

# Mental health, peer support and music participation – a unique combination



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Churchill Fellow of 2016



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## Abbreviations

APPG – All Party Parliamentary Group  
CCG – Clinical Commissioning Group  
CPD – Continuing Professional Development  
DCLG – Department for Communities and Local Government  
MA - Massachusetts  
NAMI-VT – National Alliance on Mental Illness in Vermont  
NSUN – National Survivor User Network  
PHE – Public Health England  
RSPH – Royal Society for Public Health  
SMHAFF – Scottish Mental Health Arts and Film Festival  
UVM – University of Vermont  
VPCH – Vermont Psychiatric Care Hospital  
VT – Vermont  
WCMT – Winston Churchill Memorial Trust

## GLOSSARY

**Lived experience** – *Personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people*<sup>1</sup>

**Peer support** - *when people use their own experiences to help each other. A vital part of peer support is mutual respect; peer support aims to help both those giving and receiving support. Everyone's experiences are treated as equally important.*

- Mind charity<sup>2</sup>

**Reciprocal mentoring** – an approach or phenomenon where those in a similar situation learn from and support one another

**Stigma** - *a strong feeling of disapproval that most people in a society have about something, especially when this is unfair*<sup>3</sup>



## **My profile**

I am a community musician with lived experience of mental illness. Since 2008 I have been running a music, mental health and peer support project called Music in Mind. The project aims to help adults learn new musical skills as therapy in overcoming mental health problems. Music participation and peer support have played a huge part in my own recovery.

For 2 years I have also been employed by the national mental health charity Mind as a peer support advisory board member, working on the Side by Side programme.

I have a great interest in and am passionate about peer support and the arts. In 2016 I graduated from Goldsmiths College, University of London, with a Masters in Cross-Sectoral and Community Arts.

For my final project I staged a peer-led music and well-being concert, with over 35 performers from 3 different music and mental health projects, as well as other performers.

I am hoping to continue research into this field at PhD level.

In 2016 I contributed to the work of the All Party Parliamentary Group (APPG) on Arts, Health and Well-Being at the House of Lords.

## Executive summary

For my 2016 Fellowship I decided to look at music and mental health projects led by peers – that is, those who have themselves experienced mental illness.

For over a hundred years, music has been used within psychiatric hospitals as a form of treatment. In Victorian times patients participated in orchestras and choirs in several hospitals in the UK and Germany.

Music therapy is now an established form of treatment for mental illness, pioneered in the UK by organisations like Nordoff Robbins. However the recognition of music and arts projects led by peers is a relatively recent development in the history of arts and health practice.

Peer support is an approach that has been used for centuries within mental health treatment. It was recognized as a useful approach as far back as the 18<sup>th</sup> century. At that time, Jean-Baptiste Pussin was governor of a psychiatric hospital where he had also once been admitted as a patient, and he “*employed ‘mental patients’ as staff in the hospital. He referred to them as ‘gentle, honest and humane’ and averse from active cruelty*”.<sup>4</sup>

In this context I am using the following definition of peer support:

*“Peer Support may be defined as the help and support that people with lived experience of a mental illness or a learning disability are able to give to one another.”*

Mental Health Foundation<sup>5</sup>

I also use the term ‘peer-led’ to describe a project or process led by a person with lived experience of mental illness, for those suffering from mental illness. Another term sometimes employed to describe such projects is ‘user-led’.

I decided to focus on participatory music projects because, although listening to music can enhance well-being, there are particular benefits to the mind associated with playing a musical instrument.

*“Playing a musical instrument engages practically every area of the brain at once... Playing music has been found to increase the volume and activity in the brain’s corpus callosum, the bridge between the two hemispheres, allowing messages to cross the brain faster and by more diverse routes... This may allow musicians to solve problems more effectively and creatively, in both academic and social settings.”<sup>6</sup>*  
(Collins, A., TED-Ed 2014)

There is an emerging peer-led arts movement within mental health, spear-headed by music and mental health initiatives like the Me2/ Orchestra in the USA, and Sound Minds in the UK.

These are the main **questions** I wanted to answer:

1. what are the key factors contributing to the success of each peer-led project?
2. are there any approaches to music participation, mental health and peer support that we do not currently implement in England?
3. are there specific strategies from each project that could be applied back in England and the UK?
4. what are the particular benefits for participants and facilitators of peer-led music and mental health projects? Do these differ?

## **MAJOR FINDINGS**

1. These projects can be an amazing force for activism, community development and outreach, given the right support and profile
2. The perspective of lived experience gives peer music leaders a unique and invaluable insight into the problems faced by participants with mental illness. This can lead to innovative, even ingenious solutions within community development.
3. reciprocal mentoring can be a particularly effective approach within peer-led music projects and orchestras in general
4. “Stronger Together”: there is a huge amount of learning and collaboration that can occur within the sector through networking and partnership working
5. these projects can provide participants with a range of benefits including hope and increased opportunities
6. they can give peer facilitators a route back into employment

## RECOMMENDATIONS

(a) provision of start-up funding, training and mentoring is essential for peer-led music projects, as is CPD for peer arts leaders

(b) creation of an accredited training course for peer music leaders and peer arts leaders

(c) subsidies and help for projects to obtain and use premises, especially spaces within the community that are underused

(d) adoption of reciprocal mentoring to reduce stress within music projects, for musicians with and without mental illness

(e) mental health awareness training for musicians and those working with them

(f) anti-stigma training for anyone working with those suffering or at risk from mental illness

(g) peer-led arts events should be encouraged, and a peer-led mental health arts festival should be established in England

(h) peer-led mental health awareness walks are an excellent vehicle for challenging stigma, raising funds and increasing community awareness of issues related to mental illness, and should become part of the cultural life of England and the UK



## **Introduction**

### **Background to my Fellowship**

In June 2015 I saw an online article by the BBC about an orchestra for mental health in the USA. Intrigued, I went on YouTube to watch some of their performances. I was almost moved to tears by the beauty of the music and the visible difference it was making to musicians and audience members alike.

Bowled over, I sent a message via the Me2/ orchestra's website, expressing how much their music had touched and inspired me, as a fellow musician working in arts and mental health.

To my surprise and delight, I received a reply from Caroline Whiddon, administrator of the organisation. She thanked me for my message and wanted to know more about my work in the UK.

This began an online friendship as we exchanged emails over the next few months, learning more about each other's projects. One thing that emerged was a desire to collaborate and work together.

Shortly after this I received an NSUN (National Survivor User Network) newsletter with information about the Winston Churchill Memorial Trust and the category of Mental Health – Community Based Approaches. I felt that I should apply, realizing that the Fellowship would be an amazing opportunity to increase my learning around peer support and the arts with Me2/and form closer links with the organisation, with a view to future partnership working.

### **AIMS**

1. to see what the sector in England can learn from those in the United Kingdom and overseas.
2. to see how projects grew and diversified, and learn keys strategies for this
3. to form links with peer arts leaders and practitioners in the USA and the UK, to share best practice and collaborate on future projects

## **Current research**

There is recent evidence that group music therapy can alleviate the symptoms of psychiatric illness:

*“Group music therapy is an economical and easily implemented method of improving depression and psychiatric symptoms in patients with schizophrenia.”*<sup>8</sup>  
(LU, S., et al, 2013)

However as of 2016-17 there is not a large body of research into peer-led or user-led arts and mental health projects, and certainly not into projects involving music, mental health and peer support. The projects I have examined are not music therapy interventions; however they are those in which music has therapeutic benefits.

## **APPROACH and METHODS**

At each organisation I spoke with peers, both participants and facilitators. I also tried to participate as much as I could so that I could experience what each project offered its members. I also met one-on-one with some participants, facilitators and other key individuals.

I kept a reflective journal, took photos, audio recordings and video, wrote a blog, and kept an archive of all the materials I received from each project. I attended a range of activities including a board meeting, informal gatherings, presentations and performances.

I believe that the approach of using peer support within the arts is not exclusive: however it works better for some people

- it has particular strengths and certain challenges
- it has huge potential
- it is a simple concept but not always easy to implement.

Me2/ is not an organization exclusively for those with experience of mental illness, but approximately 50% of those participating identify as having a mental illness. (Note: There is no obligation for members to provide this information.)

- I felt that Me2/ was certainly worthy of study because
- it is led by individuals that have lived experience of mental illness
  - such a large number of those participating have a mental health diagnosis
  - it provides a safe space for those with mental illness to make music

These aspects make Me2/ unique in the world amongst orchestras. I was also particularly interested in the roles of Ronald Braunstein and Caroline Whiddon as leaders in the arts.

My report focuses mainly on the work of Me2/.  
However, other peer-led music and mental health organisations that I visited were:  
Tunefoolery in Boston, Massachusetts USA  
The Mad Jam Open Mic in Edinburgh, UK.

