

Submission to NDIS Evidence Advisory Committee Consultation December 2025 on Art and Music Therapy for Participants with Psychosocial Disability

Consumers of Mental Health WA

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Table of Contents

1.	Acknowledgement of Country.....	1
2.	Preamble.....	2
2.1	About the Respondents	2
2.2	Request for Feedback	2
2.3	Language	2
2.4	About the consultation	3
3.	Introduction	4
4.	Discussion	5
4.1	Art and Music therapy for people with psychosocial disability.....	5
4.2	Who should provide the support.....	7
4.3	Outcomes.....	8
4.4	Barriers to using art or music therapy	9
4.5	How art and music therapy compare to other supports	10
5.	Conclusion.....	13

1. Acknowledgement of Country

Consumers of Mental Health WA proudly acknowledge Aboriginal people as Australia's First Peoples and the Traditional Owners and Custodians of the Land and Water on which we live and work. We acknowledge Western Australia's First Nation's communities and culture and pay respect to Aboriginal Elders past, present and emerging.

We recognise that Sovereignty was never ceded and the significant and negative consequences of colonisation and dispossession on Aboriginal communities.

Despite the far-reaching and long-lasting impacts of colonisation on First Nations communities, Aboriginal people remain resilient and continue to retain a strong connection to culture. We acknowledge the strong connection of First Nations Peoples to Country, culture and community, and the centrality of this to positive mental health and wellbeing.

2. Preamble

2.1 About the Respondents

Consumers of Mental Health WA (CoMHWA) is Western Australia's peak body for and by mental health consumers (people with a past or present lived experience of mental health issues, psychological or emotional distress). We are a not-for-profit, systemic advocacy organisation independent from mental health services that exists to listen to, understand and act upon the voices of consumers. We work collaboratively with other user-led organisations and a diversity of stakeholders to advance our rights, equality, recovery and wellbeing.

2.2 Request for Feedback

CoMHWA works to uphold the dignity and human rights of consumers, through providing advocacy in leading change with and for consumers. We appreciate notification of the outcomes of our submission to this consultation in order to understand and communicate the difference made through our work.

Please provide feedback via the contact details on this submission's cover page.

2.3 Language

CoMHWA uses the term mental health 'consumer' throughout this submission. Mental health consumers to refer to people who identify as having a past or present lived experience of psychological and emotional distress, irrespective of whether they have received a diagnosis of mental illness or accessed services. Other ways people may choose to describe themselves include "peer", "survivor", "person with a lived experience" and "expert by experience".

This definition is based on consumers' call for respect, dignity and choice in how we choose to individually identify. As individuals we choose different ways to name and describe our experiences that may confirm or trouble ideas about 'mental illness'.

CoMHWA endorses the Indigenous Australian Lived Experience Centre's (IALEC) [universal definition](#) of lived experience for First Nation communities:

A lived experience recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. It encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community.

People with lived or living experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis, been bereaved by suicide or having a loved

one who has died by suicide, acknowledging that this experience is significantly different and takes into consideration Aboriginal and Torres Strait Islander peoples' ways of understanding social and emotional wellbeing.

This definition recognises that there are fundamental differences to how Aboriginal and Torres Strait Islander people experience and define mental health challenges and suicide compared to mainstream definitions.

2.4 About the consultation

Reproduced from the Australian Government Department of Health, Disability and Ageing consultation [webpage](#).

"The NDIS Evidence Advisory Committee (EAC) was established in an ongoing capacity by the Australian Government in response to the NDIS Review. The EAC will make recommendations to government on the safety, suitability and value for money of supports for NDIS funding, drawing on the best available evidence.

[...]

For the second round of assessments to be considered by the EAC, we would like your input on the following supports:

- Art Therapy
- Functional Electrical Stimulation
- Hyperbaric Oxygen Therapy as a Disability Support
- Music Therapy
- Prosthetics with Microprocessors
- Therapy Suits."

Input was invited through a variety of modes including written submission to disabilityevidence@health.gov.au, and consultation was open until 20th January 2026.

3. Introduction

CoMHWA welcomes the opportunity to provide feedback to the NDIS Evidence Advisory Committee Consultation December 2025. As the peak body in WA for mental health consumers, we focus in this submission on providing feedback informed by the experiences of consumers and of NDIS participants with psychosocial disability, in the hopes that this will provide insight into which supports can meet the needs of a group of NDIS participants whose independence and recovery, the NDIS Review made clear, have not in the past been adequately supported in the Scheme.¹ We limit our submission to discussion of supports from which participants told us they experience benefits: art and music therapy.

