

Australian Music Therapy Association's Supplementary Submission Productivity Commission into Mental Health

This document aims to provide further information supplementary to verbal feedback and previous submission provided by the Australian Music Therapy Association (AMTA) to the Productivity Commission into Mental Health. We hope that this additional information will assist the Commission in their consideration of inclusion of music therapy in their final recommendation around reorienting health services to consumers (Part 2), particularly with regard to MBS-rebated psychological therapy. AMTA's comments are intended to enhance reforms for healthcare access that is more consumer driven, equitable and effective in meeting the needs of people living with mental illness in Australia.

Music therapy in Australia

The Australian Music Therapy Association (AMTA) is the peak industry body for the music therapy profession in Australia. There are over 600 music therapists registered with the AMTA, otherwise referred to as Registered Music Therapists, or RMTs, and they work primarily in the disability, aged care and mental health sectors. RMTs also work in paediatrics, oncology and palliative care as well neurorehabilitation and they provide services in hospitals, community settings, residential care facilities and schools.

Music therapy is an allied health profession and AMTA is therefore a member organization of Allied Health Professions Australia (AHPA). RMTs have advanced knowledge in contemporary psychological theories, research, aetiology and mechanisms for how music engagement activates complex neurological structures. RMTs use evidenced-based and targeted music therapy techniques to influence behavior, improve cognition and communication, and develop emotional awareness and competence. Examples of techniques may include structured and unstructured live (or active) music improvisation, song writing, lyric analysis, therapeutic singing techniques, music-assisted counseling, active and receptive music engagement, to name a few. Research-informed music therapy techniques also incorporate fundamental theoretical principles of traditional verbal therapies including humanism, psychodynamic/psychotherapeutic practice and cognitive behavioural therapy.

RMTs in Australia have graduated from a music therapy course accredited by the AMTA and, in addition, must adhere to AMTA's Code of Conduct and Practice Standards, and continue to meet the AMTA competency standards through compulsory participation in a rigorous professional development program. Currently there are two courses accredited by AMTA in Australia – the Master of Music Therapy at The University of Melbourne and the Master of Creative Music Therapy at Western Sydney University. Both courses have four streams focusing on advanced knowledge of research, theory, methods and clinical training. The courses support practitioners to learn how to use music (live and recorded) as a therapeutic modality through selecting, improvising, composing and arranging music with and for patients to meet individual and group needs. The courses also include study of the professional development and history of music therapy and the various theoretical constructs and methodologies that inform clinical work. The focus is on a thorough and formal understanding of the clinical issues that practitioners need to manage as well as their professional and ethical responsibilities. Students are required to undertake external clinical placements as part of their training and work with people across all stages of the life span from premature babies to the elderly. These placements are supervised

by RMTs in hospitals, schools, residential care and the community. In addition to clinical placements, students are engaged with reflective practice and critical thinking processes through research.

AMTA also meets regulatory requirements aligned with the National Alliance for Self Regulating Health Professions (NASRHP), to which it has recently submitted a membership application. This application aims to ensure AMTA's governance framework is equivalent to other registered allied health professions and to increase consumer confidence in the safe and ethical practice of RMTs.



Evidence for Music Therapy in Mental Health

Qualitative research identifies that music therapy is considered important by consumers for fostering well-being, hope and meaning in their lives [1-4]; all of which are congruent with Recovery philosophy underpinning current national mental health policy [5] and are considered essential for recovery [6]. Given the significant amount of evidence supporting its use in mental health care, music therapy has been endorsed and recommended by Australian experts in the field of psychiatry [7].

Music therapy for affective disorders

Music therapy is an evidence-based therapy which has substantial support for use in mental health treatment. A Cochrane review reports significant effects of music therapy for people with mental illness, including beneficial effects for people with depression and an increase of the outcomes of other therapies when used as an adjunct; and, efficacy in reducing anxiety for

people with depression and improvement in their capacity to function [8]. This research shows improvement in symptoms for people with affective disorders, which are the highest prevalence mental illnesses in Australia [9].

