

ARTICLES

Empowering voices—Learning From NDIS Participants About the Value of Creative and Experiential Therapies: A Mixed Methods Analysis of Testimonials and Academic Literature

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Purpose

In this study, we investigated the research question “What is the value of creative and experiential therapies for disabled people in the National Disability Insurance Scheme (NDIS)?” The findings are intended to inform policy regarding access to creative and experiential therapies.

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- ^a Dr. Carla van Laar is an artist and creative arts therapist based in Inverloch, South East Gippsland, on BoonWurrung Country. An Australian of European/Nordic descent, Carla brings over 30 years of experience in the arts for health and wellbeing, having worked across community organisations, justice, health, and education sectors. A mother of two with lived experience of grief and trauma, her therapeutic practice integrates narrative, strengths-based, mindful, and embodied approaches. Carla is the founding director of the Creative Mental Health Forum and Self Care Retreat, and she actively campaigns for creative therapies initiatives in Australia. She has authored two books and numerous articles. She provides online supervision for practitioners nationwide. Currently focused on supporting war veterans, NDIS participants, and families affected by violence, she passionately believes in the healing power of arts-based practices to address personal and societal challenges. Carla serves as the Convenor of PACFA's College of Creative and Experiential Therapies.
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- ^c Jeremy Grace is an Australian-based crisis and emergency management professional. He acknowledges the Kabi Kabi and the Jinibara Peoples as the Traditional Custodians of the Sunshine Coast where he lives and works. He brings over 20 years of experience responding to and managing national and international emergencies and crises across the mining and aviation industries. Striving to maintain the best version of himself while improving the world around him through his interactions with others, Jeremy has also worked as a creative performance artist for disabled and disadvantaged children over the last 30 years. As the bereaved father of a child with severe disability, he has lived experience of the transformative effects of art therapy on both his and his child's life. Jeremy is passionate about enhancing crisis management strategies and advocating for collaborative efforts to strengthen the resilience of organisations and communities.
- ^d Anja Zimmermann (MA) is a teacher of art therapy at HAN University of Applied Sciences in the Netherlands and a researcher in the Ethics of Connection with People with Intellectual Disabilities research group. With extensive experience as an art therapist working with persons with intellectual disabilities, she collaborates with colleagues and community members both with and without disabilities. Since 2020, she has pursued doctoral research on social justice for persons with intellectual disabilities through art-based communities within art therapy. Anja's personal experiences, including being a sibling of a person with intellectual disabilities, shape her commitment to a society based on equity, fairness, and human rights. Anja strongly supports the notion that persons with intellectual disabilities and their authorised representatives have the right to be heard and acknowledged across the human and social rights continuum.

Method

Using a mixed methods approach, we analysed testimonials submitted by disabled persons to the online petition *Creative and Experiential Therapies Belong in the NDIS*. We also conducted a literature review of reviews and meta-analyses, adhering to PRISMA guidelines, investigating “What is the current evidence for the efficacy of creative and experiential therapies for disabled people?”

Findings

The thematic findings are contextualised within recent academic literature, emphasising the personal and social impact of policy changes on disabled people. Five key themes emerged from participant testimonials: having choice, being understood, self-efficacy, belonging, and accountability. The literature review provides evidence of the efficacy of creative and experiential therapies from medical, social, and overall wellbeing perspectives.

Conclusion

The urgent need to address threats to funding for creative and experiential therapies within the NDIS is highlighted by the voices of NDIS participants and underscored by the evidence of the therapies’ efficacy. The findings are discussed with reference to the specific socioeconomic and sociopolitical context of Australia as an original signatory to the United Nations *Convention on the Rights of Persons with Disabilities*.

Author Note

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Position statements for the authors are at the end of this paper.

Supplementary material can be found in the Appendix.

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Introduction

In this mixed methods research, we prioritise the voices of disabled individuals¹ utilising creative and experiential therapies (CET) services through the National Disability Insurance Scheme (NDIS) to answer the question “What is the value of CET for disabled people in the NDIS?” Our analysis focuses on public testimonials from an online petition, *Creative and Experiential Therapies Belong in the NDIS* (van Laar, 2024). These testimonials offer qualitative data, illuminating the lived experiences of NDIS participants.

In addition, we present a comprehensive review of studies on CET and disability published since 2023, situating these testimonials within current evidence on the efficacy of CET for disabled persons.

By integrating these findings, our discussion demonstrates the importance of NDIS participants having the option to choose CET, and evidence of the efficacy of CET for disabled persons. We put forward actionable recommendations for enhancing sustainable access to these vital services within the NDIS.

Significance of This Research

Our mixed methods study is significant in providing multiple perspectives: the testimonial voices of NDIS participants (qualitative analysis of empirical data) and evidence for the efficacy of CET in disability care and support (literature review).

We employ these perspectives to examine the value of CET for disabled persons within the NDIS. By synthesising these data sources, our research contributes to the ongoing discourse about improving access to and ensuring the quality of CET in disability services. Through our findings, discussion, and recommendations, we aim to provide useful information that informs policy development and enhances the sustainable integration of CET within the NDIS framework.

Structure of This Article

This research is situated within the Australian context, focusing on disability care and support. We begin by detailing the demographics of disabled individuals and Australia’s commitment to the United Nations *Convention on the Rights of Persons with Disabilities* ([UNCRPD] United Nations, 2006). We explore the NDIS and its role in providing access to therapeutic supports, especially CET. A brief history of CET in Australia highlights their integration into practice. We also examine public responses regarding potential threats to accessing CET for NDIS participants.

¹ The authors have consciously chosen to use identity-first language in solidarity with the notion that disability is an integral part of identity (Iwanek, 2024).

We then present our research methods and findings, which align closely with the NDIS Quality and Safeguards Commission's (2023) *Evidence-Informed Practice Guide*. In Part 1, we prioritise the rights and perspectives of disabled persons, in keeping with the NDIS guidelines, ensuring that their voices and experiences shape the services they receive. We present the methods and findings from a thematic analysis of public testimonials from the *Creative and Experiential Therapies Belong in the NDIS* petition, revealing key themes and participant perspectives on CET efficacy. In Part 2, we highlight the importance of using the best available research and evaluation evidence to inform practices and support services. We then outline our literature review of recent meta-analyses on CET effectiveness, providing a scholarly evidence base.

In the Discussion section, we integrate and broaden the findings from Parts 1 and 2. We highlight the important contributions of CET professionals to disability care and support, and address unique socioeconomic and sociopolitical challenges specific to the Australian context.

Context of This Study

Being Disabled in Australia

We invite you to recall the last time you gathered with a group of four other people. Perhaps it was on Christmas Day or New Year's Eve? Or maybe in a random grouping, such as a supermarket queue? Whenever or wherever it was, if you were in a group of five people, the odds are that one person in that group was disabled (Australian Bureau of Statistics [ABS], 2024). The disability might have been more visible or less visible, and could have included a wide range of disabilities, including limitations to mobility, deafness, brain injury from head trauma, cerebral palsy or stroke, intellectual disability, blindness, Parkinson's disease or various neurodivergences such as autism, attention-deficit/hyperactivity disorder (ADHD) or post-traumatic stress disorder (PTSD), or limitations to social functioning because of PTSD, severe anxiety or depression (ABS, 2024). Disabled people are incredibly diverse. In Australia, 5.5 million people (or 21.4% of the Australian population) are disabled, and 7.9% of Australians are profoundly or severely disabled (ABS, 2024).

Disability and social disadvantage are closely linked. If you are a disabled person in Australia, your average personal weekly income is about half the average personal weekly income of a non-disabled person. It is more difficult for you to access public transport, you are more likely than your non-disabled peers to experience discrimination in restaurants, your workplace, and on the street. Because of this, you are more likely to avoid situations like visiting family and friends, going out to a cafe or bar, or going to the shops (ABS, 2024).

