

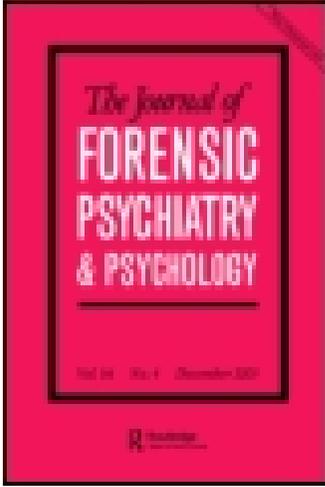
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Finding a voice – the feasibility and impact of setting up a community choir in a forensic secure setting

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This study reports on the feasibility and impact of running a choir for forensic psychiatric inpatients, staff and members of the local community, within the confines of a medium secure psychiatric unit. The choir ran between October and December 2013. Eight weekly workshops and a final concert performance were evaluated through participant observation and focus groups held with the participants. Between 12 and 16 male and female patients attended each workshop and the final concert. All participating patients had received a diagnosis of schizophrenia, schizo-affective disorder or personality disorder, all had committed serious violent or sexual offences and all were legally detained and receiving treatment in a forensic medium or low secure ward, under the Mental Health Act (England and Wales). Considerable benefits were reported by patients, as well as by the participating community choir members and staff. Primary benefits reported by patients included the following: improved happiness and well-being; increased confidence and self-esteem; greater emotional connectedness and reduced sense of stigma. Participating staff also reported increased feelings of well-being and happiness, greater tolerance and more positive perceptions of the functioning and capabilities of forensic psychiatric patients. The longer term benefits of music participation on the mental health and social functioning of forensic psychiatric patients require further investigation.

Keywords: forensic mental health; intervention; medium secure units; mentally disordered offenders; qualitative

Background

Forensic psychiatric patients are amongst the most stigmatised and socially excluded of all mental health service users and they encounter high levels of fear and prejudice within society, which impede their recovery and rehabilitation (Brooker, & Ullmann, 2008; Margetic, Aukst-Margetic, Ivanec, & Filipic, 2008; Livingston, Rossiter, & Verdun-Jones, 2011). Poor physical health, obesity, lack of physical exercise and cognitive problems are common,

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probably exacerbated by their lengthy periods of hospitalisation, and high levels of anti-psychotic medication (Margetic et al., 2008). Social exclusion, isolation and feelings of loneliness are also common and can exacerbate mental health and social recovery (Fitch, Daw, Balmer, Gray, & Skipper, 2008; Royal College of Psychiatrists Social Inclusion Scoping Group [RCPsych], 2009; Killaspy, Mezey, Boardman, & Currie, 2010). The stigma associated with being a mentally disordered offender can act as a barrier to the successful rehabilitation and integration forensic psychiatric patients back into a community that, by and large, wants to keep them excluded (Brooker, & Ullmann, 2008). Improving the self-esteem and confidence of this group of patients may help to facilitate their transition from hospital to community care. There is some evidence that music can have beneficial effects on mental health functioning, including self-reported well-being (Skingley, Clift, Coulton, & Rodriguez, 2011) and spatial reasoning skills (Rauscher, Shaw, & Ky, 1993). Originally called the Mozart effect, because of the specificity of these effects to the music of Mozart (Jenkins, 2001), it is now believed that benefits may generalise to other forms of music and composers (Hughes & Fino, 2000). Particular benefits have been noted in relation to feelings of happiness and well-being, concentration and social interaction (Clift et al., 2010). Choi, Lee, and Lim (2008) found that music participation can increase confidence and self-esteem, improve focus and concentration and provide a new way to connect with, and to express, emotions.

Most of the studies evaluating the effects of music on health and well-being have been conducted in non-clinical populations. Far less is known about the possible benefits of music participation and of singing in particular, on individuals with more serious mental health problems and social impairment. However, one study of a mixed group of mental health users and community members found that singing appeared to improve mental health users' recovery and social inclusion (Clift & Morrison, 2011). Positive effects on psychological and social functioning and on well-being have also been identified, as a result of singing in the elderly (Skingley et al., 2011) inpatients with dementia (Svansdottir and Snaedal, 2006) and with prisoners (Cohen, 2007, 2009; Silber, 2005; Tuastad & O'Grady, 2013). A Cochrane review of RCTs of music therapy on individuals with a diagnosis of schizophrenia found that music, in addition to standard therapy, can improve global and social functioning in the short to medium term (Gold, Dahle, Heldal, & Wigram, 2006; Mossler, Chen, Heldal, & Gold, 2011). The response appears to be dose dependent, with active participation being more beneficial than watching or listening and popular music appearing more beneficial than classical music (Silverman, 2003).