CoMHWA believes that art and music therapy should be funded as NDIS supports for participants with psychosocial disability. When news emerged in 2024 that music and creative arts therapies might no longer be considered NDIS supports in the future, CoMHWA heard from many NDIS participants with psychosocial disability of their deep concerns about, and opposition to, this development. The evidence provided by NDIS participants when they share their experiences with supports, and their needs and preferences, must be considered legitimate, authoritative evidence, at least equal in weight and authority to other evidence, to ensure that people with disability meaningfully shape the operation of a Scheme designed to support them. Access to these supports in the NDIS has always been challenging, with barriers including lack of information that these are support options, insufficient funding and low availability of providers. Those who have accessed art and music therapy often have good experiences, telling CoMHWA that these supports have been important to their experiences of mental health recovery, or, because of the personal connections they might have to art or music, have been essential to enabling them to meet their goals. The purpose and structure of art therapy and music therapy, as well as the outcomes participants experience, are markedly different from self-directed or social art or music activities, and participants have a good appreciation for those differences. As such, there is no substitute for art and music therapy, which underscores the need for their ongoing inclusion as an NDIS support.

We base our submission on:

- A number of one to one discussions with consumers who are accessing NDIS for psychosocial disability supports, or who are in the process of seeking NDIS access

¹ NDIS Review, Commonwealth of Australia, Department of the Prime Minister and Cabinet. (2023). *Working together to deliver the NDIS Independent Review into the National Disability Insurance Scheme: Final report*.

<https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf>, p. 129.

- Ongoing consultation with CoMHWA’s consumer reference and advisory groups, including our NDIS reference group that is comprised of NDIS participants with psychosocial disability.
- Ongoing data collection and input from CoMHWA’s Individual Advocacy and Peer Pathways (service navigation) programs.
- Ongoing consultation with consumers in Western Australia on joint priorities for an improved mental health system
- Consumer representation in relevant settings, including but not limited to: Primary Health networks (WAPHA), WA regional equivalents of the Local Health Networks (regional mental health services under the WA Health Board structure), the Mental Health Commission and the health complaints agency, Health and Disability Services Complaints Office (HaDSCO).

As CoMHWA found significant overlaps in experiences of and feedback around art therapy and music therapy, we address both supports together in the discussion below, giving specific feedback about either support where relevant under subheadings. CoMHWA provides feedback that addresses major categories of questions that the Evidence Advisory Committee (EAC) asks in its survey around outcomes, comparators, access barriers, who benefits from supports and who should provide supports under relevant subheadings.

4. Discussion

4.1 Art and Music therapy for people with psychosocial disability

For people with mental health challenges and/or psychosocial disability, art and music therapies can be a helpful psychosocial support and can have a range of positive outcomes.² For some consumers, these are more accessible forms of therapy than talk-based therapy, as they allow the expression of complex experiences and emotions that are otherwise challenging or impossible to communicate.³ CoMHWA has heard from consumers with a range of mental health and psychosocial disability experiences, and with diverse identities and backgrounds, that creative therapies have been helpful for them, and CoMHWA feels that they should be available as a support option for all consumers and NDIS participants with psychosocial disability. Art and music therapy have, furthermore, been identified as supporting the social and emotional

² Jensen, A., & Bonde, L. (2018). The use of arts interventions for mental health and wellbeing in health settings. *Perspectives in Public Health*, 138(4), 209-214, <https://doi.org/10.1177/1757913918772602>.

³ van Laar, C., Bloch-Atefi, A., Grace, J., & Zimmermann, A. (2025). Empowering voices—Learning From NDIS Participants About the Value of Creative and Experiential Therapies: A Mixed Methods Analysis of Testimonials and Academic Literature. *Psychotherapy and Counselling Journal of Australia*, 13(1). <https://doi.org/10.59158/001c.128556>

wellbeing of Aboriginal and Torres Strait Islander people,⁴ and there is a demand for more culturally appropriate therapy that involves creative activities, especially activities enable connection to culture.⁵

