

Research for Patient Benefit

Final Report Form

Project Title	MELODIC: co-developing a Music therapy intervention Embedded in the Life Of Dementia Inpatient psychiatric Care to reduce agitation and related physical assaults
Reference Number	NIHR204928
Contracting Organisation	Cambridgeshire and Peterborough NHS Foundation Trust
Approved Duration	18
Current Duration	18
Contracted Start Date	01/09/2023
Contracted End Date	03/03/2025
Original Award	151,758.00
Current Award	151,758.00

Project Details

Grant Title:	MELODIC: co-developing a Music therapy intervention Embedded in the Life Of Dementia Inpatient psychiatric Care to reduce agitation and related physical assaults		
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Contracted Start Date:	01 September 2023	Contracted End Date:	03 March 2025
First Contracted Start Date:	01 September 2023	Current Award:	151,758.00
Original Award:	151,758.00		

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Research Team

Chief Investigator	Dr Ming-Hung Hsu (Anglia Ruskin University Higher Education Corporation)
Joint Lead Applicant:	Professor Helen Odell-Miller (Anglia Ruskin University Higher Education Corporation)
Co-Investigators:	Dr Emma Wolverson (The University of West London) Mrs Naomi Thompson (Anglia Ruskin University Higher Education Corporation) Dr Benjamin Underwood (University of Cambridge) Mr Chris Pointon (PPI representative)
Selection List	Dr Benjamin Underwood
Role in research	Co-investigator
Selection List	Dr Emma Wolverson
Role in research	Co-investigator
Selection List	Mr Chris Pointon
Role in research	Public researcher
Selection List	Mrs Naomi Thompson
Role in research	Co-investigator
Selection List	Professor Helen Odell-Miller
Role in research	Joint chief investigator
Selection List	Dr Ming-Hung Hsu
Role in research	Joint chief investigator

Involvement of NIHR Infrastructure

Please indicate which NIHR Infrastructure organisations were involved in your research.

CRN

Please describe the role of each organisation in your research

The Clinical Research Network (CRN) has played a crucial role in supporting the MELODIC study, particularly in site identification, participant recruitment, and research delivery. Their involvement has been instrumental in ensuring the study's successful implementation across multiple NHS sites.

One of the CRN's primary contributions has been site identification, assessing NHS sites' capacity and participation capability. Through their support, we successfully recruited 17 NHS sites for the qualitative strand of our research, enabling us to gain valuable insights into the experiences of both staff and patients regarding the MELODIC intervention.

Beyond site identification, the CRN has provided vital recruitment of participants on dementia wards. Their involvement has strengthened engagement with local clinicians and care teams, improving recruitment rates and ensuring that the study effectively reaches its target population.

The CRN has also offered workforce and research delivery support, providing access to research nurses and support staff who have facilitated recruitment, consent processes, and data collection. Additionally, they have played a crucial role in data collection, ensuring that key outcome measures, such as agitation levels measured by the Cohen-Mansfield Agitation Inventory (CMAI), are gathered consistently across sites and time points.

Beyond these logistical contributions, the CRN has fostered engagement with key stakeholders, including NHS trusts, care staff, and patient groups, helping to integrate the MELODIC intervention into clinical practice. Furthermore, their support in securing the adoption of the NIHR Portfolio has provided additional resources and funding to facilitate research delivery.

Overall, the CRN's involvement has been essential in enabling the successful implementation of the MELODIC study, strengthening its impact and expanding its reach within NHS inpatient dementia care settings.

Changes to Research Team

Please outline any changes that have been made to the research team over the course of the research, including an explanation of why they were required.

Professor Helen Odell-Miller retired during the study; however, she has remained as the joint Chief Investigator, continuing to contribute to the project. This change was necessary to reflect her retirement from her institutional role while maintaining her expertise and leadership within the study.

Additionally, Professor Emma Wolverson moved from the University of Hull to the University of West London. This was a change in institutional affiliation rather than a change in her role within the research team, and she has continued her involvement in the study.

These are the only changes that have occurred, and both were necessary to accommodate career transitions while ensuring continuity in the project.

Scientific Summary

Please provide a structured summary of your work.

This project aimed to create and pilot a manualised music therapy (MT) intervention, delivered by qualified music therapists, to reduce agitation and associated physical assaults on National Health Service (NHS) Inpatient Psychiatric Dementia Wards (IPDW). Managing agitation and aggression for people with dementia is complex. People with the most severe symptoms may be admitted to IPDW under the Mental Health Act. Physical assaults on patients and staff occur as frequently as every other day on a 20-bed ward, contributing to several safety concerns. Patient hospital stays tend to be long, and the use of sedative medication is common, which is linked to high rates of falls and a 35% increased risk of death. Additionally, staff sickness and absence rates are high, with bank and agency staff covering more than 50% of shifts. However, little research has explored interventions to manage agitation and reduce physical assaults for patients on IPDW.

There is some evidence that MT, mainly in care homes, can reduce behavioural and psychological symptoms of dementia, including agitation and depression. Qualified music therapists can also help staff and carers understand behaviours, unmet needs, and triggers for symptoms. Previous research from our team found fewer incidents of physical assaults reported on days when MT took place on two IPDW. However, a national audit we conducted revealed significant variation in access to MT across NHS Trusts. The need for a standardised MT intervention to reduce agitation on IPDW was highlighted through consultations with three Patient and Public Involvement (PPI) groups run by Dementia UK, the Cambridge Institute for Music Therapy Research, and the Cambridgeshire and Peterborough NHS Foundation Trust.

For this 18-month project, we conducted four work packages (WP) to develop and pilot **MELODIC (Music therapy Embedded in the Life Of Dementia Inpatient Care)**, a co-designed MT manual. During WP1, focus groups and interviews were conducted with patients, relatives, and staff to understand how agitation and physical assaults were experienced and managed on IPDW and to identify training and support needs. These insights informed the key components of MELODIC, which was developed with a co-design group in WP2.

In WP3, we piloted MELODIC over four weeks on one NHS IPDW that already provided MT. Based on the findings, we refined the intervention before piloting it on another NHS IPDW that had not previously offered MT (WP4), allowing further enhancement of the manual. Findings were disseminated at a Sharing Event attended by patients, families, staff, academics, practitioners, and policymakers, as well as through journal publications and conference presentations.

The short-term impact of our research has provided valuable insight into how IPDW manage agitation and physical assaults and how MT might support symptom management and prevention. The long-term impact we seek is a costed and standardised MT intervention that increases access to non-pharmacological support. Following this project, we plan to apply for funding to evaluate the intervention's clinical and cost-effectiveness. If proven effective, this would enhance the quality and cost efficiency of NHS dementia inpatient care across the UK.

KEYWORDS 1

Keyword 1:	Agitation
Keyword 2:	Dementia
Keyword 3:	Inpatients
Keyword 4:	Mental Health Services
Keyword 5:	Music Therapy
Keyword 6:	Non-Pharmacological Interventions
Keyword 7:	Psychiatric Wards

Keyword 8:	Qualitative Research
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Plain English Summary

Please provide a plain English summary of your research.

Distress is common for people with dementia on hospital mental health wards, but music might help. People may become distressed due to symptoms like hallucinations or because their care does not meet their needs. If distress leads to behaviour that puts themselves or others at risk, they may be admitted to a hospital mental health ward. The goal of admission is to manage distress and enable discharge with appropriate support, but this can take a long time.

These specialist wards are different from general hospital wards or care homes, and there is little research on how best to support patients. Caring for someone who is frightened and distressed is challenging, and both staff and patients can get hurt. Staff on these wards experience more physical assaults than prison officers. Calming medications such as antipsychotics are often used but can increase the risk of falls and death.

Music therapy has been shown to reduce distress for people with dementia in care homes, but its benefits on mental health wards are less well understood. Our research found fewer assaults on days when music therapy took place, and staff observed a positive impact. However, access to music therapy varies across NHS wards.

In this eighteen-month project, we developed a music therapy manual for mental health wards with people with dementia, their families, and staff. We:

1. Talked to people with dementia, relatives, and staff about managing distress and assaults.
2. Co-created a music therapy manual based on these findings.
3. Piloted the manual on two mental health wards and refined it.

Now complete, the manual has been shared with the public, and we plan to test it on more wards.

Please tick the box if this section of the report has been written with members of the public who have been involved in the research.

☒ Confirmed

Aims and Objectives

Please describe the original aims and objectives of the research.

Aim 1: To co-develop a music therapy model (MELODIC) for Inpatient Dementia Wards (IPDW). This will include:

- A manual outlining MT intervention delivery
- A handbook and resources for ward managers, staff, and relatives

Aim 2: To pilot the MELODIC intervention. This will:

- Enable refinement of the intervention
- Determine acceptability with patients, relatives, and staff
- Assess the feasibility of delivery, including facilitators and barriers to implementation
- Assess adherence to the intervention
- Establish cost parameters of delivery
- Test potential outcome measures to inform the design of a future controlled trial

To meet these aims, the Research Objectives (RO) are to:

RO1. Understand how agitation and physical assaults are experienced and managed on IPDW and identify components of the intervention through focus groups and interviews with staff, patients and their families.

