Approaches: An Interdisciplinary Journal of Music Therapy
Advance Online Publication

ISSN: 2459-3338 | www.approaches.gr

REPORT

Frontline Support: Responding to the COVID-19 mental health crisis in South Africa through online arts and music therapy

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ABSTRACT

COVID-19 rendered South Africa reeling from the ramifications of the pandemic. Lockdown restricted movement, placed significant strain on healthcare workers, and profoundly impacted the socio-economic state of the country. Increased unemployment, reports of gender-based violence and suicide threats were among some indications of a resultant mental health crisis. In response, Frontline Support (FS), a collaborative volunteer-based arts therapy initiative was established. This report presents the documented process of establishing and implementing FS. The concept and structure of the organisation as well as the triage and treatment intervention are described. Descriptive statistics drawn from triage data, a client evaluation, and a therapist survey, as well as the themes emerging from the thematic analysis thereof are presented. The inclusion of two vignettes, drawn from documented clinical case studies, illustrate the online therapeutic offering of FS. A summary of quantitative data includes: the triage allocation, number of clients accessing FS, breakdown of sessions and geographical reach for the period March 2020 to July 2021. The thematic analysis of the client evaluation yielded five themes: i) Perceived personal gains through online therapy, ii) Enhanced personal insight, iii) Clients' experience of the therapist, iv) Difficulties experienced by clients, and v) Reflections and recommendations. The therapist survey yielded the following six themes: i) Access and awareness, ii) Client access to and engagement with therapeutic arts resources, iii) Possibilities and restrictions of the Online Platform (OLP), iv) Arts therapies techniques adapted for the OLP, v) Therapists' challenges, and vi) Establishing and maintaining the therapeutic relationship. The discussion reflects on the benefits, challenges and learnings of FS, and concludes with recommendations for its ongoing development, sustainability and accessibility within South Africa.

KEYWORDS

COVID-19,
online music therapy,
Frontline Support,
mental health

Publication history:
Submitted 19 Dec 2021
Accepted 20 Apr 2022
First published 1 Jun 2022

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INTRODUCTION

The year 2020 will long be remembered for how the COVID-19 pandemic profoundly changed the world. As was the case globally, South Africa reeled from the ramifications of the pandemic. Lockdown restricted movement, placed significant strain on healthcare workers, and impacted the already struggling socio-economic state of the country (Brodeur et al., 2021; Mackett, 2020; Pillay & Barnes, 2020; Robertson et al., 2020). Kim (2020) articulates the psychosocial impacts of the quarantine in South Africa, highlighting emotional distress, social isolation and extreme threats to survival as psychiatric risk factors. Unemployment rates impacting many sectors (Brodeur et al., 2021; Chitiga-Mabugu et al., 2021; Wardhana & Nurhasana, 2020), gender-based violence referred to as the twin pandemic (Dlamini, 2020), and what was coined the dual pandemic of suicide and COVID-19 (Banerjee et al., 2021) are among the primary contributors of an international and local mental health crisis. The plight of frontline healthcare workers during the pandemic presented many challenges. Htay et al. (2020) surveyed 2097 healthcare workers from 31 countries, establishing a 60% prevalence of anxiety and 53% prevalence of depression. Only one out of four respondents reported the availability of workplace mental health support. Robillard et al. (2020) found a significant increase from low to moderate stress with respect to social, financial and psychological stress during the acute phase of the pandemic. Robertson et al. (2020) found that depression, anxiety and post-traumatic stress are among some of the mental health conditions indicated by South African health workers exposed to COVID-19. Kim et al. (2020) reported that the relationship between increased depressive symptoms and greater perceived infection risk was more severe among adults who reported worse histories of childhood trauma. The authors emphasise that the violent psychological, structural and economic legacies of apartheid manifest in the COVID-19 crisis where the traumas associated with apartheid may sustain racial and class disparities in mental illness, socioeconomic opportunity and infectious disease risk, highlighting the importance of prioritizing access to mental health and general medical services (Kim et al., 2020).

In the face of these unprecedented times action was required to address the global mental health crisis (Brown & Schuman, 2021; Nguse & Wassenaar, 2021; Organisation for Economic Co-operation and Development [OECD], 2021). Music and other arts therapists were among mental health professionals who responded to this crisis. These initiatives included an online collaboration among creative arts therapists from the East and West (Harvey et al., 2020), Neurologic Music Therapy offered

via telehealth (Cole et al., 2021), music therapists adapting their practice to include new technologies and ways of working (Agres et al., 2021), increased use of digital technology by art therapists (Malboeuf-Hurtubise, 2021; Zubala &Hackett, 2020), the use of clowning highlighting the role of humour and art in the European healthcare system (de Faveri & Roessler, 2020), working with lyrics and artistic improvisations in health promotion in East Africa (Mulemi, 2020), and receptive music therapy to address stress and improve wellbeing in Italian clinical staff at the forefront of the pandemic (Giordano et al., 2020).

A response specific to South Africa was the establishment of Frontline Support (FS), a collaborative volunteer-based Arts Therapies online and in-person initiative. FS was founded by a group of arts therapists and community arts practitioners who form part of SANATA (South African National Arts Therapy Association). Thirteen volunteers responded to the request for psychosocial and trauma debriefing therapy services, comprising Health Professions Council of South Africa (HPCSA) registered therapists, intern therapists, as well as non-registered, qualified therapists. This grew to a volunteer force of thirty-eight by July 2021. While FS was initially established to serve frontline workers, it was deemed necessary to extend the service to include members of the public affected by the severity of the lockdown.

