

# Annual Report

## April 1, 2016 - March 31, 2017



~Music and the arts are essential for a healthy life~



“Every time I hear you play my blood pressure goes down.”

### A message from the Board Chair

On behalf of Artists in Healthcare Manitoba, I am pleased to provide you with our Annual Report for 2016/2017

In the past year, we were delighted to see the work we have done at Selkirk Mental Health Centre culminate in a Sarasvati production held at the Asper Centre for Theatre and Film. The production also toured Manitoba high schools, doing important work to open communication addressing the stigma and marginalization associated with mental illness.

The Art in Hospitals program was introduced to the community with hundreds of pieces of Indigenous Woodlands art being donated to Winnipeg hospitals and Selkirk Mental Health Centre. This program invites donors to gift art works to the facilities of their choice, to be used by the hospitals as they deem fit. Details will be provided further on in this report. As in past years, we continue to see the profound effects and outcomes live music and visual

arts bring to the communities of healthcare, and our ongoing vision is to one day, see our programs in every hospital in the City of Winnipeg and the Province of Manitoba.

On behalf of the Board of Directors of Artists in Healthcare Manitoba, and our Honorary Advisory Council, I thank you for your interest and ongoing support.

Sincerely,



Tom Carson, Chair Artists in Healthcare Manitoba



#### WE BELIEVE:

Music and the arts transform patient, family and staff experiences in healthcare. They facilitate communication; hope, healing and can inspire compassion and resilience.

#### OUR VISION:

Artists in Healthcare Manitoba envision a future where music and art are part of one's natural experience in health care.

#### OUR MISSION:

Our mission is to incorporate musicians and artists into those circumstances that will enrich the patient experience and nurture health and wellness through the arts



*'In two consecutive sessions, I encountered a woman in the radiation waiting area who initiated conversation, remarking how nervous she usually felt waiting for treatment, and how the music calmed her. It is very rewarding to know that you've made that contact with someone and occasionally the music stimulates interaction between patients when there are 3 or 4 individuals in one room.'* Peter McClure Cancercare MB

### Greetings from our Executive Director

From the E.D.

Personal experiences in health care this past year have shown me over and over again what a difference live music makes to patients. It's one thing to be aware of this mindfully. It's another thing to experience it firsthand.

A dear friend endured a year of serious illness with grace and humour. In her last months at St. Boniface Hospital I mentioned that we could ask our musicians to make her room a part of their weekly visits. It was interesting to see who resonated with her and wonderful to hear her rave about a particular player; Anne-Marie Williot, and how she looked forward to her visits. Anne-Marie plays the accordion and sings Edith Piaf beautifully and this was a perfect fit musically and personally as they struck up a caring friendship.

A few times I had the opportunity to visit at the same time as the musician and it was quite an experience. Patients came from other rooms came down the hall and sat outside to listen. Families came to listen. There was an immediate shared sense of joy in the music and shared compassion as people's gazes met and everyone recognized the vulnerability we all share when loved ones are ill. Sometimes the emotions were very close to the surface. Sometimes those gazes caught tears...

We are most fortunate to have a concert series in the St. Boniface Hospital's Everett Atrium, thanks to the Johnston Group, which is scheduled by the Manitoba Chamber orchestra. It's wonderful to see staff and patients enjoying music in the atrium. One of the groups included Desiree Abby, a fine solo cellist. Desiree kindly stayed after the performance and took her cello up to play for my friend. She played what people call the Yo-Yo Ma pieces; Bach's solo preludes for cello.

Watching a loved one be transported by the beauty of this music is hard to describe so I won't try, and needless to say this music attracted and entranced an appreciative gathering of patients, families and staff within the unit, who stopped to listen quietly.

Hearing about the impact of live music and experiencing it are very different. In these moments, people are not thinking about illness or the end of life. In these moments, we're simply in life together. In these moments, we're captured by the music and yes, things calm down, anxiety is replaced by appreciation, for the music and for the fact there is a musician in an unexpected setting. People are so grateful musicians are there for them.

Artists in Healthcare Manitoba tries to meet family and patient requests if at all possible. One fellow texted to say that his mother in law was at Health Sciences Centre after having numerous strokes and if we could get a guitar player to her, he'd be the favoured son-in-law forever! A day later our summer student musician was able to spend an hour with this patient and texted to say: "What a remarkable woman! We had a great time."

Another young woman saw our poster on the walls in the palliative care unit in the Brandon hospital, where her father had just been admitted. One call to our Brandon musician, Ann Germani, up until recently the WSO's second harpist, and within 20 minutes, Ann was playing for the patient, and continued make weekly visits to play for him.

Some things in life we can't change. Sometimes we can't make something better and there is a helplessness when you wish you could do something to affect an outcome. In those times, the ability of music to uplift spirits, to encourage resilience and courage, while not changing the ultimate outcome, changes the experience in the moment and we are able to cope a bit better.

Our music and art programs provide patients, families and friends with moments of respite from the everyday hospital experience. These programs invite camaraderie and offer relief as people engage with music or in something creative for a time.

With sincere thanks to all the funders, program partners and our Board of Directors who make all of this possible.



