

2019 Submission - Royal Commission into Victoria's Mental Health System

Organisation Name

Australian Music Therapy Association (AMTA)

Name

Ms Bridgit Hogan

What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

N/A

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

N/A

What is already working well and what can be done better to prevent suicide?

N/A

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

"The Victorian Mental Health Act (2014) identifies Recovery philosophy as underpinning care, places people with a mental illness at the centre of decision making about their treatment and recovery, and prioritises holistic care and support options that are responsive to individual needs [1]. Despite the Act's acknowledgement of the importance of consumer-driven treatment, there continues to be limited access to diverse treatment options within Victorian mental health services. Limited access to diverse treatment options makes it difficult for people in Victoria to access good mental health treatment and experience good mental health. Traditional psychotherapeutic and psychopharmaceutical 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. Music therapy is an evidence-based therapy which has substantial support for its use in mental health treatment. Systematic and Cochrane reviews report 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 [2-5]. This research shows improvement in symptoms for people with affective disorders, which are the highest prevalence mental illnesses in Australia [6], yet limited access is available to these people through Victorian public mental health services. Qualitative research identifies that music therapy is considered important by consumers for fostering their well-being, hope and meaning in their lives [7-10]; all of which are congruent with Recovery philosophy underpinning the Victorian Mental Health Act 2014 and are considered essential for recovery [11]. Given the significant amount of evidence supporting its use in mental health care, music therapy has been endorsed and recommended by Victorian experts in the field of psychiatry [12]. Unfortunately, music therapy is currently only available to people living in the community in Victoria if they pay for it themselves. However, the majority of people accessing mental health services in Australia are from lower socio-economic

backgrounds [6] and are unable to afford to pay for private therapy. Research shows that for some consumers, music therapy will dominate other psychologically-based treatment options, including those which are currently available within public mental health services [8]. This means that if music therapy continues not to be funded in Victoria, the Government is funding a lower-value treatment, which is a serious issue of inequity. The limitations in access to music therapy within the current public mental health system are two-fold. First, allied health professionals who have traditionally been employed as case managers and clinicians in community mental health services are limited, and do not reflect the range of professionals qualified to provide evidence-based strategies and approaches that may be prioritised or needed by consumers. Registered Music Therapists (RMTs)* are eligible as clinicians and case managers according to the Victorian Public Mental Health EBA 2016-2020, as they are (organisation) members of (AHPA) Allied Health Professions Australia and must abide by a Code of Ethics and complete regular Professional Development to maintain their registration, like their other allied health colleagues. Despite this, when these positions are advertised, mental health professionals who are listed as eligible (and meeting selection criteria) are limited to psychologists, nurses, occupational therapists and social workers. Restriction on these positions does not take into account other allied health professionals that are qualified to provide evidence-based mental health treatment. This exclusion creates an unnecessary barrier to other evidence-based strategies like music therapy which is not congruent with the consumer-driven approach prioritised in contemporary mental health treatment in Victoria. We recommend that Victorian mental health services change their recruitment processes to include Registered Music Therapists as eligible in their selection criteria so that the full range of allied health professions are represented and mental health clinicians with a range of discipline backgrounds are providing treatment to Victorian's with mental illness. This would be at no cost to the Victorian government or to mental health services. We acknowledge that training around music therapy and the skills and professional knowledge that RMTs could bring to these roles within Victorian Mental Health Services would be needed if this recommendation were to go ahead. Second, mental health treatment programs funded within community mental health services are limited to traditional psychotherapeutic and psychopharmaceutic treatments such as medication and cognitive/talking based therapies. If mental health services truly embedded Recovery-oriented philosophy into care, as suggested in the Victorian Mental Health Act, the system would acknowledge the diversity in consumer needs rather than adopt the one size fits all' treatment perspective which is currently reflected. Research by key scholars in the field shows that pathways to recovery are individual and diverse [11]. Within a consumer-driven and recovery oriented model of care, consumers should be entitled to choose treatment options that suits their individual needs, and therefore music therapy should be an available treatment option. People who have been impacted by the trauma and challenges of mental illness throughout their lives 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 based therapies that provide the non-textual language to gain emotional literacy. A recent independent benefit-cost analysis conducted by health economists 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 [13]. We recommend that Victorian community mental health services fund music therapy sessions provided by Registered Music Therapists (RMTs) in order to provide equitable access to therapy and treatment which addresses the needs of all mental health consumers in Victoria. Case Study: ██████ benefits from music therapy ██████ is a ██████-year-old ██████ student who loves animals and watching movies. During high school, ██████ struggled with poor body image and social anxiety. When she was ██████ years old, ██████ was involved in a

