

REPORT

The North London Music Therapy Phone Support Service for NHS staff during the COVID-19 pandemic: A report about the service and its relevance for the music therapy profession

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ABSTRACT

In March 2020, reports showed National Health Service (NHS) staff in the United Kingdom experienced significant strain treating COVID-19 patients. Music therapists have skills to offer in the treatment of mental health; this report describes how North London Music Therapy (NLMT) designed and ran a new Phone Support Service providing acute telephone support, rather than therapy, for NHS staff, launching three weeks before the NHS' own support service. This report will outline the procedure for setting up the service and examine the motivations behind developing the service. NLMT received self-referrals from across the UK, with 50% of referrals accepting initial phone calls and 50% of these completing three phone support sessions. NLMT received 100% positive feedback from all participants, signposting effectively at the end of service. NLMT has been nominated for an Advancing Healthcare ESTEEM Award for the Phone Support Service, because of the speed in which it was set up and because of the service provided to key workers. The service is still available but, now the NHS has launched internal support services, NLMT's focus has now shifted to aftercare support for key workers and their organisations.

KEYWORDS

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INTRODUCTION

In the middle of March 2020, the UK became seriously affected by COVID-19. People were becoming ill, hospitals were becoming fuller, supermarket shelves were emptying. At this time, the UK Government directive was simply, 'Wash your hands,' which, while useful, felt too straightforward and did not seem to match the anxious mood of the general public.

Medical professionals continued as usual, with the added pressure of intensive care unit (ICU) beds filling up at a rapid capacity, even more than the expected spike of patients in the winter would usually allow. Newspapers reported National Health Service (NHS) staff feeling overwhelmed by their work. At this point, there was an overflow of patients, with operating theatres being transformed into intensive care units (Campbell et al., 2020). Staff were reporting symptoms of anxiety, overwhelm, emptiness, burnout and shock at the level of death and the illness and fragility of their patients.

In an attempt to mitigate some of the anxiety and pressure felt by local NHS staff and key workers, my organisation, North London Music Therapy (NLMT), set up a service to directly intervene and offer support. The Phone Support Service was intended as a form of Psychological First Aid (Everly, 2020) for staff experiencing acute trauma symptoms as a result of caring for inpatients with COVID-19, and the associated professional and personal anxieties, especially regarding coping with the psychological implications of the pandemic, lockdown and the seriousness of the situation.

In this report I describe the process of setting up the service, outline the main findings and discuss what we have learnt, including the main recommendations music therapists should consider. The Phone Support Service may also have merit for therapeutic professionals who do not use music; I would hope that the recommendations outlined would also be useful to those professionals.

BACKGROUND

NLMT specialises in working with people in the community with mental health concerns. In practice, this mostly means working with people with either a diagnosis of an anxiety disorder or who are experiencing symptoms of anxiety. These are often comorbid with other conditions such as depression, autism, eating disorders and so on, and are often the result of early trauma. Most of our work is with self-funding patients who are on open-ended contracts, therefore the majority of our work is long term, counter to the prevailing therapy model in the UK. At the moment NLMT is a small team, consisting of myself and one other music therapist who is also responsible for NLMT's social media.

NLMT were able to move all existing clients to remote versions of their sessions by 19th March 2020. We were in a more fortunate position than other music therapy organisations as all our clients are verbal, so they were able to give consent and to reflect with us as to the practicalities and the new considerations of remote working. We also had to design a process for this; some patients elected for audio only sessions, via WhatsApp, and some requested video sessions, via various platforms.

This early completion of transition to remote working meant we had time and opportunity to consider how else we might be able to offer services. I had also become acclimatised to writing procedural documents; not only had I been the main author for NLMT's Remote Services, I also led the writing of 'Guidance for Music Therapists during the COVID-19 outbreak' for the British Association for Music Therapy (Rizkallah, 2020).

SERVICE OUTLINE

NLMT staff expressed a similar desire to contribute skills to the NHS. I began to design an outline of what became the Phone Support Service while noticing that I had not found what I felt to be an adequate blueprint for setting up this kind of acute service. We did not know the demand for the service

and could not forecast its efficacy. We were affected by news reports of NHS staff under intense pressure and were motivated by a desire to help.

It felt like my only UK reference points were Childline (Childline, 2020) and the Samaritans (Samaritans 2020), both long-standing, well-respected phone support services in the UK, available at all times for people in terms of crisis and with a high level of trustworthiness in terms of respect for confidentiality. While I knew that NLMT would not have the resources to offer phone support on the same scale, I hoped that we would be able to take inspiration from these service providers and communicate a high level of trustworthiness to potential service users. Taking inspiration solely from two large, national service providers perhaps suggests that this project was entered into with some haste - but that suggestion would be correct. In March, I and what felt like everyone around me was experiencing significant anxiety; my way of attempting to mitigate that in my own mind was to sublimate my fears into working on something I felt could be positive.

