

## Providing Music Therapy on Inpatient Mental Health Units in Canada: Reflections on Practice during the COVID-19 Pandemic

[La musicothérapie auprès de patients hospitalisés en psychiatrie au Canada:  
Réflexions sur l'exercice de la profession durant la pandémie de COVID-19]

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### Abstract

Many music therapists working in hospitals across Canada have continued to provide direct in-person care throughout the COVID-19 pandemic. In this reflection on practice article, the authors share clinical perspectives on the provision of music therapy services on inpatient mental health units, discussing the various ways in which music therapists navigated restrictions and creatively adapted music therapy services to support inpatient mental health care during the first year of the COVID-19 pandemic. These reflections illustrate how the COVID-19 pandemic has impacted the work of music therapists and offer insights into methods for reimagining music therapy practice.

*Keywords:* music therapy, psychiatry, mental health, hospitals, inpatients, COVID-19

### Sommaire

Tout au long de la pandémie de COVID-19, nombre de musicothérapeutes du milieu hospitalier au Canada ont continué à prodiguer des soins directs en personne. Dans cet article — qui se veut une réflexion sur l'exercice de la profession — les auteurs racontent leurs expériences cliniques de la prestation des services de musicothérapie aux patients hospitalisés en psychiatrie. Ils abordent différents moyens employés par les musicothérapeutes pour composer avec les contraintes et user de leur créativité pour soutenir les patients durant la première année de la pandémie. Cet exercice introspectif illustre les répercussions de la COVID-19 sur le travail des musicothérapeutes et présente un aperçu des méthodes visant à repenser l'exercice de la musicothérapie.

*Mots-clés :* musicothérapie, psychiatrie, santé mentale, hôpitaux, patients hospitalisés, COVID-19

## Introduction

Music therapists working across Canada have had to adapt music therapy service delivery since the onset of the COVID-19 pandemic in March 2020. This has meant providing virtual music therapy (Kantorová et al., 2021) as well as adapting methods of providing in-person music therapy, such as by incorporating physical distancing (Pascoe & Clements-Cortés, 2021). Hospital inpatient mental health units have been challenging practice sites for the ongoing provision of music therapy during the pandemic; people with mental health disorders are at increased risk of COVID-19 infection (Yao et al., 2020) and the risk of COVID-19 transmission is amplified on psychiatric units where many spaces and facilities are shared and physical distancing can be difficult (Hanafi et al., 2020). Hospitals have implemented many restrictions for the purposes of infection prevention and control, such as prohibiting visitors, confining patients to their units or to their rooms, suspending volunteer programming, and placing limitations on therapeutic programs facilitated by professional staff including music therapy; these measures can have a negative impact on inpatient mental health. The increased social isolation resulting from these policies can exacerbate mental health conditions, like anxiety and depression, which music therapy can effectively mitigate (Atiwannapat et al., 2016; Castillo-Pérez et al., 2010; Erkkilä et al., 2011; Werner et al., 2017).

In considering the impact of the COVID-19 pandemic on inpatient mental health treatment and care, psychiatrist Ermal Bojdani and colleagues (2020) have noted the contradiction that “effective inpatient psychiatric treatment depends on interaction (i.e., group therapy), which is in direct conflict with practices that would reduce the spread of infectious disease” (p. 5). Music therapy is caught in this double bind—on the one hand, music therapy is an effective mode of inpatient psychiatric treatment, with beneficial outcomes for patients with various mental health disorders (Atiwannapat et al., 2016; Carr et al. 2012, 2013; Castillo-Pérez et al., 2010; Erkkilä et al., 2011; Geretsegger et al., 2017; Gold et al., 2009; Guétin et al., 2009; Ulrich et al., 2007; Werner et al., 2017) and, on the other hand, limiting interpersonal interaction reduces the risk of COVID-19 acquisition. Across Canada, music therapists have negotiated this challenge by creatively adapting music therapy practice in line with infection prevention and control (IPAC) policies to continue providing in-person care on inpatient mental health units in hospitals.

