The Winston Churchill Memorial Trust of Australia

Report by Gary Thorpe OAM – 2011 Churchill Fellow

To study the application of music to the management of dementia and related issues

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Signed

Gary Thorpe OAM

Date

8th July 2012
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Introduction

I have been involved in broadcasting for 36 years – 23 of them as the General Manager of the classical music community radio station, 4MBS Classic FM in Brisbane. So when I became aware of the growing issue of dementia after an elderly neighbour moved to a nursing home, I naturally considered how music and radio could help in the management of the many problems caused by this disease. We started a nostalgia radio station called Silver Memories about six years ago to address social isolation and loneliness in the aged community. Research into the service by the Australasian Centre on Ageing at the University of Queensland and feedback from carers in the nursing homes that trialled the Silver Memories radio service indicated that it was having a positive impact especially on people with dementia.

In the last few decades there has been a great deal of research by music therapists around the world on a range of issues affecting the elderly. One of these is dementia. There is growing recognition of the enormous impact that dementia is having on our society and that this will increase dramatically in the coming years. Governments are committing billions of dollars worldwide to finding a cure and are researching ways of managing the devastating effects on the sufferers and their carers.

I am grateful to the Winston Churchill Memorial Trust for awarding me a Fellowship to investigate how music therapy research could assist in further developing the unique Silver Memories radio service for the benefit of dementia sufferers and their carers.

I would like to acknowledge those who supported my application as referees, Dr Catherine Travers from the University of Queensland and Cameron Dick, former Attorney General for Queensland. I also acknowledge the encouragement of the Board of Directors of 4MBS Classic FM whose support has enabled Silver Memories to develop into a unique radio service assisting some of the most vulnerable people in our society.

The Churchill Fellowship has given me the opportunity to meet with leading music therapy researchers in Canada, USA, UK and Denmark. I sincerely thank them for sharing their knowledge with me and for their acceptance and praise of the unique Silver Memories approach of the use of music in the management of dementia.
Executive Summary

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Project - To study the use of music in the management of dementia and related issues.

Highlights

- Attended the Canadian Association of Music Therapy Conference, Montreal 2-5 May 2012 - Met with Alpha Wood MMT, MTA, Concordia University, Montreal and Bev Foster BEd, BMus, AMus, ARCT Executive Director of the Room 217 Foundation
- Visited the Institute of Music and Neurologic Function in New York, met with Dr Concetta Tomaino, Senior Vice-President for Music Therapy, Beth Abraham Family Health Services
- Visited the Arts and Quality of Life Centre, Temple University, Philadelphia – met with Assistant Director, Andrea Hunt
- Visited Aalborg University, Denmark and met with Hanne Mette Ridder, Doctoral Program in Music Therapy.
- Visited the EGV Foundation, Copenhagen - met with Director Christine Swane
- Visited the School of Health and Life Sciences, Glasgow Caledonian University - met with Lecturer Andrew Lowndes
- Visited the Wigmore Hall Music for Life Program – met with Project Manager Kate Whittaker
- Visited Department of Music and Performing Arts, Anglia Ruskin University, Cambridge – met with Pathway Leader Helen Loth

Conclusions

The statistics for the number of people affected by dementia and related issues are alarming. These figures have stirred governments around the world to seek a cure and to look for innovative ways of managing the enormous social and economic impact of dementia.

There is ample research to show that music is a powerful and effective tool in the management of dementia. Music is being used in a variety of ways to address the devastating effects of this terrible affliction. Some researchers believe that one-on-one music therapy is the most effective means of delivery while others can see the benefit of providing a service which reaches much larger numbers of people through a radio service such as Silver Memories. All agree that music is a powerful tool that needs to be used thoughtfully.

Dissemination and Implementation

The knowledge gained during the Churchill Fellowship will be disseminated through 4MBS Classic FM and Silver Memories and at the Community Broadcasting Association of Australia’s annual Conference. Articles will also be published in the 4MBS (Brisbane) and 2MBS (Sydney) Program Guides and on the 4MBS website. Internationally, the Glasgow Caledonian University, will screen a 5 - 10 minute video at their conference focusing on Reminiscence and Dementia in November 2012.

