



Music Therapy and Mental Health Research

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Music therapy is a well-recognised and recommended therapy in mental health. It is included as one of the psychological therapies listed and recommended in the various NICE Guidelines for mental health.

Psychosis

The latest NICE guidelines (2014) state:

“Consider offering arts therapies to all people with psychosis or schizophrenia, particularly for the alleviation of negative symptoms (p. 25)”

Arts therapies (including music therapy) should be provided by a Health and Care Professions’ Council registered arts therapist and be experienced in working with people with psychosis or schizophrenia. This therapy should be provided *“in groups, unless difficulties with acceptability and access and engagement indicate otherwise”* (p. 26). NICE notes that arts therapies for people with schizophrenia or psychosis are cost-effective.

The Cochrane Review of music therapy for people with schizophrenia (2017), found a reduction in negative symptoms and increased social functioning and quality of life, when sufficient number of sessions were provided by a trained music therapist.

Depression

A rigorous randomised control trial (RCT) assessed the effectiveness of individual music therapy for 20 sessions, in addition to standard care versus standard care alone on working-age adults with depression (Erkkila et al, 2011). This found medium to large positive effects for music therapy on depressive symptoms, anxiety, and global functioning at 3-month follow up, post-intervention. This study provided robust evidence for the effectiveness of an intensive programme of music therapy in the treatment of mild to severe depression in adults.

The Cochrane review (2009) into music therapy and depression called for more research in this area as evidence suggested music therapy was associated with improvements in mood.

Post-Traumatic Stress Disorder (PTSD)

Bensimon, Amir and Wolf (2008) report a case study with a group of 9 combat veterans suffering from severe PTSD. After 16 weekly sessions, all participants reported a positive influence on their lives. This included reduced feelings of shame, loneliness and depression, and increased feelings of belonging, acceptance, openness, togetherness, closeness, connectedness, intimacy, hope and optimism. In addition, there was an overall improvement in general wellbeing, and especially increased concentration and reduced trauma-related hallucinations. These results are in line with the desired outcomes of the ‘recovery approach’.

Music therapy and the Recovery Model

With its emphasis on improving participants' quality of life through focusing on strengths, aspirations and potential (McCaffrey et al., 2011), and its flexibility and inherent responsiveness to users' changing needs, music therapy can be seen to be closely aligned with the 'recovery approach' (Grocke, Bloch and Castle, 2008).

This is supported by research into service user feedback. Solli, Rolvsjord and Borg (2013) conducted a meta-analysis and found key themes suggesting that music therapy can provide "*an arena for stimulation and development of strengths and resources that may contribute to growth of positive identity and hope for people with mental illness*" (p. 244).

Dose Response Relationship

A comprehensive and systematic review and meta-analysis of the effects of music therapy in mental health care (Gold et al (2009), showed a strong and significant positive relationship between the number of sessions of music therapy provided for service-users and the improvements shown in their symptoms and functioning, with the effects of music therapy increasing with the number of sessions given.

Reference List

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