

Consultation Draft Aged Care Rules 2024

Service List

About the Australian Music Therapy Association

Since the establishment of the Australian Music Therapy Association (AMTA) in 1975, the aged care landscape of Australia has included music therapy. Music therapy is defined as the intentional use of music by a university-trained Registered Music Therapist (RMT) that draws on an extensive body of research to achieve therapeutic goals and outcomes. There are nearly 800 RMTs across Australia. RMTs work with older adults across a variety of sectors including health, community, aged care, disability, and private practice.

The Australian Music Therapy Association (AMTA) is Australia's peak body for music therapy. 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 evidenced-based practices that actively promote the health, wellbeing and functioning of Australians.

AMTA welcomes the opportunity to provide this response to the New Aged Care Act: the foundations Consultation Paper No.1.

The benefits of music therapy for older Australians

Music therapy delivers significant value to older Australians. Music therapy, provided by qualified Registered Music Therapists (RMTs), enables meaningful interactions, opportunities for self-expression and support strategies to reduce anxiety, depression and dementia symptoms (and reducing use of restrictive practices). Music therapy enhances physical and motor skills, slows functional decline and improves quality of life. Importantly, music therapy supports positive relationships between people with dementia and their carers. Approximately 15% of Australian RMTs currently work in residential aged care.

Music therapy improves:

- cognitive skills, including orientation, attention and memory¹⁻⁷
- verbal communication with others^{8,9}
- outcomes for people with neurodegenerative diseases such as stroke, Huntington's and Parkinson's disease¹⁰⁻¹⁶
- interactions with family and carers^{2,17-22}
- quality of life for people in palliative care²³⁻²⁷
- engagement in daily activities such as showering and mealtimes²⁸⁻³².

Music therapy reduces:

- levels or symptoms of depression and anxiety^{1,4,7,21,28,33-41}
 - general agitation and wandering^{1,34,37,42-45}
 - verbally aggressive and non-aggressive behaviour^{37,45}
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- physically aggressive and non-aggressive behaviour^{37,45}
 - restraint use in residential aged care.
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Music therapy can be a game-changer in aged care, facilitating powerful and meaningful engagement even when verbal or cognitive skills are compromised. Dementia, depression, neurodegenerative disease, and palliative care are just some of the areas where RMTs are delivering evidence-based programs to achieve positive change in the lives of older Australians and their carers.

Music therapy as a core service in aged care

Multidisciplinary allied health teams, including RMTs, are vitally important to the health of older Australians. Evolving residential and community aged care systems must include allied health as an integral component of best-practice care in Australia.

The Royal Commission into Aged Care Quality and Safety Final Report (Recommendation 38) listed music therapy as a core service for residential aged care, together with mental health practitioners, physiotherapists and pharmacists. Music therapy is a necessary inclusion in aged care as an evidence-based, allied health profession currently available through existing community-based funding streams, including the Commonwealth Home Support Program and Home Care Packages.

Music therapy provided by an RMT dramatically improves health outcomes, experiences and quality of life for older people and their carers. Research demonstrates the efficacy of music therapy to reduce anxiety, depression and dementia symptoms (reducing the use of restrictive practices), enhance physical and motor skills, slow functional decline and improve quality of life. The positive outcomes of music therapy for older people and the aged care sector warrant its inclusion in residential and home-based aged care. Now is the time to provide older Australians with non-pharmacological, non-invasive approaches to improve their experiences and care. Under-utilising music therapy limits potential positive outcomes for older people and their carers.

Introduction

As an active member of Allied Health Professions Australia, **AMTA supports/endorse AHPA's written submission to the Consultation on Aged Care Rules 2024 – Service List.** RMTs interact with aged care legislation in a similar manner to other allied health practitioners such as physiotherapists, occupational therapists, speech pathologists and psychologists. Thus, AHPA's submission encapsulates and represents AMTA's position in this consultation.

