



Background

There is a lot of stigma surrounding Mental Health. There remains in society a lack of understanding about what it means to have a mental health condition, despite 1 in 4 of us likely to experience a mental health problem in our lives.ⁱ Generally, mental health services are under-funded and there is a scarcity of community support. Unless patients are of an acute/high risk nature, they run the risk of falling through the net. This results in them experiencing an even greater sense of isolation and withdrawal from mainstream society, as well as a possible escalation of their existing mental health condition.ⁱⁱ

Working with creative arts interventions has shown that even some of the most difficult people who have historically disengaged with conventional mental health services can be re-engaged in recovery programs.ⁱⁱⁱ Through these programs, they can be supported both on an individual basis and on a wider social experience and be used as a preventative measure for maintaining/supporting an active role in society.

The MFTM project lasted for 6 months and consisted of three main stages:

1. The initial phase focused on establishing a core group of 7 adults. They were referred via several avenues, including direct referral from the East London Foundation Trust (ELFT), Mind BLMK, self-referral and 'word of mouth'. All participants had a diagnosed mental health condition and had used NHS services. The core group consisted of 6 men and 1 women. Their ethnicity was White British. The group ran in the evenings at The Corn Exchange in Bedford, a mainstream arts venue. During the initial sessions, we explored the world of sound and the use of words. Improvisation was a key part at this stage. Members were encouraged to make music and explore their creative abilities. This helped to develop confidence and motivation, as well as to reduce social anxiety often found in people experiencing mental health conditions. It also offered the opportunity for the participants to talk together and build relationships and discover common ground.
2. Once the group was established it was opened to new members. Over the course of the project a further 9 people attended. Two of these people only attended once. One of the original core group dropped out; this was due to his goals being incompatible to group work. As anticipated the group size and dynamic changed from week to week depending on those that attended. However, the total group size never exceeded 12 people at any one time. During this stage, as well as taking part in therapeutic music-making, the participants were also encouraged to work towards a bigger group goal. The group decided on working towards recording 2 songs that they had written themselves. Both songs contained video tracks devised by the group members. In addition, each member from the initial core group was offered a weekly life-coaching session lasting 1 hour. Goals were person-centred, achievable and were "dovetailed" and supported within the music group process. The life-coaching was offered on a one-to-one basis during this phase and based

on a four-tiered structure of: a) Confidence building; b) Goal-setting and planning; c) Goal delivery/implementation; and d) Reflection and transitioning into unsupported recovery. The life-coaching element was delivered by Meaningful Education CIC.

3. Engaging within the creative arts world can offer ongoing development, both on an individual basis and on a wider social experience. Therefore, our focus was for the group to survive beyond the first 6-month's support. The group maintained a high level of engagement, developed support networks within the group and through this, created a new project that sustained the life and direction of the group. They have had the opportunity to develop many transferrable skills and increase their employability. Four of the members of the group have become the new leaders of their own music group, "Notepad", see leaflet in Appendix 4. Their skills can then be offered to help others.

Evaluation Process

From the onset, we recognised that recovery was a gradual process. We were looking for generic preliminary outcomes that suggested that the project may have helped people to start their journeys towards recovery. Therefore, we decided upon a 3-stage evaluation process. (Only participants that had attended 2 or more sessions were requested to complete the evaluation forms.)

1. The project was evaluated using a Session Evaluation Questionnaire (SEQ) that appraises both level of engagement with the group and satisfaction with what was offered. This was administered after each session.
2. At the beginning and the end, each participant completed a Process of Recovery Questionnaire (QPR). This was used to measure areas related to recovery including to what extent people were beginning to see beyond their problems/distress and to focus to a greater degree on their interests and valued activities. This related more to 'personal' than 'clinical' recovery.
3. Finally, we also asked each participant to complete an exit questionnaire. This gave them an opportunity to express their personal experiences of the project and to give any thoughts regarding the overall running, usefulness of the project and possible suggestions for improvements.