Shirley Grierson  
Executive Director, Artists in Healthcare Manitoba



*A beautiful moment caught in the St. Boniface Atrium; a very young fellow was utterly captivated by cellist Alex Adaman's music. Many smiles were exchanged as staffs and patients observed this. The series continues thanks to funding from the Johnston Group.*

## OUR ORGANIZATION:

Artists in Healthcare Manitoba (AIHM), was established in 2001. Our vision is to improve the patient, family and staff experience in healthcare and to address the needs of the whole person through meaningful engagement with the arts. In the past year, we maintained existing programs and began a new Dance/Movement Therapy program at Selkirk Mental Health Centre. Art in Hospitals was also a new program in this year.

Our live music and art at the bedside programs are found in hospitals, Cancercare, hospices and long-term care facilities. Musicians play for over 8,000 patients every month in dialysis, intensive care, chemotherapy, palliative care, geriatric rehabilitation, psychiatric health, and in a variety of treatment and acute care wards, facility lobbies and waiting areas.

Nine student musicians brought additional music to hospitals, long term care and hospices through the Service Canada Student Jobs Programs and the Johnston Group Manitoba Chamber Orchestra series expanded with extra services in 2016.



Art at the Bedside



Art in Hospitals

## ACCOMPLISHMENTS AND HIGHLIGHTS in 2016 / 17:

- ✚ Music program hours were maintained with significant increases in Dance/Movement Therapy hours at Selkirk Mental Health Centre
- ✚ The Selkirk Mental Health Centre (SMHC) Playback Theatre workshops culminated in the writing and production of a play on mental health which premiered at the Asper Centre for Theatre and Film, and subsequently toured Manitoba high schools. The live music programming continues thanks to a Bell Canada grant. The Dance/Movement Therapy component of the program came to a temporary halt as funding for this program was used up and SMHC is working to operationalize it.
- ✚ The Johnston Group concert series at St. Boniface Hospital goes into its third season with another increase
- ✚ The Art in Hospitals program began, bringing hundreds of Indigenous Woodlands art pieces to Winnipeg hospitals and Selkirk Mental Health Centre
- ✚ Artists in Healthcare Manitoba have received their fifth City of Brandon grant for Music to My Ears to continue their long-term care series The Care Home Outreach Project, as well as a three-year grant from the Brandon Area Community Foundation for music at the Brandon Regional Health Centre
- ✚ In the summer of 2016, we provided 2,360 hours of music through the Service Canada Student jobs program
- ✚ Art by the Big Blue Chair continued thanks to our Manitoba Arts Council grant
- ✚ Residents at Jocelyn House enjoyed weekly art making throughout the year thanks to a fine arts student volunteer from the University of Manitoba



A piece of resident art from Misericordia Place. This collage was made by a very buoyant, vibrant person who up until her last months, had only painted bright pieces of the lake she spent her summers at. She was also a family member. On looking deeply

at this very different work, we saw the child looking pensively at the universe ... a portent of things to come. Art allows us to speak without words, to process what we cannot bring ourselves to state. As in past reports, our outcomes are often captured or implied by the story; by the staff or patients who take the time to contact us as in the letter below from Health Sciences Centre staff:

*Life... writing it down - please share my thanks with your musician*

*What do we carry with us to work? Lunch, laptop, list of things to do? Emotions? Experiences?*

*After the Easter weekend, I was carrying something much heavier in my heart: horror and dismay. The random killing of an elderly man - by someone who videotaped the act and then posted the video on Facebook - left me feeling overwhelmed by evil.*

*A question kept repeating in my head, "What kind of world do we live in?". The answer seemed very dark and hopeless.*

*Then while walking through the main floor I heard music. Rounding a corner, I saw a lovely woman with long dark hair playing guitar and harmonica. She turned from the harmonica and started to sing, looking toward a little elderly lady who was sitting, smiling, and enjoying the music.*

*I don't know the musician's story. I don't know the elder's story. But in that moment, I was filled with hope at the beautiful picture of someone singing – giving – ministering - to an elderly person.*

*The answer was almost audible: "This is the kind of world we live in." How powerful the gift of music can be!*

*Thank you, lovely musician, for reminding me that we all can choose to give to those around us. And our acts of giving and caring for others will determine the kind of world we live in.*



Anita Issaluk plays weekly at Health Sciences Centre

## OUR PROGRAMS:

### Music to My Ears

Music to My Ears continues to be our core and most wide-reaching program. The response to the musicians is overwhelmingly positive, and we continue our efforts to expand into new hospitals, facilities and in long term and specialized care.

Musicians are found playing in patient waiting areas, at bedsides as invited and in a variety of common areas throughout the hospitals. This year has seen program expansion maintained at St. Boniface, Brandon Regional Health Authority and Selkirk Mental Health Centre with new year-round programming at Deer Lodge.



musicians and staff playing at ActionMarguerite

Music to My Ears can be found in rehabilitation units, in outpatient treatment areas such as dialysis, intensive care, psych health, radiation, cardiology, hematology, pediatric ambulatory clinic, geriatric, women and child, pain clinics and oncology. Through Music to My Ears, Artists in Healthcare is also an important part of hospices and palliative care. We aim to provide music anywhere it is possible to be enjoyed.

The expanded St. Boniface Hospital Foundation ER, CPRU area program continued in 2016.

*'I was playing on the 6th floor, at the end of the hallway, where there are windows and a few chairs set-up, where people gather to listen to the music. At one point, the people who were in a room close by waved me in and wanted me to continue playing my song in there. They were all crying. The woman they were visiting was singing along. She had a stroke a month ago and this was the first time she was able to sing again! They were so happy.'*

This year was our third year with the Johnston Group/Manitoba Chamber Orchestra concert series at St. Boniface Hospital, in both the Everett Atrium and Buhler Gallery. Hospital staff and patients continue to enjoy the series, which has grown yearly.



