



Ethiopian Partners' Newsletter 2024

Welcome to the first newsletter created by Music as Therapy International for all of our Ethiopian Partners.

We have been working in Ethiopia since 2018 and to date, together with four Partner settings:

1. Gefersa Mental Health Rehabilitation Centre (affiliated with Ethiopian Prosthetic and Orthotic Service (EPOS))
2. Fikir Ethiopian National Association on Intellectual Disabilities (FENAID)
3. Hospice Ethiopia
4. Lebeza Psychiatry Clinic

41

music practitioners are equipped to use music in their work in Ethiopia

306

people have access to music as part of the care they receive in Ethiopia

The network of people using music around Addis Ababa is slowly growing and we are really impressed by all our Partners' commitment to using music.

Last year some of our Ethiopian Partners expressed interest in knowing who else is using music in the country and in what ways. So we have created this newsletter to share a few stories about some people's journey with music being used in a therapeutic way at our Partner settings.

Thank you to all our Partners who contributed to this newsletter by sharing their story. The opportunity to listen to everyone's stories was wonderful and an absolute privilege! As we needed to use translators at various moments, our Partners' exact words are at times not used throughout this newsletter, but we hope we have managed to capture the true essence of what they told us.

We hope our Partners who contributed to the newsletter are proud to read about their achievements with using music and are motivated to keep going! For everyone else who is reading this newsletter, we hope you are inspired by the stories.

We would like to thank Music Therapists Alastair Robertson and Dr Caroline Anderson, and Director of Music as Therapy International Alexia Quin OBE for their contributions to this newsletter, and we would also like to give a special mention to Kidus Dawit for translating this newsletter into Amharic.

Good luck to our Partners and their continued work!

Makeda Mitchell
International Programme Manager



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Gefersa Mental Health Rehabilitation Centre

Bula Etana is the Nurse and Quality Officer at Gefersa Mental Rehabilitation Centre, a part of the Ethiopian Prosthetic and Orthotic Service (EPOS). Bula's nursing responsibilities include caring for patients, and his Quality Officer responsibilities include creating protocols and standard procedures for the rehab centre and certain therapies (such as music and art therapy) and creating protocols to develop these activities. Bula has been working at the centre for 9 years and is committed to making the centre a nice setting for patients. Bula has a musical background as he plays the guitar and keyboard and creates his own songs.



Bula is the only remaining member of staff still working at the centre who participated in the very first music training delivered by Music Therapist Hannah Berhanu and Lily Blows-Paliwoda in 2018, and since then he has continued to lead and assist music sessions occasionally. In 2022, more colleagues were trained to use music by Music Therapists Erin Williams-Jones and Emma Britton. Now music sessions tend to happen every Thursday. However, Bula feels that once a week is not enough and music sessions happening twice each week would be better.

Reflecting on his initial music training, Bula recalls being fascinated by the very first music session he saw Hannah and Lily lead, especially as it was something new, and the information shared by Hannah was interesting. He learnt to use music in individual sessions and often saw how music would evoke patients' memories and allow them to speak about their personal experiences in the past.

“ I learnt from the music therapist the type of 1 to 1. When I use that with a patient, he started a song with that music. He's remembering his previous history. He starts singing his memory. I remember that one. I asked him why he select that type of music, he told me his story with that song.

Bula remembers the first music session he ever led: How difficult it was to attract his first selected patient to the session and to guide him through the musical activities. But over time running sessions became much easier for Bula.

Bula feels proud when patients are playing musical instruments and tell their life stories (which is why he prefers individual sessions over large group sessions). For Bula, individual sessions offer more opportunity for patients to express their feelings and connect more with him. In comparison, he finds it harder to build a deeper connection with patients in group sessions, when the focus is often on enjoyment for patients. Bula has recently restarted his individual music sessions and he would like to see more colleagues learn to use music one to one with patients.

At the moment, around 30 patients participate in music sessions at the centre and Bula can see the benefits for the patients. For example, one patient has been at the centre for more than 5 years and participated in many music sessions.

“ I have aims for him. I know that music therapy is very good for him... You know people express their feelings by music. When they sing, they are free.