As a disabled person in Australia, you are also less likely than you were 10 years ago to become institutionalised. The proportion of disabled people living in care accommodation, such as hospitals, nursing homes, or group

homes for disabled people, has decreased since the last review in 2018 to just 3.3% of all disabled people in Australia. Most disabled people (96.8% or 5.3 million) now live in households. Of all the people with a disability living in households, 793,600 (24.8%) require daily assistance with cognitive and emotional tasks, and in 2022, less than half the people who needed daily assistance had their needs met (ABS, 2024). It is estimated that less than 2% of these 793,600 people accessed art and music therapy as part of the assistance that they need using their NDIS funding (Shorten, 2024).

Australia's Version of the UNCRPD: National Disability Insurance Scheme—the NDIS

The UNCRPD, adopted in 2006 at the United Nations headquarters, aims to enhance the social status of individuals with disabilities by promoting independence and active participation in society (United Nations, 2006). It seeks to create an inclusive society with equal rights and opportunities, allowing full engagement without barriers. Comprising the convention and its optional protocol, the UNCRPD respects the dignity of disabled persons and ensures their enjoyment of human rights and fundamental freedoms (United Nations, 2006; Zimmermann et al., 2024). Opened for signature on March 30, 2007, the UNCRPD was ratified by Australia and came into force on August 16, 2008, with the optional protocol following in 2009 (Australian Human Rights Commission, 2024; United Nations, 2006; World Health Organization, 2011). Australia's NDIS is grounded in the UNCRPD and guided by Australia's *Disability Strategy 2021–2031*, founded on values of dignity and respect and a commitment to enabling choice and control for disabled people in accessing supports that work for them (Australian Department of Social Services, 2021).

Creative and Experiential Therapies as Therapeutic Support and Care Within the NDIS

Since the establishment of the NDIS in 2013, allied health therapeutic supports including CET have been available for disabled people to access by using their NDIS funding via a category called “capacity building” (National Disability Insurance Agency [NDIA], 2024b). These therapies provide individuals with tailored, holistic care. In Australia, the NDIS has played a pivotal role in facilitating access to such therapies, ensuring that disabled people can exercise choice and control in selecting supports that align with their unique needs and preferences (NDIA, 2024b).

Brief History of Creative and Experiential Therapies as an Allied Health Profession in Australia

CET include, but are not limited to, the creative arts therapies such as art therapy, drama therapy, dance/movement therapy, multimodal creative arts therapy, and music therapy. In Australia, the field began with the establishment of the Australian Music Therapy Association in 1975, followed

by the introduction of the first undergraduate degree in music therapy at Melbourne University in 1978. Later, art therapy was formalised through the formation of the Australian National Art Therapy Association (ANATA) in 1987. Postgraduate diploma-level training in music therapy was introduced at Melbourne University in 1990. In 1992, Edith Cowan University launched the first government-accredited master's level art therapy program, which was followed by the development of accredited creative arts therapies programs at Western Sydney University, La Trobe University, the Royal Melbourne Institute of Technology (RMIT), the MIECAT Institute, the University of Queensland, the IKON Institute, Murdoch University, and Melbourne University during the 1990s and 2000s (Westwood, 2019).

The Australian Creative Arts Therapies Association (ACATA) was formed in 2000 by graduates of the RMIT master's program. This established creative arts therapy as a recognised allied health profession, with qualified and registered creative arts therapists assuming roles in various sectors, including disability, health, mental health, corrections, community, and education.

In 2018, the Australian and New Zealand Arts Therapy Association (ANZATA, formerly ANATA) and ACATA dissolved. Approximately 900 former members of the two associations voted to establish a new international organisation called the Australian, New Zealand and Asian Creative Arts Therapies Association (ANZACATA). ANZACATA represents creative arts therapists in 50 countries within its geographical reach and operates as a company limited by guarantee. The Australian Music Therapy Association (AMTA) remains active with about 900 members, all of whom are music therapists. In 2022, a group of creative arts therapists transitioned their professional registration to the Australian national peak body for tertiary-qualified counsellors and psychotherapists—the Psychotherapy and Counselling Federation of Australia (PACFA), a registered charitable organisation which has a membership of over 10,000. They established a specific division called the College of Creative and Experiential Therapies (CCET) within PACFA.

Creative and experiential therapists are part of the broader psychotherapy and counselling allied health workforce of Australia (Bloch-Atefi et al., 2021). CET are intermodal therapeutic approaches that employ more-than-verbal methods to engage participants in creative processes and experiential knowing for the purpose of improving overall quality of life in many different ways, depending on the unique needs of individuals, groups, or communities.

According to CCET (2023), creative processes are collaborative, exploratory, expressive, invitational, meaning-making, multimodal, and relational processes that engage people in more-than-verbal exchanges. These processes utilise a range of practices including, but not limited to, drama; drawing; embodiment; engaging with nature, the environment and/or animals; movement; mindfulness; music; painting; play; sand play; sculpting; and writing.

Experiential ways of knowing are the ways in which people come to know themselves and the world. Experiential knowing is characterised by the knowing that occurs through doing, being immersed in the present moment, and multisensory experiencing in the here and now. Experiential knowing prioritises lived and living subjective experiences as our primary sources for understanding ourselves and our relationships in and with the world (CCET, 2023).

These developments over the past 50 years indicate a consistent evolution of professionalisation and regulation of creative and experiential therapists as valued members of Australia's allied health workforce.

In the NDIS, Art Therapy + Music Therapy = Creative and Experiential Therapies

Under the current NDIS guidelines, professionals approved to provide music therapy must hold current registration with AMTA, and those who provide art therapy services must hold registration with ANZACATA (National Disability Insurance Agency, 2024b). ANZACATA invites membership from creative arts therapists across diverse disciplines, including art therapists, drama therapists, dance/movement therapists, and multimodal creative arts therapists. Music therapists can join ANZACATA but maintain their professional identity through AMTA.

Consequently, practitioners from various creative arts therapy disciplines can offer therapeutic support within the NDIS using the line-item code “art therapist”. In Australia, this designation refers broadly to a range of creative and experiential therapies, rather than being limited to visual arts as in other countries. For these reasons, throughout this paper, we use the terms *creative and experiential therapies* (CET) and *creative and experiential therapist*.

Recent Threats to Accessing Creative and Experiential Therapies Within the NDIS

Recent policy changes and proposed funding cuts have raised concerns about access to CET services (Gentle, 2024). On November 26, 2024, an announcement by the NDIA revealed planned funding cuts for art therapy and music therapy in the NDIS (NDIA, 2024c). These cuts, due to come into effect on February 1, 2025, were designed to reduce access to CET as allied health services and proposed that CET should be reclassified as community arts participation (NDIA, 2024c).

Public Campaign in Support of Access to Creative and Experiential Therapies

In response to the proposed changes, Dr. Carla van Laar, creative arts therapist, launched a time-critical public petition on November 26, 2024 (see [Figure 1](#)). The aim of the petition was to advocate for the inclusion of CET as recognised therapeutic supports within the NDIS (van Laar, 2024). In two weeks, this petition gathered over 31,000 supporters and resulted in more



Figure 1. Feature Image From the *Creative and Experiential Therapies Belong in the NDIS* Petition on change.org

than 2,000 testimonials, offering diverse perspectives on the significance of CET from individuals within the Australian community. The testimonials gathered during this time-limited campaign form the data source for analysis in this research article.