In this submission **AMTA focusses on those areas where the practice and industry experience of RMTs gives additional or specific perspective.**

Consultation Draft Part 2 - Definitions

AMTA notes that the definition of an allied health therapy used in the Consultation Draft seems to be derived from the Australian Health Practitioner Regulation Agency (AHPRA), which only represents 40% of allied health therapies in Australia. Like many of the remaining 60%, music therapy is a self-regulated profession through the National Alliance of Self Regulating Health Professions (NASRHP). **AMTA recommends that the legislation should use a definition of allied health that is inclusive of all allied health professions in Australia.**

Division 2 – Home support service types

Service type allied health and therapy

AMTA is pleased to see the **specific inclusion of music therapy as an allied health home support** service type. As outlined above, music therapy delivered by an RMT delivers significant outcomes for older people.

Allied health as a clinical support

AMTA is pleased to see the **designation of allied health therapy (including music therapy) as a clinical support in home care**. Music therapy delivers clinical outcomes for older people that positively impact physical, cognitive, social and psychological function. Music therapy also delivers positive outcomes and experiences for carers – critical to many older people staying healthy at home, longer.

Division 8 – Residential care service types

It is **disappointing that the Draft Rules do not itemise allied health therapies for residential aged care consumers** in the same way that they do for older people living at home. This lack of transparency results in service providers being unsure of their responsibilities and service users being unsure of their rights and opportunities. By failing to make explicit reference to the provision of allied health therapies, the Draft Rules risk older Australians missing out on essential needs-based interventions.

The Draft Rules also fail to answer recommendation 38b of the Royal Commission into Aged Care⁴⁹:

"require approved providers to: ...

- i. employ, or otherwise retain, at least one of each of the following allied health professionals: an oral health practitioner, a mental health practitioner, a podiatrist, a physiotherapist, an occupational therapist, a pharmacist, a speech pathologist, a dietitian, an exercise physiologist, and a music or art therapist
- ii. have arrangements with optometrists and audiologists to provide services as required to people receiving care"

Rehabilitation, allied health and fitness therapy programs

In *Section 60.2 Allied Health*, when referencing personal independence, the Draft Rules focus exclusively on physical needs. By limiting service provision only to "fitness and physical ability to perform daily tasks", the Draft Rules send the message to older Australians that the allied health responsibilities of residential aged care providers are limited to maximising people's ability to feed, shower and toilet themselves.

This approach insults older Australians by ignoring their need to communicate, interact with other people, express grief and adjust to changing circumstances. The proposed Draft Rules exclude people who need allied health therapies to communicate because of Parkinson's, Huntingtons', Motor Neurone Disease or the outcomes of a stroke. They fail to support recipients of palliative care who need allied health for pain management or grief support. They send a message to the

large numbers of older people in residential aged care who have clinical depression or anxiety that their service providers are uninvolved with their psychological health.

The **concept of independent function in the Aged Care Act should align with the Royal Commission findings** that prompted the development of new legislation, **by including social and psychological health in the concept of functional ability.**

The Royal Commission report listed seven essential outcomes of the recommended new aged care program, beginning with person-first care, explained as “care and supports which address physical, social, psychological, cultural and spiritual needs, supporting people to function independently for as long as possible⁴⁹” (p 107). In Recommendation 25: A new aged care program⁴⁹, the Commission specified “a common set of eligibility criteria identifying a need (whether of a social, psychological or physical character) to prevent or delay deterioration in a person’s capacity to function independently, or to ameliorate the effects of such deterioration, and to enhance the person’s ability to live independently as well as possible” (p 16).

