

# Orchestras as Partners in Community Health and Wellness

## Conference 2025

ANNETTE JARVIS: I'd like to welcome everyone to this session. My name is Annette Jarvis, and I am the Chair elect of the Utah Symphony, Utah Opera Board of Trustees. I'm also a restructuring attorney and the co-managing shareholder of the law firm of Greenberg [UNINTEL], the Salt Lake City office. And I come to this panel not only as a passionate advocate for the arts, but as someone who has personally experienced the healing power of music. Six years ago, I was diagnosed with thyroid cancer. The thyroid surgery resulted in right superior laryngeal nerve damage.

Originally, after the surgery, I could only speak in a whisper in the pitch of a man, and I could not move that pitch up or down. After a year of hard work with Dr. Diana Orbello [?] at the Mayo Clinic and the Speech Therapy Clinic at the University of Utah, I was able again to speak in the pitch of a woman, as you can hear me now, and moved the pitch up and down to sound normal. I then told my doctors that I wanted to learn to sing again. After further testing, they told me this was not medically possible.

I had started singing in school choirs when I was nine years old, and sang in the oratorio choir in college, and continued to sing with my family and community and church choirs. I could not imagine living the rest of my life without being able to sing. So despite what the doctors told me, I went to my friends at the Utah Opera, Christopher and Julie McBeth, and asked them if they knew someone who worked with damaged voices. They referred me to Dr. Lynn Maxfield, Director of the Utah Center for [UNINTEL], and Associate Director of Research Development for the Department of Otolaryngology at the University of Utah, and he's here, actually, today.

[0:01:51.0]

We began working together remotely during the pandemic. At that time, I could only sing three notes, and my voice wobbled uncontrollably. My initial goal was simply to be able to sing again to my then four year old autistic granddaughter who could not understand why I could not sing her to sleep anymore. It took me more than nine months of hard work before I could stabilize my voice, expand my range, and sing my first song. This work also opened the door to learning new information pertinent to my situation as I struggled to understand the difficulties I was encountering. I read books on vocology, the anatomy to vocal tract, brain science, and neuroplasticity and scientific research being done on the health effects of music, as recommended by Dr. Maxfield.

With this expert's guidance, I was helping my brain find a new way to stimulate my vocal folds to enable me to sing again, and in the process, I became enamored with the scientific research demonstrating the beneficial health effects, both physically and mentally, of music. Two years ago, my voice recovery allowed me to start singing with the Utah Symphony Chorus. In April, I sang in the chorus for "Mozart's Requiem" with the Utah Symphony. It is hard to describe how I felt that final night of the three performances. I could hear the voices around me blending with my own to create a beautiful sound accompanied by the incredible playing of the Utah Symphony. When we sang the last chorus and the piece ended, I felt a sense of absolute triumph and elation.

I am sure that my friends and family who had come to hear me could feel the pure joy glowing on my face. So when you ask me why I believe in the healing power of music, why I believe we have a responsibility and an opportunity as orchestras to share that with our communities, it comes from this personal passion within me. As incoming Board Chair, I also recognize the social value of this work. At a legal conference I spoke at in New Zealand a couple of years ago, I heard a law professor there talk about her research that concluded that nonprofit organizations need to demonstrate social impact in our current philanthropic and political environment to survive.

[0:04:16.9]

Contributing to the health and well being of our communities as orchestras will demonstrate this social impact and help increase our donor base and community support. Besides, speaking as someone who understands the joy and well being of music personally, it is a gift we can and should give to ourselves and to our communities. So with that, I want to introduce you to this panel of experts who will talk about all the work that's being done in this area, and I'm so excited for you to hear this.

KAREN YAIR: Annette, thank you so much for sharing your very moving personal story. It was wonderful to hear that from you, and to add to some of the stories that Renee Fleming shared with us at the opening session. What we're going to be doing today is talking about how orchestras are taking some of this work forward, and some of the kind of principles and learnings that we can gain from our colleagues so that we can individually begin this work or deepen it if we're already engaged.

[0:05:22.9]

We're actually reporting here on a guide that we've just launched, the Catalyst Guide to Help Orchestras in Health and Wellness. You can see that the front cover on the slide today. This is part of a series of Catalyst Guides which aim to bring forward stories of orchestras making progress. We tell relatable stories that make sense to members across the field, featuring orchestras of all budget

sizes, and in doing so, we're meeting what we hear from everyone in the field about the need to see positive examples of change. I think, particularly at this moment in time, it's really important that we can see these highlights of positive work that's carrying on and continuing through the challenges that some of us face.

We feature, as I say, stories of practical progress, and we also feature promising practices that illuminate themes that emerge across orchestras, showing some of the guiding principles that make sure that the work that we do is as well grounded and productive as possible. And I think there's nowhere where that's more important than in the realm of health and wellness, where the principle of do no harm is an underpinning foundational value. So I'm just going to talk very briefly before you hear from some of the orchestras who we feature in the guide, who can tell you much more effectively than I can about the work that's continuing today, I'm just going to talk you very quickly through the structure of the new Catalyst Guide.

Ted Wiprud, who's going to be facilitating our conversation, is the lead author of the guide. And Ted did a remarkable job in reaching out to many of the 80 orchestras who responded to a survey that the League issued back in fall 2024, asking what kinds of health and wellbeing initiatives are underway across the field. So Ted created a kind of taxonomy of the work that we see underway in the field, and it falls broadly into these five major categories. So we see many orchestras partnering with healthcare facilities to improve patient outcomes and to bring music directly into clinical environments, and this can take the form of bedside solos, which are tailored to individual patient needs, interactive change performances on site in hospitals, and public concerts for families and caregivers who also need care and respite during the caregiving process.

[0:07:59.9]

Second, we see orchestras working to support mental health and resilience, and we're seeing them prove how powerful music can be as a support for people experiencing mental illness or addiction. And we see orchestras working closely with therapists and crisis centers shelters and prisons, creating musical experiences that offer comfort and connection emotional relief, not just for participants, but also for the musicians involved, who often report a profound sense of empathy from the connections made with the community that they might not otherwise not have engaged with.