Year-round programming was enjoyed in a number of health care settings, with the following hours of service:

- Cancercare Manitoba - 650
- Grace Hospital and Hospice - 350
- Jocelyn House - 45
- Bethesda, South Eastman Steinbach – 166



Brandon Regional Health Centre - 433  
 Boundary Trails Health Centre - 166  
 Middlechurch Home of Winnipeg - 350  
 Personal Care Home Concerts (Brandon) - 120 one hour performances  
 Beacon Hill Lodge - 72  
 Health Sciences Centre - 650  
 Maples Personal Care - 300  
 Misericordia Place - 660  
 St. Boniface Hospital - 1270  
 Riverview Health Centre - 570  
 Selkirk Mental Health Centre - 156 music, - 380 Dance/Movement Therapy  
 Deer Lodge - 456

Including the summer student hours, Artists in Healthcare's (AIHM) musicians played 6,000 hours reaching well over 8,000 patients and residents. Given the nature of the work and the environments (including waiting areas that the musicians play in) the numbers of patients reached are calculated with respectful guesses. Hours were slightly down in 2016 due to cuts in the Service Canada student jobs program. In prior years, we had received between 400 and 420 hours per student. This year the hours ranged from 270 - 300 per student.

### Art by the Big Blue Chair Cancercare MB



1



2



3

*'This is our poster board as it was growing in its present form. Our last theme was our house, with the idea we all exist under one roof of the sky. Our roof at Cancer Care has a special mix of people. The feedback was so good that I kept the house shape for spring.'*

*The theme was Spring so we made leaves and tulips and had people write one word thoughts about what they thought of as spring. What was that 'spring thing' that made you go "it's here"?!!! Such things as; sunshine, rain, flowers, renewal, faith, (thinking of Easter) tulips, fresh, hope, beautiful spring, beer, grass, happy etc. as shown on the poster.'* - Kate Black

After the poster began (1) one patient drew the outline of a gazebo (2) that he had built. He asked for help finishing the drawing and fellow patients and staff completed it (3).

*'So, there is this lovely man who drew his garden from a photo on his phone. He did this beautiful graphic pencil drawing of his gazebo that he made with the empty plant boxes.. He asked that I post it and have others colour it for him. He wrote this on the paper that he wanted help to finish it.*

*So, I passed it to a nurse who loves colouring. She started the flowers in the plant box. This gentleman was thrilled.*

*Then I placed it on our poster board in the waiting room with a bag of pencils and the wood has become brown, the path has colour, there is bushes and greenery forming. He is very happy.*

*I found a patient in a wheel chair staring at our poster board and I brought her closer. She was enthralled with it. Cancer is a shared experience.'*-Kate

Art by the Big Blue Chair is in its fifth year at Cancercare MB, in the last year funded through a Manitoba Arts Council Grant. We will reapply to continue the program in March 2018. Patient participation, and projects chosen are tracked and documented.

### Art at the Bedside

Art at the Bedside is in its seventh year at St. Boniface Hospital, and provided approximately 60 volunteer hours monthly. The program hours, participants and projects chosen by patients are documented and tracked monthly.

The St. Boniface program accesses existing hospital volunteers, trained by our coordinator Claire Stephensen. The volunteers take art carts filled with creative projects ranging from collage, weaving, print making, beading and painting to make art bedside. The McEwan Mental Health art program continues as well.



Misericordia Health Centre continues to offer art programs to residents, with Kate Black running their portrait program. She visits residents who aren't able to make art independently, and paints their portraits for their families.



Culture Days 2016 Landscape Dancers

## Rejuvenation, Resilience and Recovery through the Arts - Selkirk Mental Health Centre

In its fifth year at Selkirk Mental Health Centre (SMHC), Rejuvenation, Resilience and Recovery remains a significant accomplishment in our 2016/2017 year.

We added almost 380 hours of Dance Movement Therapy which was received so well that the centre is working to hire Karissa Martens full-time. *“Karissa is doing really amazing work for us through Dance/ Movement Therapy, which is just now growing into something really wonderful... Artists in Healthcare has been a valuable addition to the programming that we offer.”* *Lindy Stanford, Geriatric Resource/Groups*

The results of the prior year’s Playback Theatre workshop process at SMHC culminated in the writing of a play, reviewed below (edited for space)

### **New made-in-Manitoba play breaks through silence on mental health Breaking Through is a timely, well-intentioned but dramatically uneven look at mental health issues**



By Joff Schmidt, CBC News

- Theatre group combats mental health stigma in high schools, one play at a time
- New play aims to break through stigma of mental health issues

"Crazy — that's a great word."

So says KoKo (Joshua Ranville) at the start of *Breaking Through*, a new made-in-Manitoba play seeing its first full production from local indie company Sarasvati Productions. It's an ironic statement coming from KoKo, a two-spirit Indigenous youth struggling with her identity and labelled, like the other central characters in Hope McIntyre and Cairn Moore's timely new play, as "mentally ill."

The play took more than two years to create. Sarasvati worked with other groups, including the Selkirk Mental Health Centre, to talk to more than 400 people about mental health. The results are unquestionably well-intentioned and thought-provoking, if dramatically uneven.

The stories of these characters have the ring of authenticity. McIntyre and Moore have clearly done a massive amount of research on mental health, and the challenges their characters face are heartbreaking and truthful — from run-ins with the police to unsympathetic co-workers, the play offers a deep look at the often-unseen daily obstacles people with an illness face.