CONCEPT AND STRUCTURE OF FS

FS was conceptualised as a non-hierarchical organisation valuing collaboration and co-ownership by all volunteers (Ilavia, 2020). FS was set-up to operate through online working groups such as i) a referral team, ii) multidisciplinary ward rounds, iii) topic-specific working groups (e.g., suicide intervention), iv) a general monthly meeting, v) supervision groups, vi) training workshops (e.g., facilitating online therapy, trauma-informed interventions – run by FS volunteers with extensive experience in the field), and vii) the administration group. Volunteers are encouraged to participate in working groups and offer therapy services according to their personal capacity with self-care being a cardinal value.

FS recognises the importance of multi-disciplinary collaboration allowing for more desirable health outcomes for the client (Derrick, 2018). When necessary, health professionals from other disciplines are consulted by the referral team or the allocated therapist on a case-by-case basis.

With the increase of teletherapy globally, it was deemed feasible to offer an online Arts Therapy service employing platforms such as Zoom, WhatsApp video, WhatsApp text, and phone calls. The WhatsApp platform is known to be the most downloaded in South Africa with 58% of mobile phone owners using WhatsApp (Statista, 2021) and therefore making it the most accessible platform.

Many of the clients who sought support from FS had very limited financial and technology resources. This necessitated a data fund, supported by a donor base, making it possible for marginalised clients to access online therapy.

REFERRAL/TRIAGE AND INTERVENTION

FS was conceptualised as a crisis response that adopts the principles of Psychological First Aid (PFA), offering a 3-session intervention with a triage process through which referrals are prioritised and

allocated (Snider et al., 2013). The intervention is facilitated by an arts therapist and clients are given the choice to indicate their preference of Arts Therapy modality.

The referral process follows six steps namely: i) receiving first contact from the client, ii) screening assessment for triage (gathering information through a Mental Status Examination [MSE], risk assessment, and need for mental health services [MHS] information gathered through a series of questions and the client's self-report), iii) sending the call-out to the relevant triage group, iv) referral meeting to determine suitable therapist, v) client and allocated therapist are notified (therapist initiates first contact with client), and vi) the informed consent process is administered by the referral team.

Based on the screening assessment (MSE, risk assessment and need for MHS) clients are triaged in colour categories according to the urgency of the case: Red (high-risk behaviour due to mental health symptoms – therapist allocated within 4-12 hours), Orange (moderate-risk factors – therapist allocated within 2-4 days), Green (low-risk/non-urgent presentation – therapist allocated within 4-7 days), Purple (referred to more appropriate services), and Blue (re-referrals for longer-term therapy). Reasons for referral included: individuals suffering the loss of employment, those struggling with gender identity or sexuality, elderly who feel isolated and alone, survivors of gender-based violence, people grieving the loss of a loved one, those struggling to see a positive future or suffering from suicidal feelings, or for whom the loss of control over their lives during lockdown triggered past traumas, and people seeking conflict resolution and healing in family relationships. Figure 1 provides the breakdown of the triage summary from March 2020 to July 2021 with most cases being served during the acute phase of the pandemic.

