

ARTICLE

An audit of music therapy in acute National Health Service (NHS) settings for people with dementia in the UK and adaptations made due to COVID-19

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ABSTRACT

Music therapy research and practice is growing in the field of dementia in residential and community settings. However, less is known about the prevalence and practice of music therapy in acute inpatient settings for people living with dementia. An online survey was distributed to the membership of the British Association for Music Therapy (BAMT) in the UK. Descriptive statistics were generated for quantitative data and thematic analysis was conducted on qualitative data. Fifteen music therapists responded (12.1% of BAMT members working in dementia care). The majority (80%) of respondents were employed by NHS Trusts, and most therapists spent half to one day on acute wards per week. Results showed similarities in patterns of working and theoretical approaches, with live, interactive, instrumental music making used by all and many drawing upon psychodynamic and person-centred approaches to inform their work. Techniques used included singing precomposed songs and instrumental improvisation. All respondents worked during the COVID-19 pandemic, with much variation between NHS Trusts. The challenges and positive aspects of working during the pandemic included a negative impact on staff and patients' physical and psychological wellbeing, and a raised profile of the arts therapies, respectively. Further research is needed to evaluate the impact of music therapy on people living with dementia in acute NHS settings and raise awareness of how music therapy could help wards to meet the needs of service users as specified in the National Institute for Health and Clinical Excellence (NICE) guidelines.

KEYWORDS

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INTRODUCTION

There is a growing body of evidence supporting the efficacy of music therapy to treat the Behavioural and Psychological Symptoms of Dementia (BPSD).¹ Research conducted in care homes found that individual music therapy improved wellbeing and reduced agitation for people living with dementia (Hsu et al., 2015; Ridder et al., 2013). These findings are reflected in the inclusion of music therapy as an activity to promote wellbeing for people living with dementia in the NICE guidelines, which provide recommendations for health and care practice in England, with relevance to the devolved nations and internationally (NICE, 2019). Music is also listed as a meaningful activity in the Standards of Care for Dementia in Scotland, whilst art therapy is included as a non-drug-based intervention (Scottish Government, 2011). In addition, music therapy has been found to support both healthcare staff and relatives (Hsu et al., 2015), a benefit that is currently being explored further in the community in the HOMESIDE Project (Baker et al., 2019) and Together in Sound (Molyneux et al., 2020).

Some evidence suggests that music therapy can also be of benefit for people living with dementia on acute wards to alleviate BPSD and isolation, improve engagement in activities and support cognitive function (Brueer et al., 2007; Cheong et al., 2016; Gold, 2014; Melhuish, 2013; Odell-Miller, 1995; Suzuki et al., 2004; Svansdottir & Snaedal, 2006). Studies looking at biomarkers support these findings, with changes in heart rate and levels of neurotransmitters and neurohormones indicating that service users were less stressed and more relaxed following music therapy (Kumar et al., 1999; Okada et al., 2009; Suzuki et al., 2004).

A survey of music therapists in the UK in 2018 found that 142 respondents worked with people living with dementia (Schneider, 2018). Nineteen percent (27) of these worked in hospital inpatient settings, with 42% working in residential care. Seventy-two percent delivered both group and individual sessions whilst 17% delivered only group sessions and 11% delivered only individual sessions. Most were employed part-time. The role of training and working alongside other professionals and family members was highlighted. Raising awareness within the public and the NHS of the potential for music therapy to benefit people living with dementia was seen as the greatest need for the development of music therapy for this population, with 17% indicating a need for a greater evidence base. In a response article, Odell-Miller (2018) highlighted the opportunity and need for music therapists to demonstrate to healthcare providers and families how music therapy can help meet the NICE guidelines for people living with dementia, in particular by reducing agitation and aggression and supporting healthcare staff and relatives. This survey gives a helpful overview of music therapy with people living with dementia in the UK in 2018 and how this work can become more widely embedded in dementia care. However, a greater understanding of current music therapy practice for people living with dementia in acute settings would help to inform practice and research in this setting.

In the UK, NHS Trusts, also known as NHS Foundation Trusts, are part of the NHS and subject to the same standards of care, but decision-making is devolved from central government to local organisations and communities (Mid Cheshire Hospitals NHS Foundation Trust, 2022). Acute wards in the NHS admit people living with dementia usually when their symptoms are difficult to control, their

¹ The term 'behavioural and psychological symptoms of dementia' is used throughout the article to align with the current research literature. The authors acknowledge that these symptoms, such as agitation, aggression, apathy, psychosis, and depression, can be both a symptom of the condition and/or an expression of an unmet need.

behaviours are harder to accommodate in care homes, and they need more intensive medical and psychiatric care. Also, people living with dementia are admitted to hospital if they need a place of safety, but each NHS Trust would only provide this service uniquely and on a short-term basis, as the emphasis in England is on community and home care (for more information see here <https://www.england.nhs.uk/mental-health/dementia/>).