CoMHWA consistently hears from consumers that they do not feel that their voices, experiences, needs and preferences have been taken into account in the NDIS's approach to providing supports for people with psychosocial disability. While this is a longstanding issue,⁶ it has been exacerbated by recent changes. The observation of one recent literature review exploring issues with psychosocial disability support in the NDIS is that there is "a lack of research exploring the lived experiences of individuals with psychosocial disability and how the NDIS impacts their process of recovery."⁷ The EAC can play a role in addressing such gaps and deficits in the way the NDIS has determined and categorised supports for people with psychosocial disability, by ensuring that the voices and lived experiences of people with psychosocial disability are the foundation of determinations of what suitable supports look like for them. What CoMHWA has heard is that removing art and music therapy supports from the NDIS would significantly impact the ability of participants with psychosocial disability to choose and engage with the supports that work for them.

Art therapy and music therapy are used effectively and have positive outcomes for consumers in some mental health treatment settings, including inpatient facilities.⁸ Importantly, consumers want to access, and

⁴ Salmon, M., Doery, K., Dance, P., Chapman, J., Gilbert, R., Williams, R. & Lovett, R. (2019). *Defining the Indefinable: Descriptors of Aboriginal and Torres Strait Islander Peoples' Cultures and Their Links to Health and Wellbeing*. Aboriginal and Torres Strait Islander Health Team, Research School of Population Health, The Australian National University. <https://openresearch-repository.anu.edu.au/server/api/core/bitstreams/f3e9d39d-19fa-4f13-8e19-7d4e1dd48295/content>, p. 26

⁵ Murrup-stewart, C., Searle, A. K., Jobson, L., & Adams, K. (2019). Aboriginal perceptions of social and emotional wellbeing programs: A systematic review of literature assessing social and emotional wellbeing programs for Aboriginal and Torres Strait Islander Australians perspectives. *Australian Psychologist*, 54(3), 171–186. <https://doi.org/10.1111/ap.12367>

⁶ Hancock, N., Scanlan, J.N., Mellifont, D., & Hamilton, D. (2022). *Examination of NDIS Access barriers for people living with Psychosocial disability: Final report*. The University of Sydney. https://mhcc.org.au/wp-content/uploads/2022/04/National-Survey_Barriers-to-NDIS-access_Report.pdf

⁷ Choi, J., Ellem, K. and Drayton, J. (2025). Supporting the Recovery of NDIS Participants With Psychosocial Disability: A Narrative Literature Review. *Aust J Soc Issues*, 60, 1038-1051. <https://doi.org/10.1002/ajis4.70005>

⁸ Bibb J. (2021). The role of music therapy in Australian mental health services and the need for increased access to service users. *Australasian Psychiatry*, 29(4), 439-441. doi:[10.1177/1039856220980255](https://doi.org/10.1177/1039856220980255)

Volpe, U., Gianoglio, C., Autiero, L., Marino, M. L., Facchini, D., Mucci, A., & Galderisi, S. (2018). Acute Effects of Music Therapy in Subjects With Psychosis During Inpatient Treatment. *Psychiatry*, 81(3), 218–227. <https://doi.org/10.1080/00332747.2018.1502559>

Noble, J., & Hackett, S. (2023). Art therapy in acute inpatient care. *International Journal of Art Therapy*, 28(4), 196–203. <https://doi.org/10.1080/17454832.2023.2175003>

Zeng, Y., Fan, H., Liu, L., & Liu, T. (2025). A retrospective study on the impact of music and painting dual art therapy on cognitive and social functions of inpatients with chronic schizophrenia. *Medicine*, 104(49), e45902. <https://doi.org/10.1097/MD.00000000000045902>

have good experiences with accessing, art and music therapy as part of their recovery.⁹ Importantly, these therapies have been found to support mental health recovery and enhance recovery-oriented practice.¹⁰ One consumer expressed frustration to CoMHWa around why the NDIS would fail to recognise the benefits of such therapies which are used across other mental health settings, and why the evidence that they are helpful there should be felt to be invalid beyond the threshold of a hospital door.

Some evidence suggests that art therapy is associated with a reduction in use of restrictive practices in inpatient settings.¹¹ Given the deeply detrimental impact of restrictive practices, which have no therapeutic benefit, cause trauma and distress, and violate human rights of consumers,¹² this is an important outcome that is directly applicable to the context of the NDIS, as behaviour supports can include use of restrictive practices. This also points to the need for the EAC to explore the value of music and art therapy beyond what might be recognised as outcomes within a medical model, and how particular supports can protect and promote the human rights of people with psychosocial disability.