RO2. Co-create the MELODIC intervention with the co-design group, gathering feedback from focus group and interview participants from RO1.

RO3. Pilot MELODIC for four weeks on two IPDW. First, we will pilot on a ward which currently employs a music therapist, and then on a ward with no prior experience of MT, to further refine the model.

Changes to Aims and Objectives

If the aims and objectives changed, please explain in what way and why.

No changes required.

Description of Research

Please provide a structured summary of your work.

Background

Managing distress, including agitation and anxiety, is a key challenge in NHS inpatient mental health dementia wards. Pharmacological approaches are commonly used but may lead to adverse effects, including increased sedation, heart complications and falls. Non-pharmacological interventions, such as music therapy, offer a promising alternative but require systematic development and evaluation to ensure their feasibility within NHS settings. The MELODIC study aimed to develop and pilot a structured music therapy intervention to support ward staff in managing distress in patients with dementia. The study adopted a theory-driven, evidence-based, and co-designed approach to intervention development.

Methods

The study followed a mixed-methods approach, combining evidence synthesis, qualitative research, intervention co-design, and a pilot evaluation.

- A systematic review (Thompson et al., 2024a) synthesised existing evidence on all psychosocial interventions, including music-based interventions for distress in dementia care, identifying facilitators and barriers to implementation.
- A realist review (Thompson et al., 2024b) examined how, for whom, and in what contexts music therapy interventions work in institutional settings, providing a theoretical foundation for intervention development.
- A qualitative study (Thompson et al., under review) was conducted with ward staff, patients, and relatives across 17 NHS Trusts to explore real-world challenges and opportunities for implementing music-based interventions.
- A co-design process involving key stakeholders led to the development of a manualised music therapy intervention, which ensured its feasibility and usability in NHS dementia wards.
- A pilot study tested the intervention on two NHS inpatient dementia wards, collecting data on feasibility, acceptability, and engagement.
- A realist process evaluation examined the mechanisms through which the intervention operated and contextual factors that influenced implementation.

Results

- The systematic and realist reviews highlighted key mechanisms, including predictability, familiarity, and structured engagement, as essential components of effective music therapy interventions in dementia care.
- The qualitative study identified key implementation barriers, such as staff workload, ward culture, physical environment constraints, and enablers, such as staff enthusiasm and the informal use of music.
- The co-design process resulted in a structured, manualised intervention, balancing flexibility with therapeutic integrity.
- The pilot study demonstrated that the intervention was feasible and acceptable, though refinements were needed to enhance staff engagement and consistency in delivery.
- The realist process evaluation identified contextual factors such as staff training, leadership support, and integration with existing ward routines as critical to successful implementation.

Conclusions

The MELODIC study successfully developed and piloted a manualised music therapy intervention for distress management in NHS inpatient dementia wards. Findings suggest that structured music interventions can be embedded into routine care with adequate training and institutional support.

The study generated theoretical, practical, and implementation insights, forming the foundation for a future cluster randomised controlled trial to assess the intervention's clinical effectiveness and scalability across NHS settings.

Implications

- The intervention offers a non-pharmacological, scalable approach to managing distress in dementia care.
- Findings inform best practices for training and supporting staff in implementing music therapy interventions.
- The study highlights the importance of embedding music-based interventions within existing ward structures to ensure sustainability.

References

Thompson, N., Hsu, M. H., Odell-Miller, H., Underwood, B. R., and Wolverson, E., 2024a. Characteristics, outcomes, facilitators, and barriers for psychosocial interventions in inpatient mental health dementia wards: a systematic review. *BMC Geriatrics*, 24(1), 364.

Thompson, N., Odell-Miller, H., Underwood, B.R., Wolverson, E. and Hsu, M.H., 2024b. How and why music therapy reduces distress and improves well-being in advanced dementia care: a realist review. *Nature Mental Health*, pp.1-11.

Thompson, N., Hunt, R., Odell-Miller, H., Olawale, A., Pickering, L., Pointon, C., Underwood, B. R., Wilkinson, A., Wise, C., Wolverson, E., & Hsu, M. H. (Under review) Experiences and management of distress and the use of music on NHS inpatient mental health dementia wards: A qualitative study. *Journal of International Geriatric Psychiatry*.

Intellectual Property, Commercialisation and Clinical Adoption

Please provide brief details of IP outputs arising from this research.

The MELODIC study has developed a manualised music therapy intervention designed for NHS inpatient dementia wards. The MELODIC logo now carries the trademark symbol, asserting its status as a trademark. The treatment manual is available upon request, facilitating broader dissemination and application.

The North Yorkshire Music Therapy Centre, a charity with over 30 years of experience, has expressed interest in incorporating the MELODIC treatment manual into their services. They offer individual and group music therapy sessions, workshops, and events across North Yorkshire, focusing on enhancing well-being and personal development. Their services are available in community and clinical settings, as well as at their Music Therapy Centre in Hovingham.

The feasibility and acceptability findings from the pilot study suggest that clinical adoption within the NHS is viable, with staff training and institutional support being key facilitators. The intervention aligns with national dementia care priorities promoting non-pharmacological approaches and could be incorporated into ward routines, staff training, and dementia care guidelines.

Future work may explore:

- Developing a formal training programme for healthcare staff to support wider implementation.
- Establishing partnerships with NHS Trusts and professional bodies to scale adoption.
- Assessing commercial models for wider dissemination, such as licensing the intervention materials.

A future cluster randomised controlled trial (RCT) will further evaluate the intervention's clinical and cost-effectiveness, informing strategies for broader implementation.

Actual and Anticipated Impact

Please provide a brief impact statement.

The MELODIC study developed and piloted a manualised music therapy intervention to help manage distress in NHS inpatient dementia wards. By providing a structured, evidence-based approach, the intervention offers a scalable, non-pharmacological alternative to traditional treatments. Findings indicate that music therapy can enhance patient well-being while supporting ward staff in delivering person-centred care. The MELODIC manual is now available upon request, with interest from organisations such as the North Yorkshire Music Therapy Centre. Future work, including a cluster randomised controlled trial, will assess the intervention's effectiveness, informing its potential integration into NHS dementia care practices.

Describe the impact the research has already achieved or might achieve in the short, medium and long term.

Short-term impact

The MELODIC study has developed a structured, manualised music therapy intervention for managing distress in NHS inpatient dementia wards. The intervention has been piloted successfully, demonstrating feasibility and acceptability. The MELODIC manual is now available upon request, and the North Yorkshire Music Therapy Centre has expressed interest in incorporating it into their services. This highlights early engagement and potential for wider application beyond the initial study sites.

Medium-term impact

The study's findings will inform a cluster randomised controlled trial to evaluate the intervention's clinical effectiveness. The results will contribute to best practices for non-pharmacological interventions, supporting NHS Trusts in embedding structured music therapy into routine inpatient dementia care. Collaboration with professional bodies and dementia care providers will facilitate the development of staff training programmes, ensuring sustainable implementation.

Long-term impact

The MELODIC intervention has the potential to be widely adopted across NHS dementia wards, improving patient well-being and reducing reliance on pharmacological treatments for distress. Evidence from the trial could influence national dementia care guidelines, positioning music therapy as a standard component of person-centred care. Additionally, the intervention may be adapted for use in care homes and community settings, extending its benefits to a broader population.

Dissemination

Please describe how you have disseminated your research findings and what your plans for further dissemination are.

The MELODIC research team has engaged in multiple dissemination activities to share findings with diverse audiences, including researchers, clinicians, policymakers, and the general public.

A key event was the public sharing event at Gonville and Caius College, University of Cambridge, on 26 February 2025, co-hosted with Dementia UK. This event brought together stakeholders from healthcare, academia, policy, and the third sector to discuss the role of music therapy in dementia care. Attendees reported increased awareness of music therapy's potential in inpatient settings and the importance of co-design in research.

Findings have been shared with professional practitioners and stakeholders through presentations and discussions, including:

- Consultation meetings with MELODIC study's steering group, interventionists and participants to discuss findings and implications.
- A presentation to Humber NHS Teaching Foundation Trust, focusing on how staff can continue applying skills learned from the MELODIC project after funding ended.
- A talk at the Alzheimer's Research UK East Network, where the expert-by-experience co-design lead shared insights on meaningful public involvement in dementia research.

The research has also gained widespread media attention, increasing public engagement. A press release on the theory development phase was covered by over 100 media outlets, including The Times, raising awareness of how music therapy can reduce distress in dementia care. Additional media engagements included:

- An interview on BBC Radio Cambridgeshire, which was shared widely on social media.
- Features in national and local press, such as Cambridge Independent, increasing public interest in the research.

The study has been presented in academic and clinical settings, including:

- The Royal College of Psychiatrists Arts Special Interest Group, where professionals expressed interest in further updates.
- The Inpatient Dementia Community of Practice, where the team discussed implications for a future clinical trial.

