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The Alliance for Recovery Research in Music Therapy: Developing a Shared Research Agenda in Mental Health

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Abstract

The mental health recovery movement recognises the importance of expertise by experience held by service users alongside healthcare practitioners. Recovery has gained attention in music therapy but a situation prevails where practitioners and researchers set research agendas. A group of music therapists recognised the absence of service user voices in music therapy research, and in 2017 they established a network called the Alliance for Recovery Research in Music Therapy (ARRIMT). In 2020, they started to develop a multi-national platform to explore mental health recovery in relation to research. Service users and music therapists were invited from three countries including Ireland, Norway, and the United Kingdom (UK). Local meetings were held to introduce stakeholders from each country, followed by three online meetings. Music was central to each meeting and each built upon content from previous meetings. Our conversations opened up new possibilities for working together. Four priorities for practice and research were identified: Music as a connector; music between sessions; music technology; and, online music therapy. This report will share our process and what we

learnt from working together. We contextualise our work within concepts of foregrounding and mattering and view this work as a crucial step towards meaningful co-production. We reflect upon the role of music in building group identity alongside the importance of careful curation. Finally, we present ideas for future music therapy and mental health research.

Keywords: music therapy; mental health; recovery; inclusion; service user involvement

Background

The recovery movement in mental health acknowledges that each person has their own unique recovery journey and values the expertise held by each individual about themselves. As the leading vision for mental health care internationally, recovery has led to increased involvement of service users in the design and development of mental health practice and research. This collaborative approach to mental health care development requires forums where service users' expertise by experience and healthcare practitioners' expertise by skill and/or training are equally valued and acknowledged (Davidson et al., 2017).

Propelled by the recovery movement, mental health service users have influenced national bodies to recognise the importance of their involvement in shaping future research (NIHCR, 2020). Key to developing a recovery-oriented agenda is the creation of meaningful, respectful and equitable relationships between multiple "stakeholders." This is a multi-faceted endeavor that crosscuts all aspects of mental health services, including service user involvement in and co-production of research (Filipe et al., 2017). While such involvement is mandatory for many research funders, little has been written about such initiatives, with calls for better sharing of lived experiences of mental health challenges to inform research in this area (Pinfold et al., 2015; Simpson et al., 2014).

Mental health recovery has gained increasing interest in the music therapy literature since it was first discussed by Kooij (2009) with reference to songwriting with adults attending a mental health programme. Since then, several authors have considered the relationship between mental health recovery and music therapy practice (Carr, 2014; Eyre, 2013; Kaser, 2011; McCaffrey, 2014; Solli, 2014). McCaffrey et al. (2011) put forward the idea that central principles of music therapy such as growth, change and empowerment, are closely aligned with mental health recovery which was at that time, and still remains today, the leading vision for mental health provision globally (WHO, 2019). Music therapy's capacity to promote recovery has been a central focus of descriptions of mental health practice presented by Silverman (2022). Other music therapists have also reflected on such potential of music therapy with reference to different music genres and practice methods including rap (Nelligan et al., 2020; Solli, 2015), singing (Kaser, 2011), group singing (Bibb & McFerran, 2018), songwriting (Carr et al., 2023; Kooij, 2009; Windle et al., 2020), and educational music therapy (Silverman, 2016).

A key message within the music therapy and mental health recovery literature has been the importance of tuning into the perspectives and views of those who attend such services. There are several reasons for this, the first being that inclusion of such knowledge is vital in realizing the inclusive and collaborative ethos of recovery but also that illumination of lived experiences of music therapy participation allows new phenomena to be revealed that might otherwise remain unnoticed (McCaffrey & Edwards, 2016). Several studies have been carried out that offer such rich descriptions of lived experiences in music therapy (Bibb & Skewes McFerran, 2018; McCaffrey, 2018; McCaffrey & Edwards, 2016; Skånland, 2023; Solli, 2015; Solli & Rolvsjord, 2015; Solli et al., 2013; Windle et al., 2020). Collectively, they highlight recovery-oriented characteristics of music therapy including connectedness, hope, identity, meaning and empowerment that are central to supporting individuals' recovery journey (McCaffrey et al., 2018). Such recovery-oriented potential

of music therapy has also been noted among staff who witnessed implementation of a music therapy program in a community mental health context in Norway (Rolvsjord, 2018).