I visited and explored the 2016 Scottish Mental Health Arts and Film Festival, (SMHAFF) at which the Mad Jam Open Mic was a featured event.

## **Overview of organizations visited**

### **Me2/ orchestra**

According to their website, “Me2/ (“me, too”) is the world’s only classical music organization created for individuals with mental illnesses and the people who support them.”

The organization has two orchestras:

Me2/ Burlington

Me2/ Boston

The flagship orchestra in Burlington, Vermont has around 50 musicians, and Me2/ Boston has approximately 25-30 musicians.

At the time of writing this report, Me2/ are in the process of establishing a third orchestra in Portland, Oregon.

The leaders of Me2 are:

Ronald Braunstein (conductor)

Caroline Whiddon (administrator)

This dynamic couple, now married, are the founders of Me2/.



figure 1. Ronald Braunstein and Caroline Whiddon

Ronald Braunstein is a world-class conductor who has worked with orchestras all over the world. He has studied and taught at The Juilliard School in New York City. In 1979 he won the Herbert von Karajan International Conducting Competition. His teachers have included Leonard Bernstein and Seiji Ozawa. He was diagnosed with bipolar disorder in 1985.

Ronald is responsible for conducting rehearsals and performances, and also for repertoire. His role involves selecting the music to be performed by both orchestras throughout the year, collating scores and sheet music, providing musical instruction but also encouragement.

Caroline Whiddon is an arts administrator and music graduate. As Executive Director of Me2/ she oversees the daily administration of the organisation, and also deals with correspondence, publicity, booking performances and fundraising, to name just a few of her tasks. She also plays French horn in both orchestras.

This is just a brief description of their roles. In reality running Me2/ is an intense and multi-faceted process that requires a unique set of skills. I will expand on their roles later in my report.

Me2/'s board of directors is a diverse group comprised of those with lived experience, mental health experts, orchestra members, supporters, friends and family.

## **Other organizations visited**

Whilst in Boston Massachusetts I was also able to visit Tunefoolery, a peer-led music and mental health organisation that works with and employs a range of musicians who have experienced mental illness.

For the second leg of my fellowship I spent a week at the 2016 Scottish Mental Health Arts and Film Festival. This is an international festival that began in 2007 and now hosts 300 events, with 25,000 visitors across Scotland each year. It is led by the Mental Health Foundation.

The aims of SMHAFF are to:

- “Challenge perceptions
- Make connections
- Develop audiences
- Encourage participation
- \* Create”

(SMHAFF website) <sup>7</sup>

I wanted to visit the festival to see peer-led music participation in action, and to understand the workings of an international mental health arts festival with a view to bringing that learning back to England.

## **FINDINGS**

Me2/ Orchestra, Tunefoolery and SMHAFF: my findings

I found that there were particular strengths within the peer-led organisations I visited during my Fellowship.

- A. equality and inclusion**
- B. emphasis on well-being**
- C. increased opportunities for music participation**
- D. music as a vehicle for social change**
- E. innovation**

I also looked at:

- F. Challenges and solutions**

## **A. equality and inclusion**

The ethos and approach to music-making within Me2/ is totally different from that of many classical orchestras:

Me2/ is "...an orchestra based on love. And respect"  
(Ronald Braunstein)

### **1. no auditions**

'turn up every week and work with whoever is there'.

There is a distinct tone – set by the leadership – of acceptance and inclusion.

When Me2/ began in 2011, only 7 -10 musicians attended the first rehearsal, with an array of different instruments. However, Ronald insisted that he would turn up every week and work with whoever was there.

There are no quotas within the orchestras. This has led to challenges, such as having multiples of one instrument and very few of another. In a traditional orchestra this would be seen as an imbalance; however in Me2/ no musicians are turned away because of numbers, and Ronald does his best to accommodate each participant. The only criteria for admission are that musicians play an orchestral instrument and are able to read music.

This helps to reduce stress and make the orchestras a more welcoming place for those with (or without) mental illness, who perhaps have not played for a while or are anxious about joining a new group. Musicians do not need to compete for a limited number of "chairs", or spaces, as in most orchestras. It reverses the adversarial nature of some orchestras or ensembles, where musicians may feel they are rivals. One Me2/ member was pleased to tell me that there were "no auditions!" He hadn't played orchestral music since high school, but was now coping very well as a cellist with Me2/.

I was also impressed by the inclusivity of the Mad Jam Open Mic, an initiative that I attended during the Scottish Mental Health Arts and Film Festival. They also have a policy of 'no auditions'. A musician who had never played in public before was given the same amount of time – and encouragement – as semi-professional performers. This created a relaxed atmosphere in which the talents of each artist were celebrated by performers and audience alike.

The Mad Jam Open Mic nights have been running since 2011. They grew out of work done by CAPS Advocacy - a disabled-led organisation based in Edinburgh - for the SMHAFF. Their management committee is made up of people who identify as having a mental health problem/service users/survivors. The group who run the Open Mic

nights contribute by purchasing supplies like raffle tickets, note books, table decorations, tea, coffee and other refreshments, and by providing and operating the PA system. They are in the process of setting up their own bank account and it is hoped that soon the event will be self-sufficient. Gatherings are held once a month in Edinburgh.

A wide variety of acts performed on the night that I was there: singer-songwriters, bands, soloists, duos and those reading poetry. There was comedy, uplifting poetry, original music and covers, vocals and instrumentals. All money raised goes towards future events. I was able to perform some songs myself and experienced the acceptance and kindness of the volunteers and performers who made the night such a success, and the warmth and non-judgmental attitude of the audience. As with Me2/, this tone was set by the leadership in the welcome and respect they gave to all participants. The leaders in both organisations exemplified Jean-Baptiste Pussin's description of peer workers as 'gentle, honest and humane'.

## 2. reciprocal mentoring

"..she needs to feel included"  
(Me2/ musician about their stand partner)

Whilst playing with Me2/ Burlington I was immediately embraced by other members, in particular a fellow cellist who sat next to me. She was very kind and helped me to tune my cello, number my sheet music, gave me pointers about the repertoire we were playing and generally encouraged me.

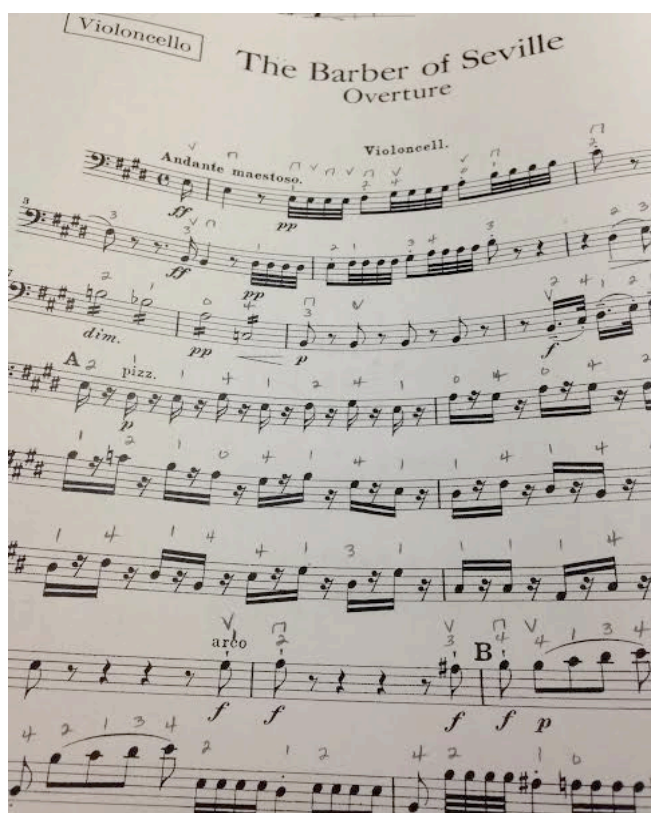


Figure 2: sheet music from a Me2 rehearsal

I noticed this informal “buddy system” happening in other parts of the orchestra: where a more established musician would take a newcomer under their wing. As one musician said about a new player sitting beside him, he helped her because “...*she needs to feel included*”.

The buddy system worked both ways: as a newcomer I was also able to encourage my stand partner when she was having a tough day; and help another musician out during a complicated section.

This whole dynamic made me feel very welcome, but also valued. I was not just playing music but becoming part of a community.

This concept is referred to in the values of Me2/ as “**Reciprocal mentoring**”: that is, “*orchestra members with and without mental illness learning from and supporting each other*”.

(Me2/ strategic plan 2016-2019)

This mentoring is not formalized or imposed on members, but occurs naturally within the supportive atmosphere created by the leadership.

## **B. emphasis on well-being**

Within Me2/ there is a real emphasis on the well-being of the musicians. In his role as conductor, Ronald is mindful of challenging musicians to get the best out of them, but not distressing them by pushing them too hard. The repertoire is challenging but not impossible. Sometimes simplified parts are provided for less confident or less accomplished musicians.