AMTA urges the Department to **ensure the legislation holistically addresses the clinical needs of older Australians in residential aged care. AMTA suggests the service definition includes physical, social, cognitive and psychological function.**

Dementia and cognition management

It is pleasing and appropriate to see specific inclusion of dementia and cognition management as a service type (60.5), considering the high prevalence of this need in residential aged care. However, AMTA notes that there is no requirement for these programs to be designed by health professionals, unlike Section 60.2 Allied Health. People with dementia living in residential aged care need quality evidence-based programs, as noted in the Royal Commission into Aged Care⁴⁹:

Dementia care should be core business for aged care services, and particularly residential aged care services. Over half of people living in residential aged care have a diagnosis of dementia. Yet substandard dementia care was a persistent theme in our inquiry. We are deeply concerned that so many aged care providers do not seem to have the skills and capacity required to care adequately for people living with dementia (p 79).

As [AMTA raised](#) during the Royal Commission into Aged Care Quality and Safety, music therapy significantly impacts on behavioural and psychological symptoms of dementia, reducing wandering, aggression, distress and in turn, restrictive practices. Even with Recommendation 38 of the Commission requiring employment of a music or art therapist, RMTs continue to be an underutilised workforce in aged care. This is in spite of continuing and documented harmful practices in residential aged care, with nearly 20% of residential aged care recipients experiencing physical restraint and 179,613 people being considered for use of physical restraint⁴⁶. Given the history of ineffective dementia care in residential aged care, **AMTA strongly recommends that section 60.5 include the need for dementia-support programs to be designed by health professionals.**

Further discussion

AMTA welcomes the opportunity to provide further information.

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Australian Music Therapy Association