This study reports on the setting up of a choir for forensic psychiatric inpatients, within a South London medium secure inpatient facility. Forensic psychiatric inpatients are individuals who are legally detained within secure forensic psychiatric facilities, because of their risk to themselves or to others.

In developing this programme, we aimed to explore the feasibility, safety, acceptability and impact of setting up and running a choir in a secure unit. Participant observation and focus groups were used to explore the impact of the choir on patients, staff and members of the community who participated. Observation was carried out in full view of the participants. The project was registered within the Trust as a service evaluation, which meant that formal ethics approval was not sought. All participants were informed that attendance at the workshops was voluntary, that the workshops would be observed and recorded and that they would be invited to provide feedback on their experience at the end of the project.

Method

The choir consisted of male and female patients from the medium (two male and one female) and low secure (male) forensic wards of a South London NHS Mental Health Trust, staff from a range of disciplines (occupational therapists, nurses, psychologists and psychiatrists) working on those wards and members of the South London Community Choir. Eight weekly workshops, each lasting for 90 min, were held between October and December 2013, and were followed by a concert performance for patients, their family members and unit staff. The workshops were held in the gym of the medium secure unit. Following each workshop, refreshments were provided and the participants then socialised and ate pizza together during the remaining half hour of the session.

The workshops were led by the South London community choir director (MJP) and were accompanied by the choir's regular pianist. Each workshop commenced with warm-up exercises, which consisted of a combination of vocal and physical exercises. The songs, which were chosen by the choir director, were an eclectic mixture of contemporary, musical theatre, classical, swing, etc. Each week, the choir rehearsed the song they had learned the previous week and were introduced to a new song. Patients and staff were encouraged to memorise the words and actions for the 6 songs for the concert, although those patients who experienced difficulties with this were provided with music sheets.

Each workshop and the final concert were attended by between 12 and 16 male and female patients, six to eight ward staff, from all disciplines and 16 to 20 members of the South London Community Choir. Attendance was voluntary, which meant that the numbers attending each week tended to vary; however, there was a core group of around 12 patients, who attended every workshop and the final concert.

In December 2013, following the end of the first cycle of workshops, the authors invited patients, staff and community choir members to attend a focus group to discuss and reflect on their experiences of the choir and the concert. Twelve patients (five women and seven men) attended the patient focus group,

seven staff members attended the staff focus group, and 15 choir members attended the community focus group. The duration of the patient and staff focus groups was 1 h; the duration of the community members group was 2 h. The length of the focus groups varied, partly as a reflection of the different number of individuals attending each group, but also in recognition of the fact that it would have been difficult to engage patients, or to free up staff from their other commitments, for longer.

All participants had been informed in advance that the focus groups would be recorded. Patients were invited to attend the group to talk about their experiences, and they all provided verbal and written consent. The groups were held off the ward, which meant that patients had to actively opt in to the process. The focus groups were transcribed, and the transcripts were subjected to thematic analysis by the three authors. The authors analysed the transcripts of the groups and suggested themes that emerged from the material; they then met together to compare and discuss, agree and refine these themes, merge common recurring themes or, if indicated, to generate new themes (Braun & Clarke, 2006).

Participant observation and ethical approval

Participant observation was undertaken of the eight workshops by GM or CD. All patients, staff and choir members were aware in advance that a written record was being taken. The observer (GM or CD) was seated in the gym where the choir took place, in full view of the participants and they were occasionally referred to by the choir director. Participant observation involves 'interacting with, getting to know about and being involved in events and participants' lives, to learn about their social life and cultural ideas' (Oeye, Bjelland, & Skorpen, 2007). It consists of a mixture of participation, observation and interviewing, where the purpose is to observe how participants interact with and influence each other (Atkinson & Hammersley, 1994). We adopted the role of 'observer as participant' for the purpose of this study, in which the observer participates in the group activities as desired, yet their main role is to collect data. Their peripheral membership role allows them to conduct better observation and, hence, a more complete understanding of the group's activities. Our approach was consistent with best practice guidelines, including use of pseudonyms, or initials to protect confidentiality, describing events as they happen and recording our own thoughts and assumptions, separately from what actually occurred.