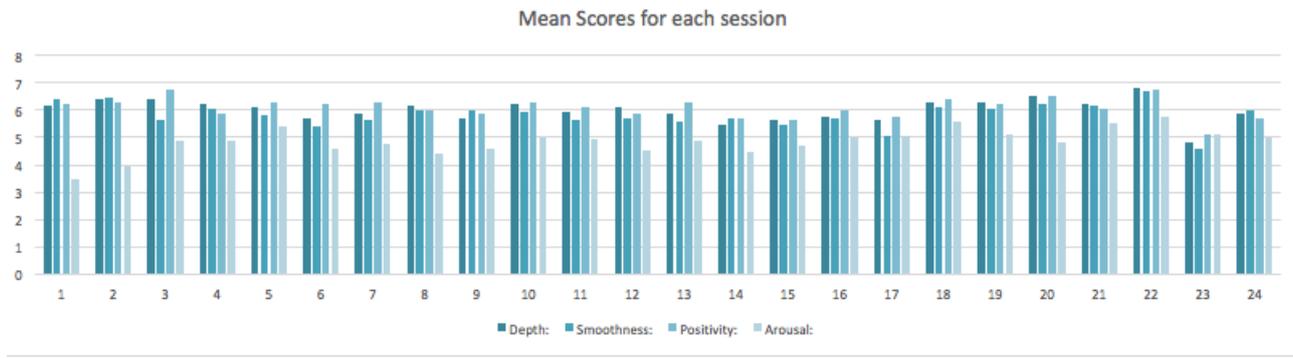
Outcomes

Session Evaluation Questionnaire (SEQ):

The SEQ was designed by Stiles et al (1980) as a tool to measure client perceptions of individual therapy sessions. The tool measures perceptions of 'depth' and 'smoothness' of the sessions as well as two dimensions of post session mood 'positivity' and 'arousal'. The depth/value dimension distinguished sessions that were deep, valuable, full, special, and good from those that were shallow, worthless, empty, ordinary, and bad.

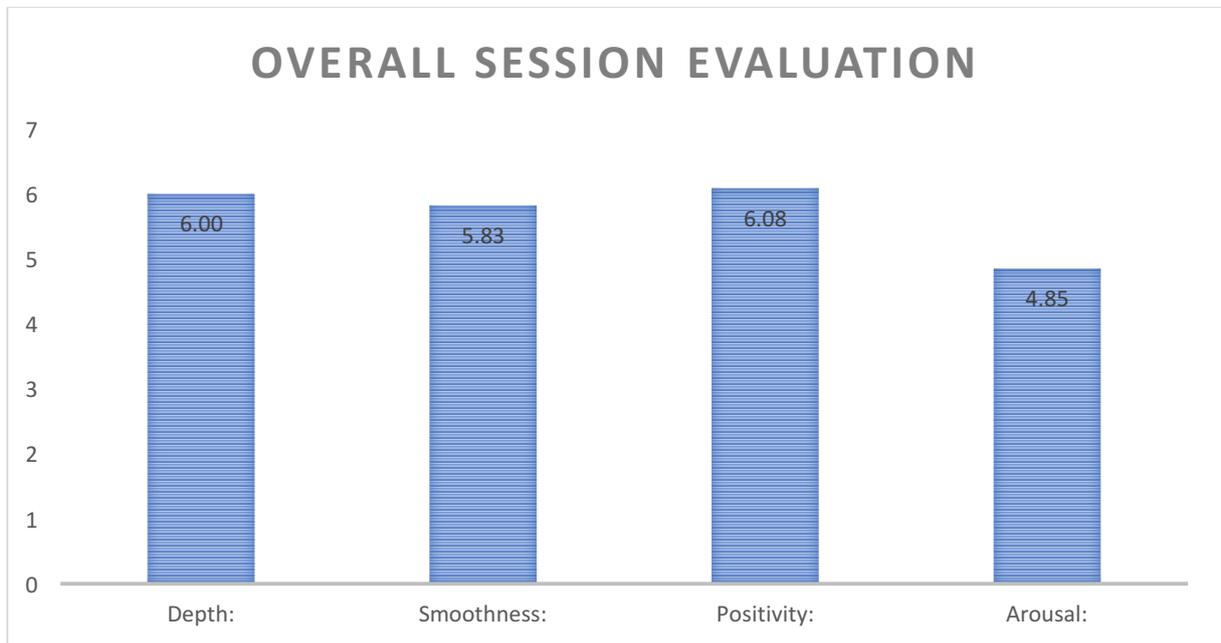
The smoothness/ease dimension distinguished sessions that were smooth, easy, and pleasant, from those that were rough, difficult and unpleasant. Participants that attended the sessions all filled in an SEQ at the end of the session for 24 sessions total. Table 1 below shows the ratings of each dimension across the twenty-four sessions. Please see Appendix 1 for an example of the SEQ that was filled out in the sessions.

