A Conversation About … Mental Health and Music Therapy: Exploring a Session

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Presenters:	Professor Mark Creamer, Clinical Psychologist Dr Jason Kenner, Registered Music Therapist (RMT) Dr Jennifer Bibb, Registered Music Therapist (RMT)

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Host (00:01):

Hi there. Welcome to Mental Health Professionals Network podcast series MHPN's aim is to promote and celebrate interdisciplinary collaborative mental health care.

Professor Mark Creamer (00:18):

Hello, and welcome to this episode of MHPN Presents, A Conversation About Mental Health and the Arts. This is a podcast series that explores the relationship between mental health and psychological wellbeing on the one hand and artistic involvement and expression on the other. So during this series, I'll be joined by researchers, by mental health clinicians, by creative arts therapists, also by artists of various kinds who have an interest in mental health and perhaps have experienced mental health issues themselves. And together these people will help us explore this relationship, the relationship between being a creator or an observer of artistic expression and our psychological health and wellbeing. And we're trying to look both at positives and also perhaps any potential negative impacts of that relationship. My name's Mark, Mark Creamer. I'm a clinical psychologist and professorial fellow and department of psychiatry at University of Melbourne.

(01:17):

I'm very excited about doing this series, partly of course, because I'm fascinated by mental health and about how we can best help people. But I'm particularly interested in this three episode series on music therapy because I love music. I've always played music and sung, also listen to a lot of music as well and enjoy both very much. And I'm confident that actually they're both very good for my mental health. So I am really pleased to be able to welcome back our two outstanding music therapists, Jen Bibb and Jason

Kenner, who have joined us for this three-part series on music therapy. Welcome back Jen and Jason. Jen, could you just give our listeners a one sentence reminder? I should tell the listeners their biographies are all on the website so you can read in all the detail, but just a one sentence reminder of your position.

Dr Jennifer Bibb (02:03):

Sure. So I'm a registered music therapist with experience of over 10 years in mental health settings, and I'm also a researcher and I work at the Alive National Centre for Mental Health Research Translation at the University of Melbourne.

Professor Mark Creamer (02:16):

Lovely. And Jason, welcome back. Jason.

Dr Jason Kenner (02:18):

Yeah, so these days I'm in private practice. I have a clinic in Fitzroy, north Melbourne music therapy and a group of music therapists that work for me. And we work in a range of areas working with children with autism right through to aged care. We've got participants that are over a hundred years old, so we see it. We see it all.

Professor Mark Creamer (02:36):

Right. Okay, good, good, good, good. Last episode, you talked to us a bit about how you both got into music therapy or kind of pathway into the profession today. I'd like to kick things off with something a bit different. I am interested to know what sorts of music you like to listen to, perhaps when you're not working, when you're relaxing Jen, what kind of music do you put on?

Dr Jennifer Bibb (02:58):

So for me, I know it always sounds a bit cliche, but I love all kinds of music. I'm a very big fan of folk music, anything with voice. I like a bit of hip hop as well. Sometimes I like a bit of heavy metal or a bit of pop music and rock music, so all kinds of things. And in my spare time as well, I love to sing and love singing and community choirs or pub choirs and singing all kinds of music, whether it's soul or folk or pop. I've been in choirs all my life. I always say love a bit of classical music or church kind of singing music as well. So yeah, all kinds of things.

Professor Mark Creamer (03:31):

Yeah, there's no doubt that if you go back through church music over the centuries there's some pretty amazing choral stuff there.

Dr Jennifer Bibb (03:37):

It's beautiful.

Professor Mark Creamer (03:38):

And I'm also interested in that nowadays it becomes increasingly difficult to kind of label genres that this is soul and this is folk and this is country or whatever. Because the blending that we've seen over the last

couple of three decades has been so enormous, isn't it? Jason, what about you? What kind of music would you listen to for fun?

Dr Jason Kenner (03:56):

I've got the same answer. I listen to all sorts of stuff, but the thing that I've noticed about myself since becoming a music therapist and the way I listen to music is different. Before I was a music therapist, I used to just have the music that I liked and I'd listen to what I liked. But now I ask myself, well, how am I feeling? How would I like to respond to music? And so sometimes it's music that's going to support how I feel or it's music that's going to maybe nudge me in a different direction from where I am. And that ranges sometimes some beautiful choral singing. I'm pretty into metal. I'm a saxophone player, so I listen to a lot of jazz like a lot. Yeah, I listen to it all, a lot of pop. I listen to a lot of music for my clients. I learn the songs that they want to hear. So I play a lot of guitar and learn those songs and sing along with those songs. And it's fascinating music you wouldn't normally not listen to when you're actually playing the songs and you're learning them, you enjoy them where you might not have ever even gone there. I know a lot of Abba, I would never listen to Abba.