Plans for Further Dissemination

Future dissemination activities will focus on research publications, clinical adoption, and policy engagement. These include:

- Publishing findings in peer-reviewed journals, including articles on intervention development, pilot study results, and realist process evaluation.
- Presenting at key conferences, such as the Alzheimer's Europe conference 2025, Alzheimer's Disease International Conference 2026 and the World Congress of Music Therapy 2026.
- Developing training resources to support NHS staff in implementing the intervention.
- Collaborating with policymakers and healthcare leaders to explore integrating music therapy into national dementia care strategies.

Through these efforts, the MELODIC study aims to influence clinical practice, public awareness, and future dementia care policy.

Publications

Number published	4
Number in press	0
Number submitted	1
Number in preparation	2

Publications and Other Outputs

Grant holders are required to ensure that NIHR is named and acknowledged appropriately when submitting a paper or report for publication. Please ensure that the following statement is included in any presentations, posters or papers.

STARTS

This project is funded by the National Institute for Health and Care Research (NIHR) under its Research for Patient Benefit (RfPB) Programme (Grant Reference Number NIHRXXXXXX/PG-PB-XXXX-XXXX). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

ENDS

Use of the correct project reference greatly aids the automated identification of publications and contributes to NIHR's ability to report accurately on the outputs, outcomes and impact of the work we fund.

It is no longer a requirement to notify us of your dissemination outputs, however you are still required to send details of all media activity (e.g. press releases, media exclusive journalist briefings etc) to RfPB@nihr.ac.uk.

Please add any research outputs that incorporate findings from the research and have been published since the last progress report.

Where outputs have not been published online (or the full text is not available through Europe PubMed Central (Europe PMC) or open access from the publisher) please append a copy of the final version as an annex to this report in the '**supporting documentation**' section.

Output Title	Music therapy Embedded in the Life Of Dementia Inpatient Care (MELODIC) to help manage distress: A mixed methods study protocol for co-designing a complex intervention
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Was this output submitted to NIHRCC?	Yes
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Date output submitted	04/03/2025
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Type of Output	Article
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Is the output available in PubMed?	No
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Place where the output appeared e.g. journal or conference	Journal
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If the output makes any recommendations for policy and/or clinical practice, please provide details
N/A

Please provide a reference, if available:	N/A
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If this was previously submitted to a different journal, what journal was it?
No

Name of journal, output submitted to:	The Nordic Journal of Music Therapy
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If available online please provide a hyperlink:	https://doi.org/10.1080/08098131.2024.2435869
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How could this output be utilised? (Please tick the one option that is most applicable):	Informing further research
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Date output appeared/published:	18/12/2024
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Output Title	How and why music therapy reduces distress and improves well-being in advanced dementia care: a realist review
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Was this output submitted to NIHRCC?	Yes
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Date output submitted	04/03/2025
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Type of Output	Article
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Is the output available in PubMed?	No
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Place where the output appeared e.g. journal or conference
Journal

If the output makes any recommendations for policy and/or clinical practice, please provide details
<p>Music therapy should be embedded in dementia care services to reduce distress and improve wellbeing for individuals with advanced dementia. Music therapists should work alongside staff and families, providing structured interventions and advising on the tailored use of music in daily care.</p> <p>Meeting unmet needs in the moment through nonverbal musical interaction is key. Training should focus on helping staff and families use music to provide stimulation, emotional support, and stress regulation while recognising the importance of song and sensory communication in advanced dementia.</p> <p>Recorded music can be incorporated into care routines, but organisational support, training, and resources are required to ensure its informed and effective use. Music therapy has the potential to reduce the need for antipsychotic medication and improve staff wellbeing, which could help reduce workforce stress and turnover.</p> <p>Further research should establish optimal delivery models, including session frequency and duration, and explore the impact of involving staff and families in sessions. More work is needed to address implementation barriers,</p>

particularly in settings with limited access to trained music therapists. Research should also consider cultural adaptations and the broader systemic impact of music therapy on dementia care services.

Please provide a reference, if available: N/A

If this was previously submitted to a different journal, what journal was it?

N/A

Name of journal, output submitted to: Nature Mental Health

If available online please provide a hyperlink:

<https://doi.org/10.1038/s44220-024-00342-x>

How could this output be utilised? (Please tick the one option that is most applicable):

Informing further research

Date output appeared/published:

14/11/2024

Output Title

Characteristics, outcomes, facilitators and barriers for psychosocial interventions on inpatient mental health dementia wards: a systematic review

Was this output submitted to NIHRCC?

Yes

Date output submitted

04/03/2025

Type of Output

Article

Is the output available in PubMed?

Yes

PubMed ID (PMID) for output

38654223

Is the full text of this output available on Europe PubMed Central?

No

If the output makes any recommendations for policy and/or clinical practice, please provide details

Psychosocial interventions, particularly music therapy and multisensory approaches, may help reduce distress in people with dementia on inpatient mental health wards. However, their implementation must be carefully designed to avoid unintended negative outcomes, such as overstimulation or worsening sleep behaviours.

Interventions should be nonverbal, person-centred, and culturally sensitive. They should be delivered flexibly by trained professionals who can regulate arousal in real time. To improve implementation, reliance on ward staff should be minimised, and adequate training should be provided to help staff understand the benefits of these interventions.

Policy changes should include mandatory training on psychosocial interventions, additional funding for staff delivering these therapies, and standards for dementia-friendly ward environments, ensuring private spaces for individual and small-group interventions.

There remains insufficient evidence to determine the optimal intervention type, delivery method, and required support for sustainable implementation. Future research should involve patients, families, and staff in intervention design to enhance feasibility and effectiveness. Large-scale, multi-site trials are needed to assess clinical and cost-effectiveness, including impacts on distress reduction, staff workload, medication use, and patient outcomes.

These recommendations highlight the need for structured, well-supported psychosocial interventions to improve dementia care in mental health ward settings.

Is this output published open access?

Yes

How could this output be utilised? (Please tick the one option that is most applicable):

Informing further research

Date output appeared/published:

23/04/2024

Output Title

Investigating the impact of music therapy on two in-patient psychiatric wards for people living with dementia: retrospective observational study

Was this output submitted to NIHRCC?

Yes

Date output submitted

04/03/2025

Type of Output

Article

Is the output available in PubMed?

Yes

PubMed ID (PMID) for output

36815454

Is the full text of this output available on Europe PubMed Central?

Yes

If the output makes any recommendations for policy and/or clinical practice, please provide details

Music therapy should be considered as a nonpharmacological intervention for managing distress behaviours in people with dementia on inpatient psychiatric wards. This study found that on days when in-person music therapy was provided, there was a significant reduction in reported incidents of disruptive and aggressive behaviour. Staff also perceived music therapy as beneficial in lifting mood and calming agitation, positively impacting the ward environment.

Despite these benefits, access to music therapy in the UK inpatient settings remains limited. There is a need for greater integration of music therapy services, including training staff on using music intentionally to support care. Recorded music is already used informally on wards, but formalised training could enhance its therapeutic impact.

Future clinical practice should focus on embedding music therapy within routine care, ensuring that interventions are person-centred, nonverbal, and responsive to individual needs. Services should also explore ways to extend the benefits beyond music therapy sessions, including staff engagement and family involvement.

Further research is needed to optimise delivery, evaluate cost-effectiveness, and measure long-term outcomes such as medication use, patient well-being, staff satisfaction, and length of hospital stay. This could inform national guidelines and wider implementation of music therapy in dementia care.

Is this output published open access?	Yes
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How could this output be utilised? (Please tick the one option that is most applicable):	Informing further research
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Date output appeared/published:	23/02/2023
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Output Title	MELODIC Public Sharing Event
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Was this output submitted to NIHRCC?	Yes
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Date output submitted	10/03/2025
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Type of Output	Dissemination event
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Is the output available in PubMed?	No
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Place where the output appeared e.g. journal or conference	
Other	

If the output makes any recommendations for policy and/or clinical practice, please provide details
The MELODIC team, alongside Dementia UK, ran a public sharing event in person at the end of the project to celebrate and share the project findings. This highlighted the need for research in this clinical setting, the potential for music therapy to support distress reduction and prevention, and the importance of working alongside experts-by-experience in research. The event was attended by stakeholders, policy makers, clinicians, academics, third sector representatives and project participants. Attendees reported that the event raised their awareness of this clinical setting, the potential for music therapy and innovative ways to incorporate co-design in research.

Please provide a reference, if available:	N/A
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For 'other', please specify where the output appeared:
This public event was held at Gonville and Caius College of the University of Cambridge

If available online please provide a hyperlink:	N/A
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How could this output be utilised? (Please tick the one option that is most applicable):	Informing further research
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Date output appeared/published:	26/02/2025
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Please detail any awards and/or prizes received by the team as a result of undertaking the research.
The INTERDEM publication award was awarded to Naomi Thompson in 2024 as a runner-up prize for their lead authorship of the publication: Thompson, Naomi, Kimberley Iyemere, Benjamin R. Underwood, and Helen Odell-

Miller. "Investigating the impact of music therapy on two in-patient psychiatric wards for people living with dementia: retrospective observational study." BJPsych Open 9, no. 2 (2023): e42.

