Approaches: An Interdisciplinary Journal of Music Therapy
16 (2) 2024
ISSN: 2459-3338
https://doi.org/10.56883/aijmt.2024.63

OPEN ACCESS

APPROACHES

ARTICLE

"There has probably never been a more important time to be a music therapist": Exploring how three music therapy practitioners working in adult mental health settings in the UK experienced the first year of the COVID-19 pandemic

George Chandler
Hive Music Therapy; NHS Tayside, UK

Emma Maclean
Queen Margaret University; NHS Lothian, UK

ABSTRACT

The COVID-19 pandemic has had ramifications the world over, affecting many aspects of life, including mental health and music therapy practices. Due to the recency of COVID-19, there have been few studies exploring its influence on music therapy practice. This study aimed to explore the experiences of three music therapists based in the UK working in adult mental health settings during this period, to provide an in depth understanding of how both they and their practice have been affected. Interpretative phenomenological analysis (IPA) served as the methodology for this study, underpinning the method. Three music therapists participated in semi-structured interviews. Through data analysis, six common themes were identified: "Music therapists experienced initial impacts on their own mental health", "Music therapists are adaptable", "Online music therapy is meaningful", "There may be barriers to online provision for service users", "Feelings differ between music therapists about adopting extra work" and "Music therapy is more relevant now than ever". These themes depict various challenges and opportunities experienced by music therapists, which may have implications for music therapy practice during this pandemic, practice in general, and in the event of future pandemics. With increased mental health challenges in the adult population, music therapy provision in adult mental health settings can play a crucial role.

KEYWORDS

music therapy,
adult mental health,
COVID-19,
pandemic,
interpretative phenomenological analysis

Publication history:
Submitted 13 Sept 2021
Accepted 17 Jun 2022
First published 22 Aug 2022

AUTHOR BIOGRAPHIES

George Chandler is a music therapist practising within inpatient adult mental health for the NHS. Passionate about social and health justice, he recently co-founded Hive Music Therapy – an Edinburgh based not-for-profit community organisation. [george@hivemusictherapy.com]
Emma Maclean is a lecturer in the arts therapies (music), community arts therapies team lead and musician. Research interests include personalising measures, adult mental health, autism, context, collaborative practice, and co-production. [EMaclean@qmu.ac.uk]

Approaches: An Interdisciplinary Journal of Music Therapy | https://journals.qmu.ac.uk/approaches
Publisher: Queen Margaret University Edinburgh | Centre for Person-centred Practice Research
Copyright: 2024 The Author(s). This open access publication is distributed under the terms of the Creative Commons CC BY-NC-ND 4.0
https://creativecommons.org/licenses/by-nc-nd/4.0/

INTRODUCTION

Declared by the World Health Organization as a pandemic on 11th March 2020 (Ghebreyesus, 2020), COVID-19 has resulted in a global "pandemic of respiratory illnesses" (Sauer, n.d.). This paper explores the experiences of three music therapists working in the field of adult mental health in the UK during the first year of the pandemic. COVID-19 has caused major consequences throughout the world – at the time of writing (February 02, 2022) there have been 5,688,009 reported deaths worldwide and 157,404 in the United Kingdom (UK) that have been attributed to COVID-19 (Johns Hopkins University, n.d.). This pandemic has resulted in school and university closures, the compulsory use of personal protective equipment (PPE), restricted access to healthcare, social distancing, and travel limitations (Mucci et al., 2020).

As a second-year music therapy student based in Scotland, the first author's final practice placement during the pandemic was at a psychiatric hospital, where the experiences of qualified practitioners within adult mental health settings throughout this period sparked curiosity. This led to a desire to gain a richer understanding of how the pandemic was affecting practice across the UK, where he was hoping to register as a music therapist. According to the British Association for Music Therapy, 372 music therapists in the UK state they work in the mental health sector (U. Aravinth, personal communication, August 10, 2021). Prior to 2020, researching music therapy in relation to a pandemic would have been unimaginable and at the time of writing there was no study that specifically examined the relation of COVID-19 to practices in adult mental health settings.

Music therapy in adult mental health settings

This section aims to provide some context of common music therapy approaches in adult mental health settings. Globally, music therapists have begun to highlight a shift away from traditional symptomatologic, deficit-oriented approaches to mental health towards promoting positive mental wellbeing and systems that foster empowerment for service users (Ansdell & Meehan, 2010; Heiderscheit & Murphy, 2021; McCaffrey, 2016; McCaffrey et al., 2018; Silverman, 2019; Solli & Rolvsjord, 2015). A human-rights-based, recovery-oriented approach to mental health is advocated by the World Health Organization (2018) and underpins public mental health care in Scotland (Scottish Government, 2017). In music therapy, integrating a recovery approach recognises service users' abilities as experts by experience to engage in more personal approaches (McCaffrey & Edwards, 2016; Solli et al., 2013). Resource-oriented principles (Rolvsjord, 2004, 2010; Rolvsjord et al., 2005) are becoming more commonplace in music therapy in adult mental health settings (Ansdell & Meehan, 2010; Hannibal et al., 2017; Mössler et al., 2012; Solli & Rolvsjord, 2015) and seem particularly relevant to recovery-oriented practices (McCaffrey et al., 2018). Instead of only highlighting what limits an individual, there is a focus on what the person can do. In criticism of recovery approaches in general, Rose (2014) argues that recovery is a social and relational process, and that we still have a long way to go to move away from individualising distress. If recovery is relational (Price-Robertson et al., 2017; Thompson, 2020) and promoted through reconnecting people with their own communities (Edinburgh Thrive, n.d.; Jackson, 2015), what would this look like alongside public health restrictions imposed by a pandemic?

In the UK, music therapists are regulated by the Health and Care Professions Council (HCPC) to ensure that therapists practice "safely and effectively" and understand various approaches to practice (HCPC, 2018). It is recognised that psychodynamic music therapy is commonplace in adult mental health settings in Europe (Carr et al., 2012; Erkkilä et al., 2011; Moe, 2002; Strehlow & Piegler, 2007), which traditionally focuses on the internal, intrapersonal world of individuals (Kim, 2016). More recently, however, arts-based approaches to mentalisation-based therapies (Bateman & Fonagy, 2016; Verfaille, 2016), have renewed focus on interpersonal and broader epistemic trust (Fonagy et al., 2017). Alongside this, community music therapy programmes have established an important role in their emphasis on social inclusion and building social capital (Ansdell & DeNora, 2016; Baines, 2003; Baines & Danko, 2010; Carr et al., 2012; Procter, 2011). Groups predominate as the most common form of music therapy provision within inpatient psychiatric settings (Carr et al., 2013), and may often be attended on a drop in, short-term basis. We sought to explore how the pandemic might influence practitioner choices and ongoing service developments.

The COVID-19 pandemic

Mental health: demand and resources

The effects of the pandemic have resulted in a greater number of adults struggling with their mental health in the UK (Jia et al., 2020; Pierce et al., 2020). The key non-pharmaceutical interventions in the UK to slow the spread of COVID-19 have been social distancing and social isolation (Williams et al., 2020) often to the detriment of mental wellbeing (Mucci et al., 2020). Leigh-Hunt et al. (2017) and Wang et al. (2018) demonstrated, through systematic reviews, that people who perceive themselves as lonely and lacking in support are likely to have poorer mental health. Jia et al. (2020) showed that levels of anxiety, stress and depression, within four to six weeks of the introduction of social distancing measures in the UK, vastly surpassed previous averages. They noted that people more likely to experience all three of these conditions were females, those younger in age and persons in a COVID-19 risk category. In addition, those in low-paying or inconsistent jobs were likely to experience worse mental health (Williams et al., 2020).

Furthermore, globally, disruptions to mental health services have been prevalent in 93 percent of countries (World Health Organization, 2020). In the UK, many therapies moved online, followed by a drop in nearly a third of all referrals to talking therapies and a spike in the increase of antidepressant prescriptions in England (Duncan & Marsh, 2021) and Wales (Ballinger & Jennings, 2021). Despite this drop in referrals, there is an evident increased need for provision. Inpatient mental health beds in England have reached their capacity (Royal College of Psychiatrists, 2021) and the Centre for Mental Health predicts that roughly ten million people in England alone will need new or additional mental health support in both the short and long-term (O'Shea, 2020).

Music therapy during the pandemic

Many music therapy settings restricted in person work (Cousins-Booth & Rizkallah, 2020). For music therapists, the pandemic required flexibility (Barrington, 2020), resilience (Forrest et al., 2021), and a need to be reflective, responsive and adaptable (Cousins-Booth & Rizkallah, 2020). Where in person

work has continued, music therapists have had to adhere to local regulations, including the wearing of personal protective equipment (PPE), such as facemasks, and have had to maintain social distancing in sessions (Forrest et al., 2021; O'Brien et al., 2021). Relative professional bodies, such as the British Association for Music Therapy (n.d.) and the American Music Therapy Association (n.d.) continue to update specific guidance and resources for practitioners during the pandemic.

It appears that music therapists have adopted new models of online practice to enable continuity within COVID-19 restrictions (Gaddy et al., 2020). In the United States, around 70 percent of practitioners have moved to alternative service delivery, with online means being the most utilised in this category (Gaddy et al., 2020). Music therapists have had to be innovative during this period (Forrest et al., 2021); this is evident in the curation of digital content that service users can access without their therapist. Knott and Block (2020) outlined a "three-tiered scaffold model" (p. 152) consisting of curating online resources from extant material, creating original content, and implementing telehealth; the first two of these produce content that service users can access in the absence of a music therapist. Examples of original content may comprise pre-recorded content for service users to access through online platforms, such as YouTube (Forrest et al., 2021; Knott & Block, 2020). This raises questions about the relational aspects of therapy and the need for further research into the balance between 'in the moment' therapeutic relationships, such as in person work and telehealth, and pre-curated digital programmes for service users to access in the absence of a music therapist.