And it makes clear its point that the biggest problem is not the mental illness, but how we treat it. "If I had a heart attack right now, you would help me, right?" says Molly. But "when you have a mental breakdown, someone calls the cops."

The performances across the board in director Kevin Klassen's sensitive production are good — there's a challenge to the performers here to play characters, rather than stereotypes, and they're largely successful.

The unevenness of *Breaking Through*, though, comes from the fact that it's taking on a massive topic, and ultimately trying to do and say too much. There are simply too many characters and stories in the 110-minute (with intermission) play, and we don't really get to follow most of the characters as deeply as we might like.

It's an imperfect look at an often-messy subject. But it's also an admirably ambitious piece, and one that presents a too-rare blunt look at mental illness on stage — and aims to make us question what we can do about it.



.... Not such a crazy idea.

### *Dance/Movement Therapy*

Following is the documentation provided by Karissa:

#### **Dance/Movement Therapy and Counselling at SMHC** Karissa Martens MA, R-DMT, CCC, GL-CMA

Dance/Movement Therapy and Counselling (DMT) sessions have been running every Monday and Tuesday at the SMHC since March 14, 2016. Weekly individual and group sessions have been offered to all Areas 1-15. Within these sessions, a group goal has been decided and agreed upon between participants and/or staff members. The following notes reflect observations on the progress towards these goals, as well as additional observations between March 14/16-November 29/17 at SMHC.

\*Please note that the Dance/Movement Therapist and Counsellor did not have access to the client's files, and therefore had little to no awareness of the diagnoses or goals of each individual. Notes were taken on observations.

#### **Area 1 & 2: Individuals with Acquired Brain Injury**

**Average attendance:** 8 people

#### **Group Goal:**

- Increased movement
- Increased pro-social behavior
- Increased memory

#### **Observations:**

- Individuals have become increasingly more alert and participatory in group
- Moments of increased mobility have been witnessed in participants' arms, legs, feet
  - One individual is now able to reach for the Dance/Movement Therapist's hands to signify he/she would like to dance with her
  - One individual is finding more mobility in her ankles and feet
  - Participants are trying and initiating different ways of moving, and increasing their movement repertoire (i.e. smaller, larger, quicker, slower movements)
- Individuals in the group are showing increased ability to regulate emotions, and increased openness to sharing emotions within the group
  - One individual started to cry during a song, and spoke about this emotion to the group
  - An individual entered the group saying, "Today I need to laugh!"
- Individuals want to stay for the entirety of the group even when other activities are offered at the same time
  - At the end of one DMT session, an individual with a limited vocabulary shouted out "More!"
- Past and recent memories are shared within the group, which often spark conversations between individuals
  - While sharing about someone in our lives who is brave, one individual said "My dad [is brave because] he is 80 years old and still working!" He then proceeded to share a song that reminded him of his dad.

### **Area 3: Individuals with Borderline Personality Disorder**

**Average attendance:** 6 people

#### **Group Goal:**

- Increased participation in movement
- Increased integration of Dialectical Behavior Therapy (DBT) within DMT session
- Increased relationship building

#### **Observations:**

- Individuals in this group are becoming comfortable with DMT:
  - More frequent song requests and movement ideas
  - Increased sharing with the group and Dance/Movement Therapist; signifying relationship building (i.e. likes/dislikes, opinions, what they are currently dealing with)
    - Individuals are more frequently complimenting each other on what they have shared
    - While focusing on the DBT skill of contributing, each participant shared about how they contribute in their own life. When one group member was not able to think of something, another individual shared how he has witnessed the individual contribute, and said, "He says a lot with what he doesn't say."
  - Expressing emotions in group
    - Some shared emotions have been: "I need love today," "I'm frightened and ashamed," "I'm glad you come here so we don't have to go to the gym all the time."
    - One individual was able to share her frustration/anger with the group, saying, "We've been doing the same thing since you started here...every week!"
    - Individuals in this group are more frequently sharing the emotions and memories they associate with certain songs
- Increased openness to movement
  - Individuals who have not participated in movement have begun to move and stretch with the group
- Willingness to regularly attend the DMT group
  - Voting to run a group later in the morning when the Dance/Movement Therapist was late for their session due to traffic
  - Apologizing to the Dance/Movement Therapist when they did not join the group
  - One individual stated, "I really enjoy this group Karissa." And other individuals have shared that they enjoy and appreciate the DMT group.

### **Older Adults-Group One**

\*Typically, individuals who are less verbal and less mobile

**Average attendance:** 18 people per group

**Group Goals:**

- Increased personal connection
- Increased stimulation

**Observations:**

- Increased awareness and moments of being alert
  - Participants are more engaged and awake
- Increased movement, and mirroring of movements
  - Individuals are engaging in the Dance/Movement Therapist's movements, as well as the movements of other group members (i.e. foot tapping, smiling, arm and hand movements [reaching for the Dance/Movement Therapist's hand])
- Individuals are increasingly sharing their personalities (i.e. displaying their knowledge of song lyrics, sharing jokes, responding with animated facial expressions)
  - One individual shared that he, "really likes the music!"
  - When one group member shared that she missed her family, another participant appeared to show sympathy with his facial expressions.
- Individuals in the group are sharing more emotions with one another (i.e. sadness [crying], anger, happiness [laughing/smiling], frustration)
  - One individual expressed her feelings of DMT by saying, "I love music and I love dancing!"
  - Some individuals are calmer during and after the DMT session
  - One individual has voiced that he is tired of being at the SMHC, and wishes he could leave
  - After asking an individual how she was today, she replied by saying, "Good...and you?" showing social awareness in the moment.