4.2 Who should provide the support

Generally speaking, consumers signalled a desire for appropriately trained and qualified providers of art and music therapy who have the necessary specialist knowledge and experience to work with people with psychosocial disability and mental health challenges. Often, it is difficult to find providers who have qualifications that also have the ability to work appropriately with people with mental health challenges. One participant highlighted the need for providers to have experience providing recovery-oriented and trauma-informed supports.

⁹ De Vecchi, N., Kenny, A. & Kidd, S. (2025). Stakeholder views on a recovery-oriented psychiatric rehabilitation art therapy program in a rural Australian mental health service: a qualitative description. *International Journal of Mental Health Systems*, 9(11) <https://doi.org/10.1186/s13033-015-0005-y>

Versitano, S., Butler, G., & Perkes, I. (2024). Art and other group therapies with adolescents in inpatient mental health care. *International Journal of Art Therapy*, 29(2), 80–87. <https://doi.org/10.1080/17454832.2023.2217891>

Versitano, S., & Paton, J. (2026). Inpatient adolescent mental health care: art therapy, acute distress, and restrictive practices. *International Journal of Art Therapy*, 1–13. <https://doi.org/10.1080/17454832.2026.2614094>

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. <https://doi.org/10.1093/jmt/50.4.244>

¹¹ Versitano, S., Shvetsov, A., Paton, J., & Perkes, I. (2024). Art therapy is associated with a reduction in restrictive practices on an inpatient child and adolescent mental health unit. *Journal of Mental Health*, 33(4), 481–489. <https://doi.org/10.1080/09638237.2024.2332813>

Marino, L. V., Peel, S. J., Iredale, L., Thiyagesh, S., Khan, W., Whyte, V., Humble, V., & McQuillan, D. (2025). 'Monday's feel calmer when creative practitioners are here': a quality improvement project exploring whether creative-practitioner sessions on adult inpatient mental-health wards reduce levels of violence and aggression. *BMJ open quality*, 14(1), e003122. <https://doi.org/10.1136/bmjopen-2024-003122>

¹² Consumers of Mental Health WA. (2025). *CoMHWa Position Paper: Restrictive Practices*. <https://comhwa.org.au/wp-content/uploads/2025/11/SA-2025-Position-Paper-1-Restrictive-Practice.pdf>

CoMHWAs have seen disquieting suggestions that, if the advice of the Duckett review is followed and pricing for art and music therapy continues to be aligned with counselling rates, this will act as a deterrent for allied health professionals offering art and music therapy, as that rate is likely to be too low for many providers to remain in the NDIS.¹³ Recognising the value of these therapies and ensuring that pricing keeps providers in the NDIS so that participants can access the supports they need is essential.

Art therapy

For some participants, the quality of provision of art therapy was a concern, especially if providers lack relevant training and qualifications. One participant told us that an NDIS art therapist was charging them full cost despite only having completed one unit of an art therapy degree. The participant felt that under these circumstances, the provider might well be a helpful support for assisting with creative pursuits but should not be enabled to offer a therapeutic support. This participant's experience accords with the points made in the *Independent Review of the place of Art and Music Therapy within Australia's National Disability Insurance Scheme*,¹⁴ which recommends that the NDIS's invoicing verification process ensure that only eligible providers are reimbursed under the relevant item numbers. This will ensure that participants can get high quality supports from appropriate and qualified providers.

Music therapy

WA has no local training options for music therapists. Only two Australian universities, both Eastern states institutions, offer master's programs enabling full qualification. This constrains the supply of providers, as one participant noted they were unable to access this support since relocating from interstate.

4.3 Outcomes

The outcomes suggested in the consultation survey questions for art and music therapy reflect themes in outcomes that CoMHWAs heard from consumers and participants. Consumers spoke of their desired or experienced outcomes from engaging with art and/or music therapy, including:

¹³ Australian Music Therapy Association. (2025). *NDIS price change for music therapy now in effect*. <https://www.austmta.org.au/news-item/21476/ndis-price-change-for-music-therapy-now-in-effect>

Australian, New Zealand and Asian Creative Arts Therapies Association (ANZACATA). (2025). *ANZACATA Responds to NDIS Review: Calls for Fair Recognition of Art Therapy in Pricing Reform*. <https://newshub.medianet.com.au/2025/09/anzacata-responds-to-ndis-review-calls-for-fair-recognition-of-art-therapy-in-pricing-reform/117903/>

¹⁴ Duckett, S. (2025). *Independent review of the place of art and music therapy within Australia's National Disability Insurance Scheme*. <https://dataresearch.ndis.gov.au/media/4385/download?attachment>

Building social skills, confidence, capacity to engage socially and make connections and overcoming social isolation. One consumer said that:

“Music and art hold such value to people. They hold a special place for people who have been drawn into isolation due to their mental health.”