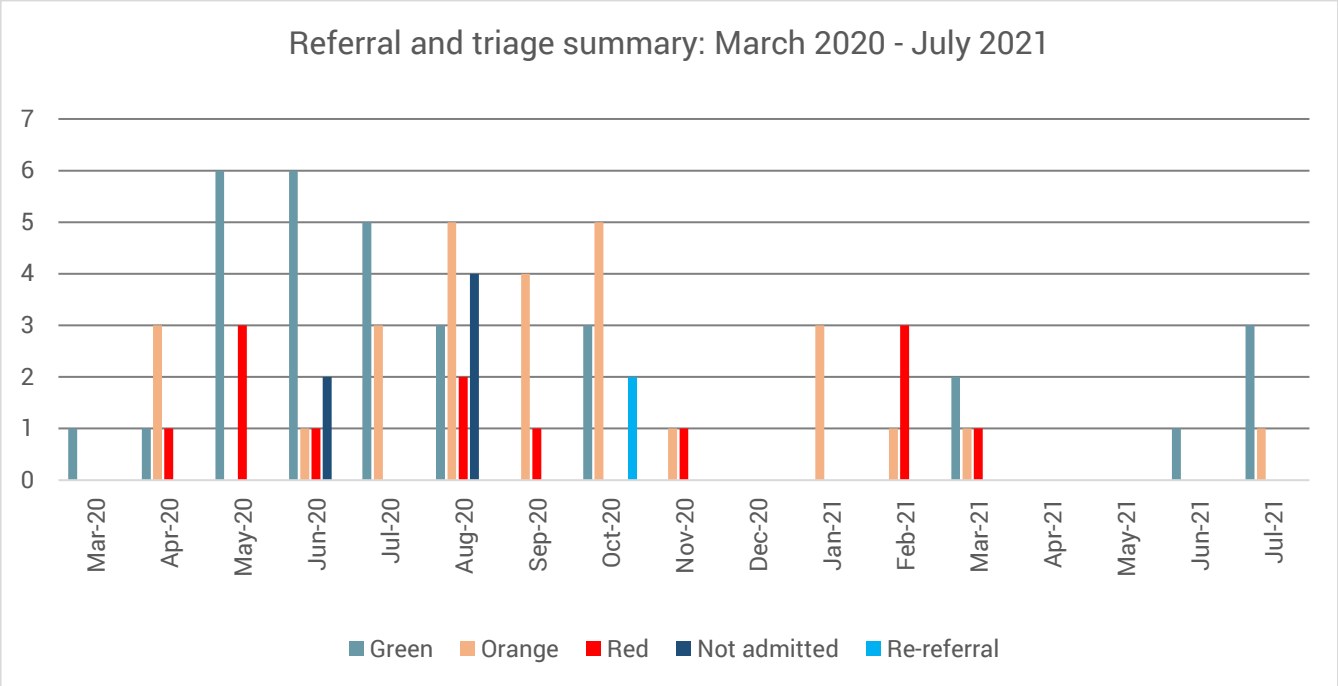

Figure 1: Referral and triage summary: March 2020-July 2021

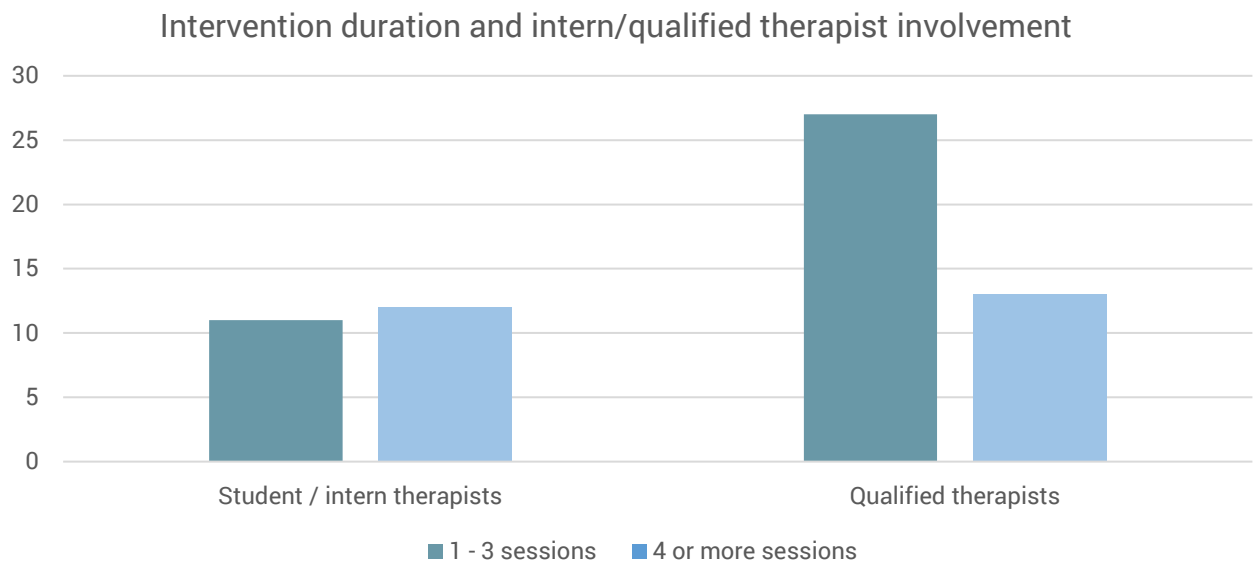

Figure 2: Intervention duration and intern/qualified therapist involvement

While, for the most part, clients receive three therapy sessions, there are instances where it is deemed essential for a client to receive longer-term therapy. This is determined by the referral team and at times at the request of clients. Of service in this regard during lockdown were music and drama therapy interns required to complete clinical training hours. Intern involvement was driven by the client needs for longer-term therapy and due to the limited volunteer capacity of the qualified therapists the intern therapists were in a position to provide this service. Intern therapists received support and supervision from both their training programmes and the multidisciplinary team within FS. Figure 2 illustrates the number of clients allocated to interns and qualified therapists respectively, as well as the intervention duration.

METHOD

This report presents the documented process of establishing and implementing FS, during the period March 2020 to July 2021, focusing primarily on the online offering thereof.

Referral and session statistics, a client evaluation and a survey completed by therapists comprise the data sources analysed for this report. Referral and session statistics were recorded weekly on an Excel spreadsheet, and the client evaluation (collaboratively designed by a referral team member and volunteer therapists) and therapist survey were set up on Google Forms. These were completed once an informed consent document had been signed.

The client evaluation form and therapist survey included both quantitative and qualitative questions. Descriptive features of the quantitative data are presented in the findings section. Verbatim responses from the client evaluation and therapist survey respectively were captured onto Excel spreadsheets, which were coded, categorised and arranged into themes.

FINDINGS

The findings section presents i) a description of the quantitative data drawn from the referral and session records, as well as from questions on the client evaluation and therapist survey respectively, and ii) the themes emerging from the thematic analysis of the qualitative data drawn from both the client evaluation and therapist survey (Braun & Clarke, 2006). Two vignettes, highlighting aspects of online music therapy, are included as a means of supporting the qualitative findings. Informed consent was obtained for the inclusion of the vignettes and pseudonyms were used to protect the confidentiality of the clients.

Presentation of quantitative data

During the period March 2020 to July 2021, 245 beneficiaries received therapeutic support. While online individual therapy is the primary focus of FS, with 63 clients having received a total of 318 sessions, in-person group therapy was offered to support frontline nursing staff, and as a psychosocial intervention to teenagers in crisis, and activist artists struggling with the impact of the pandemic. The groups varied from providing psychosocial support, assisting those on the frontline with coping strategies and self-regulation. All group sessions were client-lead, and therapists worked primarily with the presentation of clients in the immediate moment. Table 1 provides a full breakdown of the number of sessions, session type (online/in-person) and the number of beneficiaries serviced by FS.

Source	N	Percentage
Online sessions		
Number of online individual sessions	318	
Number of online clients (individual)	63	
Number of online sessions per client		
1 - 3	40	63.4
4 - 6	14	22.2
7 - 10	5	7.9
n > 11	4	6.3
In-person sessions		
Total number of in-person sessions	60	
Total number of in-person clients	182	
Number of once-off group sessions	41	
Frontline nursing staff	36	87.8
Activist artists	5	12.2
Number of once-off group clients	159	
Frontline nursing staff	139	87.4
Activist artists	20	12.6
Number of multiple group sessions	12	
Teenagers in crisis – group 1	6	50.0
Teenagers in crisis – group 2	6	50.0
Number of multiple group clients	16	
Teenagers in crisis – group 1	8	50.0
Teenagers in crisis – group 2	8	50.0
Number of in-person individual clients	7	

Table 1: Descriptive features of quantitative data from referrals

Of the 63 clients who received online therapy, 12 completed the evaluation form on Google Forms. It is acknowledged that this is a small representation of the total client group. This may be due to i) the completion of the evaluation being voluntary, ii) the Google Forms platform being inaccessible to some and iii) financial and data access constraints. Table 2 gives a description of the quantitative data drawn from the client evaluation form.

