

The impact of arts and health – the evidence base

Several respondents to the Review commented that many people seemed to believe there are few scientific studies demonstrating a connection between the use of the arts and the impact on health. These views have often made it difficult to secure interest and support.

Although some pieces of evidence are less rigorous than others, the reality is that there is a considerable evidence base, from both the UK and internationally, with hundreds of research studies and evaluated projects that clearly demonstrate the benefits of using the arts in health. These are just some of the examples:

- Dr Rosalla Staricoff's review in 2004 of the medical literature for Arts Council England cites nearly 400 papers showing the beneficial impact of the arts on a wide range of health outcomes¹
- A study by Professors Roger Ulrich and Craig Zimring² found some 700 peer-reviewed robust research studies demonstrating the beneficial impact of the environment on health outcomes. Many have also demonstrated economic savings as well as higher patient and service user satisfaction levels
- Singing has been shown to improve quality of life for people with dementia³

1 www.artscouncil.org.uk/documents/publications/php7FMawE.doc

2 Ulrich, R. & Zimring, C. (2004) *The role of the physical environment in the hospital of the 21st century*. The Center for Health Design.

3 Clair, A.A. and Bernstein, B. (1990) 'A comparison of singing, vibrotactile and non-vibrotactile instrumental playing responses in severely regressed persons with dementia of the Alzheimer's type', *Journal of Music Therapy*, 17, 119–125. Clair, A.A. (1996) 'The effect of singing on alert responses in persons with late stage dementia', *Journal of Music Therapy*, 33, 234–247. Clair, A. (2000) 'The importance of singing with elderly patients', in Aldrige, D. (ed) *Music therapy in dementia: More new voices*. London: Jessica Kingsley pp 81–101.

- Rheumatoid arthritis sufferers who listened to 20 minutes of their preferred music daily reported a significant reduction in their perception of pain⁴
- The *Study of the Effects of the Visual and Performing Arts in Healthcare* undertaken by Rosalia Staricoff at Chelsea and Westminster Hospital 1999-2003 found that the length of stay of patients on a trauma and orthopaedic ward was one day shorter when they experienced visual arts and live music, and their need for pain relief was significantly less than those in the control group; live music was very effective in reducing levels of anxiety and depression; visual arts and live music reduced levels of depression by a third in patients undergoing chemotherapy; and staff recruitment and retention were improved. This research was conceived, initiated and supervised by Susan Loppert, director of Chelsea and Westminster Hospital Arts 1993-2003, joint author of the articles on the research in *Hospital Development* (June 2001), *New Scientist* (June 2002) and 'Integrating the Arts into Health Care: Can We Affect Clinical Outcomes?', in *The Healthy Environment: Without and Within* (eds. Kirklin and Richardson, 2003).
- The University of Sheffield, South Downs Health NHS Trust and Poole Hospital NHS Trust (2003) found that medical patients in the new acute hospital were released, on average, 1.5 days earlier, there was a dramatic reduction in the amount of painkillers taken by patients in the new wards compared to the old, and in the mental health unit verbal and physical abuse, and the instances of patients injuring themselves, significantly reduced
- More than 30 rigorous scientific studies show how exposure to nature quickly decreases stress and reduces pain, slowing respiration and lowering blood pressure⁶