Third, every community in this country has a neurodiverse population, and traditional concert settings, of course, can be exclusionary to our friends and family members who are neurodiverse. So to address this, many orchestras are, and have been for some time, offering sensory friendly and adaptive performances that are designed to be inclusive and to feel comfortable and welcoming to everyone. Cultivating community, well being. As has been pointed out, the US is facing a national mental health crisis with serious and lasting consequences, and compounded by the pandemic, of

course. So wellbeing concerts and performances can help to draw people together and create the kind of sense of community that builds wellness and can help to prevent anxiety and mental health issues from escalating.

[0:09:29.0]

Finally, we're actually seeing some really exciting work going on in partnership between orchestras and scientific research centers. Researchers are exploring how music affects neurology, physiology, and mental health. And in some cases, we're also seeing the effect of music and a lifetime of music performance on the musician's body being investigated through scientific research. So there's a lot of different points of connection between the medical community and the artistic community, and we're really pleased to bring those stories forward today.

Looking at those emerging themes that I mentioned and kind of grounding principles for the work in this area. We recognize that many orchestras are still relatively new to prioritizing this work, and as they navigate this space, they're gaining valuable experience and delivering programs that really make a meaningful impact on communities, but also engage their musicians and staff in new ways. So these are some of the themes that came out of Ted's research. First, we think that responding to local needs and opportunities is obviously a key value for all community engagement work, but in no place more significant than in this realm.

Listening to what your community needs. I think we're going to hear a great story from Elizabeth in a moment about how she did that. But yeah, making sure that what you do is in response to the unique needs of your community. Partnering with healthcare institutions, healthcare professionals, and therapists. This is obviously a given. We're not medics and we're not scientists, but it's the convergence of our expertise with medical expertise that can create the magic. Third, preparing musicians for new settings and listeners. There is some training available.

A lot of musicians are working on the job, but leveraging local connections to make sure that musicians are equipped to do the work that they need to do in settings is an essential grounding principle. Starting small and building incrementally can often help to build confidence and to strengthen partnerships, to ensure that everything is strong as the practical work in healthcare settings gets underway. And finally, as with all community engagement and innovative work in orchestras, aligning internal internally on this priority will make sure that the whole orchestra is behind the efforts and that everyone benefits from it. So thank you for listening as I shared some of those research findings, and now I'm going to hand over to Ted Wiprud, who is the lead author of the guide, to take us through a discussion that will bring some of those principles and practices to life. Thank you.

TED WIPRUD: Thank you so much, Karen, for going over the guide. Good morning everybody. And a very happy birthday to the executive director of the New Albany Symphony, Heather Garner. So as musicians and music people, I think we all have this intuitive sense of music's connection to our well being, certainly, and seeing its impact on other people. The stories we've been hearing during the conference from Renee and the people on her panel certainly offer wide ranging testimonies, especially also in her book, *Music and Mind*, which is just full of fascinating accounts from musicians, from patients, from researchers and clinicians. Really worth perusing.

[0:13:13.2]

So it turns out that our organizations, orchestras, offer an enormous resource for the health of individuals and of whole communities. It's something that many of us have known and many orchestras have been exploring for a long time, but there's just this upwelling right now that's very promising and exciting, that we're really learning how to leverage this power we have for the benefit of individuals and communities. Please raise your hand if you're involved in any health and wellness initiative. Uh-huh, yeah. You see, this is really — we received 80 responses to that survey, and many — in this publication, you'll see many have just a tiny little paragraph that's basically what they told us in the survey. But for each of these areas of practice, I was able to develop a larger case history from talking to individual orchestras who responded.

[0:14:09.6]

So it's a wide field of practice evolving as we speak, and this is going to be a place where you can both get an overview of the different kinds of work going on and learn a little bit from our colleagues about how they're going about it and how it grows, and some of the things to look out for. So I'm just going to identify our panelists and then let them introduce their own work briefly. You're going to be hearing from Elizabeth Brown Ellis, the Executive Director of the Lima Symphony in Ohio. You're going to be hearing from Ben Kipp and Brett Graham. Ben is the Vice President of Education and Community Engagement here at the Utah Symphony, Utah Opera. And Brett is interim CEO of the Huntsman Mental Health Institute, Chief Strategy Officer, University of Utah.

And finally, last but not least, we'll be hearing from Sean Claire, who is a violinist at the Knoxville Symphony and Concert Master of the Symphony of the Mountains. So very briefly but very powerfully, let's hear from Elizabeth about what's been going on in the mental health area in Lima.

ELIZABETH ELLIS BROWN: I'm going to steal this. Thank you. The Lima Symphony began our work in the [UNINTEL] music in 2018 with a \$30,000, two year grant that encouraged us to dream. It was our chance to step off the stage and to redefine what excellence meant to us. We were able to go out into the community and really, for the first time, listen to what the community needed and address the needs of our community. At that point, the opioid epidemic was really rampant throughout the entire country, and we knew that we had to do whatever we could do to address the needs of the community.

[0:16:03.4]

So we began sending ensemble groups to four locations. The behavioral health department of our local hospital, a three day facility for people who were in acute crisis, the drop in center for at risk youth, and a long term housing facility for people who had chronic substance abuse and mental health needs. We worked initially just with the string quartet. We have now branched out to other ensemble groups. And we chose our musicians very carefully, because we wanted to work with the same musicians over and over to create continuity. Our program is all about connections. We don't just deliver a program and leave. We have a very interactive program. We talk to people between pieces. We stay afterwards and talk to them about how the music made them feel. We share stories with them. We are open and vulnerable with the people that we serve.

Right now, I should tell you that we are not trained music therapists. So my story is going to be very different from what you're going to hear from my colleagues today. Our program is simply about connections. Our goal with Healing Through Music has always been to share stories, to uplift the people that we serve, and that society has marginalized, just by showing up for them sends a powerful message that they are worthwhile and that they deserve positive experiences. That they are not forgotten. Very soon after we started our program, after it was announced, I received a call from the local chaplain at our prison, and he asked if we would be willing to extend the program to the prison. So we began doing eight programs a year at the Allen Oakwood Correctional Institution, which is a 1,600 inmate mixed security men's prison, and that work also continues through this day.