Source	n	Percentage
Have you ever been in any form of therapy before?		
Yes	7	58.3
No	5	41.7
In what way did you find that the online platform allowed you to express yourself? *(11 clients responded)*		
I found it comfortable and natural	10	90.9
It enabled me to express myself partially	1	9.1
Did you feel understood and heard throughout the three sessions?		
Yes, I did	11	91.7
Most of the time	1	8.3
Did you feel you had a safe space to share your thoughts and feelings?		
Yes, I did	12	100
Did you find the therapist's approach (modality) provided you with new ways to deal with your stressors/difficulties?		
I found the techniques very helpful	10	83.3
I found some of the techniques useful	2	16.7
I did not find the techniques helpful	0	0.0
Do you feel you would benefit from an ongoing therapeutic process?		
Yes, I would like to have further therapy	9	75.0
I would like to think about it	2	16.7
No, not at this stage	1	8.3
How did you hear about FS?		
Social Media	1	8.3
Referral from another organization	4	33.3
Other	7	58.3

Table 2: Descriptive features of client evaluation forms

Presentation of qualitative findings

In the case of the client evaluation five themes were identified and in the case of the therapist survey six themes were identified, as presented in the sections below.

Presentation of themes: Client evaluation

The five themes emerging from the client evaluation are i) perceived personal gains through online therapy, ii) enhanced personal insight, iii) clients' experience of the therapist, iv) difficulties experienced by clients, and v) reflections and recommendations.

Source	n	Percentage
Arts Therapy modality		
Drama Therapy	6	27.8
Music Therapy	9	50
Dance Movement Therapy	1	5.6
Art Therapy	3	16.7
Intern/Qualified		
Intern arts therapist	7	38.9
Trained arts therapist	11	61.1
Experience of translating Arts Therapy modality to the OLP		
Very easy	1	5.6
Easy	8	44.4
The same as in-person sessions	3	16.7
Challenging	6	33.3
Extremely challenging	0	0
OLP most frequently used *(15 therapists responded)*		
Zoom/Skype	7	46.7
WhatsApp video	4	26.7
WhatsApp text	3	20.0
Phone calls	1	6.7
OLP second most frequently used *(13 therapists responded)*		
WhatsApp text	7	53.8
WhatsApp video	3	23.1
In-person	1	7.7
Zoom/Skype	2	15.4

Table 3: Descriptive features of quantitative data from therapist surveys.

Theme 1: Perceived personal gains through online therapy

Personal gains reported by clients range from the novelty of "not having [had] the privilege of experiencing therapy before," to the affordances of the therapeutic space which "gave me a space to vent, feel heard and (be) seen as human," offered the opportunity for "emotional release," "connecting with feelings and emotions," "hand[ling] anxiety" and "finding balance." One client referred to "being strong during a time of uncertainty." Clients reported personal gains as "tools I got to work through grief and trauma," "visualis[ing] emotions through creating art or writing," "tools to deal with anxiety" and the opportunity to refer back to resources such as voice notes used in the sessions. Clients also reported on the sessions as being "very helpful and empowering during a very difficult crisis situation," as well as being assisted to understand that "breakdown and burnout is a normal experience" that can be managed.

Theme 2: Enhanced personal insight

Clients reported experiencing "new self-insights" and "self-realisation." One client reported the therapeutic space enabling them to "change [their] perception." Clients also reported being able to place "self as priority" and "not to put pressure on the self," as well as how therapy "made me see how much I can accomplish."

Theme 3: Clients' experience of the therapist

Clients reported on the therapist as being a "safe person to connect with in a different way" and that the "therapist demonstrated high levels of professionalism." It was also reported that the therapist held a "very strategic approach to integrating deep-seated historical trauma into present-day behaviour" and that the therapist "demonstrated huge amounts of empathy and insight into present-day socio-economic struggles, as well as sensitivities to hard issues such as white privilege, race and class."

Theme 4: Difficulties experienced by clients

Clients reported experiencing difficulties at a personal level, such as not being able to "handle or process triggers" and experiencing the pandemic as "feel[ing] like a life and death." When reflecting on whether the sessions were experienced as helpful the following two responses: "difficult to say after 3 sessions" and "I take a while to open up" indicate that the shorter session format may have been difficult for some clients to engage with.

Theme 5: Client reflections and recommendations

Clients reflected positively on the overall experience of FS through sentiments such as "all in all a truly empowering experience," "services are amazing," "deep gratitude" and "hope of service continuing." Also included in the clients' feedback were recommendations for future FS services. These include a suggestion for "check-ins for accountability," "branching out," "maintenance is necessary (because) the beginning is hard and not everyone keeps with it."

Presentation of findings: Therapist survey

The six themes identified from the analysis of the therapist survey are: i) access and awareness, ii) client access to and engagement with therapeutic arts resources, iii) possibilities and restrictions of the Online Platform (OLP), iv) arts therapy techniques adapted for the OLP, v) therapists' challenges, and vi) establishing and maintaining the therapeutic relationship.

Theme 1: Access and awareness

This theme illustrates the role of FS in "broadening access" to therapeutic services. One respondent referred to "the difficulty [of] accessing broader mental health networks during Covid" while others described how FS provided access to therapy "irrespective of client's socio-economic or health status," "from comfort of own home-cutting out travel and other costs" and "access to the arts therapies not related to the geographical location of the therapist." Image 1 represents the approximate locations of FS therapists and their clients and illustrates how access to therapeutic services were afforded to clients despite geographical location. Clients were reached in eight of South Africa's nine provinces.

