



**Title:** Improving Access to Music Therapy for Children and Young People - An Arts Therapies at Cambridgeshire and Peterborough Foundation Trust (CPFT) and Head to Toe Charity Initiative

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## **Description**

The Youth Music Project was an initiative that aimed to address health inequalities by delivering music therapy across children's community mental health. Prior to this pilot project, music Therapy was limited to inpatient settings in Cambridgeshire and Peterborough, neglecting its potential for early intervention. Music Therapists within CPFT's Arts Therapies Service worked with CAMHS community teams to implement music therapy within CAMHS and assess the outcomes.

The project aims were to:

- Assess the impact of children and young people accessing music therapy in the community with both physical and mental health needs
- Pilot an effective delivery model to provide community-based music therapy to children and young people
- Improve communication and joint working with families and clinical community NHS teams
- Provide education on music therapy via continuous professional development (CPD) to relevant clinical teams

- Collaboratively set psychological goals to be met through music therapy
- Evaluate the project using a Patient Reported Experience Measure for children and young people and to collect feedback from families, carers and clinicians

## Context

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) is a health and social care organisation providing services in inpatient, community and primary care settings. The population served is just under 1 million across a diverse geography across Peterborough and Cambridgeshire. The Arts Therapies Service is one of the specialist services within CPFT, which includes music therapy, and provides input for tier 4 children and young person's inpatient settings within CPFT. Central funding for music therapy has not been able to stretch to cover music therapy for CAMHS and Paediatrics in addition to the inpatient settings. However there continues to be a need for music therapy across community settings. A pilot partnership was set up involving the Trust's Head to Toe Charity, Arts Therapies Service and CAMHS and Paediatrics services. This was supported by the charity Youth Music and using public funding from the National Lottery through Arts Council England. The Arts Therapies Professional Lead had oversight to ensure equitable access across services.

Literature and research have shown the effectiveness of music therapy for children and young people with a variety of mental, emotional and behavioural problems, improving self-esteem and communication and reducing anxiety and depression (Porter *et al.* 2017; Belski *et al.* 2022). Music therapy is a treatment for trauma that is understood to be experienced bodily at a preconscious, non-verbal level (Perry, 2014). Perry (2014) states that we need "*patterned, repetitive, rhythmic somatosensory activity,*" to treat developmental trauma and that music therapy can provide this. There is also a body of evidence, cited by Stegemann *et al.* (2019) for the effectiveness of music therapy in paediatric physical healthcare, including physical illness and disability, as well as neurological issues.

There is a lack of literature assessing the effectiveness of music therapy for children in community settings. However, the need for psychological intervention at an early stage has been cited (Worrall Davies *et al.* 2004; Vusio *et al.* 2020). In CPFT, music therapy was only accessible in inpatient units making access to early intervention and its potential benefits impossible. The Youth Music Project was

established to address the health inequalities that existed due to children and young people being unable to access music therapy in a community setting.

## **Method**

Funding for the project was provided by CPFT's official charity, Head to Toe, supported through Youth Music's Trailblazer Fund. The overall purpose of the project was to address the inequality of the availability of music therapy to children and young people within Cambridgeshire and Peterborough.

Three music therapists provided the equivalent of two days per week of time to support the delivery of music therapy across Cambridgeshire and Peterborough. Each music therapist was assigned NHS community teams across different geographical areas to ensure equitable access.

Each music therapist collaborated with their assigned NHS community team to

- Set up clear and ongoing communication channels
- Promote and educate on the benefits of music therapy
- Develop a leaflet and questionnaire to be given to patients and families
- Produce a clear referral process

Safeguarding was met by ensuring that children and young people had an established care co-ordinator in place who was in close liaison with the relevant music therapist.

Each child or young person was given a leaflet and questionnaire to establish collaborative therapeutic working from the outset. The questionnaire gave young people an idea of what music therapy could involve and asked if they would be interested in any specific medium. The therapist used this to inform their approach. This was intended to empower the child and reduce anxiety by offering an idea of what music therapy may involve. It was hoped that this would also increase engagement.

The music therapists contacted families or carers and collaboratively decided whether group or 1:1 therapy would be beneficial. Six weeks of music therapy was initially provided, subject to review. Goals were established between the

therapist and the patient. Progress was monitored throughout by the therapist, patient, family/carers and the multi-disciplinary team.