Online music therapy practices may expand access to provision, and it has been highlighted that increased accessibility for service users living in remote areas may continue after restrictions end (Baker & Tamplin, 2021; Cole et al., 2021). Advantages of remote working extend to "time management benefits" (p. 13) for music therapists, such as the lack of travel time and resetting the music therapy room for each client (Baker & Tamplin, 2021). Online music therapy groups may provide an opportunity for social engagement during this period of enforced separation (Molyneux et al., 2020; Thompson & Khalil-Salib, 2021). Whilst the ability to continue to be able to provide music therapy provision remotely has been deemed positive (Annesley, 2020b; Cole et al., 2021; Kantorová et al., 2021), Molyneux et al. (2020) note that having established therapeutic relationships before online working commences may facilitate an easier transition. However, this may also be due to the lack of training previously available in relation to working online.

Potential issues with online music therapy include a "severely compromised" (p. 401) ability for live music making in an online context (Clark, 2021), a reported drop in contact hours with service users, frustration in using online services, and the unsuitability of platforms for interactive relationships (Gaddy et al., 2020). During this period of enforced separation from others, relational connectedness between people remains imperative (Thompson, 2020). However, there may be reduced spontaneity in an online environment (Kantorová et al., 2021), which, with heightened demand for turn-taking, may inhibit relational capabilities (Clark, 2021; Cole et al., 2021). Therapist exhaustion in maintaining service user engagement through digital platforms may also be prevalent (Baker & Tamplin, 2021), and it may be difficult to sustain engagement with service users (Forrest et al., 2021). There is also the potential for latency issues on online platforms (Annesley, 2020a, 2020b; Baker & Tamplin, 2021; Cole et al., 2021; Forrest et al., 2021; O'Brien et al., 2021) and issues with audio quality due to the technical restrictions of online platforms, such as Zoom (Forrest et al., 2021). O'Brien et al.

(2021) describe some steps taken to reduce poor audio quality, such as the therapist using a condenser microphone and audio interfaces, in conjunction with supplying service users with good quality speakers. Due to the challenges of online music therapy potentially restricting synchronous music making (Cole et al., 2021; Molyneux et al., 2020), telephone sessions may be of benefit (Annesley, 2020a) as they can be "useful for working in real-time" (Gaddy et al., 2020, p. 163).

Study aims

Considering these contextual factors, the aim of this study was to provide an in depth exploration of the unique experiences of three music therapists in relation to their practice in adult mental health settings during the span of approximately a year (from the beginning of the pandemic until the time of interviews in February 2021). The following research question underpins this paper: *How have music therapists experienced their practice in adult mental health settings during the COVID-19 pandemic?*

METHOD

Research approach

This research was situated within an interpretivist paradigm. It is the authors' belief that the nature of being a person is relational and impacted by social, political, and cultural contexts. We recognise that there are multiple realities and believe that knowledge of a phenomenon can be created by getting closer to and making sense of different complex experiences. Throughout the study, both authors were practising music therapy within mental health contexts; the first as a student learner on an acute admissions ward and the second as a registered professional in community contexts. As we were simultaneously making sense of our own experiences within a pandemic separate to this research, it was important for us to find spaces to reflect on our ongoing personal learning. Keeping an awareness of this helped focus discussions and get closer to how *each of the three participants* interviewed in this study were making sense of the impact of the pandemic on *their* practice. The first author was engaged directly with participants, whilst the supervisory process, as part of a master's level programme, provided a space to consider assumptions and different perspectives.

Interpretative phenomenological analysis (IPA) was the methodology chosen for this study. IPA is an established qualitative approach in exploring service user perspectives in adult mental health settings (Ansdell & Meehan, 2010; McCaffrey, 2018; McCaffrey & Edwards, 2016; Solli & Rolvsjord, 2015), but has also been used to explore the experience of music therapists themselves (McCaffrey, 2013), including those practising in adult mental health settings specifically (Gavrielidou & Odell-Miller, 2017). These studies have provided numerous valuable themes and insights which has furthered an understanding of how participants make sense of their own experiences.

In this study, we followed the steps for IPA outlined by Smith et al. (2009). As a methodology, it has three main philosophical underpinnings: phenomenology, hermeneutics and idiography. Phenomenological research is concerned with how we can study lived experience (Smith et al., 2009) and the specific meanings that those experiences encompass (Finlay, 2011). Hermeneutics relates to the interpretation of a particular lived experience, as opposed to solely describing the experience (Finlay, 2011). In IPA, a "double hermeneutic" is initiated (Smith & Osborn, 2015, p. 26); in essence, the

researcher attempts to make sense of what the participant is trying to make sense of, whilst staying based in the research data (Finlay, 2011). The presence of a double hermeneutic can add a layer of further sense-making to this new experience, allowing for researchers to question and be curious about their own assumptions whilst getting closer to other perspectives. Idiography refers to "the description and understanding of an individual case, as opposed to the formulation of nomothetic general laws" (American Psychological Association, n.d.) and, therefore, focuses on the specific accounts of each participant (Smith et al., 2009). Applying the sentiments of these three terms to this paper, IPA is used to interpret the particular lived experiences of three music therapists working in the field of adult mental health during the first year of the COVID-19 pandemic.

Other qualitative methodologies, such as grounded theory (Bensimon, 2020) and other interpretivist approaches (Silverman, 2019), have been used to explore music therapists' perspectives in mental health settings. IPA was chosen over other qualitative methodologies for two prevailing reasons: its attempt to understand single phenomena through participant experience – the climate of COVID-19 has been a new experience for music therapists to adapt to; and its use of a double hermeneutic, which would require reflexivity in the process of sense-making in relation to the contexts and discourses of both researchers and researched. Prior to the study, ethical approval was granted by the Cross-Divisional Ethics Panel at Queen Margaret University, Edinburgh.

Participants

Because of its in depth idiographic stance, IPA employs the use of purposive sampling of a small group of participants (Smith et al., 2009). Participants were purposively sampled to ensure they had the lived experience of practising as a music therapist during the COVID-19 pandemic. To be eligible for this study, participants had to: 1) be a UK-based music therapist; 2) be registered with the Health and Care Professions Council (HCPC); 3) have experience working in the field of adult mental health during the COVID-19 pandemic. Participants were recruited from the UK in order to inform music therapy training approved by the HCPC, and to identify adaptations to approaches traditionally taught in HCPC approved courses in the UK. Participants' contact details were obtained through the British Association for Music Therapy. Participants were first contacted with a brief description of the project in January 2021. After expressing interest, they were asked to read the participant information sheet, were given the opportunity to raise any questions or concerns, and were then asked to sign the consent form. Three music therapists working in the field of adult mental health – "Christine", "Paula" and "Eric" – were recruited. Three participants were recruited for several reasons: Smith et al. (2009) recommend a sample size of three for master's-level research because it allows for a "micro-analysis of similarities and differences across cases" (p. 52); existing IPA studies exploring music therapist perspectives have used very similar sample sizes (Gavrielidou & Odell-Miller, 2017; McCaffrey, 2013); and this was the number deemed appropriate in order to gain enough rich descriptions from the participants. Saturation was not reached with this sample size, but we agreed that it could still generate data that could lead to questions for further research and practice development. Information about the participants is shown in Table 1. Due to ethical constraints, we are unable to reveal who has been engaged in private and public practice – all participants were giving personal opinions and not those of an organisation.

Name	Years practising in adult mental health settings	Main philosophical orientation
Christine	3	Psychodynamic
Paula	12	Psychodynamic
Eric	17	Various

Table 1: Participant information

Data collection

The first author conducted semi-structured interviews with the three participants over Zoom in February 2021, almost a year after the World Health Organization declared COVID-19 a pandemic (Ghebreyesus, 2020). Interviews lasted between 40 and 55 minutes. The interview guide (Appendix 1) consisted of eight questions and was designed to explore the context of the lived experience of the participants. The second author screened the interview questions to ensure relevance to the research question, and two mock interview runs were conducted with music therapy students prior to the participant interviews. Phenomenological interviews aim to explore the participant's life-world and the meaning that they attribute to this, through encouraging precise descriptions with a focus on specific situations, whilst the interviewer adopts a naïve stance (Brinkmann & Kvale, 2015). Instead of being bound by the questions, the interviewer acted flexibly, probing specific themes that arose and supporting each participant to discuss the topic openly (Hinton & Ryan, 2020). At the end of each interview, participants were asked if there was anything else that they wanted to discuss on the subject matter that may not have been covered in the interview. Interviews were transcribed verbatim at a semantic level, meaning that features, such as laughs and long pauses, were included in the transcript.

To further the trustworthiness of the study, contact was maintained with the participants following the interviews. Once interviews were transcribed, participants were sent their transcripts. This was for two main reasons: to reassure them of the data collection process, and to give them the option to make amendments to their responses if desired. No such changes were made to the transcriptions because of this. Participants were sent a draft version of this article prior to publication so that they could check the findings. This resulted in amendments to the discussion section of this paper.

Data analysis

Data analysis was grounded in the steps outlined by Smith et al. (2009). This stage of the research initially involved exploring the interview transcripts independently of one another. The transcripts were entered into a table in a Word document with two columns on either side of the text. Firstly, a process of multiple readings of the transcript was undertaken, followed by initial exploratory comments carried out on a descriptive, linguistic and conceptual level, in order to start developing interpretations. Emergent themes within each transcript were then developed by focusing on the exploratory comments, as opposed to the interview transcripts, and by then turning these comments into concise

themes. The exploratory comments and emergent themes were noted in the columns next to the transcript. After this, connections across these emergent themes were developed within each transcript. Identified themes were grouped into superordinate themes through a process of abstraction, whereby themes were grouped "like with like" (Smith et al., 2009, p. 96) and new names for these groups were created. These processes were repeated for all three interview transcripts after which the process of connecting themes across each interview transcript was conducted by looking for patterns and similarities between cases. Both authors had access to the transcripts and data analysis. Supervision proved valuable for this stage. The second author ensured that data analysis remained grounded in the interview transcriptions; this allowed for reflexivity and framed curiosity by providing a communicative space where initial assumptions could be challenged and different perspectives explored.