Music therapy was helpful for one consumer in overcoming isolation:

[Music therapy] met me where I was at. At the time, I was spending a lot of time at home, feeling very isolated. It was good to have the support.

Support in managing mental health and wellbeing, and the impact of mental health challenges in their lives was another major outcome. One consumer observed that:

“It would help with depression, help with resolution of ruminating and with depression and anxiety. I have anxiety around having to get in the car and go somewhere. If I had something like that, it could help to create techniques to uplift myself.”

Several consumers remarked that music therapy was personally helpful for them in this way.

Building self-management, self-care, and emotional management capacity, tools and techniques.

Consumers shared that:

“It would develop self-management techniques, as it’s good to have professional guidance on this.”

“Even just a short-term program, could give people tools to self-manage and build capacity.”

One consumer told us music therapy built their capacity and skills supporting personal growth.

Expressing and exploring emotions and experiences.

One consumer spoke of how art therapy was helpful in facilitating exploration of emotions and experiences in ways that were not verbal or written. Indeed, art or music therapy may be preferred by some consumers or NDIS participants, especially if they have negative experiences with other therapies, encounter barriers to verbal expression of emotions, or have difficulties participating in talking therapies.¹⁵

4.4 Barriers to using art or music therapy

Consumers told us that major barriers included not having information about art and music therapy and not being able to access them with NDIS funding. NDIS participants also commented on the NDIS legislative changes that have made it more challenging for them to access such supports. One participant noted that

¹⁵ Bibb, 2021.

when this was something more readily provided through NDIS supports, he was never told it was an option by his NDIS provider, despite feeling it would be beneficial, saying:

“I would have given it a go otherwise. I’m very responsive to music and probably would respond very well. I really want to try that and get into it. But I can’t get it, it’s not funded now.”

Another participant stated that his personal circumstances and experiences with music meant that he has having connection to music as a goal on his plan, which had facilitated access to this support in the past. However, while the participant’s support coordinator is looking into options, there are too few providers in WA and those that exist are at capacity. The participant also commented that if he did not have specific goals around this in his plan, he would likely have additional barriers to accessing the support.

Furthermore, there is a lack of providers who are able to work with people with psychosocial disability in a helpful way, as one participant observed that many providers are working in the context of refining fine motor skills, or targeting supports for younger people and children. He reflected it is hard for him to find music therapy appropriate for his age, needs, and level of pre-existing skill with music.

CoMHWa has commented on the impact of NDIS legislative changes on participants’ ability to access supports in previous consultation submissions,¹⁶ and notes that these issues are ongoing. We have heard that current NDIS support list definitions and rules are confusing for participants seeking to understand whether they are able to access art or music therapy.

4.5 How art and music therapy compare to other supports

Participants spoke about a distinction between private use of art and/or music and accessing art therapy or music therapy. Generally, consumers have told us that they use art and/or music in their lives as part of an arsenal of tools for self- and emotional-regulation, self-care, and capacity building/supporting:

“I don’t settle down and get going for the day until I’ve done my own music therapy. It is good in the morning when I am trying to wake up and makes me feel better for the day.”

However, consumers were clear that accessing art therapy or music therapy was different to using art and music in their lives, as it afforded the opportunity to engage in a therapeutic process that is guided, and gives, in the words of one consumer:

“Something to grow from and something to think about. I feel like it was enriching and learnt something about myself.”

¹⁶ Consumers of Mental Health WA. (2025). *NDIS Support Rules Submission*. <https://comhwa.org.au/wp-content/uploads/2025/08/SA-2025-12-NDIS-Supports.pdf>

Art and music are not always accessible for people with disability, including psychosocial disability, and so undertaking such activities on one's own initiative with the intention to use them in a therapeutic setting or manner is not always possible. Even when people are able to access such activities, self-guided activity is not the same as art or music therapy guided and facilitated by professionals with the training to support the outcomes that people would like to achieve. It also facilitated the development of understanding of how they could use art or music as a tool more mindfully in their lives to support their mental health recovery. For consumers, engaging in self-directed activities that were guided by learnings from art therapy or music therapy looked different to self-directed art or music practice generally.