Although participant observation has traditionally been used in social science and anthropology to study cultures and communities, it is increasingly being used as a methodology for conducting research in mental health institutions (Hummelvoll & Severinsson, 2001). It has been observed that medical research and social science research represent two distinct and potentially conflicting research ethics traditions (Hoeyer, Dahlager, & Lynøe, 2005).

For example, medical research ethics operate strict guidelines around the issue of consent, based around an assumption of patient vulnerability and need for autonomy which, it has been argued, would destroy the naturalistic element of participant observation and is unnecessary (Oeye et al., 2007).

For this study, ethical approval was not sought, in line with the ethical guidelines pertaining to this type of methodological enquiry. In addition, our evaluation of the choir was registered by the Trust as a service evaluation, rather than as research. Written consent was not explicitly sought from participants, with regard to the participant observation of the workshops. However, all patients were required to provide verbal and written consent prior to their participation in, and recording of, the focus groups. They were informed that their views and comments would be written up, but would be anonymised by the authors.

Results

Recruitment

Patients and staff were recruited from two male medium secure wards, one male low secure ward and one female medium secure ward, all located within the same Trust. Posters advertising the choir were put up in all the wards. One of the authors (GM) and the choir director (MJP) attended community meetings for patients on all the wards, to describe the choir, invite patients and staff to attend and to answer questions. There were no inclusion or exclusion criteria for joining the choir. Any patient who was interested and who their clinical team considered to be well enough could attend. Individual patients were provided with information about the choir time and dates, in their meetings with their key workers, or other members of the clinical team. They were told that attending was voluntary, that the choir would be held off the ward and that the impact of the choir would be assessed, by observing and recording in writing, what happened at each workshop and also by inviting them to feedback at the end of the 8-week programme.

Each week, patients who wished to attend the choir were escorted down to the main gym, where the workshops took place. The escorting nurse, OT or other staff member then remained in the gym for the workshop and post-workshop socialising.

The three authors and two other staff members (OTs) attended and participated in all the workshops and the final concert. In addition, at least one nurse escort was required from each of the four wards, to escort up to a maximum of four patients. It was made clear at the beginning that staff would be required to participate fully, as opposed to simply observe, or to merely act as an escort. Staff were also aware that they would be invited to attend a focus group at the end of the programme to feedback on their experiences. With regard to staff attendance, we requested that, wherever possible, the same members of the nursing staff should attend all eight workshops and the final concert.

At the beginning, patients lacked the confidence to engage with a group of people they had never met before, in a context that seemed both daunting and alien, preferring to spend time alone in their rooms. They initially required a lot of encouragement and reassurance to attend the workshops, although as the weeks progressed, they started to attend without requiring additional reminders. Some patients were reluctant to attend, as they did not believe they could sing and they had never sung before, they did not understand the point of going and they appeared to have somewhat negative preconceptions about what singing in a choir might entail.

Patient attendance was higher from those wards where staff members were actively championing the choir, than from wards where there were no consistent staff attendees. The more enthusiastic the ward staff were about the choir, the more likely they were to bring the patients along with them. Another barrier to recruitment was the fact that the timing of the workshop coincided with the evening smoking break, which for most patients in secure settings is a much anticipated highlight in an otherwise rather uneventful evening schedule. A provision for a smoking break during the workshop was eventually agreed, as a way of encouraging patients to attend, although in the end none of the patients opted to use this.

Safety issues

We were conscious of the need to create a relaxed and informal atmosphere, whilst not compromising the safety of any of the participants. Rigorous risk assessment processes had to be adhered to, which included pre-workshop assessment of patient risk and searching of all community choir members. Because of the need to respect patient confidentiality, none of the community members were given any information about the patients, or their level of risk, unless patients themselves chose to volunteer this.

No specific protocols were established regarding contact between patients and choir members. Community choir members, staff and patients were seated interspersed with each other, to encourage interaction and to enable the community members to assist patients with any difficulties they were having in following the music. Many of the songs chosen involved a degree of physical contact between the patients and choir members, for example linking arms, or holding hands. We did not specify that this should not happen, but left it up to choir members and patients to establish what they considered to be comfortable limits of physical contact. This approach was adopted, as we felt that restricting the amount of physical contact between patient and non-patient members of the choir would have unnecessarily stigmatised the patients and created a barrier between choir members, which we were unable to justify on grounds of safety.