**Older Adults-Group Two**

\*Typically, individuals who are more verbal and mobile

**Average attendance:** 18 people per group

**Group Goals:**

- Increased enjoyment
- Increased client leading

**Observations:**

- Increased visiting and discussing what is on their minds with one another
  - After the Dance/Movement Therapist asked a participant to dance, he responded, "we can't dance, we are in wheelchairs?" The group then talked about loss, what loss means to each of the members, as well as alternative ways to dance when in a wheelchair.
  - Another individual, who had recently gone through a decrease in mobility, shared about how this experience has been difficult, saying "I'm having a hard time, but I am glad I can dance in my seat and be here with everyone."
  - Themes of loss, emotions, home/family, and seasons have been frequent
  - One individual shared about his recent divorce, and how he "cries sometimes because [he] misses [his] ex-wife." These words sparked the group conversation of missing others and how it is ok to cry.
- Individuals who had previously left in the middle of group, are now staying the entire duration of the group. Some individuals choose to stay for both Older Adults DMT groups!
- Increase in pro social behaviour (i.e. more cohesion and awareness of group members)
  - Individuals within the group ask other group members to dance
  - Individuals are noticing and mirroring other group members' movements
  - There is a sense of cohesiveness and support within the group
- Individuals in DMT appear to be enjoying the group
  - One individual said, "I wouldn't want to be anywhere else in the world!" Another participant said, "I enjoyed all of this!"
  - When talking with the Dance/Movement Therapist, an individual said, "I like talking with you."
  - This group has been full of laughter, jokes, smiles, and camaraderie between the group members
    - In response to the discussion of the first day of school, one individual said, "I wasn't in trouble the first day, but by the end of the first month I was sitting right next to the teacher!"

- Every week the group chants for this one group member to get up and dance. This causes a lot of laughter from the individual and the group.

### **Area 9 & 12: Individuals in the Acute Program**

**Average attendance:** 8 people

**Group Goal:**

- Increased socialization

**Observations:**

- Increased discussion between group members about various topics
  - How music helps with their emotions (anger, sadness, loss). One individual said, “music is life...dancing and listening to music makes life better.”
  - One individual shared about how his dad gave up on him. This started a conversation on family and the roles they have played within their lives.
- Individuals in the group have regularly voiced how supported they feel by others in the group, and how they feel as though they are “being listened to here.”
  - This support is also evident in the group members’ actions (i.e. sitting close to someone who is crying, encouraging each other’s dance moves, remembering each other’s music requests from the previous week)
  - In response to an individual who was dealing with a situation in his life, a group member said, “All you can do is be yourself.”
- Increased enjoyment in the DMT groups
  - Individuals have said, “I’m glad I came,” and “I thought it was going to be a boring day, but now it won’t be.”
  - Many group members have taught each other specific dances or dance moves. This is always paired with a lot of laughter and validation.

### **Area 10 & 11: Individuals with Schizophrenia**

**Average attendance:** 10 people

**Group Goal:**

- Trying something new/Risk taking

**Observations:**

- Individuals in this group are noticing and relating to other members in the group more readily
  - Individuals are teaching dance moves to one another, sharing information about different music and other topics, dedicating songs to one another, remembering when someone requested a song, and complimenting each other on their music and dancing
    - In response to one individual, a group member stated, “I see her strength growing.”
    - One group member shared that she was mad at her family because “they have freedom.” This started a conversation within the group about living at the SMHC, and what that means for their daily lives.
- Increased exploration of different ways of moving (i.e. learning the grapevine, moving in a different direction, finding moments to move slow or quick, and following other individuals’ movements)
  - These individuals have really pushed themselves to try new ways of moving
- Increased ability to express emotions
  - More expressive affect
  - In the DMT group, individuals have said; “I need love today,” “I always feel better after I join this group,” “I was upset, but going to this group was the right thing for me,” “I have to be brave every day because of the voices in my head.”
- Group members are requesting a much wider variety of songs, as opposed to the same ones each week
  - The group members have gone from requesting the very same songs week after week, to requesting different songs every single week! This is a remarkable difference, and really fosters their goal of taking risks.

### **Area 14 & 15: Individuals in the Forensic and Rehabilitation Programs**

**Average attendance:** 10 people

**Group Goal:**

- Increased relationship building

#### **Observations:**

- Increased willingness to participate and share
  - Group members have discussed their hopes and goals for when they leave the SMHC. In response to this topic, one individual said that the song “Hurt” by Johnny Cash gives him “hope for the future.”
  - Individuals have shared deep emotions, and reminisced about family members
- Individuals show an increased support for other group members (i.e. respect and patience for each individuals’ song choices, encouragement and praise for music choices and accomplishments)
  - This group has become increasingly cohesive. After one individual shared about his accomplishments, the group applauded for him.
  - There has been an increase in communication and relationship building within this group
    - Individuals within this group are able to share with one another when they feel offended or upset with another individual. (i.e. if a song another group member requested offends them)
- Individuals want to stay for the entirety of the group even when other activities are offered at the same time, and continue to attend each week.

