



Music at Heart with St Mary's Hospital

Pilot project report, May 2022

This report covers the period February to April 2022 during which time a pilot 10-week singing programme was delivered with mothers and their babies in collaboration with the Perinatal Mental Health team at St. Mary's Hospital, Westminster.

1. BACKGROUND

Music at Heart is arts charity Creative Futures' music in hospitals programme. There are currently two strands to the programme: one delivering bedside musical interactions to in-patient children at the Royal London Hospital; and the other a new partnership with the Perinatal Mental Health team at St Mary's Hospital delivering therapeutic group singing sessions for mothers with mental health conditions and their babies. This report focuses on the second strand.

Our approach with St Mary's is rooted in research led by Daisy Fancourt and Rosie Perkins in 2016-17, where analysis was carried out on a group of mothers with post-natal depression, some of whom took part in singing workshops and some of whom took part in play workshops. The findings suggest that, especially for mothers with more severe post-natal depression, the singing activity significantly accelerated a reduction in symptoms. Studies have also found that group singing sessions, or singing at home between mother and baby, can lead to significant increases in perceived mother-baby closeness (sometimes called attachment) – more than through other types of social interaction. Singing is also associated with greater decreases in both the psychological and biological markers of anxiety. However, these studies do not include women with enduring and/or severe mental illness, which we are keen to address through this pilot and subsequent programmes.

In our pilot, we were privileged to work with two musicians who had taken part in the Fancourt and Perkins 'Music and Motherhood' study. We combined learning from that project with our musicians' wider professional experience and inputs from the rest of the project team (medical and musical) as well as local contextual knowledge in order to plan our 10-week model.

2. PROJECT DELIVERY

Our pilot project began with a training session for all four music practitioners, led by our partner at St Mary's hospital, Dr Maddalena Miele, Consultant in Perinatal Psychiatry. The training included a background to perinatal and infant mental health as well as broad strategies and approaches to adopt when working with mothers with vulnerabilities. Our training session concluded with artistic planning amongst the musician team.

We are grateful to staff at the Portman Early Childhood Centre for accommodating our project, and providing space and a welcoming environment for our project.

Our project team:

- Zoë Palmer & Penny Osmond – Lead Music Practitioners
- Julie Isaac and Abimaro Gunnell – Assistant Music Practitioners
- Sabrina Scolaro & Julian Knight – Creative Producers

The programme took place on Friday afternoons at the Portman Centre from February to April. 10 sessions took place, with some mums joining via Zoom if they were unable to join in person (e.g. if they were out of London or unwell). The room used for the sessions was made comfortable with floor cushions and mats, as well as musical instruments for families to use.

Each session was led by one or both of the Lead Music Practitioners, one Assistant Music Practitioner, and was supported by one or more members of Maddalena's team from St Mary's. Mothers were encouraged to attend all of the sessions, or as many as possible – and membership of the group was closed after the third session.

The structure of each session was roughly as follows:

- | | |
|-----------|-------------------------------------|
| 1.15-1.30 | arrival & registration |
| 1.30-2.15 | Singing Session |
| 2.15-2.45 | Families stay and chat if they wish |



Photo by Kelly Sikkema, courtesy of Unsplash

3. WORKSHOP FORMAT

The table below summarises the structure of each session, the activities that took place, and the psychoeducational elements.