Despite efforts to listen and respond to service user views of music therapy in mental health, few examples exist of service users advising and collaborating in music therapy research. These include an example by Windle et al. (2020) in a study on group music therapy for depression (Carr et al., 2023) where involvement of one person with lived experience of music therapy is described in terms of data collection and analysis of study findings. Carr et al. (2021) also accounted for involvement of one service user in a study that focussed on developing a creative arts therapy model for mixed diagnoses community mental health groups. While these examples begin to pave a path forward for further stake holding of service users in music therapy and mental health research, they are certainly rare and far from common research practices within this field. This means that a situation prevails where music therapy practitioners and researchers are predominantly setting the agenda for mental health research. This is problematic in light of the collaborative and inclusive ethos of mental health recovery (Davidson et al., 2017), and ongoing calls from mental health service users for their involvement in all levels of health research (Coulter & Collins, 2012).

In 2017, the Alliance for Recovery Research in Music Therapy (ARRIMT) was formed by music therapists from Australia, Ireland, Norway, and the United Kingdom (UK) who recognised the growing emphasis on recovery across mental health services internationally. Key to embracing this leading vision for mental health provision globally was the idea of service users and providers working in partnership to advance mental health provision. From the perspectives of ARRIMT founders this brought about a shared concern for the absence of service users' voices in deciding research direction in music therapy and a wish to better understand how recovery may inform music therapy practice and research. Initial outputs included a publication on the role of music therapy in fostering recovery (McCaffrey et al., 2018), followed by a national symposium held at the University of Limerick, Ireland, in 2019. The following year, ARRIMT expanded to become the first multi-national group of music therapy service users, practitioners and researchers, (hereafter referred to as stakeholders), to develop ideas for recovery-oriented research in mental health. Early meetings were carried out with the hope that this group would create a) closer alignment of music therapy research with service user concerns and needs, b) wider opportunities for service user involvement in and co-production of research, and c) new and different directions for music therapy mental health research. As part of this work, ARRIMT stakeholders agreed to co-author a paper that would describe their collaborative process and share the learning arising from this. We hope that this report will inspire and promote other international initiatives to involve multiple stakeholders in health research.

Approaching Collaboration

ARRIMT facilitators in Ireland, Norway, and the UK began by consulting with local mental health, music therapy and patient and public involvement groups to map best practice in multiple stakeholder collaboration. They then held five planning meetings between January and August 2020 to agree on the meeting design and recruitment to the ARRIMT group. This involved the development of universal and accessible documentation including group rule suggestions guided by principles of care and transparency. Research ethics approval of this activity was not necessary as this work focussed on building a platform for shared discussion about research where all those involved were equal stakeholders.

Each of the three facilitators invited two mental health service users and two music therapy practitioners from their country of residence (Ireland, Norway, and the UK). with

positions advertised through professional music therapy networks in their respective countries. A total of twelve stakeholders, six service users and six music therapists, were recruited to this platform.

Stakeholders were invited to attend a series of four one-hour online meetings between August and November 2020 to discuss ideas for music therapy and mental health research. All stakeholders were paid a recommended service user involvement rate for attendance of meetings. This was funded by a small grants award from the Music Therapy Charity (U.K.). An agenda overview for each meeting is featured in Table 1. All dialogue in these meetings was carried out in the English language which was either the first or second language of all stakeholders. One of the meeting facilitators was fluent in both the English and Norwegian languages and stakeholders were made aware of this at the start of first meeting should a need for translation arise during discussions. Mindful of potential power dynamics between stakeholders (Green & John, 2019), principles of care and concern for others were central throughout meetings. Facilitators individually “checked-in” with stakeholders between meetings by email to see if any issues around participation or the sharing of their views had arisen. Each meeting was digitally recorded with recordings transcribed verbatim and destroyed. This offered an effective way of keeping written records of our meetings with which stakeholders agreed to. Transcriptions were used to inform the development of this report which all stakeholders were invited to co-author.

Table 1. Meeting agenda overview.

Meeting Agenda Overview		
Meeting 1	Meeting 2	Meeting 3
<ul style="list-style-type: none"> • Welcome, introduction to Zoom, overview of meeting and purpose/aims • Taking care of ourselves and each other • Introductions • Sharing music from each country • ARRIMT overview, identifying research priorities • Group feedback • Summary and next steps 	<ul style="list-style-type: none"> • Welcome, introduction to new members, reminder of Zoom functions, overview of meeting and purpose/aims • Short hello from each country • Sharing music • Short recap from last meeting • Breakout Groups: What has stayed with you most since the last meeting? • Group feedback • Summary and next steps 	<ul style="list-style-type: none"> • Welcome, introduction to new members, reminder of zoom functions, overview of meeting and purpose/aims • Short hello from each country • Sharing music • Short Recap from our last meeting: • Breakout Groups: What has stayed with you most since the last meeting? • Group feedback • Where do we go to next? • Summary and closure