Table 1:



Each item is scored from 1 to 7, reversed as appropriate, with higher scores indicating greater Depth, Smoothness, Positivity, or Arousal. The mean is used as an index, rather than the sum of the item scores, so that the scores lie on the same 7-point scale as the individual items. The higher the index score (mean), the better the rating for each dimension. The mid-point score is 4.0; scores below 4.0 are considered poor and scores equal to or above 4 are considered stronger (up to 7). Table 2 shows the mean average of participant’s scoring for each of the dimensions, over the course of the project.

Table 2:



From the SEQ we extracted four individual items: Good, Powerful, Pleasant and Smooth. Displayed in Table 3 are the ranges of scores over the 24 sessions.

Table 3:

Score Range Over 24 Sessions			
Good	Powerful	Pleasant	Smooth
5.0 - 7.0	5.0 - 6.7	5.5 - 7.0	4.5 - 6.7

The scores indicate that 100% of the participants perceived the sessions as good, powerful, pleasant and smooth – having all scored above the average of 4.

Process of Recovery Questionnaire (QPR):

The QPR is a 22-item measure developed from service users’ accounts of recovery from psychosis in collaboration with local service users. The idea of the QPR is to ask people about aspects of recovery that are meaningful to them. The QPR is reliable and has been validated as a tool in measuring general psychological well-being, quality of life and empowerment; all of which are crucial in the recovery process. The scale consists of 2 subscales: 1) intrapersonal tasks involved in recovery, i.e. “I feel better about myself” “I feel able to take chances in life”.

2) interpersonal factors that facilitate recovery, i.e. “I feel my experiences have made me more sensitive towards others” “Meeting people who have had similar experiences makes me feel better”.

Each of the 22 items is scored on a 4-point scale’ i.e. 0=disagree strongly, 1= disagree, 2= neither agree nor disagree, 3= agree; 4= agree strongly. Please see Appendix 2 for a more detailed explanation of the QPR and the questionnaire used.

Results:

All 6 core group participants completed 2 QPR questionnaires, pre-and post-project. The scores were then examined and compared. Table 4 (and Charts 1-3) show that all the participants had an increase in their intrapersonal scores; 4 of the 6 participants had shown an increase in their interpersonal scores (1 remaining the same; one decreasing slightly); all participants had shown an overall increase in their recovery scores.