Session time	Activity type	Task	Psychoeducation
0-10min	Set of introductory songs, some of which incorporated babies' names	Establish the group; create safety. Over time, the repetition of these tunes becomes almost a greeting ritual. The predictability and consolidated knowledge instigate a sense of security and trust.	Mothers appreciate that babies like repetition, it makes them feel "secure".
11-20min	Introduction of new material or further elaboration of known material. Singing standing up and rocking babies. Incorporation of babies' intentions voiced by the mother or mothers' expectations (e.g. hand drawing exercise). Getting physically moving – grounding exercises incorporated into songs	The acquired knowledge of previous tunes improves confidence and facilitates exploration and experimentation	The subtle incorporation of voiced babies' intentions introduces the notion of mentalisation/mind-mindedness.
21-30min	Breathing exercises or Experimenting with instruments or Other activity (depending on what the group brings to the session)	Rebalance the group mood Give time for dyads to settle or pause	Learning principles of self-regulation. Acknowledging mothers' needs and babies' needs as separate.
31-40 min	Learning songs suggested by participants in a range of languages. Composing songs using hand chimes	Encourage less confident participants to contribute. Role modelling "opening up" and "Experimenting is not dangerous "	Learning about positive association with disclosure/experimenting/making mistakes
41-50min	Consolidating learned material by repetition/rehearsal	Enjoying shared learning	The babies' responses reinforce positive maternal affect.
51-60min	Recap and "down time" – getting ready to end; Invitation to listen		Time to listen and receive musical offering

Additional elements

A **newsletter** was written especially for mothers participating, and circulated to them after week 4 of the project.

A **recording** was made by the musicians involved, plus some additional musicians, including many of the songs frequently sung at the sessions, and the composed song with the babies' names. This album, 'Mother Tongue', was uploaded to our website project page <https://www.creativefuturesuk.com/music-at-heart2> and made available to the mothers.

A **songbook** including the lyrics of some of the recorded songs was also produced.

A **private page of the website** was created just for participants, where material from sessions is to be gradually uploaded over time, including recordings from the sessions of songs in their own languages which mothers brought in to share with the group.

These additional elements are in place to encourage mothers to continue singing the songs from the project with their babies at home.

4. PARTICIPANTS

Fifteen mothers and babies (aged 1- 12 months) under the care of the Westminster and Kensington & Chelsea Perinatal Mental Health Service were invited to participate. Ten accepted. The age range of the women was 31-38 years and included a broad range of ethnicity: 2 White UK/Irish; 3 Middle Eastern; 1 Asian; 1 Black Caribbean; 3 Other white background.

5. AIMS OF THE PILOT

The main aims of the pilot were to:

- Define the procedural aspects and core elements of the intervention;
- Describe the participants' (mothers, babies and staff) experience;
- Utilise the learning experience from the pilot to develop a reproducible protocol tailored to perinatal mental illness;
- Raise awareness on the role of "musical care" in perinatal mental illness; and
- Guide the development of "musical care pathways" across primary, secondary and tertiary perinatal mental health services.

6. MUSICAL CARE

'Musical care' refers to the role of music – music listening as well as music making – in supporting any aspect of people's developmental health needs, for example physical and mental health, cognitive and behavioural development and interpersonal relationships. The widespread practice of singing to a baby is highly suggestive of its universal relevance in care giving. Primary care givers nurture infants through one-to-one singing and movement, which

is effective in engaging the infants and regulating their mood (Trehub, 2019). Unlike adults, who perceive musical styles and structures in a culture specific way, infants are less affected by cultural influences.

Musical care, and specifically singing interventions for perinatal mental illnesses or bonding difficulties, are not currently recommended by NICE guidelines or included in the NHS long-term plan.

7. PILOT PROJECT FINDINGS: IMPACT ON THE PARTICIPANTS

"I can't thank you enough, it has been transformational."
(Participant)

Theme: creating a welcoming, safe, and musical environment

Providing a safe, comfortable, inviting environment for the sessions is crucial to their success. This environment is perceived the moment that a participant enters the room – both in the physical layout of the space, and also in the way they are welcomed by those leading the session. We took great care to create an environment that was warm and welcoming by providing comfortable floor rugs and cushions, a baby-change area, making the most of the airy and naturally lit room, providing a team member to meet participants by the entrance to help them navigate to the room, and drawing on the natural warmth and compassion of our project team.

Creating a 'musical environment' from the outset is also crucial to establishing a space in which music is embedded in the warm and welcoming environment.

