit owns a variety of musical instruments. ST1 agreed that this would be a positive thing to encourage and had herself felt aware of significant interest in the instruments from particular individuals during our sessions.

Future possibilities

At ST1’s request, we went on to begin a discussion about the possibility of further Music Therapy intervention on the unit. She intimated that care quality audits have previously highlighted the dearth of non-verbal therapies and suggested that this kind of intervention would add a valuable new dimension to care provision. In the absence of sufficient funding to secure a salaried position for this type of work, there is a need to think outside the box. Brief interventions such as the one we have undertaken here may offer an alternative model for incorporating therapeutic input in a context-specific way. Both MT1 and I feel that this is something we would have the capacity and willingness to develop, in consultation with ST1 and other relevant staff. Whilst traditional therapeutic models would imply the necessity for a longer term commitment to regular therapy, we feel that this pilot project has proved that even an intensive intervention, properly contained and responsibly managed, can offer therapeutic benefit. Offering CAMHS inpatients the chance to engage in bespoke therapeutic activities which are not solely verbally-based both provides a new outlet for emotional expression and may offer new insights to the Multi Disciplinary Team. Whilst the average length of stay on the inpatient unit is less than six months, it may be that a first encounter with a Music Therapy process during their time here suggests a possible avenue to pursue when they are discharged.

Beyond the bounds of this setting, our feeling as Music Therapists is that songwriting protocols could very easily be adapted to other contexts where a brief, self-contained intervention might be appropriate, on either a group or individual basis. We believe this model has potential for further development and we are actively seeking other pilot settings to explore.

Aims into outcomes

The project sought to assess:

1) service-user experience of CAMHS as perceived during the intervention

A variety of themes presented themselves across this intervention. YP on all wards consistently expressed ambivalence about being trapped vs. feeling safely contained. This seems inevitable in an inpatient situation. Different songs explored different aspects of this tension – from the anger of “God Bless the NHS”, which identified the deprivations of life on the ward as a political issue, to the

reflective sadness of “Do you know how hard it is?”, which explored the internal emotional conflicts of inpatient existence. “stay strong for snacktime” focused on the concrete difficulties of everyday life in a locked unit and most of the songs made reference to the mitigating factors of the support and solidarity offered by fellow patients. None of these topics came as any surprise to the staff on the unit, but the communal creative act of encapsulating them in song enabled fresh hearings and the chance to transform difficult feelings and subject matter into positive human experience.

2) effectiveness of Music Therapy approaches in eliciting patient voice

We set out with the aim of creating one song per session – which some would have said was an optimistic ambition. We achieved that goal – 7 sessions yielded 7 songs, 6 of which were recorded and 5 of which made it onto the final CD. This feels like a powerful statement in terms of how a Music Therapy process can enable patient voice to flourish – specifically here within a tightly-framed songwriting exercise. The impact of this achievement feels all the greater when measured against the other attempts we made during the project to elicit feedback (on the intervention itself) in ways which did not involve music – and which met with very limited success.

3) effectiveness of an intensive Music Therapy intervention with this population

Traditional therapeutic models operate on a much longer-term basis and there is therefore scant evidence for an intervention of this brevity. It is one thing to be able to produce 7 songs in 7 sessions, but another to provide evidence of the therapeutic impact of the process. We have some such evidence in the form of the verbal feedback offered by participants, which includes statements about how proud these YPs are with what they achieved in their songwriting, which in a population renowned for low self-esteem surely carries its own significance. They also mention their enjoyment in the collective nature of the process – this sense of communal creative ownership feels therapeutically important. It feels possible to identify clear instances of cathartic expression in some of the lyrics – giving these YPs licence to say whatever they wanted to within the safe container of a song was a therapeutic goal which I feel we achieved. Where staff involvement was high, this also engendered therapeutic benefit in terms of breaking down staff-patient hierarchies in an appropriate context, which opens up the potential for increased empathy on both sides.

The framework of a session of a single hour could be seen as constricting, but this pilot has proved that when that hour becomes the space in which a song is expected to grow, it is full of the freedoms inspired by collective creative endeavour. The range of songs created, methods employed (none of which were predetermined), themes, style and mood, is testament to both the creativity of the participants and the flexibility of the song as container. Perhaps the most striking contrast here is between the highly structured song parody approach of “No! No! No!” and the entirely organic development of “Do you know how hard it is?”, composed on the same ward, by two of the same participants, only two days later. There are so many ways to express a truth, so many voices to sing it in.