Coming Together

The first online meeting was held among stakeholders from each country only. This informal meeting enabled stakeholders to meet locally and troubleshoot technology issues before the three larger multi-national meetings took place. During this first meeting, stakeholders were asked to reflect on ideas for ground rules and future research of music

therapy in mental health. These were then brought to the first meeting. We begin our findings by presenting the larger meetings as vignettes to set the scene for how the resulting themes evolved. These vignettes are written in the present tense to create a sense of immediacy, offering the reader a stronger sense of connection to the actions that took place within these meetings.

Meeting 1: “Music as a Connector”

All stakeholders gather for the first time. The facilitators have rehearsed extensively before this, trying to ensure the Zoom features work smoothly and that all are present to the needs of those in attendance. There is an air of excitement as each person introduces themselves. The purpose of meetings is re-iterated, to bring a variety of people together to share their views about music therapy and mental health so that collectively this can inform ideas for research. The group are advised that each step is in collaboration with each other, and listening to voices collectively and closely is paramount. It is acknowledged that each person present is on their own recovery journey and that perhaps not all of our conversations might be comfortable. Zoom functions of mute and chat are explained. Slides with suggestions about a group agreement on how to look after ourselves and each other are shared in English and Norwegian (Table 2). After time to reflect on these, the group confirm that they agree with the content.

Table 2. Group agreement.

Group agreement: Looking after ourselves and each other/ Passe på oss selv og hverandre	
<ul style="list-style-type: none"> • Care and respect for each other. • Be tolerant and open to hearing everyone’s views. • Be understanding that it can feel intimidating to speak in front of others. • It’s ok to have your camera off or use the chat function. • Everybody who wants to speak should have the opportunity to do so. • Every view is important and valued. There are no stupid questions or suggestions. • It’s ok to say “I don’t understand.” • We agree that we might disagree. • If someone shares personal information, we respect their confidentiality and do not share with others outside of this group. • Avoid using acronyms (for example: NHS, HEI, CBT). • Check-in after each meeting. 	<ul style="list-style-type: none"> • Ha omsorg og respekt for hverandre. • Vær tolerant og åpen for andres synspunkter. • Vær forståelsesfull for at det kan føles skremmende å snakke foran andre. • Det er OK å slå av kameraet eller bruke chat-funksjonen. • Alle som vil snakke bør få mulighet til det. • Alle stemmer og synspunkter er like viktige. Det er ingen spørsmål eller forslag som er dumme. • Det er ok å si ‘jeg forstår ikke’. • Vi er enige om at vi kan være uenige. • Hvis noen deler personlig informasjon, respekterer vi konfidensialiteten deres og deler ikke med andre utenfor gruppen. • Unngå å bruke akronymer (for eksempel: NHS, HEI, CBT). • Innsjekking etter hvert møte.

Each country is invited to share music that they have locally chosen for this meeting. Norway shares a song made and performed by one of its group members to highlight the

tradition of music therapy performance in their country. Ireland shares an edited clip of two songs – Song for Ireland (Seán O Laignigh, 2023) and excerpts from Riverdance (Videotek2cg, 2023). The UK shares a song performed by a choir of staff and service users, and a psychiatrist who raps on the video. Jane shares that the song was written “as a way of showing how we’re collaborative, we like to work together, and we like to see the service user as the expert in their journey.” There are technical hitches as each of these are played. The group are patient throughout and pleased when these are resolved.

Hans Petter then explains the history of ARRIMT. The phrase “nothing about us without us,” is used to communicate the idea that research design and delivery should involve the people for whom the research is ultimately supposed to benefit. The reason for this meeting is to begin a shared discussion with the hope that it will ultimately inform more meaningful and relevant research on music therapy and mental health. More slides are shared that feature each local group’s initial ideas on music therapy research in mental health. These are summarised through five main questions (Table 3).

Table 3. Initial research questions about music therapy.

Initial research questions about music therapy	
1.	How can music therapy support the recovery process of service users?
2.	Can active musicking leading to an active recovery process?
3.	How can music be used to support wellbeing outside as well as inside the therapy space?
4.	How can we better understand different types of music therapy approaches and the role of wider musical experiences in recovery?
5.	What might people bring into the music therapy space with others and how can their skills be supported, valued and worked with?