Music therapy for psychotic disorders

Cochrane reviews suggest that music therapy as an addition to standard care improves the global state, mental state (including negative and general symptoms), social functioning, and quality of life of people with schizophrenia or schizophrenia-like disorders [10-12]. These Cochrane reviews examined effects of music therapy over the short, medium, and long-term, with treatment dosage varying from 7 to 240 sessions. In addition, an Australian-based music therapy study funded by the Australian Research Council found significant effect of music therapy on quality of life for people with severe and enduring mental illness [13].

Music therapy for eating disorders

Quantitative Australian music therapy research supports the use of music therapy in the treatment of eating disorders, particularly in its role in significantly reducing anxiety related to meals in comparison to standard treatment alone [14, 15]. In addition, case studies derived from consumer experiences have described feelings of increased motivation for treatment and improved affect through music therapy participation [16], opportunity for emotional expression and expression of identity [17], improved self-esteem and feelings of empowerment [18] and connection with peers [19].



Music therapy for children, early intervention and prevention

Music forms an important part of the lives and identities of children and young people. Music used within the context of a therapeutic relationship with an RMT can have positive mental health implications. A recent randomised controlled trial examined the effectiveness of music therapy as an intervention for young people with mental health needs, particularly those with social, emotional, behavioural and developmental difficulties [20]. In this study 251 child (aged 8–16 years) and parent dyads from child and adolescent mental health services in Northern Ireland were randomised to 12 weekly sessions of music therapy plus standard care or standard care

alone. The primary outcome measured was improvement in communication (using the Social Skills Improvement System Rating Scales) with secondary outcomes including social functioning, self-esteem, depression, and family functioning. The study found that communication was significantly improved for participants aged over 13 who received the music therapy intervention. The study also found that overall, self-esteem was significantly improved, and depression scores were significantly lower for participants of all ages after the music therapy intervention.

An Australian study funded by the Australian Research Council examined music therapy with bereaved teenagers in schools, also experiencing mental health problems related to grief and loss [21]. The study saw practically significant improvements in coping as a result of participation in group music therapy. Qualitative analysis from interviews with participants suggested that music therapy serves as a platform for connectedness and emotional expression that can be utilised through a therapeutic and supportive group format.

As a fundamental part of young people's daily lives, music holds great potential for influencing adolescent development [22] and positive mental health [23] if used appropriately within the context of a therapeutic relationship. Engaging young people in discussion around their musical interests and habits during music therapy sessions can provide an ideal opportunity for the long-term prevention of a range of mental health problems [24].

A Healthy-Unhealthy Uses of Music Scale has been designed by music therapy researchers and validated to identify uses of music that intensify negative moods or rumination [25]. The tool captures self-reported 'unhealthy' uses of music amongst adolescents which have been found to correlate strongly with depression ($r = 0.67$) and negatively with psychological wellbeing ($r = -0.48$). Conversely, the self-reported 'healthy' music engagement items correlate positively with reflection and school satisfaction. Thus, unhealthy music use may be interpreted as a risk factor for mental health problems in young people. Research suggests, however, that many young people experiencing mental health problems are unaware of the choices they make about using music as a health-related resource [26]. Unfortunately, this lack of awareness about the potentially negative effects of music use can be damaging if music is used to intensify the pathological symptoms already experienced by young people with mental illness [27]. Therefore, RMTs often work with children and young people with mental illness, or who are at risk of developing mental illness, in an attempt to help them actively use the positive potentials of music for their wellbeing [28].

In an exploratory cluster-randomized trial in Australian schools, 100 students with self-reported unhealthy music use participated in group music therapy (weekly over 8 weeks) or self-directed music listening [29]. Changes in the Healthy-Unhealthy Music Scale (HUMS) and mental health outcomes were measured over a 3-month period. The study aimed to examine whether group music therapy was an effective intervention for young people who may be at risk of developing mental health problems, as indicated via their unhealthy music use. The researchers were particularly interested in determining whether group music therapy could reduce unhealthy uses of music and increase potential for healthy uses of music, compared to self-directed music listening. The results of the study showed that both independent music listening and music therapist-facilitated groups were overall considered helpful to the young people. However, younger teen participants appeared to benefit more from group music therapy than their own independent use of music, showing small improvements in distress over time.