He has said that he will not insist that they do what he knows they cannot do. To maintain this fine balance takes constant observation and assessment. He has to be very flexible. He is literally on his toes during rehearsal, ready to make adjustments, jumping off the podium to conduct from the middle of the orchestra, literally getting alongside those who need extra help or are struggling. Ronald has personal experience of the tough conditions in the professional music world – as a result he has a lot of empathy for his musicians and is keen to provide them with a rewarding but less stressful experience.



This approach has perhaps never been so needed in the world of music, as it is today. In the music world, excellence is highly prized and placed at the forefront of many organizations. But at what cost to performers?

A recent survey of over 2,200 UK musicians, conducted by Help Musicians UK, found that:

71% of respondents believed they have experienced anxiety and panic attacks.

65% reported they had suffered from depression.

The findings suggest that *“musicians may be up to three times more likely to suffer from the illness compared to the general public.”*<sup>9</sup>

The report goes on to say:

*“Respondents attributed this to the poor working conditions within the industry including: the difficulty of sustaining a living, anti-social working hours, exhaustion and the inability to plan their time/future.*

*Compounding the problem is that 54.8% of those surveyed feel that there is a gap in the provision of services for musicians, with 46.6% wanting to see a dedicated counselling service for musicians.*

*“I’m not sure I’d say it’s the music that makes me sick. It’s the lack of things I’d consider success. It’s the lack of support doing something that’s not considered “real work”.*

*The figures raise questions about what the music industry can do to establish a duty of care for those working within it.”*<sup>10</sup>

Perhaps the Me2/ model, with its emphasis on well-being, love and respect, could provide a safe place not only for amateur musicians, but also for professionals.

I have noticed that within Me2/ the tone is set by the leadership of the orchestra.

Therefore I make the following suggestion:

### **(1) RECOMMENDATION:**

Mental health awareness training should be mandatory within orchestras, conservatoires, music schools and colleges, and for aspiring music leaders across different genres of music, just as there is awareness training about repetitive strain injury and hearing loss.

There are already training courses available such as the accredited Mental Health First Aid (MHFA) courses run in England.<sup>11</sup>

These could be adapted, in consultation with musicians, to suit the needs of music leaders and musicians in general.

## Pastoral care

Caroline, Ronald and other orchestra members are quick to act when a fellow musician has a need or is in crisis. There is a strong social network that operates both during and outside rehearsals.

This was evident during my stay, when one musician became ill and was placed in a correctional facility, and then hospitalized. In a poignant address to orchestra members, Caroline insisted that Me2/ is not defined by the success of individuals, but by how they all respond to such a crisis.

Musicians queued to sign a card and several subsequently visited their fellow musician and friend in hospital.

Caroline was even able to organise a concert at the Vermont Psychiatric Care Hospital, a secure facility where the musician was receiving treatment. I was privileged to play with them all on that day and was overwhelmed by the love shown by orchestra members to their friend and also to other patients.

This approach takes commitment and caring; musicians and staff go above and beyond what might be expected in a traditional music intervention. However it means that the orchestra exists not just during rehearsals and performances, but is an integral part of many members' lives.



Figure 9: visiting Vermont Psychiatric Care Hospital with other Me2/ musicians

## **2. building social capital, forming of social networks**

According to Maslow's (1943, 1954) Hierarchy of Needs – a psychological theory often represented as a pyramid - all members of society are motivated by a number of factors. Third in the hierarchy is the need to belong and to be loved, either through intimate relationship or friendship.<sup>12</sup>

However mental illness can severely affect and erode these essential social connections, and rebuilding them is essential for recovery.

*“Mental health problems can impact on social exclusion as a result of lack of financial resources and because of the effects of illness, including low self-esteem, loss of social contacts due to hospitalization or the impact of illness on sociability, or the stigma experienced by many of those affected by mental illness.”<sup>13</sup>*

An intrinsic part of mental health peer support is the social contact that it provides. Me2/ is a community-based organisation where relationship is highly valued. I found that there is always space and time during rehearsals to socialize and have a chat. Often members bring refreshments for sharing. This social contact extends outside of rehearsal, from informal get-togethers to events like the NAMI-VT walk, a fundraiser and awareness walk for the National Association for Mental Illness in Vermont; and also to the big annual social event, the end-of-Summer barbecue. (The strong social network that surrounds Me2/ was quick to act when one of their own experienced difficulty, as I saw during the visit and performance at VPCH.)

### **Sign-posting**

Me2/ has many links within the community and Caroline and others are quick to point musicians in the direction of further help.

Caroline has referred musicians who do not play orchestral instruments to Tunefoolery in Boston, which accepts members from a contemporary music background. The orchestra also has a good relationship with the Burlington Violin Shop, which provides them with specialist supplies, and is somewhere that members can have their instruments maintained or receive tuition.

After a meeting with Ann Moore – the President of NAMI-VT and a former Me2/ board member - I was invited to attend the NAMI VT peer support group that meets once a week in downtown Burlington. This is an informal group where those with mental health problems are free to share in a supportive environment. There are also opportunities to receive advice and be signposted to other helpful agencies. Members are given a handbook containing information about mental illness, recovery and local services.

I attended two sessions of the support group during my stay and was made to feel very welcome: I felt accepted, and was able to both give and receive support, which I found

therapeutic. This was an example of the social network extending from the orchestra into the community.

### **Walking for mental health awareness**

During my Fellowship I was able to attend the NAMI VT walk (and pre-walk pizza party). The walk is described on the NAMI VT website as *“the biggest mental health Party of the year!”*

Me2/ musicians and friends walked under the banner of Music for Mental Health, joining over 120 people with lived experience of mental illness, students, advocates, friends and family members.

One Me2/ musician performed a positive and uplifting rap about life with a mental illness. The walk not only raises money for local mental health programmes but also raises awareness and combats stigma within the community.

*“NAMI Vermont’s MINDwalk raises money for free mental health programs all over the state. For almost a decade, NAMI’s Walks have been the biggest stigma stomping party in the state, giving individuals, family members and the community a voice on mental illness and its many challenges.”*<sup>14</sup>

The 5km walk was very enjoyable. It was along a picturesque route and there was a samba band to entertain walkers and passers-by. I was struck by the sense of acceptance and camaraderie, the joy of making new friends and sharing experiences, and the importance of being united to make life better for those suffering from mental illness. Through sponsorship, the event raised over \$43,000.

### **(2) RECOMMENDATION:**

Because of their efficacy and social impact, mental health awareness walks should become a part of the cultural life of England and the UK. They should be inclusive and welcoming: people with lived experience of mental illness should be supported and encouraged to take part, and they should be at the heart of the event. Organisations like Mind, Heads Together, NSUN and others could run and promote such walks.

I found the 5km distance was accessible for most participants and that there was no pressure to walk the entire distance – it was important just to be there and take a stand.

Figures 3 & 4 – images from the 2016 NAMI Vermont MINDwalk



## **C. increased musical opportunities for participants**

### **1. inclusion**

“...supportive classical music ensembles...”

(Me2/ Mission Statement)

As there are no auditions for Me2/ orchestra members and no quotas within the orchestras, there are performance opportunities for musicians at a range of different skill levels. The traditional barriers to participation do not exist. There is also a wide range of performances to participate in, in varied settings: from the full orchestra to trios, from specialist mental health hospitals to an airport. This means that musicians can find a performance level and setting that suits them.

There are documented benefits for marginalized individuals who participate in performances, and those with mental health problems are amongst the most marginalized in our communities:

“Adults with mental health problems are one of the most excluded groups in society.”  
[Rethink policy statement 68 (2010)]



The benefits of performance include reconnecting with the community, having a voice within that community, and challenging stigma and negative perception, as recorded in a 2005 study involving two choirs for people experiencing homelessness:

“The reciprocity that occurs between the choir and the audience enables the members of Choirs 1 and 2 to connect to the larger society from which they have been estranged. The audience provides opportunities to experience feelings of connection, pride, contribution and empowerment.”

“Through performing, the marginalized choristers are able to introduce themselves to society in a way that is removed from the stereotype of the street dweller. Not only do the choristers entertain with their singing voices, they now have a political voice through which they can inform the audience about issues...In this way the choir becomes a vehicle of empowerment, and the members become spokespersons for the marginalized.”<sup>15</sup>

(Bailey, B., Davidson, J (2005) p297)

The process of preparing for and executing a performance also fulfils further criteria on Maslow’s (1943, 1954) Hierarchy of Needs:

Esteem needs – prestige and feeling of accomplishment

Self-actualization – achieving one’s full potential including creative activities<sup>10</sup>



Figure 5: Me2/ orchestra in rehearsal

## 2. performance

Me2/ provides exciting opportunities for musicians with and without mental illness to perform in a variety of settings.