Table 4:

Participants		1	2	3	4	5	6
Intra	Pre	49	22	31	45	49	46
	Post	51	48	38	48	58	53
Inter	Pre	13	12	10	15	14	11
	Post	13	15	13	14	18	15
Overall	Pre	62	34	41	60	63	57
	Post	64	63	51	62	76	68

Chart 1:

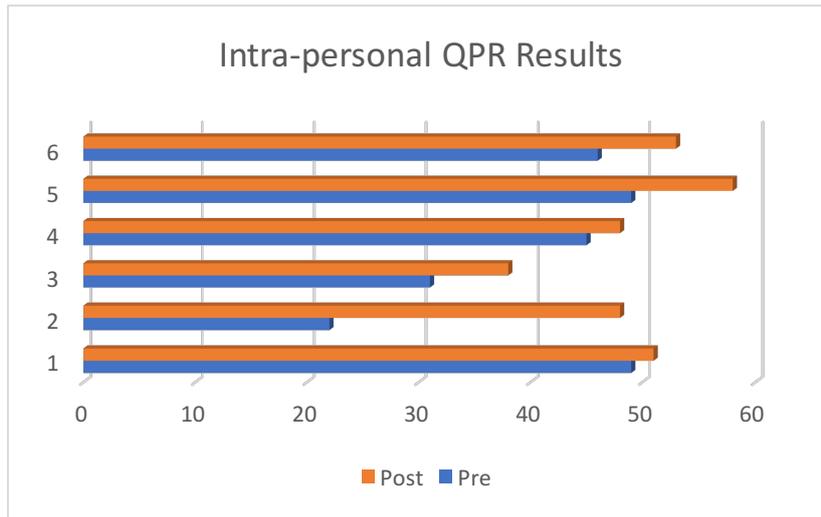


Chart 2:

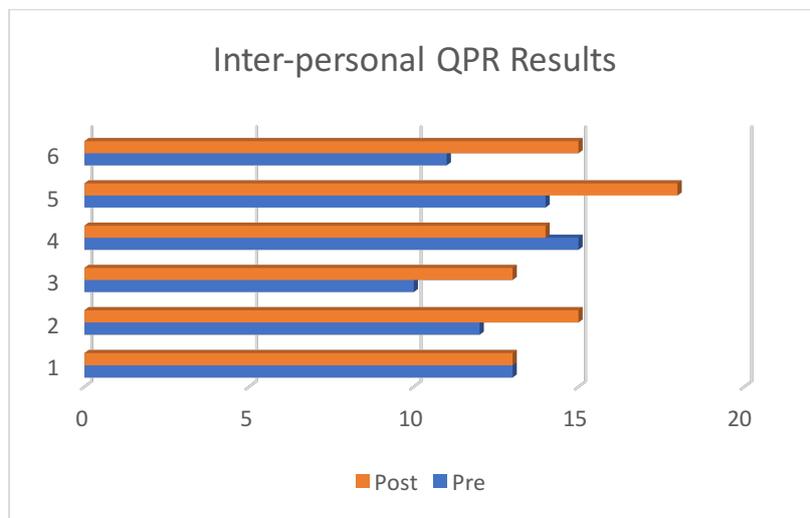
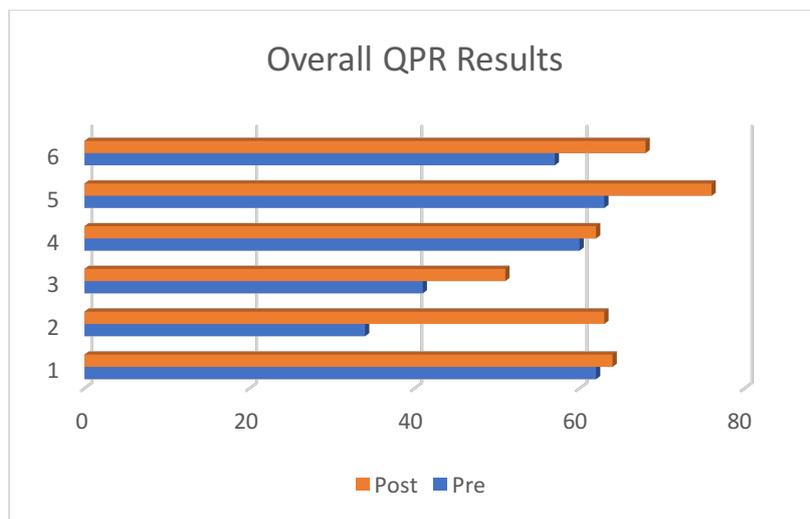


Chart 3:



Exit Questionnaire:

Music24 devised an exit questionnaire that we believe could allow participants to comment on the overall project. It was used within an interview setting. Please see Appendix 3 for the final questionnaire.