At the time of writing, the NHS is under considerable additional pressure due to the COVID-19 pandemic. People living with dementia have been identified as being vulnerable to complications from COVID-19 due to their age and other comorbidities as well as difficulties adhering to guidance such as social distancing (Mok et al., 2020). Whilst most research has taken place in the community and residential care facilities, there have been worrying trends in the UK of hospitals refusing admission to patients, mass signing of 'do not attempt resuscitation' orders and an increase in antipsychotic prescriptions (Alzheimer's Society, 2020; Gonzalez-Suarez et al., 2020; Liu et al., 2021). Research by Livingston et al. (2020) found that inpatient psychiatric wards for people living with dementia had higher rates of infection and deaths than general hospitals and reduced access to testing, Personal Protective Equipment (PPE) and medical support. Research conducted with people living with dementia and their caregivers in the community found a music therapy group to be helpful and to enable social interaction during this challenging time (Molyneux et al., 2020). However, no research, to our knowledge, has looked at the impact of music therapy on people living with dementia in acute inpatient settings during the pandemic.

The following research questions were formulated to address this gap in the literature. The fourth question was included owing to the timing of the research during the COVID-19 pandemic.

1. What is the prevalence of music therapy in inpatient settings for people living with dementia in the NHS?
2. How are music therapy posts for inpatient dementia care structured?
3. What theoretical approaches and techniques do music therapists use in inpatient dementia care?
4. How are music therapists impacted by COVID-19? What challenges and positive aspects came from working during the pandemic?

Ethical approval for this study was given by the Arts Humanities and Social Sciences Faculty Ethics Board at Anglia Ruskin University in March 2021.

METHODS

An online survey was created using the software 'online survey'. The survey consisted of 12 multiple choice and free text questions generating both quantitative and qualitative data (Appendix 1). Questions related to the distribution of music therapy, approaches and techniques used, and how music therapists' work had been impacted by the COVID-19 pandemic. The researchers define 'approaches' as the theoretical orientation of the therapist, whilst 'techniques' refer to what the therapists did during the interventions (Odell-Miller, 2007). The survey was distributed to all members of the British Association for Music Therapy (BAMT) via email in March 2021. All practising music

therapists working on NHS acute wards for people living with dementia were asked to participate, with a two-week deadline given. The study was conducted in the UK and therefore all respondents were qualified to practise in the UK.² The survey generated quantitative and qualitative results. Statistical analysis of quantitative data was conducted using Microsoft Excel to create descriptive statistics. Thematic analysis (Braun & Clarke, 2006, 2019) was conducted to describe and summarise the short written responses to open questions. Following familiarisation with the dataset, an iterative coding process was conducted within each response, with codes then grouped across responses to create overarching themes and subthemes. Responses to each question were analysed across responses but analysis between responses to different questions was not conducted. All literature cited by respondents was read in full by the lead author where an electronic copy was available and a summary of content was created to enable comparisons between texts. For four papers an electronic copy was not available. These were categorised along with the rest of the literature based on their titles, abstracts, journal and any available information found online. A table of all literature and their categorisation is provided in Appendix 2.

RESULTS

Fifteen music therapists responded to the online survey, 12.1% of the 124 BMT members working in dementia care in February 2022. Where relevant, examples of quotes from respondents are included following the description of the related findings.

Distribution and structure of music therapy posts

Twelve (80%) of the respondents were employed directly by the NHS Trust. Three respondents were funded by a music organisation, a residential care home or self-employed (Figure 1). Music therapy had been on the ward for an average of 14 years (SD 10.8), ranging from 10 months to over 30 years. Music therapists worked on average 10.8 hours per week (SD 9.9). Some respondents provided allocated time each week to the ward and others delivered sessions upon receipt of a referral.