I knew of a similar phone support service being set up for NHS practitioners on a much larger scale (Frontline 19, 2020) and felt that NLMT's part to play in this, while necessarily smaller, could be a useful experiment to model future work. Frontline 19 were going to offer a similar service, however at that point in time it had not yet launched and gave no indication as to when they would be able to; we were ready to launch immediately, albeit on a smaller scale, and felt that time was of the essence as key workers and NHS staff required emotional support as soon as possible, on the grounds of improved mental wellbeing. At that time, no one could have any idea of the trajectory of Governmental restrictions or indeed the national spread of COVID-19 - at this point in time lockdown had only just begun and the general mood of the population seemed to be turning to that of extreme fear, with a spike in reports of depression and anxiety symptoms the day after lockdown was announced (Armour, 2020, Bentall et al 2020).

My initial concern was that a Phone Support Service could be offered too early – research into trauma suggests that attempts at early treatment can re-traumatise some victims (Everly, 2020). My own experience working as a music therapist with the local community after the Grenfell disaster pointed to grief counselling models as being the most helpful in terms of offering support to residents (Kubler Ross 1969, Parkes, 2009, Worden, 1983).

However, I felt sure that our therapeutic skills could be offered in some form as acute support for key workers. I found some studies suggesting that early intervention may be able to mitigate PTSD symptoms in some staff (Glaspey et al., 2017); while the research here is drawn from a small pool, initial findings suggested a similar service could help. My colleague Jonathan Cousins-Booth alerted me to Psychological First Aid, a training his company had received (Everly, 2020) and suggested this could be a useful model to inform NLMT's Phone Support Service. NLMT staff undertook Psychological First Aid training, and this was used as the main model behind our service.

It therefore feels key to stress that the Phone Support Service was not an attempt to offer therapy. Attempting therapy was not an aim of the service and it would have been inappropriate. The Psychological First Aid training stressed the importance of a listening ear and offering validatory comments rather than challenging ones, so that service users might feel heard and understood, rather than offering in-depth therapy. From my own experience, the burden on loved ones can feel very great when trying to support someone experiencing trauma; the Phone Support Service was also an attempt to mitigate some of that burden.

In practice, this meant that when service users spoke to us on the phone during sessions – for example talking about a difficult situation at work and how it had made them feel – instead of wondering out loud how this might link to another experience or whether it could be mirrored in another relationship, perhaps from earlier in a service user's life, we paraphrased what was being said and reflected it back without expanding on it. This was because we felt that the people using our service would be best served by an approach that gave people permission to feel the shock and bewilderment that they reported feeling. Someone experiencing acute trauma feels in uncharted waters, away from thoughts and experiences they know. This experience can be completely disorientating and it can make people feel unreal and unsure of themselves and their existence. The most appropriate type of support in this case is one that reorientates, allows for confusing feelings, and does not further move someone away from where they feel they have become unmoored from.

Ethical questions and dilemmas

As part of setting up the service, the safety of both participants and staff was paramount. It was clear that all participants should expect confidentiality as part of the work. As the work was based within the UK, still currently a member of the European Union, the minimal personal details we collected (email addresses and a brief personal history) were stored in line with General Data Protection Regulations (GDPR). As we had no access to centralised telephone systems with work phone numbers, we had to use mobile phones to make the calls. No personal mobile numbers were given out, and all therapists hid their caller ID before making a call.

I was also concerned not to capitalise on a global disaster. Now was not the time to offer therapy in a conventional form, and I also felt strongly that the service should be free for all service users. We did not know at that point how much of a difference there would be between telephone sessions compared to a face-to-face service; we were learning alongside other therapists in the early stages of lockdown. We sought no funding for this project, instead we utilised volunteering time and energy in order to make it work. I chose this approach because I felt time was of the essence - if we were to offer an acute service we needed to reach people who needed help immediately, as seen in the UK press. Furthermore, I did not want to have to adhere to a fundraiser's necessary time constraints in order for work to be able to begin. I did, however, consider that funding would be a necessary component of longer-term work and so began researching funding options.

Structure of the phone support

I designed the referral procedure for the Phone Support Service through creating a procedural document, receiving external consultation on the final outline. The pathway ran as shown in Figure 1.