FINDINGS

Superordinate themes from each transcript were grouped into six common themes across the participants. Respecting the idiographic focus of IPA, each theme is presented in a narrative form, comprising verbatim accounts from each participant and additional interpretations. The accounts of all three participants contributed to all six of the themes in some capacity. As participants did not voice the gender that they identify with, and as a means of being more inclusive, the use of singular 'they' and 'their' pronouns has been adopted for the participants.

Theme one: Music therapists experienced initial impacts on their own mental health

Upon describing their practice at the start of the COVID-19 pandemic, the three participants spoke of the initial impacts on their own mental health, which included feelings of anxiety and dejection. Christine described how this affected their own self-perceived ability to practise as a music therapist:

> Christine: Everybody was panicked and, erm, it was very difficult at that point to feel like I could be an adequate therapist because I didn't feel like I was coping, and I don't think anybody felt like they were coping, and nobody really understood what on earth was going on.

Here Christine likened their own inability to cope to a collective, societal inability to do so. By making this connection, this perhaps evoked a sense of comfort in knowing that this was a widespread feeling and that they were not alone. Through their own therapy, Christine was able to understand the intense anxiety that they were experiencing at the start of the pandemic:

> Christine: He was, you know, he was able to, err, facilitate me thinking quite early on that actually I was, I was feeling very, very anxious about all of this and I really took the rules very, very seriously, well I still do take the rules very, very seriously.

Christine highlighted their own initial psychological distress in emphasised terms. They implied a potential link between their anxiety, having to follow the rules, and the consequences of what would happen if they did not.

When recalling the early stages of the pandemic, Paula sometimes paused and used distinct terms, such as "fear" and "panic" to describe their own emotions and those prevalent in society. Paula made note of the heightened sense of death in wider society and expressed their own inability to work as a therapist in the climate created:

> Paula: There was very much a split, a divide in the team of some of us who decided that it really wasn't safe to be working, that it wasn't safe to go on to the wards, wasn't safe to carry instruments on to the wards . . . The fear of death, which is still around, but the fear of death, erm, was so, erm [pause], err, intense . . . It was a constant, erm, panic. Really heightened sense of panic and fear and, erm, and you can't work as a therapist like that. That's not, erm, therapeutic.

Here the image of a divide in Paula's team insinuated conflict over what was deemed safe and what was not. Paula's perception of safety, perhaps perpetuated by what was happening in society with "the fear of death", culminated in this honest reflective conclusion: the environmental challenges were so intense they felt unable to practise as a music therapist.

For Eric, the initial psychological impacts of the COVID-19 pandemic partially manifested in dejected feelings:

> Eric: I think working with people who are really quite distressed, troubled, very isolated, lonely, all the things, all the reasons why people from the mental health community come to therapy in the first place, you know. Erm, I found at the beginning, yeah, it wasn't difficult to feel rather hopeless.

Eric seemed to make connections between their own dejected feelings and the extant individuals in the mental health community they were working with at the start of the pandemic. Eric appeared to show concern for these individuals and conveyed an almost sense of powerlessness through these "hopeless" feelings. Eric's reference to "at the beginning" implied that a change of feeling had since occurred.

Theme two: Music therapists are adaptable

Despite these initial psychological impacts, each participant adapted their practice by offering remote music therapy in adult community mental health contexts. Paula made the decision to stop travelling to work, citing government advice:

> Paula: Then I think there was the announcement from the government that said, you know, "everyone should work from home" . . . So I also then put a halt on my groups and made the, the decision to not go into work, to work from home and shift things to – well I didn't think it would go on for that long so just to, you know, not go in . . . This obviously caused, err, some friction at work.

Here Paula noted that their decision to "work from home" came from guidance provided by the UK government in contrast to what their workplace believed should be happening. This seemed to convey a sense of conviction in Paula's thinking. Paula's hindsight, of not knowing the initial length that this would last for, implied they may not have made this decision had they known. Despite this, Paula then adapted their own community group "to go online".

For Christine and Eric, these adaptations required a re-evaluation of how to therapeutically be alongside service users. Christine spoke of having to learn to adapt to the online feel of practice:

> Christine: You don't have the non-verbal cues and you don't have the energy of someone in the room with you. Erm, so you don't really know what they're like until you can kind of [sighs], you can feel their aura? The atmosphere of them around them? . . . What I do, when I, when I want to, when I have an idea of what's going on for somebody but I'm not entirely sure, I just kind of go "I wonder what you think about this idea" and then say that, and then that gives them a more overt opportunity to be like "yeah, that is what I'm talking about" or "no, I don't think you're quite on the mark".

This adaptation to a lack of in person "atmosphere" implied the depth of effort in readjustment that had to occur, which, for Christine, included being explicit in stating what they were feeling to service users. This seemed to depict a need for greater verbal clarity, not present prior to remote working. Similarly, Eric spoke of how they "generally had to be more explicit about what I was feeling, what I was thinking" in their practice. The adaptation to online work also included an adjustment to the relational aspect of music therapy for Eric:

> Eric: At the heart of that relationship is that sense of, of who you are within this relationship and who your client is, and, and what that relationship, the dynamics of that relationship within the sort of therapeutic alliance . . . It's just very different online . . . At the beginning I probably thought it was going to be too difficult, I don't know, did I? Maybe. Well, I've learnt that it works, it can work, but it's, you just work it differently.

Eric's multiple references to the "relationship" seemed to insinuate the importance of the interpersonal aspect of their own practice. They conveyed a certainty of the relational ways of working before the pandemic within the "therapeutic alliance". Perhaps because of this seeming certainty, Eric found it challenging to adapt. Eric's adaptation of overcoming what they thought may be "too difficult" conveyed the perceived enormity of the task.

Theme three: Online music therapy is meaningful

It was apparent from all three participant accounts that meaningful engagement is possible in an online context. Eric mentioned the value of songwriting as a specific music therapy technique:

> Eric: The one that really works is songwriting because I can have a very, err, interactive musical, err, session with a client. Err, where we are both, where we can, where I'm kind of holding a, a musical creative, erm, yeah, conversation, dialogue.

Eric seemed to imply that songwriting may be more suitable for the online encounter than other techniques. Through Eric's words, such as "conversation" and "dialogue", Eric communicated that collaborative and spontaneous musical experiences were possible between therapist and service user in this capacity. Eric also highlighted the importance of reflecting on the context with service users:

> Eric: We were able to talk about, err, the experience of working together more . . . We used the context of, of the work to, erm, in its own way to kind of be one of the, err, ways of opening up the discussions that we were having. So it was quite helpful in the end.

This joint reflection on the "context" of the work appeared to have facilitated valuable discussions within therapy, perhaps even providing a necessary function to reflect on the therapeutic process. Eric may have been referring to the "context" of their relationship or the wider context of the pandemic in this sense. Like Eric, Christine used the context of the work to situate their practice:

> Christine: One of the advantages of still being able to make some form of music remotely, is that, erm, you do get some sort of connection in that way, a very direct connection, and you can also experience its frustrations and, and the particular way in which those frustrations manifest for each patient, and so that, that again is grist for the mill and you can talk about it.

Here Christine appeared to explain that even the challenges of remote work could provide meaningful content. The fact that manifested "frustrations" were perceived as something to "talk about" suggested that perhaps the unique online context of the work had facilitated a deeper meaningful exploration of these feelings that had surfaced.

Paula spoke of the meaningful similarities between in person groups and online music therapy groups:

> Paula: I think that, the, the way people operate in groups anyway was, was still there on, on, erm, the online platform . . . And what's happening visually, because it might be the same, well someone's always late, you know to an online group. You know, and they're always late to an in person group . . . The ambivalence that might be there. I think all those things you can work with as well online and thinking about the countertransference as well.

Paula's connections between the "in person" and "online" group suggested traits of service users were observable in both contexts. The description of the presence of "ambivalence" and their own ability to reflect through their "countertransference" conveyed the depth of meaningful human emotional experience that still existed online.

Theme four: There may be barriers to online provision for service users

Paula, Eric and Christine spoke of how some service users in certain population groups in the mental health community were not able to access online music therapy provision. A barrier to online music therapy for some of Paula's service users was their inability to afford access to an internet connection:

> Paula: People didn't have the data, they didn't have network coverage. They couldn't, they just couldn't, they had no way of doing it, and that I think was the biggest thing and that needed addressing. Well, I suppose that's the other thing, that amplified the inequality . . . Unless that's addressed, the other things aren't gonna change.

Here Paula's description of people who "had no way" of accessing online music therapy depicted the hopelessness of some service user's ability to do so. Paula conveyed just how important they felt it was to address this and suggested an inequity in the ability to access online provision.

In Christine's private practice, monetary problems for service users, due to economic fallout from the pandemic, meant that some service users could no longer pay for music therapy:

> Christine: We had quite a number of people, especially over the summer that just finished quite suddenly, it was quite a few sudden terminations because of quite drastic financial issues, because people had been on furlough and then the money, and then they came off it and the money ran out . . . So we had quite a proportion that ought to have continued a bit longer and then just couldn't.

Christine's use of striking words such as "sudden" and "drastic" depicted an immediate halt in being able to access therapy. They cited the change to the UK government's furlough scheme as the reason for this, implying that political decisions had been the cause of these barriers. In addition to the above extract, Christine noted that to try to tackle this perceived problem, they try to "subsidise as much as possible" to improve accessibility.

Eric implied that a barrier to online provision for some members of the mental health community might be a move to online music therapy itself:

> Eric: I think that some of the people that have suffered the most in the last twelve months are people who are part of the mental health community. Their greatest enemy was to be alone, to be isolated and, err, and they were told that that's what they had to do.

Here Eric conveyed the need for in person contact for the extant mental health community. Eric's notable use of the term "greatest enemy" to portray isolation, depicted Eric's own perceptions of the severity and threat of stopping in person services, potentially implying that consequential mental health difficulties may arise because of this. Eric additionally gave an example of their own perceived need for "exceptions" to online practice during this time:

> Eric: One of my clients, his partner died within the first couple of weeks [of lockdown] . . . He was absolutely traumatised by this and there was no way I could work with him online. So there is a, there's a Victorian park not far from where I live and, and I met him every week in the bandstand. And we were pretty much the only people in the park to start with, and so we'd both show up with our flasks of coffee and stand twenty feet away and I'd do my best to support him in that way . . . There would always be exceptions where you, you think "you know, I'm really gonna have to try and do this".