traumatic car accident and her [REDACTED] died. Since then [REDACTED] has found it difficult to cope with the intense emotions she has felt in response to this experience. [REDACTED] has tried different ways of coping with her feelings from both the past and in everyday life. This has involved using drugs and alcohol and cutting herself [REDACTED]. [REDACTED] has also dieted on and off over the years. [REDACTED]

[REDACTED] dieting behaviours are making her more withdrawn and anxious. She has stopped eating with her family at home and spends most of her time in her bedroom. [REDACTED] still goes to uni classes some days, but she has trouble concentrating and her friends and family are concerned about her. [REDACTED] thinks about all kinds of things, just as any person does, but at the moment her thoughts mostly relate to her eating disorder and have become overwhelming and consuming. Around mealtimes particularly, [REDACTED] feels a sense of guilt, shame and hatred of herself and has a strong urge to control her food intake, purge food or exercise excessively. One day, [REDACTED] fainted at university and was taken to hospital. She was admitted to the eating disorders unit at her local hospital because her weight was dangerously low and she had a low heart rate and body temperature. While she was in hospital [REDACTED] attended the weekly music therapy group which was offered by a Registered Music Therapist (RMT). During music therapy sessions, the RMT encouraged [REDACTED] and the others in the group to participate in singing, listening, choosing and discussing familiar songs together, as she knows that familiar music is most effective in engaging young people in therapy. They were able to choose songs from a songbook, which the RMT played live with voice and guitar, and to share their own music preferences. The RMT assessed the emotional state of participants in the group and intentionally played the songs in a way that matched the feelings expressed in the group, changing the tempo, rhythm, pitch or key and emphasising certain lyrics. Listening to the music the RMT played triggered emotions in [REDACTED] and she didn't know why. She couldn't describe her feelings but the music helped her to cry and feel something inside her, when for months she had simply been feeling numb. Releasing the emotion made [REDACTED] feel calmer and helped her have a break from the anxiety and negative thoughts that consumed her. Hearing other people who had the same condition talk about their emotional reaction to the music also helped her to feel not so alone in her experience. She was able to connect to the other people in the group through their similar music choices and [REDACTED] opened up and began to talk with other people - something that she had not done in months. Over the weeks in hospital, as [REDACTED] condition improved and she began to restore weight, she chose to participate in individual music therapy sessions too. She worked with the RMT to recognise which songs were helpful when she was feeling low or anxious, and which ones actually made her feel worse. While working with [REDACTED], the RMT keeps in mind her knowledge of psychological strategies like distress tolerance and emotional regulation techniques. The RMT assessed [REDACTED] use of music during difficult times and together they created playlists that ordered [REDACTED] chosen songs in a purposeful attempt to help her improve her mood and cope with anxiety at home. Each week they worked towards achieving a set of goals around tolerating her emotions and processing them through music listening. The RMT and [REDACTED] worked towards this by choosing songs that were familiar to her but that also matched the level of anxiety [REDACTED] felt initially after eating and progressively lowering this, through different qualities in the music like repetitive and predictable chord structures with warm musical elements. The lyrics are likely to be familiar and relatable to [REDACTED] current situation. The songs in [REDACTED] s playlists helped her to tap into her emotions, making her feel in control of her thoughts and experiences. [REDACTED] also began to listen to the songs that she and her boyfriend used to play together at high school. In the past, [REDACTED] had avoided listening to these songs or listened to them in order to make herself feel guilty about the accident and to harm herself. When [REDACTED] listened to those songs with the RMT and