Independent Review of Pricing of Art and Music Therapy Commissioned by the NDIS

On December 13, 2024, the NDIA announced an independent review led by Dr. Stephen Duckett AM to evaluate the NDIS pricing for music and art therapy (NDIA, 2024a). This review, planned for completion by March 14, 2025, aims to assess the effectiveness of these therapies for disabled people, examine the qualifications of practitioners, and compare pricing with other allied health services. The review will provide stakeholders with opportunities to contribute evidence, and will inform the NDIA's understanding of the potential benefits of CET while ensuring alignment with evidentiary standards under the *National Disability Insurance Scheme Act 2013* (Cth), 2013.

This research paper responds to the review's call for evidence of the value of CET in the NDIS, centralising the voices of NDIS participants who access CET in the NDIS, supported by evidence in scholarly literature.

Part 1: Testimonials

Method

To answer the question “What are the perspectives of NDIS participants on the value of CET in the NDIS framework?”, we used thematic analysis to examine the public testimonials from the online petition *Creative and Experiential Therapies Belong in the NDIS* (hosted on [change.org](https://www.change.org/creativetherapiesNDIS)).

Thematic Analysis of Testimonials

The testimonials provide a qualitative dataset that reveals the lived experiences and perspectives of various stakeholders, including NDIS participants, their families, members of the general public (including support workers, allied health professionals, and educators), and creative and experiential therapists. By doing so, testimonials can be viewed as a bridge connecting theory to daily practice, thereby enhancing the body of knowledge on the value of CET within the NDIS framework (Choperena et al., 2019).

Thematic analysis is a qualitative research method that allows for the identification, analysis, and reporting of patterns or themes within qualitative data (Braun & Clarke, 2006). This approach was chosen to uncover key themes and insights within the responses to the petition, highlighting the underlying views and experiences regarding the value of CET in the NDIS framework.

Data Source

The dataset for this study comprised publicly available comments from individuals who had signed the petition. At the time of signing, supporters who used a laptop or desktop computer, rather than a phone or tablet, were automatically prompted to provide their “reason for signing”. The responses to this prompt are the testimonials that have been used as data in this study. The original data are available on the petition webpage: <https://www.change.org/creativetherapiesNDIS>.

Selection Criteria

All publicly available testimonials submitted to the petition were included in the initial analysis which is summarised in [Table A1](#) in the Appendix. Following the initial analysis, the 93 testimonials written by self-identified NDIS participants who have experienced CET for themselves were selected as the data source for our qualitative analysis. We acknowledge that focusing on statements written by self-identified NDIS participants means that statements written by family members and carers of disabled people who are unable to write for themselves were excluded. We also acknowledge that our data does not capture the perspectives of people who were uncomfortable with leaving a public testimonial.

Timeframe

Between November 26, 2024, and December 18, 2024 (24 days), the petition received 31,000 signatures, and 6.7% ($n = 2,057$) of respondents also provided comments.

Ethical Considerations

Under section 5.1.17 of the *National Statement on Ethical Conduct in Human Research* (National Health and Medical Research Council, 2023), publicly available data is considered exempt from ethics approval. Since our data source was publicly available testimonials, approval from a human research ethics committee was not required.

We used artificial intelligence (AI) in the analysis process and took great care to follow ethical guidelines, paying particular attention to the transparency of the analytical process. All findings generated through the AI-assisted analysis were subsequently validated by the first two authors to maintain the integrity and accuracy of the results.

Data Analysis

The data analysis process was supported by both manual coding and the use of AI-assisted technology. The thematic analysis was conducted using a text-based large language model (LLM) AI-based tool, Grammarly (2024), which uses a variety of natural language processing tasks and assisted in identifying and categorising recurring patterns and themes within the dataset. While the initial stage of the analysis involved familiarisation with the data, the LLM was utilised primarily for the identification and organisation of themes based on the content of the responses.

The analysis procedure was as follows. The first author (CvL) reviewed the entire dataset to gain an understanding of the content and context of the responses. Following this, she used AI to conduct a preliminary thematic analysis. She prompted the AI tool to identify themes related to the benefits, challenges, and personal experiences of petition-signers who left testimonials regarding creative therapies. The tool's output included suggested themes, which were then reviewed and refined.

The identified themes were discussed in detail with the second author (ABA) who cross-checked the results for accuracy, consistency, and alignment with the data. The authors worked collaboratively to ensure that the themes were representative of the participants' views and accurately reflected the content of the responses. This process involved resolving any discrepancies through discussion and consensus, ensuring that the final thematic categories were well grounded in the data.

After the themes were collaboratively refined, a final manual review was conducted to ensure that the analysis was both rigorous and robust. Although AI technology played an important role in improving the efficiency of the analysis, the final interpretation and categorisation of themes were made through careful consideration and discussion between CvL and ABA.

Initial Analysis of All Petition Testimonials

An analysis of all the comments from the full dataset of 2,057 revealed descriptions of benefits of CET for people with a diverse range of disabilities, including intellectual disabilities, physical disabilities, mental health conditions, autism and other forms of neurodiversity, and chronic illness. The thematic content from the full dataset of testimonials including participants, families, creative and experiential therapists, and the general public is summarised in Appendix [Table A1](#).

Following the initial analysis of the entire dataset, the authors agreed that in this study, it is important to privilege and empower the voices of participants. This approach reflects the values that we hold as practitioners who value deep listening to the people we work alongside (Neville & van Laar, 2020; van Laar, 2023). To this end, the dataset was separated into four sets: voices of NDIS participants who have experienced the value of CET for themselves, voices of family members of NDIS participants, voices of creative and experiential therapists providing services for NDIS participants, and voices of the general public.

A thematic analysis was performed on the full dataset of participant testimonials, with assistance from AI, using the prompt “What are the top 10 themes in these quotes from NDIS creative therapies participants? Analyse and provide a summary in 500 words.” The full dataset of responses from family members was analysed by prompting AI with “What are the top 10 themes in these quotes from family members of NDIS creative therapies participants? Analyse and provide a summary in 500 words.” A similar thematic analysis was also performed on a representative sample from both creative and experiential therapists and the general public.

The authors agreed to centralise participant voices in this study and focus on further analysis of the participant testimonials. CvL and the third and fourth authors (JG and AZ) met to refine the themes of participant testimonials via review, discussion, and consensus to ensure that the findings of this qualitative analysis were consistent with the genuine concerns of participants who access CET in the NDIS. The themes identified in the testimonials of participants illuminate important firsthand information about how disabled people themselves responded to the announcement of NDIS policy changes.

Results

Empowering Voices—Learning From NDIS Participants: Findings of the Thematic Analysis

This section presents the key themes identified through the thematic analysis of the full dataset of 93 NDIS participants’ petition comments (see [Table 1](#)). These themes are discussed in detail, highlighting the recurring patterns that emerged from the participants’ petition responses and supporting each theme with illustrative quotes from the data. The results

Table 1. Emergent Themes From Participant Testimonies: Qualitative Data

Theme	Brief description	Example quote
Choice and validation: human rights	Having choice	"We do not want to be controlled and told how to live."
CET enable expression and communication	Being understood	"Art therapy helps me communicate. Art therapy helps me regulate. Art therapy helps me understand myself."
Empowered transformation	Self-efficacy	"I discovered art therapy during one of the hardest times in my life and it was nothing short of transformative."
Stability strengthens community engagement	Belonging	"This therapy makes such a difference in mine [sic] and my children's ability to cope in the world. Listen to the NDIS participants—we know this is an essential pathway to supporting our ability to function and participate in life."
Socioeconomic concerns: a call to action	Accountability	"This is a mistaken decision. People with disabilities should be the primary arbiters of what they/we need. Arbitrary restrictions on the type of services a disabled person can access are a violation of rights."

reflect the importance of CET for disabled people, particularly within the NDIS framework, as expressed by petition-signers who left testimonials, centralising the voices of NDIS participants themselves. As authors, we have made the decision to keep participant testimonials intact, rather than breaking them down into short phrases. We do this because the testimonials act as short stories, providing personal context for the expressions of real people, about what is important to them and why.