In Eric's recount of how they met with a traumatised service user in their local park, it is perhaps interesting to note that Eric implied this as being outside their own capacity as a music therapist, yet the meeting took place in a bandstand, a location symbolic of music. Eric communicated that some perceived barriers could be overcome during this period.

Theme five: Feelings differ between music therapists about adopting extra work

Each participant discussed adopting extra work throughout the pandemic with varying views of how they felt about doing so. For Eric, additional work took the form of providing voluntary music therapy for frontline healthcare staff, which seemed to evoke conflicting feelings:

> Eric: I very willingly volunteered . . . I'm delighted to do it . . . I'm defending myself before I say what I'm going to say [Eric laughs] I notice. But, yeah, I absolutely am, am committed to doing everything I can to help, but, erm, but no one is offering free therapy to the existing mental health community.

Here Eric seemed to convey their own underlying concern about the disparity between the free provision that they were providing in this instance and the lack of free provision for the extant mental health community. Despite "defending" themself, Eric seemed to advocate for the need for music therapy for frontline workers, hence their actions of volunteering for this service.

Christine felt "quite strongly" about adopting their own additional voluntary work, providing a support service for frontline workers:

> Christine: We both felt, erm, quite strongly that we wanted to, erm, offer our skills in this way . . . So it was three sessions per person and it wasn't therapy, we were very explicit it wasn't therapy, it was an acute listening ear . . . Erm, it was actually quite taxing, it was very, the calls were really, really difficult because, because staff really, really were not coping.

Christine seemed to talk about this additional work as almost being their sense of duty by feeling "quite strongly" about offering this service. This is emphasised as being outside of their capacity as a music therapist, potentially communicating Christine's belief that this was a more appropriate form of support to meet people in this instance. Christine's concluding repetitions of "really" depicted the

psychological impact that the work had on them, and their reference that "it was actually quite taxing", may imply that they were surprised by this.

Paula spoke of their extra role of being that of a care coordinator for their service users with mental health conditions during the pandemic:

> Paula: We became more like, erm, care coordinators and, and because a lot of the, because of all the cuts, erm, all those posts had been cut, so there weren't enough care coordinators in the community . . . So therefore we were stepping into something that, erm, wasn't our role . . . When I got myself caught up in making sure people had their food parcels, or you know, it became really something different, erm, and, and, erm, you know, wrong as well.

In contrast to Christine's and Eric's additional roles, Paula's appeared to be one that was necessitated by their workplace, citing "cuts" as their reason for adopting this role. Paula's position on this extra role and their moral objections are clear, in defining it as "wrong".

Theme six: Music therapy is more relevant now than ever

Christine, Paula and Eric emphasised the relevance of music therapy in adult mental health settings at the time of their interviews in February 2021 and in the imminent future. However, each participant spoke cautiously highlighting a dichotomy between what they hoped versus what they expected services could look like, depicting their experiences of threatened potential cuts. Christine highlighted their own perceived need for more music therapists:

> Christine: It's [music therapy's] gonna be one of the first things that gets cut . . . We need more PR [public relations] and we need better research. Better PR, should I say, and better research . . . Some of this also is, is gonna be bringing in more music therapists. Erm, and a, and probably a wider variety of music therapists as well, although that's gonna be difficult as music's being priced out of the curriculum. It's so systemic, a lot of this stuff, like how do you begin to think about it? How do you begin to make changes? We have to do it . . . You can't, can't shy away from this sort of thing. Just because it's difficult, doesn't mean you shouldn't try.

Here Christine spoke of the need to communicate the work of music therapists to the wider population, and advocated for a greater amount and greater variety of practitioners. Christine contrasted this with perceived "systemic" issues in British society surrounding music education. Their rhetorical questions arising from these contextual "systemic" issues conveyed the gravity and difficulty of advocating for music therapy in adult mental health settings, and perhaps the need for developing a more diverse workforce. By stating "you can't shy away from it", Christine believed that this is a problem that the music therapy community must tackle. There was perhaps even a sentiment of urgency in Christine's words, due to their prediction that music therapy provision will be "cut".

Paula also expressed the need for music therapy and the potential that services would be reduced:

> Paula: Erm [pause], I think we need to be, I think we need to be wary of, of what might be happening and how COVID might be used, erm, for cuts, for changing how people work . . . I think working with music therapy is such a, on so many different levels, erm, can be such a profound experience . . . I think in adult mental health there's a massive need for all of the arts therapies. Erm, and arts and health.

Paula spoke in suspicious terms of potentially needing "to be wary" of cuts, justified by COVID-19, to provision, in contrast to their perceived demand of the arts therapies in adult mental health services. By highlighting the "profound experience" of music therapy, Paula conveyed the depth of emotional work that can be achieved and thus the need for the provision.

Eric spoke of the increased need for the availability of music therapy:

> Eric: There has probably never been a more important time to be a music therapist . . . There's probably never been a time when more of us have been needed, and, err, and there are more opportunities, err, now than ever before for us to be really helpful. Erm, and, err, and I absolutely believe that . . . So if the government is gonna pour billions into mental health support, then I hope and pray that it does so, fully conscious and aware of where that money needs to go.

Eric's powerful opening highlighted their perceived need for music therapy now and in the imminent future. The wording of "hope and pray" conveys almost a sense of desperation that mental health funding is directed to Eric's perceived correct sources, and perhaps an inbuilt fear that it will not be.

DISCUSSION

The findings convey a variety of experiences of three music therapists working in adult mental health settings during approximately the first year of the COVID-19 pandemic. As outlined previously, both authors were also practising in adult mental health settings during the beginning of the pandemic. This section will bring together our understanding of the findings alongside our own ongoing experiences of practice, research, and education.

Participants shared ways that their own mental health was affected at first. Sentiments, such as "panicked" and "hopeless", echoed the feelings of music therapists in the United States (Gaddy et al., 2020) and society in general at the start of the pandemic (Jia et al., 2020; Pierce et al., 2020). Christine reported needing to find their confidence before being able to provide a valuable service during the pandemic. Christine's sentiments highlight the inextricable link between personal and professional identity previously identified by music therapists (Bibb et al., 2021), and the importance of remembering "the myth of the untroubled therapist" (Adams, 2014). Christine's reflections echo Thompson (2020) who highlights the need for therapists to continuously maintain awareness of their

ongoing fitness to practice. As the pandemic is still ongoing, for music therapy practitioners this emphasises the importance of self-care (Posluns & Gall, 2020), appropriate supervision (HCPC, 2018), and ongoing personal therapy where necessary. As music therapy practitioners during this period, both authors found personal therapy and supervision to be imperative in navigating changes to practice, and in looking after their own mental health. In the authors' places of work, regular check-ins with colleagues became more formalised as chance crossovers reduced.

All three participants in this study demonstrated adaptability and flexibility in the quick transition to remote and online practice, as supported by wider music therapy literature (Gaddy et al., 2020; Molyneux et al., 2020). This flexibility and speedy transition to online provision were evident in mental health professions in general (Cole et al., 2020; Rotenberg et al., 2020). The importance of meeting the relational needs of service users in mental health settings has been established by music therapists (Bensimon, 2020; Maratos et al., 2011; McCaffrey, 2016). Both Christine and Eric conveyed the importance of interpersonal elements and strived to achieve these despite their initial perceived difficulties in online contexts, notably being able to work in a relational capacity. Their comments echoed service user perspectives that relational depth in online psychotherapy is possible to reach (Treanor, 2017), but this may merit further descriptive approaches to research in the arts therapies to pinpoint barriers and facilitators within such contexts.

Each participant purported to have psychodynamic elements to their practice, and these findings suggest that relational and psychodynamic approaches can be adapted for the online context. The first author was initially sceptical that the relational depth required for therapy was attainable online, and potentially related to other music therapists who questioned whether online music therapy is possible (Annesley, 2020b). However, the second author advocated for such approaches, noticing that relational barriers from face-to-face practice were often attributed unnecessarily to the online context. These opposing views were reflected in participants' responses. Eric's frustration that online contexts did not do enough to relieve isolation compared with the merits he and Christine both found in reflecting on the online context with service users emphasises the importance of authentic conversations. Paula appeared to go further, noting that similar ways of being are observable across in person and online work, suggesting the merits of further research as practitioners become more accustomed to working in a digital context. Positive service user feedback in relation to online music therapy (Lightstone et al., 2015) and amongst those receiving traditional online talk-based therapies, such as cognitive behavioural therapy (Hadjistavropoulos et al., 2018; Hadjistavropoulos et al., 2021) and supportive and psychodynamic psychotherapy (Famina et al., 2020), indicate that online means of delivery can be as effective as in person work.

New experiences were created for both therapists and service users because of participants' willingness to adapt to online working. The novel nature of this potentially furthered equity between therapist and service user as both had to adapt together. Getting used to a new context appeared to facilitate meaningful discussion and useful explorations. Rolvsjord and Stige (2015) highlight the influence of contextual factors on music therapy ecology, and it appears that in community settings, as described by the three participants, this active reflection on the online context added another layer of meaningful contact and connection. The presence of meaningful engagement opens new doors for offerings in the future, where music therapists may increase the accessibility of music therapy provision by offering both in person and online services. Managing the online environment favoured

some music therapy techniques more than others, such as songwriting for Eric. However, whilst there is previous research highlighting the effectiveness of songwriting online (Baker & Krout, 2009), further research would be needed to clarify whether the person or the context dictates the use of specific techniques. Such research could lead to developing specific training relevant to online and hybrid approaches.