#### **Individual DMT sessions**

The Dance/Movement Therapist and Counsellor has been running individual therapy sessions for individuals who have been referred to her. Within these sessions personal goals are created and fostered. There is an openness in these sessions, which allows the individual to choose the direction they want to go that day (i.e. talking, movement, listening to music). The Dance/Movement Therapist and Counsellor has seen changes, improvements, and an increased therapeutic relationship with these individuals throughout these past nine months.

#### *Art in Hospitals*

This year brought another new program thanks to the Wah-sa Gallery. The owner, on reading of art in hospital programs in Vancouver and Montreal, decided to create a similar program for Winnipeg healthcare centres. Almost 400 Indigenous Woodlands art pieces were made available to Winnipeg Hospitals and Selkirk Mental Health Centre. The program will launch formally later this year. Current participants are the Grace, St. Boniface, Victoria, Port in the Storm, Concordia, Pan Am Clinic, Selkirk Mental Health Centre, with others waiting for committee approval. Winnipeg gallery owners have received brochures on the program noting the process: donated art may be gifted to the hospital of the donor’s choice, with no obligation on the part of the hospital to exhibit the art, art is to be framed and valuated appropriately and can be used by the hospitals in any way they see fit. Works may be accumulated and sold or auctioned at fundraisers or given out by Foundations to their donors. It is hoped the program will grow and bring quality artworks to grace hospital walls or be used as benefits them best.







## Service Canada Student Summer Jobs

Every year, we receive funding from the Service Canada Student Summer Jobs Program, to offer employment to student musicians with funding from the Government of Canada. As part of Music to My Ears, they are an integral component of our program. The student narrative is provided at the end of this report.



## WHO WE ARE:

### Executive Director

Shirley Grierson

### Board of Directors

**Chairperson** - Tom Carson

**Treasurer** - Pam Campbell

**Directors** - Dan Donahue, Kat Fox, Jennifer Dubiensi, Beverly Pageau

### Honorary Advisory Council

Dee Buchwald, Ken Campbell, Sylvia Kuzyk, Randy Moffat, Dr. Merrill Pauls, Dr. Brian Postl

### Advisory Committee (Special Projects)

Sylvia Kuzyk, Barry McArton, Dr. Merrill Pauls, David Northcott

### Communications

Leif Norman

## PROGRAM STAFF and SUPPORT:

### Art at the Bedside – St. Boniface Hospital

Program Coordinator – Claire Stephensen. This program's volunteer numbers range from 8 – 14

### Art by the Big Blue Chair – Cancercare Manitoba and Misericordia Health Centre

Artist - Kate Black

### The Care Home Outreach Project – Brandon and Souris

Volunteer Coordinator: Corey Friesen

Student Musicians – University of Brandon

### Music to My Ears

#### Winnipeg:

Tim Cummings - St. Boniface Hospital and Cancercare MB; Lynn McClure - Cancercare MB and Jocelyn House; Peter McClure - Cancercare MB; Keith Price - Health Sciences Centre; Ann-Marie Williot - St. Boniface Hospital; Casimir Gruwell – CCMB; Aaron Shorr - St. Boniface Hospital and CCMB; Nic Lawrenz – St. Boniface Hospital, Lois Gillespie - St. Boniface, Grace Hospital, Middlechurch, Maples Personal Care and Beacon Hill; Ashley Au - Grace Hospital; Heitha Forsythe – Misericordia; Kris Ulrich - Health Sciences Centre; Myron Kurjewicz - Health Sciences Centre; Jacob Tallman - Health Sciences Centre, Riverview Health Centre; Nicole Barrett - St. Boniface Hospital, Jesse Popeski – Deer Lodge Health Centre, Liz Goossen – Grace Hospital, Michael Peters – Health Sciences Centre, Michael Peters, Health Sciences Centre, Luciano Armenti, Selkirk Mental Health Centre, Jacob Herd, Selkirk Mental Health Centre

**Brandon** - Ann Germani and Matthew Zimmerman

**Brandon Home Care Outreach** – Corey Friesen and Brandon

University students

**Boundary Trails** - Jess Reimer

**Bethesda** - Willie Wiebe

### 2016 Service Canada Students - Winnipeg

Noted below

### Rejuvenation, Resilience and Recovery with the Arts - Selkirk Mental Health Centre

Dance/Movement Therapist - Karrisa Marten

Musician – Luciano Armenti, Jacob Herd

Art mentorship – Claire Stephensen





[artistsinhealthcare.com](http://artistsinhealthcare.com)



## STORIES FROM OUR SERVICE CANADA STUDENTS:

### *Service Canada Student Jobs 2016 Narrative*

Artists in Healthcare were pleased to have nine students in the 2016 summer; seven funded through the Service Canada Student Jobs program and two funded through hospital foundations:

- 1) Kyle Cobb – Health Sciences Centre
- 2) George Bajer-Koulack – Misericordia Health Centre
- 3) Maddy Janz – Bethania and Donwood Personal Care
- 4) Elizabeth Sadler – St. Amant and Actionmarguerite
- 5) James Kohler – Middlechurch Home of Winnipeg
- 6) Kasey Kurtz – Maples Personal Care
- 7) Blake Unruh – Riverview Health Centre
- 8) Malcolm Somers – Deer Lodge Health Centre
- 9) Jacob Tallman – St. Boniface Hospital

I've had such an amazing experience at HSC! During my time at the hospital I have gained much appreciation for the power of music to brighten people's spirits especially when faced with adversity. Often it seems those in the most compromised positions have access to the most generous and joyous spirit.