In this article, four music therapists working on inpatient mental health units in hospitals across Ontario, Quebec, and Nova Scotia reflect on their experiences of adapting music therapy services during the first year of the COVID-19 pandemic, from March 2020 to April 2021. While these experiences varied significantly based on context (such as geographic location, patient population, and specific hospital IPAC policies), this article reflects on how music therapy consistently played an important role in supporting inpatient mental health care in Canadian hospitals during the initial year of COVID-19 pandemic lockdowns and outbreaks. In navigating various limitations on music therapy services, such as singing bans and group restrictions, music therapists working on inpatient mental health units have had to modify therapeutic interventions and adapt in creative ways. In some contexts, restrictions on music therapy services in other

sites of practice led to an increase in the presence of music therapy services on inpatient mental health units, which was perceived by practitioners to have enhanced the quality of care on these units during the first year of the pandemic. Finally, this article discusses a perceived increase in recognition, awareness, and appreciation of music therapy from other clinical staff, and the positive implications of this increased staff awareness of music therapy.

### **In-person Music Therapy during Lockdowns**

In the first year of the pandemic, ongoing COVID-19 lockdowns restricted personnel, movement, and activities across Canadian hospitals. Music therapists Chrissy Pearson at Baycrest Health Sciences Centre (Toronto, ON), Dany Bouchard at Montreal General Hospital (part of the McGill University Health Centre, Montreal, QC), and Tom Curry at St. Martha's Regional Hospital (Antigonish, NS) continued in-person music therapy sessions on the inpatient mental health units of their hospitals, while some of the other music therapy services they provided were temporarily suspended or moved online during the first year of the pandemic. Music therapist Priya Shah began her position at Homewood Health Centre (Guelph, ON) in September 2020 and, when she started at Homewood, all groups and individual sessions were conducted in-person. All four music therapists were working with adult patients, 18 years of age or older. At each of these sites, precautionary health and safety measures were adopted—donning personal protective equipment including surgical masks and face shields or goggles, observing physical distancing with patients, observing COVID-19 institutional testing requirements for employees, sanitizing all surfaces and instruments after use, and asking patients to use hand sanitizer.

During the first year of the pandemic, Shah, Pearson, Bouchard, and Curry found the atmosphere to be tense and quiet on the inpatient mental health units of their hospitals. Patients faced various restrictions, such as periods of not being permitted to leave the unit or go outside as well as not being permitted to have visitors. Volunteer services were suspended and recreation activities limited. Social isolation was intensified for patients during this time, leading to amplified stress and anxiety. The ongoing presence of in-person music therapy on inpatient mental health units during the first year of the COVID-19 pandemic helped patients cope with these additional challenges. Meaningful moments of connection in music therapy supported patients by mitigating feelings of isolation and anxiety, helping to process difficult emotions, encouraging a sense of community, and supporting the development of trust, empowerment, and freedom while affirming patients' sense of identity.

During the first year of the COVID-19 pandemic at Baycrest, Pearson provided individual music therapy to patients quarantined upon admission to the inpatient mental health unit. The 14-day period of isolation was observed to be challenging for these patients, who were primarily older adults already struggling with mental illnesses such as major depressive disorder or other mood disorders. The only in-person interactions patients experienced during this time were with health-care practitioners who had to don full personal protective equipment (PPE), including gown, gloves, mask, and face shield. Sitting at a distance (sometimes outside their doors) in full

PPE, Pearson was able to provide one-on-one, meaningful activity and support through music therapy, which was observed to help reduce patients' feelings of isolation and loneliness.

At Homewood, many psychiatric inpatients communicated to Shah their fears of being discharged from the hospital. While hospital lockdowns restricted patients' movements and prohibited visitors, patients had opportunities for regular in-person social interaction and contact (such as through Shah's music therapy program). Many patients were concerned that they would be isolated in the community following discharge as outpatient mental health and community programming regularly suspended in-person activities during ongoing lockdowns. Shah observed that music therapy helped to reduce patients' anxieties, including anxieties about discharge. Through group music-making and discussion, patients processed difficult feelings, such as fear and loss, in a supportive environment. Patients shared that the connections they developed with each other in group music therapy sessions helped to establish feelings of trust and friendship amongst co-patients, which enhanced other parts of their treatment program (such as group talk therapy sessions).

Psychiatric inpatients at the Montreal General Hospital told Bouchard and medical staff that music therapy helped them cope with pandemic anxiety throughout ongoing lockdowns and institutional restrictions. The unit psychiatrists communicated to Bouchard that patients requested less anti-anxiety medication, such as benzodiazepines, on the days they received music therapy. While facilitating music therapy sessions during the first year of the pandemic, Bouchard aimed to support patient autonomy by offering them choices, such as musical genre or style, music therapy activities, and the degree of participation. In his clinical practice, Bouchard has observed that hospital patients often feel a sense of powerlessness—especially psychiatric inpatients, some of whom are admitted involuntarily under a psychiatric hold or court order—and that music therapy can offer these patients feelings of empowerment, self-determination, and freedom. Bouchard found that the sense of empowerment afforded to psychiatric inpatients through music therapy sessions was especially important during the first year of the COVID-19 pandemic, a time when many people felt powerless and overwhelmed.

