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Perceptions of music therapy interventions from inpatients with severe mental illness: A mixed-methods approach

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ABSTRACT

Due to their unique set of symptoms and the way psychiatric facilities are set up to provide treatment, it can be difficult to systematically study the effects of a psychosocial intervention on people with serious mental illness (SMI) in an inpatient setting. The purpose of this study was to obtain perceptions of different music therapy interventions utilizing a mixed-methods approach with psychiatric inpatients diagnosed with SMI. The researcher provided five different commonly utilized music therapy sessions on an inpatient unit. Participants rated an individual music game as the most helpful and a group music game as the most enjoyable on separate Likert-Type Scales. To obtain qualitative data, the researcher conducted an individual interview with each participant after the sessions. Analyses of participant interviews indicated that participants (1) were able to articulate what they had done in the group music therapy intervention, (2) were able to explain the purpose and general group objective of the session, and (3) supported the use of music therapy on the unit. Consistent with the current literature, analyses of qualitative and quantitative data revealed no overt differences between music therapy intervention types. Limitations of the study, generalization caveats, and suggestions for future research are discussed.

Review of literature

Severe or serious mental illness (SMI) is a social concern that demands attention in the United States and around the world. It is a "broad term that is used to separate the 'mad' from the 'sad'" (Dickey, 2005, p. 3). Often, people with SMI require hospitalization regardless of the specific type of diagnosis. Although it would likely facilitate funding and treatment efforts, there is still a vast amount of debate about how to operationally define SMI (Dickey, 2005).

Estimates have indicated that between 20 and 30% of American adults have a diagnosable mental disorder each year and 5.4% have what could be considered a SMI (Kessler et al., 1998). Despite pharmacological advances and evidence-based psychosocial treatments, the census of people with SMI has remained constant (Frank & Glied, 2006). Additionally, because of low social functioning levels due to their intense symptoms, many of these people are homeless or incarcerated. People with SMI have some of the lowest rates of employment of all disability groups and approximately 30% of homeless single adults have a SMI (Burt, 1992; Burt, Aron, Lee, & Balente, 2001; Teplin, 1990). Previous annual costs associated with SMI have been estimated at $79 billion (Rice & Miller, 1996).

Despite advances in technology and treatment, this group remains disadvantaged and stigmatized, even in the United States. Only half of the people treated for schizophrenia received evidence-based treatment (Lehman & Steinwachs, 1998) while 40% of people who had private insurance received treatments for major depression that were ineffective (Berndt, Bir, Busch, Frank, & Normand, 2002).

Treatment for people with SMI has improved considerably from the days when they were hospitalized on the back wards of public mental hospitals and received ineffective and often painful therapies (Deutsch, 1948). Today, many people with SMI are not hospitalized for as long and almost all receive some sort of treatment (Frank & Glied, 2006). They often receive financial assistance through their medical care, in the community and hospital, and through federal insurance programs. Instead of being forced to live in state institutions located far from urban centers, people with SMI often live in communities of their choice.

Psychosocial treatment for patients with SMI can be complex. Music therapy is a commonly used psychosocial intervention for people who have SMI. In fact, most psychiatric music therapists reported working in long-term state operated hospitals (Silverman, 2007) – the type of institution where people with SMI who need long-term care typically receive inpatient treatment. Researchers have found that psychiatric consumers have favorable impressions of music therapy when compared to other types of treatment

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Table 1
Participant demographic data.

Patient #	Sessions attended	Ethnic background	Gender	Number of previous psychiatric admissions	Age	MT in past?	Admission type
P1	1	Caucasian	Female	≤5	23	Yes	Voluntary
P2	1	Caucasian	Female	≤5	55	Yes	Voluntary
P3	1	Other	Male	≤5	30	No	Voluntary
P4	1	Caucasian	Female	≤5	55	Yes	Voluntary
P5	1	Caucasian	Male	1	19	No	Voluntary
P6	2, 3, 4	Caucasian	Male	≤5	57	Yes	Voluntary
P7	2	Hispanic	Female	≤5	31	No	Voluntary
P8	2	African American	Female	≤5	21	Yes	Involuntary
P9	2	African American	Female	1	28	No	Voluntary
P10	2, 4	Caucasian	Male	≤5	44	No	Voluntary
P11	3	Caucasian	Female	2–4	30	No	Involuntary
P12	3, 4, 5	Caucasian	Male	1	24	No	Voluntary
P13	3	Caucasian	Male	2–4	32	No	Voluntary
P14	4	African American	Female	2–4	20	Yes	Voluntary
P15	5	Caucasian	Male	≤5	56	Yes	Involuntary

(Heaney, 1992; Silverman, 2006). Music therapists working with psychiatric patients can utilize interventions such as songalongs, lyric analysis, songwriting, improvisation, instrument playing, and music games to achieve a variety of clinical objectives (Silverman, 2007).

