



December 16, 2024

## Re: Art and music therapies under the NDIS

Dear Minister Shorten,

Mental Health Carers NSW (MHCN) writes to you in our capacity as NSW systemic advocacy provider for psychosocial disability. We write regarding the recent changes made to NDIS-funded music and art therapies and seek further information about these changes so we can communicate these to our stakeholders.

Firstly, we express our concern at the recent changes made by the NDIA. While MHCN understands that the NDIA needs to ensure financial sustainability, it is troubling that the decision was made without consulting the AMTA or ANZACTA, and that organisations were given one week's notice. That such services are now being reclassified as "social and community participation", after a decade of being included in the NDIS, discredits the tertiary education, clinical placements, and registered expertise of art and music therapists. Art and music therapy extend beyond "social and community participation." They incorporate creative modalities to enhance physical, mental, and emotional well-being, utilise psychodynamic and psychoanalytic principles, and evidence-based frameworks. Such therapists are not merely finger painting or 'jamming' with clients but utilise counselling frameworks with creative modalities as conduits to explore clients' concepts and issues in therapeutic contexts. These are peer-reviewed and proven effective therapy models that can reach a wide range of clients with varying needs and can be combined with trauma-focused psychotherapies.<sup>1</sup> We understand that both AMTA and ANZACTA have forwarded your office a Disability Evidence Summary detailing the peer-reviewed research literature and implore your office to consult these.

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<sup>1</sup> Schouten, KA., et al. "The effectiveness of art therapy in the treatment of traumatized adults: A systematic review on art therapy and trauma." *Trauma, violence, & abuse* 16.2 (2015): 220-228.

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MHCN advocates for the rights of people with psychosocial disability and mental illness, and their carers, families, and loved ones. We understand the benefits of art and music therapies to our stakeholders, including but not limited to improvements in self-expression, social skills and community engagement, self-esteem, physical wellbeing, building healthy coping mechanisms, improve behavioural difficulties, and assist in development and movement, self-care, and 'life-admin' tasks.<sup>2</sup> These creative modalities provide essential support to participants who often struggle to engage with conventional therapeutic and clinical approaches and must be protected.

The NDIS statement outlined that NDIS participants will continue to have access to music and art therapy under the community participation budget, either one on one at a reduced rate or at a group rate of \$193.99 an hour when delivered to a minimum of four participants by a registered provider. This decision impacts art and music therapy providers by reducing their income by 65% overnight (~\$193.33/hr to \$67/hr). This negatively impacts both client and therapist. For participants with psychosocial disability and mental illness, group activity may not be appropriate. It also risks pushing sole-traders into increasing their caseloads by unsustainable levels to eke a living and meet the day-to-day costs of service provision including insurance, superannuation contributions, travel, taxes, GST, and equipment. Given that one-on-one rates will be unsustainable, many participants may lose access to this vital support, which will impact their current and future progress.

Creative and Experiential Therapists possess master's level education and are members of professional associations, recognized as integral to Australia's Allied Health Workforce alongside physiotherapists, occupational therapists, and speech therapists. For example, to practice as an art therapist requires a master's degree including 750 hours of clinical placement. Under these new changes, therapists will now receive the same pay grade as unqualified support workers. While it has been stated that there will be a potential future option to access support under "social and community participation," this comes with reduced hourly rates and providers who may lack the necessary skills and qualifications. This development is potentially devastating for clients and therapists.

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<sup>2</sup> Power, N., et al. "Art therapy as a treatment for adults with learning disabilities who are experiencing mental distress: A configurative systematic review with narrative synthesis." *The Arts in Psychotherapy* (2023): 102088; Bosgraaf, L., et al. "Art therapy for psychosocial problems in children and adolescents: A systematic narrative review on art therapeutic means and forms of expression, therapist behaviour, and supposed mechanisms of change." *Frontiers in psychology* 11 (2020): 584685; Edwards, BM., et al. "Performance and visual arts-based programs for children with disabilities: a scoping review focusing on psychosocial outcomes." *Disability and rehabilitation* 42.4 (2020): 574-585.

The impact of this for NDIS recipients is that art and music therapists may be disincentivised to service NDIS clients who are either non-self-managed or do not have sufficient packages. This can also cause distress and frustration among clients who will now be costed out of these therapies. This confusion is further compounded by difficulties in navigating the differences between core and capacity supports budgets. Clients and carers need clearer information about how these changes may impact their budget and thus their access to life-improving care models.

Secondly, we request that the Government and NDIA provide adequate information regarding this funding decision particularly regarding the EAC's evidence base. According to a letter distributed by parliamentarians, the changes were made based on the notion that "they do not meet the evidentiary standards required to be classified as 'therapy' under the definition of NDIS supports". We request that stakeholders are made better aware of the NDIS EAC review process for how it was conducted and which stakeholders it consulted. Concerningly, this letter also included a terse comparison between nurse pay rates and art therapist pay rates. This is a disappointing straw man comparison between two unrelated award rates and systems: one being an hourly rate and the other per session. To compare the two creates a false justification for the change. It obfuscates the issue, misappropriates the long-standing issue of nurses' pay for its own means, and misrepresents the peer-reviewed benefits of creative therapies.

Please consider our request for information. Many of our stakeholders rely on the benefits of art and music therapy as part of their mental health and psychosocial disability management. The impacts of this decision have not yet been felt by the community until the changes come into full effect. As such, there is an opportunity for the government to quell community outrage at this decision by explaining the decision in a respectful and transparent manner.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alyce Cannon', with a stylized flourish extending to the right.

Alyce Cannon

Psychosocial Disability Policy and Research Coordinator

Mental Health Carers NSW

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