References

1. Zhang Y, Cai J, An L, et al. Does music therapy enhance behavioral and cognitive function in elderly dementia patients? A systematic review and meta-analysis. *Ageing Research Reviews*. 2017/05/01/ 2017;35:1-11. doi:<https://doi.org/10.1016/j.arr.2016.12.003>
2. Cheung DSK, Lai CKY, Wong FKY, Leung MCP. The effects of the music-with-movement intervention on the cognitive functions of people with moderate dementia: a randomized controlled trial. *Ageing Ment Health*. Mar 2018;22(3):306-315. doi:10.1080/13607863.2016.1251571
3. Satoh M, Ogawa J, Tokita T, et al. The effects of physical exercise with music on cognitive function of elderly people: Mihama-Kiho project. *PLoS One*. 2014;9(4):e95230. doi:10.1371/journal.pone.0095230
4. Särkämö T. Cognitive, emotional, and neural benefits of musical leisure activities in aging and neurological rehabilitation: A critical review. *Ann Phys Rehabil Med*. Nov 2018;61(6):414-418. doi:10.1016/j.rehab.2017.03.006
5. Särkämö T, Laitinen S, Numminen A, Kurki M, Johnson JK, Rantanen P. Clinical and Demographic Factors Associated with the Cognitive and Emotional Efficacy of Regular Musical Activities in Dementia. *J Alzheimers Dis*. 2016;49(3):767-81. doi:10.3233/jad-150453
6. Ito E, Nouchi R, Dinet J, Cheng CH, Husebø BS. The Effect of Music-Based Intervention on General Cognitive and Executive Functions, and Episodic Memory in People with Mild Cognitive Impairment and Dementia: A Systematic Review and Meta-Analysis of Recent Randomized Controlled Trials. *Healthcare (Basel)*. Aug 3 2022;10(8)doi:10.3390/healthcare10081462
7. Särkämö T, Tervaniemi M, Laitinen S, et al. Cognitive, emotional, and social benefits of regular musical activities in early dementia: randomized controlled study. *Gerontologist*. Aug 2014;54(4):634-50. doi:10.1093/geront/gnt100
8. Dassa A, Amir D. The role of singing familiar songs in encouraging conversation among people with middle to late stage Alzheimer's disease. *J Music Ther*. Summer 2014;51(2):131-53. doi:10.1093/jmt/thu007
9. Gassner L, Geretsegger M, Mayer-Ferbas J. Effectiveness of music therapy for autism spectrum disorder, dementia, depression, insomnia and schizophrenia: update of systematic reviews. *European Journal of Public Health*. 2021;32(1):27-34. doi:10.1093/eurpub/ckab042
10. Yinger O, Lapointe L. The Effects of Participation in a Group Music Therapy Voice Protocol (G-MTVP) on the Speech of Individuals with Parkinson's Disease. *Music Therapy Perspectives*. 01/01 2012;30:25-31. doi:10.1093/mtp/30.1.25
11. Tamplin J, Morris ME, Marigliani C, Baker FA, Noffs G, Vogel AP. ParkinSong: Outcomes of a 12-Month Controlled Trial of Therapeutic Singing Groups in Parkinson's Disease. *Journal of Parkinson's Disease*. 2020;10:1217-1230. doi:10.3233/JPD-191838
12. Tamplin J, Morris ME, Marigliani C, Baker FA, Vogel AP. ParkinSong: A Controlled Trial of Singing-Based Therapy for Parkinson's Disease. *Neurorehabilitation and Neural Repair*. 2019;33(6):453-463. doi:10.1177/1545968319847948
13. Gatti R, Tettamanti A, Lambiase S, Rossi P, Comola M. Improving hand functional use in subjects with multiple sclerosis using a musical keyboard: a randomized controlled trial. *Physiother Res Int*. Jun 2015;20(2):100-7. doi:10.1002/pri.1600
14. Ghai S, Ghai I. Effects of (music-based) rhythmic auditory cueing training on gait and posture post-stroke: A systematic review & dose-response meta-analysis. *Scientific Reports*. 2019/02/18 2019;9(1):2183. doi:10.1038/s41598-019-38723-3
15. Elefant C, Baker FA, Lotan M, Lagesen SK, Skeie GO. The effect of group music therapy on mood, speech, and singing in individuals with Parkinson's disease--a feasibility study. *J Music Ther*. Autumn 2012;49(3):278-302. doi:10.1093/jmt/49.3.278
16. Brandt M, Nieuwkamp M, Kerkdijk E, Verschuur E. Huntington speech music therapy: a therapy based on the principles of SMTA, adjusted for patients with Huntington's disease. *Nordic Journal of Music Therapy*. 06/01 2016;25:121-121. doi:10.1080/08098131.2016.1180145
17. Cheung DSK, Ho LYW, Chan LCK, Kwok RKH, Lai CKY. A Home-Based Dyadic Music-with-Movement Intervention for People with Dementia and Caregivers: A Hybrid Type 2 Cluster-Randomized Effectiveness-Implementation Design. *Clin Interv Aging*. 2022;17:1199-1216. doi:10.2147/cia.S370661
18. Clark IN, Tamplin JD, Baker FA. Community-Dwelling People Living With Dementia and Their Family Caregivers Experience Enhanced Relationships and Feelings of Well-Being Following Therapeutic Group Singing: A Qualitative Thematic Analysis. Original Research. *Frontiers in Psychology*. 2018-July-30 2018;9(1332)doi:10.3389/fpsyg.2018.01332
19. Osman SE, Tischler V, Schneider J. 'Singing for the Brain': A qualitative study exploring the health and well-being benefits of singing for people with dementia and their carers. *Dementia (London)*. Nov 2016;15(6):1326-1339. doi:10.1177/1471301214556291
20. Lee S, Allison T, O'Neill D, Punch P, Helitzer E, Moss H. Integrative review of singing and music interventions for family carers of people living with dementia. *Health Promot Int*. Jun 2 2022;37(Supplement_1):i49-i61. doi:10.1093/heapro/daac024
21. Massaia M, Reano A, Luppi C, Santagata F, Marchetti M, Isaia GC. Receptive music interventions improve apathy and depression in elderly patients with dementia. *Geriatric Care*. 03/28 2018;4(1)doi:10.4081/gc.2018.7248
22. Stedje K, Kvamme TS, Johansson K, et al. The Influence of Home-Based Music Therapy Interventions on Relationship Quality in Couples Living with Dementia—An Adapted Convergent Mixed Methods Study. *International Journal of Environmental Research and Public Health*. 2023;20(4):2863.