Music became our tool. We used it as a bridge to reach people who were in a very dark place. We went to them to create spaces of belonging for people who otherwise wouldn't have access to a classical music performance or really to an arts experience of any kind. We created experiences that allowed people in crisis to escape from the dehumanizing conditions of mental illness, to transcend the world around us, around them, and to remember that they still had the capacity to experience something beautiful. The spark of that beauty became really the opportunity for hope. Because without hope, how do you ever have healing?

[0:18:51.0]

Let me share with you the story of a 16 year old girl who was studying — who was suffering from depression and suicidal ideation. After our performance, she said that listening to our music was like hearing sunshine. She felt that we had given her a lifeline, and that for the first time, her thoughts quieted. After our performance, a few days after our performance, she was released from the behavioral health facility, and we offered her tickets. We offer everyone who comes to one of our performances that we know will be able to come to a performance, perhaps in the future, tickets. And this also extends to the caregivers, because they are just as in need of healing of anybody, of any client, and not any facilities.

[0:19:35.9]

She called me several days before the performance and said that her grandmother kept saying to her what we hear so often. “Why would the symphony do this for you?” I hate those words. But grandma did not believe that there would be tickets available for her. I ask you now, why would the symphony not do this for someone? If we are able, why would all of us in this room not do this for someone? We’ve gone into behavioral health settings where there have been — there was a man who was on the verge of a psychotic break. He was about to be sedated and restrained, which, of course, is the very last measure they want to take. When he heard our music, he calmed without medical intervention, and by the middle of our performance, he was able to join us and sit calmly on the edge of our performance.

We’ve had a person who was in the middle of a manic schizophrenic episode who was able to sit in the middle of our group without disruption. We’ve worked with someone who was deeply claustrophobic, who came and stood just inside the door frame because he didn’t want to miss a note. That is how music can reach people when words and therapy and medicine often cannot. A woman struggling with PTSD came to one of our performances. She was in the behavioral health unit, and someone had died by suicide by walking in front of the bus that she was driving. She was in a state of hyper arousal. She could not stop replaying that scene over and over in her head. And she came to our performance, and she sat there listening to our quartet, and she just cried.

[0:21:34.2]

And that was break that she needed. That stopped that scene from seeing — from going through her head, and that allowed her to start journaling, which was the first step in her healing journey. I could tell you 100 more stories, but I want to stop and move on to our work in the correctional facility, because that truly is such an important part of what we do as well. In the words of the deputy warden for special services at the correctional facility, “All of the men there have led lives of destruction.”



They have destroyed families. They have destroyed trust. They have destroyed lives, their own lives certainly, and property.

And our work with them gives them the chance, often, for the first time in a very long time to rebuild and to create something. One of my favorite things about our program is watching the men, when we're in the facility, close their eyes and go somewhere else during the performances. We know that they — from them, that they not only are beyond the walls of the facility for the short time that we are with them, but these experiences sustain them for weeks and weeks afterwards, and they tell us that when we are there, that because we value them enough to bring them these experiences, because we share our resources and our time with them, because we see them as individuals and not as the worst mistake that they ever made, that allows them to begin to think of themselves differently and feel that they perhaps are worthy of healing, that they perhaps are worthy of looking at themselves differently as well.

[0:23:29.0]

I want to share one experience with you. We often — all of our quartet experiences are usually based in classical music, but sometimes we do mix it up a little bit as well. And on the very first experience we had at the prison, we ended with a arrangement. We had a septet that day of woodwinds and strings, and we ended with an arrangement of “Bohemian Rhapsody” by Queen, and all of the men sang every word. I couldn't believe everybody knew every word of the song, but they did. And one man stood for just a second and he played air guitar and he sang, and for that moment, he was not an inmate, he was a rock star.

I am very proud to share that last summer the Lima Symphony Orchestra became the first orchestra in the state of Ohio, and as far as we can tell, the first orchestra in the country to bring our full orchestra into the correctional facility. Let me tell you, that was not easy. That took months and months of paperwork and preparation, but we brought the whole orchestra there. We played a piece that was written by an inmate while he was incarcerated. He was a former music professor, and on the fifth anniversary of his parole, he was able to return to the facility and hear the world premiere of this composition that he wrote.

We were also joined by a 100 man choir of inmates who performed with us. They sang the “Battle Hymn of the Republic.” And there's a picture there. What I love about this piece so much — picture so much is that they surrounded our orchestra. Our orchestra is dressed in white shirts and black pants. They are dressed in white shirts and black pants, and there was no distinction. It was 165 people making music together, and it was a beautiful experience. Our orchestra members tell us, without fail, that this was the most meaningful musical experience of their career, and I think that is what is so important about what we do with our healing through music program.



[0:25:52.3]

When we step into these behavioral health settings or into the correctional institute, we are engaging in something that is far greater than performance. We are using our artistry to forge human connections in places where hope and beauty often feel scarce, and that is what is important. Thank you.

TED WIPRUD: Thank you, Elizabeth. My goodness. Let's turn to our hosts here in Utah and hear from Ben and Brett about work that's going on right here in Salt Lake City.

BEN KIPP: Thank you, Ted. My name is Ben Kipp. I have the pleasure of serving as Utah Symphony to Opera's Vice President of Education and Community Engagement, and I have to say, it's been an absolute privilege to host this year's conference and to contribute to the Catalysuide, and to serve on this panel with such incredible people doing such amazing work around the country. It's really inspirational. Here in Utah, we have a very unique model. We get to serve the entire State of Utah every single year, we're serving over 400,000 Utahns, with over 100,000 of those representing students and teachers and community members across 300 different concerts, with a significant percentage of that representing rural Utah.

Something unique about our state is most of it is rural. Over 70 percent of our state is desert and dry lands, but with passionate people and people who care about the arts, and we're fortunate enough to get to bring our art into their spaces. What we've learned over the last eight decades of getting out into the community, and what's supported by research, is largely Utahns struggle with a lot of the same things. Feeling disconnection, isolation. Every time we go out into these communities, we realize that their story is our story. There's a lot of similarities, and we can be a space for them to connect with one another. It's quite literally our mission. Connect communities with great live music.