Whilst meaningful engagement may be facilitated online, service users may experience severe limitations of remote healthcare provision, such as an inability to access services (Curnow et al., 2021). Specifically in this study, financial barriers appeared to restrict service users' access to online music therapy in Christine's and Paula's practice. In 2020, a further 690,000 people were pushed into poverty because of the pandemic (UK Poverty Unit, 2020); wealth can impact access to online mental health provisions (Mucci et al., 2020) as this requires resources, such as a computer with an internet connection. The economic fallout from COVID-19 has meant that roughly 20 million people in the UK are financially worse off than before the pandemic (Financial Conduct Authority, 2021), implicating a wider inability in the general population to be able to afford private therapies. This implies the need for music therapy providers to subsidise costs where possible, as Christine mentioned they did. The likely increased inability to afford private music therapy has wider implications for local authorities and government to fund provision that is affordable, or free, to service users. There is also the need to agree on criteria for who would qualify for this, and whether individuals could self-refer or would be referred through their general practitioner.

Potential barriers to music therapy provision appear to not be limited to monetary challenges. Powerfully describing isolation as the "greatest enemy" for some of their service users, Eric's recounting of meeting with a highly traumatised service user in their local park shows their perception of how dangerous the lack of in person support can be. Individuals who view themselves as lonely and lacking support are much more likely to have worse mental health (Leigh-Hunt et al., 2017; Wang et al., 2018), which could contribute to an increase in inpatient admissions. This implicates the need for "exceptions" as Eric said, and the need for in person contact for some people identifying themselves to be vulnerable during this period to allow for the continuation of support within communities. The need in some instances for in person contact during the pandemic is emphasised outside the music therapy profession, with Rotenberg et al. (2020) advising against online work for "psychiatric emergencies, such as suicide attempts and ideation" (p. 644). This perceived danger has implications for the music therapy community and the need for music therapists, employers of music therapists, and professional music therapy bodies to understand the necessity of in person work in some instances for mentally vulnerable service users. Perhaps Eric meeting a service user in a park would be criticised by others, but possibly this was a response of theirs to an interpersonal need. The music therapy profession may be able to learn from this by formulating approaches to assessing mental health needs alongside reducing the risk of COVID-19 infections.

A surprising finding of this study was participants' adoption of additional job roles in some capacity during the pandemic. Christine and Eric both described providing voluntary services for healthcare workers. Music therapy provision in Eric's case, and a phone support service in Christine's. Preliminary research has shown that remote music therapy provision may be effective in aiding the mental wellbeing of frontline healthcare workers (Giordano et al., 2020) and other psychological therapy services have broadened to support the mental health of healthcare professionals (Cole et al.,

2020). It is interesting that these free services provided by Eric and Christine were not provided to adults with pre-existing mental health conditions, highlighting a disparity between the two groups. Eric highlighted this moral conflict in his account, suggesting that individuals with pre-existing mental health conditions had been overlooked. Because of Eric's moral conflict and the "taxing" and "really, really difficult" nature of Christine's support service, both services may not be sustainable. This may result in adverse consequences, such as the termination of support at a time when it is much needed by the service user. Care in the profession is likely needed to ensure that safeguards are in place, such as the referral to other free services, if this voluntary provision is unable to continue. There is also potentially the need here to ensure that both groups, healthcare workers and individuals with extant mental health conditions, are treated equally in their access to free provision.

In Paula's additional job role, becoming a "care coordinator" for their service users, moral contentions were clear, with Paula describing this as "wrong". These challenges in role definition and negotiation have previously been expressed by music therapists (Bibb et al., 2021). Paula's role, necessitated due to "cuts", may highlight the effects of austerity measures on mental health care, which has required services "to do more with less" (Cummings, 2018, p. 8). Whilst this was a strong practitioner perspective, it emphasises the need for further research from a service user perspective to understand the complexities in more detail as to whether changes in job role, brought about because of external drivers such as austerity, are in the service user's best interest.

The final major finding of this study was the importance with which the three participants viewed music therapy in adult mental health settings at the time of their interviews in February 2021; this included Eric's statement that "there has probably never been a more important time to be a music therapist". The predicted need for music therapists in this setting appears to be well justified, with up to ten million people in England (O'Shea, 2020), including both healthcare professionals and the general population (Soklaridis et al., 2020), needing mental health support. More specifically, this includes individuals who have experienced severe COVID-19 (Chamberlain et al., 2021; Taquet et al., 2021), or "long COVID" (National Institute for Health and Care Excellence 2020, p. 5). General predictions of high levels of trauma in populations (Brooks et al., 2020; Mucci et al., 2020) point to an increased need for music therapy provision for newly traumatised individuals (Gaddy et al., 2020). To help towards meeting this need, the findings demonstrate that music therapists could meaningfully offer relational and psychodynamic approaches with increased flexibility between online and face-to-face appointments. Through their own practice, the authors questioned whether these approaches, embedded within community services, could reduce admissions to acute mental health services which increased throughout the pandemic (Royal College of Psychiatrists, 2021).

Despite this increased need, participants spoke of barriers and fears of cuts to provision in the near future, alluding to political drivers influencing cuts in public healthcare spending. Since the participant interviews, the published UK budget allocates no direct increased funding to mental health provision for difficulties arising from the COVID-19 pandemic and even reduces public health and social care spending by £30 billion (HM Treasury, 2021); although there is an increase in spending on mental health services in Scotland (Scottish Government, 2021). Both governments have published mental health recovery plans (Department of Health and Social Care, 2021; Scottish Government, 2020). However, there needs to be more clarity as to how this will affect the arts therapies, as these plans seem to advocate for short-term interventions, such as cognitive behavioural therapy, perhaps

misaligning with where Eric hopes the "money needs to go". This seeming lack of clarity and potential reduction in funding emphasises the importance of music therapists to continue fighting and lobbying for funding. In Christine's words, "just because it's difficult, doesn't mean you shouldn't try".

Limitations

The present study has several limitations. This was the first author's first time conducting a piece of IPA research and despite trial runs of the interviews, there were varying levels of confidence in their ability to conduct these with the participants. There were likely too many questions in the interview guide (Appendix 1), and this resulted in an inconsistent application of the interview guide across all three participants. Online interviews may have several limitations. There is a reduced ability to read body language cues, meaning some of the semantic content of the spoken words may have been lost. The fact that interviews were conducted online meant that to participate in this study, participants had to have access to a computer and internet connection, potentially excluding those who did not. In the interview with Eric, there were some audio problems at the start from the interviewer's end, meaning that Eric could not hear the interviewer on a couple of occasions. This was an extraneous limitation and thus one that was hard to control, but it may have affected the initial flow of the interview (O'Connor & Madge, 2017).

Whilst the first author conducted the analysis, the presence of the double hermeneutic in IPA research presents challenges in research that is conducted within supervisory relationships. Whilst the first author's own context influenced the way in which he made sense of each participant's own sense-making, discussion of the raw data added an additional perspective and further sense-making. This combined with the idiographic focus of IPA and the small sample size of three participants, stresses the importance of not generalising these findings, but instead using them to stimulate further questions.

Implications for future research

All the participants stressed the importance of music therapy provision in adult mental health settings moving forward, and it appears crucial that music therapists in this setting document ongoing developments, successes and barriers in their practice during the pandemic. This small study has highlighted several areas that could benefit from further qualitative research in relation to the impact of a pandemic, such as the relational capabilities of online music therapy, the use of specific music therapy techniques in online practice and the complexities of additional job roles for music therapy practitioners. The lack of research into online music therapy in adult mental health in general, besides research conducted by Lightstone et al. (2015), implies that this is something that could be explored further. Christine and Eric discussed the move to more, or a different form of, verbal content in their sessions; this is an area with little research (Lindblad, 2016; Nelligan & McCaffrey, 2020) and one that may benefit from further study. Descriptive approaches to research based on the findings of the current study could refine and strengthen developments within practice and research. Immediate implications could be additional topics in music therapy training programmes, such as online music therapy approaches and ethical implications for online music therapy. However, beyond this there is the scope to develop hybrid models within practice. Professionals might develop increased skills in

balancing online and in person provisions based on each person's situation, including the presentation of mental distress, geographical proximity to the service and preferences.

Most research conducted so far, including this study, that has explored music therapy in relation to COVID-19 has been from the perspective of music therapists. Holmes et al. (2020) stress the need to include the perspectives of service users during this period. Service user inclusion provides a means of facilitating empowerment for the individual (Baines & Edwards, 2018; Rolvsjord, 2015), and aligns with human rights-based, person-centred and recovery approaches. Through a collaborative effort where the views of both music therapist and service user are explored, implications may be learnt from the pandemic as to how practice can best be facilitated in the future in general, and as we continue to learn to live with the ongoing conditions of a pandemic.

CONCLUSIONS

This study is the first of its kind, to our knowledge, to explore the impact of the COVID-19 pandemic on music therapy practice in adult mental health settings. Six common themes are identified which convey the experience of three music therapy practitioners, communicating a variety of challenges and opportunities in relation to both personal and professional aspects of their lives. This culminated in an emphasised sentiment of the importance of music therapy in adult mental health settings at this moment.

Practice during this period appears to have required an additional skillset and has implications for what could be required as additional training for therapists. This regards online competencies, including the relational aspects of online practice; the importance of reflecting on context within community settings; the awareness and need for action when service users are restricted from accessing remote services; and the ability to provide support for the wellbeing of healthcare professionals.

Yet more restrictions on daily life could be ahead, and the findings of this study may be important regarding their implications for practice in general, in the imminent future, and may also be beneficial in contributing to the necessary evidence base required for future pandemics. As this evidence base increases around music therapy practice in adult mental health settings during the COVID-19 pandemic, connections may be drawn between such studies.

It appears that music therapy in adult mental health settings may be at somewhat of a crossroads in the UK. Participants' perceptions, in conjunction with extant sources regarding greatly increased mental health challenges during the pandemic, heavily implicate the need for provision in this area. Yet wider systemic political choices may result in a lack of funding. With the UK population in the grip of a mental health crisis, perhaps there has never been a more relevant time to be a music therapist practising in the field of adult mental health.

REFERENCES

Adams, M. (2014). *The myth of the untroubled therapist.* Routledge.