This patient has schizophrenia and can be very active because of the illness and at times have disorganised thinking during conversations, but music sessions have helped him make progress:

“On the first days he needed a reward, but now he is not doing that. When you call him, he start to come and participate. He is looking at it now as enjoyment. Even he is asking if there is any music therapy. He is asking by himself now.

Bula has noticed similar progress with other patients. Patients are voluntarily participating in sessions, find enjoyment in sessions. They are expressing themselves freely and talking about their life experiences, which has been helping them to connect with others and have positive benefits with their mental illness.

Bula believes music used in a therapeutic way is important because he sees patients can express themselves via music and remain active, the very same benefits when Bula would listen to music and sing to express himself.

Bula sees that Gefersa Mental Health Rehabilitation Centre has benefited from the ongoing support from music therapists and Music as Therapy International as music sessions are one of the activities that the centre continues to offer. But he does wonder if what he has already learnt about music therapy is enough or if there is more

to learn, especially as a one-month training seems short whereas his training to be a nurse took a few years. Bula also had a question about receiving a degree or diploma type of certificate to show qualifications to use music in a therapeutic way.

**Alexia Quin,
Director of Music
as Therapy
International,
responds to
Bula’s question:**



“Unfortunately, Music as Therapy International cannot provide Diplomas to say our Partners are professional Music Therapists. As Bula says, our training projects are short – shorter than professional music therapy trainings across the world – but they are designed to focus on what will be useful to a specific client group to suit each centre we work with. At the end of our training projects, we do provide a Certificate, but we know its value to you may be limited. However, until Music Therapy is more widely recognised in Ethiopia, even a Diploma might not lead to better work opportunities.

The University of Pretoria is probably the nearest academic institution which offers full music therapy training. Whilst completing their full training course may be impossible to consider, perhaps someone in the music therapy faculty there could give you guidance about developing recognition for music therapy in Ethiopia?

Bula’s Favourite Musical Activity: ‘Goodbye Song’

At Gefersa Mental Health Rehabilitation Centre, this final song of a music session involves using musical instruments and singing. This is Bula’s favourite activity because of how it is sung by the patients.

Ideas to help you extend your music practice from Music Therapist Alastair Robertson:



“ Music Therapist Hannah Berhanu created a handbook for staff at Gefersa Mental Health Rehabilitation Centre after their first music training (2018) in which she recommends supervision as a valuable way to develop your music practice.

Discussing your work with a colleague, ideally someone else who has trained and knows the people you are working with will inspire fresh thinking. Sharing your work with any colleagues and listening to their thoughts can be really helpful.

Try simply describing things that you have noticed in the session about an individual or the group as a whole to a member of staff who was not present, but knows the clients involved. For example, “I noticed Michael seemed more anxious today” or “The group were very lively today”. They may have a helpful perspective. Talking about your work with other people can help you identify the specific aspects of your music practice where you would like more training. Then ask Music as Therapy International for their help with this.

Helping patients to open up: Creating a safe space

“ A closed group (i.e. no changes of participants or staff, from week to week), with no interruptions can help create trust between everyone involved. Being clear to everyone about who else might be told about anything discussed in the group can also help. If you do want to add new people to the group, it would be good to speak to those already in the group before you do this. This will give the group some ownership of the process and will make them feel empowered. It will help them to

trust the space and you. As Hannah wrote in the “Boundaries” section of her music handbook, running your group at the same time and in the same place each session also brings a secure feeling to it.

Developing your ‘Goodbye’ songs:

“ Bula says his favourite activity is the Goodbye Song in his sessions. If you want to develop this part of your session, you could invite the client to suggest changes to your song or to create a new one. Try playing with different dynamics, musical instruments, words or melody; listen to how your client uses the song and build on anything you notice, however small. For example, if they want to add or change some words in the song to reflect how they feel, allow space for this.

Remember, a Goodbye Song is the ending of a session. It is particularly important to note how the client responds, as endings often bring up feelings which may be being expressed in the music or other behaviours. Endings are a small loss each time the session finishes, so it is important to remind people that you will be meeting again.