This award recognises outstanding research in psychosocial interventions for dementia care and was presented by INTERDEM, an international research network focused on early and timely psychosocial interventions in dementia.

The award has helped raise the profile of the research within the international dementia research community, increasing engagement with INTERDEM members. It has also facilitated new collaborations with researchers and clinicians working in psychosocial dementia care across Europe.

Further details can be found at: <https://interdem.org/?p=8840>

Identifying newsworthy, impactful or sensitive research

Is the research likely to generate newsworthy and/or potentially impactful outputs?

Yes

Is the research likely to generate politically sensitive outputs? Is the research likely to generate politically sensitive outputs?

No

If you answered yes to either of these questions, please provide brief details as to why.

Dementia care is a growing public health priority, with increasing demand for effective, nonpharmacological interventions to manage distress, a key factor driving hospital admissions and transitions in care. The MELODIC study is among the first to develop and pilot a structured, manualised music therapy intervention specifically designed for NHS inpatient mental health dementia wards, an under-researched setting that provides care for some of the most unwell individuals with dementia.

This research is highly newsworthy and potentially impactful for several reasons. It contributes to an emerging field where current care relies on pharmacological interventions, despite concerns about adverse effects such as sedation, stroke and increased mortality. The study's findings could support a shift in dementia care practice, promoting nonpharmacological alternatives to manage distress and potentially reducing the use of antipsychotic medication. If widely implemented, this intervention could improve patient well-being, support staff, and reduce hospital stay durations, leading to cost savings for the NHS.

The MELODIC study also aligns with public discourse around dementia care quality, reducing restraint and sedation, and improving person-centred approaches. Given the potential to enhance care for an expanding and vulnerable patient group, its findings could have significant clinical, economic, and policy implications.

Patient and Public Involvement

Please provide a summary of the patient and public involvement in this research.

Patient and Public Involvement and Engagement (PPIE) was essential to the MELODIC study, shaping both the research process and its outcomes. The study aimed to co-design a standardised, manualised music therapy intervention for managing distress on NHS inpatient mental health dementia wards. To achieve this, we worked closely with a dedicated co-design group comprising experts by experience, including patients' relatives and ward staff. Their contributions were embedded throughout all work packages, ensuring the intervention was clinically relevant and practically feasible.

Throughout the project, we engaged with various PPIE groups to present each study's findings and seek their views to support our interpretation and future recommendations. This included consultations with the National PPIE group hosted by Dementia UK, the Lived Experience Advisory Group hosted by the Cambridge Institute for Music Therapy Research, and the National Inpatient Dementia Community of Practice. Their input helped refine our analysis and ensured that the research findings resonated with those directly affected by dementia care.

The involvement of our co-design group had a profound impact on the study design, refining the intervention to align with the lived experiences of those working in and affected by dementia care. Their insights led to:

1. Refinements in the music therapy approach to ensure it was adaptable to ward routines and engagement levels.
2. Identification of key barriers to implementation, such as staff time constraints and environmental factors, and practical solutions to address them.
3. The development of clearer and more accessible training materials for ward staff, many of whom had no prior music therapy experience.

Beyond shaping the intervention, our co-design group played a key role in interpreting the research findings, ensuring they were meaningful and applicable to frontline dementia care.

The influence of the co-design group extended beyond intervention development to the dissemination of findings.

Members of the co-design group have co-authored our upcoming publications, including:

1. A qualitative paper exploring the experiences of managing distress and using music on NHS inpatient mental health dementia wards, currently under review by the International Journal of Geriatric Psychiatry.
2. Our main results paper, which we are preparing for submission.
3. A planned paper examining the co-design group's experience in developing the MELODIC intervention, co-authored by both the research team and the co-design group.

Their direct involvement in publications ensures that the voices of experts by experience are represented in the academic discourse, reinforcing the real-world relevance of our findings.

Engaging with PPIE has reinforced my commitment to co-production in applied health research. Working closely with patients' relatives and ward staff has given me a deeper appreciation of the complexities of inpatient dementia care and the necessity of integrating frontline perspectives early in intervention development. This experience has enhanced the MELODIC intervention and influenced how I approach future research, prioritising collaboration, relevance, and implementation from the outset.

Overall, PPIE transformed MELODIC from a research-driven project into a truly collaborative and context-sensitive intervention, enhancing its feasibility, sustainability, and potential impact on dementia care.

Please tick the box if this section of the report has been written with members of the public who have been involved in the research.

☒ Confirmed

Future Research Plans

Please outline your next steps to maximise patient benefit or to further inform policy development/evaluation.

The MELODIC study has demonstrated the potential of music therapy as a nonpharmacological intervention for managing distress in NHS inpatient dementia wards. To ensure that these findings translate into meaningful patient benefit and inform policy, the following next steps are planned:

1. Scaling Up Through a Cluster Randomised Controlled Trial (RCT)
 - A key priority is conducting a larger, multi-site cluster RCT to evaluate the clinical and cost-effectiveness of the MELODIC intervention. This will provide robust evidence of its impact on distress reduction, medication use, staff well-being, and hospital stay duration.
 - The trial will also explore how best to integrate music therapy into routine ward care to ensure sustainability.
2. Developing Implementation Guidelines for NHS Services
 - Working with NHS partners and professional bodies to create clear guidelines for implementing structured music therapy interventions in inpatient dementia wards.
 - Developing training packages for NHS staff to support the informed use of music therapy, ensuring accessibility in settings where music therapists may not be available.
3. Engaging with Policymakers and NHS Leadership
 - Presenting findings to key policymakers, including dementia care commissioners, to advocate for the inclusion of music therapy in dementia care strategies.
 - Contributing to policy discussions on reducing the reliance on antipsychotic medication in dementia care and promoting person-centred, nonpharmacological approaches.
4. Strengthening Public and Professional Awareness
 - Continuing to disseminate findings through academic publications, conferences, and professional networks.
 - Engaging with dementia advocacy groups and charities to raise awareness about the benefits of music therapy for managing distress in dementia care.
 - Developing accessible public-facing materials to support carers and families in incorporating music into daily care routines.
5. Expanding PPIE to Guide Future Research and Policy
 - Building on existing collaborations with PPIE groups, including the National PPIE group hosted by Dementia UK, the Lived Experience Advisory Group at the Cambridge Institute for Music Therapy Research, and the National Inpatient Dementia Community of Practice.
 - Engaging with people living with dementia, their families, and frontline staff to co-develop future research priorities and ensure that implementation strategies reflect real-world needs.

By taking these next steps, the MELODIC study aims to maximise patient benefit, support staff in delivering person-centred care, and contribute to developing policies that promote nonpharmacological approaches in dementia care.

Publication of Research Findings

Please indicate if there is any information that you do not wish us to place in the public domain and explain why.

At this stage, we request that unpublished findings, including those currently under journal review, not be placed in the public domain until they have been formally published. Additionally, qualitative interview and focus group data contain sensitive information from NHS staff and carers, and therefore cannot be shared to protect confidentiality.

The MELODIC intervention manual is available upon request but is not currently publicly accessible to ensure appropriate implementation and avoid misinterpretation without adequate training.

Data Sharing

Where applicable, please provide a statement about your data sharing and accessibility. It should provide a clear and positive indication:

- Where and when the data will be shared
- Who can access the data
- How the data can be obtained

The data from the MELODIC study were not shared with external parties as they primarily consisted of qualitative interviews and focus groups conducted to refine the MELODIC intervention. These data were not structured for broader secondary analysis.

The quantitative data were derived from a small pilot sample intended to inform intervention development rather than produce definitive conclusions about effectiveness. Due to the dataset's exploratory nature and limited statistical power, it was not suitable for external sharing or independent analysis.

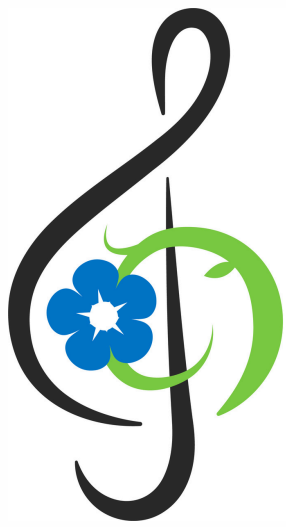
Post-Award Monitoring

Please provide the details of the individual whom we can contact for post-award monitoring of this project. Usually this will be the Chief Investigator, however, another individual, for example a project manager, may be named instead.

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This report is independent research funded by the National Institute for Health Research. The views expressed in this publication are those of the author(s) and not necessarily those of the NHS, the National Institute for Health Research or the Department of Health and Social Care.