23. Potvin N, Hicks M, Kronk R. Music Therapy and Nursing Cotreatment in Integrative Hospice and Palliative Care. *Journal of hospice and palliative nursing : JHPN : the official journal of the Hospice and Palliative Nurses Association*. 2021;23(4):309-315. doi:10.1097/NJH.0000000000000747
24. McConnell T, Scott D, Porter S. Music therapy for end-of-life care: An updated systematic review. *Palliat Med*. Oct 2016;30(9):877-83. doi:10.1177/0269216316635387
25. Gutgsell KJ, Schluchter M, Margevicius S, et al. Music Therapy Reduces Pain in Palliative Care Patients: A Randomized Controlled Trial. *Journal of Pain and Symptom Management*. 2013/05/01/ 2013;45(5):822-831. doi:<https://doi.org/10.1016/j.jpainsymman.2012.05.008>
26. Gao Y, Wei Y, Yang W, et al. The Effectiveness of Music Therapy for Terminally Ill Patients: A Meta-Analysis and Systematic Review. *Journal of Pain and Symptom Management*. 2019/02/01/ 2019;57(2):319-329. doi:<https://doi.org/10.1016/j.jpainsymman.2018.10.504>
27. Wood C, Cutshall SM, Wiste RM, et al. Implementing a Palliative Medicine Music Therapy Program: A Quality Improvement Project. *American Journal of Hospice and Palliative Medicine®*. 2019;36(7):603-607. doi:10.1177/1049909119834878
28. Ray KD, Mittelman MS. Music therapy: A nonpharmacological approach to the care of agitation and depressive symptoms for nursing home residents with dementia. *Dementia*. 2017/08/01 2015;16(6):689-710. doi:10.1177/1471301215613779
29. Ray KD, Fitzsimmons S. Music-assisted bathing: making shower time easier for people with dementia. *J Gerontol Nurs*. Feb 2014;40(2):9-13. doi:10.3928/00989134-20131220-09
30. Richeson NE, Neil DJ. Therapeutic Recreation Music Intervention to Decrease Mealtime Agitation and Increase Food Intake in Older Adults With Dementia. *American Journal of Recreation Therapy*. 2004 2004;3(1):37-41.
31. Whear R, Abbott R, Thompson-Coon J, et al. Effectiveness of Mealtime Interventions on Behavior Symptoms of People With Dementia Living in Care Homes: A Systematic Review. *Journal of the American Medical Directors Association*. 2014;15(3):185-193. doi:10.1016/j.jamda.2013.10.016
32. Thomas DW, Smith M. The Effect of Music on Caloric Consumption Among Nursing Home Residents with Dementia of the Alzheimer's Type. *Activities, Adaptation & Aging*. 2009/03/18 2009;33(1):1-16. doi:10.1080/01924780902718566
33. Baker FA, Lee Y-EC, Sousa TV, et al. Clinical effectiveness of music interventions for dementia and depression in elderly care (MIDDEL): Australian cohort of an international pragmatic cluster-randomised controlled trial. *The Lancet Healthy Longevity*. 2022/03/01/ 2022;3(3):e153-e165. doi:[https://doi.org/10.1016/S2666-7568\(22\)00027-7](https://doi.org/10.1016/S2666-7568(22)00027-7)
34. Raglio A, Bellelli G, Traficante D, et al. Efficacy of music therapy in the treatment of behavioral and psychiatric symptoms of dementia. *Alzheimer Dis Assoc Disord*. Apr-Jun 2008;22(2):158-62. doi:10.1097/WAD.0b013e3181630b6f
35. Raglio A, Bellelli G, Traficante D, et al. Efficacy of music therapy treatment based on cycles of sessions: a randomised controlled trial. *Aging Ment Health*. Nov 2010;14(8):900-4. doi:10.1080/13607861003713158