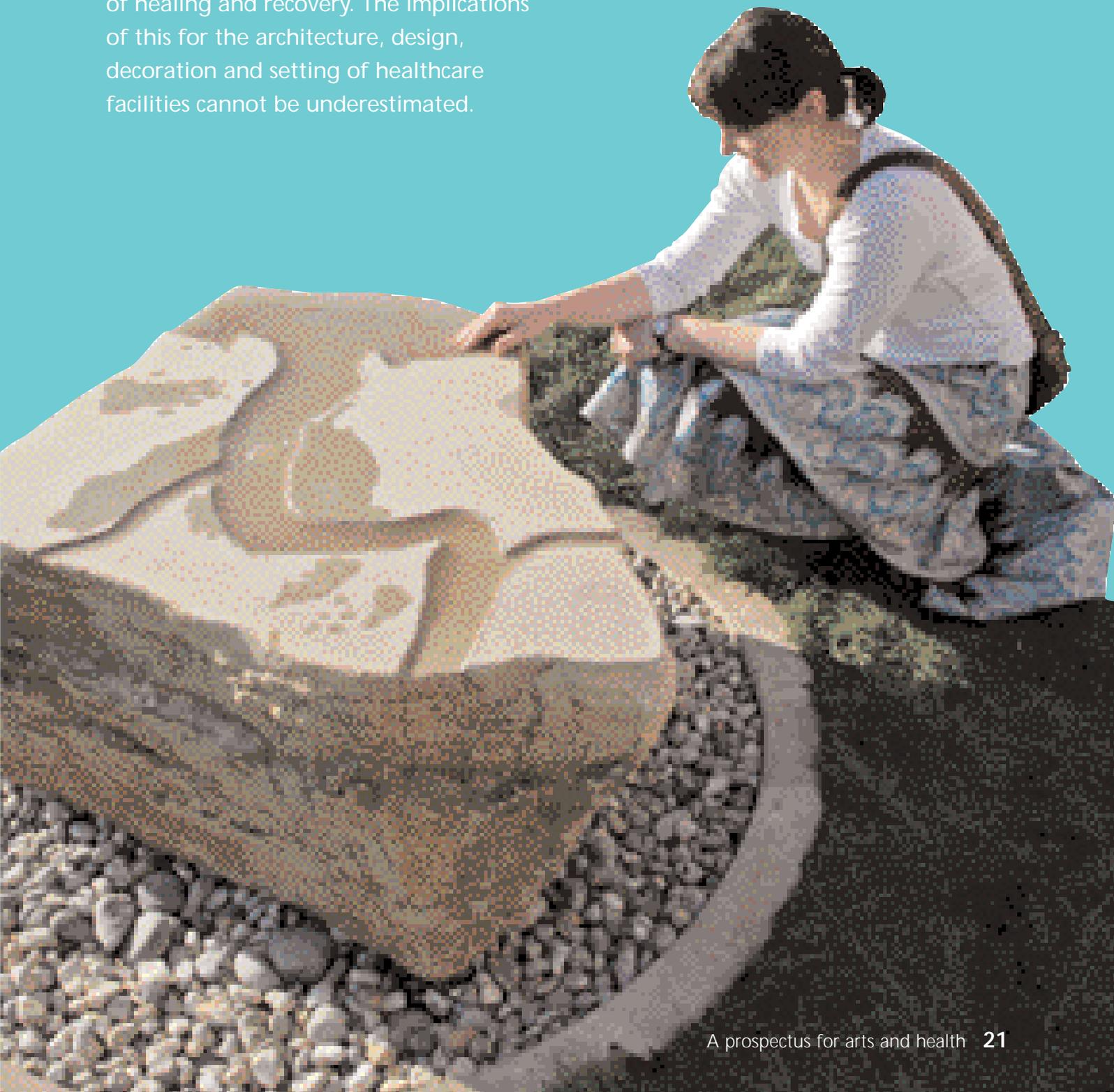
4 Schorr, J. A. (1993) 'Music and pattern change in chronic pain', *Advances in Nursing Science*, 15, 4, 27–36.

5 Staricoff, R., Duncan, J. and Wright, M. 'A study of the effects of visual and performing arts in healthcare' Chelsea and Westminster Hospital, 2004; www.chelwest.nhs.uk/about-us/hospital-arts

6 Ulrich, R. and Gilpin, L. (2003) 'Healing arts – nutrition for the soul'. In: Charmel, P. M. Frampton, S. B. and Gilpin, L. (eds.) (2003) *Putting Patients First – Designing and Practicing Patient Centred Care*, San Francisco: Jossey-Bass, 2003, 117–146

Arts and health research studies and programmes

Some of the most compelling evidence is in the study of the environment on rates of healing and recovery. The implications of this for the architecture, design, decoration and setting of healthcare facilities cannot be underestimated.