Three sessions were agreed on as a suitable amount of time for service users to make full use of acute support without the relationship transforming into a longer-term therapeutic one. Service users were offered music making as part of the work, including playlist building and receptive music therapy-style techniques – this also appeared as part of the advertising – but no service user took up this aspect of the offer. This is interesting to consider in more detail. All service users reported that it was most important for them to have a space to talk and 'offload.' As all were verbal (not always a

given for music therapists) and the subject matter needing to be offloaded was so distressing, perhaps the directness of using language was what felt important for service users. However, this runs counter to the idea that music therapy can be used as a form of self-expression when language is not able to illustrate what is needed to be expressed. Music therapists receive training in verbal intervention as well as musical; certainly, it did not disturb either myself or the other project therapist to be delivering verbal interventions as we are both of the view that this is within our skill set. Some musical discussion did occur with one patient, who talked about the types of music she prefers to listen to when feeling distressed; she was able to talk about music as a means to affect her mood. It could be suggested that the inclusion of musical input in our advertising, as well as the name of our organisation including the term 'Music Therapy', could have been a factor in participants choosing our Support Service, even if music was not ultimately used as part of the intervention. We would only know this for certain, though, if further participant evaluation was carried out.

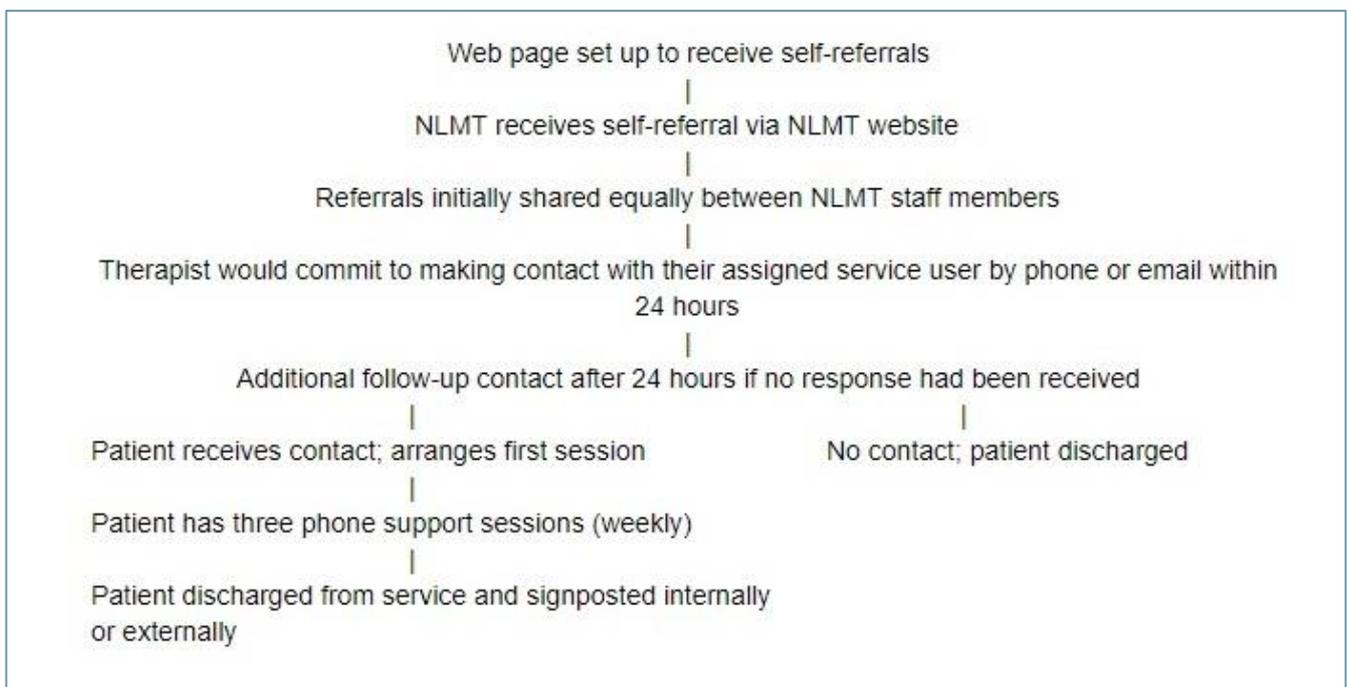


Figure 1: Outline of Phone Support Service procedure

While the service was advertised to all key workers, the referrals came from NHS staff. Many spoke about the distress of working with COVID-19 patients: the level of death especially in previously healthy patients; the claustrophobia and inconvenience of wearing personal protective equipment (PPE); the difficulties with being unable to give patients the usual level of care such as brushing hair or simply sitting with a patient for a while. As a result, staff taking calls reported feeling drained and exhausted, and that a great level of emotion needed to be 'held' (Winnicott, 1962) by each therapist in order for each service user to have enough space to offload.

