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Australian Music Therapy Association

Consultation response: private health insurance reforms - second wave

Response to consultation 3: Out of hospital mental health services

About the Australian Music Therapy Association

The Australian Music Therapy Association (AMTA) is the peak body for music therapy in Australia. AMTA represents Registered Music Therapists (RMTs), music therapy students and advocates for access to music therapy on behalf of the community. Our mission is to enable, advance and advocate for excellence in music therapy.

AMTA is the regulating body responsible for registering music therapists, accrediting music therapy courses, and maintaining professional standards and ethics. A member organisation of Allied Health Professions Australia (AHPA) and National Alliance for Self-Regulating Professions (NASRHP), AMTA supports Registered Music Therapists (RMTs) to use research-based practice that actively promotes the health, wellbeing and functioning of Australians.

RMTs work in private practice and in allied health teams in hospitals, residential facilities, community services and schools. They use evidence-based music therapy techniques to promote better health outcomes for vulnerable and unwell Australians.

AMTA welcomes the opportunity to provide this response to proposed reforms to private health insurance.

Summary

- AMTA strongly recommends the inclusion of allied health professional services as funded mental health services, to improve the experiences and outcomes of people with lived experience of mental health issues, and to prevent mental ill-health.
- Music therapy is an evidence-based allied health profession. **Registered Music Therapists (RMTs) are** essential members of the multidisciplinary care team for recovery-oriented mental health care.
- Music therapy provides symptomatic relief, improves quality of life, and is often a preferred treatment
 modality for people living with mental health issues. Music therapy improves outcomes of other
 treatments when used as an adjunct.
- RMTs can significantly improve symptomatic relief over relatively short-term interventions, particularly for high-prevalence mental illness, such as depression and anxiety.
- RMTs utilise innovative approaches that address equity issues, including:
 - access for rural, remote and regional communities
 - expertise in culturally safe and diverse practices
 - access for vulnerable, isolated and isolating patients
 - digital and telehealth services
 - carer training models where local music therapy workforce may not be available.
- Music therapy as an evidence-based psychological treatment option that can be delivered at an efficient cost.
- AMTA strongly recommends the inclusion of music therapy as an option for funded mental health services, to fill an existing service gap and provide equitable access to a cost-effective and recoveryoriented treatment option.

What additional mental health services funded by insurers under this proposal would be of value to consumers?

Music therapy is an evidence-based allied health profession. Allied health professionals are university-qualified in a degree accredited by their relevant national accreditation body, with clear competency standards and defined scope of practice. Allied health professionals engage in evidence-based practice to "protect, restore and maintain optimal physical, sensory, psychological, cognitive, social and cultural function".

Registered Music Therapists (RMTs) work within multidisciplinary teams (including occupational therapists, social workers, speech pathologists and others) and independently. They have a critical role in delivering care that supports patient clinical outcomes, health and wellbeing.

AMTA strongly recommends the inclusion of allied health professional services as funded mental health services, to improve the experiences and outcomes of people with lived experience of mental health issues.

Specifically, AMTA recommends the inclusion of Registered Music Therapists as additionally funded mental health service providers.

Music therapy is an evidence-based treatment

Music therapy is an evidence-based therapy and important non-pharmacological intervention in mental health treatment. Music therapy delivers significant positive outcomes to people with lived experience of mental health issues by addressing individuals' physical, emotional, cognitive and social needs.

Music therapy delivered by RMTs:

- provides symptomatic relief and improves quality of life for people with lived experience of mental health issues²
- increases motivation, social functioning and global state for people with severe and enduring mental illness³⁻⁶
- increases the outcomes of other therapies when used as an adjunct⁷
- can reduce anxiety levels of people with depression and improve their capacity to function⁷
- reduces ill-health in young people considered 'at risk'⁸⁻¹¹
- reduces symptoms and promotes health and wellbeing for older people who are vulnerable to dementia-related decline or neurodegenerative diseases¹²⁻²⁵
- is often a consumer-preferred, recovery-oriented treatment option considered important for fostering wellbeing, hope and meaning²⁶⁻²⁹
- has been endorsed and recommended by experts in the field of psychiatry²

By restricting the range of professionals delivering mental health services, the private health insurance program does not reflect the breadth of evidence-based strategies and treatments that may be prioritised and needed by people with lived experience of mental health issues. Limitations on allied health in current private health insurance arrangements directly impact access to appropriate, recovery-oriented care. Exclusion of music therapy negatively impacts on the potential for mental health services to improve outcomes for people living with mental health issues, particularly for those who cannot or will not engage in talking-based therapies.