The information gained will be applied to the Silver Memories program content and schedule to make it a more effective resource for staff and carers of people afflicted with dementia and related issues. It will be used to extend the service across Queensland and then Australia.
Program

2 – 5 May 2012  Montreal, Canada

Attended the Canadian Association of Music Therapy Conference. Met with Bev Foster, Director, Room 217 Foundation; met with Alpha Woodward, music therapy staff of Concordia University; attended Conference presentations by Christelle Laforme, Kevin Kirkland, Susan Summers, Sheila Killoran and Heather Purdie – Owens.

8th May 2012  New York, USA

Visited the Institute of Music and Neurologic Function, Beth Abraham Family Health Services, New York. Met with the Senior Vice President for Music Therapy, Dr Concetta Tomaino.

11th May 2012  Philadelphia, USA

Visited the Arts and Quality of Life Centre, Temple University, Philadelphia. Met with Assistant Director, Andrea Hunt and briefly with Director, Dr Dileo.

23rd May 2012  Aalborg, Denmark

Visited the Doctoral Program in Music Therapy, Aalborg University, Denmark. Met with Hanne Mette Ridder who heads the Doctoral Program.

25th May 2012  Copenhagen, Denmark

Visited the EGV Foundation, Copenhagen. Met with the Director, Christine Swane.

29th May 2012  Glasgow, Scotland

Visited the Later Life Research Group, Glasgow Caledonian University, Glasgow. Met with the Lecturer in the Department of Health and Community Services, School of Health and Life Sciences, Andrew Lowndes.

1st June 2012  London, England

Visited the Wigmore Hall Music for Life Program, Wigmore Hall, London. Met with Project Manager Kate Whittaker.

6th June 2012  Cambridge, England

Visited the Department of Music and Performing Arts, Anglia Ruskin University, Cambridge. Met with Pathway Leader Helen Loth.
Main Body

What is Dementia?

The term ‘dementia’ describes the symptoms of a large group of diseases including Alzheimer’s (the most commonly diagnosed form of dementia), vascular dementia (the second most commonly diagnosed form of dementia), Parkinson’s disease, Creutzfeldt-Jakob disease, Fronto Temporal dementia and Lewy Body Dementia.

Broadly, dementia is a progressive decline in neurological function that can typically be described in three stages – the early stage sees a decrease in memory function, disorientation and the first changes in personality. The middle stage typically lasts longer and is characterised by further decrease in memory functions, an increase in major psychiatric disorders such as hallucinations and psychoses and verbal and physical aggression. The last stage is characterised by the inability to speak, incontinence, lack of recognition of family members and the loss of psychomotor skills. The patient becomes bedridden and will eventually die. (Reisberg et al. 1982)

Dementia affects the sufferer and the carer. In an article in The New York Times, Sunday 6th May 2012, a member of a dementia support group was quoted as saying ‘Being a caregiver in this disease is a grieving process while the person is still alive.’

There is also a growing awareness amongst researchers that there could be many more forms of dementia than we are currently aware of.

There are a variety of behavioural problems that frequently accompany the cognitive deterioration in dementia – irritability, withdrawal, depression, anxiety, fear, paranoia, aggression, delusions, hallucinations, wandering, pacing, agitation and sleeping problems. These conditions require additional supervision and in some instances, sedative-hypnotic drugs and restraints for the safety and manageability of the dementia sufferer (Cohen et al. 1993). Christine Kennard writing for About.com says that some drugs have been shown to actually increase disinterested behaviour and motor agitation.
The size of the problem of dementia

Dementia is a major issue in Australia and internationally. In Australia, it is expected that the incidence of dementia will double over the next twenty years. Glen Rees from Alzheimer’s Australia writing in the Sydney Morning Herald on the 7th January 2012 wrote that dementia is the iceberg that will cripple Australia’s health care system. He stated that there are 280,000 Australians with dementia and 1600 new cases are diagnosed each week. By the year 2050 more than 1 million Australians will be living with various forms of the disease. It already costs 6 billion dollars annually and will grow to be the third largest area of hospital and residential care by the year 2030.

Australia has one of the longest life expectancies in the world. So the problem of dementia will continue to grow in Australia. There are currently about 1.5 million people affected by dementia either as sufferers or carers. It is an enormous public health problem. Programs that assist in the management of dementia will help to ease the burden not just on the public health system, but on the carers of people afflicted with the disease.