Clinical supervision was provided by an external clinical neuropsychologist (with an additional therapeutic background) known to me, who provided her services in kind for the duration of the initial wave of the service. It felt important that the work was supervised by someone experienced in short-term working; the majority of NLMT work is with long-term service users, therefore I was aware that a

change in our usual thinking would be necessary beyond the differing needs of this client group. Peer supervision sessions were held, which again I felt were important to acknowledge what felt like the lack of blueprint for such a service, and to acknowledge that everyone taking phone calls as part of the service was trying to find their way through and that no-one had more experience than the other in offering this type of service.

Running the service

The Phone Support Service was launched on 3rd April 2020, before any other similar UK phone service directly related to COVID-19 was launched (as far as I am aware). Three weeks after our Phone Support Service launched, the NHS rolled out its own crisis response, and many potential NLMT referrals were redirected towards that service. We did not wish to go into competition with the NHS, especially as we primarily spoke to NHS staff, and consequently withdrew publicity at this point in time.

Therefore, our service ran at full capacity for a short period of three weeks, running entirely on word of mouth and organic advertising (i.e. advertising that was put out through NLMT social media and web channels and did not receive paid-for boosts in reach). Most referrals came to NLMT's Phone Support Service in the first 24 hours. We received enquiries from London, Manchester and the Midlands, with 50% of enquiries receiving initial calls, and 50% of those completing three phone sessions as part of the service. Two therapists handled all of the calls (myself and NLMT's other music therapist), averaging four calls a week when the service was running at full capacity. In total, 22 phone calls and emails were made to participants, including initial enquiry and evaluation calls. Each participant that took part in the service received three support phone calls, all of which took place in weekly intervals.

As we did not know whether and when the NHS or another large organisation would launch a similar service on a national scale with wider reach, we anticipated a spike in referrals, and recruited a number of therapists external to NLMT to take calls if needed. All completed Psychological First Aid training in preparation. In the end, no further therapists were used as once the NHS's service was launched, NLMT's referrals decreased significantly.

NLMT asked all participants in the Phone Support Service to complete a brief feedback form, asking for a service rating from 0-10 and a numerical score of how likely they were to recommend the service from 0-10 (in both cases 10 being the highest). We also requested testimonials from service users. Overall, 100% of survey respondents rated the service at 8 or higher. All participants opted for signposting outside of the organisation, with one service user stating that they would consider coming for further therapeutic treatment with NLMT at a future date. It is important to state that this service was not designed to gain new referrals for NLMT and was intended as a standalone service to provide acute support.

Therapist experience

Both I and my NLMT colleague Priya Vithani initially reported feeling exhausted and overwhelmed by the content of the calls, needing to allocate time for reflection and self-care immediately afterwards. We both found peer supervision essential as a means of reflecting and understanding the level of

emotion communicated during the calls; additionally, I receive psychoanalysis and found sessions invaluable during this time. We spoke in peer supervision about how the Psychological First Aid training encouraged strong listening skills, and that its renewed focus was helpful for us to think about during phone sessions.

Video feedback

A doctor based in Manchester, known to me but who encouraged referrals within her team for the service, sent a film clip to NLMT of her listening to music in her car on the drive home after a night shift, saying she had been inspired by the service's work to include music more widely in her day, and that she found it calming. She expressed a wish for the video to be shared and gave permission for NLMT to use it as advertising.

The video was launched on 20th April on YouTube (NLMT, 2020a) and across all NLMT social media platforms. It received over 16,000 views on Twitter in 24 hours (NLMT, 2020b) and was retweeted by several prominent UK politicians.

Aftercare

The Phone Support Service is still available, and we will return to advertising it if there is a second lockdown or a notable spike in COVID-19 related mental health cases reported widely. We note that the NHS internal support service and Frontline 19 services are also continuing. NLMT has been nominated for an Advancing Healthcare ESTEEM Award (Chamberlain Dunn, 2020) for the Phone Support Service, due to the speed in which it was set up and because of the service provided to the key worker community.

NLMT's ongoing focus is developing a new aftercare service for service users and the organisations they serve. This will be in group form and will contain musical and verbal components. It will be offered online or in-person, providing flexible opportunities for organisations to receive support.