talked about the memories and emotions they evoked, she was no longer scared if they came up randomly on her iPod or while she was watching the TV. When ██████ was discharged from hospital, she was referred to a different RMT at a private clinic and continued to attend weekly individual music therapy sessions in the community. Although ██████ recovery was full of ups and downs, ██████ experience of music therapy allowed her to use music in her life to regulate her emotions instead of relying on self-harm or dieting. Music and music therapy helped ██████ to process her trauma and her emotions and experiences in a healthy and helpful way. Music therapy was a preferred treatment for ██████ because she had difficulty expressing herself verbally and was already using music in her life. For ██████, music therapy was more engaging, and less threatening than traditional talking therapy and because of this, it was able to realise positive health outcomes. * Registered Music Therapists (RMTs) are individuals who have completed a masters in music therapy training course accredited by the Australian Music Therapy Association (AMTA). Their registration status with AMTA is maintained by compulsory participation in a Continuing Professional Development program and adherence to AMTA's Code of Ethics and Standards of Practice. A member organization of Allied Health Professions Australia (AHPA), AMTA is the peak professional body advocating for music therapy in Australia. It's RMTs work in private practice and in allied health teams in hospitals, residential facilities, community and schools. They use evidenced based music therapy techniques to effectively and safely promote better health outcomes for vulnerable and unwell Australians. www.austmta.org.au "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

N/A

What are the needs of family members and carers and what can be done better to support them?

"Participation in music therapy can reduce the symptoms of mental illness, increase social functioning and improve quality of life, increasing people's capacity to participate in the economic marketplace [13]. This directly reduces the burden on family and caregivers."

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

N/A

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

"A recent independent benefit-cost analysis conducted by health economists concluded that music therapy potentially reduces a number of costs and losses within the Australian health system, including a direct burden of mental illness and associated economic losses. Participation in music therapy can reduce the symptoms of mental illness, increase social functioning and improve quality of life, increasing consumers' capacity to participate in the economic marketplace [13]. In order for people living with mental illness to improve their opportunities for social and economic participation, different types of therapies must be funded by the Victorian government so that people are given the best access to treatment that may be best suited to their recovery. "

Thinking about what Victorias mental health system should ideally look like, tell us what

areas and reform ideas you would like the Royal Commission to prioritise for change?

"The Royal Commission must consider expanding the range of allied health professions providing mental health services to include Registered Music Therapists (RMTs). Music is already used by many mental health consumers for mood regulation and coping with anxiety, but research shows that people who already have difficulty regulating their emotions use music in a way that is not always helpful and can sometimes make their mood worse [14, 15]. A case study describing █████ experience without music therapy support is a good example of this. █████ is a █████-year-old woman who works as a █████ and enjoys reading and playing basketball. Over the last few years, █████ has struggled with anxiety and depression and finds it difficult to cope with the intense emotions she experiences. █████ lives with a friend and together they go out to the local pub for trivia nights and to watch live music. Lately though █████ has become withdrawn and doesn't go out with her friend anymore. She still attends work most days but comes home and spends most of her time in bed as she feels sad and tired. █████ has tried different ways of coping with her feelings by using drugs and alcohol and cutting herself. █████ also listens to music in her bedroom as a way of trying to process her emotions, but sometimes she deliberately listens to songs that make her feel even sadder and can't stop herself from listening to them over and over again. █████ will sometimes drink alcohol while she listens to music in this way and the emotions build up often leading her to harm herself in order to find a release. █████ friends are worried about her but she thinks they would be better off without her. One day █████ friend approached her about her behaviour, but this made █████ feel angry and added to the intensity of emotions she was already feeling. █████ stayed in her bedroom that night and played the music she knew would make her feel sad and even more angry, cutting herself and drinking while listening to certain songs on repeat. █████ felt worse and worse but didn't get the release of emotion she usually felt from harming herself. The songs played over and her feelings built up even more, until she didn't care if she lived anymore, feeling helpless and hopeless. █████ was taken to an emergency department later that night after her friend found her in her bedroom after having attempted to end her own life. She then spent a month on the inpatient psychiatric unit in the hospital. Although a song or a particular piece of music is unable to cause someone like █████ to want to end their own life, music can be intentionally used in unhealthy and unhelpful ways that can lead to suicide. This is particularly relevant for someone like █████ who already experienced difficulty regulating her emotions and used music in isolation. It is important that people with mental illness like █████ have access to music therapy with an RMT in order to engage in ongoing discussions around the healthy and helpful use of music and individualized playlist creation. It is essential that access to music therapy is prioritized in Victorian mental health treatment to ensure that music is used safely as a helpful coping strategy for long-term recovery. AMTA recommends that: a) Victorian mental health services change their recruitment processes so that the full range of allied health professions are represented (including RMTs) and mental health clinicians with a range of discipline backgrounds are providing treatment to Victorian's with mental illness (as detailed above); and, b) Victorian community mental health services fund music therapy sessions provided by RMTs in order to provide equitable access to therapy and treatment which addresses the needs of all mental health consumers in Victoria. "