Professor Mark Creamer (04:59):

Yeah, no, I can understand that. Although they were a great pop band.

Dr Jason Kenner (05:02):

They were great songwriters.

Professor Mark Creamer (05:03):

But yes, I think it's an interesting point you raise. And also I sometimes feel that I should force myself to listen to music that I'm not familiar with or that I'm not like rather than constantly sticking in this safe kind of area, the roots music or whatever you want to call it that I like. And opera is a good example though. I know I would like opera if I made the effort to listen a bit more. But anyway. That's great. Thank you very much. And I'm interested that you're very diverse musical taste both of you, which is I think great to hear. In our last episode, Jen and Jason provided us with a kind of introduction and overview to the whole field of music therapy. We even tried to define what music is and went off in all sorts of fascinating tangents, but we also more importantly got an idea of what music therapy is.

(05:46):

So if you missed out on that episode, I urge you to go back and have a listen to it. In our next episode we're going to talk about outcomes, but today I really want to look in more at what actually happens in music therapy, what happens in a typical session. And also we'll go on and talk about perhaps what kinds of client groups, what kinds of problems might be helped by music therapy. But let's jump in with that first question, Jen, and I'd like to spend a bit of time chatting about what actually happens in a music therapy session. Can you just kind of take us through a typical session?

Dr Jennifer Bibb (06:20):

So it really depends. It depends on the goals, it depends on first who you're working with. As we said, we work across the lifespan with lots of different kind of conditions and health concerns that people might come to us with. So it depends on what the goals that person is working towards. And we adapt our methods depending on the goals and the needs of that client that we're working with or clients if it's in a group setting. So that's something as well we should mention is that you can work individually one-on-

one with someone and you can work in a group setting as well. So it depends on I guess the way that we're working at that time with the person. But you can use either active methods of music therapy where we might play music with people and improvise music with people or write songs with people, or you can use more receptive methods where you might listen to music with people and process emotions or thoughts through music that's familiar to them and then support them to use music to develop playlists and things like that to support their health.

Professor Mark Creamer (07:27):

I find that a fascinating distinction. I'm not asking you to teach our listeners to be music therapists or whatever, but is there a simple rule of thumb that says, for this issue or this client's group, we'll use something creative versus this we'll use something more passive listening?

Dr Jason Kenner (07:44):

Yeah, sure, I'll answer that. The way that I sort of describe what we do is that we first want to know why we're working with this person, what are we aiming towards? And that's usually more a therapeutic question. And then we want to know, well, how does this person like to engage in music making or music listening? What do they want to do? What's going to be energising for them? What's going to be interesting for them? What's going to make them feel like they want to be in the session? So that really is what dictates whether you listen, whether you write music, whether you sing repertoire, it's really what they want to do. What our skills are is being able to go, okay, I know what we want to achieve. I know what this person's into. I can now use their way of interacting with me through music to work towards the therapeutic goals.

Professor Mark Creamer (08:32):

Presumably there are occasions where what the person wants to listen to or do you think might not be therapeutic for them or is that a rare thing?

Dr Jason Kenner (08:41):

No, because look cliche, it's always grist for the mill. So even if they are engaging in a way of using music that might not be helpful, doing that with them and then being able to have a conversation is really good. Assuming that there's a verbal process. So usually if someone is verbal and can talk about these sorts of things, that's usually a pretty important part of the session. It's not just the music making, it's the conversation.

Professor Mark Creamer (09:05):

That's an important point, isn't it? That again, perhaps I don't think I've fully appreciated, but that conversation part of the session is a really critical part of the therapy

Dr Jason Kenner (09:16):

For that type of person. We work with a lot of nonverbal people, we work with a lot of intellectual disability, so there might be verbal but not really verbal processes. Also, we work with a lot of children that don't necessarily verbally process and experience that well, so it's not always a part of the way we work, but when somebody is able to do that, it definitely is. And I've had sessions with people where we are working over a period of time where we don't even make any music at all. Sometimes we just talking for the whole session.