Supporting Documentation



MELODIC

MUSIC THERAPY EMBEDDED IN THE
LIFE OF DEMENTIA INPATIENT CARE

STANDARDISING THE USE OF MUSIC THERAPY ON INPATIENT MENTAL HEALTH DEMENTIA WARDS TO REDUCE DISTRESS

PROTOCOL FOR MUSIC THERAPISTS AND WARD MANAGERS

VERSION 3



CO-DESIGNED BY PEOPLE WITH PERSONAL AND PROFESSIONAL EXPERIENCE OF DEMENTIA WARDS



MELODIC KEY COMPONENTS



1

Music therapist
embedded in the
ward team

2



Specialist
music therapy
sessions



3

Individual
musical care
plans

4



Training &
support for staff
and families

**Personalised music used to
help prevent and manage
distress**

CONTENTS

1

Introduction

2

MELODIC key components

3

Creating a musical care plan

4

Minimum resource requirements

5

Music therapist: Principles of Practice

6

Top tips and troubleshooting

7

Resources and templates

1

INTRODUCTION

About this protocol:

This protocol aims to standardise music therapy practice on mental health dementia wards in the NHS to support prevention and management of distress. It is called MELODIC, which stands for Music therapy Embedded in the Life Of Dementia Inpatient Care. It includes a music therapist being embedded in the ward for 15 hours a week to deliver specialist music therapy interventions. They will develop musical care plans with families and staff to be used in everyday care.

The protocol is co-designed with family carers, patients, ward staff (including nurses, therapists, and doctors), and ward managers. Development of the protocol is funded by the National Institute for Health and Care Research.



What's included and who is it for?

This document is written for music therapists and ward managers. It outlines the key components, minimum resource requirements and principles of practice for the music therapist in detail. Templates for the musical care plan are provided at the end of this protocol. There is an accompanying guide for ward staff, and overview for family carers.

What is music therapy?

Music can be a helpful tool to support people with dementia.

Music therapy is an intervention delivered by a music therapist who is registered with the Health and Care Professions Council, but using music activities suggested by the therapist in the individual's care is everyone's business.

Music therapists work alongside the individual, team of professionals and family carers. They provide specialist group and individual sessions to reach a specific goal. The therapist can then advise on ways music can be used in their daily lives, like how a physiotherapist might prescribe exercises. This could be to support mood, behaviour, personal care tasks and provide meaningful engagement throughout the week.

Music therapists work with musical sounds and words. For people with dementia this often includes listening to or singing someone's favourite music, as well as playing music together. Music can help people express how they are feeling when words might be difficult and facilitate relationships. Using known music can bring back memories and connect with someone's social, cultural and spiritual identity. Music therapy might be quiet and peaceful, for example matching the person's breathing during times of illness or at the end of life.

For further research see:

Thompson et al., 2024c

Wolverson et al., 2022

Edmans et al., 2021

Van der Steen et al., 2018



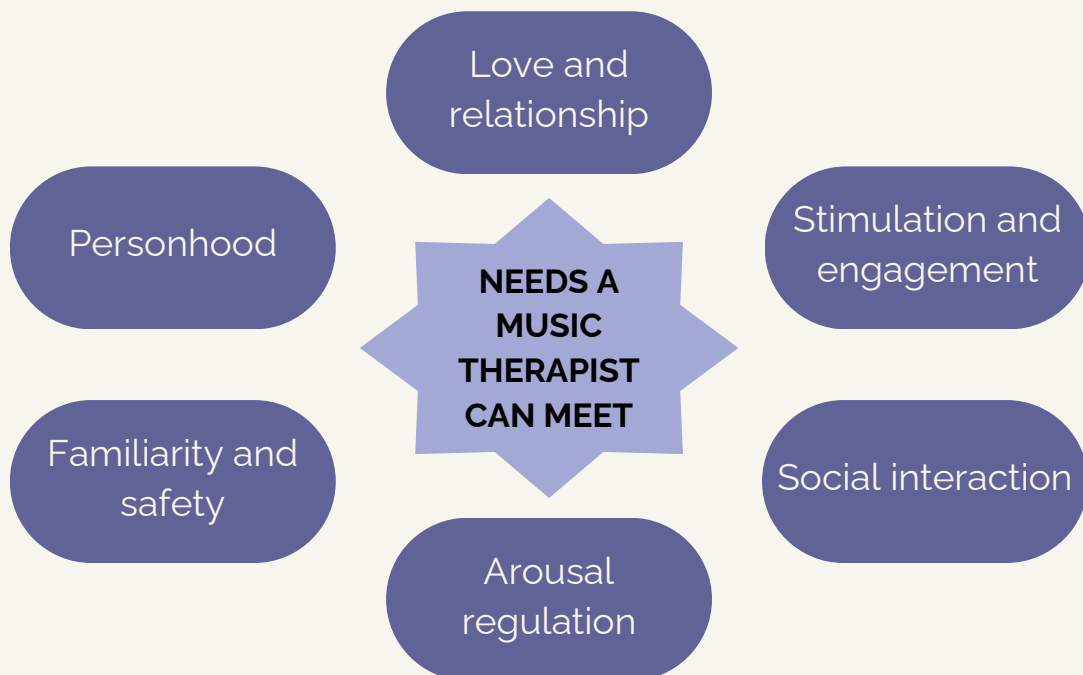
to find out more visit
<https://www.bamt.org/>

HOW CAN MELODIC BE HELPFUL ON INPATIENT DEMENTIA WARDS?

Distress can include distress behaviours such as aggression and agitation and nonaggressive behaviours such as crying, withdrawal and refusing diet and fluids. These are the primary reason for admission to dementia wards.

Group and individual music therapy can help prevent and reduce distress for people with dementia by identifying and meeting unmet needs through nonverbal, musical interaction.

Staff and families may use music to help manage distress for people with dementia. Following assessments and observations, a music therapist can work alongside staff and families to identify personalised ways that they could incorporate music into everyday care to prevent and manage distress. They can also identify ways that music might be unhelpful.



POTENTIAL BENEFITS WHEN DISTRESS IS REDUCED

- Reduce PRN medication
- Calmer ward atmosphere
- Improve wellbeing
- Improve physical activity
- Stimulate cognitive function
- Reduce staff absence
- Improve staff retention
- Reduce length of stay

2

KEY COMPONENTS

MELODIC has 4 key components. Essential requirements are summarised here, with additional detail below.

MUSIC THERAPIST EMBEDDED IN THE TEAM

- Music therapist on the ward 15 hours per week
- Attendance at handover meetings
- 2 MELODIC Champions to liaise with the therapist
- Support from management and the medical team
- Electronic recording of clinical notes
- Communication with discharge destination

SPECIALIST MUSIC THERAPY SESSIONS

- Weekly group music therapy (30 - 60 minutes), with support from ward staff
- 4 - 8 individual sessions per week
- Modelling use of music in everyday care
- Handover with ward staff before and after sessions

MUSICAL CARE PLANS

- A completed musical care plan reviewed regularly for each patient
- Care plan placed in patient folders and in bedrooms

TRAINING & SUPPORT FOR STAFF AND FAMILIES

- Live demonstration and communication with staff to support embedding of music in practice
- Formal and informal support and training for staff and families

MUSIC THERAPIST EMBEDDED IN THE TEAM

A music therapist (band 7) will be on the ward for 15 hours a week as part of the multidisciplinary team.

Becoming a part of the team will take time. The therapist should split time between delivering sessions and modelling, communicating and supporting the wider use of music on the ward.

Communication between the music therapist, staff and families will enable MELODIC to be most effective, and will often be ad hoc.

At least 2 staff members must be assigned as MELODIC Champions.

This role will include: liaising with the music therapist; attending ward meetings to share musical care plans; supporting completion of documentation; communicating with families. 1 Champion should be from the nursing team and 1 from the therapies team.

The music therapist, team and families will share knowledge of the individual to integrate care. The music therapist must send updates to ward round meetings and attend periodically, attend handover meetings, and communicate with staff before and after sessions. They must read patient's electronic notes to stay updated with changes to the patient's care plan, including changes in medication. **The therapist and all staff must record any use of music on the patient's electronic notes.** The therapist must provide updates to families.

The music therapist will communicate and share musical care plans with the discharge destinations.

Support from management and medical teams

Managers and consultant psychiatrists influence the ward culture and how interventions are embedded. Support from these individuals will be essential to enabling the impact of MELODIC to reach its full potential. The music therapist must be respected and welcomed into the team. Management must ensure that staff are available to support the delivery of sessions, understand that implementing musical care plans is part of their role, and that all use of music is recorded in patient notes.



SPECIALIST MUSIC THERAPY SESSIONS

The music therapist must deliver group and individual sessions, as well as supporting communal use of music. They will work with staff and families to identify the appropriate support for each person, and sessions will often be delivered based on needs of individuals and the ward in the moment.

The music therapist will deliver **minimum 1 group session per week, lasting 30 - 60 minutes**, which could take place in a communal area of the ward. Sessions should happen when the ward is more unsettled, e.g. in the afternoon. With the team, they will assess whether this is open to everyone or for named patients only, and agree timing. If a group is deemed inappropriate, clinical justification must be recorded.

There must be at least one member of staff supporting group sessions, and families are welcome. A help sheet and feedback form are provided to support their involvement (section 7).