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

N/A

Is there anything else you would like to share with the Royal Commission?

"AMTA welcomes the opportunity to meet with the commissioners and make further contributions to the Royal Commission. References [1] Department of Health and Human Services, Victoria. (2014). Victorian Mental Health Act. Retrieved on June 18 2019, from <http://www.legislation.vic.gov.au/> [2] Aalbers, S., Fusar-Poli, L., Freeman, R. E., Spreen, M., Ket, J. C. F., Vink, A. C., Maratos, A., Crawford, M., Chen, X., Gold, C. (2017). Music therapy for depression. *Cochrane Database of Systematic Reviews*, 11. Art. No.: CD004517. DOI: 10.1002/14651858.CD004517.pub3 [3] Geretsegger, M., Messler, K. A., Bieleninik, ?, Chen, X., Heldal, T., Gold, C. (2017). Music therapy for people with schizophrenia and schizophrenia-like disorders. *Cochrane Database of Systematic Reviews*, 5. Art. No.: CD004025. DOI: 10.1002/14651858.CD004025.pub4 [4] Gold, C., Heldal, T. O., Dahle, T., & Wigram, T. (2005). Music therapy for schizophrenia or schizophrenia-like illnesses. *The Cochrane Database of Systematic Reviews*, 2, CD004025. [5] Mossler, K., Chen, X., Heldal, T. O., & Gold, C. (2011). Music therapy for people with schizophrenia and schizophrenia-like disorders. *The Cochrane Database of Systematic Reviews*, 12, CD004025. [6] ABS, 4364.0.55.001 - National Health Survey: First Results, 2017-18', 2018. <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~201718~Main%20Features~Mental%20and%20behavioural%20conditions~70>. Accessed 19 February 2019. [7] Ansdell, G., & Meehan, J. (2010). Some light at the end of the tunnel: Exploring users evidence for the effectiveness of music therapy in adult mental health setting. *Music and Medicine: An Interdisciplinary Journal*, 2(1), 29?40. [8] Silverman, M. J. (2006). Psychiatric patients' perception of music therapy and other psychoeducational programming. *Journal of Music Therapy*, 43(2), 111?122. doi:10.1093/jmt/43.2.111 [9] Solli, H. P., & Rolvsjord, R. (2015). The opposite of treatment: A qualitative study of how patients diagnosed with psychosis experience music therapy. *Nordic Journal of Music Therapy*, 24(1), 67?92. DOI:10.1080/08098131.2014.890639 [10] Solli, H. P., Rolvsjord, R., & Borg, M. (2013). Toward understanding music therapy as a recovery-oriented practice within mental health care: A meta-synthesis of service users' experiences. *Journal of Music Therapy*, 50(4), 244?273. [11] Slade, M. (2009). *Personal recovery and mental illness: A guide for mental health professionals*. Cambridge: Cambridge University Press. [12] Grocke, D., Bloch, S., & Castle, D. (2008). Is there a role for music therapy in the care of the severely mentally ill? *Australasian Psychiatry*, 16(6), 442. [13] Australian Music Therapy Association. (2019). *An Economic Rationale for Including Music Therapy on the Medicare Benefits Schedule*. Prepared by Alastair Furnival & Catherine McGovern from Evaluate. "