Therapists also reported that FS advocates for "more awareness of music therapy" and creates "exposure for the arts therapies." In addition, it was stated that FS provides access to work opportunities "for students and interns to gain experience" and "complete clinical hours." This increased the capacity of FS to enable some clients the benefit of longer-term therapy (Figure 2).

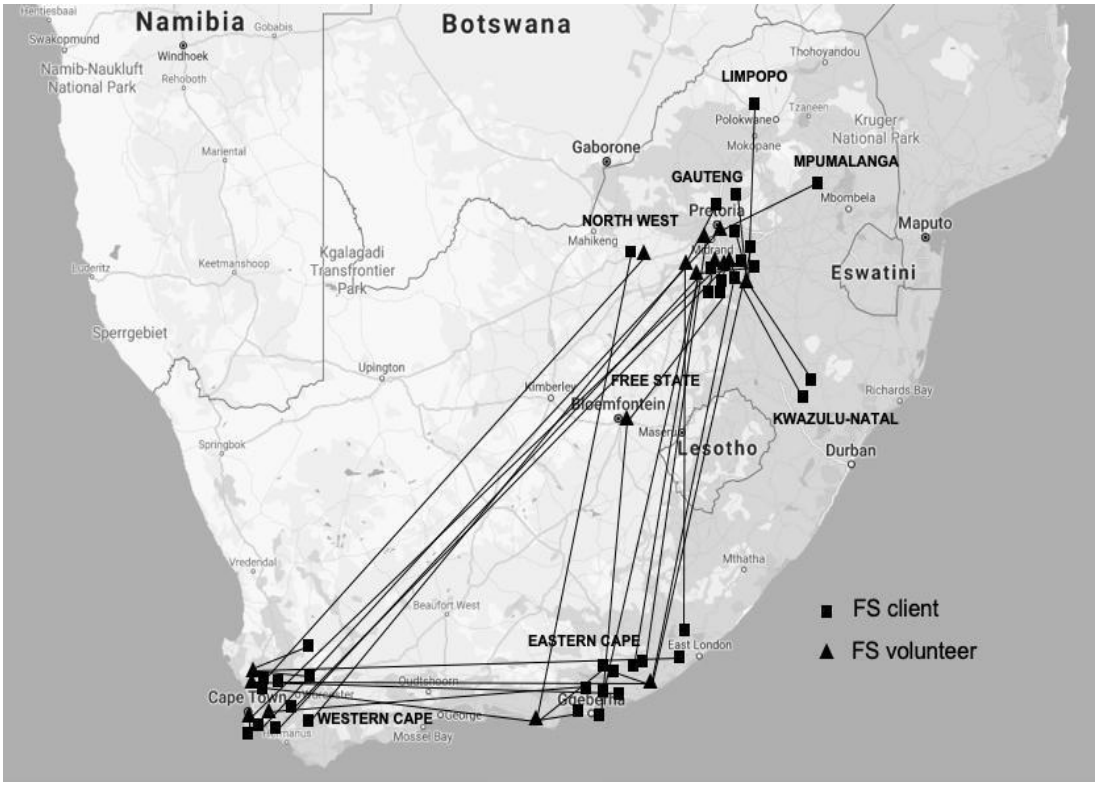

Image 1: Approximate locations of FS volunteers and their clients

Theme 2: Client access to and engagement with therapeutic arts resources

This theme highlights client access to arts resources during and between online therapy sessions. On the one hand it was reported that there is "difficulty for clients to access art materials in their own homes," "limitations in not being able to offer art materials to clients" and "challenges for clients around creative ideas using their own art resources." On the other hand, therapists described creative ways of inviting clients to access and engage with arts resources such as: "empowering clients with information and resources as applicable" and "giv[ing] clients more power and agency in choice of own art resources and meaning they attach to art materials." One therapist reported that she "described an art therapy studio" inviting the client to "create a similar setup at home using own resources." Other creative initiatives included: "providing an online folder for music listening during the week," "sending music in between sessions as support," "using poems and reflective journaling to compose music" and "using virtual instruments to make a composition."

Theme 3: Possibilities and restrictions of the OLP

The OLP was described as "discovering the possibility of a new medium." The data refer to the OLP as being a flexible medium for "creating and witnessing client's processes" and "accommodating client's context e.g., time and space." Several therapists reported that clients engage with "disinhibition" on the OLP, allowing for "spontaneity, use of art materials without feeling watched," "experienc[ing] body awareness work in privacy" and "mov[ing] to music without feeling self-conscious." Also highlighted is the possibility for adapting therapeutic techniques: "music doesn't have to be facilitated in person," "has been easy for clients to still be heard over Zoom by means of song and music listening" and

"finding creative ways to adapt clinical techniques for [the] online format." The OLP was also described as a "home for all the modalities to work together collaboratively."

The data refer to three primary restrictions of the OLP: i) *modality specific*: "Not being able to use active music techniques," "limitations in not being able to offer art materials to clients" and "adapting modality to online format;" ii) *connectivity and data:* "doing live music with slow internet makes the experience of MT more difficult," "client's access to stable internet" and "technical difficulties – calls dropping, data issues, texts not going through," "sending music tracks takes a lot of data," "sessions can take longer because of client's response to texts or connectivity;" iii) *interpersonal*: "not being able to read client's body language or general affect - creates difficulty when intervening."

