Child psychiatry

Dear Sirs


Dr Kraemer asserts in his second sentence that “child psychiatry is by its very nature a multi-disciplinary craft”. This seems to me to be the accepted wisdom in child and adolescent psychiatry, but I am unaware of any evidence to support this assertion.

If the assertion of the multi-disciplinary nature of child and adolescent psychiatry is accepted, it follows that the practice of child and adolescent psychiatry should be carried out in multi-disciplinary teams. Of course this has enormous implications which have been debated to some extent but which seem to have been accepted by the profession without supporting evidence.

I would welcome a return to a public debate within the profession on this issue. T. J. Dyer

Deeside Child & Adolescent Service
Deeside, Clwyd

Music therapy and mental health

Dear Sirs

The use of music in psychiatry is nothing new, with a history stretching back to early Arabic–Hebraic medical traditions. What is becoming a late 20th century phenomenon is the specific application of music therapy in mental health services. Music therapists are beginning to explore music’s functions above those of general cultural, entertaining, relaxing and aesthetic nature.

Within Great Britain a music therapist is a professional musician who has undergone further postgraduate training in music therapy. Once qualified a music therapist can apply for membership of the professional association and work within the Whitley Council’s established career and grading structure. Much emphasis is placed on active music-making, with clients being encouraged to create or listen to live music, music of a wide range of styles and traditions. Much use is made of free improvisation as a personal and self-expressive articulation of feelings, music being able to arouse deep emotional responses in us all. Tuned and un-tuned percussion is widely used, including instruments of African or Eastern origin. There is no typical session but a common pattern is a warm-up period – possibly involving listening to sounds, exploring instruments or group rhythmic individual/group issues explored musically. The session may then conclude with some form of summing-up and closure. Individual and group sessions take place with the music therapist adapting the music and style of leadership in relation to the needs of different clients and contexts. Musical skill is not a referral pre-requisite. Referrals are made across the whole age range and work occurs in the acute, rehabilitation and long-term areas.

One of the most commonly stated attributes of music therapy is its socialising nature. Inter-personal dynamics can be explored in an environment and within structures where the pressure is very much off verbal expression. Although there is no clear psycho-dynamic meaning of music, several therapists do relate aspects of musical processes to psychoanalytical theory. Several music therapists have undergone a personal analysis themselves or are involved in some form of individual or group psychotherapy. Other therapists may model their work on an eclectic or humanistic approach.

Recent research is developing ways of evaluating the effects of the work. Odell (1988), in her work with the elderly mentally ill at Fulbourn Hospital, Cambridge, compared levels of engagement between a verbal group and a music therapy group. Her results, although not significant, indicated higher levels of engagement in the music group. There was a significant increase when the results of regular weekly music therapy were compared with intermittent sessions. Since 1984 a series of projects has been set up in Bristol with funding from the Emperor Fine Arts Ltd, London. The aim of these projects is to discover how music therapy can be beneficial to people suffering from schizophrenia in particular. A project at Glenside Hospital, Bristol (1986) highlighted such specific effects as a high level of attendance, a high percentage of ‘on-task’ behaviour and increases in attention. More general effects such as a reduction in the level of tension as manifested in body posture were observed. As with Odell’s work, the engagement and motivational aspects of music were highlighted in this project. The setup-up of a half-week post at this hospital resulted from this project’s very basic conclusions.

In addition to further quantitative results, more qualitative data are emerging from a project at a smaller Bristol day hospital facility (Bunt, Pike & Wren, 1987). An initial questionnaire clearly indicated music therapy’s contribution to changes in mood with a very high proportion of positive as compared to negative comments from both clients and staff. The work has also been the focus of two third-year psychology projects from Bristol University, when details of the social interactions and comparisons of musical and verbal content of the groups have been analysed. We are presently exploring further evaluation methods including client self-reporting. As this work continues we are finding out more about general effects and the detailed processes of the therapy. Eventually music therapy may be at the stage when it will have its own methodology and be...
regarded as a discipline in its own right. Until that
time I would like to conclude that music therapy can
contribute its own unique strengths as an adjunctive
therapy working alongside other therapeutic inter-
ventions. Finally here is a client's general comment
after an initial 10-week period of sessions.
“For me Music Therapy has provided an alterna-
tive avenue to the areas of my personality ... closed off, mainly through fear of disapproval. . .
Group therapy, art therapy and music therapy
have each provided contributions to reestablish a
true self image.”

LESLIE BUNT
Research Associate in Child and Mental Health,
University of Bristol
Chairman: British Society for Music Therapy

References

BRISTOL MUSIC THERAPY CENTRE (1986) Music Therapy in
Psychiatry. Proceedings of a conference held at Glenside
Hospital, Bristol – obtainable from the author.
general hospital's psychiatric unit – a 'pilot' evaluation
of an eight week programme. Journal of British Music
Therapy, 1, 22–27.
'The Power of Music'. BBC Documentary, shown on 26
October 1988.

Books for underdeveloped countries

DEAR SIRS

With reference to the appeal for old journals
(Bulletin, 12, 457), may I take the opportunity of
drawing your readers' attention to the Ranfurly
Library Service?

The Ranfurly is a registered charity which supplies
books to libraries in third-world countries. Although
originally established to support school libraries, it
now supplies libraries at all levels – schools, hospital,
universities and national collections. Books of all
kinds are always in demand – children's books, fic-
tion (especially "Eng. Lit."), textbooks (but not
out-of-date scientific or legal texts), complete runs of
recent scientific journals, reference books, large-print
books, etc.

The Ranfurly Library Service is based at 39 Cold-
harbour Lane, London SE5 9NR (telephone 01-733
3577). As this is just around the corner from the Insti-
tute of Psychiatry I am acting as the University of
London receiver for them – any parcels of books sent
to me at the Institute will be faithfully forwarded.
Projects supported recently by donations from
within London University include the complete re-
stocking of a School of Librarianship in Uganda,
building up the stock of a medical school library in
Bangladesh and the provision of books to schools in
refugee camps in the Lebanon.

The Ranfurly receives support from the Rotary.
Readers from outside London may find that the
easiest way to get parcels of books to libraries in
underdeveloped countries is to contact their local
branch of the Rotary.

Any assistance which your readers can give to this
worthwhile cause will be warmly appreciated.

MARTIN GUHA

Librarian,
Institute of Psychiatry
De Crespigny Park
Denmark Hill
London SE5 8AF

Difficulties of post membership
registrars

DEAR SIRS

The Collegiate Trainees Committee (CTC) is once
again looking at the problems and difficulties faced
by post membership registrars. May I approach such
registrars through the letters columns of the Psychi-
atriec Bulletin to contact me in order to enable us to
identify the areas of difficulty as well as map out ways
of changing those areas. All registrars who have
passed their membership examinations a year or
more ago and have not yet got senior registrar jobs
are invited to contact me at the address below. They
will be asked to fill in a short questionnaire, the data
from which would then be used for the working party
report.

DINESH BHUGRA
Convener
CTC Working Party on
Post Membership Registrars

The Maudsley Hospital
Denmark Hill
London SE5 8AZ.

Job sharing

DEAR SIRS

We are doing a job-share as locum senior registrar in
adult psychiatry at the Westminster Hospital. The
consultant in charge of the rotation here is keen to
create a permanent job share on the scheme, but
needs to know if this could be as competitive as all
other appointments. Would anybody who would ap-
ply for such a post if it were advertised please contact
us in order that we can prove this?

DIANA CASSELL

Gordon Hospital
Bloomsburg Street
London SW1V 2RH