Focus groups and participant observation – themes

Breaking down barriers

A key aim of this project was to challenge many of the negative assumptions and expectations that members of the public have with regard to forensic psychiatric patients. The choir director established an early rapport with the patients and indeed the whole group. She had an open and relaxed manner and frequently reminded the patients that, as an 'Italian American', she was an 'outsider' like them. She learned the names of each patient and addressed all choir members by their first names; she encouraged and cajoled and even occasionally shouted, if she felt they were not achieving what they were capable of, or making enough effort. She made no concessions; everyone was expected to stand or sit up on cue, listen, pay attention and perform to their best. Staff members had expected many of the patients to rebel against the Choir Director's somewhat demanding regime and simply walk out, but in fact most patients, who started the workshops, continued to the end; very few refused to participate in the physical or musical exercises, and the approach taken by the Choir Director was respected and appreciated by all:

She made things that are uncomfortable, better, better than uncomfortable.
(patient MR2)

She just reached everybody- even the hardest people to reach ... A. (patient) – hardly did anything on the ward but he came to every single session. It's the way she was with people. (staff J)

She didn't treat us like patients, she treated us like respectful people. And not just like mental patients. (patient MR2)

Some of the staff found the relative informality of the workshops somewhat challenging, for example the requirement that everyone addressed each other by their first names.

I've never seen that anywhere else. At the beginning it was a strange experience. I wouldn't say uncomfortable but it just took me outside my comfort zone.
(staff S2)

Some members of the community choir described their fears and uncertainties at the beginning of the project, with regard to this group of patients:

I used to be very frightened and ashamed of my fear of people who are different really, in almost any way, in terms of mental issues, physical issues. (community choir member FR2)

I wasn't really curious about why people were there because they weren't people to me, 'til we started to get to know them. (community choir member FR3)

I was quite interested in the fact it was a psychiatric ward, but I have to say that when I got here I was really kind of churned up and shocked. (community choir member FR8)

Over the weeks, however, patients started to relax and interact more with the choir members and staff. They appreciated the fact that they were treated the same as every other choir member, rather than patronised or regarded with wariness ... 'like normal people'.

A lot of them were quite friendly, yeah, like willing to talk to you and stuff like that. (patient MR2)

At the beginning it wasn't ... we weren't mixing with ... choir people ... but then it was good 'cos you can sit there and you can chat to 'em and yeah, you just get to know 'em more each week. (patient MR2)

Members of the community choir also began to feel more accepted by the patients and to feel more comfortable in their company. The social interaction at the end of the singing workshop, when choir members, patients and staff sat down together and ate pizza, appeared to be almost as important as the music making, in breaking down the barriers and creating a more cohesive group.

I expected there to be a divide, like initially that there would be like an 'us and them' or like that they would expect that we would think, you know that we were better than them or anything, and after a few weeks I actually realised that that was in my head and once I forgot that I felt like we were more of a group together and um, yeah, that was when I noticed that everyone – we were all equal – I did notice that it became less of a, you know sort of a psychiatric setting; it became more of you know, just us as a group of friends doing something together – that was nice. (community F10)

Somebody was talking to me about um, you know wondering about what they'd done. Actually to begin with, you know, when I was in the room it didn't strike me, but afterwards I thought hmm, I wonder what on earth's been going on there because, you know, we're all human beings together, you know we all seem to be the same – what on earth has happened there? So I did think about that um, quite a bit, but obviously I never found out and perhaps best not to know that in some way. (community F7)

... unsure how to interact with them – at first – but then I'd come to realise that actually just, you do, like anybody else say how's your week been? And you just have a normal conversation and ... I don't know, it was just really nice to sort of ... you know, it didn't take very long to get to ... you learn everyone's names and you could say, you know, 'Hi and ... it's really nice to feel that, yeah, by the end we all really knew each other and we were all really bonding. (community FR10)

So actually those fears did go; I felt trusting that, that if there was a volatile situation it would be handled. I didn't even think that something might go wrong. (community choir member FR2)

It's just what music does, doesn't it? It just sort of takes down barriers. (community choir member FR9)

Challenging expectations and assumptions

Patients appeared to value the fact that staff members participated fully in the singing, they also made mistakes and, like them, struggled to master the songs:

it was good that the staff joined everyone, made an effort as well. (patient FR2)

Staff and members of the community choir were often surprised, but also impressed, at the level of commitment and attitude of the patients, to the choir.