If you want to start 1-to-1 sessions:

“ It is important to think about why you want to offer 1-to-1 sessions for a particular person. Is it to introduce them to music sessions or to explore issues that a particular individual has raised in a group? 1-to-1 sessions are likely to go deeper, and for that reason, it is even more important that the music practitioner is using supervision and sharing their experiences with another staff member after the sessions.

Music as Therapy International’s training might be helpful, but perhaps a member of staff who has already been trained to use music in individual sessions, such as Bula, could share his experiences and support new colleagues to explore 1-to-1 music sessions.

Fikir Ethiopian National Association on Intellectual Disabilities (FENAID)



Kirubel Anteneh, a Self-advocate Leader at FENAID and his mother **Brutikan Yesuf** both participated in the music training delivered by Music Therapists Emma Britton and Erin Williams-Jones in 2022. As well as a Self-advocate at FENAID, Kirubel is a young and very capable person with learning difficulties and has many interests. Kirubel has been accessing the centre's services for six to seven years.

“ I want people to know that I am an intellectually disabled person but I am capable of doing anything; and I want to let people know that intellectual disabled people are capable of doing anything if they are given an opportunity.

- Kirubel

As the Self-advocate Leader, Kirubel's responsibilities include training other individuals who attend the centre about their rights as someone with a disability and how to express themselves to stand up for their rights. Kirubel also monitors who from his peers are present and absent each day at the centre. As he has a close relationship with other service users, Kirubel listens and identifies the needs of his peers to inform the centre's management. Kirubel also promotes FENAID and the rights of people with disabilities through his own TikTok account.

Kirubel's daily routine at FENAID usually starts off with exercise or playing sports with his peers in the morning and afterwards Kirubel helps with guiding people to their next class. After lunch Kirubel picks an Article from The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) to teach his peers about their rights. Later in the day Kirubel may work on his TikTok videos.

Kirubel has many interests, such as rap music and exercising, so Kirubel enjoys all activities at FENAID, from doing sports to music sessions to representing his male peers in meetings with the centre's management. Kirubel's love for music and using the musical instruments available at FENAID is one of the reasons why he enjoyed the music training delivered in 2022.

The music training helped Kirubel to understand music better by being able to differentiate different types of musical rhythms and Ethiopian musical genres (such as Tezeta, Bati, Ambassel, and Anchiho) and how to be more selective in music choices beyond music sessions.

“ The first thing is Kirubel is God's blessing. I am proud of everything he does at FENAID because he's an example that people with intellectual disability, as long as they got opportunities or as long as they got training, are capable of doing anything.

- Brutikan

Brutikan also enjoyed participating in the music training as she learnt a lot about using music and how music can be beneficial to people with disabilities. She told us it was a great and important opportunity to her as a mother.

Both Kirubel and Brutikan remembered being happy when they saw the very first session led by Erin and Emma, because for Kirubel he really wanted to learn about using music and Brutikan was glad that the music therapists were there to help the service users. During the first music sessions Brutikan and Kirubel led themselves, they remember starting off with making sounds with musical instruments, creating rhythms and learning how to start and stop musical activities. Brutikan felt she could make a meaningful sound during the group sessions, and a key takeaway was such training and musical instruments benefit people with disabilities, helping them become capable of doing anything.

“ This musical therapy is very important for our children because it motivates them and keeps them alert. They can be very motivated as long as they have this kind of sessions and the instruments.

- Brutikan

Kirubel continues to enjoy the music sessions at FENAID as he enjoys the sounds of music. The sessions have helped Kirubel to see other individuals with disabilities express themselves through music and be able to differentiate between rhythms and know more about music in detail. Kirubel was also motivated by the sessions to create his own music. So beyond the music sessions, Kirubel has gone on to enjoy discovering the piano.

Brutikan has seen Kirubel's interest in music and courage to explore instruments grow.

The music sessions have also helped Kirubel to become closer to his friends at FENAID; and as Kirubel finds enjoyment in the music sessions, he would encourage newcomers to participate as he believes there are things they could learn from the sessions and things Kirubel could learn from the newcomer too.

Although Brutikan has not led a session since the training as she does not spend her day at FENAID, both Brutikan and Kirubel have in a way used music together at home. As they both love music, they would sometimes play music and dance together at home.