American Music Therapy Association. (n.d.). COVID-19 resources for music therapists and students. https://www.musictherapy.org/about/covid19_resources/

American Psychological Association. (n.d.). Idiographic. In *APA Dictionary of Psychology.* https://dictionary.apa.org/idiographic

Annesley, L. (Host). (2020a, 07 April). Music therapy conversations – Irene Lo Coco and Elizabeth Nightingale (No. 37) [Audio podcast episode]. British Association for Music Therapy. https://www.bamt.org/DB/podcasts-2/irene-lo-coco-and-elizabeth-nightingale

Annesley, L. (Host). (2020b, August 12). Music therapy conversations – portrait of a music therapy service during lockdown (No. 41) [Audio podcast episode]. British Association for Music Therapy. https://www.bamt.org/DB/podcasts-2/portrait-of-a-music-therapy-service-during-lockdow

Ansdell, G., & DeNora, T. (2016). *Musical pathways in recovery: Community music therapy and mental wellbeing.* Routledge.

Ansdell, G., & Meehan, J. (2010). "Some light at the end of the tunnel": exploring users' evidence for the effectiveness of music therapy in adult mental health settings. *Music and Medicine*, *2*(1), 29-40. https://doi.org/10.1177/1943862109352482

Baines, S. (2003). A consumer-directed and partnered community mental health music therapy program: Program development and evaluation. *Voices: A World Forum for Music Therapy*, *3*(3). https://doi.org/10.15845/voices.v3i3.137

Baines, S., & Danko, G. (2010). Community mental health music therapy: A consumer-initiated song-based paradigm. *Canadian Journal of Music Therapy*, *16*(1), 148–191. https://www.proquest.com/docview/521198928

Baines, S., & Edwards, J. (2018). A constructivist grounded theory research project studying music therapy as an anti-oppressive practice in long-term and psychiatric residential care. *The Arts in Psychotherapy, 60,* 1-8. https://doi.org/10.1016/j.aip.2018.04.003

Baker, F., & Krout, R. (2009). Songwriting via Skype: An online music therapy intervention to enhance social skills in an adolescent diagnosed with Asperger's Syndrome. *British Journal of Music Therapy*, *23*(2), 3-14. https://doi.org/10.1177%2F135945750902300202

Baker, F.A., & Tamplin, J. (2021). Music therapy service provision via telehealth in response to COVID-19 restrictions: A survey of Australian practitioners and consumers. *Australian Journal of Music Therapy*, *32*(1), 1-24. https://www.austmta.org.au/public/151/files/AJMT/2021/Issue%201/3_%20AJMT%2032(1)%20-%20Baker%20%26%20Tamplin.pdf

Ballinger, L., & Jennings, A. (2021, February 17). Covid: more antidepressants prescribed but therapy down. BBC News. https://www.bbc.co.uk/news/uk-wales-56087135

Barrington, A. (2020). BJMT editorial [Editorial]. *British Journal of Music Therapy*, *34*(2), 75-76. https://doi.org/10.1177%2F1359457520971818

Bateman, A., & Fonagy, P. (2016). *Mentalization-based treatment for personality disorders: A practical guide.* Oxford University Press.

Bensimon, M. (2020). Relational needs in music therapy with trauma victims: the perspective of music therapists. *Nordic Journal of Music Therapy*, *29*(3), 240-254. https://doi.org/10.1080/08098131.2019.1703209

Bibb, J., Howden, A., & McFerran, K. S. (2021). Exploring the experiences of professional practice for Australian based registered music therapists. *Australian Journal of Music Therapy*, *32*(2), 79-98. http://www.austmta.org.au/public/151/files/AJMT/2021/Issue%202/7_%20AJMT%20Volume%2032(2)%20-%20Bibb%20et%20al.pdf

Brinkmann, S., & Kvale, S. (2015). *Interviews: learning the craft of qualitative research interviewing* (3rd ed.). SAGE Publications, Inc.

British Association for Music Therapy. (n.d.). Covid-19 – directory. https://www.bamt.org/resources/covid-19-useful-information

Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, *395*(10227), 912-920. https://doi.org/10.1016/S0140-6736(20)30460-8

Carr, C., d'Ardenne, P., Sloboda, A., Scott, C., Wang, D., & Priebe, S. (2012). Group music therapy for patients with persistent post-traumatic stress disorder – an exploratory randomized control trial with mixed methods evaluation. *Psychology and Psychotherapy: Theory, Research and Practice*, *85*(2), 179-202. https://doi.org/10.1111/j.2044-8341.2011.02026.x

Carr, C., Odell-Miller, H., & Priebe, S. (2013). A systematic review of music therapy practice and outcomes with acute adult psychiatric in-patients. *PLOS ONE*, *8*(8), 1-20. https://doi.org/10.1371/journal.pone.0070252

Chamberlain, S. R., Grant, J. E., Trender, W., Hellyer, P., & Hampshire, A. (2021). Post-traumatic stress disorder symptoms in COVID-19 survivors: online population survey. *BJPsych Open*, *7*(2), 1-4. https://doi.org/10.1192/bjo.2021.3

Clark, I. (2021). Hope for in-person human connection in a virtual music therapy world [Editorial]. *Nordic Journal of Music Therapy*, *30*(5), 401-403. https://doi.org/10.1080/08098131.2021.1970405

Cole, C. L., Waterman, S., Stott, J., Saunders, R., Buckman, J. E. J., Pilling, S., & Wheatley, J. (2020). Adapting IAPT services to support frontline NHS staff during the covid-19 pandemic: The Homerton Covid Psychological Support (HCPS) pathway. *The Cognitive Behaviour Therapist*, *13*(12), 1-12. https://doi.org/10.1017/S1754470X20000148

Cole, L. P., Henechowicz, T. L., Kang, K., Pranjić, M., Richard, N. M., Tian, G. L. J., & Hurt-Thaut, C. (2021). Neurologic music therapy via telehealth: A survey of clinician experiences, trends, and recommendations during the COVID-19 pandemic. *Frontiers in Neuroscience*, *15*, 1-15. https://doi.org/10.3389/fnins.2021.648489

Cousins-Booth, J., & Rizkallah, M. (2020). COVID 19: notes from the United Kingdom. *British Journal of Music Therapy*, *34*(2), 77-79. https://doi.org/10.1177%2F1359457520972568

Cummings, I. (2018). The impact of austerity on mental health service provision: A UK perspective. *International Journal of Environmental Research and Public Health*, *15*(6), 1-11. https://doi.org/10.3390/ijerph15061145

Curnow, E., Tyagi, V., Salisbury, L., Stuart, K., Melville-Jóhannesson, B., Nicol, K., McCormack, B., Dewing, J., Magowan, R., Sagan, O., & Bulley, C. (2021). Person-centered healthcare practice in a pandemic context: An exploration of people's experience of seeking healthcare support. *Frontiers in Rehabilitation*, *2,* 1-15. https://doi.org/10.3389/fresc.2021.726210

Department of Health and Social Care. (2021). COVID-19 mental health and wellbeing recovery action plan. HM Government. https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-recovery-action-plan/covid-19-mental-health-and-wellbeing-recovery-action-plan

Duncan, P., & Marsh, S. (2021, January 1). Antidepressant use in England soars as pandemic cuts counselling access. The Guardian. https://www.theguardian.com/society/2021/jan/01/covid-antidepressant-use-at-all-time-high-as-access-to-counselling-in-england-plunges

Edinburgh Thrive. (n.d.). A mental health and wellbeing roadmap for all. https://www.edinburghthrive.com/about-us

Erkkilä, J., Punkanen, M., Fachner, J., Ala-Ruona, E., Pöntiö, I., Tervaniemi, M., Vanhala, M., & Gold, C. (2011). Individual music therapy for depression: randomised controlled trial. *The British Journal of Psychiatry*, *199*(2), 132-139. https://doi.org/10.1192/bjp.bp.110.085431

Famina, S., Farooqui, A. A., & Caudill, R. L. (2020). Early use of telepsychotherapy in resident continuity clinics–our experience and a review of literature. *mHealth*, *6,* 1-5. http://dx.doi.org/10.21037/mhealth.2019.09.11

Financial Conduct Authority. (2021, February 11). Financial lives 2020 survey: The impact of coronavirus. https://www.fca.org.uk/publications/research/financial-lives-2020-survey-impact-coronavirus

Finlay, L. (2011). *Phenomenology for therapists: researching the lived world.* Wiley-Blackwell.

Fonagy, P., Luyten, P., Allison, E., & Campbell, C. (2017). What we have changed our minds about: part 2. Borderline personality disorder, epistemic trust and the developmental significance of social communication. *Borderline Personality Disorder and Emotion Dysregulation*, *4*(9), 1-12. https://dx.doi.org/10.1186%2Fs40479-017-0062-8

Forrest, L. C., McMahon, K., Sanderson, P., Skov, S., Wheller, J., & Zappino, S. (2021). Innovations in delivering oncology music therapy services: A response to COVID-19. *Australian Journal of Music Therapy*, *32*(1), 64–79. https://www.austmta.org.au/public/151/files/AJMT/2021/Issue%201/7_%20AJMT%2032(1)%20-%20Forrest%20et%20al.pdf

Gaddy, S., Gallardo, R., McCluskey, S., Moore, L., Peuser, A., Rotert, R., Stypulkoski, C., & LaGasse, A. B. (2020). COVID-19 and music therapists' employment, service delivery, perceived stress, and hope: A descriptive study. *Music Therapy Perspectives*, *38*(2), 157-166. https://doi.org/10.1093/mtp/miaa018

Gavrielidou, M., & Odell-Miller, H. (2017). An investigation of pivotal moments in music therapy in adult mental health. *The Arts in Psychotherapy*, *52,* 50-62. https://doi.org/10.1016/j.aip.2016.09.006

Ghebreyesus, T. A. (2020, March). WHO Director-General's opening remarks at the media briefing on COVID-19 11 March 2020. World Health Organization. https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020

Giordano, F., Scarlata, E., Baroni, M., Gentile, E., Puntillo, F., Brienza, N., & Gesualdo, L. (2020). Receptive music therapy to reduce stress and improve wellbeing in Italian clinical staff involved in COVID-19 pandemic: A preliminary study. *The Arts in Psychotherapy*, *70,* 1-5. https://doi.org/10.1016/j.aip.2020.101688