Patterns of work varied between respondents. All music therapists delivered group sessions, with one respondent stating this ran for an hour and another for up to 90 minutes. Eleven (73%) also delivered individual sessions, ranging from one to four in a day. The timing of the sessions varied with some offering groups in the morning and others in the afternoon. All who elaborated ran open groups in communal areas of the ward, and some (three respondents, 20%) stated that they co-facilitated groups with other staff members, including arts therapists, occupational therapists, physiotherapists, and ward staff. Other activities mentioned included supporting staff (three respondents, 20%) and relatives (one respondent, 7%) as well as completing administrative tasks and supervision. One respondent (7%) used an evaluation tool (Music in Dementia Assessment Scales, McDermott et al., 2014) to evaluate the outcomes of their work. Examples of working patterns were:

² Practicing music therapists in the UK must be legally registered with the Health and Care Professions Council (HCPC). Registration is obtained on completion of a two year full-time or three year part-time masters level training course. For music therapists trained outside of the UK, registration can be obtained through an application process overseen by HCPC assessors.

Two hours on the ward each morning/afternoon, writing up notes in between, offering staff support sessions during handover (P4)

Open ward-based group session with time for individual work one morning or afternoon (P6)

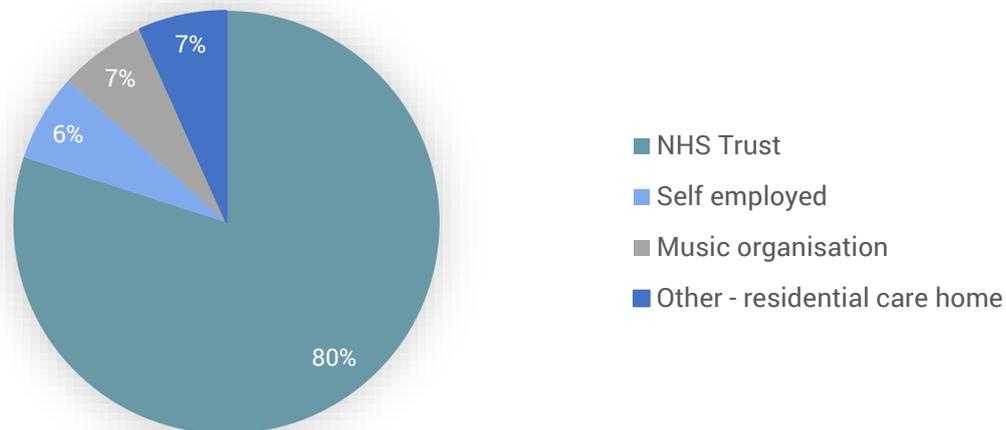


Figure 1: Types of employment for music therapists

Theoretical approaches and techniques used

All respondents used live, interactive, instrumental music making in their practice. In addition, respondents drew on a combination of one or more psychological approaches and theories to inform their work, such as psychodynamic, and music therapy approaches, such as the Nordoff Robbins approach. Nine respondents (60%) used a psychodynamic, psychoanalytic, or psychotherapeutic approach to inform their work, with some referencing child development and attachment theorists (Bowlby, Stern, Trondalen, Trevarthen, Winnicott).³ Darnley-Smith (2019, p.144) defines a psychodynamic approach to working with people living with dementia as when 'the moment-by-moment process of relating through music is considered as central to the work'. Four (27%) of these respondents combined this with a person-centred approach, with Kitwood (1997) referenced by some. Others combined psychodynamic thinking with a recovery model (Anthony, 1993), Nordoff Robbins approach, neuroscience and affective neuroscience, and systemic thinking. Two respondents (13%) referred to only one theoretical approach each, one using a person-centred approach and another using the recovery model (Anthony, 1993).

Four respondents (27%) referenced 14 articles, books and book chapters (Appendix 2). Three (21.4%) of these referred to music therapy and music interventions in acute settings for people living with dementia, three (21.4%) referred to music therapy with people living with dementia in residential care settings, two (14.2%) were key texts for psychological approaches to care, and six (42.8%) referred to other psychotherapy and arts therapies texts with people living with dementia.

³ Where names of psychologists were mentioned without reference to a specific text these have been listed as written by respondents.

A dominant theme was that music therapists used techniques flexibly to meet the needs of the client and to prioritise client choice in the moment. Aspects of live, interactive music making mentioned frequently included singing precomposed songs, improvisation, and instrumental playing. Other activities included listening to pre-recorded music and activities to support cognition and movement. The following quotes demonstrate examples of techniques used by respondents.

We use improvised and precomposed music, individually tailored according to the presenting needs of the patient (P13)

Singing familiar songs, encouraging participants to engage in singing as well as playing the musical instruments (P2)

Response to COVID-19

Patterns of working during the COVID-19 pandemic varied between NHS Trusts and at different times during the pandemic. All music therapists were able to work at some points during the pandemic, whether online, face-to-face or a combination of the two. Six respondents (40%) worked both online and face-to-face. Three respondents (20%) worked face-to-face throughout with another three (20%) working either face-to-face or pausing service delivery (Figure 2).