Prior to and throughout the project, Music Therapists provided educational and experiential workshops to members of the clinical team with the aim of informing them about the potential benefits of music therapy, to help generate referrals, as well as supporting their own well-being. One team chose to use the workshop to write a song to welcome children to their service in many languages.

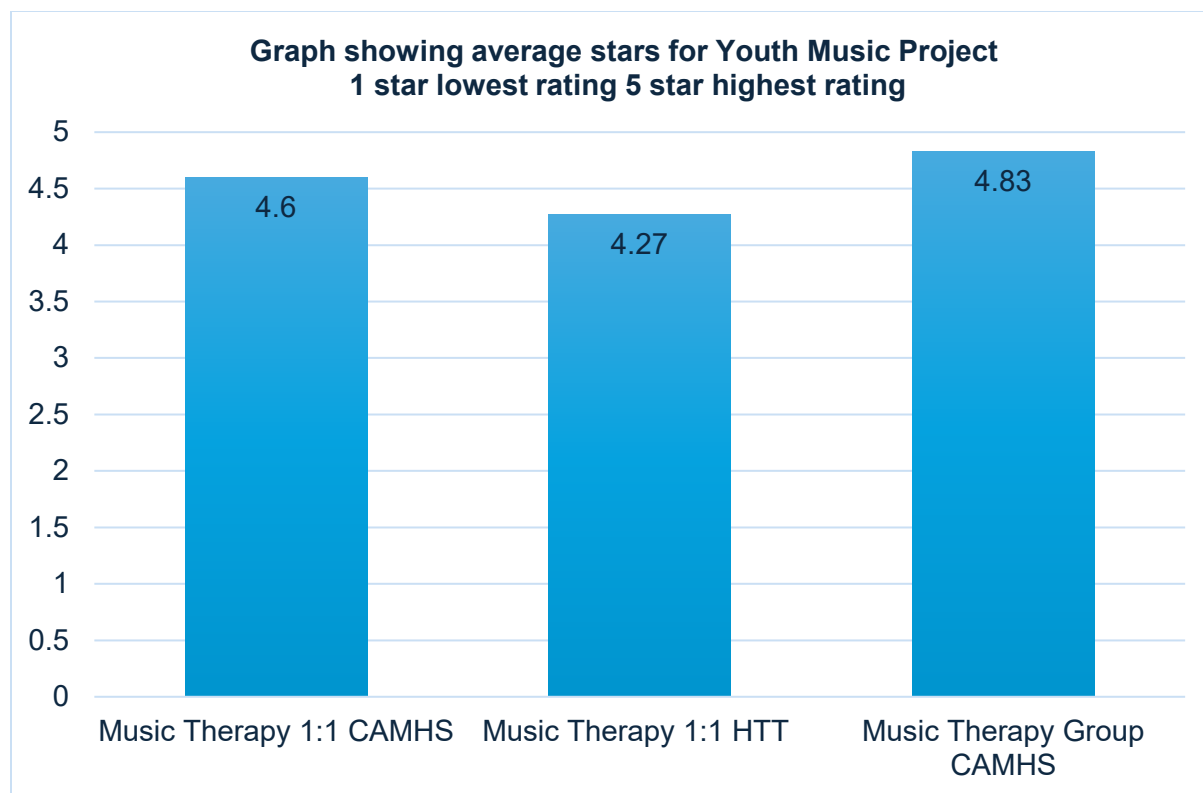
To assess impact, a Patient Reported Experience Measure (PREM) was used after each session. This was a card developed by CPFT Arts Therapists and used throughout the service. The team refer to the “star card”. The star card was filled out by children or their carers. The star card had a star rating from 0-5 and optional comments. This rating system had been found to be effective in the CPFT Arts Therapies service and accessible for children and young people. Some NHS community teams used Children’s Global Assessment Scale (CGAS) which was collected at baseline and end of treatment. Written and verbal feedback from carers and clinicians was collated, much of which came from discussion with key professionals, post session.

Data was collated to monitor reasons for referral, numbers of referrals and the ethnic and gender diversity of children and young people referred. Data, feedback, impact and adaptations needed were discussed at a monthly steering group.

## **Outcomes**

263 1:1 therapy sessions, 13 group sessions and 12 CPD sessions were delivered and evaluated. Key findings were that there is a need for music therapy in community children’s services and that music therapy was particularly effective for children who could or did not engage in other forms of therapy.

