

the Evidence behind using Music Therapy in Mental Health

Music therapy as an addition to standard care helps people with schizophrenia to improve their **global state and may also improve mental state and functioning** if a sufficient number of music therapy sessions are provided.

Gold, C., Heldal, T.O., Dahle, T., Wigram, T. (2005). Music Therapy for Schizophrenia or Schizophrenia-like Illnesses. The Cochrane Database of Systematic Reviews, 3. Accession: 00075320-100000000-03007 PMID: 15846692

Music therapy significantly **diminished patients' negative symptoms**, increased their ability to converse with others, reduced their social isolation, and increased their level of interest in external events. As music therapy has no side-effects and is relatively inexpensive, it merits further evaluation and wider application.

Tang W, Yao X, Zheng Z. Rehabilitative effect of music therapy for residual schizophrenia: A one-month randomised controlled trial in Shanghai. *British Journal of Psychiatry* 1994;165(suppl. 24): 38-44. PMID: 7946230

Results indicated that music has proven to be **significantly effective in suppressing and combating the symptoms of psychosis.**

Silverman, M.J. The Influence of Music on the Symptoms of Psychosis: A Meta-Analysis. *Journal of Music Therapy* 2003; XL(1) 27-40.

Depressed adolescents listening to music experienced a **significant decrease in stress hormone (cortisol) levels**, and most adolescents shifted toward left frontal EEG activation (associated with positive affect).

Field, T., Martinez, A., Nawrocki, T., Pickens, J., Fox N.A., & Schanberg, S. (1998). Music shifts frontal EEG in depressed adolescents. *Adolescence*, 33(129), 109-116.

Music therapy clients **significantly improved on the Aggression/Hostility scale** of Achenbach's Teacher's Report Form, suggesting that group music therapy can facilitate self-expression and provide a channel for transforming frustration, anger, and aggression into the experience of creativity and self-mastery.

Montello, L.M., & Coons, E.E. (1998). Effect of active versus passive group music therapy on preadolescents with emotional, learning, and behavioral disorders. *Journal of Music Therapy*, 35, 49-67.

Additional References

Burns, J. L., Labbé, E. Arke, B., Capeless, K., Cooksey, B., Steadman, A., & Gonzales, C. (2002). The effects of different types of music on perceived and physiological measures of stress. *Journal of Music Therapy*, 39(2), 101-116.

Cevasco, A. M., Kennedy, R., & Generally, N. R. (2005). Comparison of Movement-to-Music, Rhythm Activities, and Competitive Games on Depression, Stress, Anxiety, and Anger of Females in Substance Abuse Rehabilitation. *Journal of Music Therapy*, 42(1), 64-80.

Hernández-Ruiz, E. (2005). Effect of Music Therapy on the Anxiety Levels and Sleep Patterns of Abused Women in Shelters. *Journal of Music Therapy*, 42(2), 140-158.

Hsu, W., & Lai, H. (2004). Effects of Music on Major Depression in Psychiatric Inpatients. *Archives of Psychiatric Nursing*, 18(5), 193-199.

Jones, N., & Field, T. (1999). Massage and music therapies attenuate frontal EEG asymmetry in depressed adolescents. *Adolescence*, 34(135), 529-534.

Mayers, K. S. (1995). Songwriting as a way to decrease anxiety and distress in traumatized children. *Arts in Psychotherapy*, 22(5), 495-498.

In people hospitalized with schizophrenia, adding music therapy to standard care lead to greater improvement in symptoms than standardized care alone.

Talwar N, Crawford MJ, Maratos A, et al. Music therapy for in-patients with schizophrenia: exploratory randomised controlled trial. Br J Psychiatry 2006;189:405-9.

Q Does music therapy improve symptoms in people hospitalised with schizophrenia?

METHOD

Formula Design: Randomised controlled trial.

Formula Follow-up period: three months (treatment period only).

Formula Setting: Four London hospitals, UK; time period not stated.

Formula Patients:

Eighty one adult inpatients (≥ 18 years old) with a primary diagnosis of schizophrenia or schizophrenia-like psychosis. Exclusions: secondary diagnoses of dementia or organic psychosis.

Formula Intervention:

Music therapy (access to a range of musical instruments and encouragement to express themselves accompanied by a trained music therapist during weekly individual sessions of up to 45 min) plus standard care (access to occupational, social and other activities and nursing care) versus standard care alone for up to 12 weeks.

Formula Outcomes:

Primary outcome measure: symptoms, total score on the Positive and Negative Syndrome Scale (PANSS); secondary outcome measures: satisfaction with care, Client Satisfaction Questionnaire (CSQ); global function, Global Assessment of Functioning Scale (GAF).

Formula Patient follow-up:

85%.

MAIN RESULTS

In people hospitalised with schizophrenia, adding music therapy to standard care lead to greater improvement in symptoms compared with standard care alone at 12 weeks (change in PANSS total score from baseline: -9.00 with music therapy plus standard care vs -2.96 with standard care alone; $p = 0.045$). There was no significant difference in patient satisfaction with care and global function between groups (change in CSQ score from baseline: +1.82 with music therapy plus standard care vs +0.33 with standard care alone; reported as non-significant; change in GAF score from baseline: +4.74 with music therapy plus standard care vs +4.60 with standard care; reported as non-significant).

CONCLUSIONS

Adding music therapy to standard care improves symptoms compared with standard care alone in people hospitalised with schizophrenia. Adding music therapy to standard care did not have a significant impact on overall patient satisfaction with care and global function.

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