The music therapist will deliver **4 - 8 individual sessions per week, lasting 10 - 45 minutes**. Sessions should not take place in a patient's bedroom unless this is in their best interest, although spaces on the ward may need to be used flexibly to provide a private space. If needed the same person could be seen twice a week, with a minimum of 4 patients seen in total. Referrals should be discussed with the team, and could be due to high levels of withdrawal or agitation and lack of response to other interventions. The therapist should aim to identify causes for distress and psychosocial ways to manage and reduce distress. All information should be shared with the team and families, and they should be involved in sessions where appropriate.

The music therapist will **model and advise how music can be used on the ward**. This could include creating playlists for individual or communal use. The therapist will need time to develop these.

Group session benefits:

- Social interaction between patients, staff and families
- Emotional, nonverbal expression and validation
- Inspire and maintain mobility
- Assessment of multiple patients
- Impact on ward atmosphere

Individual session benefits:

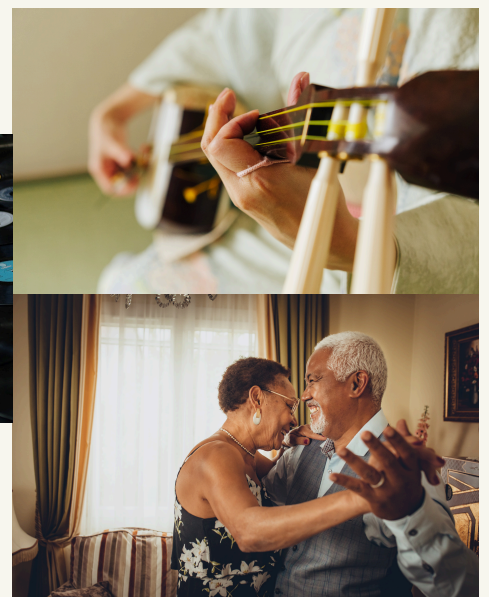
- In-depth assessment of distress and ways music can be helpful
- Emotional, nonverbal expression and validation
- Accessible for people unable to join groups

MUSICAL CARE PLANS

Music therapists must complete a musical care plan with patients, families and staff that is unique to each patient (see section 3). This can build on information already gathered and ways music is currently used on the ward as well as the therapist's assessment. It should focus on activities or times of the day that are more challenging for people, and ways music could be helpful or not on these occasions. To support implementation, begin with use of music during pre-existing tasks, such as 1:1 observations and personal care. **Encourage staff to be playful** with the music, exploring other artists or ways of using music they think may be helpful for the patient. The care plans should be updated regularly, integrated into the patient's other care plans, and discussed in all team meetings where appropriate, encouraging the sharing of positive experiences and challenges. The therapist must repeatedly model how the care plan can be used in practice to support staff implementation, and make materials (such as recorded music and instruments) as accessible as possible. **Musical care plans should be placed in individual bedrooms, with printed copies available in the nurses office.**

A music therapist can assess:

- Triggers for distress
- Mood
- Cognitive function
- Communication needs
- Physical health needs including whether the person is approaching end of life
- Musical tastes, including where music is not helpful and culturally relevant music



SUPPORT FOR STAFF AND CARERS

Demonstration and communication of music interventions by the music therapist will provide staff with the confidence and understanding of how and when to use personalised music to prevent and manage distress.

Staff will be supported to include personalised music in their practice to prevent and manage distress through demonstration and communication of music interventions and voluntary workshops. This will increase their awareness of ways they currently use music and additional ways to support individuals. The music therapist will repeatedly demonstrate music interventions in practice, sharing their reasoning and discussing ideas to support transference into everyday practice. **A voluntary 30-minute music workshop** must be run by the therapist for staff and families every 6 months. **A presentation must be given to ward managers and consultant psychiatrists** outlining the MELODIC intervention and support needs of the therapist. Families must be given a MELODIC overview and offered a meeting with the music therapist.

The music therapist could provide psychological support for staff and families.

Psychological support for staff and families will be flexible to the setting. The music therapist should join existing support groups. If these are not in place, the therapist could establish a supervision or reflective practice group for staff. Also, the therapist should provide informal check-ins and support to staff as required, and encourage the use of music to support staff wellbeing (e.g. listening to a song during meetings).

Support for families will need to be flexible depending on their needs and commitments, and will be impacted by the visiting policies of the ward. Admission is a particularly traumatic time so support, such as phone calls, could be provided at this time. Signposting to community support networks can also be an important way to enable families to access support in their local communities.

3

CREATING A MUSICAL CARE PLAN

Music therapists will work with staff and families to complete a personalised musical care plan for all staff to implement. This will build on ways music is already being used to prevent and manage distress on the ward. In the following are some suggestions.

1

GATHER MUSIC TASTES
ON ADMISSION

2

MUSIC TO REDUCE DISTRESS

3

MUSIC TO SUPPORT
INDIVIDUAL GOALS

4

MUSIC TO CHANGE THE
WARD ATMOSPHERE

5

MUSIC TO SUPPORT
PERSONAL CARE

6

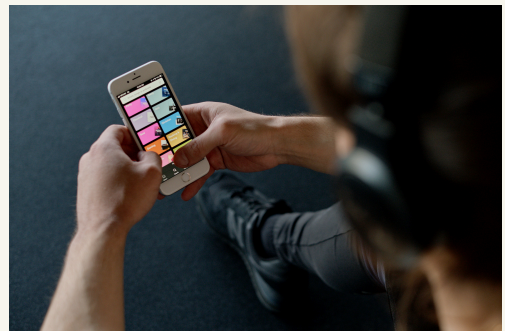
MUSIC AT END OF LIFE

GATHER MUSIC TASTES ON ADMISSION

Admission can be a distressing time for patients and families, and often follows a traumatic breakdown in care. Listening to or singing songs that are familiar to the individual can provide something comforting in a place that is new and may feel scary. Speak to the person or their families to ask about musical preferences and any dislikes, and whether they might want to listen to music on their own or with another person. Record all music suggestions in the musical care plan (section 7).

How this can help reduce distress

Feeling unsafe and uncertain of where we are can increase feelings of distress and disorientation. Preferred music can provide familiarity and safety, and may stimulate the person's cognitive abilities. Sharing music together with another person can help build relationship and trust with staff, and help staff get to know the patient better.



Ways a music therapist can support

The music therapist will support patients and families to complete the musical care plan and share this information with staff. They can help put together playlists for individuals for specific times, for example quiet times or during 1:1 observations, and can assess for any music that would be unhelpful for the individual.



Avoid asking the person questions about their musical preferences if they are in a state of high arousal...

But instead initiate discussions about music and when they like to listen to it when they are in a calm place and speak to their families about musical preferences.

An example: Julian had been admitted to the ward during the night and was very distressed. Staff spoke to his wife in the morning, providing reassurance and asking about Julian's interests. Julian's wife shared that he liked Bob Marley. They arranged to complete the musical care plan another time, but were immediately able to play Bob Marley's music, which helped provide a familiar and comforting experience for Julian in a new place.

MUSIC TO REDUCE DISTRESS

When you notice signs of escalating distress for an individual, using personalised music could help prevent further escalation. This could be through using music to soothe, regulating and lowering arousal. It could also be through redirecting energy into something positive, such as singing and dancing together.

How this can help reduce distress

Using music when early signs of distress and agitation are shown can help meet the underlying unmet need being expressed. The therapist should record what and how music is used to de-escalate distress and demonstrate this to staff. This could help staff manage early signs of distress, preventing escalation and the need for medication. As the person becomes less distressed, they may be able to communicate their need verbally.



Ways a music therapist can support

Music therapists can help assess for ways music can be used to support individuals when they are distressed. For one patient, singing their verbalisations back to them could help them to feel heard and become more interactive. For another, listening or dancing to music by a certain artist may be helpful. However, strategies will always need to be used in a responsive way in the moment.

Avoid playing music if you are unsure what the patient likes as this might further escalate their distress...

But instead consult the musical care plan to find personalised music suggestions.

An example: Betty was sitting in the lounge when a nurse noticed she was swinging her feet, which often signaled increased distress. Betty's musical care plan suggested listening to the Blues Brothers soundtrack and offering to have a dance. The nurse turned the CD player on, making sure no one else would be disturbed by the music, and gave Betty her hand. Betty didn't look at her, but took her hand, stood up, and began swaying. Gradually, Betty began to make eye contact and smile.

MUSIC TO SUPPORT INDIVIDUAL GOALS

Patients have many assessments during their stay and members of the team could suggest various things to support them. These could include exercise, medication, touch, stimulation, reminiscence, sensory activities and many more. The musical care plans should consider ways that music could be used to support these, such as music to support physiotherapy exercises and independence, such as at meal times.

How this can help reduce distress

We know that offering meaningful activities and stimulation can help prevent distress behaviours from occurring. Music can often enhance these activities, making them more fun or interactive or creating a calming atmosphere.



Ways a music therapist can support

The music therapist can review the therapy goals and assessments for individuals and assess for ways these could be supported by music. In this way, incorporating music does not need to be an additional task for staff, but can enhance the activities they are already doing.