“ Yes, the music helped us to get to know each other better. Kirubel teaches me about the different rhythms and so on; he says “Mummy, this is this, this is this.

- Brutikan

As a mother, Brutikan is aware how few opportunities there are for parents who have children with disabilities to be supported. She believes parents should be given the chance to learn more about how to use music in a therapeutic way. Brutikan wants other mothers to know that music is very important for their children's journey and it helps their children to be motivated.

Kirubel's Favourite Musical Activity: 'Leading'

This activity involves Kirubel leading the music-making in a group and his peers following how he plays his musical instrument with their own instrument, particularly copying his rhythms. Kirubel would play quietly and then switches to playing much louder.

Future wishes: Kirubel hopes one day Ethiopia will have musical contests and competitions for people with disabilities to participate in to help create awareness about disabilities.

Brutikan would like parents who have children with disabilities and capable people with disabilities to have the opportunity to be trained to use music to help create awareness among the wider community.

Some of the individuals with disabilities at FENAID who are a part of the dance and music group were able to perform at events, such as on International Disability Day.

Musical Activity Idea: ‘Mirroring’

Two group members sit facing one another with similar instruments. They then decide who will be the leader. The leader plays and the other person mirrors their playing. This can be done in turn or simultaneously. The leader role can then be swapped round.

The aims of copying activities with the group are to encourage listening to one another, increase self-awareness, to offer the opportunity to lead, to increase self-esteem and to encourage concentration.

Ideas to extend your music practice from Music Therapist Alastair Robertson:



Listening to recorded music as a shared activity:

“Clearly for Kirubel and Brutikan, listening to recorded music together is a positive experience. I wonder if they have talked to others about this? I think they would inspire other people to try them.

In addition to listening to recorded music together, it can be a great way to get to know someone differently when you talk about the music, or songs different people choose or like. We can learn a lot about each other when we talk about what it is that we particularly like in our favourite songs and why.

Also, creating a space where people can talk safely about their feelings as they listen to a piece of music can be a very powerful and therapeutic process.

If you want to try listening to music as a shared activity, I would suggest you choose a song, listen to it together quietly and then give a space for sharing your thoughts about it, before listening to the song again. Sometimes the feelings come from the music itself, and sometimes they trigger memories or associations attached to the music. When music has this effect for someone, it can be a useful way to help them to talk and think about events from the past that may still hold strong unprocessed feelings attached to them.

Hospice Ethiopia

In the day care centre for people receiving palliative care at the only hospice currently operating in Ethiopia, **Flagot Tadele** and **Wengel Yared** run music sessions. Flagot has been working as the Senior Palliative Nurse for around four years and Wengel, the Programme Manager, has been working for the hospice for about two years. Flagot's responsibilities include seeing up to 6 patients every day based on the severity of their illness to provide palliative care, and social and spiritual support; Wengel is responsible for planning, organising and reporting on all Hospice Ethiopia's projects and trainings.



Wengel and Flagot both say they did not have any formal music training background before learning the basic principles of using music in a therapeutic way from Music Therapists Emma and Erin (2022). However, they have been surrounded by music in their wider community - watching and participating in dancing and singing to Ethiopian traditional music during special occasions, which Flagot particularly enjoys. When Flagot joined the Hospice Ethiopia team and other nurses who learned from Music Therapist Hannah and her assistant Lily (2018) shared with Flagot their music skills, bringing her own cultural music experiences to her work was an organic development.

Flagot remembered seeing patients gathering to enjoy music together from the first music session she saw led by one of her colleagues. Flagot had never seen this type of musical activities in previous workplaces, but at the hospice she saw how the music sessions gave patients the opportunity for different interactions.

The first music session Wengel ever saw was led by Flagot and involved cultural music playing in the day care centre with patients playing local instruments, like Keberos. Wengel was interested to see patients jumping up to dance and remembered the moment being very happy for everyone involved.

The very first session Wengel observed

being led by Erin and Emma was another significant moment for Wengel.

“ In that moment I could understand that even if you don't communicate with the language then music kind of brings everyone together. So they don't know the patients and cannot communicate in Amharic but they loved each other. They kind of communicated in a way that I don't understand. But it was such a happy and vibrant moment. They taught us different techniques and we were practicing that techniques with the patients and it was easy to do and it was interesting, so we kind of see it has an impact.