*Additionally, I've realized just how many people dedicate their lives and careers to helping people.* The staff at HSC is full of amazing people and they all truly inspire me.

Kyle - HSC

I've had so many awesome interactions this year. Every day I come home feeling like I've accomplished something truly special! Here are a few examples of how this program brings joy into the lives of the old folks at Misericordia.

When I am playing for larger groups I usually try to engage them all individually, shifting my attention from person to person without leaving anyone out. For people who are often lonely and isolated, a little bit of personal attention can be incredibly powerful. I also try to communicate as much joy and energy as I can, my goal is to make each person in the audience smile at least once. The results have

been fantastic! more than ever people are beginning to recognize me and remember my name, and larger and larger groups come to hear the music. *When things are really jiving I've had residents get out of their seats and start dancing around with their walkers!*

Although the group performances are great, the most meaningful interactions happen in one to one sessions. Some residents rarely participate in any activities and isolate themselves in their rooms. *Whether it's due to shyness, confusion, depression or something else, these are the people who need music the most. It can often be difficult to convince them to listen, but if you can get them to hear just one song, anger, fear and anxiety will melt away into gratitude and calmness. Music can provide a focal point for a confused mind and jog memories that have long been dormant.* I usually follow up a song by trying to make a connection. If they seem comfortable talking, I'll ask a few questions or else I'll just talk a little bit about myself. Again, I've found that this yields fantastic results. I've seen people who usually blank faced and unmoving tap their feet and hum along, and I've heard childhood stories from the most confused individuals! I've made friends who will come out and say hi when I walk past their rooms, and even convinced a few to come out to some of the other activities!

Once when I was just walking out the front door, one of the residents called out to me from across the room. I wasn't sure what was going on, but when I got close enough, he grabbed my hand and said *"You are the reason I'm alive. I couldn't stay here if it weren't for you, thank you"*. I recognized him after as one of the residents who always gets on his feet and dances when I play. I hope I get to play on his floor soon.

Another great moment was when I was playing in the hallways. One woman looked up, noticed me and said "Oh I'm so glad you're here, why don't you play me some music". I did and we had a very nice conversation, I got no sense that anything was amiss. Afterwards, the care aides told me that this woman had been having a terrible morning. She was really confused and didn't know where she was or what was going on, but as soon as I came upstairs, she recognized me and calmed down right away.

Just a few days ago I had a great experience playing in the room of one of the residents. She was one of the folks who could only be convinced to come out of her room for meals. As I played for her she steadily became more and more engaged, first clapping her hands occasionally, then gradually starting to sit up. Eventually, she got to her feet and started to dance! When I was about to leave she said to me *"I was so sad, and you've made me happy again"*.

This program is amazing! I've seen it effect so many people in so many fantastic ways. To all of the people who work hard to make this possible, thank you.

sincerely,

George – Misericordia

My experience so far as a Musician for Artists in Healthcare has been indescribable. Before starting the job, I had many expectations and ideas of what it would be like. I've been working for two weeks, and the experience has already surpassed what I thought it would be. Never have I ended a day in this job without a smile on my face and joy pouring out of my heart.

I've met interesting people and heard old stories. The most valuable thing I've learnt so far is that - like any other group - the elderly cannot be generalized. Each visit I have with a resident has a unique story tied to it. There is a lot of knowledge within the walls of these homes, and I am lucky enough to

be standing in the middle of it all - strumming my guitar and singing my songs. What a dream come true.

Maddy – Donwood and Bethania

This is my second year working for Artists in Health Care. I work at two locations weekly. I really love having a double placement because I get to reach out to a larger population. Returning to Action Marguerite has been amazing. The recreation team has welcomed me back with open arms and I am fitting back in very nicely. Also, many residents I meet last year have been excited to have me back and to hear my music. I would like to share one of my experiences I had this week at Action Marguerite:

I decided to try something new. I have made friends with two residents who live on the same floor. They both have Parkinson's disease; one can walk while the other is bed ridden. I decided that the resident who could walk and myself would go together and have music in the resident's room who is bed ridden. The three of us had a lovely visit. I sang to both of them and could tell that they each benefited greatly from the visit and music. It was a way to bond and create positivity out of an unfortunate situation and provided a change of atmosphere for both. The resident whom we came and visited has limited speech due to their Parkinson's but *I could tell she enjoyed the visit greatly as she was smiling with her eyes.*

Elizabeth - St. Amant and Actionmarguerite

I passed by man who was in a wheel chair listening to the radio in a large t.v. room. I stopped and knocked on the door and he turned to me with a big smile on his face. He immediately asked me if I played music. I said yes, I do! The man's smile grew even bigger now and he kindly told me to turn off the radio so he could hear me play the guitar. He was such a kind fellow with a lot to talk about. We jammed out to some Johnny Cash, Tom Jones and Hank Williams. After about an hour and a half of singing, talking and listening we had become musical buddies!

James – Middlechurch

"I've just finished up my second week playing music for the residents in Maples Personal Care Home and I'm starting to settle in very nicely. I feel I'm getting better acquainted with both the staff and residents all the time. So far, Artists in Healthcare has provided me with an opportunity to learn and play dozens of new songs for residents at Maples, as well as practice in preparation for my second year of jazz studies in the Desautels Faculty of Music. Elvis Presley and Johnny Cash are unsurprisingly the two most requested singers. Now that the residents are more familiar with me, I'm often greeted by "Here comes the guitar man!" as I walk through the hallways looking for people to entertain. I feel very fortunate to have a summer job that I enjoy as much as I'm enjoying doing Artists in Healthcare. I look forward to the next month and a half I will be spending at Maples!"