King's Fund – Enhancing the Healing Environment Programme

This initiative started in 2000 and has had substantial funding from the Department of Health, which has also funded two academic evaluations, MARU 2003⁷ and York/RKW 2006.⁸ Both evaluations have clearly shown major benefits for staff, patients, service users and visitors. A number of significant longer-term benefits have already emerged, including:

- the humanising of the hospital environment, by including distractions and improving levels of privacy and dignity
- evidence of the therapeutic impact of good design
- the potential for improved environments to reduce aggressive behaviour and improve staff recruitment and retention
- increased sense of ownership of the hospital environment
- demonstration of how small-scale projects can act as catalysts for major change
- the development of new skills in leadership and facilitation

7 *Improving the Patient Experience – an Evaluation of the 'Enhancing the Healing Environment Programme'*, King's Fund /MARU, 2004

8 *Improving the Patient Experience – Celebrating Achievement: Enhancing the Healing Environment Programme*. Department of Health, 2006

In many cases, the Trust itself has added funding from other sources, including its own funds, and some have extended the approach themselves to include other areas within their Trusts.

Publications

Evaluation of the King's Fund's Enhancing the Healing Environment Programme, Department of Health, 2003. Available from The Stationery Office (www.tso.co.uk)

Enhancing the Healing Environment – A Guide for NHS Trusts, King's Fund, 2004. Available from the King's Fund (www.kingsfund.org.uk)

Celebrating Achievement: Enhancing the Healing Environment Programme, Department of Health, 2006. Available from The Stationery Office (www.tso.co.uk)

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Psychological and physical health benefits of singing

*Bodymind and Voice: Foundations of Voice Education*⁹ examines the research evidence for the body/mind integration of human vocal behaviour (embracing nervous, endocrine, and immune systems integration). It was commissioned by the National Center for Voice and Speech [NCVS] in the USA to bring



together a wide range of different literatures on voice behaviour and health for the general public.

Among the findings is a review of evidence of the wide-ranging psychological and physical health benefits of singing. The team of contributors includes health and arts education professionals who bring an interdisciplinary focus to the field. Since it was first published, this multidisciplinary text has been widely cited and used in higher education and clinical practice to promote increased understanding of the lifelong benefits of voice development and care. The text is established course reading for universities in the USA, Australia and the UK. The 'bodymind' concept¹⁰ is seen as particularly powerful in explaining the integrated nature of human functioning.

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9 Thurman, L. and Welch, G. F. (eds) (2000) *Bodymind and Voice: Foundations of Voice Education*, Revised Edition, Denver USA

10 Pert, C. (1986) 'The Wisdom of the Receptors: Neuropeptides, the Emotions, and BodyMind', *Advances*, 3, 8–16

Bromley by Bow Centre research partnership

Bromley By Bow is an arts-based community centre, Healthy Living Centre, Children's Centre and community-based education provider. The partnership between the University of Central Lancashire and the Open University carried out a three-year research and evaluation project with the aim of:

- characterising the Bromley by Bow Centre's model of health and social care
- evaluating its existing work
- identifying policy implications

The research employed a complex multi-method evaluation appropriate to a complex, evolving organisation and examined the organisation's activities through its work with older people. For more information see the full report at:

www.uclan.ac.uk/facs/health/socialwork/bromleybybow/report/report_new.pdf

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Healing Arts, Isle of Wight 'A Lifetime's Health Delivered Creatively'

April 2006 – March 2010

This is a research programme looking into the health outcomes and economic impact of an art intervention in three key health target groups: stroke survivors, people with moderate mental health conditions in the community, and children age 5–7 years who are obese or overweight. The programme is being developed and delivered by Healing Arts for the Isle of Wight NHS Primary Care Trust.

- The stroke programme will be delivered on the specialist Stroke Unit at St Mary's, Isle of Wight in a control group study. The research will investigate the level of depression experienced by patients following a stroke and measure any change in length of stay on the unit
- The mental health programme, titled 'Time Being 2', is a structured 12-week programme for people with moderate mental health conditions referred by the Primary Care Mental Health team. It will measure contributions to sustained reductions in the degree of depression and anxiety reported by participants and sustained reduction in participant's use of antidepressants and mental health services in primary or secondary care

- The children's programme will be delivered in partnership with public health and the education service. It will investigate the contribution creativity can make alongside diet and physical activity to prevent and halt the rise in obesity in primary school-age children

At its conclusion, the programme will publish a toolkit on the art in health intervention for each group, for use and take-up by PCTs nationally, along with the data on health outcomes and economic impact – eg the potential for cost benefit and cash-releasing efficiencies of arts interventions in healthcare.