- Wengel

Flagot explained how before the training in 2022, music sessions largely included listening to recorded Ethiopian songs or using musical instruments to play traditional music. Erin and Emma showed other ways of using music which was interesting and more interactive, especially as patients could also take the lead in some activities. Wengel recalled after learning the different music techniques and seeing some sessions, leading her first session seemed difficult as it was something new for her to do, but it became easier after a while as the learning experience was interesting and fun. Now around 20 patients each year participate in the group music sessions offered as part of the day care centre's activities.

Wengel and Flagot spoke about a current day care patient with various serious illnesses who appreciates accessing the day centre and loves the music sessions, particularly playing the Kebero. The patient was also very fond of the time with Emma and Erin and referred to the music therapists as 'Ije', which is a polite and complimentary way of saying 'my child'.

When Wengel and Flagot started leading sessions in the way they learnt from Emma and Erin, there was confusion at first for the patient as the sessions changed from only involving the use of cultural music to using music in a different way. However, the patient quickly became used to the new sessions as the way in which music was being used was not complicated. For example, the patient was shy to lead in a musical activity but once encouraged by everyone to lead, leading became one of the patient's favourite things to do in a musical activity.

Wengel observed the patient becoming happier over the course of participating in the music sessions and less deep in thoughts. Flagot noticed how the sessions gave herself the chance to get to know the patient more, especially their interests and dislikes. The benefits of the music sessions for the patient have been enjoyment, social interaction with other people, and a mechanism to cope with stresses and personal issues.

Flagot and Wengel have noticed similar progress with other patients and have also

seen music sessions helping other patients to open up, be present in the group sessions, and connect with others.

“ The music therapy helps them to interact with themselves. And we're just using it as a pain distraction. It is one way of a distraction from their pain and psychological issues, social issues. It gives these benefits other than enjoyment.

- Flagot

Another day care patient with serious illnesses who previously accessed the day centre, also enjoyed the music sessions. Initially this patient preferred the old way of music sessions that focused on listening and dancing to traditional music. At first, she was not particularly interested in engaging with certain musical techniques, such as conducting, but she became open to music being used in the new ways introduced from Emma and Erin's training. Flagot saw the patient connect with others and express herself more because of the music sessions. The patient seemed relieved of social and psychological issues when speaking about the issues with friends at the day centre and when entertained by music.

It sounded like she began to feel a strong sense of belonging at the Hospice as she told the staff how she would proudly tell her neighbours that she was going to visit her family at Hospice Ethiopia whenever they asked her where she was going.

Wengel's Favourite Musical Activity: 'Lead and follow'

This activity, also known as 'The Conductor', is one of Wengel's favourite as she finds the music-making interesting when leading and everyone follows, and she likes that everyone in the group can take turn to lead.

Observing patient's happy emotions and hearing patient's positive feedback of the sessions confirms to Flagot why she believes using music in a therapeutic way is important; and for Wengel, increased group communication is why the use of music is important.

“Seeing them [patients] smile and then seeing them try to use the instruments is such a happy moment and it make us proud.

- Wengel

Hospice Ethiopia hopes to expand its services in the future by offering hospice care to children. Whilst Wengel and Flagot are not yet sure how the children would access sessions, they think the use of music would have a significant impact on children. They can see music being an effective way to distract children from their physical pain. Flagot and Wengel imagine it being easier to adapt the techniques of musical activities for children and being able to have more varieties of musical activities for children compared to adults, particularly because they feel that adults can have more specific preference in the type of music they like to listen to than children.

There is also interest for Hospice Ethiopia to start using music when they provide home care, but Flagot is aware there will be social and cultural issues to consider carefully when using music in home-based care.

Ideas to extend your music practice into home care from Music Therapist Alastair Robertson:



“When Erin and I last visited the Hospice, the team told us their reservations about making music in clients' own homes. There was a belief, I think, that clients would feel more like praying or meditating and that this might be more appropriate in the local culture.