"Two mothers arrived quite early, one of whom seemed a bit anxious though she was very friendly and engaged. I noticed when she sat down that she asked lots of questions, and as she received answers and we started to fill the space with gentle sounds, she began to relax. As more mothers and babies arrived, we gently chatted to them and asked about their babies, while also gently letting some music happen. Some of the participants had gone to the wrong address, so we waited for them to make a start on the singing. I think this actually helped the relaxed atmosphere to permeate so that when we did begin singing, it didn't feel like such a big deal." (Music practitioner notes session 1)

As the music practitioners alternated throughout the project, it was interesting to observe that the music itself created a grounding for the project and a safe space:

"it encourages more trust and safety in the room because the participants aren't reliant on one person, but rather the music that's happening because of them." (Music practitioner notes session 5)

Sometimes participants were unable to attend because of illness or travel, and we enabled them to join via Zoom. We were not sure how the mix of in-person and online attendance would work, but due to the level of trust that had been built up it worked successfully:

"Having been initially concerned about having 2 mothers present via the laptop, it actually worked really well. We had a very upbeat rendition of *rock + bounce*, a really good dance with mothers moving around the space, making eye contact with each other and other babies and taking turns to go to the screen and sing with those online. It felt really joyful!" (Music practitioner notes session 9)

Theme: building closer attachment between mother and baby

The project supported mother-baby attachment through activities such as mothers singing to their babies as they held them, rocking and bouncing their baby (e.g. as part of a song), and including the names of the babies in many of the songs.

Many of the women were smiling and making eye contact with their babies. We sang *Oh baby look at you* to each baby and many of the women visibly relaxed when talking to each other's babies as well as their own (Music practitioner notes session 1)

There was lots of eye contact and kisses when it was their baby's turn. (Music practitioner notes session 4)

One practitioner also observed how helpful the babies are to the bonding of the group. The mothers all enjoy each other's babies' reactions and interact with them easily, leading to more interaction between the mothers themselves too.

We remarked how, through the music, mothers were "stroking their babies' heads, many kissing them, and holding them close" – demonstrating bonding and attachment.

As the project progressed, it was noticeable that babies crying became much less frequent. By sessions towards the end of the project no babies cried at all throughout the sessions.

Theme: singing as a means of building collective, dyadic and individual confidence

"[The project] *has changed my relationship with singing, I sing to her the whole time now*" (Participant).

Again, creating a space that is safe and supportive is important in order to enable participants to feel confident to use their voices and to join in with the singing. This is achieved through creating a musical environment (as mentioned above) and by the music practitioners being part of the circle with the families (rather than at the front as leaders). Using songs with a call-and-response is a good way of also encouraging families to join in especially with unfamiliar songs.

As we ran through *Twinkle, twinkle*, and *Oh baby look at you* gradually mothers began to join in with the singing. Then we invited those that wanted to stand as we sang *Bella mama*. We moved with the song and they became visibly less self-conscious. (Music practitioner notes session 1)

Confidence in singing and using their voices definitely grew week by week:

"I encouraged them to allow their voices out. By the time we sang *Bella mama* more seemed to be singing audibly than last week... enjoying their collective sound. One mother was harmonizing - and others noticed...gradually there was more confidence in the room." (Music practitioner notes session 2)

"The sound the group makes has changed significantly and sounds so much more confident. On standing up and moving our feet, the confidence really grew, enough that we were able to split the group and do a 3 part canon, which sounded absolutely beautiful. As we finished it, we dropped the ukulele and drum out to just hear the power of the voices." (Music practitioner notes session 4)

"For *Nanuma* we returned to sitting down and sang in two parts. Mums began to add their own harmonies and we encouraged them to do so. It felt as though they are really finding their voices and their confidence." (Music practitioner notes session 7)

Participants also felt increasingly comfortable to bring songs to the group from their own cultures and families – and to sing these and teach them to the group. Many of these songs became embedded in the sessions, and were recorded for the private area of the website.