At St. Martha's Regional Hospital in Nova Scotia, Curry worked to cultivate a positive group dynamic on the inpatient mental health unit when facilitating group music therapy sessions in the first year of the pandemic. In these open sessions, individuals could come and go at their discretion, and participate in their own ways. For example, Curry would devote a portion of the group session to each patient's preferred music. By recognizing and incorporating individual musical preferences into the group sessions, music therapy helped to affirm each participant's unique identity and sense of self by supporting individual expression and identity development, which helped to cultivate a supportive community amongst patients.

During the first year of the COVID-19 pandemic, music therapists continued to provide in-person music therapy for inpatients on mental health units of Canadian hospitals (Pearson at Baycrest, Shah at Homewood, Bouchard at Montreal General, and Curry at St. Martha's Regional). The ongoing provision of in-person music therapy contributed to patient care during the initial year of the pandemic by mitigating patients' feelings of isolation and anxiety, supporting patients'

sense of autonomy and identity, and contributing to patient community-building, feelings of trust, and a positive group dynamic.

### **Virtual Music Therapy During Outbreaks**

While continuing to offer in-person music therapy during the first year of the pandemic, two music therapists—Shah and Pearson—also provided virtual music therapy to patients during COVID-19 outbreaks on inpatient mental health units. Virtual music therapy provision presented challenges as well as opportunities.

At Homewood, Shah encountered technical problems while facilitating a virtual music therapy group during an outbreak. Despite a strong internet connection, there was a significant audio delay that was detrimental to live, synchronous music-making with patients. As a result, Shah adapted the virtual group session by using recorded music. Utilizing the “share computer sound” feature on Zoom, Shah played recordings from Spotify and engaged the group in lyric analysis and discussion, choosing the song “Life Starts Now” (2009) by Three Days Grace to stimulate discussion about addiction, mental illness, and recovery. Shah then invited patients to share a song of their choice and to describe any personal meaning or significance they attached to the song.

At Baycrest, Pearson also had to conduct group music therapy sessions virtually during the first year of the pandemic when the inpatient mental health unit was experiencing COVID-19 outbreaks. Like Shah, Pearson experienced the technical problems of audio delays and, in general, found it was more difficult to establish connections with patients in virtual music therapy compared to in-person music therapy. However, during an outbreak when restrictions on patients were severe and feelings of isolation were intensified, Pearson found that patients wanted opportunities for interaction and were extremely grateful that their group music therapy sessions could continue virtually. Virtual music therapy also offered Pearson new ways to deepen existing therapeutic connections with patients; for example, several patients were excited to see Pearson’s mask- and goggles-free face for the first time.

While virtual music therapy sessions presented challenges for music therapists—notably the technical difficulty of audio delays that interfered with live, synchronous music-making on video conference platforms like Zoom—it afforded music therapists Pearson and Shah the opportunity to continue music therapy service provision for inpatients on mental health units when in-person music therapy was temporarily suspended during outbreaks, ensuring continuity of care to patients during the first year of the COVID-19 pandemic.

### **Adapting In-Person Music Therapy Interventions to Singing Restrictions**

In Canada, IPAC policies implemented to mitigate the risk of COVID-19 infection and transmission varied from hospital to hospital, influenced by federal, provincial/territorial, and municipal public health recommendations. Restrictions on singing, instrument use, and group

sizes impacted hospital music therapists' clinical practice, and required music therapists to creatively adapt their music therapy approaches on inpatient mental health units during the first year of the COVID-19 pandemic.

In the early months of the pandemic, hospital IPAC policies identified singing as a potential risk factor for COVID-19 and limited it in various ways. At the Montreal General in Quebec, patients on the inpatient mental health unit were permitted to sing, while the music therapist was not. At Baycrest and Homewood, no singing was permitted whatsoever; these restrictions were informed by Ontario Public Health guidelines that disallowed singing and the use of wind and brass instruments (Government of Ontario, 2020). In Nova Scotia at St. Martha's Regional, singing was not restricted. Although singing has been identified as potentially risky for the transmission of COVID-19, the numerous therapeutic benefits of singing have made its restriction challenging for music therapists to navigate (LeMessurier Quinn et al., 2020).