A feasibility study conducted with young people accessing Australian's community youth mental health service, Headspace, aimed to extend on the results from the previous study. This study aimed to determine whether participation in a brief music therapy intervention facilitated by an RMT could decrease levels of distress and increase insight into music use [30]. A mixed methods approach was adopted, using scores of distress and self-reported experience of the music therapy intervention to interpret the results. Results suggested that at least some of the measurable decreases in distress which were captured were related to participation in the music therapy sessions, according to the self-report of the participants through qualitative interviews. These studies indicate the powerful potential for music therapy in the prevention and early intervention of mental health problems for children and young people.

Mental Health Music Therapy Referral Pathway

The AMTA understands that it is unrealistic for a GP to have the knowledge and time needed to talk through all the options of mental health treatment with a consumer within a standard appointment time. We therefore support the concept of an initial mental health assessment potentially being completed through consultation with a care coordinator who may be an allied health clinician or practice nurse. This care coordinator would be educated in the variety of treatment options and health professions qualified to provide evidence-based interventions in mental health care and would work through these different options with the consumer in a longer consultation session.

The AMTA understands that information about music therapy will need to be available to mental health professionals and care coordinators who may be working with consumers to determine their preferred treatment options. Such information about music therapy would aim to guide health professionals in making a referral to music therapy or in identifying music therapy as a potential treatment pathway for a consumer. Education around reasons for referral and how to refer to an RMT would be provided to mental health professionals through an AMTA-led initiative.

A referral to an RMT could be initiated upon initial assessment with a mental health professional (as per the assessment domains in the Australian Government's Initial Assessment and Referral for Mental Healthcare guidelines) or when a consumer accesses treatment at any of the different levels of care. RMTs are informed by music therapy methods, skills in psychological frameworks and techniques, and mental health aetiology to adapt methods and use music in the most therapeutic way for a consumer's current needs. As such, music therapy is effective and appropriate for consumers accessing support at each of the stepped levels of care.

Music therapy referrals for well and at-risk populations

Music therapy can be used with well populations and at-risk groups in the context of early intervention and prevention. Many people already use music to self medicate, for coping with their mood in everyday life. Research shows however that people who have difficulty regulating their emotions, particularly people at risk, use music in maladaptive ways that are not always helpful and can sometimes negatively impact their mood and mental state [26, 31]. Therefore, music use needs to be carefully managed for those people with tendencies to ruminate, isolate and when traumatic memories can be triggered, so that current and future music use is not harmful. RMTs support people to use music as a healthy and helpful coping resource in their

lives prior to experiencing diagnoses of mental illness, which can contribute to the prevention of negative coping behaviours and other symptoms of mental illness.

Music therapy referrals for mild and moderate mental illness

Music therapy can be effective and appropriate for consumers with mild and moderate mental illness who may be treated in community settings. People in this group may have difficulty identifying, expressing or regulating their emotions, which are common experiences of affective disorders like anxiety and depression. An RMT can work with the consumer to use music to process and express their emotions. For example, the RMT may use their knowledge of existing psychological strategies such as distress tolerance and emotional regulation techniques to help the person to develop a coping playlist for self-soothing. Whether adopting active music making techniques or developing playlists of pre-recorded songs, the RMT may include songs which have pre-existing positive associations, familiar lyrics that are relatable to the consumer's current situation, repetitive and predictable chord structures with warm musical elements and appropriate instrumentation etc. Playlists developed in consultation with an RMT can be helpful for consumers to self soothe and regulate their emotions as an alternative to using self harm or other compensatory behaviours during periods of intense distress.



Music therapy referrals for severe and complex mental illness

Music therapy is also effective with people experiencing severe and complex mental illness who may be receiving intensive inpatient or community treatment. RMTs in this context may use their knowledge of music therapy theory/methods and psychological strategies to manipulate live musical elements adapting to the needs of the consumer in the moment. People experiencing psychotic symptoms for example may benefit from music used for containment through active music therapy methods, such as drumming or singing. These methods can ground the person in the current reality and may relieve distress from positive symptoms of psychosis such as auditory or visual hallucinations.

When assessing the primary and contextual assessment domains during the initial assessment (as per the Australian Government's Initial Assessment and Referral for Mental Healthcare guidelines), the referring professional would consider the following questions.