Music therapy has a strong evidence-base for supporting positive outcomes and care experiences in recovery-oriented approaches, across care levels, at an efficient cost.

AMTA strongly recommends the addition of Registered Music Therapists' services to funded mental health services.

Promoting recovery

Music therapists in mental health care adopt a strengths-based, recovery-oriented approach that is aligned with the recovery movement and focused on the promotion of the healthy aspects of people's identity²⁹. Music plays a critical role in the lives of many people struggling with mental health problems who turn to music for solace and comfort. Music therapists build on individual's existing uses of music and help consumers improve their individual behavioural and physical health, leading to improved health outcomes³⁰. Without music therapy support, consumers may use music to exacerbate rumination and isolation^{9,30,31}. With music therapy support they can achieve reductions in symptoms and improvements in quality of life. Consumers with psychosis describe music therapy as 'the opposite of treatment'²⁸ because it focuses on strengths and interests while promoting illness management and recovery.

Person-centred approaches

Active collaboration with people with lived experience of mental health issues in their care and the planning, design, delivery, measurement, and evaluation of services significantly improves care experiences, processes and outcomes³²⁻³⁴.

RMTs use a range of flexible approaches that are supportive of the recovery process and actively address equity issues. Expertise in co-designed, culturally safe and diverse practices ensures therapies are accessible, acceptable and appropriate to patients. Flexible delivery of music therapies (including face-to-face, group, outreach, digital and telehealth services and carer training models) ensures access to appropriate care for rural, remote and regional communities and vulnerable, isolated and isolating patients.

Traditional psychotherapeutic and psychopharmaceutic treatments are effective for many consumers. However, there is a need for additional forms of treatment and therapy that can more effectively support people who lack the emotional vocabulary to participate in traditional talking therapies. Music therapy may be more effective and be preferred over other psychologically based treatment options for those who are unable to participate in conventional talking therapies.

Music therapy in prevention

AMTA notes the inclusion of preventative activities in this consultation. Music therapy can be effectively used with well populations and at-risk groups in the context of early intervention and prevention. Many people use music to self-medicate, for coping with mood fluctuations in everyday life. RMTs support people to use music as a healthy and helpful coping resource in their lives before experiencing mental illness diagnoses, which can contribute to the prevention of negative coping behaviours and other symptoms of mental illness^{9,30}.

Registered Music Therapists (RMTs) deliver programs based on existing and emerging research that take a preventative approach to seniors' mental health, particularly those living with dementia. Examples include Homeside, MIDDEL, Remini-Sing, Therapeutic Songwriting, community choirs.

Music therapy delivers outcomes at efficient costs

A recent independent benefit-cost analysis of music therapy³⁵ concluded if music therapy were 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. There is an opportunity for investment in mental health to deliver greater value for money with the inclusion of music therapy as an evidence-based psychological treatment option.

RMTs can significantly improve symptomatic relief over relatively short-term interventions⁹ particularly for high-prevalence mental illness, such as depression and anxiety⁷.

AMTA recommends inclusion of music therapy sessions provided by Registered Music Therapists (RMTs) in private health insurance, to deliver effective and efficient therapy and treatment options that address the needs of all people with lived experience of mental health issues.

AMTA also notes the value RMTs bring to preventative health, particularly mental health.

Should an expanded list of allied health services available for direct PHI benefit as part of a CDMP be limited to only mental health conditions?

AMTA welcomes expansion of allied health services available for direct PHI benefit. AMTA strongly recommends inclusion of music therapy delivered by Registered Music Therapists.

Expanding the list of allied health services to include music therapy will provide access to person-centred, evidence-based and cost-effective interventions. Inclusion of music therapy will benefit people at-risk, and people with lived experience of mental health issues. For people living with severe and enduring mental illness, music therapy can result in benefits that few other professions can provide^{6,36}.

Music therapy is an evidence-based inclusion in the management of many chronic diseases, with positive clinical, health and wellbeing outcomes. People with chronic respiratory conditions, neurodegenerative conditions and those needing to improve self-management of chronic conditions can benefit from music therapy ^{2537,38}.