These research questions prompt discussions on the uses of recorded music along with levels of involvement and musical ability in music therapy sessions. The group are asked whether one question stands out or means the most to them. After some group members respond to this question Brendan says:

Underpinning all of the value themes is from my perspective a powerful line just simply that music, leaving out the word therapy, is a connector. And as a service user who’s struggling at times, it’s having a connector can be really valuable and powerful in terms of just simply being in a space that’s safe. So, either going to a gig or sitting in a music therapy session itself... but I think the common denominator is music and how either you experience it or you make it, if I can put it like that.

There seems to be a general consensus among the group around this idea of music as a connector and further discussion ensues about this.

Meeting 2: Building on Our Connections in “Times Like These”

New members are welcomed and Zoom functions and group rules are recapped. Introductions are shortened by asking members of each country to wave so all could have a sense of where everyone was from. One of the stakeholders suggests the group share a music video of “Times Like These” (BBC Radio1 VEVO, 2020). The video features international artists from all three countries with the message of the lyrics resonating with everyone as we all dealt with the impacts of COVID-19 in our lives.

The three main themes that arose from final discussion in the previous meeting are recapped (Table 4) and the group split into three break-out rooms to discuss what stayed with them since the last meeting. Groups nominate a spokesperson to feedback and are

given 10 minutes for discussions to take place.

Table 4. Summary ideas from Meeting 1.

Summary ideas from Meeting 1
<ol style="list-style-type: none"> 1. Outside the music therapy session: <ul style="list-style-type: none"> ○ What can be taken home? ○ How can you take the music home? ○ How can we support people making music at home? (Covid-19) 2. What is “participation” in music therapy? 3. Music as a connector

During feedback, conversations span accessibility of music, especially between or after sessions. Group members share the importance of thinking about what happens in between music therapy sessions and how service users might connect with music without the presence of a music therapist. For many these opportunities to connect with music independently is heavily reliant on successful use of music technology. Anne shares that:

There were some patients who were being discharged from the ward and they had appreciated the group so much they would really like to follow it on so, they suggested if we could collect the music in a Spotify list for example and they could anonymously follow that list and sort of follow the group in the following weeks and listen to the music that was presented by the patients who participated as in a way of sharing and following the group from home.

This discussion about nurturance of musicality leads to the sharing of ideas around how technology served as a valuable way for service users to access music therapy during COVID-19, leading Triona to comment upon the “wealth of information and experiences” held by the group. Further tapping into these resources is agreed as the springboard for the next discussion.

Meeting 3: Valuing Ourselves and Each Other – Recognising Our Expertise

After welcomes and brief country check-ins, the group start to chat in a more relaxed way. There are challenges for some stakeholders joining, with poor internet connections and unclear audio but these are managed well and with humour by the group. Music is chosen by Brendan by a band of which another stakeholder was a member of. Members are invited to go into breakout rooms for 15 minutes to continue discussions of themes as featured in the previous meeting and from these identify their key priorities for music therapy. On reconvening, group discussions elaborate on the focus of each of these priorities. A central idea throughout is finding ways that group members can tap into, share and document their resources and knowledge to support accessible use of music for all in order to foster mental well-being. Catherine said:

I think one thing our group also covered was this idea of resourcing, can we put together our shared knowledge because everyone in the group has such good knowledge of different things that are out there but there’s sort of not one place to go to for it.

Group members share their enthusiasm for continued collaboration and Hans Petter takes a group photo with members’ consent. Torgrim comments:

I feel like this is just the start of something, the meetings fly by so fast we just start to get into it and then we have to just stop our discussions and it feels like we are only touching the surface so yeah, it would be nice to do something more like this and maybe more in-depth.

The meeting ends by sharing Abba's "Thank You for the Music" (ABBA, 2023).

Priorities for Music Therapy and Mental Health

Four key priorities for music therapy in mental health were identified by ARRIMT stakeholders. These included: Music as a connector; music between sessions; music technology; and, online music therapy.

Music as a Connector

The idea of music as a connector was present from the very first meeting. Stakeholders emphasised the importance of supporting people to find music activities outside of music therapy, and that music was generally a good way for making connections with others. Stakeholders spoke of how COVID-19 had prevented use of instruments during in-person music therapy groups in hospitals due to infection control and how valuable music listening groups had been in breaking loneliness both when hospitalized, or during online music therapy. Stakeholders with experience of using mental health services described the importance of being able to share their music with others to explain and express feelings. For some who were musicians, such sharing of music offered a way to gain validation through reaching others with their music online or live performance. This notion of music as a connector was a fundamental aspect of group discussions which shone a spotlight on the social currency and value of this medium for all involved.