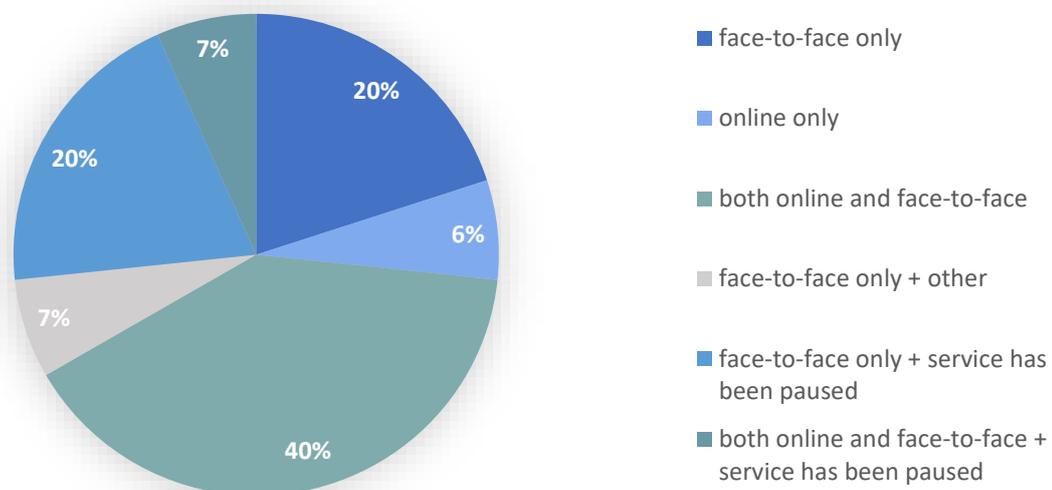


Figure 2: Methods of working during the COVID-19 pandemic

Music therapists made various adjustments to their working pattern due to COVID-19, with some techniques needing to be altered to adhere to the introduction of infection control measures and/or working online (Table 1). Some of these differed between NHS Trusts. Whilst the content of sessions varied, respondents stated that they drew on the same theoretical approaches to understand their work as before the pandemic.

Adjustments made when working face-to-face during COVID-19
Introduction of infection control measures such as PPE, social distancing and cleaning
Increased collaboration with ward staff
No groups at all or smaller groups only
Increased use of precomposed song to maintain interaction between and with PwD
Working with PwD in self-isolation
Reduction in singing
Reduction in use of instruments
Adjustments made when working online during COVID-19
Increase in receptive music therapy
Reduction in simultaneous music making due to limitations of technology
Increased collaboration with ward staff
Sending recordings of meaningful songs to ward staff to use with the PwD
Creating personalised playlists

Table 1: Adjustments made when working face-to-face and online during COVID-19

Challenges experienced by music therapists in this setting during the COVID-19 pandemic came under four themes, whilst positive outcomes came under three themes (Figure 3).