While I was in the USA on the Churchill Fellowship, President Obama announced that the United States government will provide 100 million dollars for programs as part of the National Alzheimer’s Project Act which was signed into law in January 2011. Of this there will be 80 million dollars devoted to research to develop prevention and treatment approaches for Alzheimer’s and related dementias by the year 2025, 10.5 million dollars will be allocated for caregivers support and 4.2 million dollars for public education programs. The United States of America has as many as 5.1 million sufferers of Alzheimer’s disease and they are expecting that figure to double in the coming years. There will be millions of American families struggling with the cost of the disease in emotional and financial terms.

The story is the same in the United Kingdom. Dementia UK’s 2012 report indicates that there are 800,000 people with dementia in the UK. There will be 1 million by the year 2021. The report says that 67% of the people with dementia don’t feel part of the community and 61% feel lonely. Dementia UK says that the cost of dementia to the UK is 23 billion pounds.
Can music help manage these problems?

There is a growing body of evidence that says it can. As reported in Pacific Standard Magazine on the 9th July 2012, the Italian Psycho-geriatric Association recently reviewed 32 papers on music therapy and dementia published over the last decade and found a pattern of significant reductions in such symptoms as depression, delusional and hallucination. So, music therapists have been working with dementia sufferers for many years achieving significant results. I met with some of the leading researchers in music therapy worldwide to explore how I could apply their research findings to the Silver Memories radio service – the 24 hour a day nostalgia radio station started by radio station 4MBS Classic FM in Brisbane in 2007. Silver Memories was set up to address social isolation in aged care facilities. This special service broadcasts music from the 1920’s to the 1950’s, old time serials, musicals, popular old time ballads and sends birthday greetings to its elderly listeners. Silver Memories was designed to address the social isolation that many elderly people experience both in their own home or in an assisted facility. Research has shown that social isolation leads to depression which can lead to dementia and other issues. So, how could we apply the latest research in music therapy to the Silver Memories station to help make the lives of sufferers and their carers easier to bear?

Canadian Association of Music Therapy Conference, Montreal

I was interested to learn how it was that music can achieve results when some other interventions do not. I attended the Canadian Association of Music Therapy (CAMT) Conference held in Montreal from the 3rd to 5th May 2012 where this and other topics were discussed in the lectures and workshops. I learnt that music therapy is being used to address a wide range of issues from dementia, stroke recovery, Parkinson’s disease, palliative care, cancer care and more. There are many different theories about how music works in the brain – musical abilities appear to be retained while language abilities often are not because language abilities are dominant in one hemisphere while music production involves both hemispheres. This could explain why patients who have lost the ability to speak can still sing. (Altenmuller, 1986). Research has shown that music registers on multiple sites on the brain so that despite sections of the brain being damaged there will probably be a site remaining that can recall music.
What emerged strongly from the Conference was that music is more than entertainment, it definitely can be therapeutic.

This was being put into action by the Room 217 Foundation. I met with their Executive Director, Bev Foster. The Foundation produces CD’s of music designed specifically for therapeutic purposes such as palliative care situations. The music is arranged to match the heart rate of older patients – 60 beats a minute. The results achieved include reduced agitation at ‘sundown’ times – the time before dinner when agitation tends to increase in patients with dementia. The Foundation’s research showed that listening to appropriate music had other therapeutic outcomes such as distracting individuals from perceptions of fear, reducing the sense of isolation, promoting relaxation and sleep.

Bev Foster presented me with the complete set of their CD’s for use on our Silver Memories radio service. I emailed the Silver Memories program manager in Brisbane to change the music played at the ‘sundown’ hours (4 – 7 pm) to be more calming in order to assist carers in managing their charges at that crucial time. So in the first week of the Fellowship I had gained information that could be applied to our Silver Memories service. On my return to Brisbane we included the therapeutic CD’s from Foundation 217 in the ‘sundown’ hours’ schedule.