The programme is being funded by HM Treasury's Invest to Save Budget Round 8. Matrix Research and Consultancy Ltd, London, is undertaking the health and economic impact research.

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Designing for Health: Architecture, Art and Design at the James Cook University Hospital, NHS Estates, 2005

Centre for Arts and Humanities in Health and Medicine (CAHHM), University of Durham

The Centre has undertaken a range of multidisciplinary research studies on the impact of healthcare buildings on patients and staff, regional audits of arts in health practice, literature reviews, action research in community-based arts in health, comparative studies of international practice in arts in health and scholarly articles on medical humanities.



Summary

This project was carried out over two years in two hospitals, Middlesbrough General Hospital and the James Cook University Hospital, both serving the town of Middlesbrough. The research compared hospital accommodation before and after the move into a new building (the JCUH). The

JCUH was developed from a pre-existing building, South Cleveland Hospital (SCH), and includes part of the old hospital. These sites were chosen for research because high-quality art and design were intended to contribute to the impact of the new hospital as a ‘therapeutic environment’. A multidisciplinary team including a clinician, an arts administrator, anthropologists, architects and a health services researcher, using a mixed qualitative and quantitative methodological approach, carried out the study.

The study team addressed three main questions:

- 1 How was the design brief for the new JCUH developed and what were the main principles encapsulated in the brief?
- 2 Were those principles realised and valued in any noticeable way by patients, visitors and staff of the new hospital and did they think the new accommodation was a better environment for patient care than the old one?
- 3 What was the impact on patients, visitors and staff of the artwork commissioned for the new hospital?

Findings of the research

- 1 Key positive values for patients in hospital are rooms with natural light, control over their immediate environment (heating,

lighting and ventilation) and a sense of ‘feeling at home’.

- 2 Patients value the impact that a high-quality environment has on their care, but they maintain that the most important element in high-quality care is the staff.
- 3 The NHS Trust explicitly intended the artworks to have a wider function than that of providing a ‘therapeutic environment’. The works were intended to provide the hospital with links to the community – signalling that JCUH was a quality hospital – and to assist with wayfinding. The artworks on display were valued as providing colour, distraction and a sense of calm within the public areas of the JCUH.
- 4 Some patients valued the artworks because they made the hospital seem ‘less like a hospital’.
- 5 Some hospital users who would not normally see themselves as consumers of art valued the presence of artworks.
- 6 The artists felt engaged and inspired by the James Cook theme and felt there was added value to their art in supporting the therapeutic environment.
- 7 The Trust set up a successful structure in-house for selecting and funding the

commissioned artworks, and for maintaining positive public relations and ownership of the process.

Report available at: www.dur.ac.uk/cahbm

Forthcoming paper: Jane Macnaughton, 'Art in hospital spaces: the role of hospitals in an aestheticized society', *International Journal of Cultural Policy*, in press for 2007

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Invest to Save Budget Programme: Arts in Health

September 2004 – September 2007

This is a north-west region research, training, networking and advocacy programme spanning the arts and health agenda, with a particular focus on public health and the impact of creativity, culture and the arts on wellbeing. Research is focusing on six projects across three cluster groups, including older people, mental health and staff wellbeing. Advocacy and training is focused on continuing professional development training within the NHS, with emphasis on public health networks.

In partnership with Arts Council England, North West, the Department of Health Public Health Team, North West and the North West



Public Health Observatory, and as a response to needs identified during networking sessions across the region, the North West Arts and Health Virtual Network will be launched in winter 2006/7. Dissemination of the project will take place between April and September 2007. The core element of the project centres on research and evaluation.