CONCLUSIONS AND FURTHER APPLICATION OF THE WORK

This report will hopefully be useful to other music therapy practitioners and organisations within and beyond the UK who may consider setting up a similar new service or who are converting their existing services to an online format. By outlining the steps we took both in terms of setup and designing a process for how the service was run, I hope this information can prove valuable to others. While the option of musical intervention is specific to music therapists, other psychological or healthcare organisations working with those who have experienced trauma may consider themselves able to set up a similar Support Service. Psychological First Aid training is absolutely necessary in order to be able to carry out this work in the manner of NLMT's Phone Support Service.

The key learning from setting up this service was that our clarity of process enabled service users to trust that a small organisation such as NLMT could be trusted to carry out an important and confidential service. We set clear parameters and boundaries, we were transparent with our aims, and

we did not stray beyond what we had set out to achieve. I think this knowledge is transferable into the music therapy field more widely, as clarity of process when pitching for new work or setting up new services is key to not only coming across as an approachable, prudent organisation, but also clearly explaining what music therapy is, which is still of paramount importance in so many cases.

We can also see, from the video sent to NLMT by the doctor and feedback from a service user, that the service inspired medical staff involved with the Phone Support Service to use music more prominently in their everyday lives to produce positive emotional benefits.

I was also pleased that, even though a by-product of launching such a service was the raising of brand awareness, we did not tie in the Phone Support Service with a more general recruitment drive to therapy. I think in this case, as it was a response to the global pandemic, it would have hurt the brand to have attempted to overtly gain new referrals, as it would have muddled our offer. We were offering Psychological First Aid specifically because we did not consider therapy appropriate during a period of acute trauma, therefore to suggest we would also be able to imminently provide therapy in this case would not have worked.

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Η Τηλεφωνική Υπηρεσία Υποστήριξης του North London Music Therapy για το προσωπικό της Εθνικής Υπηρεσίας Υγείας κατά τη διάρκεια της πανδημίας COVID-19: Μια αναφορά της υπηρεσίας και τη σημασίας της για το επάγγελμα της μουσικοθεραπείας

Marianne Rizkallah

ΠΕΡΙΛΗΨΗ

Το Μάρτιο του 2020, οι αναφορές έδειξαν ότι το προσωπικό της Εθνικής Υπηρεσίας Υγείας (NHS) του Ηνωμένου Βασιλείου αντιμετώπισε σημαντική πίεση σχετικά με την περίθαλψη ασθενών με COVID-19. Οι μουσικοθεραπευτές διαθέτουν δεξιότητες που μπορούν να προσφέρουν σχετικά με τη θεραπεία στην ψυχική υγεία: αυτή η αναφορά περιγράφει το πώς ο οργανισμός North London Music Therapy (NLMT) σχεδίασε και υλοποίησε μια νέα Τηλεφωνική Υπηρεσία Υποστήριξης παρέχοντας οξεία υποστήριξη, αντίθερα, μέσω τηλεφώνου στο προσωπικό του NHS, ξεκινώντας τρεις εβδομάδες νωρίτερα από τη γραμμή τηλεφωνικής υποστήριξης του ίδιου του NHS. Σε αυτή την αναφορά θα παρουσιαστεί η διαδικασία εγκαθίδρυσης της υπηρεσίας και θα εξεταστούν τα κίνητρα πίσω από την ανάπτυξη αυτής. Το NLMT έλαβε αυτοπαραπομπές από όλο το Ηνωμένο Βασίλειο, με το 50% των παραπομπών να δέχονται αρχική τηλεφωνική επικοινωνία και το 50% αυτών να ολοκληρώνουν τρεις τηλεφωνικές συνεδρίες υποστήριξης. Το NLMT έλαβε 100% θετική ανατροφοδότηση από όλους τους συμμετέχοντες, όπως σηματοδοτήθηκε αποτελεσματικά στο τέλος της υπηρεσίας. Το NLMT είναι υποψήφιο για το βραβείο Advancing Healthcare ESTEEM για την Τηλεφωνική Υπηρεσία Υποστήριξης, λόγω της ταχύτητας με την οποία ιδρύθηκε και λόγω των παρεχόμενων υπηρεσιών του στους βασικούς εργαζόμενους στην πρώτη γραμμή της κρίσης του κορονοϊού. Η υπηρεσία εξακολουθεί να είναι διαθέσιμη, αλλά τώρα που το NHS έχει ξεκινήσει τις δικές του εσωτερικές υπηρεσίες υποστήριξης, η εστίαση του NLMT έχει πλέον προσανατολιστεί στην φροντίδα που έπεται της οξείας υποστήριξης για τους βασικούς εργαζόμενους και τους οργανισμούς στους οποίους εργάζονται.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

COVID-19, ψυχική υγεία, ψυχολογικές πρώτες βοήθειες, τηλεφωνική υπηρεσία, μουσικοθεραπεία