It is important that the staff trust their own intuition in this sensitive environment. But I wonder if sitting with someone and praying with them could, perhaps, develop into a hymn, or chant-like vocalising?

When you have had the opportunity to try this – or to talk to any of your home-based patients and their families about if you would appreciate music being included in your visits, perhaps you could ask Music as Therapy International for specific support with this? It sounds like a very sensitive area of work.

A Favourite Moment during Music Sessions:

Flagot particularly enjoys the moments where everyone dances to recorded Ethiopian traditional music playing as an intermediate activity between other music activities with a therapeutic focus that were learnt from Emma and Erin.

A focus on Paediatric Palliative Care:

“ My name is Caroline Anderson. I am a music therapist and the Psychological Therapies Manager at Bluebell Wood Children’s Hospice in the north of England.



Bluebell Wood accepts children and young people up to the age of 25 with life-threatening or life-shortening conditions. We thought you might be interested to hear music therapy is offered to the children and young people who use the hospice where I work, and their family members.

Our children and young people are usually offered music therapy for the following reasons:

- **Development of communication skills:** Many of our young people have disabilities that limit their communication, but music-making motivates interaction, can be non-verbal, and can build vocal abilities and confidence.

- **Emotional support:** for the young people who are aware of the impact of their condition, music therapy sessions can provide a confidential, supportive, reflective space in which to share difficult feelings in music and in words. The music therapists might use techniques such as improvised music or songwriting.
- **End of life:** These music therapy sessions may be designed to encourage relaxation and reduce anxiety, or to join family members together around the dying person perhaps by singing meaningful songs together and sharing memories.

I also work with groups and play at other events such as family fun days, the staff choir and the annual memorial day for all bereaved families.

Music therapists believe that everyone can benefit from music-making, regardless of illness or disability. In a children’s hospice, where lives are too short, music therapy can help those lives to be full of joy, connection and new experiences.

Flagot’s Favourite Musical Activity: ‘Guide to a Safe Space’

This activity taught by Emma and Erin involves relaxation techniques. Although Flagot does not have much experience of practicing this with patients at the hospice as it does not seem wholly appropriate for the setting’s context, Flagot enjoys using a variation of this activity for herself. This involves listening to relaxing recorded instrumental music and the person listening to it can share their thoughts over the music.

Despite not using this activity with patients, other relaxation techniques are sometimes used during the hospice’s music sessions.



Lebeza Psychiatry Clinic

Music training at Lebeza Psychiatry Clinic was delivered by Music Therapists Emma and Erin in 2022. **Eyerusalem Alemayehu** and **Dr Bisrat Begna** participated in the training and, since then, **Getenet Assefa** has joined them to run music sessions too. Eyerusalem has been working at the clinic for almost seven years and is currently the Vice Chief Clinical Officer. Dr Bisrat, who has worked in the psychiatry field for 41 years, used to work at Gefersa Mental Rehabilitation Centre before joining Lebeza Psychiatry Clinic's team around 8 years ago, where he is Head Nurse. Getenet has been working as an Attendant at the clinic for a year and a half.

Eyerusalem is responsible for the current daily activities offered by the clinic for inpatients and outpatients. She also supervises the psychiatric nurses. After learning from one of her colleagues about music being used at Gefersa Mental Health Rehabilitation Centre, Eyerusalem wanted to bring music sessions to Lebeza Psychiatry Clinic. Music sessions were to be a new activity alongside other services for inpatients, such as book club, occupational therapy, and individual and group therapy.

“ We were looking at different activities to introduce to our patients. There were very few activities like indoors games and most of the time patients were requesting for additional activities. And it was a good opportunity for us to use music as therapy for our patients. The timing was also very nice for us. We were trying to reach for different things but it was very hard. Even we had different indoor games but the patients would get bored of them.

- Eyerusalem

As the Head Nurse at the clinic, Dr Bisrat has many responsibilities but mainly for the inpatients, where they include discussions with the medical doctor about patients, monitoring inpatients' improvements, talking to patients' families, and supervising other nurses.

Getenet's role as an Attendant involves attending to the patients' needs, such as medication management and assisting with patients' personal hygiene; and he is seen as a valuable member of staff who is very caring towards patients.