Organisations involved include: Manchester Metropolitan University, Manchester Institute for Research in Art and Design (MIRIAD), the Research Institute for Health and Social Change (RIHSC), Arts for Health, HM Treasury, the Department of Health, Public Health Team, North West and Arts Council England, North West

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Mental health, social inclusion and arts: developing the evidence base

The Department for Culture Media and Sport and the Department of Health commissioned a two-year programme of research in response to the Social Exclusion Unit's report on mental health and social exclusion. The study relates to participatory arts work in England with people with mental health needs aged 16 to 65. It is being carried out by a team from Anglia Ruskin University and the University of Central Lancashire that includes people with experience of using mental health services.

Outcomes study

The aims of the outcomes study were to measure changes in medication and service use, occupational activity, empowerment, mental health and social inclusion, and to assess the extent to which changes could be attributed to arts participation. Sixty-two of the 88 new arts participants who had returned a baseline questionnaire also returned the follow-up version. The results showed that:

- Improvements in empowerment and mental health were greater for participants identified as having 'clinically significant' mental health problems at baseline and those who did not report a recent new stress in their lives at follow-up than for the comparator groups



- There was a significant decrease in the proportion of participants identified as frequent and regular service users, but there was no change in medication use or use of mental health or primary care services, other than a decrease in use of overnight stays in hospital or crisis centres
- There were no differences in occupational activity or acquisition of formal qualifications but a third of participants did think their involvement with their project had increased their future employment and education opportunities
- 'Triangulation' of results from three analyses assessing the part played by arts participation in the improvements indicated that the evidence was very strong for empowerment. The evidence was promising, but less strong, for mental health and social inclusion
- To the extent that improvements could be attributed to arts participation, the greater improvement in empowerment and mental health amongst people with poorer mental health at baseline indicates that arts projects can benefit people with a range of mental health needs, including those with significant mental health difficulties

Case studies

The case studies comprised workshops with project workers, followed by individual interviews with project 34 project participants. The aim was to complement the outcomes study by exploring the processes through which projects achieved benefits for participants. Participants' accounts of arts participation were examined in the light of project workers' own theories about how their project achieved benefits. This revealed a total of eight processes that were important in achieving benefits relating to improved mental health/wellbeing, decreased mental distress and reduced social exclusion.

Three processes were important at all six projects:

- Getting motivated inspired hope and reduced inactivity, and so improved mental health/wellbeing and decreased mental distress
- Focusing on art provided relaxation and distraction, which again resulted in improved mental health/wellbeing and decreased mental distress
- Connecting with others in a supportive environment decreased social isolation and increased confidence to relate to others, thus combating social exclusion

A further three processes were important at some but not all projects:

- Self-expression promoted catharsis and self-acceptance, and provided alternative ways of coping – benefits that decreased mental distress and reduced social exclusion
- Connecting with abilities gave a sense of pride and achievement, which improved mental health and wellbeing
- Having time out helped alleviate worries and responsibilities, thus decreasing mental distress

Two processes were important for some participants at all projects:

- Rebuilding identities was associated with increased self-belief, external validation and moving beyond a service user identity, thus combating social exclusion
- Expanding horizons led to wider aspirations and opportunities and to enhanced self-esteem, resulting in reduced social exclusion and improved mental health/wellbeing

Further information about the study is available at:

www.socialinclusion.org.uk/publications

Publication

Hacking S, Secker J., Kent L., Shenton J. and Spandler H. (2006) 'Mental health and arts participation: the state of the art in England,' *Journal of the Royal Society of Health Promotion* 126 (3): 121–127.

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Research Institute for Health and Social Change

Staff from the Centre for Social Change and Well-being engage in research which informs policy and practice, enhances the effectiveness of organisations, celebrates diversity and works within a social justice framework to enhance people's lives, health and wellbeing. They use different methods and work in collaborative and participatory ways where possible. They are currently involved with various arts-based projects, including work on water and wellbeing, arts

for health and mental health, and arts and social inclusion. They work with organisations including Lime, The Heroes, RadioRegen and the Treasury-funded Invest to Save, Arts for Health projects.