Results:

The questionnaire revealed some specific areas that the participants felt that the project had helped them in their recovery. Comments included being part of a group, growing self-confidence, finding my voice, being supported, freedom of expression, feeling empowered, gave me a sense of hope. Specific areas that the project had influenced were improved self-confidence, reduced sense of isolation, improved ability to work within a team, increased sense of artistic development, increased sense of well-being. There were no negative comments made about the project other than not wanting it to end.

Four of the core participants accessed the life-coaching aspect of the project. Sessions were offered on a weekly basis, usually prior to the music sessions. The life-coaching was accessed more informally by the remaining members of the group, on an ad-hoc basis, during different times throughout the project. Participants could access support from the life-coach between sessions via phone call, text messaging and emails. Results from the questionnaires indicated that the sessions were well received and through offering "a space to talk and be listened to" helped with building self-confidence, self-esteem and achieving personal goals.

Comments:

"This is a wonderful group. It helps us to make decisions together and enjoy the music we make together. On a scale from 1 – 10 it is a 12"

"Life has begun to improve once participating with this group and I hope to continue flourishing with this."

"I deem the project of inestimable value, owing to its inspiring & inclusive approach to community music making. It has been creatively empowering."

Conclusion

This project suggests that there is a place for community music-making groups in the recovery process. This project has shown that there needs to be a flexible approach to how people are introduced into music making and how they can be nurtured and encouraged through engaging with spontaneous musical experiences. This can then develop into a supportive setting that not only allows the participants to express the reality of their situations but also to give hope that things can change and for new opportunities to be revealed.

The participants also demonstrated that whilst they did not specifically require in-depth counselling, the time to talk about the important issues in their lives and be listened to, was important and helped in supporting their recovery process.

In general, the key areas that this project has influenced were improved self-confidence, improved self-esteem, increased motivation, increased sense of well-being. These areas are integral to supporting the recovery process.

Evaluating creative arts projects is a difficult process. Due to the nature of the creative process and the constant variables this entails, (especially when working within a group and with musical improvisation techniques) finding appropriate ways to evaluate a project is not easy. However, the SEQ, QPR, and the Exit Questionnaire, has shown to be an effective way in which to measure the qualitative experiences of the participants. It has revealed areas or themes which highlight how music-making can directly support the recovery process.

Further developments

Integral to this project was the question of "What next?" Fundamental to this project was the expectation that, if successful, the group would need to continue, thereby supporting the continued development of a "healthy" community experience. This has proved to be the case and the group is now continuing to run. Four of the original group are now helping to run the group as facilitators, thereby experiencing their changing role from being a service user to being a service provider/facilitator. This is important in supporting an ongoing recovery process.

Testimonial:

"Do you know what it's like to be able to have the confidence to sing and play music? To do things you have never done before? To have people only encouraging you to try; no criticism, only accolades? Well that's what it's like to be a member of Music for the Mind at the Harpur Suite on a Tuesday night. You have no idea of the joy & pleasure of being part of this group. Long may it continue."

Christine

Appendix 1: SEQ used at the end of each session.

Session Evaluation Questionnaire (Form 5)

ID# _____

Date: _____

Please circle the appropriate number to show how you feel about this session.