Music Between Music Therapy Sessions

Stakeholders outlined the importance of being able to continue with music in between music therapy sessions but also the many barriers in doing so. A range of ways to continue with music were thought about including listening to and creating playlists, playing music for oneself and online music sharing through platforms such as SoundCloud and Facebook. One of the main barriers to accessing music between music therapy sessions was lack of finances preventing access to instruments, equipment such as a phone or computer and also music listening apps such as Spotify. Other barriers to using music were technology itself due to the numerous software options available, the requirement to learn how to use it and the lack of compatibility between different programs. This focus on music between sessions highlighted that service users care about how they engage with music to support their wellbeing beyond the presence of a music therapist and that ways of supporting this should be further explored in music therapy.

Music Technology

Possibly due to COVID-19, music technology was a strong area of discussion with a wide range of expertise held across stakeholders in its use for music therapy. The diversity of platforms shared by stakeholders demonstrated the need for access, knowledge, competence and practical help. Many shared their lack of confidence in using technology alongside their frustrations where experiences of using it were unsatisfactory. Conversely, stakeholders valued the potential for technology to allow continued attendance of music therapy groups or to preserve wider connections with others after discharge from hospital. This led to a discussion about platforms which were identified as free of charge and easy to use. It also highlighted the importance of music therapists' awareness of accessible and free apps or software so that they can introduce these to service users who may wish to have more independent music engagement.

Online Music Therapy

Stakeholders acknowledged the power of music even when online where many relational aspects could still be preserved. This led to a question around how music therapy could be optimally offered online. Stakeholders noted that this was not viable for everyone and that many adaptations would be required for online sessions. However, there was potential for this gap to be bridged with technology. Stakeholders advocated for a balance to be struck between online and face to face music therapy sessions.

Discussion

Our process mirrors that of many new groups starting out. Initially, much time was spent in sharing our individual and collective identities through our respective countries or our roles as researchers, service users or therapists. Ideas for music therapy research in mental health that were first identified became points for contemplation where, over the course of discussions, we deepened our understanding of the issues involved. As stakeholders got to know each other through smaller breakout groups, conversations became more connected and a shared horizon came into view.

While initial expectations had been for our group to identify specific research questions in music therapy, we quickly learned that we first had to learn about each other's experiences to gain a sense of where wider questions lay. This meant a sharing of practical experiences of music therapy with final ideas very much rooted in a practice rather than research frameworks. We learned that discussions about future research need to be grounded in a common denominator for all involved. In this case, this was music therapy practice.

Throughout the meetings, there was a shared sense of the importance of music. This served as a common language that seemed to scaffold our group together to overcome the physical distance between us. Stakeholders were keen on sharing music and offered different ways in which this might be possible to do. Listening to music together offered meaningful moments where identities were shared and a universal sense of humanity was experienced. This shared sense of humanity during collaborative music processes in mental health has previously been noted by McCaffrey et al. (2021).

Eisenstadt and McLellan (2020) use the term foregrounding to describe the process of preparing for co-production, and claim that extensive preparatory work is required to achieve meaningful collaborative relationships. This we believe was essential to this project where, as facilitators, Triona, Hans Petter, and Catherine, carried out extensive preparatory work to help build research relationships among ARRIMT stakeholders, a facet of co-production that has received little discussion in relation to music therapy research. This foregrounding continued throughout the project where space for the group to become acquainted with each other and find their own direction was paramount. Foregrounding also involved regular check-ins with fellow stakeholders and preparation between meetings to ensure that discussions could satisfactorily evolve.

A founding idea behind inviting multiple stakeholders to contribute with their experience and competence in this project was the belief that all voices matter. This concept of mattering was central to how the group worked together where Prilleltensky's (2020) ideas of feeling valued and adding value to ourselves and others came into play. In this project we were mindful of these two dimensions of mattering which permeated the structure and content of the meetings. In order to facilitate the feeling of being valued we emphasised that each stakeholder be appreciated, respected and recognized as set out in the group's agreed strategy for looking after ourselves and each other. Meetings were also facilitated in a way whereby everyone had an opportunity to add value by sharing music, experiences and ideas. Furthermore, collaboratively presenting the findings at the 12th

European Music Therapy Conference 2022, writing these up, and publishing them in this article provided us all with a strong sense of mattering by adding value to the music therapy community. The idea that our collaborative experiences and group work will possibly matter for the future development of music therapy practice and research is rewarding and has undoubtedly brought the ARRIMT group closer together. This work expands on descriptions of music therapy and mental health research where service users play a predefined role within a process of inquiry (Carr et al., 2021; Windle et al., 2020) to much more empowering accounts of service user involvement where service users set a research agenda and define their own role within a research study (Hillman et al., 2022).