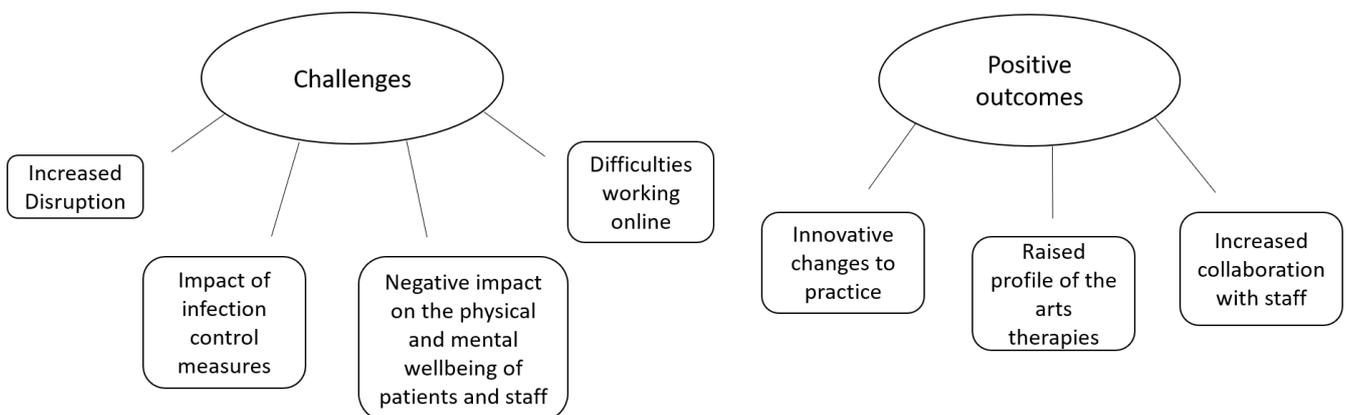


Figure 3: Challenges and positives of delivery of music therapy during COVID-19

The first challenge experienced by music therapists as a result of the pandemic was increased disruption to the therapists’ working pattern, both online and on the wards, with patients moving locations and areas of the ward being reallocated for other purposes, such as isolation. Secondly, infection control measures impacted the therapists’ ability to play and sing and made it more challenging to communicate with patients. Thirdly, working remotely was not possible for all respondents as patients struggled to engage in online sessions and the music therapist was reliant on staff and technology being available on the ward for sessions to take place. For those who did

establish an online provision, technical difficulties, access to resources and difficulties engaging all patients were still present. Finally, the respondents reported that the pandemic had a negative impact on the physical and psychological wellbeing of patients and staff, including the music therapists, with higher rates of experiences of illness and death, both professionally and personally, and high levels of anxiety. The quotes below provide examples of the challenges experienced during the pandemic.

The patients did not engage with online sessions as it was too abstract and removed. The social and human nature was lost. (P5)

Increased level of patient deaths and grief (both personal and professional) in the staff team (P8)

All but two (87%) respondents identified positive changes as a result of COVID-19. Of those that did not comment, one was on leave during the pandemic, and another did not feel there were any positive changes to report.

Positive changes came under three themes (Figure 3). Firstly, increased collaboration with staff when working face-to-face enabled music therapists to adapt to the changing needs of the ward throughout the pandemic. Working online also increased this collaboration, as music therapists worked closely with staff who were on the wards to facilitate the sessions. However, this reliance on staff availability was sometimes a barrier to sessions taking place, as outlined above. Secondly, a raised profile of the arts therapies was identified by those working face-to-face, where NHS Trusts classed music therapy as essential to patient care. This was also commented upon by respondents delivering sessions remotely, as ward staff became more aware of the importance of the arts therapies to support wellbeing, and the delivery of sessions gave, as one respondent stated, a “feeling of togetherness” between staff and the therapist (P2). Finally, the pandemic led to innovative changes to practice such as: working online, for example, online meetings; increased use of certain musical techniques in response to infection control measures, such as using more improvisation-based activities to reduce the use of singing; increased flexibility, such as adjusting techniques to align with changing guidance; and personal lifestyle changes, for example, establishing new routines with more time for self-care and reflection. Some respondents felt that these changes could be incorporated into long-term service delivery. The following quotes show some of the positive changes experienced during the pandemic.

I have felt valued and appreciated by the fact that our work has continued during this time and that we have been seen as essential. (P7)

To have worked virtually with individuals has been hugely unexpected. It’s very different obviously but rewarding to have been able to maintain therapeutic relationships in this way. (P14)

DISCUSSION

Findings from this survey suggest that, whilst few music therapists work in acute inpatient care with people living with dementia, there are similarities in practice between different NHS Trusts with access

to the interventions. Whilst music therapy services had been on the wards represented for varying lengths of time, the services appeared to be valued and all were able to continue in some format throughout the COVID-19 pandemic.

The low number of respondents (12% of BAMT members working in dementia care) reflects the specialist nature of the work. The number is lower than the 27 (19% of respondents working in dementia care), who appeared to be working in NHS settings in 2018 (Schneider 2018), and could point to phenomena such as survey saturation, or a reduction in music therapy in NHS settings owing to the recent expansion and changes in provision in care homes for people living with dementia in the UK. It also suggests there are acute wards supporting this client group in the NHS without access to music therapy. With research demonstrating the benefit of music therapy for people living with dementia in community, residential care and inpatient settings by reducing the BPSD as well as providing support for healthcare staff and relatives (Hsu et al., 2015; Molyneux et al., 2020), service providers, alongside music therapists, need to look at ways to increase access to these interventions. Results from this survey suggest ways music therapists and other stakeholders could work towards greater access to interventions.

The challenges faced by people living with dementia during the COVID-19 pandemic, along with healthcare staff and relatives, have been well documented (Alzheimer's Society., 2020; Gonzalez-Suarez et al., 2020; Livingston et al., 2020; Liu et al., 2021; Mok et al., 2020). It is therefore pertinent that all music therapy services included were able to continue during the pandemic and were reported to be helpful and valued by staff and service users. The flexibility of approach described by the respondents could have contributed to this, as therapists adapted in a variety of ways to continue working both face-to-face and online. Therapists were open about the challenges of working during this time with infection control measures and online work impacting their ability to communicate with the people living with dementia.