This session was:

bad	1	2	3	4	5	6	7	good
difficult	1	2	3	4	5	6	7	easy
valuable	1	2	3	4	5	6	7	worthless
shallow	1	2	3	4	5	6	7	deep
relaxed	1	2	3	4	5	6	7	tense
unpleasant	1	2	3	4	5	6	7	pleasant
full	1	2	3	4	5	6	7	empty
weak	1	2	3	4	5	6	7	powerful
special	1	2	3	4	5	6	7	ordinary
rough	1	2	3	4	5	6	7	smooth
comfortable	1	2	3	4	5	6	7	uncomfortable

Right now I feel:

happy	1	2	3	4	5	6	7	sad
angry	1	2	3	4	5	6	7	pleased
moving	1	2	3	4	5	6	7	still
uncertain	1	2	3	4	5	6	7	definite
calm	1	2	3	4	5	6	7	excited
confident	1	2	3	4	5	6	7	afraid
friendly	1	2	3	4	5	6	7	unfriendly
slow	1	2	3	4	5	6	7	fast
energetic	1	2	3	4	5	6	7	peaceful
quiet	1	2	3	4	5	6	7	aroused

Appendix 2: QPR used 'pre' and 'post' project.

The Process of Recovery Questionnaire (the QPR): Guidelines for Clinicians, Researchers and Service Users for the uses, administration and scoring of the QPR

Developed by: Sandra Neil, Liz Pitt, Martina Kilbride, Anthony Morrison, Sarah Nothard, Mary Welford and William Sellwood in collaboration with The Bolton Salford and Trafford Service User Steering Committee

What is the QPR? The QPR is a 22-item measure developed from service users' accounts of recovery from psychosis in collaboration with local service users. The idea of the QPR is to ask people about aspects of recovery that are meaningful to them. The QPR is reliable and valid and is strongly associated with general psychological wellbeing, quality of life and empowerment all of which are crucial in recovery from psychosis. There are two subscales: 1) intrapersonal tasks involved in recovery and 2) interpersonal factors that facilitate recovery (see below).

What are the applications of the QPR?

- **Clinical practice:** Because the QPR asks about aspects of recovery that are important to service users this measure could help to facilitate communication and engagement. The QPR may be used to illustrate to people that other individuals progressed to achieve similar goals and this positive message might instil hope, which is crucial to recovery.
 - The QPR could be used both as a tool for setting goals for individual outcomes and as a measure of achievement of these individual goals. For example, the QPR could be used to help people open up, give them structure and offer a focus for individual goals they could work towards and then be used to track progress and provide evidence of this.
 - The sensitivity of QPR is currently being evaluated, to assess the QPR's use as a measure of service effectiveness and as a routine outcome measure.
- **Research:** It is suggested that researchers could use the QPR to expand and add to the evidence base in the area of recovery

How do I administer the QPR? The service users involved in the development of the QPR suggest that before administering the QPR clinicians or researchers using this measure should ensure that:

- All service users who are asked to complete the QPR are given general information (as above) about the measure and are provided with an explanation as to why they are being asked to complete this questionnaire, such as "It is hoped through asking you to complete this measure that we can identify the areas in your life where things are going well and also any areas where you might be having difficulties."
- All service users must give their written or verbal consent to complete the QPR
- The QPR should where possible be completed with another professional or person with whom they can discuss any issues raised.
- The QPR should be used judiciously and responsibly by clinicians, and service users who are in crisis and / or very distressed **should not** be asked to complete the QPR
- The QPR should not be used in a sterile manner, but rather as a vehicle to facilitate discussion about individual goals.

How do I score the QPR? The QPR has 22 items each scored on a 4-point scale (0= disagree strongly, 1=disagree, 2=neither agree nor disagree, 3=agree, 4=agree strongly). The intrapersonal subscale includes items; 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 18, 19, 21, 22. The interpersonal subscale includes items: 14, 15, 16, 17, 20 (highlighted in grey on the QPR). Higher scores are indicative of recovery. However, those involved in developing this measure suggest that subscale or total scores should not only be added to give total recovery scores, but the QPR should be used as described above e.g. as a tool for engagement, setting goals relative to the individual and as a measure of outcome for these.