Professor Mark Creamer (09:50):

Interesting. But in terms of what your options are, I mean talking that's one clearly very important aspect. Otherwise it's kind of whatever you think is going to fit. Is it you can style of music or how you present it or instruments or whatever, it's all your decision based on what you're going to try and achieve in this session?

Dr Jennifer Bibb (10:10):

Yeah, I guess based on our assessment of the needs of the person, but also what we know is that the best type of music that's going to work for someone is something that's familiar for them and their preferred type of music. And so I think so often in the community we think there's types of music which are bad and must be bad for us or must be bad for our mental health, like some rap music or heavy metal music and things. But for some people they really thrive when they listen and use that type of music. And so there's not any kind of better or worse types of music to use. And we know that through a lot of research that's been done in the field, it's more whatever is preferred for that person and we can connect with them through that type of music.

Professor Mark Creamer (10:55):

Yeah, no, that's fascinating. I must say find it hard to understand how really heavy, heavy metal thrush, metal death metal is going to be good for your mental health. But I take your point that for some people that's what they need. Perhaps like me and Leonard Cohen we were talking about in the last episode, often with therapy we need to, if not sell it to clients, at least give them a rationale, an explanation for this. And presumably for some people having a music therapist coming is a bit odd. This is not what I expect from my mental health treatment. Do you have a way of introducing it to people? Jason?

Dr Jason Kenner (11:28):

Usually there's a referral of some type. So often people self-refer and so in that case we don't have to convince them, but it's good to understand what their expectations are. It's human nature. When you say something like music therapy, if someone has no idea what that is, they're still going to have an idea about what it is. And so we want to make sure that that aligns with what we are able to do with them. So there's that side. But then there are times like say for example, if you're working in a hospital and you are just going room to room and you're just making an offer, I've been in that situation before where you carry the guitar, you have the guitar with you just so that as you walk in the room straight away you've communicated something about who you are to the person.

(12:12):

And then I wouldn't necessarily say I'm here to do music therapy because some people find that a little bit confronting, but I would introduce myself as a music therapist and are they interested in having a chat about how they're going and can I help them with coping with their admission in some way? It really depends. You just reading what's going on in the space and that adjusts the way you make the offer or try to sell it as you say. But often I would say if someone was a little bit reluctant, I'd say, look, if you like, I can just sit down and just have a little bit of a play and we can just leave it at that. And then it's like what sort of music do you like? And usually I would know something that aligns with their tastes and I can sit down and just have a little bit of a play and then a conversation expands from there. And then you offer to come back and see 'em again later. And then you slowly build this relationship.

Dr Jennifer Bibb (13:01):

I think as well, often people's ideas of music therapy might be, oh, you need to be a really experienced musician or you need to be skilled in some way. And I think something that is so important to emphasise to people we work with as well as other clinicians and people in the field is that you don't need to have any kind of expertise or skills in music already. You just need to have an interest. And sometimes people might be referred because they haven't been able to process verbally what they're feeling or those kind of previous trauma and things that have gotten in the way for them. And the suggestion is that a creative way might be the way to go forward for them. And what we find, I think too is that everyone has some kind of relationship with music, whether it's listening to music in your teen years or listening to music in the car or playing silly games with your kids or whatever it is. People can usually connect to the idea of music in some way, I'm sure. And from there we can go.

Professor Mark Creamer (14:08):

I can imagine also that you often get the response of, oh, I can't sing a note or I've got no rhythm or whatever.

Dr Jason Kenner (14:14):

I had it just last night I was doing a group session that I do in a private psych hospital. I'm just going there in the evening and it's singing based. I just go there with my guitar and we sing songs in the group. And this happens all the time where somebody, they're poking their head in the room and I'm like, yeah, come and grab a seat. And they're like, oh no, I can't sing. I'm a terrible singer. I'm like, it's okay. You don't have to sing. You can just hang out if you'd like. And sometimes they come in, sometimes they don't. But this is an example of someone that just came in and sat down two songs later, they're singing with us because there's no judgement . It's not about how you sing and there's enough people in the space singing. You can sing at a volume where no one can really hear you anyway.

Professor Mark Creamer (14:57):

And I do think as you're kind of implying, but really no matter how bad you are as a singer, something about singing with a group of other people, it's pretty special. We see it at football games that we and Big Crack. I've got a whole lot of questions about things like what the difference is between playing for fun or playing therapeutically or even perhaps how you might use the same tune or the same song or whatever in different ways. And I'm thrilled to notice, Jason, that you brought your guitar in for us. So

Dr Jason Kenner (15:27):

Yes,

Professor Mark Creamer (15:27):

That's really good. So I'm going to ask you if you could to pick it up and we can just chat through perhaps some of those issues.