[0:27:54.1]

And we get to help them feel like they're at home here in Utah. Our approach right now is two tiered, and it's primarily focused in upstream services. We have a program that we're able to offer to 26 K-12 schools called Mindful Music moments that's in partnership with our mindful partner, the Well. Right now, it reaches over 7,500 students, with 13 of those 26 schools being Title One. The program is 46 weeks of curriculum that's offered in both English and Spanish languages, and there are three to five minutes of orchestral excerpts paired with mindfulness prompts.

It's been an exceptional, powerful tool that's offered us the ability to talk about some of these issues with a very vulnerable demographic. We realized through a study that we did in 2023 that there's a huge increase in signals of depression and suicidalities for sixth graders in Utah. So we are not mental health providers. We're not trying to be. We have exceptional partners in the state, but what we realize is we can be one of those upstream services. There's a powerful story that I wanted to share about a teacher named Natalia. Natalia is a general music teacher. She teaches at five different schools, and she's able to offer the program to all five of her classrooms of varying sizes.

And I was on a phone call with her the other week, and she told me that one of her students said, "Oh, that's the moment that feels like medicine." Getting to share those few minutes together with her colleagues, with her classmates, is a really powerful moment for that student. In Natalia's classrooms, they have kind of a stoplight mechanism, red, yellow and green for how the students are feeling for that specific moment. Natalia said she has not had a red light go on in the two years that she's been using that program.

[0:29:46.5]

A second tier for us, and it's kind of a new initiative, is presented in partnership with Carnegie Hall and the Weill Music Institute, and it's geared towards adults, and it's the intentional intersection of performance and practical wellbeing, and they're called the wellbeing concert series. It's the two images you're seeing on the right. It is a performance, and we're able to put the performers in the center of the room and surround them with the audience members and meditation cushions and conventional chairs. We invite the audiences to sit and enjoy how they like. Lay down, take your shoes off, relax, enjoy the music. And through that, we're able to weave very intentional wellbeing ideas and practices.

So when folks walk out of that room, yeah, they had a very positive musical experience, but they also have a couple practical tools that they can take with them. So when that person inevitably cuts them off in traffic or the grocery delivery service or whatever misses an orange or whatever, they can take a few seconds and practice some deep breathing and some of the exercises that we talk about in our wellbeing concerts. But like I said, we're very fortunate in Utah to have some incredible partners. The University of Utah is really leading the way in so many fields, and we're very lucky to have them as a partner, as well as the Huntsman Mental Health Institute. And so with that, I'll turn it over to Brett Graham.

BRETT GRAHAM: Thank you. Glad to be here. My mother is a composer, and she would be just astonished and so impressed that I'm speaking to such a distinguished group. Ted seemed to focus a lot on that word interim. So I'm going to talk a little bit about that. So my first role at the University of Utah is I'm the Chief Strategy Officer. Our president is really focused on a number of things, we call

them presidential initiatives, and one of those is mental health. It's one of his top three. So at the beginning of this year, he asked me if I would take the leadership role at our mental health institute to really bring together a number of streams and capabilities to focus on mental health, not just for our university community, but for our state.

[0:31:54.4]

There's a lot of unique things about the state of Utah that are positive. There's also some challenging things, and mental illness is at a higher incidence in this area we actually share it in common with other states that are of high altitude, which is an interesting thing to study by itself. So our institute, what is it? We have two hospitals, 12 clinics, about 1,500 professionals. Our institute has been around for 39 years, and music therapists have been part of it for 30 years. We see about 15,000 to 20,000 people in one of our clinics each year.

Our two hospitals, one of them is new, have 184 beds, inpatient beds, and so we see the most challenging cases or individuals in the state. And as part of what we provide them, we provide them care across an entire continuum. One of the things I want to talk about before the institute, before I talk specifically about the picture you see up here on the left, within our institute, we have those 1,500 professionals. We have psychiatrists, we have psychologists, we have social workers, nurses, psych techs. Just an incredible collection of very committed people providing wonderful services.

We also, within the institute, have a department of psychiatry with 124 psychiatrists, 24 of them are researchers. Some of the things we're doing right now is to really bring together clinical care, education and training, and research to provide the best possible knowledge and, ultimately, care. One of the things we've done recently is we've created a crisis care center. It's one of only a few in the country, and one of the others is actually in Ohio. But this picture right here, if you look up on the left, you'll say that, you know, doesn't really look like an emergency room.

[0:33:55.3]

What we find is when people have mental health or are experiencing mental illness kind of episodes, they often end up in one of two places, either the emergency departments or in a jail, right? Depending on how they're brought. Neither of those two areas are really best prepared to help someone really manage through that and get to stability. And so over the number of years, this community came together and said, "Let's treat people better, and let's create a facility specifically for mental health." This particular facility, I like to think about, it's more, like, instead of a sterile emergency department, it feels a lot more like a Marriott Fairfield. And it's intended to be that way, because as you go in there, it's intended to deescalate whatever's going on.

And one of the tools we use really effectively is music therapy. So we have two types of kind of care arenas for people there. So one we call the recliners, because they're not beds. It's where someone can come for up to 23 hours and they just deescalate. And we use a number of modes of therapy for them, and we treat them where they are. If they need to be admitted for longer than 23 hours, then there are inpatient beds in that facility and in our main hospital as well. But in both places, we use music. Yesterday, I was able to participate with a group session of music therapy. This particular one took place in a recovery unit, and I went in and, you know, tried to kind of downplay, you know, my role in the organization. I should have used the term interim is what I should have said.

But in there, there was about eight or nine different people that were in some point of their recovery. And the music therapist invited us all to participate however we wanted to. And she just gave a list of about 50 different songs and said, "Let's pick a couple of these. You pick the one that mean is meaningful to you. We'll read or we'll sing the lyrics and I'll play it, and then we'll talk about it." It was amazing to watch people, how they would talk about how that song made them feel, and ultimately, the goal being to deescalate them in that setting, but also to learn to use music as a tool for wherever they are.

[0:36:30.0]

So when someone's having a moment of crisis, it might be brought on by depression or anxiety, or maybe they're in sobriety, but they're having some feelings that they are inclined to do something that would take them out, music can be a tool that allows them to manage through that. So we're grateful for the partnership we have with the Utah Symphony. We're grateful for the role they play within our state. We're also grateful for the programs they partner with us on to provide tools to people that are in crisis, but also for all of us as we manage our own mental health in whatever setting it might be.