AMTA recommends inclusion of music therapy on the expanded list of allied health services for both mental health and broader chronic disease management programs.

AMTA welcomes additional, specific consultation in relation to broad-based changes to chronic disease management programs. AMTA recommends establishing an expert advisory group with broad allied health and consumer representation to progress development of service models for chronic disease management.

To be eligible for direct CDMP related funding from insurers, should professionals have additional requirements, such as accreditation standards, professional memberships or educational levels?

AMTA welcomes a focus on patient safety, professional accreditation, regulation and education. New service models must have safe, high-quality and evidence-based care at their centre. Well-regulated professions (including accreditation standards, codes of ethics, professional memberships) are central to safe and high-quality care. In Australia, both registered and self-regulating allied health professionals have clear national competency standards, accredited university courses of study, and robust and enforceable regulatory mechanisms.

AMTA is responsible for the registration of music therapists, the accreditation of music therapy courses, and the maintenance of professional standards and ethics. A member organisation of Allied Health Professions Australia (AHPA) and National Alliance for Self-Regulating Professions (NASRHP), AMTA supports Registered Music Therapists (RMTs) to use research-based practice that actively promotes the health, wellbeing and functioning of Australians.

AMTA recommends the inclusion of allied health practitioners, including Registered Music Therapists in private health insurance funding arrangements for mental health and chronic conditions management.

How should the definition of coordination and planning be expanded to best support the funding of out of hospital, non-MBS related mental health services?

AMTA recommends that ambulatory care models are supported by existing structures for coordination and planning, such as general practice and coordinated specialist care. Changes to private health insurance funding arrangements should focus on increasing access to evidence-based and person-centred interventions, rather than additional coordination of services.

In order to ensure appropriate clinical selection and to constrain costs, access to music therapy could occur via primary care referral, a relevant specialist, allied health professional or as a component of hospital discharge planning. While other members of the allied health profession (e.g., clinical psychologists) may be well-placed to recommend music therapy, care may be best coordinated and planned if existing structures and processes are used, with referral via usual pathways.

Are there any mental health services insurers should not be permitted to fund?

Recovery-oriented approaches are central to improving outcomes for people living with mental illness. The input of people with lived experience in healthcare design and delivery is key to obtaining maximum positive impact from services. Insurers must ensure consumers have the right and flexibility to choose the services they want, from a suite of evidence-based services provided by professionals who are equipped and supported to provide high quality, safe and effective care. Well-regulated professions (including accreditation standards, codes of ethics, professional memberships) have evidence-based approaches at their centre, and are qualified to provide high quality and safe care.

How should the relevant patient be identified as eligible for service? Who should identify relevant patient cohorts and should insurers set criteria for which members would be eligible?

Patients must be enabled and encouraged to actively make decisions and choices about their care and the services they need and prefer. Access to music therapy could occur via primary care referral, a relevant specialist, allied health professional or as a component of hospital discharge planning.

AMTA also supports the concept of an initial mental health assessment completed through consultation with a care coordinator who may be an allied health clinician or nurse. The care coordinator would:

- be educated in the variety of treatment options and health professions qualified to provide evidencebased interventions in mental health care
- work through different options with the consumer in a longer consultation session
- work with consumers to determine their preferred treatment options.

Education including reasons for referral and how to refer to a Registered Music Therapist would be provided to mental health professionals and care coordinators through an AMTA-led initiative.

Person-centred, recovery-oriented care should enable choice and empowerment in decision making. Insurers should have clear (but flexible) criteria for service access based on the needs and preferences of the person with lived experience of mental health issues. Criteria should be developed in conjunction with allied health professions and people with lived experience of mental health issues, carers, and support people.

The AMTA recommends establishment of a Department of Health- led expert advisory group including consumer and allied health representation to co-design service criteria to ensure decisions reflect a recovery focus and are based on safety, quality, and the available evidence. This group could also be responsible for monitoring and evaluation of the new reforms.

What are appropriate metrics for measuring the impact of this proposal?

A people-oriented mental health system prioritises:

- the choices, outcomes and experiences of people with living with mental health issues
- the experience of those delivering care
- service quality and population health
- sustainable costs³⁹.