Dr Jason Kenner (15:35):

Sure. It's a good way to demonstrate the difference between just playing songs and how we might use music, particularly live music making in music therapy. Often when you're playing a song, you either are trying to play it, it sounds like the recording that you are most familiar with and you're trying to replicate that or you might do your own version of it and you're trying to say something about your relationship to the song through the way you play. And sometimes on occasions as music therapists, we are

performing for people, but that's not usually how we play. So we are always trying to play a song in a way that is engaging. It's about bringing the person or people that we're working with in with us. And so if I take a song that I've played probably thousands of times over the years,

(16:27):

Just that classic stand by me. So if I was going to play that song in a group situation where what we're trying to do is get everybody to sing along, I'd be aiming to replicate the original reasonably well. But when I'm singing, I will want to sing in a way that's accessible. So I'm not going to perform too much, I'm not going to do a lot of vocal inflexion. I'm not going to play with the timing. I'm going to sing it pretty straight so that as people are usually looking at some lyrics and following along, they can read the lyrics and they can just slot in nice and easy. So for example, "when the night has come, and the land is dark, and the moon is the only light we'll see". So that would be a sing with me type of way of doing it.

Professor Mark Creamer (17:37):

Yeah, it's a cracking song, that one isn't it? It's one of my favourites. But anyway.

Dr Jason Kenner (17:40):

It's so great. I mean lyrics are all about friendship and loyalty.

Dr Jennifer Bibb (17:46):

And I think the other thing as well, Jason, is that we do so naturally, but when we are teaching music therapists and things too is that Jason sung it in a key that is going to be accessible to the majority of people as well. And that's something I think you don't often, you do adapt things and you do adapt it so that people can feel like they can sing it because it's in that general kind of range too.

Dr Jason Kenner (18:10):

And often, yeah, because you've got men and women in the room with you, so you want to sing it. That's kind of maybe the lower range for the ladies and the higher range for the fellas. And then people that have it more extreme vocal ranges usually can then jump in and octave or so above. I mean you can't get it right for everyone.

Professor Mark Creamer (18:27):

No, no. I'm interested in that point though. Just it reminds me of, I heard about a band in the late sixties, I think it was Herman's Hermits, what I went in to record and the producer said, I want you to do it key or too lower. And the lead singer said that my preferred key is higher than that. And he said, it's not your preferred key mate. It's the preferred key of people who are singing along on the radio, which is a very interesting point that you make.

Dr Jason Kenner (18:49):

Yeah, I've changed the key of a song in the moment with people like I've started and then I've noticed that it's not the right spot and I go, hang on, let me start again. I'll make it a bit lower or a bit higher.

Dr Jennifer Bibb (18:59):

And especially older people too, a lot of the time when I used to work in aged care, you would drop the key down quite a lot because we know that older people, as they get older, their voice gets lower and they're not able to sing as high as they used to. So that's also important. Yeah,

Professor Mark Creamer (19:16):

Sorry, that's one way of doing it.

Dr Jason Kenner (19:18):

Yeah.

Professor Mark Creamer (19:18):

There are other ways that you might present a song like that.

Dr Jason Kenner (19:22):

So where I played at the end, I'll change the key because there's a fairly, I have to sing with a bit of energy to get it in that key. Thinking of that example I gave you before, say walking around the hospital and you pop into someone's room and let's say we're having a chat and we ended up landing on this particular song, but maybe they've been having some treatment where they're feeling a bit of pain but they're having trouble resting, they're tired, but then they're uncomfortable. So I was playing it in G before, so then I might play it in C a little bit slower. I use my fingers 'when the night has come and the land is dark and the moon is the only light we'll see". So I can sing quiet, it's more quiet. I can control my voice in a softer way when I'm dropped in key.

Professor Mark Creamer (20:29):

And when you compare the two, it's really clear that there's a very different experience for the listener, isn't it?

Dr Jason Kenner (20:35):

Yeah, that's right. It's sort of trying to be a bit more soothing and just sort of trying to let them understand what I think that they want from the song at that time. So it's about relationship building really as well between the therapist and the participant.