Consumers also told us about their experiences attending art or music activities and groups in the community, including specific programs for people with disability or psychosocial disability. Several consumers specifically mentioned DADAA (Disability in the Arts, Disadvantage in the Arts, Australia), which offers programs supporting engagement in and development in the arts for people with disability, including group programs. Participating in such activities were helpful for consumers in building social connections and enhancing wellbeing. However, consumers shared that such activities lacked the professional and therapeutic guidance that art and music therapy offers:

"Art and music activities are self-directed. Therapy is not self-directed, as the therapist wants to develop strengths in you and has a plan."

Consumers noted the difference between attending community art or music classes and therapeutic activities, noting that therapy is not about building music/art skills. As one consumer said:

"[There is a] big difference between fun and therapy."

Consumers felt that group art or music therapy could facilitate social connections in the content of also providing therapeutic support. Art and music group therapies could therefore also be considered by the EAC as something the NDIS could support.

Talk-based therapy and other conventional types of therapy have been suggested as a comparator, but consumers we spoke with highlighted that they valued art therapy and music therapy precisely because of the ways in which they are dissimilar to talk-based therapy. Exploring and communicating emotions, experiences and mental health challenges can be easier or more effective through art or through music rather than verbally for some consumers. We include the following story written by a consumer whose experiences illustrate this, and demonstrate the value of art therapy in promoting mental health recovery.

Consumer story – the importance of art therapy to recovery

I am a person with significant co-occurring psychosocial and neurodevelopmental disability which affects nearly all areas of my life. I am currently gathering evidence to support my NDIS application. A key reason I am applying to the NDIS is to access ongoing, disability-specific therapeutic supports, particularly art therapy and other non-talk therapy-based approaches. These supports are essential to my recovery and my ability to manage the functional impacts of my psychosocial disability. I want the EAC to know that accessing art therapy is so much more than getting me out socially in the community to attend an art class.

Art therapy has already played a meaningful role in my recovery. I have historically found it very difficult to recognise and work through emotions before they escalate to a crisis point. This has led to significant disruption to my life and necessitated high resource interventions such as presentations to the Emergency Department and inpatient admission.

Traditional talk-based therapies alone have not enabled me to access, identify, or process my emotions adequately. In contrast, the art-based therapeutic approaches I was exposed to in acute settings have allowed me to safely access and move through emotions that I have previously been unable to reach through talk therapy.

Art therapy and art-based emotional regulation tools have given me practical ways to access, understand, and regulate my emotions earlier. As a result, I have experienced significantly less emotional distress and fewer crisis presentations to Emergency Departments.

During previous psychiatric inpatient admissions, I was provided with some art therapy tools, which I found highly beneficial. Since leaving hospital, I have attended classes focused on art-based emotional regulation tools and have continued with traditional talk therapy. When I can use art therapy tools prior to therapy sessions, I am better able to identify my emotional state and communicate my distress. This has led to more effective therapy sessions and a stronger therapeutic relationship.

However, since leaving hospital, I have not been able to access consistent, structured art therapy delivered as a therapeutic modality. I strongly believe that regular access to professional art therapy would significantly improve my ability to use these tools effectively, prevent emotional escalation, and support my ongoing recovery.

5. Conclusion

CoMHWA offers our feedback in the hopes that the EAC will include, as part of its evidence, the perspectives and experiences of participants with psychosocial disability, respecting the validity and authority of Lived experience evidence. CoMHWA continues to be concerned by the potential for narrow understandings of evidence based on scientific/biomedical model criteria that excludes evidence in support of activities some might find beneficial such as meditation, animal therapy, and indeed, art and music therapy. Consumers have told CoMHWA that they have noticed that literature reviews are often done in the psychology discipline and not in the arts, and therefore are not looking at all of the possible evidence on the impacts and outcomes of art and music therapy in people's lives. The NDIS must not replicate the gaps, faults and systemic barriers preventing the needs and experiences of people with mental health challenges and psychosocial disability from being appropriately explored in research.



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