The negative impact on the psychological and physical wellbeing of staff and patients was also highlighted by some respondents. However, the majority of respondents identified positive outcomes from the pandemic, such as a raised profile of the arts therapies and increased collaboration between multidisciplinary teams. This suggests that the increased attention to and need for interventions to support mental health wellbeing during the COVID-19 pandemic could have led to increased awareness among ward staff of the role of music therapy with this client group during a very difficult time. This supports findings from an online community music therapy group that reduced isolation during a time when established support networks were unavailable (Molyneux et al., 2020).

Findings from this study suggest two areas for further research. Firstly, whilst few respondents referred to literature, the lack of citations directly relating to music therapy in this setting suggests further that there is a gap in the research. This is supported by previous research where a need for more evidence of the benefits of music therapy for people living with dementia was reported by music therapists (Schneider, 2018). In addition, wards reported upon in the current survey tended to receive half to one day of music therapy a week, which aligns with most studies in this setting to date. However, given that most effects from sessions will likely have a short-term impact on this client group (Bruer et al., 2007), it would be useful to explore the impact of more frequent music therapy sessions on the quality of life and wellbeing of the service users and healthcare staff in acute settings.

Secondly, the similarities in approaches to practice and techniques used across responses

suggest it is possible to create a manual or toolkit for a music therapy intervention that could support the embedding of music-based interactions on acute wards for people living with dementia. A manual would need to outline potential activities that could be undertaken and their purpose whilst maintaining the ability of the music therapist to use their clinical judgement to respond flexibly in the moment (Carr et al., 2021; Rolvsjord et al., 2005). In line with music therapy research taking place in community and residential care, it would be important to incorporate training for staff and relatives to use music independent of the therapist (Baker et al., 2019; Hsu et al., 2015; Molyneux et al., 2020). This resource could be used by music therapists and stakeholders to clearly demonstrate to service providers how music therapy, and music-based interactions, could be of benefit to people living with dementia in acute settings, thus helping to raise awareness about music therapy in the public domain and the NHS (Odell-Miller., 2018; Schneider, 2018).

LIMITATIONS

The sample of 15 is small and so potentially may not reflect the opinion of all music therapists working in this setting, especially as 27 music therapists stated that they worked in inpatient settings with people living with dementia in 2018 (Schneider, 2018). Whilst it is possible the pandemic might have impacted numbers employed in this setting, which could account for the low numbers of self-employed and freelance music therapists who responded, it is still likely that other therapists met the inclusion criteria who are not represented. It is possible that some therapists stopped working due to the pandemic and so did not respond. The short two-week data collection period also could have contributed to the small sample. In addition, the survey was only circulated to members of BAMT, so further Health and Care Professions Council (HCPC) practising music therapists in the UK not part of this membership might not have received the invitation. The survey did not collect data on the geographical area of practice, which could have provided useful insights into any differences in healthcare provision and practice across the UK. Another limitation is the use of an online survey which, whilst allowing for better access to the survey, does not provide in-depth data such as that gathered from interviews.

CONCLUSION

Although few music therapists seem to work in this setting, music therapy is well-established and valued on some inpatient wards for people living with dementia in the NHS. Most wards received half to one day of music therapy a week. Open groups were a priority, often using precomposed songs played live in an interactive and improvisatory manner to meet the needs of the service users in the moment. All respondents were able to work either online or in person at some point during the COVID-19 pandemic. Challenges communicating with people living with dementia, due to working online or the impact of PPE, were prevalent, but there were some positive changes identified by the respondents, such as a raised profile of the arts therapies and increased collaboration with staff to deliver the interventions. Further research is needed to deepen our understanding of the impact of current music therapy practice on patients and staff on these wards, demonstrating to service providers how this could help them to meet the needs of those in their care. This could inform the design of an increased

music therapy intervention on wards, including training for staff and relatives to embed music in their interactions with people living with dementia.

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APPENDIX 1: QUESTIONNAIRE

Questionnaire: Music therapy in acute NHS dementia services

Question 1

Do you give consent for the information you provide to be used for the specified purposes?

- Yes
- No

Question 2

Are you employed by the Trust directly?

- Yes
- No

Question 3

If you are not employed by the NHS, please identify which type of organisation you are employed by?