Theme 4: Arts therapy techniques adapted for the OLP

Analysis of the data revealed an array of techniques adapted for the OLP across the four Art Therapy modalities. While overlaps are indicated, the techniques listed below are according to the respective modalities:

Arts Therapy Modality	Techniques
Music Therapy	Receptive techniques, song writing, guided relaxation with music, adapted Guided Imagery and Music (GIM), composing with virtual instruments, guided visualization, recording and sharing improvisations, singing to enhance breathing, Music-centred colour and symbolism work, song and lyric analysis, improvisation using turn taking, singing and instrumental play, music-centred movement
Art Therapy	Opening technique of ensuring presence of art materials and relationship with art materials, art making, reflection on artwork, projection and association, googling references of books, movies collaboratively with client
Drama Therapy	Role play, Role-reversal, building images visualization, dance/movement, breath work, story making, storytelling, movement, embodiment, guided visualization, projective play, working with metaphors
Dance/Movement Therapy	Breath work, embodied visualization, guided embodied relaxation, mirror movement, artwork

Table 4: Techniques used by the various arts therapies modalities

Theme 5: Therapists' challenges

The survey indicated personal difficulties faced by therapists such as "managing my own anxieties of working online," and "facing the difficulty of getting and staying in my therapist role." Also reported were challenges associated with the demands of volunteering: "nature of crisis management work, feeling obliged to respond," "managing energy when volunteering - the balance of give and receive," "have limited capacity as therapist to offer voluntary clinical hours" and "feeling constantly on duty."

Theme 6: Establishing and maintaining the therapeutic relationship

This theme articulates the complexity of online work in terms of establishing and maintaining the therapeutic relationship. Four sub-themes illustrated with corresponding verbatim responses from the survey provide the summary of this theme.

Sub-theme	Verbatim quotes
Confidentiality	"confidentiality and privacy - not always easy at home," "Safe confidential storage of art works," "limitations in not being able to offer confidential space"
Boundaries and accountability	"Acknowledge online space at the start of the session," "From the beginning speak about what happens if technology fails," "Accommodate the physical space of the client," "Keeping boundaries re contact times (outside of sessions)," "client changing time of session at last minute," "working within limited time"
Containing	"Losing touch with a client during a session and not knowing whether [the] client [is] contained," "When no video, cannot pick up on client's body language to ensure containment" and "be mindful of disinhibition effect - leaving client with shame after disclosure"
Sharing and support	"Client to photograph work - share with therapist for joint exploration," "When sending music to the client always listen on side of therapist to create continuity," "by using images and song lyrics shared via WhatsApp chat during sessions," "using games that can take place online to create relationship," "responded to client's image making with my own image," "sending a visual synopsis or reminder after each session" and "checking in...without interrupting their process"

Table 5: Verbatim quotes from the data for theme 6

Concluding the presentation of the qualitative findings are two vignettes drawn from FS case studies. The first vignette illustrates the FS 3-session online format facilitated by a qualified music therapist, and the second demonstrates a longer-term process facilitated by a music therapy intern.

Vignette 1 - Lena

Lena, a 52-year-old mother and wife, was referred to FS by her son. He worried about his mother, since she displayed symptoms associated with depression and anxiety during the lock-down after her husband was diagnosed with COVID and admitted to hospital due to COVID related complications. She also feared for her own health and expressed a great sense of loss for not being able to connect physically and emotionally to close family at the time.

We had a total of four online sessions, over a period of three months and mainly took the form of WhatsApp voice-calls as per the client's preference. The client was supported by the Frontline Data Fund. During the first session Lena articulated her struggle to express her feelings at the time and said she found solace in talking to God and singing hymns. The songs she found comfort in were

hymns from their congregation and they reminded her of God's goodness as well as her connection to a loving community, even if religious gatherings were not allowed at the time.

During our second session, Lena presented with pronounced symptoms of anxiety: she felt pain and tightness in her chest and mentioned that it reminds her of asthma symptoms that she sometimes gets. During the remainder of the session, we compiled a metaphorical toolkit with different techniques that she can utilize, when becoming extremely anxious. Amongst these, were hymn-singing. Singing was already a coping technique she naturally incorporated to regulate elevated anxiety levels, but talking her through and practicing deep breathing techniques, phrasing and the value of journaling beloved songs, I hoped to expand the value of voice-work in these circumstances.

When ringing her on the morning of our third session, I learnt of her husband having passed away earlier that morning. I was concerned over the effect of Lena's husband's death on her already fragile mental state and kept in touch with the client via WhatsApp text messages. Two weeks after her husband's passing, I suggested a time for her next session, which she accepted. She used the time talking through the events following her loss and I affirmed the wide range of emotions she was experiencing using the traditional stages of grief as a guide. Even though we initially agreed on the three-session format, we decided to schedule a follow-up session due to the circumstances.

A month after Lena's husband's passing, we met virtually, and she reported that she still cried a lot. Despite this, positive signs of emotional strengthening could be observed. She started reaching out to members of her church community for support and would attend women's groups where they sang and prayed together. She also reported feeling more accepting of difficult emotions since having a better understanding of the stages of grief.

This verbatim transcription of her words during our fourth and final session, signaled the possibility of concluding the therapeutic process: "If I did not have a person to walk beside me in this process, it would have taken me much longer to lift myself up…I can't keep on crying, but crying [over the death of my husband] is normal." She seemed inspired to share her insights and expressed the wish to equip herself formally to be able to also support others.

Vignette 2 - Deku

Ten-year-old Deku was referred to FS by his occupational therapist, out of concern that his aggressive behaviour had increased during lockdown. It was deemed that he would benefit from a space in which to "vent" his frustrations. The complexity of Deku's case soon became evident through his disclosure of suicidal ideations, logistical changes in the family's living situation and generational trauma that was emerging in the family system. With the use of adapted music therapy techniques, the process primarily on assisting Deku to express and manage his difficult emotions. We had a total of 17 sessions, all of which took place online. At the time, Deku was living with his grandmother, aunt, and younger brother in a one-bedroom apartment, with very limited privacy and no comfortable, physical space to utilise for therapy. Between the front seat of