Is the person currently using music or has used music in the past to assist with mood management, relaxation and/or coping?

Does the person have difficulty processing and/or communicating their emotions and/or experiences verbally?

A referral to an RMT would be recommended if the response is 'yes' to one or more of the above questions.

Although consumer experience or expertise in music is not necessary to participate in music therapy, a consumer may find their interest or previous experience in music acts as a motivator to participate in therapy. As such, the health professional would also need to consider why the consumer themselves may be interested in participating in music therapy in addition to or instead of another therapeutic intervention. For example, they would need to consider the following questions.

Is the person interested in playing or listening to music?

Does music listening or music making form a large part of the person's social, cultural or personal identity, or has done so in the past?

A referral to an RMT would be recommended if the response is 'yes' to one or more of the above questions.



AMTA's Recommendations

A recent independent benefit-cost analysis of music therapy was conducted by health economists (as previously submitted to the Productivity Commission). The report concluded that if music therapy were to be included in Government funded schemes that already offer therapy sessions provided by allied health professionals, there would be little to no cost to taxpayers in return for significant results for consumers who choose music therapy as their preferred treatment. As such, the current investment in mental health is not delivering value for money or the best outcomes for consumers without the inclusion of music therapy as an evidence-based psychological treatment option.

Traditional psychotherapeutic and psychopharmaceutic treatments are effective for many consumers, but these traditional approaches fail to work for a number of people, and for them, there is a substantial need for additional forms of treatment and therapy that can more effectively support them. For example, people who have been impacted by the trauma and challenges of mental illness throughout their lives, or some children, often lack the emotional vocabulary to participate in traditional talking therapies. In this case they may choose to engage in music therapy or other creative therapies that provide the non-textual language to gain emotional literacy. Research shows that for such consumers, music therapy may dominate or be preferred over other psychologically based treatment options, including those which are currently available within our mental health system. This means that if music therapy continues not to be funded, the Government is funding a lower-value treatment, which is a serious issue of inequity.

The Commission's report states that in order to make the mental health system more consumer-driven and people-oriented, *'governments should remove the barriers to accessing mental healthcare — including addressing service gaps, lack of coordination and workforce shortages'* (as stated on p.183 in Vol 1). Despite this acknowledgement of the importance of consumer-driven treatment and addressing service gaps, there is no mention within the report of addressing the major gap that is limited access to diverse evidence-based treatment options within the current mental health system.

If the Commission truly were dedicated to creating a 'people-oriented system' that is holistic and comprehensive, the proposed system would acknowledge the diversity in consumer needs and offer an expanded range of evidence-based treatment options. Research by key scholars in the mental health field shows that pathways to recovery are individual and diverse. Within a consumer-driven model of care, consumers should be entitled to choose treatment options that suits their individual needs.

Given the strong evidence base for music therapy to provide symptomatic relief for people living with mental illness, AMTA recommends that the mental health system fund music therapy provided by RMTs in order to fill an existing service gap and provide equitable access to a cost effective and often consumer preferred treatment option.

We acknowledge and agree with the Commission's statements that the Better Access Scheme should: *'be aimed primarily toward those people with moderate to high intensity needs who stand to gain the most from face-to-face psychological therapy'* (p. 20), *'should be rigorously evaluated to ensure it is delivering cost-effective benefits for those who need it'* (p.20) and that it is *'currently inflexible'* (p. 21). However, we argue that without expanding the range of professionals who can deliver focused psychological strategies, to include other allied health professionals such as RMTs, the

program cannot be cost-effective when these therapies are often the preferred choice for consumers.

The program will remain inflexible if it continues to restrict the range of professionals who deliver psychological strategies to only occupational therapy, social work, psychology and nursing. This range does not reflect the number of allied health professionals qualified to provide evidence-based strategies and approaches that may be prioritised or needed by consumers. This exclusion creates an unnecessary barrier to accessing other evidence-based strategies like music therapy which is not congruent with the Commission's approach to prioritise consumer needs and priorities in their recommendations to '*create a people-oriented system*'.

Accordingly, we request that an additional draft recommendation is added within Part 2 stating:

Changes should be made to the MBS rules to expand the range of professionals eligible to provide focused psychological strategies, such as music therapy.



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