One example is the 2016 performances by the Me2/ string trio at a national event called The Kennedy Forum, which was broadcast online and viewed around the world.

Another example is the performance I attended during my Fellowship, by a Me2/ Boston flute trio. The musicians performed beautifully at a reception for approximately 150 employees at the Sunovion pharmaceutical company. The orchestra gives musicians a 'foot in the door' – giving them the training, experience and opportunity to perform at a high level.

## 2. generosity and commitment: instruction from an expert

Ronald is a world-class conductor who has taught some of the best conductors in classical music; he is also keen to impart his knowledge to those that he works with at Me2/. As well as leading the full orchestras he is on hand to help smaller ensembles like the string trio. There is no charge for Me2/ musicians to receive this excellent input. He also sometimes gives private instruction, something I was privileged to receive when he gave me two lessons in conducting.

For the first few years of the orchestra Ronald did not even receive a salary – however Me2/ is something that he and Caroline strongly believe in and are willing to personally invest in. This generosity is a hallmark of the Me2/ ethos.



Fig. 6 Ronald Braunstein giving me instruction in the art of conducting at Me2/ Boston

Another hallmark is extraordinary commitment. When Ronald said that he would “turn up every week and work with whoever is there’, he meant it. This refusal to give up has led to the original 7-10 musicians growing to over 80 in two orchestras with a third

ensemble being established at the time of this report's publication. Although outcomes are important - which is evident from the high standard of musicianship achieved - Me2/ is vision-led and not outcome-led. The primary aim of Me2/'s leadership is to create a healthy, nurturing environment for music-making. The first item listed in the organisation's values is:

- ◆ Providing an inclusive and non-judgmental space

(Strategic plan 2016-2019)

This is in contrast to many classical music organisations, where the quality of the music takes precedence. Me2/ have turned the accepted order on its head, and in the process something very special has been created.

#### **4. sustainability**

Peer workers can be very committed to their projects; which in turn can lead to **longevity**. Both facilitators and participants have a personal interest in and sense of ownership of the initiative – they 'believe in it'. They are also willing to volunteer, or contribute outside of working hours. This is in contrast to many short-term outreaches that end as soon as the funding runs out, which usually results in workers withdrawing from the project. This is a problem highlighted by author Anthony Everitt:

"...community musicians are so poorly resourced that they often find themselves chained to a treadmill of one-off projects which, although worthwhile in themselves, raise long-term expectations that are difficult to satisfy." <sup>16</sup>

(Everitt, A. Joining In, 1997)

#### **5. reviving skills in a safe, non-threatening environment**

Me2/ is a good place for members to start playing again, even after an extended break from music. It is safe to make mistakes, try something a few times before it really flows, work through difficulties together, as a team. The emphasis is on what can be achieved and played, rather than what cannot.

Me2/ and Tunefoolery have also offered a route back into employment for their facilitators and performers, providing a safe, supportive space for them to carve out or re-establish careers. Ronald and Caroline are now both paid for their work with the organisation. Tunefoolery offers members paid opportunities to play gigs through their booking service for musicians. They also employ people with lived experience in a variety of roles.

These kinds of amateur music groups can "...provide the bridge between learning and a professional career for many music professionals, making amateur music groups the foundation of our very healthy – and profitable – music industry." <sup>17</sup>



## **6. absence of hierarchy**

Within Me2/ ensembles, the traditional barriers between musicians and the conductor, or even between the musicians within an orchestra, are minimised.

“...they are your friends”

At one rehearsal with Me2/ Boston, two sections of the orchestra – the wind and brass – were struggling with the acoustics of the building and with some dynamics of the music. Ronald’s approach was to literally get alongside those who needed help. He asked the strings to follow the first violinist, then jumped off the podium and conducted the piece from the midst of the orchestra so that the wind and brass could see and hear him more clearly.

He also encouraged the strings, who were coping well, to help their fellow musicians and not leave them behind, gently reminding them; “...they are your friends.”

There are many anecdotes of Ronald, Caroline and others spending time together outside of rehearsal. As Caroline said:

“There have been lots of friendships that have formed between people who have met at Me2/. This is true between the individual members, as well as for me and Ronald. We socialize with members of the orchestra outside of rehearsal because they are some of the best people we know!”

This social interaction and acceptance contributes to camaraderie within the orchestra, strengthening the partnership between individuals to form a cohesive group.

\*\*\*Hierarchy has been replaced by humanity

## **D. Music as a vehicle for social change**

### **1. addressing stigma – healing a community**

Stigma is a very real problem in our society.

“Stigma and discrimination against people with mental health problems have substantial public health impact in England, creating and maintaining inequalities including the following: poor access to mental and physical health care; reduced life expectancy; exclusion from higher education and employment; increased risk of contact with criminal justice systems; victimisation; poverty and homelessness.”<sup>18</sup>

G. Thornicroft et al (2016)

At Me2/, musicians with and without mental health issues make music alongside one another. About 50% of Me2/ musicians identify as having a mental health diagnosis.

(Members are not required to disclose their health history.) But all musicians work together towards a shared vision and goal.

One member I met is a psychiatrist. How healing for mental health professionals to work alongside those with a diagnosis, as equals and even friends.

Judith A. Christensen PhD, a member of the orchestra, has now written an accredited course challenging mental health stigma, which is offered to students at the University of Vermont (UVM). The module is delivered by the Department of Psychological Science.

Me2/ is not just an orchestra, it is a movement and a presence within the local community and the music world. Activism is at the heart of their ethos and it starts "at home."

Bring part of an organisation like Me2/ can change the perceptions of those within it and break down barriers of fear. Caroline Whiddon candidly shared her experience of being changed through her work with and membership of the orchestra:

*"Me2/ has opened my eyes to the realities of mental illness. When we started the first orchestra, I was highly motivated to see Ronald return to the conductor's podium and lead an orchestra full of musicians who understood him. I knew a good deal about bipolar disorder from my relationship with Ronald, but I still had a lot to learn about other mental illnesses.*

*At that time, if I saw a man walking down the street talking to himself and looking paranoid, I would have crossed the street in fear. Now, when I see a man who is exhibiting these symptoms of mental illness my first thought is, "How can I help him?" I am a better human being because of the knowledge and experience I have gained by knowing the members of Me2/."*

An important aspect of the organisation is their regular performances. These performances are not only enjoyable and moving for audience members, but have a deeper social purpose:

*"Me2/Orchestra's mission is to erase the stigma surrounding mental illness through supportive classical music ensembles and inspiring performances."*

Me2/ strategic plan, 2016-2019

Recent venues that members have performed at include

- the University of Vermont (UVM),
- the Vermont Psychiatric Care Hospital (VPCH),
- Burlington International Airport,
- the headquarters of a major pharmaceutical company

Each performance is carefully tailored to suit the needs of their varied audiences. Musicians perform as a full orchestra, or as smaller ensembles where appropriate: during my Fellowship I saw a trio from Me2/ Boston perform, and I was part of a collective of 6 musicians who played for inpatients at VPCH.

An important part of each performance is the interaction between musicians and the audience. In their Strategic Plan for 2016-2019, Me2/ state that one of their core values is:

- “Sharing personal stories to showcase our capabilities and achievements.”

Ronald and Caroline are careful to schedule in time for question and answer sessions, and are happy to talk about their own experiences of mental illness. This level of vulnerability is unusual and a complete contrast to the veneer of polished perfection in many classical orchestras. I was struck by the power of this interaction on two occasions during my Fellowship:

At the pharmaceutical company presentation, Ronald and Caroline addressed employees before a Me2/ flute trio performed. Ronald was very frank about his experience of suffering from bipolar disorder, and the discrimination he has faced because of this diagnosis. Employees were able to interact with those from Me2/ at the reception afterwards, ask questions and express their gratitude.

By contrast the performance by 6 musicians at VPCH was tailored to meet the particular needs of the inpatients. There was a varied programme of classical, folk and jazz music (with a little rock music thrown in at the end, on request!). There was an opportunity for audience members to ask about the different instruments being played and to share their own musical interests and experiences. This led to some very moving conversations.

In England there has been a successful initiative called Time to Change. Led by mental health charities Mind and Rethink Mental Illness and running from 2008 to present day, the program aims to change attitudes about mental illness through informed conversations. These conversations can be spontaneous, or emerge as a reaction to an arts intervention or other planned activity, and usually involve a person with lived experience of mental illness. Recent evaluation has shown the efficacy of this approach:

*“During the course of the Time to Change programme to reduce stigma and discrimination in England over 2009–2015, improvements among representative samples of the adult population were observed initially in attitudes, desire for social distance and reported contact; these were followed by improvements in stigma-related knowledge.”*<sup>19</sup>

G. Thornicroft et al (2016)

Me2/ perform beautiful music but also open up a dialogue with their audiences, which is part of a wider conversation about mental illness within society.