36. Livingston G, Sommerlad A, Orgeta V, et al. Dementia prevention, intervention, and care. *The Lancet*. 2017;390(10113):2673-2734. doi:10.1016/S0140-6736(17)31363-6
37. Han P, Kwan M, Chen D, et al. A controlled naturalistic study on a weekly music therapy and activity program on disruptive and depressive behaviors in dementia. *Dement Geriatr Cogn Disord*. 2010;30(6):540-6. doi:10.1159/000321668
38. van der Steen JT, van Soest-Poortvliet MC, van der Wouden JC, Bruinsma MS, Scholten R, Vink AC. Music-based therapeutic interventions for people with dementia. *Cochrane Database of Systematic Reviews*. 2017;(5)doi:10.1002/14651858.CD003477.pub3
39. Sung HC, Chang AM, Lee WL. A preferred music listening intervention to reduce anxiety in older adults with dementia in nursing homes. *J Clin Nurs*. Apr 2010;19(7-8):1056-64. doi:10.1111/j.1365-2702.2009.03016.x
40. Ueda T, Suzukamo Y, Sato M, Izumi S-I. Effects of music therapy on behavioral and psychological symptoms of dementia: A systematic review and meta-analysis. *Ageing Research Reviews*. 2013/03/01/ 2013;12(2):628-641. doi:<https://doi.org/10.1016/j.arr.2013.02.003>
41. Werner J, Wosch T, Gold C. Effectiveness of group music therapy versus recreational group singing for depressive symptoms of elderly nursing home residents: pragmatic trial. *Aging Ment Health*. Feb 2017;21(2):147-155. doi:10.1080/13607863.2015.1093599
42. Ridder HMO, Stige B, Qvale LG, Gold C. Individual music therapy for agitation in dementia: an exploratory randomized controlled trial. *Aging & Mental Health*. 2013/08/01 2013;17(6):667-678. doi:10.1080/13607863.2013.790926
43. Lin Z-W, Liu J-F, Xie W-P, Chen Q, Cao H. The effect of music therapy on chronic pain, quality of life and quality of sleep in adolescents after transthoracic occlusion of ventricular septal defect. *The heart surgery forum*. 2021;24(2):E305-E310. doi:10.1532/hfs.3513 Accessed 2021/03//. <http://europepmc.org/abstract/MED/33798055https://doi.org/10.1532/hfs.3513>
44. Ledger AJ, Baker FA. An investigation of long-term effects of group music therapy on agitation levels of people with Alzheimer's Disease. *Aging Ment Health*. May 2007;11(3):330-8. doi:10.1080/13607860600963406
45. Lin Y, Chu H, Yang C-Y, et al. Effectiveness of group music intervention against agitated behavior in elderly persons with dementia. *International Journal of Geriatric Psychiatry*. 2011;26(7):670-678. doi:<https://doi.org/10.1002/gps.2580>
46. Australian Institute of Health and Welfare. Residential Aged Care Quality Indicators – January to March 2023. <https://www.gen-agedcaredata.gov.au/Topics/Quality-in-aged-care/Residential-Aged-Care-Quality-Indicators-latest-release>
47. Commonwealth of Australia. Royal Commission into Aged Care Quality and Safety. *Transcript of Proceedings Day 82, 17 July 2020. Item 45.* <https://agedcare.royalcommission.gov.au/sites/default/files/2020-07/ROYAL%20COMMISSION%2020200717.pdf>.

48. Commonwealth of Australia. Royal Commission into Aged Care Quality and Safety. *Interim Report: Neglect*. Vol 1. 2019 <https://www.royalcommission.gov.au/system/files/2021-03/interim-report-volume-1.pdf>
49. Commonwealth of Australia. Royal Commission into Aged Care Quality and Safety. *Final Report : Care, Dignity and Respect*. Vol 1. 2019 <https://www.royalcommission.gov.au/system/files/2024-03/aged-care-rc-final-report-volume-1.pdf>