This project was enthusiastically received, but also filled with challenges that warrant acknowledgement. Despite extensive rehearsal, technology did not always go to plan leading us to the conclusion that perhaps we tried to do too much and that sometimes in terms of technology, less is more. Communication issues also arose where native English speakers were reminded to speak more slowly and clearly in acknowledgement that numerous members of the conversation were not dialoguing in their first language. No need arose for translation of English language into the Norwegian language over the course of the meetings. Through the individual check-in process with facilitators, one interpersonal conflict was identified where a stakeholder became upset with a fellow stakeholder's response to their preferred music choice. This issue was brought to discussion with the relevant country facilitator where it was reflected and agreed on that multiple viewpoints and preferences exist. This facilitator then extended an invitation to host a meeting between both stakeholders concerned, however this invitation to do so was respectfully declined. This incident was a reminder that conflict can emerge in group work and that support around this is paramount in order to best support the participation of all involved. Another challenge that arose in this project was when one stakeholder ceased their involvement after the first local meeting without explanation or availability for follow-up. This was a cause for concern among the group, particularly for the local facilitator who made subsequent multiple efforts to make contact with this stakeholder. Ultimately, this served as a reminder that attrition can also be a natural part of a collaborative process.

Key Messages:

- This project highlights the importance of “foregrounding” and “mattering” when developing a platform to explore research priorities related to music therapy and mental health recovery.
- Identification of these priorities should begin by drawing on practice rather than research-based experience.
- Use of music and careful curation can play important roles in building group identity that can lead to meaningful collaboration.

Ideas for Future Research

As the concept of mental health recovery is increasingly embraced across the globe, we foresee that collaborative work among service users and healthcare practitioners will be a necessary rather than optional step in developing mental health services. Fundamental to such collaborative endeavours is the creation of safe and equitable spaces where all voices therein can be heard and valued. This was essential to the project described in this paper where creation of a meaningful platform for discussion between multiple stakeholders was viewed as the bedrock upon all subsequent actions would lie. In our experience this required considerable time and input in order to enable a sense of connection, safety and

familiarly among a group of people from diverse cultural backgrounds across three different countries. Having these professional relationships now established, our next steps will focus on the development of what will hopefully be an impactful music therapy and recovery research project that matters to all in our group. Out of respect for the equitable dialogue underway, we dare not speculate what such a study will involve but rather trust in the process that we have established to guide us in developing future projects. We hope that this simple yet steadfast action of establishing a multi-country platform to explore music therapy and mental health recovery will inspire others to take similar steps towards embedding a culture of co-production in the music therapy community.

Concluding Thoughts

This report exemplifies how a multi-national group of ARRIMT stakeholders came together online to identify key ideas and priorities for music therapy research in mental health. Through shared discussion and music, guided by principles of foregrounding and mattering, our group identified key ideas for both practice and research of music therapy moving forward. These included music as a connector, music between music therapy sessions, music technology; and online music therapy which together have created an appetite for further ARRIMT collaboration and an awareness that our discussions have only scratched the surface of where our work could lead next. Our experiences in this network suggest that with time and care, co-production between music therapists and users of music therapy can result in rich and rewarding discussions and offer meaningful directions for future research.

Group Description

In 2018 the Alliance for Recovery Research in Music Therapy (ARRIMT) was founded as an international group of music therapy service users, researchers and practitioners from Australia, Ireland, Norway, and the United Kingdom. Fundamental to this group is the concept of recovery where those who use and those who provide mental health services work together to share knowledge and experiences that can have a positive impact on mental health service delivery. Key to this is listening carefully to the voices of those who use music therapy so that their views and experiences influence how music therapy is offered in mental health services. The founders and coordinators of the group are Triona McCaffrey, Hans Petter Paulen Solli, and Catherine E. Carr. Other members of the group are Cornelia Bent, Darmuid Boyle, Oda Bjørke Dypvik, Kenneth Dybdahl, Tommy Hayes, Lauren M. Hickling, Jane Fernandez, Anne Malerbakken, Brendan Ruddy, and Torgrim Vågan.

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