Through their music and presence there is an opportunity to challenge stigma and change perceptions of those with mental illness. There is also the chance to treat some of the most marginalised people in society with dignity, love and respect.

Members are not just musicians; they are also ambassadors. The willingness of Ronald, Caroline and others to discuss their struggles is of benefit to those with and without lived experience of mental illness. For example, Ronald has candidly shared that when he first disclosed his diagnosis of bipolar, he was 'dropped' by his manager. This vulnerability fosters a climate of openness where difficult questions can be posed and answered, and it sets others free to be themselves, and accept themselves, without shame.

A Me2/ performance is a safe space to be yourself.

In addition to performances, Me2/ have continued their pioneering outreach by collaborating with Harvard University on a teaching module called Music for Social Change (Week 10 – Music in Healthcare) <sup>20</sup>

Members of the organisation regularly accept invitations to speak and to perform at events where there is an opportunity to challenge perceptions. During my Fellowship I attended an address to psychology students at the University of Vermont. Ronald and Caroline also speak periodically to medical staff at the University's Grand Rounds.

## **E. Innovation**

Me2/ arose from an unusual idea. After suffering distress and difficulty due to his diagnosis, Ronald Braunstein had the idea to "start a bipolar orchestra.' In partnership with Caroline Whiddon, this idea was refined, and expanded into the current vision of Me2/:

"the world's only classical music organization created for individuals with mental illnesses and the people who support them." <sup>21</sup>  
(Me2/ website)

Because of their unique 'insider' perspective, peers can conceive and deliver innovative solutions to community-based problems. They are not examining an unfamiliar situation from the outside: lived experience gives them access to a realm of understanding that cannot be gained through traditional methods of education:

*"There are some things you can only learn in a storm."*  
Joel Osteen, Pastor, Lakewood Church USA

This understanding, coupled with expertise and a desire to make a difference, can lead to ingenious and effective community-based solutions. These tailor-made projects have the potential to fill gaps that the state cannot:

*"Peer support is often the 'missing link' in statutory mental health service provision."*  
(Faulkner et al (2013) p.27)

Peer support also allows facilitators to design and create a supportive environment in which they can function and flourish in spite of their mental health problems, without the stigma, barriers and discrimination that may occur in a conventional arts organisation. Peers are helping others, but also literally designing and forging their own route back into employment in the process.

*"Ronald and I feel like the luckiest people alive. He set out to create a workplace where he could feel safe, regardless of his diagnosis, and ultimately created a sanctuary for many other musicians who are living with similar experiences of stigma and discrimination. We often reflect on how happy we are because of the people we surround ourselves with in Me2/. This is a wonderful time for us and the future looks incredibly bright."*

Caroline Whiddon, Me2/ orchestra

A key ingredient of Me2/s success is the partnership between Ronald and Caroline. She believed in the vision and invested time and effort to support Ronald in his dream to create a stigma-free orchestra. Their example shows that the right support at the beginning of a peer-led project is essential and can lead to great outcomes in the future.

Peer-led music participation groups can become successful and self-sufficient if given the correct support at the beginning.

This was one of the findings of a 2015 study of a mental health service user-led art group in the UK called 2Create:

*"Conclusion: the gains reported indicate the 2Create is beneficial to its members. Although a number of challenges were identified, all participants gained personal and group-wide gains and emphasized that challenges are to be expected when setting up a new group."*

*The key implication for independent mental health user-led arts groups is that support is needed in the early stages, and that independence can then be achieved with time."*<sup>22</sup>

(WILSON, C. & KENT, L. (2016)]

The unique perspective of peers is a resource that should be valued.

### (3) RECOMMENDATION:

Within the arts, those with lived experience of mental illness should be consulted, and supported to deliver innovative projects on a local, regional and national level. Those with lived experience should be seen as key stakeholders when designing services for them. Relevant bodies include

- local councils and local government
- clinical commissioning groups (CCGs)
- Arts Council England (ACE)
- the Department of Health
- the Department for Culture Media and Sport (DCMS).

## F. Challenges and solutions

### 1. Obtaining premises, and room hire.

During my time in the USA I observed the huge difference that obtaining premises could make to a user-led organisation.

Me2/ Burlington had been renting a school hall until mid-2016, when their local Mall gave them free use of an empty store unit. This opened up new possibilities for the orchestra. As well as financial savings there were practical benefits like being able to leave bulky equipment and instruments on the premises, freedom for musicians to arrive early for extra rehearsal time, and the possibility of using the space on different days of the week. I was able to see - and hear! – new instruments purchased as a direct result of financial savings from the agreement with the Mall.

Whilst in Boston Massachusetts I was also able to visit Tunefoolery. This user-led music and mental health organisation was founded in 1994 by Theresa Thomson and Mark Irwin.

“Tunefoolery Music is a unique and courageous community of over 55 musicians in mental health recovery who have created a safe place where loving support, paid work, and learning are the foundation for healing and recovery. Our mission is to bring quality music, along with an inspiring message of recovery and hope, to our peers and to the world.”<sup>23</sup>

Tunefoolery website

I was impressed by what they had managed to achieve at their extensive premises in the heart of the city. The city council has given the organisation the use of an entire floor in a government building that hosts other mental health services. This has allowed Tunefoolery to diversify and offer a range of services: there is a recording studio, rehearsal room full of varied instruments – including a piano and a harpsichord - social

lounge and other areas. They can be a presence in their community 5 days a week. There is also the security and support that comes with being in a government building.

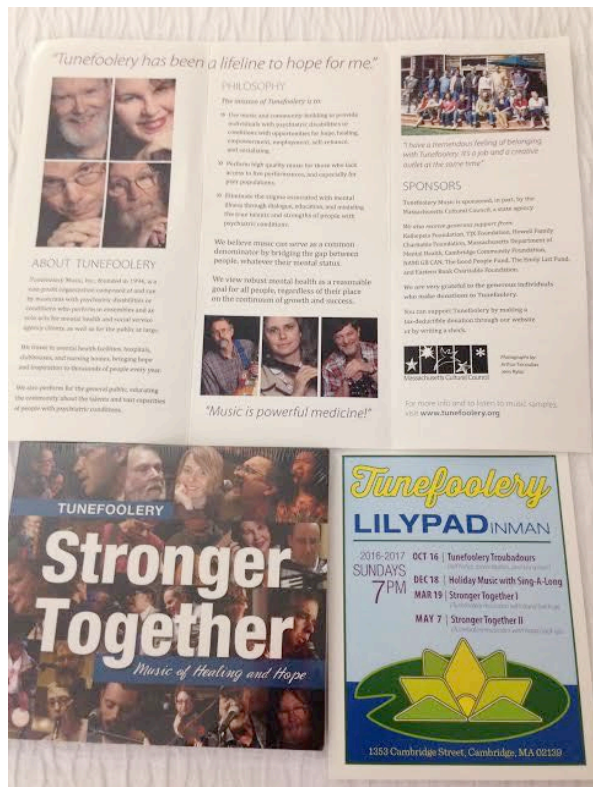


Figure 7: materials and information from Tunefoolery

## 2. Manpower

A specialist skill set is required and the right person needs to be in leadership, and in administration

I was amazed at what has been achieved with such a small team, consisting primarily of Ronald and Caroline, supported by their Board of Trustees. I also became aware of the particular skill set and dedication needed to make the organisation a success. For example, Me2/ had hoped to start a choir in 2015-16. However they struggled to find a suitable choir-master and the project did not get off the ground.

To run a successful peer-led music organisation, prospective leaders must have not only musical expertise but also empathy, strong leadership skills, commitment and a clear vision for the project.

Music	Pastoral	other
Expert knowledge of orchestral/ choral/ ensemble repertoire	Ability to listen	Financial awareness and acuity
Ability to communicate musical concepts in an accessible way	An interest in the well-being of participants	Skill at networking and communication
Understanding of the practical workings of an orchestra/ choir/ ensemble	Willingness to spend time with those who are struggling	Clear vision for the direction of the organisation
Strong artistic leadership	Compassion/empathy	

Figure 8: skills I observed in peer facilitators I met during my Fellowship

Whilst it is not essential for an arts leader to have lived experience of mental illness to empathise on some level with participants, there is a unique insight and perspective that comes with shared experiences that cannot be learned or replicated.

The ancient definition of ‘peer’ is taken from Charlemagne’s tale of the Twelve Peers:

*“peer n. c.1300, “an equal in rank or status” (early 13c. in Anglo-Latin), from Anglo-French peir, Old French per (10c.), from Latin par “equal” (see par (n.)). Sense of “a noble” (late 14c.) is from Charlemagne’s Twelve Peers in the old romances, who, like the Arthurian knights of the Round Table, originally were so called because all were equal. Sociological sense of “one of the same age group or social set” is from 1944.”*

24

*“Public calamity is a mighty leveller.”*  
(Edmund Burke 1729-1797)

The experience of suffering a breakdown or other mental health crisis is distressing, but can also give a much greater understanding of others with similar experience. The Knights of the Round Table had different levels of wealth and status in the outside world. Some were richer than others, or perhaps physically greater in stature. However, when seated at that table, their gazes met and they became equals. Height, money, ability, and all other differences were set aside and the shared vision and experience took precedence. This is the essence of peer support.