The importance of the wellbeing of caregivers was a strong theme that emerged from the Conference and from later meetings. Christelle Laforme, works in geriatrics in Canada and is interested in the effect of music therapy on caregivers of parents with dementia. One of the major benefits for caregivers was the reduction of stress. When their relative/friend was easier to manage and more responsive, the caregivers task was so much less stressful. This helps to reduce the incidence of burnout amongst caregivers. This was echoed in the Conference session by Kevin Kirkland, researcher on music, the brain and Alzheimer Disease, and Susan Summers, the clinician for the music therapy research studies at the University of British Columbia. Their research with music therapy has shown an improvement in the mental state of carers.

The use of music therapy in palliative care was the subject of a session by the researcher Sheilla Killoran, a specialist in palliative care and bereavement, who uses the Bonny Method of Guided Imagery and Music. The care of people in the last stages of life is another area
that is benefiting from music therapy research. Some researchers believe that music is a strong cue which evokes memories and pleasant associations. It directly appeals to feelings and emotions and can be used effectively to address the mood and mindset of the patient.

Heather Purdie – Owens, a specialist in neurological rehabilitation and dementia presented the conclusions of a pilot study comparing active music therapy and music listening on cognition and mood after stroke – a major cause of older people being confined to institutions through an inability to be able to care for themselves. They often experience depression and low motivation. She indicated that recent studies in the neurobiology of music have shown that musical stimuli activate several regions of the limbic system and increase the levels of melatonin and natural antibodies. Other research showed that verbal memory and focused attention increased significantly in the music listening group compared to control groups listening to stories on CD or a control group with no intervention. The music listening group was less depressed and less confused.

So music had the greater effect, but is active music therapy better than music listening? The initial results of the study showed that active music therapy results in a slightly improved selective attention and working memory over music listening. But active music therapy requires the presence of a music therapist which involves greater cost. The Silver Memories service provides music listening 24 hours a day so it could provide the benefits of music listening for significant numbers of people cost effectively.

At the conference, I met with Alpha Woodward, a faculty member of Concordia University, Montreal. She worked at the Pavarotti Music Centre in Bosnia from 2004 to 2007. Alpha presented a session on music therapy for trauma affected people in war zones. We met to discuss her research on the sound environment in institutions. She indicated that it was an important but neglected consideration in the daily existence of people in aged care facilities. She stated that we are conditioned to sound from the womb. If there is nothing good to listen to then people tend to tune out of everything, becoming disconnected to their environment and other people. She was particularly interested in the Silver Memories service as it created a positive sound environment for the residents of aged care institutions. Alpha indicated that many institutions have no planning or consideration for
the sound environment. Some provide music that is aimed at providing interest for the staff instead of the residents.

Another consideration was the design of buildings in creating the best sound environment conducive to ensuring happier residents. The Eden Principle advocates smaller groups of people to avoid the sense of an impersonal institution. She recommended a book Tuning of the World by Murray Schaffer to help understand the importance of the sound environment. She also discussed the importance of listening groups – they provide the sense of community so important to the wellbeing of the elderly.

The discussion turned to her dream of setting up a radio station in an orphanage in Bosnia where up to 500 people, mainly children, live in a bleak and depressing environment. She wants to engage them with music and involve them in the operation of their own radio station. Alpha indicated that the concept of a community operated radio service was new to that area and it had the potential to change the lives and future of the children. She saw Silver Memories as an example of how a radio service could create a positive sense of community and that this model should also work for the children.

Of particular interest was a discussion with Jennifer Buchanan, who received the Award for Outstanding Contribution to the Promotion of Music Therapy in Canada. As a music therapist in an aged care institution she played music over the PA system a half hour before meal times (breakfast, lunch and dinner) and at shift changes of staff and sundown. The staff become very busy at these times and they cannot give the residents as much attention as they need. Some residents tend to react to this and become agitated – screaming and verbally abusing staff. The music would provide a calming influence at these stressful times – making the lives of the staff and residents easier to cope with. When she initiated this practice the residents responded positively to the music. A new Director was appointed to the institution and stopped the practice.