The inpatients ward has 35 beds available and most of the time the beds are occupied. Inpatients may stay at the clinic for a few weeks or up to 3 months which is based on the patient's illness and progression. Before receiving music training in 2022, the clinic did not use music as a tool to provide care to their patients as members of staff had no experience or equipment to use music. Now, whilst staying at the clinic, the patients have access to music sessions twice a week, every Monday and Friday afternoon.

Although it has been a while since their initial training, Eyerusalem remembered the introduction to music, learning from the music therapists to use music and eventually the music therapists showcasing sessions that included patients. The training introduced Eyerusalem to many instruments that she had never seen before, and she did not expect to see patients engaging with the music sessions so quickly.

During the first session Eyerusalem led, she included an activity with the 'call and response' method. Eyerusalem remembered leading the activity as a nice experience but there was the challenge of patients finding it difficult to follow the 'call and response' technique, so she appreciated Emma and Erin guiding her through it.

Dr Bisrat recalled feeling uneasy during the first music session carried out by Erin and Emma as the use of music was something new for the clinic and he was unsure how the patients might respond. Dr Bisrat observed how music could be a trigger to making some patients' illness worse, especially bipolar patients as they could become more hyper and manic. But as more sessions happened and there was a better understanding of how to use music to deal with challenging behaviours, Dr Bisrat began feeling more settled about the sessions.

Dr Bisrat's main reason for participating in the training was to gain knowledge about the use of music to be able to supervise music sessions led by other nurses. So during the training he did not lead a session and instead observed patients participating in sessions led by his colleagues to find out more about the impact of music on the patients. He was particularly interested to observe their impact on the patients' feelings. Dr Bisrat would observe if there were any effects alongside patients' medication, if patients were communicating with each other and if patients were willing to participate in sessions.

Although Getenet was not directly trained by Erin and Emma to use music, he can remember the first music session he ever saw that one of his colleagues led, in which he was impressed when seeing the patients engaging and enjoying themselves in the session. A while later, Getenet led a music session himself and remembers the patients being glad to see the musical instruments and to see him start the session, which was a happy moment for him. Getenet recognises that music sessions give patients the chance to get together and listen to each other.

The team tell us that the majority of patients at the clinic participate in music sessions, with the exception of a few people either due to religious reasons or their mental state. Sometimes, newly admitted patients can be shy to participate in music session but whilst some need encouragement there are others who are more willing to participate. For Dr Bisrat, bipolar patients willingly join in music sessions and although the sessions can sometimes make their behaviour more difficult, these patients still benefit as they enjoy themselves playing the instruments and become more open to talk about themselves. Sometimes these patients even remind staff of when the music sessions are supposed to start! Getenet has noticed how other patients who would usually be alone, depressed and not interact with others start to socialise more and become more responsive because of the music sessions. Music sessions have enabled Getenet to observe and get to know patients better.

Getenet's Favourite Musical Activity: 'Call and Response'

Getenet enjoys a variation of this type of activity that involves body percussion, 'clapping'. This activity starts off with Getenet leading by clapping which others have to copy and then he calls out a patient's name, inviting them to take the lead clapping. Everyone has a turn to lead with the rest of the group copying how they clap.

“ For sad people, for schizophrenic patients...[music sessions] were very very very helpful for them, especially to form communication. Music can give motivational connection with others.

- Dr Bisrat

The types of musical activities carried out by members of staff at the clinic remain very similar to those introduced by Emma and Erin, with additional encouragement from Dr Bisrat's to keep them creative. The team remain interested to learn more about running 1-to-1 music sessions and how they might introduce these into their outpatients services.

Eyerusalem, Getenet and Dr Bisrat spoke about how they are proud of the music sessions and that they can be offered by the clinic. It is impressive that they have been able to keep the sessions as a scheduled activity twice a week for more than a year. The team are also proud when new connections are being created and friendships are being built between patients in the music sessions, and when they see patients are happy. They all agree these benefits for patients are what makes the use of music in a therapeutic way important to Lebeza Psychiatry Clinic.

“ What is best for our patients is more than anything. So we have a significant positive impact on our patients and I would like to see this impact on another organisations. So I would recommend to any psychiatry facility to have this basic therapy sessions.