The content analysis reveals the profound impact of CET on numerous disabled individuals, highlighting the importance of CET in their lives. Many participants convey that CET provide a unique and effective means of self-expression, communication, emotional processing, and community engagement. Several accounts emphasised how this therapeutic approach has been transformative, helping individuals cope with trauma, anxiety, depression, and various psychosocial issues.

Furthermore, participants voiced their concerns about proposed cuts to funding for CET under the NDIS, arguing that such actions threaten their wellbeing and overall quality of life. They stressed that CET are not merely supplementary social activities, but an essential lifeline that promotes wellbeing, resilience, and personal agency. Thereby, the testimonials underscore a clear call for recognising and supporting CET as valid and necessary components of disability-specific allied health and mental health care and support, advocating for the preservation of sustainable funding and access to these vital services through the NDIS.

Choice and Validation: Human Rights—Having Choice

Participant testimonials regarding CET in the NDIS highlight important concerns about participant autonomy, particularly regarding access to choice of therapeutic supports. The data show that many participants were dissatisfied with restrictions to therapeutic options that play a significant role in emotional wellbeing and self-expression. Participants emphasised the

need for their input in choosing therapies that align with their individual experiences, indicating that medical-model and evidence-based measures may not adequately capture the value of lived experiences. One participant voiced this strong desire for autonomy in choosing therapeutic modalities by writing:

NDIS was set up to allow disabled people choice and control with therapies. With no notice we have been stripped of therapies that we choose for ourselves because they are genuinely life changing and saving. Evidence based is such a rigid measure for human experience—what about evidence informed? Listening to people with lived experience is critical! This isn't a matter for Medicare, because we wouldn't need the therapy if it weren't for our disabilities.

Additionally, the data indicate a common frustration with talk therapies, which some participants find do not meet their needs. This suggests a strong preference for CET as essential avenues for personal growth and self-determination, as this person highlights in their response: “Art therapy has provided me with a language to understand and articulate my emotions that I did not previously have”.

The data also reveal a strong desire for policies that validate and acknowledge individual experiences, challenging current NDIS approaches that may overlook the importance of choice. Ultimately, participants advocated for reforms that would restore their right to select therapeutic modalities, promoting a sense of empowerment and control in their options for therapeutic supports. One of the participants voiced the importance of choice by writing, “I am an NDIS participant who currently receives creative therapy in my plan. I DO NOT want to lose it! It has helped me immensely”. Participants also expressed frustration at the prospect of losing access to CET, which they describe as essential for their overall wellbeing. For example:

This is a mistaken decision. 1. People with disabilities should be the primary arbiters of what they/we need. 2. Arbitrary restrictions on the type of services a disabled person can access are a violation of rights. 3. Restrictions on access to art and music therapies, which are evidence-based disciplines, is not only a violation of rights but also a false economy. 4. Dismissing the therapeutic relationship between skilled arts and music therapists and their clients is philistinism of the highest order. Arts and arts therapy matters [sic].

CET offer disabled individuals, particularly those seeking varied therapeutic options, a vital avenue for personal autonomy and wellbeing, as one of the participants stated by writing:

As someone who has done art therapy I cannot [over]state how important this therapy is for people. NDIS are cherry picking their evidence to suit their agenda and this goes against everything it should be standing for. Stop dictating our lives, this should not be another Centrelink!

Participants frequently expressed that having the choice to engage in CET was crucial for their emotional health and overall quality of life. As one participant noted: “You’ve taken all the things people need to live a full life, give us back our funding!”. Family members resonated with this perspective, with one stating: “I know as both a parent and professional how important these therapies are to kids. Having support options allows for choice and control and individualised support for participants”. The desire for autonomy in therapeutic choices was especially pronounced among individuals with limited access to traditional therapeutic methods.

The data revealed a strong need for acknowledgement and validation of participant experiences. When participants talked about the NDIS restricting access to CET, they often felt their struggles were dismissed, which undermined their sense of self-worth and validity:

Because this affects me personally! Creative arts have really helped me since NDIS! The outdated ideals on cutting this from NDIS need to be scrapped and this put back in NDIS!!!! We are not in 1924, we are in 2024!!!! We do not want to be controlled and told how to live. Let us choose what makes us happy and helps us and that includes creative arts!!!!

This theme highlights the crucial importance of acknowledgement and validation of experiences in the context of the NDIS and its impact on access to CET. One responder wrote with passion:

Art therapy has been the ONE CONSTANT SUPPORT I’ve had over the past four years, my weekly time with my art therapist creating options to express and frame difficult emotions that heretofore would have had me spiralling into self-harmful behaviour. We’ve worked through a lot of poison together, but there’s still so much more work to do. Losing access to my therapist is the single most harmful thing the NDIS could ever do and it feels like punishment for not being like everyone else—when the bean counters say that this isn’t valid therapy, they’re saying that my chosen outlet to explore the darkest issues IS NOT VALID, THAT I AM NOT VALID. It is pure evil and an obvious attempt to push us over the edge, back into suicide, just to get us off the books to save money.

Quotes from participants revealed profound feelings of invisibility and questioning of their experiences. Ultimately, participant voices underscored the urgent need for policies and practices that prioritise validation within therapeutic approaches to ensure individuals receive the recognition and support they deserve.

Creative and Experiential Therapies Enable Expression and Communication—Being Understood

The voices of participants in CET revealed a profound connection between emotional expression and the need for understanding. The data sourced from firsthand accounts highlight a common theme: individuals often find traditional therapeutic methods insufficient for conveying their complex feelings. Many participants expressed a strong preference for CET, as CET facilitate a safe environment for self-expression and communication, allowing the exploration and articulation of inner experiences that are not suited to verbal expression. This participant highlighted the links between creative expression and communication:

I've had access to art therapy through the NDIS. It's one of the few things which works really well for me, as [an] autistic [person] who also has a psychosocial disability, because I can focus on the art. It enables me [to] disclose things which I might otherwise be unable to talk about (in things like traditional talk therapies).

The role of CET in facilitating safe emotional expression was a recurring theme:

I have been an art therapy participant, initially in a group setting and now one on one, due to trauma. This type of therapy has allowed me to express myself in a safe place when I have not felt able to do so verbally. This decision is both unbelievable and extremely distressing to myself as a participant.

Participants articulated a newfound ability to communicate complex feelings through artistic means, especially when traditional therapies have failed them:

These changes will really impact me negatively. I can't do group therapy sessions. I can't express myself in front of others. Art therapy has been helpful for me to manage my disabilities. It helps me connect with myself in a safe environment with my therapist.

Many respondents articulated a preference for CET over traditional therapy, with numerous participants stating that CET had saved their life:

My art therapist has been pivotal in my learning to live with severe complex PTSD and its associated symptoms in my case the worst being intrusive thoughts, suicidal ideation, panic attacks and agoraphobia. She has helped ameliorate the impact my illness has on my daughter and to improve our relationship. I have found a form of self-expression that is not painful. Art therapy truly works for PTSD. In my experience nothing else has. Art therapists save lives. I cannot be more grateful.

Some individuals expressed dissatisfaction with conventional therapies, highlighting CET as more effective:

I didn't find much help from psychologists. However, art therapy really made a difference for my anxiety and emotion regulation skills. For neurodivergent and disabled people like me who think and process things differently, art therapy works better than traditional talk therapy.

For respondents, the struggle with traditional methods often leads to feelings of hopelessness, while CET offer a path toward healing and psychosocial wellbeing. One participant put it like this:

As a person who has experienced and healed long bouts of depression and anxiety with many years of counselling, I can say with confidence that art is the number one practice that contributed to my overall healing and learning of self-expression and mindfulness.