Bouchard, Pearson, and Shah adapted their music therapy services on inpatient mental health units to accommodate restrictions on singing. At the Montreal General, Bouchard temporarily suspended the therapeutic application of vocal psychotherapy on the inpatient mental health unit. Patients who had tested negative for COVID-19 upon admission to the unit were allowed to sing during individual music therapy sessions. Bouchard would support patients' singing by, for example, playing instruments as they sang and engaging them in reflective verbal discussions about how singing made them feel.

At Homewood, Shah adapted to the blanket ban on singing by encouraging patients to hum along with instrumental music as an alternative to sung vocalizations. Humming was a tool that patients could use to ground themselves while feeling the vibrations in their bodies and connecting both to themselves and to the music. Additionally, Shah facilitated group music therapy songwriting sessions with an adapted focus on spoken word poetry, incorporating many voices while still including musical accompaniment on guitar or piano. Shah often encouraged patients to write about a specific theme or topic, or to complete phrases and create affirmations—for example, using prompts like “I am...” or “We are...” Through this form of songwriting, patients affirmed that they felt heard and supported in sharing their thoughts and feelings. They also communicated that they felt a sense of togetherness in their shared experience, since there were often similarities between patients' choice of words—for example, “I am resilient” and “I am strong.” Adapted songwriting with spoken word poetry offered an alternative to singing as a mode of musical expression and created opportunities for reciprocal validation, affirmation, and support. This mode of collaboration through mutual practices of care and support helped to strengthen group cohesion during the first year of the pandemic.

At Baycrest, Pearson adapted her group songwriting intervention in response to the singing ban. Before the pandemic, the group songwriting sessions that Pearson facilitated on the inpatient mental health unit consisted of patient participants contributing lyrics based on a particular theme that Pearson would set to either improvised music or to the tune of a familiar song. Patients would then sing the collectively composed song along with Pearson, who would alter and adapt the lyrics, melodic contour, and harmonic structure in the moment. With singing no longer permitted



in the first year of the pandemic, Pearson adapted the structure of this group songwriting session to focus on verbal discussion, lyric development, and rhythmic structure. After the initial adapted group songwriting session, Pearson would record herself singing the new song. In their subsequent group music therapy session, the group would listen to the recording together and offer their thoughts, ideas, and suggestions for how to further refine the composition. Pearson would then make changes to the song as requested and record new versions until the group was happy with their collectively composed song. One of these group songwriting interventions was to the tune of John Lennon's "Imagine" (1971). Pearson encouraged participants to think about and discuss things that they imagined, hoped, or wished for; their collectively rewritten lyrics read:

Imagine having more freedom  
 It's sometimes hard to do  
 More travelling and family gatherings  
 Feeling happy through and through  
 Imagine walking with ice-cream  
 Chocolate or vanilla

Imagine getting life in order  
 A focus on personal growth  
 Connecting with other people  
 Bravely expressing more  
 Imagine feeling grounded  
 Safe and secure

I can imagine going cycling  
 In the fresh air, in the sunshine  
 I can imagine feeling optimistic  
 And with acceptance, maybe feeling peace

This songwriting exercise, creatively adapted in response to restrictions on singing, offered a shared medium for patients to safely express their feelings of confinement and desires for quotidian pleasures—like enjoying the fresh air and sunshine of the outdoors—that were typically unavailable to patients on inpatient mental health units during the first year of the pandemic. These locked units restricted movement before the COVID-19 pandemic and the restrictions only intensified during the first year of the pandemic as patients were confined on units and to their rooms. Despite not being permitted to sing their song together in the group music therapy session, the adapted songwriting intervention continued to offer patients a medium of expression and simultaneously created new possibilities—for example, patients could keep an MP3 copy of Pearson singing their collectively written song and listen to it outside of the group music therapy sessions for therapeutic support.

Singing restrictions and bans during the first year of the COVID-19 pandemic impacted music therapists' clinical practice on inpatient mental health units in three hospitals across Quebec and Ontario. Music therapists adapted to these restrictions in creative ways, focusing on supporting patients' singing when therapists were not permitted to sing and, when patients were also prohibited from singing, adapting music therapy interventions by pivoting to humming, spoken word poetry, and verbal discussion.