I thought the most surprising thing was how motivated they were ... they just seemed really fulfilled and happy with themselves afterwards I just wouldn't have predicted our chaps would have gone and got something from it. (staff W3)

everyone working together harmoniously ... just a very good feeling in the room. I was really taken aback. (staff T5)

Helped him see me as just a normal person. (staff Y)

Some nursing staff expressed embarrassment about being made to sing; they were anxious about getting it wrong, or making a fool of themselves. Sometimes it was difficult to persuade nursing staff who did not attend, to prioritise the choir over other matters that they regarded as more legitimate nursing responsibilities.

'Sometimes ... you would think 'Do I really want to go to it' but once you got there and got involved it was a genuinely moving experience. Until you had actually been and experienced it bit a lot of nurses were a bit hostile/suspicious. (staff N5)

Initially, nurse escorts tended to stand at the back of the room, acting as observers or supervisors; however, as the weeks progressed, staff who accompanied the patients to the sessions increasingly found themselves drawn into the music making, until they too were singing alongside the patients, as full choir members.

The songs for the final concert were not selected to reflect the predominant cultural or demographic mix of the patients, who were mostly young BME men; indeed the music chosen for the final concert was an eclectic mix of

spiritual, jazz, pop and even classical music, including a song from a Gilbert and Sullivan operetta ('Now to the Banquet we Press'). Staff had initially expressed doubts about the appropriateness of this song for this patient group; however, the fact that it proved so popular, raises the question as to whether staff assumptions as to what might be appropriate or acceptable for our patients, may ultimately limit their aspirations and achievements.

Connection and communication

Singing together created a sense of community and a connection between the choir participants. All the members of the group: patients, staff and community members were both learning from, and supporting and encouraging each other

Being in that hall for the 2 h was like being in a big bubble ... somewhere that is not hospital or connected with being unwell. It also made relationships easier with people you may have found difficult to connect to before and created a sense of a shared experience and shared emotions. (staff J)

the residents who I met were just so lovely, it was just a pleasure you know, working with them. ... I felt very pleased to be committing to this so that everyone was committing; it was really important that everyone was there just about every week – it created a kind of bond. (community FR8)

Patients, who usually appeared somewhat emotionally cut off and withdrawn on the ward, started to connect with and communicate feelings, in response to the music and the words to the songs, which in some cases directly resonated with resonated with their own experiences and feelings.

I liked the bit where it goes, I think you ... you won't get to see that person's eyes again – 'cos my Mum passed away last year so we had to have her ... she got cremated so, I'll never be able to see her eyes again and so (patient MR3)

One patient was prompted by the words of one song 'my house is my home' to talk about sadness at having lost all contact with his children.

Staff also described feeling very moved by the experience of singing together and the feeling of harmony this appeared to create both literally and metaphorically:

It helped to be able to talk about their feelings in an open way to each other. I could feel tears in my eyes, when we sung it. (staff J)

Patients would come up to me before the concert and say 'I'm really scared' And I would say 'I'm really scared too'. (staff T5)

I remember the first time we sung it was really moving ... everyone was completely caught up in it. (staff W3)

Confidence and self-esteem

Learning the music, the words and the actions to the songs was a challenge, which gave the participating patients, some of whom had significant learning difficulties, a real sense of achievement, which boosted their confidence:

it gave me a bit more confidence ... usually I'd stay in the back of the crowd. (patient F2)

Confidence – I got a lot of confidence from it ... and I wasn't shy. (patient M3)

Staff and community choir members also noticed that patients seemed to gain confidence and self-esteem through participating in the 8-week programme and performing in the final concert:

really helped his self-esteem – one week (choir director) ... asked for someone to stand up and demonstrate and he was really keen to volunteer – you could just see his confidence grow. (staff T5)

I felt very compelled to come every week because it was extraordinary, 'cos I could see something quite amazing happening. (community FR7)

I've seen her on a week when she, you know when she was very sad, she was like, terrible, and just didn't want to engage, at all. And then seeing the difference in her on the day of the concert ... – I know her parents were there. It was just amazing. (community FR1)

The singing appeared to open up horizons to patients, as to what they might be capable of achieving, thereby making them more willing to take on new challenges:

I would never have dreamt that I would want to be in a choir. Never, never thought of it ... and 'cos my nan does it as well. She does it every week so she was pleased that I was doing it. She's like 'so you found enjoyment and I goes maybe. (patient MR3)

Performing in the final concert was for most patients the pinnacle to their achievement, which was extremely anxiety provoking, but also exhilarating and fulfilling:

coming out of your shell you know ... a bit like sport's personality of the year yeah, where you have to walk down the stairs and everyone's cheering you and all that yeah right? And um as an act of bravery kind of thing ... the sensation of movement and dance ... and that's what I felt. (patient M1)

I was reluctant attending the concert because I was a bit nervous and embarrassing. So I didn't want to sing in front of that big crowd ... but it was the right decision. (patient M5)

I was really thrilled that my friend came 'cos he was a musician as well. And he really enjoyed it I wasn't sure if anybody would come. (patient F3)

Happiness and well-being

Patients reported a sense of happiness and well-being, as a result of choir participation, which were similarly observed by attending staff and community choir members.

Uplifted the spirits ... the spirits up. (patient M1)

Like some time, I decided I wasn't really happy and then in a bit I was, I was so happy I felt better, yeah. (patient M3)

'sometimes you'd feel almost like this fog starting to lift – even within people's eyes' (community choir FR2)

seeing (them) smiling was fantastic, you know, there wasn't a night every time for them the majority of them were smiling at some point. (community choir FR4)

Participating staff and community choir members also spoke of 'feeling good' and generally happier as a result of participating in the choir:

I would just leave at the end of a session 'bursting'. Even though sometimes on a Tuesday I would think OH I am going to have to be here until 7 pm, I would be tired, but then by the end of it I would be going 'Oh Yeah' and it was just amazing. (staff J1)

I found it actually therapeutic for me. (community F6)

Physical relaxant/de-stressor

The workshops were held in the relatively neutral territory of the unit gym which provided a welcome respite from the stressful and often disruptive ward environment.

It was a good break away from the wards and the stress of the wards. (patient MR2)

During the workshops, choir members were encouraged to physically relax, through the breathing and warm-up exercises, to the actual singing. Many of the songs required members of the choir to physically move or swing in time

to the music or were accompanied by actions such as clapping, or walking on the spot.

Some patients found the physicality of the workshops quite a challenge, particularly those on high-dose anti-psychotic medication; however, none of the patients opted out and everyone helped each other to master the moves:

'My legs were like steel, they felt a bit stiff and I was like I can't really get it'
.... (patient M4)

I found it a little bit difficult but once you got in the swing of it I was alright, yeah. (patient M1)

Several community choir members commented on the physical changes they observed in the patients over the weeks, as if they were gradually becoming freed from the constraints (physical and emotional) imposed by their illness and medication:

I just remember that very first day – the hoods and the very warm coats in that very hot room, and I'd seen that before with students, because they protect themselves behind all that gear, ... and gradually I noticed that over the weeks the sort of layers began to whittle away and I thought that was incredibly significant because um, you know by the end, for the concert you know they were totally more or less freed. (community F7)

... went from barely being able to get any eye contact from him the first time he came, and barely able to get a word out of him; I remember – I think it was a week, the sort of penultimate week before the concert – I remember just looking around and just seeing him just singing away and [several agree] just thinking that's absolutely amazing. (community FR10)

they seemed to make themselves look smarter, as if they were taking more of an interest in their appearance as well. (community F6)

it was quite an eye-opener to see them participate in the way they did, and to see them come alive really. (community member FR5)

On the day of the concert, the female patients, in particular, had spent the afternoon, rehearsing and preparing for the concert. Staff and community members all commented on the physical transformation that appeared to have taken place, when they appeared for the performance:

But that stunned me when they walked in and they're just lovely. (community choir FR1)

I think overwhelmingly I found that concert immense, when those ladies came in, looking the way they did I could have cried, I really could, it was amazing. (community choir FR9)

Discussion

Compared with psychiatric patients within general psychiatric facilities, forensic psychiatric patients are doubly stigmatised by mental illness and by their offending history and they are likely to be socially excluded (Mezey, Kavuma, Turton, Demetriou, & Wright, 2010). The way in which society has traditionally treated and managed these patients has been to remove them to secure institutions, where their voices can no longer be heard. Overcoming the gulf between hospital and community life is not easy to bridge, particularly for forensic psychiatric patients, given the high levels of fear and hostility that exists towards this patient group (Brooker & Ullmann, 2008). The idea of an integrated patient, staff and community choir was established to help break down the barriers between 'us', within the unit and 'them' in the community and drew on best practice guidance around social inclusion (Killaspy et al., 2010) and the recovery approach (Anthony, 1993). Owing to restrictions on the movements of forensic inpatients and their difficulty in being able to access the community, the community had to be brought into the unit. Holding the workshops in the relatively neutral space of the unit gym (albeit within the confines of the medium secure unit) gave staff, patients and choir members the opportunity to form new bonds and overcome existing barriers in a safe environment.