- Music therapy organisation
- Music organisation
- Hospital charity
- Self-employed
- Other (If you selected Other, please specify)

Question 4

How many hours a week are you employed to work on the acute dementia ward?

- 3.5 hours
 - 7.5 hours
 - 15 hours
 - 22.5 hours
 - 30 hours
 - 37.5 hours
- Other (If you selected Other, please specify)

Question 5

If known, for how long has music therapy been delivered on the acute dementia ward(s)?

Question 6

How would you describe your music therapy approach? Please specify according to use of music (e.g. mainly improvised and/or precomposed music) and theoretical approach. If possible, refer to the literature. Bullet points are fine.

Question 7

Do you work in individual or group sessions?

- Individual
- Group
- Both

Question 8

Ideally, what would your pattern of work be on an average day, outside of the COVID-19 pandemic?

Question 9

How has the music therapy service been delivered during the COVID-19 pandemic?

- Online only
- Face-to-face only
- Both online and face-to-face
- Service has been paused
- Other (If you selected Other, please specify)

Question 10

Please specify any ways that you have adapted your approach due to the COVID-19 pandemic. This might include changes in theoretical approaches and/or practical set up of the service.

Question 11

Are there any particular challenges that you have experienced due to the COVID-19 pandemic?

Question 12

Have there been any positive changes to come out of working in this setting during the COVID-19 pandemic?

APPENDIX 2: LITERATURE CITED BY RESPONDENTS AND CATEGORY ALLOCATION

Reference	Category
Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. <i>Psychosocial Rehabilitation Journal</i> , 16(4), 11. https://doi.org/10.1037/h0095655	Key psychological text
* Byers, A. (1995). Beyond marks: on working with elderly people with severe memory loss. <i>Inscape</i> , 1, 13-18.	Art therapy with people living with dementia
Canete, M., Stormont, F., & Ezquerro, A. (2000). Group-analytic psychotherapy with the elderly. <i>British Journal of psychotherapy</i> , 17(1), 94-105. https://doi.org/10.1111/j.1752-0118.2000.tb00563.x	Psychotherapy with people living with dementia
*Froggatt, A. (1988). Self-awareness in early dementia. <i>Mental health problems in old age: A reader</i> , 131-136.	Psychotherapy with people living with dementia
Hsu, M. H., Flowerdew, R., Parker, M., Fachner, J., & Odell-Miller, H. (2015). Individual music therapy for managing neuropsychiatric symptoms for people with dementia and their carers: A cluster randomised controlled feasibility study. <i>BMC Geriatrics</i> , 15(1), 1-19. https://doi.org/10.1186/s12877-015-0082-4	Music therapy with people living with dementia in a residential care setting
Iyemere, K. (2017, April 07). Restorative Art and Recovered Moments. BAAT Blog. https://www.baat.org/About-BAAT/Blog/120/Restorative-Art-and-RecoveredMoments .	Art therapy with people living with dementia
Kitwood, T. M. (1997). <i>Dementia reconsidered: The person comes first</i> . Open university press.	Key psychological text
*Mackie, I., & Bredin, K. Psychotherapeutic Care for Dementia Sufferers.	Psychotherapy with people living with dementia
Odell-Miller, H. (1995). Approaches to music therapy in psychiatry with specific emphasis upon a research project with the elderly mentally ill. In T. Wigram., B. Saperston & R. West (Eds.), <i>The art and science of music therapy: A handbook</i> (pp. 83-111). Routledge.	Music therapy with people living with dementia in acute settings
Raglio, A., Bellelli, G., Traficante, D., Gianotti, M., Ubezio, M. C., Villani, D., & Trabucchi, M. (2008). Efficacy of music therapy in the treatment of behavioral and psychiatric symptoms of dementia. <i>Alzheimer Disease & Associated Disorders</i> , 22(2), 158-162. https://doi.org/10.1097/WAD.0b013e3181630b6f	Music therapy with people living with dementia in a residential care setting
Ridder, H. M. O., Stige, B., Qvale, L. G., & Gold, C. (2013). Individual music therapy for agitation in dementia: An exploratory randomized controlled trial. <i>Aging & Mental Health</i> , 17(6), 667-678. https://doi.org/10.1080/13607863.2013.790926	Music therapy with people living with dementia in residential care setting
Sung, H. C., Chang, S. M., Lee, W. L., & Lee, M. S. (2006). The effects of group music with movement intervention on agitated behaviours of institutionalized elders with dementia in Taiwan. <i>Complementary Therapies in Medicine</i> , 14(2), 113-119. https://doi.org/10.1016/j.ctim.2006.03.002	Music interventions with people living with dementia in acute settings
Svansdottir, H. B., & Snædal, J. (2006). Music therapy in moderate and severe dementia of Alzheimer's type: A case-control study. <i>International Psychogeriatrics</i> , 18(4), 613-621. https://doi.org/10.1017/S1041610206003206	Music therapy with people living with dementia in acute settings
*Wald, J. (1983). Alzheimer's disease and the role of art therapy in its treatment	Art therapy with people living with dementia

*It was not possible to obtain full copies of these articles. The article title, abstract, journal and any information found online were used to categorise these.