Through thematic analysis, the data support the notion that CET are instrumental in fostering emotional expression and enabling individuals to navigate their experiences of trauma, anxiety, and other psychosocial challenges. Participants articulated how these therapeutic approaches enhance their communication skills, and this contributes significantly to their overall psychosocial wellbeing. The narratives emphasise a collective sentiment that being understood is essential to the maintenance of their wellbeing and capacity to function, illustrating how CET can provide a lifeline for many. This underscores the importance of recognising and validating the unique therapeutic needs of individuals for whom traditional therapies can be inaccessible and inappropriate.

Empowered Transformation—Self-Efficacy

The theme of “empowered transformation” through creative therapy is evident in participant testimonials describing their experiences of personal development and empowerment. Many individuals facing psychosocial challenges have found traditional therapy inadequate, turning instead to CET. Participants emphasise that these approaches allow them to confront painful feelings while also discovering their strengths in a compassionate

framework. CET emerge as a vital coping mechanism, enabling respondents to process painful life experiences associated with disability, building their capacity and motivation for community engagement. The experiences shared by multiple respondents underscore the importance of CET in fostering personal agency and self-efficacy. Personal transformation is a common experience for people who access CET in the NDIS:

I discovered art therapy during one of the hardest times in my life, and it was nothing short of transformative. After struggling with depression and feeling exposed and uncomfortable in traditional talk therapy, art therapy gave me a way to express parts of myself that words couldn't reach. Through creating with a skilled therapist, I began to uncover not just my confidence and strengths, but also the messy, painful parts of myself—and approach them with gentle understanding. Art therapy allowed me to connect with my inner world in a way that felt safe, natural, and deeply healing. It's not just therapy; it's a lifeline for anyone who feels like words alone can't hold their experiences.

Some participants described how CET are necessary for their day-to-day cognitive functioning, and this supports their psychosocial wellbeing:

I use art therapy. I find it invaluable to have practical art with therapy as it helps me remember what was said and done during therapy. An acquired brain injury left me with memory difficulties.

For many participants, CET transform their capacity to meet life's daily challenges, and provide them with a coping mechanism:

I've had talk therapy, medication, hospital admissions and other treatments for over 30 years due to mental illness. Results have always been patchy and inconsistent. However, I have utilised art therapy for 3 years under the NDIS which has made life changing impacts on how I manage and process intense emotions. Art therapy has provided me with a language to understand and articulate my emotions that I did not previously have. I would not have found this skill without art therapy. This has enabled significant community participation; so far I've held 3 exhibitions of my work which has facilitated conversations with my medical team, family, friends and the wider community about my mental illness. I've even been able to sell some work! I've significantly increased social and community participation via art therapy. When I've been admitted to psychiatric hospital in the past, I've always utilised their art therapy courses. If this service exists as a means of self-

reflection, understanding and processing of mental illness as an inpatient, why would the NDIS say it does not agree with this treatment modality? Participating in art therapy has actually prevented my admission to hospital on occasion, which would have cost society far more than art therapy does. I'm terrified about facing life without my NDIS-funded art therapist. The stability, safety, and enlightenment those sessions provide have become something I look forward to, something ALL of my medical professional support team believe is vital to the management of my mental illness. Removing this is a devastating move by the NDIS.

Participants frequently mentioned CET as a crucial coping strategy for managing the effects of trauma, psychosocial distress, and mental ill health: "Art therapy has not only changed my life, it has saved it many times!". The creative therapeutic process not only aids in understanding their emotions but also prevents relapses into harmful behaviours:

I'm an NDIS recipient who is autistic. My master's trained art therapist has done more for my capacity than any other. We spend most of our hour talking and I spend around 5 minutes drawing things we have discussed. This is going to be the end of my capacity.

The participant testimonials revealed that CET have fostered self-awareness and empowerment, with some participants noting CET have prevented hospital admissions. Concerns were raised about the potential decline in psychosocial capacity if access to these therapies is restricted through cuts to NDIS funding. Overall, the experiences shared demonstrate the necessity of CET as a capacity-building therapeutic resource that enables disabled people to have transformative experiences of personal agency.

Stability Strengthens Community Engagement—Belonging

Participant voices in this section revealed the vital connections between stability, support, community engagement, and belonging through CET. Many expressed deep disappointment over recent NDIA funding cuts to art therapy, emphasising its crucial role in their psychosocial wellbeing. One participant's statement, "These therapies have made a difference to my life. I will be lost without art therapy", highlights the reliance on consistent therapeutic support for wellbeing. Participants also underscored how art therapy acts as a vital outlet, especially for those facing severe mental health challenges. As articulated by an autistic individual, these therapies not only alleviate anxiety and depression but also foster self-confidence and improve social interactions. Engaging in CET promotes connections and reduces isolation, reinforcing a sense of belonging within the community.

The following statement illustrates the impact of losing the stability and support provided by access to regular CET sessions: “Art therapy is a hugely beneficial support for my disability, and I am shocked that NDIA have arbitrarily decided to cut funding for it without any real notice or good reason. I am devastated”. The regular sessions with creative and experiential therapists provide participants with a consistent source of support, which they described as vital for their psychosocial wellbeing and mental health management. This stability fosters a sense of safety and anticipation: “This stability fosters an essential sense of safety and anticipation”.

Engaging in the life of their communities can pose challenges for disabled people, contributing to isolation and poor mental health. This participant described how accessing CET supports them to build the self-confidence and social skills that are the necessary foundation for community engagement:

I am an autistic person on NDIS. This specific therapy was brought to my attention by my OT when I was at my worst—having both suicide idealisations [sic] and severe depression. Art therapy is so important for so many reasons, and it is absolutely crucial for autistic children, teens and adults to be able to have access to this on their NDIS. Not only does art therapy give autistic people a safe, creative outlet to be able to express how it is they are feeling and to help process our own emotions, but it’s been proven to also support and assist greatly with reducing symptoms of anxiety and depression, increasing self-confidence, improving problem-solving skills and due to the safe, creative, expressive environment, it’s a wonderful place to support socialisation.

CET foster community participation:

Music therapy allows me to manage my dementia through weekly therapy sessions. This has been the only therapy that helps have found [sic] to have helped me—it’s counselling, music, fun, and a whole lot of empathy and love all rolled into one session. (community engagement, mental health, social connections, counselling, skill building, independence) [sic] And NDIS finds that not worth funding—please spare me!!!!!!

Individuals recounted hosting exhibitions and engaging with others, underscoring CET’s role in building connections and reducing isolation. Through their experiences, participants advocated for the importance of accessible therapeutic supports and called for a reassessment of funding priorities, emphasising how stability in support systems can enhance individual wellbeing and community cohesion.

Socioeconomic Concerns: A Call to Action—Accountability

The pressing need for a critical re-evaluation of the NDIS's failure to recognise the value of CET for disabled people is poignantly highlighted through the testimonials examined in this study. These testimonials underscore the profound impact of socioeconomic changes on the lives of disabled individuals. Participants expressed their concern that recent funding cuts to CET threaten not only their access to essential support but also their overall quality of life. The testimonials reveal a troubling narrative: the prevailing ableist framework insists that individuals must strive for an unrealistic transformation into “abled” bodies to earn the right to agency, joy, and community. Echoing a consensus, participants argued that the NDIS was intended to facilitate participation and dignity, not to pathologise their existence through restrictive therapies that focus on “functional capacity building” without consideration for their unique needs.