Outcomes & experiences of care	 person-reported experience and outcome measures utilisation of other healthcare and support services, particularly inpatient and residential services social participation increased workforce participation housing experiences of and reliance on carers
Experience of those delivering care	person-centred experience measuresstaff satisfaction
Service quality and population health	increased workforce participationeconomic participation
Sustainable costs	 cost vs benefit analysis utilisation of other healthcare and support services, particularly inpatient and residential services

What is the regulatory burden associated with this proposal?

AMTA recommends the inclusion of well-regulated allied health professionals for PHI benefit. Allied health regulation structures are already in place, including:

- Allied Health Professions Australia (AHPA) representing broad allied health
- the National Alliance for Self-Regulating Professions (NASRHP) sets requirements equivalent to registered allied health professions
- AMTA is responsible for the registration of music therapists, the accreditation of music therapy courses, and the maintenance of professional standards and ethics. AMTA is a member organisation of AHPA and NASRHP.

Introduction of new, previously unregulated workforces would result in additional regulatory burden.

Service providers: what services would you deliver under this proposal?

Music therapy is a research-based practice and profession in which music is used to actively support people as they strive to improve their health, functioning and wellbeing. Registered Music Therapists working in mental health are qualified professionals who use music and therapeutic skills to support people to participate in music experiences within the context of a therapeutic relationship. Specifically tailored music-based interventions are developed to meet patients' objectives. Commonly used interventions include song writing, lyric analysis, improvisation, facilitated drumming, music and relaxation.

Governed by professional Standards of Practice (AMTA Code of Ethics), RMTs like other allied health professionals, are practiced in the processes of preparation, assessment, service delivery, and evaluation. Likewise, they work with their patients to establish goals for therapy and document this as part of their regular practice and reporting.

RMTs practice is grounded in current evidence, 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.

CASE STUDY: The impact of music therapy in mental health services

Greta is a 14-year-old young person in grade 10. She was admitted to the adolescent mental health inpatient unit for increasing suicidal ideation, school refusal and deliberate self-harm.

Greta had been engaged with medication treatment and management with her GP and private psychologist for the past 12 months. This was Greta's first mental health inpatient admission. Greta had not attended school since week 4 of Term 1and her parents were concerned about her. Greta's GP referred her for a mental health inpatient admission due to her increased suicidality in the context of experiencing social and academic stressors related to commencing school again.

Greta was referred to the hospital's Registered Music Therapist (RMT) as the medical team found it difficult to engage with her, which was further heightened by Greta's pre-existing speech and language difficulties. During Greta's 10-day hospital admission, she participated in 6 music therapy sessions during which the RMT completed an initial risk assessment. This revealed that, prior to Greta's hospital admission, Greta developed an unhealthy relationship with music. She had started to listen to music that triggered traumatic memories of being bullied at school which included students writing notes to "kill yourself" to Greta. This further heightened her feelings of isolation and eventually resulted in an attempted suicide and subsequent hospital admission.

During Greta's initial music therapy sessions, she also disclosed her intention to try to take her life again to the RMT. As part of her treatment plan the RMT continued to engage with Greta through guitar playing and song writing with a goal to increase emotional literacy and management, expression and help-seeking. Greta told the RMT how she was feeling and together they developed the words and music in the song. The RMT used her skills in improvisation to play different modes and chord progressions on the guitar to match the music with Greta's changing feelings. She also used her skills as a therapist to build rapport with Greta and draw out what she was feeling to develop the song lyrics. This process helped Greta to understand her feelings through the music and the song made it easier to share how she was feeling with her parents.

The RMT also worked with Greta to develop a safety plan, detailing steps of how and when to use music listening and guitar playing to express emotions, manage low and negative mood states, and minimise the potential for further suicide attempts when she left hospital. With the RMTs guidance, Greta developed a tailored song list she could use to communicate with her parents, alerting them to when she was feeling unsafe. Along with playing her guitar, this song list was Greta's preferred means of expressing her emotions to her family. The RMT also worked with Greta's parents, training them on how to use Greta's music engagement at home as an "emotional thermometer" to support her ongoing mood management and promote help-seeking.

AMTA recommends access to RMTs and music therapy is included as a private health insurance mental health treatment to ensure music is used safely as a helpful coping strategy for long-term recovery.

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