“Songs always will be a natural container for the thoughts, feelings, emotions, personality characteristics, dreams and fantasies of people from all age ranges and, as such, provide a natural musical medium for the therapeutic process” (Wigram 2005: 264)

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Appendix 1: "Rehab", by Amy Winehouse – lyrics and youtube link:

"Rehab"

by Amy Winehouse

<https://www.youtube.com/watch?v=KUmZp8pR1uc>

*They tried to make me go to rehab but I said, 'No, no, no.'
Yes, I've been black but when I come back you'll know, know, know
I ain't got the time and if my daddy thinks I'm fine
He's tried to make me go to rehab but I won't go, go, go*

*I'd rather be at home with ray
I ain't got seventy days
'Cause there's nothing
There's nothing you can teach me
That I can't learn from Mr Hathaway*

*I didn't get a lot in class
But I know it don't come in a shot glass*

*They tried to make me go to rehab but I said, 'No, no, no.'
Yes, I've been black but when I come back you'll know, know, know
I ain't got the time and if my daddy thinks I'm fine
He's tried to make me go to rehab but I won't go, go, go*

*The man said, 'Why do you think you're here?'
I said, 'I got no idea
I'm gonna, I'm gonna lose my baby
So I always keep a bottle near.'
He said, "I just think you're depressed."
This me "Yeah, baby, and the rest."*

*They tried to make me go to rehab but I said, 'No, no, no.'
Yes, I've been black but when I come back you'll know, know, know*

*I don't ever wanna drink again
I just, ooh, I just need a friend
I'm not gonna spend ten weeks
Have everyone think I'm on the mend*

*It's not just my pride
It's just 'til these tears have dried*

*They tried to make me go to rehab but I said, 'No, no, no.'
Yes, I've been black but when I come back you'll know, know, know
I ain't got the time and if my daddy thinks I'm fine
He's tried to make me go to rehab but I won't go, go, go*

Appendix 2 – reflections by MT1

Reflections on 'Project Heard' at CAMHS unit – February and March 2016

I was both excited and nervous about this project before we started delivery. I wasn't sure how such a brief intervention would work therapeutically and practically. I was also doubtful that we would manage to create a song/piece of music during each 1 hour workshop – I felt this was overly optimistic. I was also a little wary of going in to a therapy session with a 'theme' or aim (ie 'What do you think of your experience of being a service-user here on the unit/ on this ward?')

As with most music therapy sessions, it was difficult / inappropriate to plan exactly what we were going to do in each session as we wanted the process to be user-led. However, there were a number of ways in which we prepared effectively for the sessions:

- making sure we had a range of percussion instruments, guitars, keyboard etc;
- using audio recorders to document each session and record each song;
- imposing a loose 'bookending' structure where the last 5-10 minutes a time for recording and listening back to the song;
- providing pens (bright and thick-tipped) and flipchart paper to write lyrics up – and blu-tack!
- discussion around each therapist's role in the sessions, playing to our strengths.

To my surprise, we created a new song in each of the 6 sessions, all quite different in subject matter. The young people who participated within the sessions were (for the most part) very willing to share their feelings and thoughts around their experiences of being on the unit. When we arrived for our first session on the Eating Disorders ward, the group had already 'written' the words for the first verse of their song. In this case, I found it quite easy and natural to facilitate this process.

There were quite a lot of negative feelings and experiences expressed in most of the songs. A few times, members of staff might suggest that the young people think of something 'positive' to say rather than focusing on the negative. My personal feeling would be that the young people are given the space to express whatever feelings they choose during the process. Perhaps, something to remember is that the songwriting process (by its very nature) may well highlight difficult and negative feelings more than happy, positive experiences.

It is also important to remember that all the young people taking part are suffering from severe mental health difficulties and they may well filter their experience of the service through a negative lens.

In future projects, if possible, it would be worth having some suggestions for staff members supporting the sessions.

The support from staff during the project was variable – some staff members were highly involved in the sessions and encouraged the young people to express themselves, whilst others were less supportive. During one session, a staff member decided that all the young people taking part needed to leave the unit to take their daily walk down the high street 15 minutes before the end of the session. This was frustrating. Communication between staff members within and between wards seems to be difficult at times.

On another ward, there were no members of staff present within the session but they were observing from the other side of a glass wall in their office. If there had been any issues, it would not have taken long to alert a member of staff. It would have felt better had there been a little more staff presence. However, during one session, it was unlikely that two young people taking part would have been quite so honest about their experience had a member of staff been listening.

Neither therapist was aware of the specific mental health problems from which each young person was suffering. I think that this was important in a short-term intervention like this. As therapists, we were able to be sensitive to the needs of the young people without knowing their specific mental health difficulties. We were able to focus on the task of creating songs with the young people.

The project did highlight the need for music therapy provision at the unit – the need for young people to have the opportunity to address their feelings and difficulties in creative and non-verbal ways.

The project also highlighted the inequality of facilities between the different wards. One ward has recently been beautifully refurbished to high standards with lots of natural light, whilst the two other wards are in the 'basement' of the building and in real need of updating: they seem to be the 'poor cousins' of the Eating Disorders ward. Many of the young people and members of staff were aware of this disparity.

I was very happy with the creative output of this project – I feel it gave the young people involved the opportunity to express their feelings and thoughts effectively. There are some young people who might respond better to one-to-one work and this could be an element incorporated in to any similar, future projects.

I feel that this project could be adapted to other health and care settings to gain insight in to service-user experience.

Returning to the wards to share the CD of songs and to reflect on the project with the young people was vital. Several young people were excited to see us and hear their songs again. A large group session of around 20 young people and members of staff was not very successful as most of the young people were very reluctant to participate.

This suggests that the small group size of between 3 and 8 people was more effective than the large group of more than 10 people.

It was a real pleasure to deliver this project.

There were some very emotional moments during the project - young people expressing their feelings about living on the unit. I have a great deal of respect for the participants in this project and thank them for their honesty and openness during the course of this project.

30th March 2016