This testimonial illuminates how socioeconomic concerns are distressing for respondents:

The quality of life myself and my children had access to, previously, is to be no longer. These changes are ableist, they insist on us spending our lives in struggle, and pathologisation. The changes insist that somehow, if we spend all our time in ableist pathologising ‘therapies’, we will overcome disability, and become abled. It seems, that only if one is abled, only then can you have access to choice and agency and joy and community and happiness for the sake of happiness. Disabled people seemingly have yet to ‘earn’ that right. We supposedly earn it by somehow becoming abled. Newsflash, disability is for life. The NDIS was never meant to be focused on eradicating our needs. It was meant to be about supporting those needs, so that we in turn, had the capacity for productivity. I will always need my so-called ‘capacity building’ therapies, and safe, trauma-informed ones at that. Disability affirming ones, not ableist ones with ableist goals. Capacity building isn’t a one and done. It needs maintaining. Capacity creating and maintaining is how I need my NDIS funding to be. The alternative is the state paying for far more expensive interventions. And the loss of my contributions to society (my ‘productivity’).

Participants voiced concerns regarding the financial implications of losing access to CET, linking this to broader societal issues. They emphasised that cutting funding for CET could lead to adverse outcomes, potentially increasing healthcare costs in the long run. The combined voices of the testimonials are a compelling call to action:

For over several years I have seen more therapists than I can count. Art therapy is the only thing that has been able to truly stick with me to make a difference. Please don't rip this away from us. Art therapy deserves to be funded wholeheartedly. I believe if it is cut lives will be lost. These supports need to be made more accessible, not less. Art therapy helps me communicate. Art therapy helps me regulate. Art therapy helps me understand myself. Art therapy helps me to connect with others. Art therapy helps me to feel human.

The quotes express urgency and a strong call for action, urging stakeholders to reconsider the value of CET within the NDIS framework. Participants advocated for increased accessibility and funding for CET to maintain their psychosocial wellbeing and quality of life. The emphasis on CET emerges as a crucial aspect of their lives, serving as a vital tool for self-expression, emotional regulation, and social connection. The participants passionately advocated for the crucial role these therapies play in their psychosocial wellbeing, warning that abandoning CET could lead to dire personal and societal consequences, including increased healthcare costs and diminished contributions to the community. Their testimonials call for immediate action to ensure that CET are adequately funded and made accessible, highlighting a collective urgency to preserve the dignity and humanity of disabled individuals in the face of systemic neglect.

This study sheds light on the limitations of current NDIS decision-making processes, and urges stakeholders to recognise the intrinsic value of CET as essential components of holistic support for disabled people.

Part 2: Literature Review

Method

The growing demand for CET in disability care has led to an increasing body of research evaluating their efficacy (Harpazi et al., 2023). We were interested in exploring the outcomes of published studies and whether these could provide a scientific basis to support the sustainable inclusion of CET within the NDIS framework. However, the limited timeframe available for our study necessitated a more limited approach to the literature review. We determined that focusing on reviews and meta-analyses published within the past 2 years would allow us to incorporate earlier research while situating it within the current body of knowledge. To address the question “What is the current evidence on the efficacy of creative and experiential therapies for disabled persons?” we conducted a literature review of reviews and meta-analyses. The method used for extraction of relevant information followed the systematic approach proposed by the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Guidelines* (Moher et al., 2009).

Table 2. Logic Grid: Search Terms Used in Literature Review

Key concepts		
Disability	Art therapy	Review
disability OR disabilities OR disabled OR impairment OR impaired OR special OR special needs OR developmental disabilities OR physical disabilities	art therapy OR art psychotherapy OR creative arts therapies OR expressive arts therapies	review of literature OR literature review OR meta-analysis OR systematic review OR scoping review OR integrative review OR review

The search was conducted by the fourth author (AZ) in a systematic, replicable, and comprehensive manner from December 16, 2024 to December 20, 2024. The search strategy consisted of steps following the PRISMA flow diagram. The first step was a preliminary search using a range of databases, including MEDLINE, Academic Search Ultimate, Complementary Index, Directory of Open Access Journals, APA PsycInfo, CINAHL Plus with Full Text, CINAHL Ultimate, Gale Academic OneFile, Biomedical Index, Psychology and Behavioral Sciences Collection, Supplemental Index, OpenAIRE, SPORTDiscus with Full Text, Business Source Ultimate, ScienceDirect, and Google Scholar. These databases were expected to contain academic publications on the topic. This search aimed to identify relevant keywords from titles and abstracts, as well as index terms used in pertinent papers.

Subsequently, a comprehensive search strategy was developed for these databases, incorporating the identified keywords and index terms (see [Table 2](#)). The search terms were adapted to the specific syntax and functionality of each database to ensure thorough coverage. The search was limited to peer-reviewed reviews and meta-analyses published in an academic journal, available in full text, and accessible in English.

The second step entailed screening titles, keywords, and abstracts of the 45 identified articles, and removing duplicates ($n = 5$) and articles without full-text access ($n = 1$).

Study Selection

The remaining 39 articles were screened independently by three authors (CvL, ABA, and AZ) according to the inclusion and exclusion criteria (see [Table 3](#)). Discrepancies between authors were discussed until consensus, and in some cases resolved by rereading definitions of what counts as disability in the NDIS documents. For example, persons who become disabled after turning 65 are not eligible to join the NDIS. Instead, they may receive support through aged care programs. As a result, we excluded two reviews on older adults with dementia. Finally, 21 of the articles identified through the systematic search were included in the review.

Table 3. Inclusion and Exclusion Criteria: Literature Review

	Inclusion criteria	Exclusion criteria
Population	Participants who identify as having a disability (physical, intellectual, sensory, psychosocial, or neurodevelopmental, etc.) Participants with various types of disabilities (e.g., autism spectrum disorder, cerebral palsy, intellectual disabilities, mental health conditions, etc.) Studies involving both children and adults with disabilities	Research that excludes or does not focus on the therapeutic impact on individuals with disabilities Participants older than 65 years as not funded by NDIS
Therapies	Studies that focus on CET, such as art therapy, music therapy, dance/movement therapy, drama therapy, or play therapy Creative therapy processes used to address mental health, emotional wellbeing, communication, and other therapeutic goals Research on the application of CET in clinical, community, or educational settings	Studies that do not focus on CET (e.g., cognitive behavioural therapy, psychotherapy, talk therapies, etc.) Art education or arts-based activities only Research that does not include creative or experiential therapists
Therapeutic outcomes	Studies evaluating the therapeutic impact of CET on improving mental health, self-expression, emotional regulation, social interaction, and/or trauma recovery Research examining the role of CET in promoting personal empowerment, social inclusion, and wellbeing for individuals with disabilities Studies that provide evidence of the efficacy or effectiveness of CET for disabled people	
Publication types	Peer-reviewed reviews, meta-analyses published in academic journals, full-text availability, English Published between January 2023 and December 2024	Non-peer-reviewed papers, single studies No Method section included

Quality Assessment

The quality of the included studies was not formally assessed because the inclusion criteria for publication types ensured a minimum standard of quality. For example, two articles were excluded during the second selection process as they did not contain a Method section.

Data Extraction

A data-charting form (see [Table 4](#)) was used to extract data from the included articles. Key characteristics, including the study focus (to judge relevance), study design, sample size, and conclusions were identified and documented to address the research question “What is the current evidence on the efficacy of creative and experiential therapies for individuals with disabilities?”

AZ extracted text fragments and quantitative information (e.g., sample size) from the selected publications and entered them into the data-charting form. The text fragments in the conclusions column of the form were brought together iteratively into themes regarding wellbeing and functional capacity (Thomas & Harden, 2008). The other authors reviewed these themes to gain a deeper understanding of the data.

Results

The following section presents the findings derived from the included articles in response to the research question. First, the included articles and their findings, as recorded in [Table 4](#), are outlined. Next, the emergent themes are synthesised interpretively based on the relevant conclusions drawn from the included papers.