### **Creating Music Opportunities**

During the first year of the COVID-19 pandemic, music therapists worked to enhance music opportunities outside of music therapy sessions for patients on mental health units. While creating music opportunities was an element of these hospital music therapy programs before the pandemic, facilitating opportunities for independent music-making or listening was especially important during lockdowns when patients' activities and movements were restricted.

According to Shah, music therapists can become what she calls "music enablers" by providing resources and igniting (or re-igniting) a musical spark. Before the pandemic, Shah had noticed that, after attending music therapy sessions, many patients became interested in using music on their own or with others independently, outside of the structure of a music therapy session facilitated by a music therapist. At Homewood, patients can borrow guitars from the Recreation and Fitness Centre or play the piano in the chapel at their leisure. During the first year of the COVID-19 pandemic, Shah observed that—with limited activities and restricted visitor guidelines—patients had more free time and desire to learn and practise an instrument. Shah provided resources, such as chord charts, sheet music, and printed lyrics, to support patients in making music on their own time. As a music enabler, Shah incorporated music into multiple aspects of the health-care milieu and encouraged music as a normal and ordinary part of everyday life during the first year of the pandemic.

Similarly, before the pandemic, Bouchard worked to create music opportunities for patients on the inpatient mental health unit outside of structured music therapy sessions at the Montreal General. Patients could engage in therapeutic music listening at music-listening stations (tablet computers equipped with headphones and the YouTube Music streaming service) or by borrowing individualized MP3 players. They could also engage in therapeutic music-making by borrowing instruments (guitars, keyboards, or ocean drum), piano scores, and other music materials, or by making use of one of the unit's three upright pianos. During the first year of the COVID-19 pandemic, Bouchard observed inpatients struggling to cope with intensified isolation. He supported them by offering longer and more frequent consultations with patients about different ways to engage music therapeutically to help them cope, such as by listening to or playing soothing music that would help them to relax or energizing music that would help to uplift their mood.

Music therapists like Shah and Bouchard perceived an increase in patients' interest in and need for music opportunities during the ongoing lockdowns and restrictions in hospitals throughout the first year of the pandemic. Opportunities for independent music-making and



music listening offered patients on inpatient mental health units therapeutic strategies for coping with not only their pre-existing mental health challenges but also the additional anxiety, stress, and isolation caused by the COVID-19 pandemic.

### **Increased Presence of Music Therapy**

During the first year of the COVID-19 pandemic, the temporary suspension of music therapy services on other inpatient units and outpatient and community-based programs meant that some music therapists could increase the time they spent providing music therapy on inpatient mental health units. In spending more time on inpatient mental health units, music therapists worked to enhance the continuity of care for patients, expand music therapy programs to reach more patients, and build interprofessional relationships with other clinical staff.

At St. Martha's Regional Hospital, Curry held two group music therapy sessions per week on the inpatient mental health unit before the COVID-19 pandemic. During the initial months of the pandemic, Curry's music therapy services were suspended elsewhere. As a result, in the initial months of the pandemic, Curry more than doubled his presence on the inpatient mental health unit by devoting four mornings per week to this unit. He observed that his increased presence there strengthened his connections with other clinical staff, especially as he was able to attend medical rounds more frequently.

Curry also observed that being on the unit more strengthened his connections with patients, especially as his music therapy program was the only therapeutic service that continued on the inpatient mental health unit for the first six months of the pandemic. His increased presence on the unit afforded regular and extended group sessions, which created more opportunities for patients to participate in music therapy. Entire segments of group sessions were devoted to individual patients' preferences. Longer sessions offered patients more opportunities to become actively involved in music-making; after participating by listening during the beginning of the group session, patients often began to sing or play after some time had passed. These additional opportunities for musical engagement were made possible because Curry spent more time on the inpatient mental health unit.

At Baycrest, Pearson also increased her presence on the inpatient mental health unit during the first year of the pandemic. While previously Pearson had facilitated one large group music therapy session with up to 15 people, institutional restrictions on group gatherings during the first year of the COVID-19 pandemic meant reducing the group size to 6 people. Pearson was asked by the allied health team to facilitate a second group to accommodate more patients while observing the limitations on group sizes. This was feasible because, like Curry, Pearson had other music therapy services that were temporarily suspended. Pearson's greater presence on the unit did not increase the amount of time she spent with the same patients; rather, it enabled her to expand the scope of the music therapy program on the inpatient mental health unit by caring for more patients than she would have otherwise. Pearson also noticed that her increased presence strengthened her connections with clinical staff, with whom she interacted on a more regular basis.