I found an immediate affinity with Ronald, Caroline and others that I met through Me2/, Tunefoolery and the events at SMHAFF 2016. There was a shared vision for things to be better. There was the belief and expectation that people with lived experience can - and will - achieve great things in music and beyond.

Research shows that:

*“peer support, as provided by peer workers, can promote hope and belief in the possibility of recovery, empowerment and increased self esteem”.<sup>4</sup>*

Other benefits include:

*“self efficacy and self-management of difficulties, social inclusion, engagement and increased social networks.”*

(FAULKNER et al (2013)<sup>4</sup>

Peer arts leaders can have a unique and much deeper understanding of the challenges facing musicians with mental health issues, because they have faced these challenges personally. This understanding, coupled with musical expertise and empathy, can result in innovation – new ways of working - insight and high expectations of participants.

NOTE: Sometimes due to stigma there can be the “soft bigotry of low expectation”: an assumption that those with lived experience of mental illness cannot achieve great things, or fulfil their potential in life. This can be particularly prevalent amongst mental health professionals and those who are meant to be assisting patients in recovery.

Sue Baker, Director of the UK anti-stigma campaign Time to Change, recently said:

*“Data since 2008 on attitudes and discrimination have shown us that there have been significant improvements in public attitudes and people using mental health services have reported reduced levels of discrimination from their family, friends, neighbours, dating and social life.*

*What has remained almost static was the level of discrimination reported in mental health services and other parts of the NHS. “<sup>25</sup>*

Lisa Rodrigues CBE, voluntary chair of the project working group, said:

*“Stigma towards those who need mental health support manifests itself in many ways. In particular, the CQC recently highlighted lack of empathy towards those who self-harm or are otherwise in crisis, and low expectations from clinicians about prospects for people who experience serious mental illness.”<sup>25</sup>*

(2015)

#### **(4) RECOMMENDATION:**

There should be enhanced opportunities for those with lived experience of mental illness to train as arts leaders. Mentoring, encouragement and financial support should be provided: grants and bursaries for education and continuing professional

development (CPD) are essential. Bespoke training – an accredited course in peer arts leadership – could also be helpful.

## **Learning from the Scottish Mental Health Arts and Film Festival**

During my 7 days in Scotland I was able to get a flavour of the festival: I attended 6 diverse events and had several meetings with festival organizers. I noticed a contrast between the more sombre, reflective tones of certain events - such as the multi-arts Out of Sight Out of Mind exhibition and the Shoulder the Lion film screening – and the tangible joy at the Mad Jam Open Mic and the Well-Being Mela. I think that the participatory element of the latter events helped those present to engage – and enjoy – in a different way.

Over 300 events were staged as part of the month-long 2016 festival. These took place across Scotland and involved a variety of different art forms, including music, drama and visual art. Over 25,000 people attended.

I was amazed at the scale and outreach of a festival which had such humble beginnings: it began 10 years ago as a weekend of film screenings.

Looking at the different types of events, I noticed that the participatory events – particularly the peer-led Mad Jam Open Mic – had a different feel: there was a celebratory atmosphere and a focus on the achievements and abilities of those who have experienced mental health problems, rather than the distress caused by the illness. At these events there were a large number of people with lived experience and there was variety, fun and laughter – literally at the Mela where a laughter workshop took place!

At the Q&A session after the screening of the film ‘Shoulder the Lion’, and one audience member poignantly asked “Where was the humour?”

I can say that it was in abundance at the Well-being Mela, where I sat with two participants – also peers - who had attended the laughter workshop and we spent the next hour or so giggling and laughing together!

“A merry heart does good like medicine, but a broken spirit dries the bones.”  
Proverbs 17 v. 22 (NKJV)

“Those who report having no fun or very little fun in recovery are 11% more likely to relapse than those who have high levels of recovery fun. This is a preliminary research

finding based on hundreds of individuals in recovery enrolled in the MAP system, with regression significance of  $p < .01$ .”<sup>26</sup>  
(2014 study into addiction and recovery by Texas Tech University)

Enjoyment and fun are an important part of addiction recovery. The recovery approach in mental health sees recovery as a personal journey and extols the importance of factors such as hope and social inclusion. It is based on the 12 step programme devised for those addicted to alcohol and/or other substances. So it is feasible to see a link and conclude that enjoyment and fun are also important for those recovering from mental illness.

These experiences made me think that it would be very powerful to have a peer-led mental health arts festival in England, with a large participatory element, and where every event is curated by those with lived experience of mental illness. Partnership working could help to make this an event for the whole community.  
(This is an idea I also explored during my degree at Goldsmiths in 2012.)

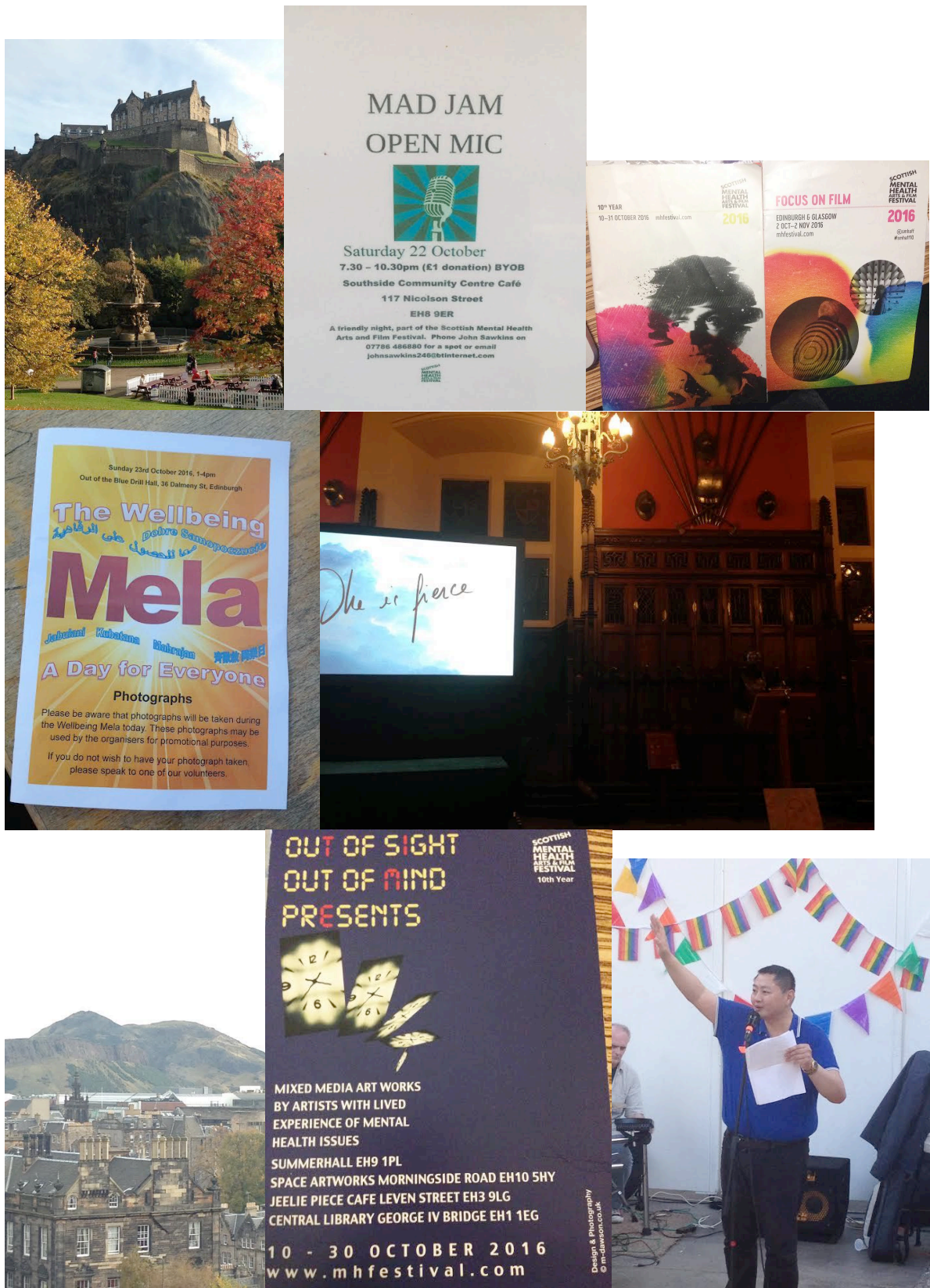


Figure 10 – montage of images from Edinburgh and the SMHAFF

### (5) RECOMMENDATION:

A national peer-led mental health arts should be established in England. This could link in with existing events such as Peerfest.