Hadjistavropoulos, H. D., Faller, Y. N., Klatt, A., Nugent, M. N., Dear, B. F., & Titov, N. (2018). Patient perspectives on strengths and challenges of therapist-assisted internet-delivered cognitive behaviour therapy: using patient voice to improve care. *Community Mental Health Journal*, *54,* 944-950. http://dx.doi.org/10.1007/s10597-018-0286-0

Hadjistavropoulos, H. D., Chadwick, C., Beck, C. D., Edmonds, M., Sundström, Edwards, W., Ouellette, D., Waldrop, J., Adlam, K., Bourgeault, L., & Nugent, M. (2021). Improving internet-delivered cognitive behaviour therapy for alcohol misuse: patient perspectives following program completion. *Internet Interventions*, *26,* 1-12. https://doi.org/10.1016/j.invent.2021.100474

Hannibal, N., Rodrigo Domingo, M., Valentin, J. B., & Licht, R. W. (2017). Feasibility of using the helping alliance questionnaire II as a self-report measure for individuals with a psychiatric disorder receiving music therapy. *Journal of Music Therapy*, *54*(3), 287-299. https://doi.org/10.1093/jmt/thx009

Health and Care Professions Council. (2018). The standards of proficiency for arts therapists. https://www.hcpc-uk.org/standards/standards-of-proficiency/arts-therapists/

Heiderscheit, A., & Murphy, K. M. (2021). Trauma-informed care in music therapy: principles, guidelines, and a clinical case illustration. *Music Therapy Perspectives*, *39*(2), 142-151. https://doi.org/10.1093/mtp/miab011

Hinton, L., & Ryan, S. (2020). Interviews. In C. Pope & N. Mays (Eds.), *Qualitative research in health care* (4th ed., pp. 43-45). John Wiley & Sons Ltd.

HM Treasury. (2021, March 3). Budget 2021: documents. HM Government. https://www.gov.uk/government/publications/budget-2021-documents

Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., Ballard, C., Christensen, H., Silver, R. C., Everall, I., Ford, T., John, A., Kabir, T., King, K., Madan, I., Michie, S., Przybylski, A. K., Shafran, R., Sweeney, A., . . . Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: A call for action for mental health science. *The Lancet Psychiatry*, *7*(6), 547-560. https://doi.org/10.1016/S2215-0366(20)30168-1

Jackson, N. A. (2015). Music therapy and chronic mental illness: overcoming the silent symptoms. *Music Therapy Perspectives*, *33*(2), 90-96. https://doi.org/10.1093/mtp/miv017

Jia, R., Ayling, K., Chalder, T., Massey, A., Broadbent, E., Coupland, C., & Vedhara, K. (2020). Mental health in the UK during the COVID-19 pandemic: cross-sectional analyses from a community cohort study. *BMJ Open*, *10*(9), 1-14. http://dx.doi.org/10.1136/bmjopen-2020-040620

Johns Hopkins University. (n.d.). COVID-19 dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU). Johns Hopkins Coronavirus Resource Center. https://coronavirus.jhu.edu/map.html

Kantorová, L., Kantor, J., Hořejší, B., Gilboa, A., Svobodová, Z., Lipský, M., Marečková, J., & Klugar, M. (2021). Adaptation of music therapists' practice to the outset of the COVID-19 pandemic – going virtual: A scoping review. *International Journal of Environmental Research and Public Health*, *18*(10), 1-15. https://doi.org/10.3390/ijerph18105138

Kim, J. (2016). Psychodynamic music therapy. *Voices: A World Forum for Music Therapy*, *16*(2). https://doi.org/10.15845/voices.v16i2.882

Knott, D., & Block, S. (2020). Virtual music therapy: developing new approaches to service delivery. *Music Therapy Perspectives*, *38*(2), 151-156. https://doi.org/10.1093/mtp/miaa017

Leigh-Hunt, N., Bagguley, D., Bash, K., Turner, V., Turnbull, S., Valtorta, N., & Caan, W. (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health*, *152*, 157-171. https://doi.org/10.1016/j.puhe.2017.07.035

Lightstone, A. J., Bailey, S. K., & Voros, P. (2015). Collaborative music therapy via remote video technology to reduce a veteran's symptoms of severe, chronic PTSD. *Arts & Health*, *7*(2), 123-136. https://doi.org/10.1080/17533015.2015.1019895

Lindblad, K. (2016). Verbal dialogue in music therapy: A hermeneutical analysis of three music therapy sessions. *Voices: A World Forum for Music Therapy*, *16*(1). http://dx.doi.org/10.15845/voices.v16i1.842

Maratos, A., Crawford., M. J., & Procter, S. (2011). Music therapy for depression: It seems to work, but how? [Editorial]. *British Journal of Psychiatry*, *199*(2), 92-93. https://doi.org/10.1192/bjp.bp.110.087494

McCaffrey, T. (2013). Music therapists' experience of self in clinical improvisation in music therapy: A phenomenological investigation. *The Arts in Psychotherapy*, *40*(3), 306-311. https://doi.org/10.1016/j.aip.2013.05.018

McCaffrey, T. (2016). Music therapy in mental health care for adults. In J. Edwards (Ed.), *The Oxford handbook of music therapy* (pp. 249-267). Oxford University Press.

McCaffrey, T. (2018). Evaluating music therapy in adult mental health services: Tuning into service user perspectives. *Nordic Journal of Music Therapy*, *27*(1), 28-43. https://doi.org/10.1080/08098131.2017.1372510

McCaffrey, T., Carr, C., Solli, H. P., & Hense, C. (2018). Music therapy and recovery in mental health: seeking a way forward. *Voices: A World Forum for Music Therapy*, *18*(1), 1-16. https://doi.org/10.15845/voices.v18i1.918

McCaffrey, T., & Edwards, J. (2016). "Music therapy helped me get back doing": perspectives of music therapy participants in mental health services. *Journal of Music Therapy*, *53*(2), 121-148. https://doi.org/10.1093/jmt/thw002

Moe, T. (2002). Restitutional factors in receptive group music therapy inspired by GIM: The relationship between self-objects, psychological defence manoeuvres and restitutional factors: Towards a theory. *Nordic Journal of Music Therapy*, *11*(2), 152-166. https://doi.org/10.1080/08098130209478057

Molyneux, C., Hardy, T., Lin, Y-T., McKinnon, K., & Odell-Miller, H. (2020). Together in Sound: music therapy groups for people with dementia and their companions – moving online in response to a pandemic. *Approaches: An Interdisciplinary Journal of Music Therapy*. Advance online publication. http://approaches.gr/molyneux-r20201219/

Mössler, K., Assmus, J., Heldal, T. O., Fuchs, K., & Gold, C. (2012). Music therapy techniques as predictors of change in mental health care. *The Arts in Psychotherapy*, *39*(4), 333-341. https://doi.org/10.1016/j.aip.2012.05.002

Mucci, F., Mucci, N., & Diolaiuti, F. (2020). Lockdown and isolation: psychological aspects of COVID-19 pandemic in the general population. *Clinical Neuropsychiatry*, *17*(2), 63-64. https://doi.org/10.36131/CN20200205

National Institute for Health and Care Excellence. (2020, December 18). COVID-19 rapid guideline: managing the long-term effects of COVID-19 [NICE Guideline No. 188]. https://www.nice.org.uk/guidance/ng188

Nelligan, S., & McCaffrey, T. (2020). An investigation of music therapists' experiences of verbal dialogue in music therapy sessions. *Voices: A World Forum for Music Therapy*, *20*(1), 1-15. https://doi.org/10.15845/voices.v20i1.2868

O'Brien , E., Bedggood, J., & Ayling, A. (2021). Evolving and thriving - Keeping music therapy alive in a pandemic world: The Royal Melbourne Hospital music therapy response in 2020. *Australian Journal of Music Therapy*, *32*(1), 80–96. https://www.austmta.org.au/public/151/files/AJMT/2021/Issue%201/8_%20AJMT%2032(1)%20-%20O'Brien%20et%20al.pdf

O'Connor, H., & Madge, C. (2017). Online interviewing. In: N. G. Fielding, R. M. Lee & G. Blank (Eds.), *The SAGE handbook of online research methods* (2nd ed., pp. 416-434). SAGE Publications Ltd.

O'Shea, N. (2020, October 1). Covid-19 and the nation's mental health: October 2020. Centre for Mental Health.https://www.centreformentalhealth.org.uk/publications/covid-19-and-nations-mental-health-october-2020

Pierce, M., Hope, H., Ford, T., Hatch, S., Hotopf, M., John, A., Kontopantelis, E., Webb, R., Wessely, S., McManus, S., & Abel, K. M. (2020). Mental health before and during the COVID-19 pandemic: A longitudinal probability sample survey of the UK population. *The Lancet Psychiatry*, *7*(10), 883-892. https://doi.org/10.1016/S2215-0366(20)30308-4

Posluns, K., & Gall, T. L. (2020). Dear mental health practitioners, take care of yourselves: A literature review on self-care. *International Journal for the Advancement of Counselling*, *42*(1), 1-20. https://dx.doi.org/10.1007%2Fs10447-019-09382-w

Price-Robertson, R., Obradovic, A., & Morgan, B. (2017). Relational recovery: beyond individualism in the recovery approach. *Advances in Mental Health*, *15*(2), 108-120. https://doi.org/10.1080/18387357.2016.1243014

Procter, S. (2011). Reparative musicing: Thinking on the usefulness of social capital theory within music therapy. *Nordic Journal of Music Therapy*, *20*(3), 242-262. https://doi.org/10.1080/08098131.2010.489998

Rolvsjord, R. (2004). Therapy as empowerment: Clinical and political implications of empowerment philosophy in mental health practises of music therapy. *Nordic Journal of Music Therapy, 13*(2), 99-111. https://doi.org/10.1080/08098130409478107

Rolvsjord, R. (2010). *Resource-oriented music therapy in mental health care.* Barcelona Publishers.

