

Lifemusic on an Adult Mental Health Rehabilitation Ward

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Enjoyment

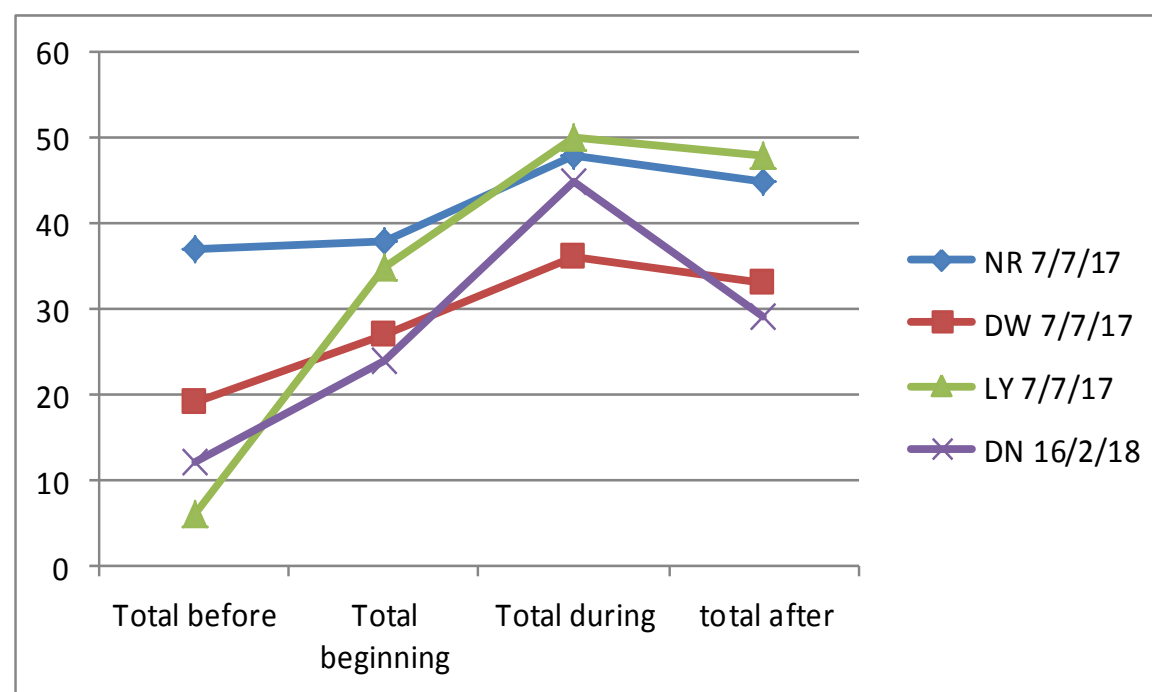


Materials and Methods

Lifemusic was developed by Dr Rod Paton. It has been applied in a variety of healthcare and community settings and consists of guided music improvisation around given structures known as 'holding forms'.

In 2017/18 a total of five Lifemusic sessions were held on Oakdene Ward, St James' Hospital Portsmouth, as an SAS Doctors' Wessex Quality Improvement (QI) Project. Three further sessions were offered but not taken up. Another couple of sessions took place with participants talking about music, but without music making.

This QI Project built on the previous year's project with neuropsychiatric inpatients. Patient and staff experiences and feedback were gathered by qualitative (free text and questionnaires) and semi-quantitative (modified MIDAS= Music in Dementia Assessment Scales) methods.