Peerfest is an annual celebration of peer support in England and Wales, supported by the charity Mind. At the 2016 event there was a musical finale that featured performers both with and without lived experience of mental illness. I would like to see this expanded to encompass a series of music and arts events, curated by and featuring those with lived experience. This event could be delivered in partnership with Mind and other stakeholders from the mental health field and music world. This festival could eventually have an international profile.

NOTE: For inspiration I also looked at the closing ceremony of the 2012 Olympics, where the Para-Orchestra and other arts performers with disabilities gave amazing performances on a world stage. They were essentially international ambassadors for the community of people with disabilities, giving them a voice, raising their profile, challenging stigma, and giving hope and inspiration to others in difficult situations. I can see performers with lived experience of mental illness doing something similar.

### (6,7 & 8) RECOMMENDATIONS

- greater assistance for peer-led projects to obtain rehearsal space and their own premises
  - a greater recognition of the services that these organisations provide
- The **Department for Communities and Local Government (DCLG)** could assist in these areas.
- introduction of a stigma-reduction module within the curriculum at medical schools and nursing colleges in the UK, and as an optional module in other health-related professions – possible partner could be the RSPH – Royal Society for Public Health.
  - inclusion of peer-led projects in national and international events, research, conferences and the media

### **OPPORTUNITIES and next steps**

There is huge potential in this sector: peer arts leaders need to be encouraged and empowered to set up and run their own projects.

Start up funding and mentoring is essential. Bodies like the Arts Council could contribute to this.

A national and international network of peer-led arts projects would encourage sharing of best practice and partnership working.

Also I would like to

- (a) put together a toolkit for new peer arts leaders
- (b) establish a peer-led arts festival in England
- (c) set up a peer-led classical music ensemble in London

### **next steps**

I intend to submit a copy of my report to a number of organizations, including:

1. Mind charity, with a view to partnership-working on a national peer-led arts and music festival
2. Heads Together, to hopefully facilitate mental health awareness walks throughout England and the UK
3. the Department for Communities and Local Government (DCLG)
4. the All Party Parliamentary Group (APPG) on Arts Health and Well-Being
5. Canterbury Christ Church University (Sidney de Haan Centre for Arts and Health), to hopefully conduct further research into this area at PhD level, and produce a toolkit for new peer arts leaders
6. The Royal College of Music in London, to discuss setting up a peer-led classical music ensemble for those with mental health problems.
7. Harvard University and the Kennedy Foundation in the USA, to promote international networking and partnership working

## **CONCLUSIONS**

### **DIFFERENCES between projects in England and those in the USA**

1. This is the first time I have seen the peer-led approach in a classical music organisation.
2. The number of musicians that Me2/ and Tunefoolery engage with was impressive, and showed that peer-led music organisations can expand effectively to help larger numbers of people.
3. I was impressed by the amount of social activism and outreach undertaken by Me2/, and their media profile and presence on social media, which brings more awareness to their mission of inspiring others and combating stigma.



4. This is also the first time I have seen a peer-led organisation that has members both with and without mental illness working side by side. There was a healthy, supportive and vibrant atmosphere within the orchestras, and, because of the peer leadership, those with lived experience were not sidelined but seen as equally important. The contributions of all were valued.

## FINAL THOUGHTS

During my Fellowship, I have found that the peer-led approach to mental health, when combined with music, can lead to amazing outcomes for participants and facilitators alike. There are also real benefits for the communities in which these projects are based, and the audiences who attend their performances.

Me2/ works because of “love and respect”. These words are not often used in mental health circles. Another word not used much is ‘fun’. Yet this is another key component in the success of each organisation I looked at.

One musician told me that she had been attending Me2/ for approx. 18 months and had “not had a bad time – ever”.

Each of the peer-led organisations I visited focused on and celebrated the abilities of people with mental illness, by helping them experience the joy of making music together.

A deeply humanitarian ethos has been underpinned by strong management and administration, and a clear vision for the future.

The unique combination of music participation and mental health peer support has a huge amount to offer our communities. These projects are giving many participants a second chance, and others opportunities they thought they might never have.

Participants are not defined by their diagnosis; they are recognized and valued as musicians and friends, activists and colleagues.

These projects are giving hope - and a voice - to some of the most marginalized in their communities. They are breaking down barriers using the most unusual of weapons: the gift of music, and the conferring of dignity and respect.

*“For the weapons of our warfare are not those of the world. Instead, they have the power of God to demolish fortresses. We tear down arguments”*<sup>27</sup>

2 Corinthians 10 verse 4 (ISV)

I would like to conclude with a poem recited by one of the performers at the Mad Jam Open Mic in Edinburgh. It speaks of our need for one another, and how life is meant to be shared and experienced with someone beside us:

## **JOURNEY OF LIFE**

Let's take the journey of life together  
Take my hand, do not be afraid  
You are safe and secure  
Leave all the pressure and stress behind you  
I will take you to a place of total peace and relaxation  
Your soul will rejoice and be lifted up, and soar high above the heavens  
Your heart will be blessed and glad  
You will experience deep contentment and stillness of spirit  
Come now, meditate, reflect and contemplate  
As your whole being is recharged and renewed  
In light, love, faith, and wholeness, of mind and body.  
Let the journey take you where the skies are blue and the sun is bright  
Your spirit is free  
Fly high to the sunrise where dreams come true  
And your destiny awaits you