> their broken car in the basement, the small bathroom with a sliding door and an unstable internet connection, we attempted most of our sessions over WhatsApp video.
>
> In earlier sessions, Deku expressed his frustration in navigating the online therapy space, e.g., "I can't use my hands because I'm holding the phone," "the steering wheel is in the way," "I'm not going to sing because my stupid brother will hear!" These difficulties required me to adapt to our very "different" way of connecting. Out of necessity we embraced the logistical challenges as working tools rather than obstacles. We intentionally incorporated what was present in Deku's environment on the day into the therapy space: e.g., "Let's use the steering wheel and drive to our favourite place! Where are we going? Are we driving away from something? What song is playing over the car radio?" Deku engaged with such questions and related the conversation to songs which we together selected on YouTube. YouTube served as a communication tool for Deku to share his thoughts and emotions through songs and lyrics. As the therapeutic relationship grew, our adaptability within the online space increased. We used DJ apps (Groovepad – an easy-to-use music-maker app - chosen by Deku) to compose our own songs which often led to conversational reflection: "Listen what I did here," he would enthusiastically share. "The song is called anger. Did you get it? The banging sound symbolised a gunshot! And the faster rhythm is a heartbeat." These collaboratively composed songs became a creative avenue through which Deku could "vent."
>
> While this vignette describes only a few snapshot examples from the process with Deku, it seeks to illustrate that, in spite of the challenges, our 17-session process afforded him safety and support within our unique online therapeutic relationship.

These vignettes highlight aspects of the themes above discussed, with regard to: i) access to therapy in the face of challenging socio-economic circumstances, ii) the possibilities and restrictions of the OLP, iii) the adaptation of music therapy techniques, and iv) client access to and engagement with music therapy resources.

DISCUSSION

The account of FS provides insight into aspects of online therapeutic services within the South African context. While teletherapy and the use of different digital platforms is not unique to the COVID-19 pandemic (Norman, 2006; Tomlinson et al., 2013), the crisis of COVID-19 propelled the use of online services in many spheres of life (Wong et al., 2020). This was no less so in healthcare where the use of online services was introduced as a means of addressing the mental health impact of the pandemic (Boucher, 2021; OECD, 2021).

In South Africa , systemic inequality in healthcare continues to render many still unable to access therapeutic services (Kim et al., 2020). COVID-19 highlighted these inequalities due to the socio-economic crisis worsening as a result of the strict lockdown during the acute phase of the pandemic. The following statement lifted from the client evaluation as cited earlier, sheds light on the complexities of the South African lived experience of some who sought the services of FS. One such

client reflected on how the therapist offered support by "demonstrating huge amounts of empathy and insight into present-day socio-economic struggles, as well as sensitivities to hard issues such as white privilege, race and class." The introduction of services such as FS goes some way to addressing this divide. de Bitencourt Machado et al. (2016) propose that online therapy may be the only chance of treatment for people who are unable to access healthcare for geographic or financial reasons. With reference to telepsychiatry, Norman (2006) indicates teletherapy as a feasible method for delivering a range of mental health services. Statistics show that tele-medicine, if adopted collectively, can bring about greater care for individuals, cost savings in the long run, and more importantly a more organized and sustained public health service (Nittari et al. 2020). Vaudreuil et al. (2020) agree that telehealth services allow access to therapy where distance is a barrier and, more specifically, that the implementation of online music therapy allows individuals access to therapy that extends further than traditional medical care.

Also iterated by the findings are specific learnings from the role out of FS. The first learning highlighted the possibilities of online therapy: clients are accommodated and witnessed in new ways (Grondin et al., 2019; Maier et al., 2021; Suk, 2021, Zubala and Hackett, 2020), new technologies are employed, and arts therapies techniques can be adapted (Kantorova et al., 2021; Vaudreuil et al., 2020; Zubala & Hackett, 2020; Usiskin & Lloyd, 2020). It was also found to be a space in which arts therapists could collaborate (Harvey et al., 2020). Furthermore, therapists used the term "disinhibition" in two ways to describe client engagement in the virtual space: one referring to spontaneous open participation, the other to unfiltered disclosure which may leave the client with unresolved feelings. Lapidot-Lefler and Barak (2015) refer to the online disinhibition effect as reduced inhibitions, expressed in online interpersonal interaction which can be positive and negative. The findings in this report suggest awareness and careful management thereof.

The second area of learning concerns the limitations of online therapy. These are articulated in this report include connectivity challenges, the compromised use of clinical improvisation and synchronous music making, client access to arts resources and the difficulties associated with not being able to read affect and body language, as well as concerns regarding client containment. These findings concur with what has been found in teletherapy studies (Druma & Littleton, 2014; Suk, 2021; Boyer, 2020; Zubula and Hackett, 2020), and more specifically online music therapy studies (Cole et al., 2021; Agres et al., 2021).

The third learning draws attention to the complexity of maintaining the therapeutic relationship virtually. Suk (2021) describes the experience of the COVID-19 rapid transition to online therapy, highlighting a previously held notion of the primacy of the physical therapy space: "And even more core to my identity was my belief that I had earned the invitation to witness my patients' grief and transformation only through the meaningful relationships we had created in the therapy room" (Suk, 2021, p.330). While literature supports the possibility of creating a strong working alliance in the online therapy room (Simpson & Reid, 2014) careful consideration of structural elements such as time and duration of sessions, rescheduling and session attendance, as well as environmental privacy, technical problems, managing interruptions and learning to respond to non-verbal and affective cues is important in creating a safe frame within which to work (Cipolletta et al., 2018; Druma & Littleton, 2014; Suk, 2021).

The fourth learning emphasises the ethical and legal aspects that play an important role with the implementation of telehealth services and can raise complex concerns (Nittari et al. 2020) which may include elements such as privacy and confidentiality of data along with access and fairness (Martinez-Martin et al., 2020). In line with the suggestions of Nittari et al. (2020), FS has strongly insisted on protection of patient information and on obtaining informed consent from all its service users. Therapists are strongly encouraged to remain cognizant of clients' fundamental rights to dignity, privacy and confidentiality.