Table 4. Data-Charting Form: Literature Review

No.	Reference	Study focus	Study design	Number of studies	Study conclusions
1	Alashram et al. (2023)	Role of MT in improving cognitive function post-TBI	Systematic review	5 studies; $n = 122$	MT could be effective in improving executive function post-TBI, with limited evidence for the effects on memory and attention. MT might be safe in patients with TBI. The evidence for the effect of MT on executive function in patients with TBI is promising.
2	Duarte Machado et al. (2023)	Efficacy of dance interventions for the activity and participation of individuals with CP	Systematic review and meta-analysis	14 studies in the review; 9 in the meta-analysis	There was a large overall effect for cognitive, motor, and social-emotional function outcomes, with a high degree of heterogeneity between outcome effects, attributable to differences in study design. Although recent studies provide support for the acceptance and efficacy of dance interventions for people with CP, the systematic review revealed significant limitations in study design (only 2 RCTs). High-quality research that measures outcomes across all dimensions of the ICF, particularly at the level of participation, are needed to improve the level of empirical support for dance-based interventions.
3	Elbeltagi et al. (2023)	Play therapy in children with autism	Comprehensive literature review	66 studies	Despite the weak evidence, play therapy has a lot of potential benefits for children and their families. It helps improve the child's social skills and communication in a relaxed environment, integrates the parents, strengthens the child-parent bond, and decreases parental stress. In addition, play therapy has no significant side effects and is cost-effective.
4	Ivers (2024)	Therapeutic use of drama to support communication with young autistic children	Literature review	35 articles	About 86% of the case studies reported statistical improvement in the children's communication skills with persistence and generalisation of these skills reported, averaging at 40%. About 31% of the studies reported the children's increased expressiveness or use of words to communicate, and qualitative changes were reported across both datasets.
5	Keiller et al. (2024)	Children's and young people's perception of the active ingredients of dramatherapy when used as a treatment for symptoms of emotional disorders	Meta-synthesis	8 studies	Six analytical themes emerged from eight studies: dramatherapy as a learning and social experience, dramatherapy as a positive response which supports self-expression and emotional regulation, the skill and professionalism of drama therapists, drama therapy is fun, drama therapy builds confidence, and participants process difficulties through drama.
6	Li et al. (2024)	The potential of arts therapies in PD rehabilitation	Comprehensive review	16 studies	Arts therapies have great potential for the rehabilitation of people with PD, confirming the efficacy of arts therapies in enhancing the motor, psychological, and cognitive rehabilitation process of people with PD.
7	Lin et al. (2023)	Effects of MT on cognition, QoL, and neuropsychiatric symptoms of patients with dementia	Systematic review and meta-analysis of RCTs	22 trials from 21 studies; $n = 1,780$	Music-based therapies might improve the cognition and QoL of patients with dementia more than conventional therapies. Music-based therapies could also reduce neuropsychiatric symptoms more significantly than conventional therapies. Music-based therapies constitute a safe and effective alternative

No.	Reference	Study focus	Study design	Number of studies	Study conclusions
					approach for patients with dementia.
8	Liu et al. (2024)	Use of creative activities in stroke rehabilitation	Scoping review	17 studies	This analysis provides initial support for the potential positive role of creative activities in stroke rehabilitation. Future stroke rehabilitation practices should tailor activities and responses based on patients' rehabilitation needs, preferences, and cultural background.
9	López-Escribano & Orío-Aparicio (2024)	Creative arts therapy for autistic children	Systematic review	20 articles; $n = 781$	All but two of the reviewed studies showed benefits of creative arts therapy. Most of the reviewed studies (18 out of 20) pointed to the fact that creative arts therapy provides a variety of occasions for autistic children to express themselves and to cooperate with peers in natural settings with no adverse effects.
10	Luo et al. (2023)	Arts therapies for mental disorders in COVID-19 patients	Comprehensive review	16 articles	Diverse forms of arts therapies are potentially effective in addressing psychiatric symptoms related to COVID-19. The integration of artificial intelligence might further enhance the efficacy and scalability of arts therapies.
11	Malhotra et al. (2024)	Conceptual framework for a neurophysiological basis of art therapy for PTSD	Literature review of empirical research	19 articles	This review underscores the neurophysiological empirical evidence for art therapy through identification of five essential factors as they connect to PTSD symptomatology.
12	Martínez-Vérez et al. (2024)	Interventions through art therapy and MT in ASD, ADHD, language disorders, and learning disabilities in children	Systematic review	80 studies	The results demonstrate the efficacy and favourable perception of art and music therapies in the treatment of children with ASD, ADHD, language development disorders, and learning difficulties. The evidence of improvements in multiple areas of development indicates that these therapies offer significant benefits. However, the variability in the perceived value and adaptability of interventions indicates that it is crucial to consider individual and contextual factors when implementing these therapies to maximise their effectiveness and accessibility.
13	Mercier et al. (2023)	MT and music interventions in spinal cord injury	Scoping review	43 studies	While qualitative data support the use of MT and music-based responses in this population for a wide variety of outcomes, RCTs are needed. There is a lack of research on the use of individual MT in this population.
14	Orkibi et al. (2023)	Effectiveness of drama-based therapies on mental health outcomes	Systematic review and meta-analysis	30 studies; $n = 1,567$	The findings suggest that group drama-based therapies are effective in reducing mental illness and increasing mental health across a range of age groups and settings and provide justifications for the increasing use of drama therapy groups in mental healthcare practice.
15	Pangestu et al. (2022)	The effectiveness of visual art on the psychological response in stroke survivors	Systematic review	8 articles	The benefits and effectiveness of therapy can be felt from seven to >20 sessions with varying durations for each session. Apart from having a positive impact on psychology, visual arts therapy can also train motor, cognitive, and memory functions in post-stroke patients.
16	Pieri et al. (2022)	Mind-body and creative arts	Systematic review	22 studies	Improvements were noted across a wide range of wellbeing outcomes with more

No.	Reference	Study focus	Study design	Number of studies	Study conclusions
		therapies for people with aphasia			consistent positive results for anxiety and communication. The findings were synthesised into three broad themes: positive impact on self, empowering multifaceted experience, and relevance of needs-centred adjustments. Provisional findings about the benefits of mind-body and creative arts therapies on aspects of wellbeing for some individuals with aphasia were identified.
17	Porras-Segovia, et al. (2024)	Creative writing therapy for the management of depression and suicidal ideation	Systematic review and meta-analysis	31 studies	Twenty-one of the 31 reviewed studies showed that creative writing significantly improved depressive symptoms, while five studies suggested improvement in other symptoms. The meta-analysis showed that narrative writing significantly reduced depression compared to those in a neutral writing or treatment-as-usual condition in both post therapy and follow-up. However, the number of studies exploring the effects of creative writing in suicidal ideation was too low to perform a meta-analysis. A structured and well-targeted therapeutic response using creative writing could have beneficial results for the management of depressive symptoms.
18	Power et al. (2023)	Art therapy as a treatment for adults with learning disabilities who are experiencing mental distress	Systematic review	68 articles (41 clinical and 27 research)	Art therapy may be considered an accessible alternative psychological treatment for this population, which can complement biopsychosocial approaches, thus supporting the person and their network of care. There is a diversity of practice when offering both individual and group therapy to people with learning disabilities and mental distress. The systematic review demonstrates that evidence in the field is growing, and existing research highlights that art therapy can be both helpful and acceptable to many participants. Art therapy is a complex therapeutic support which requires context-specific and systematically developed evaluation approaches in order to ensure therapeutic response development, methodology, and proposed outcomes take account of the complex mechanisms at play.
19	Simpkins & Yang (2023)	The effect of dance style and intervention duration on improving balance among people with PD	Systematic review with meta-analysis	14 RCTs; $n = 612$	The meta-analysis suggests that people with PD who participate in dance interventions show more significant balance improvements than non-dance control groups. Subgroup analyses indicated that no sufficient evidence endorses any dance style as superior to others in improving balance among people with PD; dance-based interventions of 12+ weeks duration could potentially outperform shorter interventions; and 60- and 90-minute dance classes may be similarly effective in improving balance among people with PD.
20	Takahashi & Kato (2022)	Effectiveness of dance/movement therapy (DMT) in individuals with intellectual	Systematic review	5 studies	DMT improved motor skills, body knowledge, emotional wellbeing, skin temperature in fingers, and muscle relaxation in individuals with intellectual disabilities from young adults to middle-