- Eyerusalem

Ideas to extend your music practice from Music Therapist Alastair Robertson:



“ Keep your music sessions fresh and creative by asking clients for ideas on how they would like to develop the current activities! Possibly return to old activities that you have stopped and see if they bring a different response.

Using music with bipolar patients:

“ Certainly, the use of music can be over arousing. However, if this can be contained and talked about in a safe way, it is not necessarily a bad thing in itself. Clearly the choice of instruments is important (for example, choosing quieter more mellow instruments) but I think those staff who know the clients will have a sense of this.

The mix of clients in a group is also an important consideration, as others may find a patient's manic behaviour difficult to manage. I have found that drawing as part of the group can be a less arousing activity to start with. It also tends to be a more individualised activity – each person focus on their own drawing - even done as part of a group.



Music Artists and Songs our Partners Like

As you have been reading about each other's work with music, we thought you might enjoy knowing how you all use music for pleasure!

Earlier in the year we asked our Ethiopian Partners about their musical preferences and what they enjoy listening to.

Everyone who feature in this newsletter told us they like Ethiopian cultural songs, ranging from spiritual and religious to slow songs. Some Partners had additional interests in internationally known songs and genres.

Top picks:

Addisu Wayima

“Mindinew Zimitaw?” by
Zerubabbel Molla

“Say you won't let go” by James
Arthur

Veronica Adane

Yilma Hailu

Music as Therapy International's most recent activity in Ethiopia: Replenishing Musical Instruments

During last year's follow-up visits to our Partner settings in Ethiopia carried out by Erin Williams-Jones and Alastair Robertson, we had the chance to see the collection of musical instruments at each place and identified that some Partners could benefit from additional instruments. We were able to help Lebeza Psychiatry Clinic repair a damaged bongo.

We know that sometimes not all damaged musical instruments can be easily repaired, or when music programmes develop sometimes there are not enough musical instruments available. So seeing that we could next support some of our Ethiopian Partners through replenishing musical instruments, we took the opportunity to do so whilst Makeda Mitchell was already in Ethiopia.

We provided Lebeza Psychiatry Clinic and Gefersa Mental Health Rehabilitation Centre each with two big local drums, called “Kebero” in Ethiopia, which will help the staff at each setting to continue to use music with a combined total of 226 patients with mental illnesses.

“ I don't know the way how this partnership came, but it gives us a lot of support - in kind, in training, and the material itself. So it is very very important!

- Dr Bisrat, Lebeza Psychiatry Clinic

Contact Details of Partner Settings

Gefersa Mental Health Rehabilitation Centre & Ethiopian Prosthetic and Orthotic Service (EPOS)

Email: info@epos.gov.et

Tel: +251 11 213 7296

Facebook: @eposethiopia

Fikir Ethiopian National Association on Intellectual Disabilities (FENAID)

Location: 22 Road (behind Addis Hiwot Hospital), Addis Ababa, Ethiopia

Tel: +251 (0) 116 631 866

Facebook: @FENAIDEthiopia

Hospice Ethiopia

Location: Kotebe Kara Yeka Subcity, Woreda 12 House No: 793, Addis Ababa, Ethiopia

Email: info@hospiceethiopia.com

Tel: +251 (0) 118 694 377

Website: www.hospiceethiopia.com

Lebeza Psychiatry Clinic

Location: St. Urael Church (near to Capital Hotel and behind Old Plaza Hotel), Addis Ababa, Ethiopia

Email: info@lebeza.org

Tel: +251 (0) 116 662 966

Website: www.lebeza.org



We would love to hear from you!

Please tell us what you thought of this newsletter. Or, if you would like support with your current music sessions or to start using music in your work visit our website to find out more and do get in touch.

Music as Therapy International

Address: The Co-op Centre
11 Mowll Street
London SW9 6BG

Email: info@musicasterapy.org

Tel: +44 (0) 20 7735 3231

Website: www.musicasterapy.org

Registered charity no. 1070760

Trustees: Karina Brown, John Ellis, Rebecca Huttly, Dr. Hannah Reid, Jane Robbie, Charlotte Surun OBE