This report highlights the immediate response of arts therapists in providing innovative online therapeutic services in the face of a national and global crisis, with limited knowledge and experience of this new mode of working. Agres et al. (2021), in a survey of twenty countries, found that most music therapists employed new technologies and used the OLP in some way as a response to COVID-19. As this new way of working seems here to stay, Agnes et al. (2021) recommend that technology be developed to better support the embodied and affective experiences and benefits of in-person music therapy. Studies further recommend that reflection and research is necessary towards the inclusion of new technologies and instruction for arts therapists' education and training (Agnes et al., 2021; Zubala et al., 2021).

RECOMMENDATIONS GOING FORWARD

As FS continues to develop it is important to take an inventory of learnings in order to improve session-related procedures and organisational structures. Due to volunteer therapists returning to their full-time work, limited capacity for referrals and the impact of pandemic fatigue the capacity of the organisation has decreased (Badre, 2021; Ji et al., 2021; Labrague, 2021). This calls for reflection and reframing. While not described in the findings, the therapist survey indicates further recommendations for the ongoing development and sustainability of FS.

These further recommendations include i) an induction training with regard to boundaries and FS guidelines, ii) in addition to the multi-disciplinary ward rounds to introduce group supervision for volunteers seeing clients, iii) improving administrative procedures, iv) articulating future services offered by FS (adapting the 3-session model to 4-sessions and longer term therapy), vi) developing a model for short term arts therapies interventions, vii) volunteer training, viii) refining processes of clients' access to FS (broadening referral opportunities with existing organisations, access to data, improving social media presence, advertising, setting up stations in each province) and ix) developing procedures for client follow-up.

Recommendations from the survey concerning organisational structures include: i) staffing and capacity building, ii) refining the volunteer structure, iii) monitoring and evaluation, iv) data funding, v) developing partnerships and networks, vi) marketing and advocacy and vii) financial structuring.

While keeping the recommendations and learnings in mind it is important to remain flexible and open to organic changes pertaining to both structural and clinical development within the FS initiative as it moves into post-acute pandemic phase in South Africa.

In relating the story of FS, it is hoped that the benefits and learnings from this process contribute to furthering understandings of online music and arts therapies offerings, and that it communicates a message of hope amidst trying times.

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Ελληνική περίληψη | Greek abstract

Frontline Support: Ανταποκρινόμενοι με διαδικτυακή θεραπεία μέσω τεχνών και μουσικοθεραπεία στην κρίση ψυχικής υγείας που προκάλεσε η COVID-19 στη Νότια Αφρική

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ΠΕΡΙΛΗΨΗ

Η νόσος COVID-19 άφησε την Νότια Αφρική κλονισμένη από τις συνέπειες της πανδημίας. Ο υποχρεωτικός εγκλεισμός περιόρισε την κινητικότητα, άσκησε σημαντική πίεση στους εργαζόμενους στον τομέα της υγείας, και επηρέασε βαθύτατα την κοινωνικο-οικονομική κατάσταση της χώρας. Η αυξημένη ανεργία, οι αναφορές

για βία λόγω φύλου και οι απειλές αυτοκτονίας ήταν μερικές από τις ενδείξεις για μία συνεπακόλουθη κρίση ψυχικής υγείας. Ως απάντηση, ιδρύθηκε η Frontline Support, μία συνεργατική εθελοντική πρωτοβουλία θεραπειών μέσω τεχνών. Αυτή η αναφορά καταγράφει τη διαδικασία εδραίωσης και εφαρμογής της FS. Περιγράφεται η σύλληψη και η δομή του οργανισμού καθώς και η διαδικασία επιλογής και η θεραπευτική παρέμβαση. Παρουσιάζονται περιγραφικά στατιστικά στοιχεία από τα δεδομένα της επιλογής, της αξιολόγησης των πελατών, και ενός ερωτηματολόγιου των θεραπευτών, καθώς και οι θεματικές κατηγορίες που προέκυψαν από τη θεματική ανάλυση. Συμπεριλαμβάνονται δύο βινιέτες από κλινικές μελέτες περίπτωσης που καταγράφηκαν οι οποίες περιγράφουν την διαδικτυακή θεραπευτική προσφορά της FS. Η σύνοψη των ποσοτικών δεδομένων περιλαμβάνει: την διαδικασία επιλογής, τον αριθμό των πελατών με πρόσβαση στις υπηρεσίες της FS, την ανάλυση των συνεδριών και τη γεωγραφική κατανομή για την περίοδο από Μάρτιο 2020 έως τον Ιούλιο 2021. Από τη θεματική ανάλυση της αξιολόγησης των πελατών προέκυψαν πέντε θεματικές κατηγορίες: i) Εκλαμβανόμενα προσωπικά οφέλη μέσω της διαδικτυακής θεραπείας, ii) Βελτιωμένη προσωπική επίγνωση, iii) Η εμπειρία των πελατών με τον θεραπευτή, iv) Δυσκολίες που βιώθηκαν από τους πελάτες, v) Αναστοχασμοί και προτάσεις. Από το ερωτηματολόγιο των θεραπευτών προέκυψαν οι παρακάτω έξι θεματικές: i) Πρόσβαση και επίγνωση, ii) Πρόσβαση και εμπλοκή των πελατών σε πόρους των τεχνών, iii) Δυνατότητες και περιορισμοί της διαδικτυακής πλατφόρμας, iv) Τεχνικές θεραπειών μέσων τεχνών προσαρμοσμένες για την Διαδικτυακή Πλατφόρμα, v) Προκλήσεις των θεραπευτών, και vi) Εδραίωση και διατήρηση της θεραπευτικής σχέσης. Η συζήτηση αντανακλά τα οφέλη, τις προκλήσεις και τη γνώση από την FS, και ολοκληρώνεται με προτάσεις για συνεχιζόμενη ανάπτυξη, βιωσιμότητα και προσβασιμότητα στη Νότια Αφρική.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

Covid-19, διαδικτυακή μουσικοθεραπεία, Frontline Support, ψυχική υγεία