*By TONY CHAN*

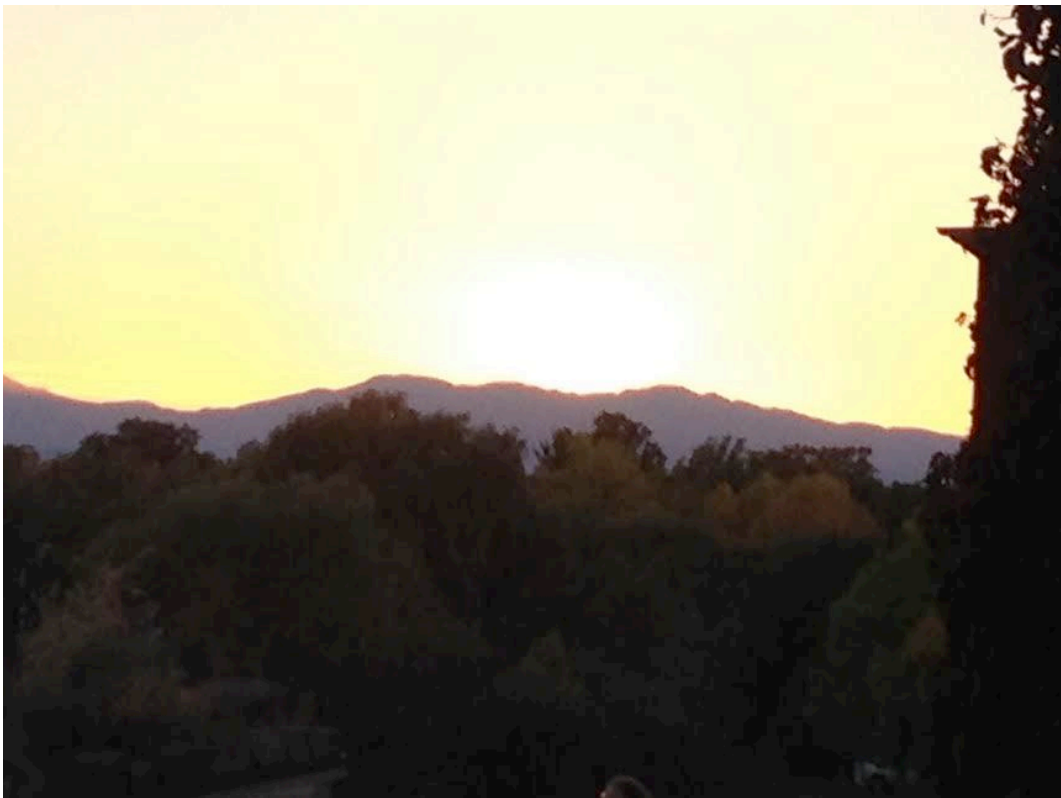


Figure 11: sunset just outside Burlington, Vermont



## LIST OF RECOMMENDATIONS

RECOMMENDATION	Possible actors/ partners
1. Mental health awareness training should be mandatory within orchestras, conservatoires, music schools and colleges, and for aspiring music leaders across different genres of music	<ul style="list-style-type: none"> <li>- Mental Health First Aid (MHFA) England</li> <li>- RSPH (Royal Society of Public Health)</li> <li>- The Royal College of Music (RCM), the BRIT School, and other music education establishments</li> <li>- Public Health England (PHE)</li> </ul>
2. Mental health awareness walks should become a part of the cultural life of England and the UK.	<ul style="list-style-type: none"> <li>- NSUN and other peer support organisations</li> <li>- Mind charity – peer support and Time to Change campaigns</li> <li>- Heads Together campaign</li> </ul>
3. Within the arts, those with lived experience of mental illness should be consulted, and supported to deliver innovative projects on a local, regional and national level.	<ul style="list-style-type: none"> <li>- local councils and local government</li> <li>- clinical commissioning groups (CCGs)</li> <li>- Arts Council England (ACE)</li> <li>- the Department of Health</li> <li>- the Department for Culture Media and Sport (DCMS).</li> </ul>
4. There should be enhanced opportunities for those with lived experience of mental illness to train as arts leaders. Bespoke training – an accredited course in peer arts leadership – could also be helpful	<ul style="list-style-type: none"> <li>- Harvard University,</li> <li>- Royal College of Music (RCM) Canterbury</li> <li>- Christ Church University (Sidney de Haan Centre)</li> <li>- in collaboration with Me2/ and other peer-led arts organizations and peer leaders</li> </ul>
5. A national peer-led mental health arts should be established in England.	<ul style="list-style-type: none"> <li>- User-led arts organizations in England and the UK</li> <li>- Organizations involved in Peerfest, including Mind, Sound Minds, Music in Mind etc.</li> <li>- NSUN</li> </ul>
6. Greater assistance for peer-led arts projects to obtain rehearsal space and their own premises. Also a greater recognition of the services that these organisations provide	<ul style="list-style-type: none"> <li>- The <b>Department for Communities and Local Government (DCLG)</b></li> </ul>
7. Introduction of a stigma-reduction module within the curriculum at medical schools and nursing colleges in the UK, and as an optional module in other health-related professions	<ul style="list-style-type: none"> <li>PHE – Public Health England</li> <li>RSPH – Royal Society for Public Health</li> <li>Royal College of Psychiatrists</li> <li>Judith Christensen PhD, University of Vermont USA (author of stigma reduction module)</li> </ul>
8. - inclusion of peer-led arts projects in national and international events, research, conferences and the media	<ul style="list-style-type: none"> <li>ACE – Arts Council England</li> <li>Culture Health and Wellbeing International Conference (every 4 years)</li> </ul>

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## APPENDICES

### Me2/ orchestra – my activities

During my Fellowship I spent 4 weeks based in Burlington, Vermont. However I also travelled to Boston, Massachusetts on two occasions to attend rehearsals of Me2/ Boston and other events.

I attended:

- 4 rehearsals of Me2/ Burlington, where I played cello with the orchestra
- 2 rehearsals of Me2/ Boston, where I observed the orchestra - and had a go at conducting!
- a Me2/ board meeting
- a Me2/ presentation, with reception and a performance from a Me2/ trio at pharmaceutical company Sunovion, just outside Boston MA.
- a presentation by Caroline and Ronald at a University of Vermont Psychology Club meeting
- a visit to Maclean Hospital, a psychiatric facility outside Boston, where Me2/ were due to perform
- VPCH – Vermont Psychiatric Care Facility, a secure hospital where I performed for patients with a group of Me2/ musicians
- NAMI VT mental health fundraising and awareness walk with a team of walkers from Me2/

I also visited:

- Tunefoolery, a peer-led, contemporary music charity for mental health in Boston
- Burlington Strings, an establishment that supports Me2/ Burlington and provides equipment, instruments and supplies
- a NAMI VT peer support group

There were also informal meetings and time spent with Me2/ musicians, supporters and board members, including:

- Ann Moore, president of mental health organisation NAMI VT.
- Michael Murphy, Me2/ musician and board member

During my visit I also met a film crew who are making a full documentary about Me2/ called *Orchestrating Change*; and two photographers from Getty Images who were capturing images of Ronald and Caroline for the Getty photo archive and the Be Vocal campaign.

<http://orchestratingchangethefilm.com>

<http://www.bevocalspeakup.com>

## **Scottish Mental Health Arts and Film Festival 2016**

During my time at the SMHAFF I attended a diverse range of events:

- The launch of a magazine for young women and girls – She is Fierce – at Edinburgh Castle
- a multi-arts, multi-sensory exhibition called Out of Sight Out of Mind
- the Mad Jam open mic night ( a monthly peer-led event)
- a Well-being Mela – a participatory multi-arts event
- a screening of the film “Shoulder the Lion”
- theatre performance of a play “One thinks of it all as a dream” at the Traverse Theatre

I also met with festival leads Andrew Eaton-Lewis, Gail Aldam and Richard Warden, and visited the offices of the Mental Health Foundation in Glasgow.

## **List of organisations visited and mentioned**

APPG Arts, Health and Well-Being

<http://www.artshealthandwellbeing.org.uk/APPG>

CAPS Advocacy, Edinburgh

<http://capsadvocacy.org>

DCLG – Department for Communities and Local Government

<https://www.gov.uk/government/organisations/department-for-communities-and-local-government>

Me2/ Orchestra

[www.me2orchestra.org](http://www.me2orchestra.org)

Mental Health Foundation

[www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

Mind

[www.mind.org.uk](http://www.mind.org.uk)

NAMI – VT: National Alliance on Mental Illness in Vermont

[www.namivt.org](http://www.namivt.org)

Nordoff Robbins

<https://www.nordoff-robbins.org.uk>

NSUN – National Survivor User Network

[www.nsun.org.uk](http://www.nsun.org.uk)

PHE – Public Health England

<https://www.gov.uk/government/organisations/public-health-england>

RSPH – Royal Society for Public Health

[www.rsph.org.uk](http://www.rsph.org.uk)

SMHAFF – Scottish Mental Health Arts and Film Festival

[www.mhfestival.com](http://www.mhfestival.com)

Sound Minds

[www.soundminds.co.uk](http://www.soundminds.co.uk)

Tunefoolery

[www.tunefoolery.org](http://www.tunefoolery.org)

## **Photos and images**

Cover page - musicians rehearsing at Me2/ Boston

Fig. 1. Ronald Braunstein and Caroline Whiddon

Fig. 2 sheet music from a Me2/ rehearsal

Fig. 3 & 4 images from NAMI VT walk for mental health

Fig. 5 a rehearsal of Me2/ Burlington

Fig. 6 Ronald Braunstein giving me instruction in conducting at Me2/ Boston

Fig. 7 materials from and information about Tunefoolery

Fig. 8 table of skills for peer music leaders

Fig. 9 visiting VPCH with other Me2/ musicians to play for inpatients

Fig. 10 montage of images from SMHAFF and Edinburgh city

Fig. 11 sunset just outside Burlington Vermont USA

Fig. 12 Maslow's Hierarchy of Needs

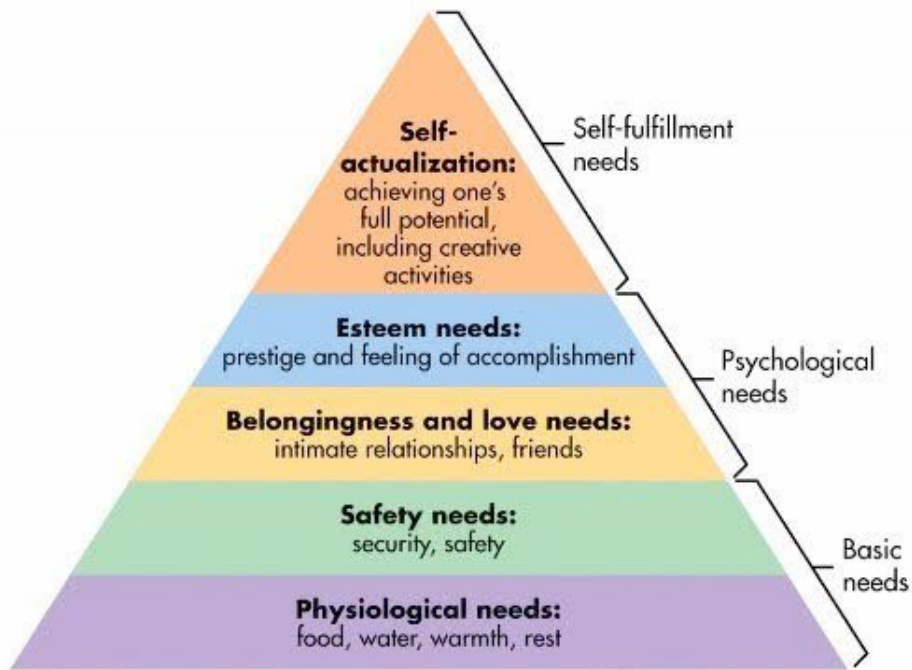


Fig. 11

diagram of Maslow's Hierarchy of Needs, taken from the website:  
<http://www.simplypsychology.org/maslow.html>