Rolvsjord, R. (2015). What clients do to make music therapy work: A qualitative case study in adult mental health care. *Nordic Journal of Music Therapy, 24*(4), 296-321. https://doi.org/10.1080/08098131.2014.964753

Rolvsjord, R., Gold, C., & Stige, B. (2005). Research rigour and therapeutic flexibility: rationale for a therapy manual developed for a randomised controlled trial. *Nordic Journal of Music Therapy, 14*(1), 15-32. https://doi.org/10.1080/08098130509478122

Rolvsjord, R., & Stige, B. (2015). Concepts of context in music therapy. *Nordic Journal of Music Therapy, 24*(1), 44-66. https://doi.org/10.1080/08098131.2013.861502

Rose, D. (2014). The mainstreaming of recovery [Editorial]. *Journal of Mental Health, 23*(5), 217-218. https://doi.org/10.3109/09638237.2014.928406

Rotenberg, L. D. S., Nascimento, C., Khafif, T. C., Dias, R. S., & Lafer, B. (2020). Psychological therapies and psychoeducational recommendations for bipolar disorder treatment during COVID-19 pandemic. *Bipolar Disorders, 22*(6), 644-646. https://doi.org/10.1111/bdi.12981

Royal College of Psychiatrists. (2021, January 29). Lack of beds leaves patients with serious mental illness without treatment during the pandemic. https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2021/01/29/lack-of-beds-leaves-patients-with-serious-mental-illness-without-treatment-during-the-pandemic

Sauer, L. M. (n.d.). What is coronavirus? Johns Hopkins Medicine. https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus

Scottish Government. (2017, March 30). Mental health strategy 2017-2027. https://www.gov.scot/publications/mental-health-strategy-2017-2027/

Scottish Government. (2020, October 8). Coronavirus (COVID-19): mental health – transition and recovery plan. https://www.gov.scot/publications/mental-health-scotlands-transition-recovery/

Scottish Government. (2021, January 28). Scottish budget 2021-2022. https://www.gov.scot/publications/scottish-budget-2021-22/

Silverman, M. J. (2019). Music therapy and therapeutic alliance in adult mental health: A qualitative investigation. *Journal of Music Therapy, 56*(1), 90-116. https://doi.org/10.1093/jmt/thy019

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory method and research*. SAGE Publications Ltd.

Smith, J. A., & Osborn, M. (2015). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (3rd ed., pp. 25-52). SAGE Publications Ltd.

Soklaridis, S., Lin, E., Lalani, Y., Rodak, T., & Sockalingham, S. (2020). Mental health interventions and supports during COVID-19 and other medical pandemics: A rapid systematic review of the evidence. *General Hospital Psychiatry, 66,* 133-146. https://doi.org/10.1016/j.genhosppsych.2020.08.007

Solli, H. P., & Rolvsjord, R. (2015). "The opposite of treatment": A qualitative study of how patients diagnosed with psychosis experience music therapy. *Nordic Journal of Music Therapy, 24*(1), 67-92. https://doi.org/10.1080/08098131.2014.890639

Solli, H. P., Rolvsjord, R., & Borg, M. (2013). Toward understanding music therapy as a recovery-oriented practice within mental health care: A meta-synthesis of service users' experiences. *Journal of Music Therapy, 50*(4), 244-273. https://doi.org/10.1093/jmt/50.4.244

Strehlow, G., & Piegler, T. (2007). The importance of primary non-verbal therapy procedures in psychodynamic psychiatry: An example of music therapy reducing inexpressible torment to sound. *International Journal of Psychotherapy, 11*(1), 25-35. http://www.ijp.org.uk/shop/product.php?product=163#.X-heSen7QVo

Taquet, M., Geddes, J. R., Husain, M., Luciano, S., & Harrison, P. J. (2021). 6-month neurological and psychiatric outcomes in 236 379 survivors of COVID-19: A retrospective cohort study using electronic health records. *The Lancet Psychiatry, 8*(5), 416-427. https://doi.org/10.1016/S2215-0366(21)00084-5

Thompson, G. (2020). Reflecting on relational needs in the context of a global health crisis [Editorial]. *Nordic Journal of Music Therapy, 29*(3), 197-199. https://doi.org/10.1080/08098131.2020.1746551

Thompson, Z., & Khalil-Salib, L. (2021). Online music therapy groups during COVID-19: Perspectives from NDIS participants and caregivers. *Australian Journal of Music Therapy, 32*(1), 52–63. https://www.austmta.org.au/public/151/files/AJMT/2021/Issue%201/6_%20AJMT%2032(1)%20-%20Thompson%20%26%20Khalil-Salib.pdf

Treanor, A. (2017). *The extent to which relational depth can be reached in online therapy and the factors that facilitate and inhibit that experience: A mixed methods study* [Doctoral thesis, University of Roehampton]. https://pure.roehampton.ac.uk/portal/en/studentTheses/the-extent-to-which-relational-depth-can-be-reached-in-online-the

UK Poverty Unit. (2020, November 30). Poverty during the Covid-19 crisis. Legatum Institute. https://li.com/reports/poverty-during-the-covid-19-crisis/

Verfaille, M. (2016). *Mentalizing in arts therapies.* Routledge.

Wang, J., Mann, F., Lloyd-Evans, B., Ma, R., & Johnson, S. (2018). Associations between loneliness and perceived social support and outcomes of mental health problems: A systematic review. *BMC Psychiatry, 18,* 1-16. https://doi.org/10.1186/s12888-018-1736-5

Williams, S. N., Armitage, C. J., Tampe, T., & Dienes, K. (2020). Public perceptions and experiences of social distancing and social isolation during the COVID-19 pandemic: A UK-based focus group study. *BMJ Open, 10*(7), 1-8. http://dx.doi.org/10.1136/bmjopen-2020-039334

World Health Organization. (2018). Mental health, human rights and standards of care (2018). https://www.euro.who.int/en/publications/abstracts/mental-health,-human-rights-and-standards-of-care-2018

World Health Organization. (2020, October 5). The impact of COVID-19 on mental, neurological and substance use services. https://www.who.int/publications/i/item/978924012455

APPENDIX 1: INTERVIEW GUIDE

1) How do you remember the pandemic first entering your practice?

2) Where do you believe music therapy fits in the care of an adult with a mental health condition during this period?

3) How has the pandemic affected the frequency, number and duration of sessions for your service users during this period?

4) What are your theoretical approaches as a music therapist when working in this setting during the pandemic?

5) What music therapy techniques have you been using when working with this client group during the pandemic?

6) What do you believe encourages interaction in this [online/in person/blended] way of working during the pandemic?

7) Could you describe the balance between non-verbal and verbal content in your sessions?

8) Where do you see music therapy practice in the field of adult mental health in the future?

Ελληνική περίληψη | Greek abstract

“Πιθανόν να μην έχει υπάρξει σημαντικότερη εποχή για να είναι κάποιος μουσικοθεραπευτής”: Διερευνώντας το πώς βίωσαν τρεις μουσικοθεραπευτές που εργάζονται σε χώρο ψυχικής υγείας ενηλίκων στο Ηνωμένο Βασίλειο τον πρώτο χρόνο της πανδημίας COVID-19

George Chandler | Emma Maclean

ΠΕΡΙΛΗΨΗ

Η πανδημία COVID-19 είχε επιπτώσεις σε όλο τον κόσμο, επηρεάζοντας πολλές πτυχές της ζωής, συμπεριλαμβανομένης της ψυχικής υγείας και των μουσικοθεραπευτικών πρακτικών. Λόγω της σχετικά πρόσφατης εμφάνισης της COVID-19, είναι περιορισμένες οι μελέτες που διερευνούν τον αντίκτυπό της στην μουσικοθεραπευτική πρακτική. Η παρούσα μελέτη έχει στόχο να διερευνήσει τις εμπειρίες τριών μουσικοθεραπευτών που εργάζονταν στο Ηνωμένο Βασίλειο σε πλαίσια ψυχικής υγείας ενηλίκων κατά τη διάρκεια αυτής της περιόδου, ώστε να παρέχει μία εις βάθος κατανόηση του πώς επηρεάστηκαν τόσο οι ίδιοι όσο και οι θεραπευτικές τους προσεγγίσεις. Η ερμηνευτική φαινομενολογική ανάλυση (IPA) χρησιμοποιήθηκε ως μεθοδολογία της μελέτης, αποτελώντας τη βάση της μεθόδου. Τρεις μουσικοθεραπευτές συμμετείχαν σε ημι-δομημένες συνεντεύξεις. Από την ανάλυση των δεδομένων προέκυψαν έξι κοινές θεματικές κατηγορίες: «Αρχικά οι μουσικοθεραπευτές βίωσαν τον αντίκτυπο στη δική τους ψυχική υγεία», «Οι μουσικοθεραπευτές είναι ευπροσάρμοστοι», «Η διαδικτυακή μουσικοθεραπεία είναι ουσιώδης», «Μπορεί να υπάρχουν εμπόδια για την παροχή διαδικτυακών συνεδριών στους χρήστες υπηρεσιών», «Οι θέσεις των μουσικοθεραπευτών ως προς την αποδοχή περισσότερου φόρτου εργασίας διαφέρουν» και «Η μουσικοθεραπεία είναι πιο σχετική τώρα από ποτέ». Αυτές οι θεματικές αποδίδουν τις ποικίλες προκλήσεις και ευκαιρίες που βίωσαν οι μουσικοθεραπευτές, που μπορεί να έχουν επιπτώσεις για την άσκηση της μουσικοθεραπείας κατά τη διάρκεια αυτής της πανδημίας, για την μουσικοθεραπευτική άσκηση γενικότερα αλλά και για την περίπτωση μελλοντικών πανδημιών. Με αυξημένες τις προκλήσεις της ψυχικής υγείας του ενήλικου πληθυσμού, η παροχή μουσικοθεραπείας σε πλαίσια ψυχικής υγείας ενηλίκων μπορεί να παίξει σημαντικό ρόλο.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, ψυχική υγεία ενηλίκων, COVID-19, πανδημία, ερμηνευτική φαινομενολογική ανάλυση