We had hypothesised that the choir would benefit patients by encouraging integration with the wider community; improving their confidence and sense of competence, reducing stigma, encouraging choice and participation. We had also hypothesised that participation would create an opportunity to challenge misunderstandings and negative assumptions about this patient group, held by members of the community choir.

The feedback from staff, patients and choir members who participated in the project was overwhelmingly positive. The 8-week choir programme helped to break down barriers, challenge stigma and negative perceptions and encouraged the development of healthy and bounded relationships between patients and community members, many of who had initially expressed some anxiety about participating in the project.

Despite any difficulties patients may have been experiencing on the wards and in their lives during the week, their attendance was surprisingly consistent. Patients rarely missed a session even when there were problems getting sufficient nurse escorts and most patients who started the workshops made it through to the end. For two hours every week, the gym became transformed into a musical, therapeutic space, which allowed patients, staff and community choir members to temporarily forget their daily lives. The singing represented active music participation, which the patients created themselves, as opposed to being acted upon or 'done to'. They were given a choice and control over whether to attend or not, unlike many of the 'therapies' provided on the wards and it was noticeable that patients carried on attending the choir, even when

they had disengaged with every other activity, or following a difficult week on the ward.

From the qualitative and observational material, there was evidence that both the singing and the social interactive elements of the experience provided patients with some of the essential building blocks for improved well-being: Connect, Be Active, Take Notice, Keep Learning and Give (Huppert, 2008; National Economic Foundation [NEF], 2008). Patient participants valued being treated as equal members of the choir and reported increased feelings of self-esteem and self confidence. Many of the participating patients' experience of expressed emotion had been negative or destructive in the past; the choir offered them an opportunity to use the music to express their feelings within a safe and accepting environment. Feelings of acceptance and inclusion were achieved, not just through the singing, but also by the experience of being able to socially interact with fellow choir members, without fear of rejection or hostility. The physicality of the singing and the exercises allowed patients to experience a sense of control over their voice and bodies; this being particularly important in individuals who have often felt out of control in the past and who may be overweight and physically slowed down by the effects of their medication. Finally, participation in the final concert instilled a real sense of pride, not only in the participating patients, but also in their family members and staff, who witnessed their achievement.

Participating staff and community choir members also reported benefits. Many staff members commented on how their expectations of, and aspirations for, this patient group tend to be low. Mental health professionals in forensic settings often consider the construction of barriers between ourselves and our patients, as necessary and self protective. However, it is important to remember that such barriers can also severely limit social, as opposed to clinical recovery. Indeed many staff and patients considered the 'levelling' effect of music making to have been particularly beneficial, in terms of creating a stronger therapeutic alliance, both within and outside the confines of the choir.

Limitations

The small sample size and the qualitative methodology, in the absence of any quantitative assessment of impact, restrict the replicability and generalisability of this study. The participant observers were not neutral bystanders, but were responsible for setting up and managing the choir, which is likely to have impacted on their subjectivity. This is partly inherent to the 'peripheral membership' role of a participant observer; however, a mixed method approach should be considered for future evaluations.

Conclusions

This project shows that establishing and running a 'community choir' within a medium secure psychiatric facility is feasible and acceptable to patients and

staff. There was evidence of considerable benefits, based on participant observation and focus group data and no evidence of harm. This is the first example of a community choir to be reported in this population, possibly a reflection of the very real challenges and lack of resourcing available for such initiatives. However, it acts as a reminder of the need to develop more creative, socially inclusive and collaborative approaches to the care and rehabilitation of forensic psychiatric inpatients. Further exploration of the benefits of non-medical therapeutic approaches with mentally disordered offenders, including singing and making music, needs to be undertaken, to be able to identify the precise mechanisms of effectiveness and the patients most likely to benefit from this kind of approach.

Disclosure statement

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