Example of research study with findings: Evaluation of Pathways (to mental health) projects with Lime. Report and conference papers were given, and journal articles are in preparation. See J. Sixsmith and C. Kagan, *'Art makes me feel I have resources otherwise untapped.'* Pathways Project evaluation: Final



Report, Manchester, RIHSC. ISBN 1 900139 37 5 Available at www.compsy.org.uk

The report draws attention to the benefits of participating in different arts projects in terms of positive wellbeing, stress reduction, relationship building and social capital, skills and employability, communication and trust. It also highlights some of the negative aspects of involvement and the differences between participant and artist perspectives.

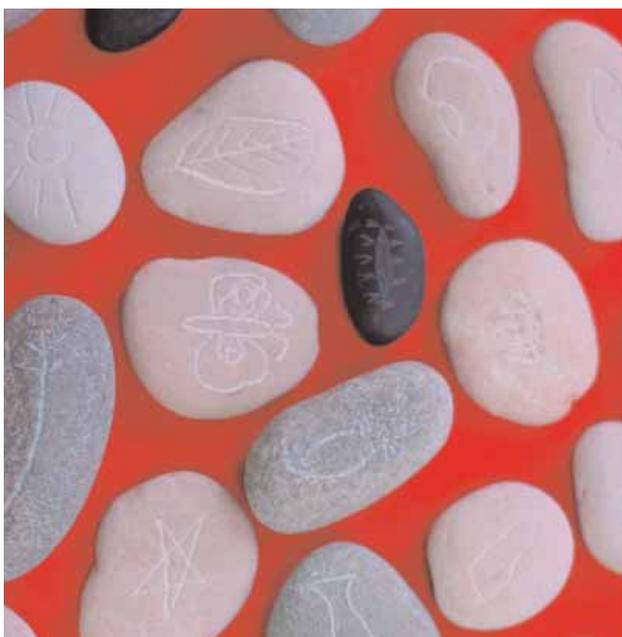
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Sidney De Haan Research Centre for Arts and Health

The Sidney De Haan Research Centre is currently conducting a major programme of research on the value of singing and music-making in promoting health.

There are three strands to this programme:

- music and health as a basis for a systematic review focused on singing and health
- a cross-national study of the perceived benefits of participation in choral singing and relationships to broader dimensions of wellbeing as defined and measured by World Health Organization research on quality of life. The study will involve choirs in England, Australia and Germany
- formative evaluation of the Silver Song Clubs Project, in association with Sing for Your Life Ltd. There are currently 15 Silver Song Clubs in the south-east, bringing elderly people together on a regular basis to make music and sing

The three strands are closely interrelated and all contribute to building a case for the development of Singing on Prescription in association with local Primary Care Trusts.

Clift and Hancox (2001)¹¹ conducted a study with members of a large choral society in Canterbury and identified five categories of perceived benefits for health and wellbeing associated with participation in choral singing. A further study is currently underway to explore the links between experiences of choral singing and broader dimensions of quality of life. This will contribute towards the detailed planning of a large-scale cross-national study involving choirs in England, Australia and Germany.

The University of Sheffield, School of Architecture

The research team is well known for its investigations in the NHS and for developing new design tools for the Department of Health, including IDEAs (Inspiring Design Excellence and Achievements), ASPECT (A Staff/Patient Environment Calibration Tool) and AEDET (Achieving Excellence In Design Evaluation Toolkit) Evolution.

The research team has successfully used these design tools in evaluation studies, such as



11 Clift, S. and Hancox, G. (2001) 'The perceived benefits of singing: findings from preliminary surveys with a university college choral society', *Journal of the Royal Society for the Promotion of Health*, 121, 4, 248–256

that for the 2005–8 programme of post-occupancy evaluations (POEs) of cancer environments for Macmillan Cancer Support. POEs focus on the satisfaction and behaviour of the users. The evaluations are also conducted using The University of Sheffield LEAF (Learning from Experience Applying Feedback) project evaluation methodology.¹² This framework provides for the evaluation of 'Process', 'Product' and 'Performance'.

The study by Lawson and Phiri¹³ examined the effects of the architectural environment on the lives of patients, and to some extent, staff, in two NHS hospitals, one each in the general medical and the mental health sectors. Examining two sets of wards, one each in acute general medicine (Poole) and in mental health (Brighton), the study looked at cohorts of patients before and after the building of new accommodation. In both cases, patients were referred to in similar ways and underwent similar treatment regimes, often by the same staff in both new and old wards.