Professor Mark Creamer (20:50):

Yeah. Yeah. Wonderful. Thank you very much for doing that, Jason. That's really good. And in terms of the type of music that you're going to choose, we're going to talk more about this in our next session actually, but the type of music you choose is driven by your clinical opinion or what you know about the client, I guess, and as you say, client preferences, you've spoken about a bit as well.

Dr Jennifer Bibb (21:11):

Yeah, it is. Yeah.

Professor Mark Creamer (21:13):

Okay, let's move on if we could and talk about the kinds of people that you might work with. And in our last episode, indeed, today, you've alluded to the fact that we're talking a pretty broad range here. So in

terms of populations age, for example, I'm interested in you work from very young children by the sound of it, through to the elderly.

Dr Jason Kenner (21:32):

Yes. So there are music therapists that even work in NICUs in hospitals. So we're talking about humans that aren't even, that are premature, but those are really about working with the parents as well and helping the parents to be able to use their voice with this very young person that's kind of isolated from them and helping to make those connections. It's not an area I've worked in, so I can't speak to it very well, but that's as young as it, we work with and right through so often working with helping children to meet developmental milestones, helping them to learn social skills, helping them to regulate emotion, and these same sorts of goals sort of extend throughout the lifespan. So then as people get older, we can help, we're helping in mental health. There's often some sort of trauma involved, something to do with about regulating emotion, particularly when you're thinking about social contexts as well. That's often where people find their emotions and their inner voice starts to get the better of them. And so they struggle socially and relationally. And so as I mentioned before, a lot of music therapists think of it in relational terms, and so we're using the music or relationship to help people that we work with. We help people cope with hospital admissions for all sorts of reasons. As you get later in life, we're helping people with things like dementia, palliative care at the end.

Professor Mark Creamer (23:04):

I was going to say, with dementia, am I right in saying that patients with quite severe dementia, once they start singing, it's like they remember they're able to access a part of the brain that,

Dr Jason Kenner (23:12):

Yeah, I've seen it. And it's no guarantee you can always unlock. That key doesn't always fit the lock, but when it does, it's incredible. One example I remember of a man in late stage dementia just bedridden, no response at all. Walk into the room. Hi, it's Jason, I'm here to brought my guitar. Nothing sat down in this particular example, this was 20 years ago, and this man was well into his eighties at that time. And so I played the Road to Gundagai.

(23:53):

He just sits up in his bed, looks me in the eye, I finished the song, sticks his arm out, vigorous handshake, that really blokey kind of thank you. He didn't say anything, but this connection was amazing. And then he lied back down again, lights off. And then the next time I went in, I tried it again. Didn't work at all.

Professor Mark Creamer (24:19):

Fascinating. But it obviously got through to it activated some kind of memory for him.

Dr Jason Kenner (24:22):

Yeah, that's an extreme example. But often in say a group, I do an early dementia group and we'll have people that will sit down in the group need a lot of support, flat affect, not a lot of response happening, difficulty doing something like even follow some lyrics. But once they sort of warm into it, then you can see the face is more reactive, they're able to find the right page, they're having a laugh at an appropriate time. Just these little things that start happening. So I mean the scans that have been done on brains while we're listening to music or even playing music, they've got people into scanners and got them to play keyboards and watch what's going on. Nearly everything lights up. There's so much going on in the

brain. So the idea is that it seems that when you activate so much of the brain, it's like you're finding other ways into these regions. Yeah, it's amazing to watch and to be part of.

Professor Mark Creamer (25:22):

Absolutely. I can imagine. I can imagine. I'd love to go further down that particular pathway, but unfortunately time's going on. I just want to quickly talk about the kinds of disorders if you like, for want of a better word that you might work with. And Jen, last week you did drop things like depression and anxiety. I think you mentioned eating disorders as well. So we're talking about pretty much the full range. Are we?

Dr Jennifer Bibb (25:50):

Absolutely, yeah.

Professor Mark Creamer (25:50):

Even potentially psychosis, even if someone's perhaps hallucinating or a bit delusional.

Dr Jennifer Bibb (25:51):

Yeah, absolutely. And in fact, we have research supporting the use of music therapy with people with psychotic type disorders. So in that type of instance, I guess we'd be adapting the types of methods that we'd be using with that person if they were actively hearing voices or having delusions and things and hallucinations. So we might prefer to use more active music, making drumming, playing guitar, a really steady rhythm to try and ground that person and get them into kind of the here and now rather than that inward kind of being focused on whatever it is they're hearing or seeing at that time.