"I was so delighted that V brought an Albanian lullaby about a baby lamb to the group. I taught the tune with some broken chords and everyone sang along, then V had the confidence to sing us the words while we sang the melody underneath." (Music practitioner notes session 8)

The children were also observed to respond more and more to the music, interacting with it through attention, smiles and actions.

"A few of the babies were quite vocal and visibly excited - particularly during the spaces between songs." (session 2)

"Lots of smiling baby faces - and some being quite vocal about their enjoyment of the movement and beat." (session 7)

"Z was highly animated throughout the session and was interacting - touching and exploring little T who was sitting next to her. There were lots of smiles." (session 9) (Music practitioner notes)

An aim of the project is that the mums involved sing more with their babies at home, and this seems to have been achieved with mothers singing more, and particularly at transition points or related to certain tasks:

"I sing when I'm changing her nappy - my partner says, you're always singing now."
(Participant)

Theme: developing a supportive community

Although only 10 weeks long, we hope that through the project bonds will develop between the mothers involved and they will form microcosmic peer support communities, where they can find support from each other beyond the duration of the project.

These bonds appeared to start developing from the very start:

"One mum became a bit emotional while repeating the song, and I was very touched that both her neighbours checked on her. She was quick to reassure them that they were good, cathartic tears and after the song, the group felt more bonded to me as a result of the emotion which had been let out." (Music practitioner notes session 1)

By session 5, everyone "seemed very peaceful" in each other's company.

An example of the way the group had bonded is given in this observation from the 9th session, where musical support combines with the gift of food and pastoral care:

"A was keen to continue and spoke about her Berber heritage. She shared a Berber lullaby with us. The group was very appreciative and we shared our collective feeling that there is so much skill and talent in the room - we had a moment of celebrating our connection and womanhood! One mum said "thank you for a lovely time" and A produced a box of homemade chocolate brownies to share with the group. There was a feeling of mutual support and everyone was chatting as they left." (Music practitioner notes session 9)

Theme: supporting wellbeing

The project had a positive effect on participant's well-being that was noticeable to music practitioners and St Mary's staff. The rapid development of a sense of community, facilitated by the mothers' growing confidence to sing and harmonise together, spread to the babies and infused the space and the personal connections with a healing and positive energy.

"One [baby] was on her tummy for a lot of the session 'dancing' and smiling at the rest of the group." (Music practitioner notes session 2)

"Mums too seemed to enjoy the physicality and stayed standing without being encouraged for the next song. As we sang *neesa* we explored the idea of humming as self-soothing." (Music practitioner notes session 7)

As the sessions progressed there were more smiles and laughter and physical connection amongst the group.

"Baby Z was highly animated throughout the session and was interacting - touching and exploring little T who was sitting next to her. There were lots of smiles. B spoke about how being in the group has been "transformational." (Music practitioner notes session 9)

"I feel cleansed, like therapy". (Participant)

8. NEXT STEPS

We look forward to continuing to develop this area of work in partnership with colleagues at St Mary's Hospital, and in collaboration with the growing local and international network of arts and health organisations exploring the 'musical care' landscape.

9. REFERENCES AND ACKNOWLEDGEMENTS

References.

1. Perkins, R. The effects of mother–infant singing on emotional closeness, affect, anxiety, and stress hormones Music & Science Volume 1: 1–10 2018 DOI: 10.1177/2059204317745746
2. Fancourt, D. & Perkins, R. Effect of singing interventions on symptoms of postnatal depression: three-arm randomised controlled trial The British Journal of Psychiatry (2018) Page 1 of 3. doi: 10.1192/bjp.2017.29
3. Trehub, S. E. (2019). Nurturing infants with music. International Journal of Music in Early Childhood, 14(1), 9–15. https://doi.org/10.1386/IJMEC.14.1.9_1

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