Avoid adding music into all activities, as this could be over-stimulating...
But instead, think about how carefully chosen music could enhance specific activities

An example: The physiotherapist provides leg exercises for Hannah to do for 5 minutes a day to maintain her walking. The music therapist is running an open group in the lounge with support from two healthcare assistants. The group has a lively feel today, so they decide to include the exercises. The music therapist plays upbeat, steady music while a healthcare assistant supports Hannah to stand up and dance. The other assistant supports the other patients to play instruments to the music.

MUSIC TO CHANGE THE WARD ATMOSPHERE

We can use music to help energise a room if people are withdrawn or under stimulated. We can also use music to signal quieter times, including in the evening and at meal times. Music can be used to signal significant events, such as seasonal and religious events and birthdays.

Music can also take us to certain places in our minds through our memories, such as the beach, or different countries. However, constant background music can be overstimulating.

How this can help reduce distress

In a similar way to using music to help prevent and reduce individual displays of distress, playing music in specific rooms or areas of the ward can be used to help energise or calm a group of people. This could prevent distress from appearing, or help redirect and manage symptoms of distress being displayed.



Ways a music therapist can support

A music therapist can assess how music could be used helpfully or unhelpfully in communal areas of the ward depending on the individual patients on the ward at the time. They can train staff on how to notice signs of increased distress to signal a change or stop in the music. They can also help identify ways music can be used to signal times of the day or year.

Avoid playing the same music or radio station in communal areas ...

But instead think about how to use the music to indicate a time of day (the same song or genre might be helpful in the evening or before mealtimes)

An example: The activities coordinator notices that 4 patients have been sitting in the lounge since lunch time. They are lethargic and he knows inactivity could make sleep more difficult. He puts on a playlist created by the music therapist that begins with some gentle 70s music and gradually gets livelier. He notices people begin to become more alert and talks with them about the memories triggered by the songs for the next 45 minutes.

MUSIC TO SUPPORT PERSONAL CARE

Personal care can be a time when people become distressed. It can be confusing or cause discomfort. Playing familiar music can help someone feel calm and ready to complete personal care tasks. Singing or listening to music during personal care can also make tasks more playful, and help the person understand the task they are completing.

How this can help reduce distress

Music can help someone be ready for personal care tasks and so prevent distress. By making interactions more playful and interactive, the person with dementia could feel more involved and in control. It could also provide distraction from aspects of care they find distressing or painful.



Ways a music therapist can support

A music therapist can help assess individuals for ways music could be helpful. They can speak with families about ways music was helpful or not previously. They can also model ways to use music during tasks to staff, discussing the reasoning for their choices.



Avoid playing music for all people during personal care...

But instead use it as a personalised intervention where it has been shown to be helpful.

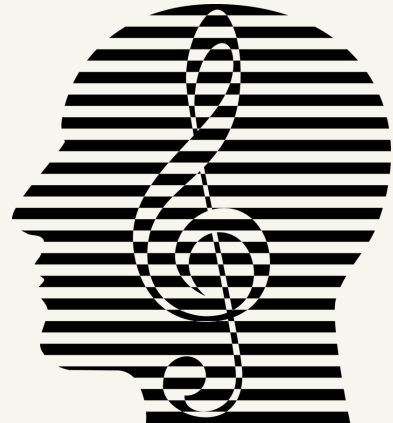
An example: Julian finds the morning care routine distressing. Knowing he likes Bob Marley, and that this music is generally quite calming, the therapist suggests staff try playing Bob Marley in Julian's room before waking him, so he slowly wakes up to music that is familiar and enjoyable for him. At the end of the CD staff go in and ask if he would like the music to continue. They then begin to get ready with or without the music, and Julian is usually more ready to begin the day.

MUSIC AT END OF LIFE

People on dementia wards can be coming towards end of life. At these times it is important to find meaningful ways to connect with individuals in a way that they are able to in the moment. Music can be a way for families and staff to connect with the person, listening together, playing for each other, and even holding hands and swaying to the music.

How this can help reduce distress

Music at the end of life can provide something familiar and very personal. It can be a way someone can celebrate their faith, their relationships and their life right until the end. Hearing is often the last sense to remain, so make sure to keep talking to people and playing their music for them.



Ways a music therapist can support

A music therapist can advise on what music might be appropriate, building on previous ideas in the musical care plan that have been refined over time. They can also work with families during this time alongside the person to provide precious memories, and support with planning music for a funeral service.

Avoid leaving the person in a quiet place for long periods of time...
But instead, play gentle music that is familiar to them, sitting with them where possible, even if they are not able to respond

An example: The medical team advised that David should receive palliative care on the ward. The music therapist provided weekly sessions with the family and David in his bedroom. They played music together to explore how they were feeling, and recorded a song that they wrote for David. The therapist encouraged them to create a playlist of meaningful songs to listen to while they visited, and to talk to David about the memories these songs held for them. They also shared it with staff who used it when the family were not present.

4

MINIMUM RESOURCE REQUIREMENTS

Please use the checklist below to ensure your ward has everything required to deliver MELODIC. See section 2 for further details. Guidelines for musical equipment are provided below.

- ☐ Music therapist 2 days a week
- ☐ 2 MELODIC Champions
- ☐ Support from management and medical teams
- ☐ Communication systems
- ☐ Training and support for staff and families
- ☐ Space and time for sessions
- ☐ Musical equipment

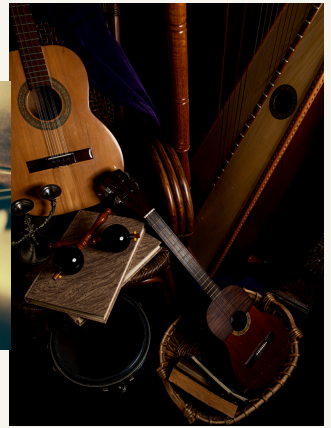
Musical equipment

Musical instruments and equipment for listening to music must be provided. The cost of providing musical equipment will vary depending on what is available on the ward, but at the time of writing (2025) a budget of £1,700 would be sufficient for all purchases (see section 7 for suggested websites). The music therapist could bring in their own instrument(s) as well. It is vital that equipment is of good quality and appropriate for adults to ensure the music is pleasing to hear. Storage space for equipment that is safe and accessible for staff and families to use is required.

Devices and individualised music should be accessible to be used wherever helpful for the patient. This could be in communal areas of the ward, listening individually using headphones, while walking or in bedrooms. Equipment should always be supervised to maintain safety.

Required instruments:

- Keyboard
- Guitar
- Untuned percussion (frame drums, tambourines, shakers)
- Tuned percussion (xylophone, glockenspiel)



Required listening devices:

- Portable listening devices (tablets, phones)
- CD players (families can bring CDs)
- Radios
- Bluetooth speakers
- Streaming apps, like Spotify
- Headphones

Where there are barriers to accessing equipment or streaming services, owing to lack of funding or Trust policies, the music therapist and MELODIC Champions could advocate for access to music equipment to the Trust management with support from the ward manager.

5

MUSIC THERAPIST: PRINCIPLES OF PRACTICE

The following principles must underpin the music therapy tasks outlined above. 3, 2-hour training sessions for the music therapist will focus on these principles, with continued support in ongoing monthly group or individual supervision.

**Collaborate with staff
and families**

**Flexible delivery of
interventions**

**Assess triggers of
distress and unmet
needs**

**Be aware of potential
to trigger a negative
response**

Collaborate with staff and families

Staff and family carers are already experts in dementia care and identifying and meeting unmet needs in the moment. The music therapist needs to work collaboratively to inform the use of music as part of care delivery on the ward. Attendance at handover meetings, reading patient electronic notes, and feeding into ward rounds will be essential for this to take place. Acceptance of this way of working could take time, confidence and perseverance from the therapist.

Musical care plans should be developed collaboratively, shared and discussed at team meetings, and integrated into patient care plans. The therapist should be proactive, spending time demonstrating how the care plan could be implemented in everyday care and discussing their reasoning with staff. This will raise awareness of ways music can be incorporated into everyday care, validating ways they are already using music as well as providing new ideas.

The help sheet should be handed to any staff and families involved in group or individual sessions to support positive involvement. The therapist should use the feedback form after sessions to encourage discussion. Sessions will be impacted by the ward environment e.g. how open or private spaces are and the ability to loop corridors. The therapist should be aware of the impact of the ward layout, using space flexibly to mitigate potential barriers.

To support understanding and implementation of music interventions, the music therapist will provide a presentation of MELODIC to managers and consultants. They will also run a 30-minute voluntary music workshop on the ward every 6 months for staff and families. The workshop should:

- Be accessible, avoiding jargon
- Build on ways people use music in their professional and personal life
- Include interactive activities e.g. mirroring exercises, listening to sound environment
- Include diverse ways to use music: singing, talking, playing, dancing, listening

Family's expertise should be valued and included, although visiting policies will impact their involvement. Families must be given the MELODIC overview. If attending music therapy sessions, the therapist must discuss family's hopes and expectations prior to attendance and feedback with them after sessions to support them to feel comfortable.