SEAN CLAIRE: Good morning. My name is Sean Claire. I am a violinist in the Knoxville Symphony Orchestra and Concert Master of Symphony of the Mountain. Both orchestras that I play in have music and wellness to some degree. Knoxville Symphony developed over the last 22 years. Symphony of the Mountains I'll speak about a little bit later. But first, before I get into those I want to relate my own personal journey and the seeds that caused me to be interested in this program.

[0:37:45.3]

So as a very small child, I had very aware parents. They raised me on classical music. They both loved classical music. But also there was a book that they had read called *The Secret Life of Plants* that did experiments on plants based on musical influence. Many of you may know about this. But the two types of music where the plants did the best were classical and Indian classical music. The plants flourished with those types of music. And so that was, no pun intended, the seed that started this whole process in my mind. And as a violinist, a young violinist, starting at age 10, over the years, practicing wherever I could.

Later on in my life, I needed chiropractic care. I was, I don't know, 18 or so. And my chiropractor was in San Diego where I was raised. He converted his garage to his office. Well, I was early for my appointment that day in his — beautiful California day. I was out practicing underneath one of his trees. And so he came out and said, "Sean, the patient that I was working with, I was having trouble bypassing this or getting through, or resolving this energy blockage. As soon as you started playing, that energy blockage disappeared and I was able to resolve their issue." Light bulb.

So those were kind of the seeds that carried with me the knowledge of good music and the benefits that it can have on our psyches and our physical health. That, when in 2002 in Knoxville, we had, that year, a new music director who is now our past music director, and he is here at the conference, though he is presenting elsewhere this morning. Lucas Richmond brought the idea of music and wellness to the Knoxville Symphony Orchestra, and in a meeting one day, he said, "I want to start a music and wellness program." And we all said, "Well, what's that?" He says, "I don't know. Let's find out."

[0:39:57.6]

And so over the next several years, in collaboration with our then director of education, Jennifer Barnett Harrell, developed a music and wellness program that we have been engaging in since 2002. Basically, it entailed at the beginning, string quartets going and playing in lobbies and waiting areas of hospitals. And again, like you were mentioning, Elizabeth no training at that point. Then the neonatal intensive care unit at the University of Tennessee Hospital became interested, and you can see there, and I'll tell that story in just a little bit, one of the magical moments when I was playing for an infant. But again, at that point, still yet no training.

Eventually, we were working with a music therapist on staff, which helped us a lot in repertoire selection. And then later on, and this might be of some interest to many of you in orchestras who need training for their musicians, but maybe the musicians don't necessarily have time to go in and do an entire undergraduate and perhaps master's degree in music therapy. This is a training module called Music for Healing and Transition Program, MHTP. They are not music therapists, but they provide therapeutic music. And the difference being that there is not a specific outcome that they're

reaching for. They are simply providing in the moment care with music. And the modules are five weekend modules, each three days long. And after that, after those training modules, you undergo a residency or an internship of sorts where you're playing for patients and keeping patient logs and so on and so forth.

[0:42:02.1]

And so this whole process takes five weekends, plus however much time the internship ends up taking. So it's a much shorter amount of time and maybe much more readily available for musicians and orchestras if they wish to do that. But so that training, there were five of us in the orchestra who underwent that training, and you do receive a certificate as a MHTP practitioner for that training, which is a really good thing to have. I didn't have enough time to finish the internship and the patient logs myself, so I never got the certification, but I did undergo the training, and it is very helpful in patient observation and reacting to what you see in the patient's reaction to the music, and that's an extremely important thing in this particular type of musical care.

So our music and wellness program, of course, during the COVID completely crashed to an absolute stop. It's being rebuilt, however, by one of our staff members, Maddie Hebbeling [?]. She is here today. She is a Director of Education currently. And she has really re-awakened our music and wellness program. She's gotten us back into — she's gotten us into the Children's Hospital doing story times for children. She's gotten us into other health care facilities in Knoxville. But that's sort of a thumbnail history of our music and wellness program. So we do use string quartets and soloists for inpatient care.

[0:43:40.7]

A couple of stories, and one of them is this. That picture is actually reversed. It would be the infant looking to the right and me on her right hand side, whether — that's a small detail. But she was born with a condition where the intestinal tract is outside of her body and had to be surgically put back in. When an infant has that process done, and I don't know what the condition is called, they have to remain in a sitting position for a long time until that surgery has healed. Now, including in that, nurses were working with her in therapy to try and get her to make sure all of her movements were normal.

Well, she would not turn her head to the right. No matter what they did, they could not get her to turn her head to the right. So in that particular day, thank heavens, there was some media there. I moved over to her right, not knowing what her situation was, other than the disorder that was surgically corrected, not knowing that she wouldn't turn her head to the right. As I moved over to where there

was space to play, her head just followed me. And the nurses in the hallway started crying, because they knew that was the first time that she'd ever turned her head in that direction.

So I mean, incredibly beautiful story there. And there's another story that I would like to relate also in the neonatal intensive care unit. There was a baby that was born to a drug addicted mother, and the psychological and chemical distress that that creates in an infant is obviously overwhelming, because this one never — this little fellow, I think his name was Kevin, never was able to quiet down. He was always crying, always squirming, always fussing, never — also never, had responded to a human communication. And I happened to walk down the hall where one of the nurses was holding him. He started to calm down a little bit and made a little bit less noise.

[0:46:02.3]

The piece that I was playing, it ended. He immediately started getting fuzzy, so I really quickly started something else. And over the period of this particular piece, was maybe “Meditation From Thais” or something, I don't remember, but he quieted down completely. And I watched his eyes. You've heard the phrase eyes are the window of the soul. His eyes were just cloudy. There was no focus there. But as that piece progressed, his eyes cleared. He started to be able to focus on something. He found where the sound was coming from, and was able to focus on that and able to observe. And when that piece was done, the nurse that was holding him asked, “Did you like that piece of music, Kevin?” And he looked up at her and made some sort of a noise, the first time that he had ever responded to human communication.