Kasey – Maples Personal Care

Thank you again for this work. It is really amazing to work with the patients and to have the opportunity to play as much as this.

Working at Riverview is extremely rewarding. My time here has been one of both routine and adapting to the particular needs of the patients. In the units that have a lot of patients with dementia I play a lot of old songs so they are asking me and encouraging me to learn new songs every day.

*Playing this much has expanded both my heart and musicality.*

My calluses have also hardened as my experience increases. As someone who is lucky enough to follow his dreams – I was just accepted to music therapy in Vancouver for the fall, these experiences have been invaluable. I am convinced this does amazing things that help with the wellbeing and ongoing care of the patients here. There's nothing like the smiles, encouragement and pure magic that I see every day here. Thanks for the opportunity.  
Blake – Riverview

I've been settling in nicely at Deer Lodge, and already in these past couple weeks I've had some great feedback not just from the residents but from the staff. I was playing on a rehab floor and there was a nurse who was administering medication nearby. I got up to move my a little closer to some residents and she asked if I was leaving. I told her that I still had another half hour and she was relieved. *She said "we just love having you here, we wish you could stay on our floor all day!"*. Another great interaction was with a resident I ran into who asked if I could play music for them while they relaxed in a recliner for a while. We sat and chatted about old folk songs and I played some (she started to doze off a bit too). After I had finished playing she told me that I had just made her day and that she felt completely relaxed, so I promised I would be back the next time I was there.  
Malcolm – Deer Lodge

In the palliative care unit, there is an older woman whose husband is slowly passing away. I have been blessed and been enjoying her company each day that I am there. She says the music is very soothing, relaxing and allows her mind to settle for the moment. She didn't have any musical background herself. She said, in so many words, the classical music I play doesn't have any specific connection with a story or concept giving her mind a moment to rest from such things. And even though she still felt a lot, it isn't as difficult. It is what I believe to be a common misconception that the music is actually another way to zone out or "escape" from what's going on. This woman somewhat described her situation as the same thing except kept saying she could still feel a lot. I said music doesn't take us away from what's going on in the present. It just allows us to feel what we're already feeling without the need for all the thought processes and concepts behind it. She said she hadn't thought of it like that and began crying. Perhaps rather presumptuous of me, but being someone who deals a lot in the realm of pure emotion in various ways, it seemed to let her stop fighting with feeling her emotions and just let them come out.

At the NFA (Not for Admitting) area, I often get people saying how coming to the hospital was partially grueling because of the wait times, which are not only uncomfortable for the fact that you're waiting in a chair doing almost nothing for sometimes hours, but also knowing that you might be doing something uncomfortable when you're actually called. I played for the people waiting there and they said it made coming to the hospital and "waiting" an actual pleasant experience and relieved a lot of their tension around what they were actually waiting there for.

In the Emergency Reassessment Unit, I get a lot of good feedback from patients, families and staff, but there is one experience in particular that I liked. It was a time when I came in and the patients were all in the usual places in their respective solitary cloth cubicles and not really interacting with anybody around them. Usually these patients look like they are in a more morose mood for obvious

reasons. However, when I began playing, a patient began talking to me (a common occurrence). Then, another patient beside him started talking to me and they started talking to each other (usually about music, but there are a range of topics that always come up). Several of the other patients and their families began to join in, smiling. *More than just coming and relieving the experiences of individuals, and myself finding a way to connect with the people around me, I also try to simply be something that changes the atmosphere of the room, so to speak.* In this instance, the music gave the room something less sterile (in the figurative sense) to anchor to and connect with each other in their difficult moments. After all, the only people who are experiencing waiting in that room for hours in a bed and cloth cubicle are the people right next to you.

Jacob – St. Boniface

With thanks to all of our generous supporters. We wouldn't be here without you.



Bell Canada  
Great West Life  
Gillis Quarries  
Investors Group  
Long & McQuade Music  
Service Canada Student Jobs  
Smith Carter Architects and Engineers  
Sussex Realty  
The Johnston Group

The Winnipeg Foundation  
Brandon Area Community Foundation  
Manitoba Community Services Council  
Selkirk Community Foundation

Bethesda Hospital  
Boundary Trails Health Centre  
Brandon Regional Health Centre  
Cancercare Manitoba  
Concordia Hospital  
Deer Lodge Health Centre  
Grace Hospital  
Health Sciences Centre  
Misericordia Hospital  
Riverview Health Centre  
Selkirk Mental Health Centre  
St. Boniface Hospital

Manitoba Arts Council  
Winnipeg Arts Council

Beacon Hill Lodge  
Bethania Personal Care Home  
Donwood Manor  
Foyer Valade/Actionmarguerite  
Maples Personal Care Home

Barry and Carol McArton  
Gail Asper  
Pamela Campbell  
The Asper Family Foundation

Leif Norman  
Poco Beads

Art at Cancercare <https://vimeo.com/154359060> Cancercare music <http://www.artistsinhealthcare.com/videos/>

Music to My Ears <http://vimeo.com/24829257> Art at the Bedside St. Boniface Hospital <https://vimeo.com/37978606>

String Quartet Series: <http://vimeo.com/16381026> and <http://vimeo.com/16381760>

Shaw piece on Art by the Big Blue Chair Cancercare MB: <http://youtu.be/rHwqTUXsPqE>