The music therapist should be aware of the emotional and psychological challenges that are experienced by staff and families providing support for people with dementia in this setting. Support could include informal check ins as well as running support or reflective groups on the ward depending on need and current provision.

Flexible delivery of interventions

Wards are improvised and changeable, and so the content and timing of interventions must be flexible to the needs of the ward and individual at the time. While having an established time for group sessions can be helpful for staff and families to plan, these need to fit around other tasks on the ward, align with visiting times if applicable, and be flexible to change if needed. This will require the music therapist to be confident and proactive in their approach.

Assess triggers of distress and unmet needs

The therapeutic relationship is central to identifying unmet needs and seeking ways to meet these primarily through musical and nonverbal communication. The music therapist should assess for triggers for distress, including pain, boredom, felt lack of safety, and sleep disturbances. They should work with staff and families to identify and evaluate musical and extra-musical strategies for managing distress and unmet needs. Music therapists must communicate observations with staff and families, and input ways they could support the individual into musical care plans and patient notes.

Be aware of potential to trigger a negative response

The music therapist needs to be aware of the potential for music to trigger a negative response for the person with dementia and observe for any signs of increased distress throughout sessions. This could include arousing unwanted memories or the music being too loud. The therapist should also consult with staff about any potential triggers they are aware of and how patients present following sessions, and look at routinely collected ward outcomes (such as hourly observations) to see if these indicate any negative impact. Timing of sessions should be planned to minimise impact on sleep and avoid over stimulation, with awareness of other activities the patient might have undertaken already in the day.

6

MELODIC top tips and troubleshooting for the ward

1

Have fun and don't be afraid to try out different ways to use music – knowing what doesn't work is also helpful!

2

It doesn't matter how well you can sing or play, it's about having a meaningful and fun interaction with the patient. Talking about music can be a good start.

3

The music therapist will help staff and families build on their skills to use music to prevent and manage distress – speak with them about any ideas you have

4

Embed music in activities and care tasks that are already being done on the ward. For example, could you use music during 1:1 observations?

5

Ensure music choices are personalised to each individual, listen to experience of families

6

Keep the musical care plans in a place that is visible – pin them up where they can be seen

7

Celebrate where the musical care plans are working well and review how they could be developed – needs and tastes can change

8

Make the most of equipment already available on the ward to play music

9

Music is not always helpful. Having quiet spaces or times without interaction can prevent overstimulation.

10

Share musical care plans with the discharge destination

7

Resources and templates

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cimtr@aru.ac.uk



Links to additional resources

MELODIC webpage:

Follow QR code or go to

<https://bit.ly/melodic-protocol>

British Association for Music Therapy:

<https://www.bamt.org/>

Playlist For Life:

<https://www.playlistforlife.org.uk/>

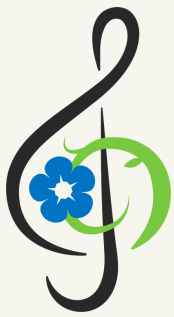
Suggested websites for musical equipment:

www.gear4music.com

<https://www.thomann.de/gb/index.html>

Full references for research supporting MELODIC

- **Edmans BG**, Wolverson E, Dunning R, Slann M, Russell G, Crowther G, et al. Inpatient psychiatric care for patients with dementia at four sites in the United Kingdom 1 |. *Int J Geriatr Psychiatry*. **2021**;1–4.
- **National Institute for Health and Care Excellence**. Dementia. Quality standard 184. **2019**;(June 2019):39. Available from: <https://www.nice.org.uk/guidance/qs184/resources/dementia-pdf-75545721373381>
- **Thompson N**, Iyemere K, Underwood BR, Odell-Miller H. Investigating the impact of music therapy on two in-patient psychiatric wards for people living with dementia: retrospective observational study. *BJPsych Open* [Internet]. **2023** Mar 23;9(2):e42. Available from: https://www.cambridge.org/core/product/identifier/S2056472423000200/type/journal_article
- **Thompson N**, Odell-Miller H. An audit of music therapy in acute National Health Service (NHS) settings for people with dementia in the UK and adaptations made due to COVID-19. *Approaches: An Interdisciplinary Journal of Music Therapy*. **2022**;
- **Thompson N**, Hsu MH, Odell-Miller H, Underwood BR, Wolverson E. Characteristics, outcomes, facilitators and barriers for psychosocial interventions on inpatient mental health dementia wards: a systematic review. *BMC geriatrics*. **2024a** Apr 23;24(1):364.
- **Thompson N**, Odell-Miller H, Underwood BR, Wolverson E, Hsu MH. How and why music therapy reduces distress and improves well-being in advanced dementia care: a realist review. *Nature Mental Health*. **2024b** Nov 14:1-1.
- **Thompson N**, Odell-Miller H, Pointon C, Underwood BR, Wolverson E, Hsu MH. Music therapy Embedded in the Life Of Dementia Inpatient Care (MELODIC) to help manage distress: A mixed methods study protocol for co-designing a complex intervention. *Nordic Journal of Music Therapy*. **2024c** Dec 19:1-7.
- **van der Steen JT**, Smaling HJA, van der Wouden JC, Bruinsma MS, Scholten RJPM, Vink AC. Music-based therapeutic interventions for people with dementia. Vol. **2018**, *Cochrane Database of Systematic Reviews*. John Wiley and Sons Ltd; 2018.
- **Wolverson E**, Dunning R, Crowther G, Russell G, Underwood BR. The Characteristics and Outcomes of People with Dementia in Inpatient Mental Health Care: A Review. *Clinical Gerontologist*. Routledge; **2022**.



MUSICAL CARE PLAN FOR



This musical care plan will be completed and regularly reviewed by the music therapist with the person with dementia, staff and families. It will record how personalised music will be used during their admission to help reduce their distress.

My favourite songs, artists and ways to enjoy music

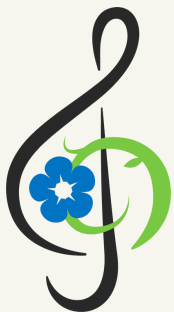
Include key memories or milestones (e.g. wedding; family; hobbies; work)

Be specific - which songs/albums are most important

Include how they like to engage in music (e.g. singing, clapping, dancing, listening)

Times when music is most helpful for my care

For example: when distressed or anxious; one to one support; personal care; at night; in communal areas; supporting care goals; during/after family visits



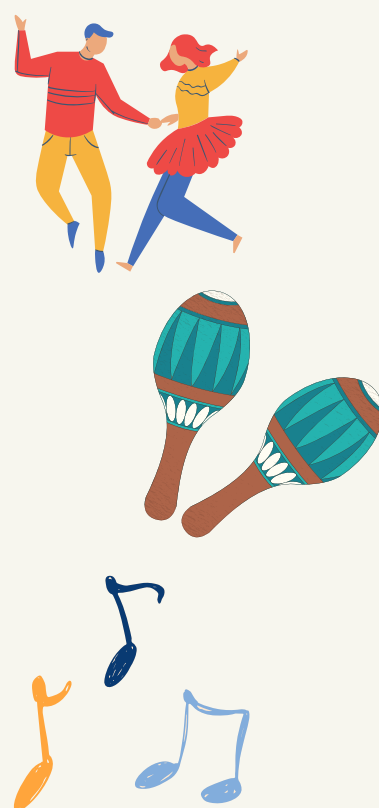
Music therapy sessions

Help sheet for supporters

This help sheet is for any staff and family members who are joining in or supporting a music therapy session on the ward. Your feedback is really helpful so please share any thoughts or interactions you noticed with the therapist after sessions.

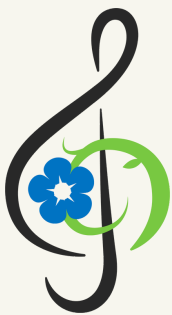
Ways you can help people engage

- **Join in and have fun!** Playing instruments, dancing or singing with the music therapist can encourage patients to engage and help create a lively atmosphere. It doesn't need to be perfect!
- **Play with patients.** If a patient is engaging actively in the sessions, support them individually to develop their interactions and share a positive moment.
- **Sit quietly with patients.** If a patient is listening to the music, support them by sitting with them. You could ask them about memories the music might be triggering, or any song requests they have for the music therapist. Sometimes people can become emotional. This is ok, and the music therapist can provide support and change the music if needed.



Things to avoid

- **Making patients play or sing.** It is ok for patients to sit and listen to the music. You can support them by sitting with them, maybe initiating conversations about the music.
- **Stopping patients leaving.** It is ok to encourage patients to stay but if they choose to leave that is fine too, and they might come back in later.



Music therapy sessions Feedback form

DATE:

This feedback form is for the music therapist, staff and family members to complete together where possible after music therapy sessions. This will help the therapist understand interactions in the session and build on these in following weeks.

PATIENTS ATTENDING

**STAFF/FAMILY
ATTENDING**

Name one thing that happened that helped the patient(s)?

What part of the session worked best?

Any responses you noticed that were important?

Anything that could be changed next time?