Stories similar to what Elizabeth was relating in mental health situations or prison situations. Incredible effects. So those are the two — my two favorite stories that I love to relate. I mean, there are tons more. But that's all happening with the music and wellness program in Knoxville, Tennessee. Now, the Symphony of the Mountains is working with the Paths to Dignity that Lucas Richmond has created. He wrote a violin concerto called “Paths to Dignity,” and it's working with homeless populations. Symphony of the Mountains was the orchestra to premiere that piece and start that particular program. And so thanks to Lucas, even though he's not in the room, for that kind of beautiful work. Both of my orchestras are involved in this wonderful, wonderful work. Thank you.

[0:48:17.9]

TED: Thank you. Sean, well, I don't know about you, I can't help thinking that we're only beginning to understand the potential of music working through the brain in some profound way. You know, these stories are just so transformative. They just seem to get to the root of humanity. At the risk of being — you know, throwing a wet blanket on this inspiring conversation. I want to ask a question of the



panelists that's a bit more institutional. And while I ask a couple questions, please be thinking about your own questions and comments. In just a few minutes, we'll open it up with a microphone to go around the audience. But my first question is about alignment. Sorry it's not such an inspiring word, but it's like, clearly, these three orchestras have made an institutional decision to invest in this relationship with their communities. And I'm wondering whether who would like to speak to how an orchestra gets to that point, where board and staff and musicians really decide this is what we're going to do. Who would like to mention that? Yes, Ben.

[0:49:28.6]

BEN: So much of our mental health and wellbeing work started with our board. A year and a half ago maybe, we had a board retreat where they went around the room and the question was, "Why are you a board member?" And the responses that came out of that were not, "Oh, I'm here because I want to — I'm philanthropic and I want to support the arts." It's their personal connection and what music did for them. And it was everything from, "Music gives me a two hour vacation from stressors in my life," to, "It makes me more connected to the people that I care about.

So it was ingrained in our institution at the highest level. When we started something like the Wellbeing Concert Series, I kind of jokingly said I was on a wellbeing concert introduction tour. I went to every single department. We talked about how this could impact their work, what it could benefit them, and we made some changes to the program before we launched it. But it was a meaningful moment, because, yes, we were talking about a new program, and structurally, we have obligations to one another to support our programs, but hearing some of my colleagues's personal connections to what that meant in their own lives. And you know, I get to work with some amazing people, but often we're meeting for an agenda and talking about a specific item, and having a moment to really see them as a person through the work of launching a new program like this, it felt like we had started developing a wellbeing program by talking about developing a wellbeing program.

[0:50:53.2]

ANNETTE: And I would just add to that, the other thing we've had is Ben report periodically to the board about the work we're doing and the impact of it, because it's important to keep the board, you know, behind this initiative.

SEAN: One of the things that has helped our program in Knoxville is connecting with physicians in the facilities who have that interest and are able to pave the way for a budget line item so that there can be a regular presence in the healthcare facility.

TED: Somewhat related to that is a question of how you decide where to focus your resources, right? Because when you begin to think about the healthcare needs of your communities and the institutions that are out there, there must be dozens of ways you can go, right? How have each of you decided where to focus? I believe I remember Elizabeth telling me that you initially had many sites and you decided somehow to pull back.

[0:51:59.7]

ELIZABETH: We did. We had — we started our work, like I said, in 2018, and we initially met with the mental health recovery services board, and talked about where we thought we could be most effective. So we started with those four locations that I mentioned, and the prison. And during the pandemic, we had a chance to reassess our work, and decided that we had the most impact at that point in the behavioral health ward at the hospital and at the prison. And so we decided at that point that we were going to focus on those two locations.

TED: Terrific. Anybody else want to comment on that, deciding where to focus?

BEN: Regardless of institution size or budget size, there's always the question of, if you're going to do this, then there's something else that you're probably not going to do. And we did have to have those discussions. We had to figure out what we were not going to focus on. And sometimes they're small, but those small things add up. You know, I have a wonderful staff of four people, but we still had to figure out where we were going to prioritize certain things. It became very obvious that this was an area for us. You know, I talked about our board, but also 988, the National Suicide Hotline was started in Utah. It exists because of the work that happened here. So it didn't become a question of like, what do we not do? It's, How do we not do this? And Elizabeth had kind of mentioned that same thing. It was so obvious. It was like, this is the next step for us.

TED: How do we not do this? I really like that. One other question on from my position here, which is about sort of the actual work of the musician. I heard many stories about how they partner with the professional healthcare provider, that the health care provider knows the needs of the patient or the ward, the group, but the musician is bringing the resource, right? This sort of magic elixir that we're all discovering the power of. How does that partnership actually work in real time?

[0:54:14.7]

SEAN: Well, first off, I guess you have to make sure you have appropriate music, and perhaps partner with a music therapist or someone of that nature, to choose appropriate music for a given setting. And it can be a little bit tricky. With a string quartet, it's fairly easy. There's a huge repertoire. And if you're playing in areas, lobbies, waiting areas, there's a lot of flexibility as far as repertoire is concerned. One of the things that we had to be very, very careful of in smaller waiting areas is not going above a certain decibel level so that patient calls could be heard above the music. I think the level was 65 decibels, and that's pretty low. Basically, your string quartet is using mutes and nearly air bowing. And it can be actually more tiring to do that.

But in the solo realm, I'll tell you what really, really did help me was that what I mentioned before, was the music for healing and transition training, is going with patient reactions to certain types of music, and that they also have a lot of good recommendations as to types of music for certain conditions. Then for solo instruments, generally, you have to have a lot of it memorized, or all of it memorized, but also be willing to take requests. I mean, countless times, the top three requests in Tennessee are "Amazing Grace" and — what's the other one I'm trying to think of? Well, "Amazing Grace" and the other is the state song, "Rocky Top." Get a little bit yee-haw going on there, tell you what. I hope that sort of answers your question to some degree.

[0:56:14.0]

TED: Yeah, indeed. I think what stands out in your particular case is the training you've had so that you actually come in with resources. Oftentimes, musicians are coming and working alongside music therapists or other providers.

BRETT: Yeah, let me build on that, because I think the unique thing that happens when you've got both music and you have someone that has the background and the experience in the training with the therapy, is you can actually meld them with an objective, right? So it's interesting to hear you talk about the appropriate music. One of the things that music is is — you know, my mother used to come down to my room when I was in high school, and she would say things like, "That's not music." And then her greatest cut was like, I'd say, "Yes, it is, Mom. This is so great." And then she goes, "You could play that." And that was — like, that was the ultimate cut, right? You know, that's not a musician.