Μια αξιολόγηση της μουσικοθεραπείας σε πλαίσια οξέων περιστατικών του Εθνικού Συστήματος Υγείας (NHS) για άτομα με άνοια στο Ηνωμένο Βασίλειο και προσαρμογές που έγιναν λόγω της COVID-19

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ΠΕΡΙΛΗΨΗ

Η μουσικοθεραπευτική έρευνα και πράξη αναπτύσσεται στο πεδίο της άνοιας σε οικιστικά και σε κοινοτικά πλαίσια. Ωστόσο, λιγότερα είναι γνωστά για την επικράτηση και την πρακτική της μουσικοθεραπείας σε πλαίσια νοσηλείας οξέων περιστατικών ατόμων που ζουν με άνοια. Ένα ηλεκτρονικό ερωτηματολόγιο προωθήθηκε στα μέλη του Βρετανικού Συλλόγου Μουσικοθεραπείας [British Association for Music Therapy, BAMT] στο Ηνωμένο Βασίλειο. Πραγματοποιήθηκε περιγραφική στατιστική ανάλυση στα ποσοτικά δεδομένα που προέκυψαν και θεματική ανάλυση στα ποιοτικά δεδομένα. Ανταποκρίθηκαν 15 μουσικοθεραπευτές (12,1 % του συνόλου των μελών του BAMT που εργάζονται στην φροντίδα ατόμων με άνοια). Η πλειονότητα (80%) των συμμετεχόντων είχαν θέση εργασίας σε φορείς του Βρετανικού Εθνικού Συστήματος Υγείας [National Health Service, NHS], και οι περισσότεροι εξ αυτών απασχολούνταν μισή έως μία ημέρα την εβδομάδα σε νοσηλευτικές πτέρυγες οξέων περιστατικών. Από τα αποτελέσματα φάνηκαν ομοιότητες σε μοτίβα τρόπων εργασίας και θεωρητικών προσεγγίσεων, με τη ζωντανή, διαδραστική, οργανική μουσική δημιουργία να χρησιμοποιείται από όλους, και με πολλούς να αντλούν από ψυχοδυναμικές και ατομοκεντρικές προσεγγίσεις για να ενημερώνουν το έργο τους. Στις τεχνικές που χρησιμοποιούνται περιλαμβάνονται το τραγούδι προϋπάρχοντων κομματιών και ο αυτοσχεδιασμός με μουσικά όργανα. Όλοι οι συμμετέχοντες εργάζονταν κατά τη διάρκεια της πανδημίας COVID-19, με μεγάλες διαφοροποιήσεις ανάμεσα στους φορείς του NHS. Οι προκλήσεις και οι θετικές πτυχές της εργασίας κατά τη διάρκεια της πανδημίας περιλάμβαναν την αρνητική επίπτωση στο σωματικό και ψυχολογικό ευ ζην των επαγγελματιών υγείας και των ασθενών, και ένα ενισχυμένο προφίλ των θεραπειών μέσω τεχνών αντίστοιχα. Περαιτέρω έρευνα απαιτείται για να αξιολογηθεί ο αντίκτυπος της μουσικοθεραπείας σε άτομα που ζουν με άνοια σε οξέα πλαίσια νοσηλείας στο NHS και για να υπάρξει ευαισθητοποίηση στο πώς η μουσικοθεραπεία μπορεί να βοηθήσει νοσηλευτικές πτέρυγες ώστε να ανταποκριθούν στις ανάγκες των χρηστών των υπηρεσιών που παρέχουν όπως αυτές ορίζονται στις κατευθυντήριες γραμμές του Εθνικού Ινστιτούτου Υγείας και Κλινικής Αριστείας [National Institute for Health and Clinical Excellence, NICE].

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, άνοια, οξέα περιστατικά νοσηλείας στο Βρετανικό Εθνικό Σύστημα Υγείας (NHS), αξιολόγηση, COVID-19