Attending the CAMT Conference in Montreal was very beneficial, providing me with practical applications of music therapy in the management of dementia and other issues.
**Institute of Music and Neurologic Function, New York**

On the 8th May 2012 I visited the Institute of Music and Neurologic Function in New York. The Institute is renowned for its pioneering work in the applications of music therapy to people of all ages with neurological damage including dementia. I met with Dr Concetta Tomaino, Senior Vice President for Music Therapy at Beth Abraham Family Health Services in New York. They have a well established unit that has on their staff Oliver Sacks, best known for his books *Awakenings* (made into a feature film) and the intriguingly titled *The Man Who Mistook His Wife for a Hat*. Dr Tomaino spoke about the importance of music preference and showed me a small music unit consisting of a tablet computer with two small speakers attached. This was rented to individuals and institutions for a monthly charge. The unit downloaded music selected by the individual or institution from a list of genres – religious, soothing, classical etc enabling the personalisation of the music to the listener. The unit was rented to institutions for approximately $48 US per month for use by up to 100 patients. Dr Tomaino was very interested in our Silver Memories concept – it differed from any other system available, offering a wide variety of music with presenters providing the human touch needed to develop the sense of community.

**Arts and Quality of Life Centre, Temple University, Philadelphia**

Temple University in Philadelphia has a solid reputation for its music therapy work through its Arts and Quality of Life Centre. I met with Andrea Hunt, Assistant Director, and also briefly met the Director, Dr Dileo. Andrea Hunt was particularly interested in the use of music therapy in the rehabilitation of stroke victims – many of them elderly. She indicated that the brain needs to rest and recover after a stroke. Music is an effective clinical tool but should be used in shorter periods to allow the brain to rest.

We spoke about the use of music in the management of pain for patients with cancer, stress reduction and heart disease. Andrea spoke about the need to create a sense of community for socially isolated people in institutions and music’s important role in achieving that aim. We discussed the need for appropriate music at different times of the day to achieve the best outcomes in helping to reduce stress and agitation caused for dementia patients through fear.
Doctoral Program in Music Therapy, Aalborg, Denmark

I then journeyed to Aalborg in Denmark to meet with one of Europe’s most respected music therapy researchers, Hanne Mette Ridder. She leads the Doctoral Program in Music Therapy at Aalborg University. She stressed the need for structure in the use of music in the management of dementia. Hanne Mette identified that the Silver Memories programs have a regular structure that would lend itself to becoming an important tool for music therapists. One of her students has done a research project (Thiele, 2008), on the use of ‘familiar’ and ‘non familiar’ music in music therapy with a person suffering from dementia. The researcher introduces the Therapeutic Listening to Music method. Focus of the therapy is to promote ‘centreing’ to enhance the equilibrium of the person’s mental state. The research found that ‘familiar’ music – music that has a familiar melody or metre – must not be tampered with by different paraphrasing or arrangement. This will change the familiar element of the music to the point that the person with dementia will not recognise it and becomes bewildered and loses concentration.

Interestingly, music that the person was not familiar with, such as a piece of classical music, but with a clear structure, did not lead to bewilderment. This seemed to be because the music was predictable and met the person’s exact expectations while listening.

Hanne Mette stressed that her work in aged care facilities showed that interaction is important. She felt that music delivered through a service such as Silver Memories would provide the opportunity for staff, carers and relatives to engage and interact with the dementia sufferer. As much of her work had been with singing as a music therapy tool, she emphasised the importance of singing or sing along sessions to engage the person actively. She also felt that story telling was an important means of interacting with the person.

In her Overview of Therapeutic Initiatives when Working with People Suffering from Dementia (2005), Hanne Mette Ridder writes of the social isolation that comes from the lack of communication between sufferer and carer. She indicates that music can create a way of communicating by establishing a common experience that can lead to dialogue. I have found this to be the case with the Silver Memories service. Carers have used the music that is being listened to on the radio to engage in dialogue. Often the dementia sufferer will start the conversation as the music brings back a memory.
EGV Foundation, Copenhagen, Denmark

En route to the next meeting in Glasgow via Copenhagen, I took the opportunity to meet with Christine Swane, Director of the EGV Foundation in Copenhagen. The Foundation funds projects and research on issues affecting the aged. She told me that most elderly Danes are cared for at home as the Danish government has built many apartment complexes for pensioners. Of those elderly Danes living in institutions, a very high percentage, about 70 - 80%, have dementia.

The EGV Foundation had set up Dane Age (the equivalent of Australia’s National Seniors organisation) and now has about 600,000 members. This is about 1 in 8 of the population.