The Process of Recovery Questionnaire (QPR)

[15/10/2007- Version 1]

We developed this questionnaire in order to understand more about the process of recovery; what's helpful and what's not so helpful. Everyone is different and there will be differences for everyone. The items on this questionnaire were developed through a process of interviewing service users about their recovery journeys. We hope that by filling in this questionnaire you will help us find out information that is important to you and your own recovery. Not all factors will be important to you, since everyone is different. This questionnaire is not intended to be used to impose anything against your wishes.

If you would like to fill in the questionnaire, please take a moment to consider and sum up how things stand for you at the present time, in particular over the last 7 days, with regards to your mental health and recovery. Please respond to the following statements by putting a tick in the box which best describes your experience.

	Disagree strongly	Disagree	Neither agree nor disagree	Agree	Agree Strongly
1. I feel better about myself					
2. I feel able to take chances in life					
3. I am able to develop positive relationships with other people					
4. I feel part of society rather than isolated					
5. I am able to assert myself					
6. I feel that my life has a purpose					
7. My experiences have changed me for the better					
8. I have been able to come to terms with things that have happened to me in the past and move on with my life					
9. I am basically strongly motivated to get better					
10. I can recognise the positive things I have done					
11. I am able to understand myself better					
12. I can take charge of my life					
13. I am able to access independent support					
14. I can weigh up the pros and cons of psychiatric treatment					
15. I feel my experiences have made me more sensitive towards others					
16. Meeting people who have had similar experiences makes me feel better					
17. My recovery has helped challenge other peoples views about getting better					
18. I am able to make sense of my distressing experiences					
19. I can actively engage with life					
20. I realise that the views of some mental health professionals is not the only way of looking at things					
21. I can take control of aspects of my life					
22. I can find the time to do the things I enjoy					

Thank you for completing this questionnaire

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Appendix 3: End of project evaluation questionnaire.

MFTM Feedback Interview

Organisation: Music24 Ltd.

1. How do you feel this music project has supported you during your recovery?

2. Did you use the life-coaching service? Yes / No

If yes, what aspects did you find most beneficial?

3. What did you like most about taking part in the project?

4. What didn't you like about the project?

5. Do you think attending the group has helped you with the following? (Please highlight)

- Improved your health and well-being
- Helped you engage in the community
- Improved your ability to work well in a team
- Improved your 'life-skills'
- Improved your resilience and coping mechanisms
- Offered an opportunity that would otherwise be unavailable to you
- Reduced social isolation
- Helped you develop as an artist
- Improved your support network
- Helped you engage in other Support Services

6. Do you have any final comments about the project?



COMMUNITY MUSIC SERVICES

This community music group supports adults experiencing mental health conditions, either through their recovery or as a preventative measure.

THE NOTE PAD

TUESDAY EVENINGS
6.30 – 8.00pm

Access by referral & voluntary contributions welcomed



Activities include: singing, improvising with a range of musical instruments and song-writing/composing music. There is a strong focus on making original music and it currently involves other creative outlets such as poetry/spoken word, but is not limited to just this. The group enjoys exploring new things and has recently made a music video to accompany a song they have written and recorded.

VENUE:

THE HARPUR SUITE, CORN EXCHANGE
Harpur Street, Bedford, MK40 1LE

For more information call Tony on 07426 611308
or visit www.music24.org.uk

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- ⁱ McManus, S., Meltzer, H., Brugha, T. S., Bebbington, P. E., & Jenkins, R. (2009). Adult psychiatric morbidity in England, 2007: results of a household survey. The NHS Information Centre for health and social care.
- ⁱⁱ Annual Director of Public Health Report (2014). Mental Health & Wellbeing in Bedford Borough
- ⁱⁱⁱ Anna Maratos, Mike J. Crawford and Simon Procter (2011) The British Journal of Psychiatry. Music therapy for depression: it seems to work, but how? 199:92-93