Oakdene Patients- Staff Rating by time point



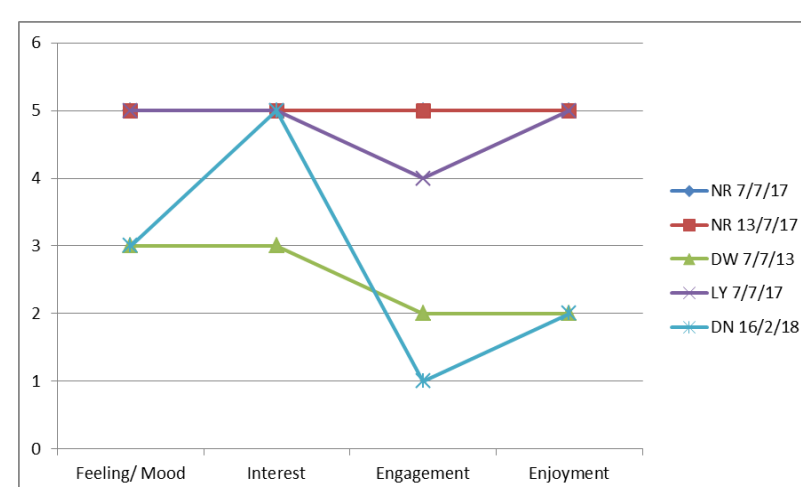
Dr Rod Paton & Lifemusic group

Free text reflection 13/7/17:

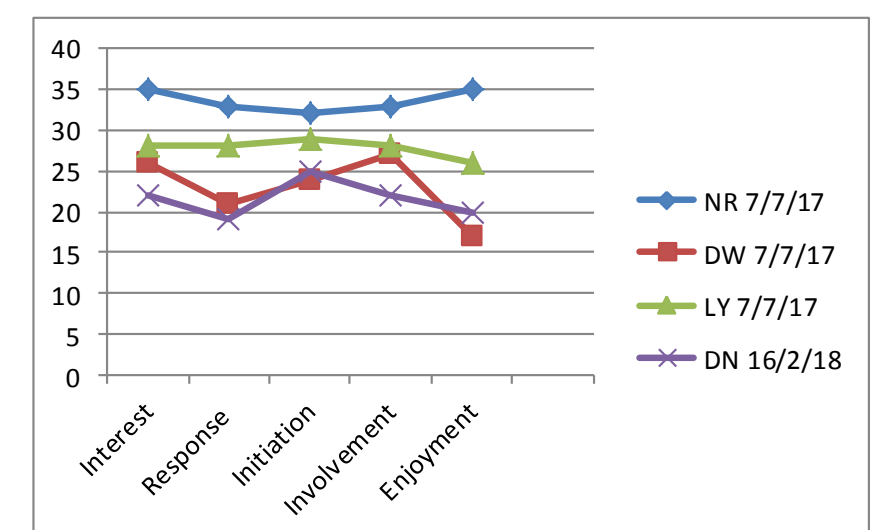
"All participants initiated playing independently, and as such I gave little rhythmical guidance except for softly beating a rhythm on different instruments, in order to let the music unfold. On the day, the patients presented slightly irritable and I got the impression that they would have left if I had given detailed instructions..All patients experimented with different instruments, sounds and textures and familiarised themselves with the instruments on offer."

The Precepts of Lifemusic

1. Everybody is musical
2. There are no wrong notes in music
3. Every sound has a meaning
4. Music making is an act of trust



Oakdene Patients- Accessible Self Rating Scores (out of 20)



Oakdene Patients- Staff Rating by domain

Relaxing

Results

Out of the eight patients in total who attended Lifemusic sessions, three attended twice and five patients once. Four patients had complete data sets of staff and accessible self rating. Whilst each patient presented as fairly consistent across domains, listing staff scores by time points showed a trend to improvement as the sessions progressed. This was largely maintained after the session.

Discussion

Motivating patients to take part in sessions proved more of a challenge than at the previous year's QI project. There are several possible explanations for this:

1. Familiarity with the facilitator among Kite unit staff and patients, vs lack of familiarity at Oakdene AMH unit
2. Greater amount of self-directed activity at Oakdene, greater number of alternative activities
3. Greater expectations and feeling "bored" more quickly at AMH unit
4. AMH patients with long illness histories and possible predominant negative symptoms/ low motivation

Overall, undertaking and comparing Lifemusic QI projects across two similar yet also surprisingly distinct patient populations has been a very interesting experience for the facilitator. The data gathered across time points are very similar in both patient populations, indicating that Lifemusic improves patient wellbeing across both.