But it's interesting when you actually hear — when you engage someone, and you go to their genre, because what happens is it then takes them to a place that allows them to then start to connect with it, whether it's classical or even, like, yesterday, where one of the people that was in recovery was like, "I like heavy metal." Now that's not my genre, right? And he was naming bands that I had no idea about. But what happens is, it allows them to connect. And then the therapist says, "Okay, tell me

what you're thinking what that does.” And then ultimately, is able to guide them in really thoughtful ways on how they can use that to then either get out of a spiral or move forward.

[0:57:54.7]

One of the things that is exciting with what we're doing at the University of Utah, is we're pairing music and also research, right? So we're about to open what we think is the first building of its type. It's 183,000 square feet, and it's a building that is focused entirely on mental health research. And it's not just going to be psychiatrists. In fact, if it were, we couldn't fill it. But we're bringing people and disciplines from across campus, where we can say, “Let's figure out what someone from fine arts can do for mental health. Let's figure out when you pair that person with an engineer. Let's pair that person with someone else in basic science. And let's bring in social work in psychiatry to be able to figure out, how do we pair these in ways that actually advance mental health in rather understandable and predictable ways?” So I think that's really important to do so that we're going well beyond entertaining. We're actually going to — moving to the advancement of mental health.

ANNETTE: And I would just add that the research and communicating that research to the community is really important, you know, in getting community support and donors.

BRETT: Yeah, in fact, part of our partnership comes from the fact that we have people that are on your board that are also big donors for us, and they're saying, “Look, you've got to pair. You've got to find ways.” You mentioned 988. 988 is a national service for someone that might be in a crisis. It started here. We also have a service called Safe UT, which is primarily focused at K-12, but also goes to college, and even other specialized groups like National Guard and first responders. That particular service is not necessarily accessed through phone, it's actually accessed through text.

[0:59:58.2]

And I've sat there with the therapist and watched them give people tools and sometimes the tool they give them is, “Tell me what you like to listen to.” And they'll drive them to a tool. Because the way you build resiliency is you actually provide people awareness so that they know what's happening, and then you give them tools so that when they see that, or they experience that in the future, they can actually reverse the spiral and get to a point of better health.

TED: Tremendous, thank you. I'm really glad you brought in that research angle, because a number of orchestras are beginning to partner with researchers, as is happening here, that'll help drive the orchestras work as well as science and medicine. And speaking of tools, I just — before we open it up

to questions and comments from the floor, I just want to draw your attention to the final section of that publication not up on the screen right now, which is resources. Okay, there's a number of resources there, including the Well, the organization that provides the mindful musical moments for schools around the country. And other places where you can find research, language studies, all kinds of things that could be helpful as you think about how to develop your own programming and how to sell it internally and externally. So with that, who would like to lead off with a question or a comment for our panel? Yes, in the back. Wait for the microphone, please. Thank you.

SPEAKER: Hi. I'm on the board of a regional orchestra and with a relatively small staff, so there's no one there who is in charge of community relations, etcetera. But I was encouraged when I heard a couple of you on the panel say that your initiative started with the board. And so I'm wondering, I see myself as a board member, as being an extension of the staff. Not all staff members feel that way. But anyway, I'm just wondering, for a smaller organization that doesn't have anyone dedicated to this, can you be successful as a board member to initiate this?

[1:02:12.9]

ANNETTE: I think so. I mean, I think you have to be — you know, and actually, I'll talk about this at the conclusion, but when you look at the Catalyst Guide, they give you some ideas about how to start. And you do need to be realistic. You need to look at the, what are the specific needs in your community? So do some research on, you know, what would make a difference, and what are particular problems in your community. But as a board member, you know, you can articulate that well, not only in getting your entire board on board, but also working with the staff to provide support and ideas, and, you know, make it realistic, but helping them find funding for it too. I mean, that's the board's, you know, obligation. So I do think that the boards have tremendous impact in this field.

TED: Thank you. More questions? Yes, please.

[1:03:17.8]

CHRISTY HAVENS: Hi, I'm Christy Havens. I'm with the Virginia Symphony Orchestra. I want to ask about funding streams, diversifying funding streams. We've had a music therapy based program for memory care and Alzheimer's units, and we've had it for five or six years, but in the beginning it was grant funded. Everything was going great. We had all kinds of locations. But none of those grant funders wanted to be the funder every year. And so as we went through various grantors, we ended up having kind of exhausted all of the resources in our area that were funding that kind of work. And we were trying to rely on the facility budgets of the assisted living facilities that we were partnering with.

So like, what they would be spending for having a musical event on a regular basis, that compared to the actual cost of professional musicians and a music therapist. You know, five, four musicians and a music therapist. It's a pretty expensive program compared to what they're used to paying for events. So I just want to hear, do you guys have similar experiences with this, and how do you handle continual funding so that your programs are sustainable?

[1:04:32.0]

ELIZABETH: That is the eternal challenge, of course. We have been fortunate to find support in our community. For the prison program, we have a second chance employer who is very dedicated to funding our program as well, and so we've been very fortunate with that. We do have funding from the hospital as well to continue that program. We have an outside source, a federal source, that we have been very lucky for a foundation for the grant, for grant programs. But it is constantly a struggle to find new funding sources. And all I can say is just be diligent, keep looking, don't give up. But it's a constant struggle. It truly is.

TED: It makes me wonder, though, whether this kind of work becoming part of the profile of the orchestra helps with local, municipal funding, state grants.

ELIZABETH: One hopes.

TED: Yeah, one hopes, right. Yes?

SEAN: One of the things that we do in Knoxville, aside from trying to make sure that the healthcare facility has a line item for the funding is, at our gala event, there might be a paddle raiser specifically for music and wellness. So tell some of the stories that have created such incredible impact, and then see how much money can be generated from something like that. We've done that rather successfully in the past.

[1:06:05.9]

TED: Great idea.

ELIZABETH: That is true. And I will say that we have attracted new funders locally as well without taking a dollar from the regular support of the orchestra. People who would not support us otherwise support this work.