Specifically, a recent study was published concerning music therapy and quality of life in patients with SMI (Grocke, Bloch, & Castle, 2009). The researchers found that 10 sessions of music therapy (including songwriting, singing, and improvisation) significantly increased aspects of quality of life for a group of 17 patients with severe and enduring mental illnesses. However, there remains scant quantitative music therapy research involving people with SMI (Gold, Heldal, Dahle, & Wigram, 2005; Silverman, 2003, 2008, 2010).

It can be especially difficult to conduct research with this population due to their unique and severe set of symptoms. People with SMI may not be able to complete a questionnaire or even provide verbal or written consent to participate in research studies. Furthermore, they may have difficulty focusing during a verbal interview, potentially rendering data invalid and unreliable. To date, the majority of studies that have been conducted concerning music therapy and psychiatric consumers were typically with higher functioning adults who were able to complete written questionnaires (Silverman, 2008). To date, no published psychiatric music therapy study has formally utilized a mixed-methods approach. Due to the combination of quantitative and qualitative results and ability to study the phenomenon from different perspectives, mixed-methods research can be especially insightful (Johnson & Onwuegbuzie, 2004; Rocco, Bliss, Gallagher, & Perez-Prado, 2003). Thus, in an attempt to capture a more complete view of how people with SMT perceive music therapy treatment, the purpose of this study was to obtain perceptions of different music therapy interventions utilizing a mixed-methods approach with psychiatric inpatients diagnosed with SMI.

Method

Research participants

Participants were 15 inpatients on a longer-term non-residential psychiatric unit of a large university teaching hospital in the Midwestern part of the United States. Upon admission, these patients had severe psychotic symptoms and were unable to be placed on a short-term acute care unit. Participants were diagnosed with bipolar disorder, schizophrenia, schizoaffective disorder, or major depressive disorder. Emblematic of most institutions, patient length of stay varied, but typically ranged from two weeks to a few months pending upon symptom severity. Due to the high degree of supervision and care they typically required, patients were normally discharged to a group home or outpatient care. Patients were offered a variety of other programming, such as group and individual therapy, psychoeducation, leisure activities, a movement-based group, along with community meetings each day. Participant demographic information is depicted in Table 1.

Design

The researcher, a Board-Certified Music Therapist with over eight years of clinical experience with psychiatric populations, facilitated a series of five music therapy interventions that are commonly used with psychiatric patients (Silverman, 2007). Interventions are briefly described in Table 2. The order of the interventions was determined randomly. The researcher and unit staff encouraged all patients on the unit to attend the sessions. Sessions were offered during the afternoon for five days and took place in a group therapy room. Sessions were approximately 45 min in duration.

At the beginning of each session, the researcher explained the purpose of the study and explained and attained informed consent. Each music therapy session began with an original introduction song about the therapist and music therapy to orient the patients to music therapy treatment. The researcher then played a 12-bar blues progression where all participants were asked to state their name and how they were feeling. The researcher then facilitated each individual music therapy intervention. At the conclusion of the music therapy session, the researcher facilitated a dialogue on the purpose of the intervention, what the participants had learned or discussed in the session, and how it related to treatment, discharge, and/or successfully living in the community.

Table 2
Music therapy interventions.

Intervention	Clinical objective	Description
1. Individual game	Coping and leisure skills	Rock and roll bingo
2. Team game	Team building, socialization	Team-based TV theme song game (patients against music therapist)
3. Singalong	Self-expression	Patient preferred live music
4. Lyric analysis	Identify supports in hospital and community	Sang "Lean on me" and analyzed lyrics
5. Songwriting	How to facilitate discharge and remain in the community	Composed an original blues song about being admitted to the hospital and skills to remain in the community