Findings indicate patients are sensitive to, and articulate about, their architectural environment. They are able to discriminate between poor and good environments and say clearly what they like and dislike about them. Patients appear to make significantly better progress in the new purpose-designed buildings than in the old ones. There is considerable evidence that an overall improved atmosphere and quality of life may be one of the benefits of better places. Patients highly rate both their treatment and the staff caring for them. Most of the architectural features apparently responsible for these benefits appear to be generic place-making features rather than hospital-specific factors. Having a view of the outside world seems very important. Not only being comfortable, but having personal control over the immediate environment is also important for patients.

Example of findings

Patient treatment time reductions of between 14 and 21 per cent are attributable to the design characteristics of new buildings. Findings also include other significant benefits, including reductions in analgesic medication, dramatically reduced patient aggression levels and reductions in staff absenteeism.

12 Lawson et al (2003) and Lawson et al (2001), unpublished reports available from The University of Sheffield School of Architecture

13 Lawson, B. A. and Phiri, M. (2003) *The Architectural Healthcare Environment and its Effects on Patient Health Outcomes*, Leeds, NHS Estates

**Qualitative research for PhD – ‘A comparison between using writing as therapy with a therapist and using creative writing with a non-therapist facilitator for mental health service users with significant symptoms of depression’
April 2001 – December 2006
(expected date of completion)**

The study included adults from 18 years to elderly, looking at three groups of Using Writing As Therapy (UWAT), using a six-session course, and three groups of established Creative Writing (CW) groups, using their usual format with non-therapists, which were researched and compared.

Organisations involved

Oxleas NHS Foundation Trust has funded the PhD at the University of Sussex for Pauline Cooper.

Findings and benefits

Pauline had heard many anecdotal claims from writers and through research about the benefits of writing. She decided to explore its potential in her work as an occupational therapist with adult patients. The positive results were exciting and recognised by the private hospital for whom she worked, and they funded her to undertake a masters degree to explore the use of writing further. This work inspired her to continue research, and her ongoing study to DPhil (PhD) at the



University of Sussex is being funded by the Oxleas NHS Foundation Trust, highlighting important work that can be done in both one-to-one work and groups.

UWAT has been seen to be effective in helping clients understand themselves better, assess their situation, loosen 'stuckness', and help them to plan their future. It is a good adjunct for other therapies such as cognitive behaviour therapy. However, it does require clients to be motivated to problem-solve, have potential for insight and be literate.

CW, on the other hand, provides a therapeutic arts activity, on a less intensive level, that helps clients express their feelings, using literary devices such as metaphor, with a product outcome that they can either share publicly or use privately. CW was shown to help clients address their feelings of stigmatisation and vent disappointment about loss of employment opportunities, but also to find empathy, confidence and support. In addition, clients have used CW to improve their literacy and communication skills.

UWAT and CW are two different types of writing with different benefit. UWAT is a form of treatment looking at identity, self-esteem and confidence and CW provides a meaningful therapeutic arts activity. In both groups, the research showed that, for both therapists and non-therapist facilitators

training is essential particularly with regard to their role, objectives, and understanding of the group as a safe holding space in which to explore the potential writing has to offer. It is clear that writing, an activity of daily living, can be an empowering and liberating tool for clients with mental health problems, particularly those suffering with depression. Ongoing practice using writing indicates that writing has benefits for people with no mental health problems, but who are seeking clarity over problematic life situations or decision-making and is, therefore, likely to benefit carers and staff, for example.

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Research on music therapy

Research details:

www.aru.ac.uk/music/mt_research/research

This outlines projects undertaken by Anglia Ruskin University staff and students and covers a range of clinical areas.

www.voices.no This is a world forum for music therapy

www.nordoff-robbins.org.uk/research also holds listings of other sites. The Cochrane Library via www.nelh.nhs.uk and click on Cochrane Library. There are details of several reviews of music therapy including: Gold, C., Bentley, K. and Wigram, T. 'Music Therapy for schizophrenia or schizophrenia-like illnesses' (protocol for a Cochrane

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