She stated that music therapy is used in most institutions in Denmark. But as the majority of elderly live in independent units they do not have access to music therapy. She was very interested in the Silver Memories concept and asked if she could pass the information about the concept on to interested organisations. Christine Swane sits on the advisory panel for the Mary Foundation (Princess Mary of Denmark’s foundation) representing aged issues. The Mary Foundation currently has a focus on youth issues but will move on to issues affecting the aged in future years.

Of particular interest was the personal nature of having their own radio through a Silver Memories service and its potential for having shared experiences – providing an opportunity for interaction of carer and patient. She identified this as an important matter for the elderly socially isolated person to help address loneliness and depression. It is interesting that in a society such as Denmark with its long established history of social support that social isolation in the elderly is still of concern.

School of Health and Life Sciences, Glasgow Caledonian University, UK

As a result of an earlier meeting in Brisbane with Professor Debbie Tolson, Professor of Gerontological Nursing, Glasgow Caledonian University, I was invited to meet with Andrew Lowndes, a Lecturer in the Department of Health and Community Services, School of Health and Life Sciences, Glasgow Caledonian University. He is currently engaged in a reminiscence project with elderly men with dementia. He is very interested in continuing the dialogue about his research and my work with the Silver Memories service. Andrew was keen to
explore ways of helping elderly males with dementia. His current project involves using their love of football as a trigger for reminiscence – using photos of great footballers of the past to initiate conversations with the men. He suggested using short stories about memorable sporting events of the past in our Silver Memories service to engage the male listeners. Andrew stated that carers often need to identify triggers for reminiscing. Their research is using sport but he stated that music is also a trigger.

Andrew also was interested in whether Silver Memories could be used to transmit generic messages (possibly preceded by a music theme or fanfare) to elderly listeners reminding them to lock their doors at night before going to bed, or to check that they’ve turned off electrical appliances, turned off the lights etc. The musical fanfare would serve as a musical motif connected to the reminder messages. Andrew indicated that this would assist the children of elderly parents with dementia who often have to phone their parents every day to remind them to do these things.

Andrew was interested in the technology used to transmit the Silver Memories service worldwide. The Silver Memories concept was of great interest to him and we talked about the broadcasting situation in the UK in relation to the possibility of setting up a similar service there. It was clear that accessing the Brisbane service via streaming over the internet was probably the easiest way to provide the service to the UK. Through their research in reminiscence therapy, the School of Health and Life Sciences has a strong link to Dementia UK and BUPA – the health insurance company. These partnerships have helped them continue the research into the use of reminiscence and dementia. Andrew felt that similar partnerships in Australia would be useful.

Wigmore Hall’s Music for Life Program, London, UK

In London, before journeying to Cambridge’s Anglia Ruskin University, I took the opportunity to meet with Kate Whittaker, the Project Manager of Wigmore Hall’s Music for Life Program in London. This program operates music therapy programs with professional musicians working with people with dementia. From Kate I learned that they place particular importance on involving the carers in the sessions. They even have courses for the carers. In carrying out their programs the key principles are Engagement, Validation and Dignity. The Music for Life Program has attracted quite a lot of attention in England and the person
involved in setting it up in London is now looking at establishing a similar program in Australia. Again their partner organisation is Dementia UK – clearly a key organisation in the research and treatment of dementia issues.

Kate identified the value of our Silver Memories service as providing that sense of validation to the elderly listeners, showing that they had not been forgotten. It is an important part of music therapy, that interaction and engagement enhances the listener’s sense of self worth and provides a sense of dignity essential to wellbeing. We discussed the engagement aspect of their program – they have small groups which enable the musicians to engage actively with the person. Interestingly, the musicians state that they feel that they have gained much from the program as well. It brings home to them the power of music to engage people even when afflicted with such a devastating disease as dementia. Seeing their clients’ reaction to the music is an enriching and deeply moving experience that affirms their passion for the power of music to change lives.

Department of Music and Performing Arts, Anglia Ruskin University, Cambridge, UK

On the 6th June 2012, I met with Helen Loth of the Department of Music and Performing Arts, Anglia Ruskin University at Cambridge. The Department will shortly be appointing a Professor of Music Therapy. Helen felt that Silver Memories may be a good subject for a research project for the new Professor. She indicated that a former student, Matthew Heckel, was now back in Australia working in aged care and would be interested in talking to me about his research.