The Patient Reported Experience Measure showed that 94.8% of children rated music therapy 5/5 stars. This graph shows the stars given for group and individual music therapy in Core CAMHS and CAMHS Home Treatment Team.



Feedback from young people, families and clinicians about the impact of music therapy sessions was overwhelmingly positive. Collating comments from children, they could be categorised as:

- Having fun
- Learning new music skills
- Learning strategies to support their mental health
- Feeling listened to
- Being able to express their emotions through music
- Completing a composition or song
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#### **Quotes from children, young people and carers**

A child said, *“felt awful coming in, feel less awful leaving...playing music is the way I need help a lot.”*

A carer said, *“Delighted at access to music therapy which increased confidence.”*

#### **Quotes from staff**

*"I see diverse mental health presentations and often there is locked trauma or blocked feelings. In music, children and young people can use sound and rhythm to express how they feel...This is the only CAMHS therapy the YP has engaged with, and they have been open to CAMHS for a significant period of time. Talking therapy and art therapy was offered, but erratic engagement".*

### **Young Person Case Example**

B was a non-verbal girl with complex neurodisability, gut dystonia and pain. She was referred to have music therapy by the community paediatrics team to use music as a means of communication, self-expression and interaction and soothing. Initially, the focus was assessing response to different musical stimuli and establishing a safe space. Repetition appeared to elicit a strong response to improvised music. Dynamics, tempo and melody played by the therapist, were based on B's vocalisations and movements. Initially, the therapist mirrored B's communication cues, but this progressed to the therapist initiating musical cues to assess response. The following song was used in each session, the words being adapted to B's physical and vocal cues. B would show expectation through facial and limb gestures before laughing at certain points of the song. As the sessions progressed, the therapist gained awareness of B's mood and level of stimulation, responding flexibly to calm or engage. In the therapeutic process, echoing vocalisations, while playing a calming melody and mirroring her breathing appeared to have a positive and soothing effect. This was seen with more relaxed body language, arm movements and facial expressions.

Community practitioners said:

*"(Music therapy) has been the single intervention that has been successful for this specific young person who struggled to make sense of themselves due to adverse experiences"*

*"The sessions are truly person centred and have positively impacted not only on the young person but her mother, carers and our staff team. The safe space has given the young person a medium to communicate and express herself and enjoy being in the company of others. It has given her mother space to be a Mum and not a carer and enjoy time with her daughter"*

### **Key learning points**

Overall, it was found that children and families highly rated music therapy in community services, finding that it improved mood, anxiety, confidence and connection. Music Therapy also aided young people in transitioning effectively from inpatient to community care. Star cards were an effective way for children to communicate these thoughts. CGAS provided little information due to it not being used by all services and music therapists finding it difficult to complete because they were required to assess a larger area of functioning than they could observe.

It was found that, for some young people, this was the first time they had engaged with therapy, having refused other CAMHS support. Therefore, once they were engaged and music therapists were able to build relationships, young people often requested more than six sessions. The programme was adapted by offering twelve sessions to most young people which impacted on the number of individuals that could be seen. However, those children and young people accessing music therapy took part in an intensive therapeutic programme, allowing more time to build coping strategies and resulting in a stronger relationship with CAMHS' ongoing support.

It was clear that some services were more proactive with making referrals than others. Meetings were held with less active services to understand why this was the case. Often, staff shortages and pressures meant there was not time to make referrals. This disparity led to adaptations, ensuring that music therapist's time was utilised in other services so that young people were reached. Staff engagement sessions and drop-ins were also set up to raise awareness, build relationships and support their teams in understanding the benefits of music therapy. It seemed that having one or two identified 'champions' within the team who can promote the service at team meetings was an effective way of engaging particular services.

Assessment of data showed that most young people engaging in the programme were female, White British and between the ages of 12 – 15. This data, alongside service data, is being reviewed to plan how to reach a wider group of young people from different backgrounds. This may involve promoting the service in particular geographical areas and raising awareness with staff members around ensuring referrals are accessible and reach more isolated groups.

This project has resulted in many benefits for our organisation and community, some in addition to the project's original aims. We have seen an increased awareness and understanding of the power of music therapy. More teams are coming to us with referrals, and this project has directly led to the development of two new projects to support Children in Care and children and young people on CAMHS waiting lists. It has been shown that this project has equipped patients with skills and strategies that will stay with them for life, and we hope that with continued funding we'll be able to reach more of our community.

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