Professor Mark Creamer (26:29):

Sure. Again, this idea of adapting what you're doing to the specific needs of the person sitting in front of you and neurodiverse people, I suppose perhaps nonverbal people with autism spectrum disorders and things like that, also very valuable.

Dr Jason Kenner (26:43):

Yes, definitely.

Professor Mark Creamer (26:44):

We do have to wind up, but just let me ask this one question. Is there any danger that people might actually feel worse after music therapy?

Dr Jason Kenner (26:53):

Yes, there is. I mean, often people think that music is just great and you can't get it wrong, but you can, because sometimes music can be triggering for people particular songs, and it's really difficult to know. It's not necessarily about the content, it can just be about the associations with that particular piece of music. And that's something you have to be careful of, particularly in a group situation, because someone might want a particular song, it's meaningful for them, and then somebody else is like, no, I can't, we can't play that song. You've got to be aware of those types of things. And that means that keeping an eye on what's going on in the space, how are people responding? And if somebody's clearly upset, checking in, making sure they're okay, but then other things can go wrong as well, because music

making is, particularly when you're making music with another person, it can be quite an intimate experience. And when you're doing it all the time, you might take for granted that, oh yeah, we're just playing music. It's fine. But for someone who doesn't do it very much to sit with another person and sing with them, that can be very powerful. And if you do it too soon and you sort of push someone in that experience, they might find that very confronting. So again, you have to be aware of those things.

Professor Mark Creamer (28:11):

It's true for any therapy or anything that's got the potential to bring about change has also got the potential for some things to go wrong, I suppose. And especially if you're not careful,

Dr Jason Kenner (28:22):

And that's why it's important to know what you're doing. That's why usually all the public hospitals and most of the private hospitals, if they're going to get somebody into do this sort of work, they will get a registered music therapist to do it because they know that they've got somebody who is aware of these things, even though lots of well-meaning musicians out there who would still get it right. Some people intuitively do the right thing, but you don't know you're rolling the dice in that situation.

Dr Jennifer Bibb (28:49):

And we do know that, as we were saying before, that through research, as Jason was saying too, that music's not always great and fun and a good experience, and that people can, depending on the state that they're in, can use it to make themselves feel worse or to enhance other stuff that's going on for them, which is why it's so important that people bring in a registered music therapist who's trained to be able to see these things and chat with the person and use it in an appropriate way.

Dr Jason Kenner (29:21):

Yeah, I've had people talk about their cutting songs, for example, so they have songs that they use particularly for that reason.

Professor Mark Creamer (29:27):

And of course, we have a number of court cases, don't we, where people say that it was listening to Black Sabbath that made me,

Dr Jason Kenner (29:32):

Oh, yeah, that's right. That's happened. Yeah, exactly.

Professor Mark Creamer (29:35):

Look, I would love to go further down this alleyway and all the things that we've looked at today. It's been a fascinating, unfortunately we have run out of time, but I think it's been a great episode and we've covered a lot of ground. I know that. I've really enjoyed it, and I'm sure that our listeners will have as well. So thanks very much indeed for your time today, Jen and Jason, in our first episode in this three part series, we had a tremendous introduction to the era of music therapy Today. Of course, we've looked at the practicalities, what actually happens and who's it for. And in our next episode we're going to talk a bit about what outcomes we might hope to achieve. We might try and look at some of the underlying mechanisms, and we'll talk a bit about working in multidisciplinary teams and so on.

(30:16):

So please make sure that you join us for that final episode in this three part series. If you want to learn more about Jason, Jen, or me, or if you want to access any resources, including a link to the Australian Music Therapy Association, go to the landing page of this episode. You'll also find there a link to the feedback survey. And please, if you can spare the time to do it, it's really important to us to know how you found this episode, and more importantly, perhaps how MHPN can better meet your needs. But for now, it's thanks very much again to you, Jason.

Dr Jason Kenner (30:49):

Thank you, Mark.

Professor Mark Creamer (30:50):

And thanks very much to you, Jen.

Dr Jennifer Bibb (30:52):

Thanks and bye.

Professor Mark Creamer (30:53):

And of course, it's goodbye from me. Don't forget to tune in for our third episode in the music therapy series. In the meantime, thanks very much to you all for joining us today listening to the podcast. Bye for now.

Host (31:06):

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