Music therapists' increased presence on inpatient mental health units during the first year of the COVID-19 pandemic afforded opportunities to enhance the continuity of patient care through regular and longer music therapy sessions with the same patients; to expand the scope of patient care by providing music therapy to more patients; and to build stronger relationships with other clinical staff on the unit.

### **Recognition and Visibility of Music Therapy**

Despite the various restrictions that limited music therapy practice during the first year of the COVID-19 pandemic, music therapists working on inpatient mental health units noticed that music therapy was appreciated by medical and allied staff during this time of heightened stress and uncertainty. Due to less activity and limited personnel on inpatient mental health units at the beginning of the pandemic, music therapists perceived music therapy to be more visible to medical and allied staff, whose awareness of and participation in music therapy seemed to increase during this time.

Pearson noticed that, because activities and personnel were limited, the inpatient mental health unit was so quiet that staff often heard the group sessions she facilitated through closed doors. She received questions from staff asking about what they heard, which was an unusual occurrence before the pandemic. Pearson also received requests from clinical staff for more music therapy. However, Pearson's position at Baycrest is shared between several units and a permanent increase on one unit is not possible without an expansion of the hospital's music therapy program. Nevertheless, Pearson documented clinical staff's positive feedback and desire for more services to further ongoing advocacy efforts to expand the music therapy program at the hospital.

Within the first year of the pandemic, Curry observed an increase in staff participation in group music therapy sessions on the inpatient mental health unit. Staff often sat or stood at the periphery of the open-concept patient lounge to listen to patients' music-making and sometimes participated by singing along to a song with patients or assisting a patient in choosing a familiar song for the group to engage. Shah also noticed that staff regularly participated in music therapy during the first year of the pandemic. For example, one of her patients regularly requested "Get Outta My Dreams, Get Into My Car" (1988) by Billy Ocean; each time they played that song in music therapy, staff members joined the session and participated by dancing. Clinical staff have experienced high levels of stress and burnout during the COVID-19 pandemic (Giordano et al., 2020; Wu et al., 2020); music therapists like Curry and Shah observed that staff's participation in music therapy during the first year of the pandemic provided them moments of joy and reprieve.

Music therapists perceived an increase in clinical staff's awareness of and participation in music therapy on inpatient mental health units during the first year of the COVID-19 pandemic. This increase has potential benefits for improving education and awareness of music therapy in hospitals, as well as for contributing positively to clinical staff's mental health and wellness. Additionally, the increased visibility of music therapy to clinical staff on inpatient mental health units during the first year of the COVID-19 pandemic offers potential benefits in terms of enriching

patient care. Music therapy sessions provide a dynamic social and cultural context for the medical staff to learn about and understand patients as complex persons, which can enrich therapeutic relationships between patients and practitioners.

### Conclusion

Adapting music therapy services on inpatient mental health units during the first year of the COVID-19 pandemic was challenging for music therapists like Bouchard, Curry, Pearson, and Shah. Restrictions such as singing bans and limitations on group sizes have been disappointing and frustrating. At the same time, the challenge of improvising and creatively adapting music therapy services during the pandemic have pushed music therapists to develop new skills, approaches, and techniques that can be carried into their professional practice beyond the current pandemic-related service delivery restrictions.

In this reflection on practice article, we detail how music therapists—throughout the lockdowns and outbreaks of the first year of the pandemic—navigated various restrictions on their services on inpatient mental health units to care for patients in creative and improvisational ways. We also describe how an increase in the presence of music therapy on some inpatient mental health units during the first year of the pandemic contributed to continuity of patient care, the expansion of services, and the strengthening of interprofessional relationships. Finally, we discuss how, during the first year of the pandemic, a lack of activity on units led to a perceived increase in the visibility of music therapy to clinical staff on inpatient mental health units.

As practitioners continue to grapple with adapting their practice to restrictions resulting from the COVID-19 pandemic, these reflections could inform the work of other music therapists as they creatively adapt their own music therapy practices in hospitals as well as in other sites of practice. These reflections on practice could also inform future research on and advocacy for music therapy by illustrating how music therapy can support mental health care and enrich inpatient care in hospital settings.

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