Regarding music therapy sessions, Helen is a strong advocate of individual sessions between the client and the practitioner. This enables them to closely interact and ascertain the person’s music preferences and abilities which is an important part of the therapeutic aspect of music therapy.

Helen has done some research work on the issue of the use of music to address the social isolation of elderly prisoners. Their issues are unique. They are isolated from society but often surrounded by young people in the prison system which can increase their sense of isolation and loneliness leading to depression and dementia.
So it is clear that the issue of the use of music in the management of dementia and related issues has many facets that music therapy researchers around the world are continuing to discover. These discoveries will help in the management of this major health issue for the benefit of the people afflicted and their carers.

References


Conclusions

After completing the Winston Churchill Fellowship I am convinced that music – appropriate for the listener – is an important and powerful means of managing many of the issues caused by dementia. It was also evident that music can be used to assist in the recovery from other conditions such as stroke and in palliative care situations.

Music therapists have a large body of evidence to support these statements. Music’s effect on dementia sufferers is achieved through relaxation and reduction of stress, reduction of boredom, distraction from the perception of fear and reminiscence about happy memories of earlier times.

It is clear that the problem of dementia is so big and the numbers of people with the disease so great that governments around the world will struggle to cope with its effects on their citizens and their health systems in the years to come.

With the alarming statistics showing the enormity of the problem now and in the future it is even more important to manage dementia’s devastating effects. Music offers a non-pharmacological alternative to sedative-hypnotic drugs and restraints sometimes employed for the safety and manageability of the dementia sufferer. It was clear from my meetings
with the leading music therapy researchers around the world that the Silver Memories nostalgia radio service could incorporate elements of music therapy into its program format and schedule. This would enhance its usefulness as a clinical tool for staff and carers of people with various forms of dementia.

This has strengthened my resolve to expand the Silver Memories nostalgia radio service across Australia to make it available to every aged care facility and to every individual sufferer of this terrible disease that will affect so many in this country in the coming years. This will require a financial investment to dramatically increase the online capacity of the 4MBS website to allow facilities around the country to access the Silver Memories service via good quality streaming over the internet. With the rollout of the NBN around Australia in the coming years this will be achievable. It will also require further trials of the appropriate equipment that will enable the streamed signal to be easily distributed within the aged care facilities or private homes.

I hope that the results of this Churchill Fellowship will encourage health authorities and philanthropic organisations to consider making this possible. It would be a timely initiative for the sufferers and their carers that would place Australia at the forefront of managing the effects of dementia.

I will be disseminating the findings and conclusions from my Churchill Fellowship to local, national and international sources. Locally, I will be using 4MBS Classic FM including such programs as Music Lover’s Choice and the General Manager’s Program as well as articles in the monthly 4MBS Program Guide. Nationally, I will present a session at the Community Broadcasting Association of Australia Conference – attended by about 200 community radio stations across Australia. An article will also be published in the Fine Music magazine in Sydney. Internationally, I have been invited by Glasgow Caledonian University to submit a 5 - 10 minute video presentation on the topic of music in the management of dementia and its practical application through the Silver Memories service for a conference funded by the Arts and Humanities Research Council and the Scottish Funding Council.
Recommendations

At a local level - Encourage community groups such as Neighbourhood Watch, Meals on Wheels, Rotary Clubs, Lions Clubs, Zonta etc to identify socially isolated people in their community and provide them with a Silver Memories radio.

At a State level – Encourage State Health Departments and aged care facilities to consider greater use of non-pharmacological means (such as music therapy and music therapy based initiatives such as Silver Memories) to address the issues related to the management of dementia.

At a Federal level - That the Federal Government provide funding from the 2012 or 2013 Budget (allocated for improving the quality of dementia care) for music therapy sessions and music therapy based initiatives for dementia sufferers.

In view of the increasing trend to enable dementia sufferers to stay at home for as long as possible – I propose that the Federal Government’s National Broadband Network’s Broadband for Seniors program work with the Silver Memories service. This partnership would deliver a 24 hour a day appropriate music service to dementia sufferers and socially isolated seniors in all areas of Australia to increase their sense of wellbeing, thus reducing their impact on the health system.