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This document summarises the current evidence on art and music therapy for people with disabilities.

Evidence was generated through a rapid review focused on functional capacity outcomes (e.g. language and communication, personal care, mobility and movement, interpersonal interactions, functioning, and community living) following art and music therapy delivered by a therapist (i.e. allied health professional).

This rapid review was undertaken to inform the implementation of the S10 transitional rule, Schedule 1.

This rapid review shows that there is some evidence which supports the use of art and music therapy for certain disability groups (e.g. art therapy for children with autism, music therapy for people with multiple sclerosis and people who have had a stroke).

Overall, the identified evidence was not conclusive in supporting art and music therapy as evidence-based, therapeutic supports for all disability groups.

The available evidence for art therapy showed:

- Some evidence for the benefit of art therapy for children with autism.
- Limited evidence but positive indications for the benefit of art therapy across some outcomes for adults with learning disabilities, children with cerebral palsy, people with PTSD, and people with anxiety and depression.
- Limited evidence with mixed indications for the benefit of art therapy for people with eating disorders and people with non-psychotic mental disorders.
- Limited evidence with some indication that art therapy may not provide added benefit for children with learning disabilities and people with schizophrenia.

The available evidence for music therapy showed:

- Some evidence for the benefit of music therapy for people with multiple sclerosis and people who have had a stroke.
- Limited evidence but positive indications for the benefit of music therapy across some outcomes for people living with Parkinson's disease, and people with depression and/or anxiety.
- Limited evidence with mixed indications for the benefit of music therapy for people with autism, people with schizophrenia, people with PTSD, children with epilepsy, and children with an intellectual disability and auditory processing disorder.

This was a time-bound rapid review and included systematic reviews of published evidence. The rapid review recognises the limitations and gaps in the current evidence-base.

This review has been provided to Dr Stephen Duckett AM as a submission into his independent review into Art and Music Therapy pricing for the NDIS. Dr Duckett's report is to be released on 17 April 2025.

This review has also been provided to the NDIS Evidence Advisory Committee for consideration.

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