TED: Cool.

ANNETTE: And I would say, recruit new board members that are really behind this. No, seriously, that are, you know, in the community that have specific interests in health and wellness. You know, educate them about the importance of music in this area that they're already interested in, and recruit them on your board.

TED: Next please. Yes, sir.

RICHARD LEVENSTEIN" Good morning. I'm standing over here so I can see you. My name is Richard Levenstein. I'm a cellist. I play with the Treasure Coast Symphony. My wife is the president of — who's sitting right there. I'm also on the board. And I'm a lawyer in my day job, and I'm a law professor at Tulane University. I'm going to share just some thoughts, especially for use from the university, which might be interesting. I teach a course there on the intersection of law and medicine, and I spend a significant amount of time on wellness and balance with both the medical students and the law students, which they get very little education on at all.

And I talk specifically about music and other releases for them to have as they go through their education and become lawyers and physicians. So I don't know how many universities are incorporating that type of training for their students at any level, but I think it's of great importance to start there, and that at the university level and the professional level, especially with regard to physicians who go into psychiatry and other fields, starting early in their education, to emphasize the importance of music and the release for them and for their patients, I think, is something worthwhile studying and approaching. And I demonstrate it to my students, because I actually play for them in one of the classes to demonstrate what balance looks like in an adult's life. Because I practiced law for almost 50 years, and if I didn't play music, I never would have lasted this long.

[1:08:13.6]

BRETT: Well, it sounds like we need to recruit you to the University of Utah. One of the things that is interesting, and it happens in our medical school and in our health sciences, which is, you know, our academic medical centers is the most significant in terms of size, as well as employees and of our institution. We have a symphony that is made up of medical students, of providers, and others, who



value music. They are musicians themselves. Maybe not ready to be the part of the Utah Symphony just quite yet, but they love music, they know what it does for them, but they also have lives that make it difficult for them to commit to maybe a traditional setting of music. So they arrange it such that they can participate with a little bit more fluidity, and it allows for call and other things. But it is an acknowledgement of the very thing that you have spent part of your career advocating for.

TED: Great. Time for one more question.

RANDY WONG: Okay, great. Okay, so hi, I'm Randy. I'm from Hawaii Youth Symphony. President and CEO and also musician. I was wondering, you know, in the cases of when you're sending musicians into vulnerable settings, or, you know, maybe in terms of, like, you know, working with memory care or so forth, to what extent do you have an opportunity to either train or provide some professional development for musicians, so that they feel comfortable going into those settings, and so that the clients or the patients can have kind of like the most optimal experience? And also, what does that training or coaching look like?

[1:10:04.9]

ELIZABETH: Sure, I would like to say that we spent a lot of time and attention training our musicians. It was something that we gave a lot of thought to originally, and we did not do a good job with, but we found we had a lot of plans to do so. We had a lot of meetings about it. And we spent a lot of time together afterwards. What we found, actually, was that our musicians were so thankful for the opportunity and were so pleased to have been there, left feeling there but for the grace of god go I, truly. And were so overwhelmed by the experience and with the — thankful for the opportunity to have been there and to have helped and to have served, that they really were more appreciative of having been there, and they didn't need any kind of support afterwards. That was just our experience. We really spent a lot of time as a group afterwards, originally, and had services lined up for them. We found they did not need any kind of care afterwards. That was just our experience.

BRETT: Your question is a great one, right? Because the reality is, the setting of where you're performing is so important. We often have people that want to come to one of our hospitals and to — for all the great intent, they want to understand and provide service. But the reality is, when you go in a behavioral health unit, depending on why that unit exists, the requirements there can be very, very different, right? So, for example, yesterday, I was on a stable unit. However, even so, there were people there that were only in socks because they can't have anything that they could harm themselves with.

[1:12:04.2]

The reality is, if you bring in instruments, you've got to be thoughtful of what you're bringing in, how you're securing it, what you do. The musical therapist yesterday invited people to participate and had instruments for them, but they were thoughtfully chosen so that they would be appropriate for that. My encouragement to you is just be doing exactly what you're doing, be aware of that, and then have the conversation, right? So that it can be the positive outcome for everyone involved that you desire and that we all want.

SEAN: Expanding on that just a little bit with the training idea and what is appropriate for each setting. Music therapist on staff is a really good idea, because they'll be able to help a lot with that. They'll be able to guide your musicians. But as I was mentioning before, the Music for Healing and Transition Program, which is a five weekend module course and you end up with a certification, MHTP, Music for Healing and Transition, is also a very good course to go through so that you can understand patient conditions and how to respond to them with music.

TED: Thank you so much, Sean. Annette, would you give us some last words?

ANNETTE: I am so excited to see so many of you that came here, because I feel so passionately about this, and I hope that you have been both inspired and gained, you know, ideas about what your orchestras can do in your communities, because this work, I think, is incredibly important. If you haven't had a chance to read the Catalyst Guide, which was authored by Ted and Karen, so they're experts in this area, and with information they gathered from orchestras all over the country, please do that. There's a QR code that will take that to you, or you can go to the League's, you know, website and find it. But it's very, very — the advice they give and the contributing orchestras put together are extremely helpful, either as you start or expand your your areas in serving health and wellness needs in your communities.

[1:14:25.2]

And I've appreciated all the insights — you know, the amazing stories and insights from our panel members. I would add that, as I've said over and over again, you really do need your boards engaged. It is important. So find — you know, educate them. Find board members who feel passionately about this, who can really help your staff and your positions to, you know, move this work forward in your communities. And I would say that the Catalyst Guide gave a few recommendations that really spoke to me that I would just repeat to you, and one is that, to respond to local needs and opportunities, to partner with healthcare professionals, and to start small and build incrementally.

And it's important to understand what is needed in your own communities, to work with those that have expertise in your communities, to further that, and to make those efforts sustainable. So in this work, you know, I think — I hope you have heard and understand that orchestras can make a difference in the lives of many in your communities, in the lives of cancer survivors like me, and in the lives of those that have even more debilitating diseases, both, you know, mentally and physically, for which you can bring joy. And I think, you know, my own experience has taught me that each of us needs music in our lives, so do provide that in your communities. And we thank you for coming today.

[APPLAUSE]