No.	Reference	Study focus	Study design	Number of studies	Study conclusions
		disability			aged adults.
21	Twyford et al. (2024)	Functional outcomes in children and adolescents with neurodisability accessing MT	Scoping review	53 studies	Children and adolescents with neurodisability benefit from MT delivered as stand-alone and interprofessional team treatment approaches to develop their physical and psychological functional skills. Improvement of physical function was the most frequently reported outcome ($n = 27$), followed by communication ($n = 25$), social ($n = 22$), cognitive ($n = 17$), emotional ($n = 13$), psychological ($n = 13$), behavioural ($n = 8$), and sensory ($n = 5$).

Note. ADHD = attention-deficit/hyperactivity disorder, ASD = autism spectrum disorder, CP = cerebral palsy, ICF = International Classification of Functioning, Disability and Health, MT = music therapy, PD = Parkinson's disease, PTSD = post-traumatic stress disorder, QoL = quality of life, RCTs = randomised controlled trials, TBI = traumatic brain injury.

Table 5. Synthesis of Themes: Literature Review

Theme	Description
Cognitive function improvement	CET can improve cognitive and executive function outcomes across various populations
Emotional and psychosocial wellbeing	CET provide measurable benefits in reducing emotional distress, enhancing psychological resilience, social-emotional function outcomes, and mental health across a range of age groups and settings
Social engagement and communication	One of the significant outcomes of CET is their ability to enhance social skills, engagement and communication
Physical wellbeing	Positive physical outcomes, particularly motor function, are strongly supported
Empowerment and self-expression	CET offer a platform for personal growth and self-expression by providing nonverbal outlets for communication
Overall quality of life	CET foster significant improvements in overall quality of life

Recent Evidence on the Efficacy of Creative and Experiential Therapies for Persons with Disabilities

By synthesising the relevant conclusions extracted from the included papers, six themes related to functional capacity and overall wellbeing were found (see [Table 5](#)).

Cognitive Function Improvement

The results show that CET can improve cognitive and executive function outcomes across various populations. Evidence suggests significant enhancements, particularly for individuals recovering from traumatic brain injury (Alashram et al., 2023), stroke survivors (Pangestu et al., 2022), and persons with cerebral palsy (Duarte Machado et al., 2023). It further shows possibilities to improve the cognition of persons with dementia more than conventional therapies (Lin et al., 2023). The evidence confirms the efficacy of CET in enhancing the cognitive rehabilitation process of people with Parkinson's disease (Li et al., 2024), and children and adolescents with neurodisability (Twyford et al., 2024). There is evidence that memory

functions of stroke survivors can be trained by CET (Pangestu et al., 2022), and the efficacy on memory of persons with post-traumatic brain injury has been noted, though these effects require further study (Alashram et al., 2023).

Emotional and Psychosocial Wellbeing

CET provide measurable benefits in reducing emotional distress, enhancing psychological resilience, social-emotional function outcomes, and mental health across a range of age groups and settings. Studies report reductions in depressive symptoms (Porrás-Segovia et al., 2024), PTSD symptoms (Malhotra et al., 2024), and mental health challenges (Orkibi et al., 2023), with possibilities to reduce neuropsychiatric challenges even more significantly than conventional therapies among individuals with neurodegenerative diseases (Lin et al., 2023). The results show that CET facilitate social-emotional growth (Duarte Machado et al., 2023), emotional expression, emotional regulation, and confidence-building (Keiller et al., 2024), overall emotional wellbeing (Takahashi & Kato, 2022; Twyford et al., 2024), and enhancement of the psychological rehabilitation process of persons with Parkinson's disease (Li et al., 2024). Creative and experiential therapists are creating a safe space for participants to process difficult experiences (Alashram et al., 2023; Lin et al., 2023). Orkibi and colleagues (2023) concluded that their findings provide justifications for the increasing use of CET in mental healthcare practice.

Social Engagement and Communication

One of the significant outcomes of CET is their ability to enhance social skills, engagement, and communication. CET foster cooperative interactions in natural settings, improving both verbal and nonverbal communication, especially for children with autism spectrum disorder and communication challenges (Elbeltagi et al., 2023; Ivers, 2024; López-Escribano & Orío-Aparicio, 2024). Furthermore, results show that parent-child bonds were strengthened in therapeutic responses designed to integrate family members, creating holistic improvements in social environments (Elbeltagi et al., 2023).

Physical Wellbeing

Positive physical outcomes, particularly motor function, are strongly supported in the included studies. Participants with Parkinson's disease (Li et al., 2024; Simpkins & Yang, 2023), cerebral palsy (Duarte Machado et al., 2023), and intellectual disability (Takahashi & Kato, 2022), and children and adolescents with neurodisability (Twyford et al., 2024) experienced improved balance, motor skills, and physical relaxation as part of their therapy. Stroke rehabilitation programs also highlighted motor skill improvements, with tailored creative activities aligning therapeutic responses to individual needs and cultural contexts (Liu et al., 2024).

Empowerment and Self-Expression

CET offer a platform for personal growth and self-expression by providing nonverbal outlets for communication, particularly for individuals who struggle to articulate emotions or needs, such as those with autism spectrum disorder or trauma-related challenges. CET also foster a sense of social connection and community engagement, encouraging personal empowerment through creative expression and collaborative experiences (Keiller et al., 2024).

Overall Quality of Life

The results indicate that CET foster significant improvements in overall quality of life. Lin et al. (2023) demonstrated that music-based therapies might improve not only the cognition but also the quality of life of people with dementia, even more than conventional therapies. Liu et al. (2024) provide initial support for the potential positive role of CET in stroke rehabilitation.

The holistic benefits include better mental health with consistent positive results for anxiety (Pieri et al., 2022) and COVID-19-related psychiatric symptoms (Luo et al., 2023), enhanced participation in daily life, and improved social relationships (Pieri et al., 2022). According to Pieri et al. (2022), 128 findings showed the benefits of CET in three broad themes: positive impact on self, empowering multifaceted experience, and relevance of needs-centred adjustments. The authors concluded that the provisional findings identified benefits of mind-body and CET responses on aspects of wellbeing for some individuals with aphasia. Furthermore, the results showed evidence of improvements in multiple areas of development that indicates that CET offer significant benefits (Martínez-Vérez et al., 2024). Mercier et al. (2023) reported that the qualitative data in their scoping review support the use of CET for a wide variety of outcomes for people with spinal cord injury. In line with Mercier et al. (2023), Power et al. (2023) argued that existing research highlights that CET can be both helpful and acceptable to many participants with an intellectual disability.

Tailored and well-targeted therapies addressing individual and contextual needs amplified these outcomes, underscoring the importance of personalised approaches that provide tailored responses to the needs of individuals (Martínez-Vérez et al., 2024).

Discussion

In our discussion, we explore the findings and implications of this study and return to our guiding question: “What is the value of CET for disabled people in the NDIS?”

Utilising the themes from our qualitative analysis of NDIS participants’ testimonies in concert with evidence from the literature as well as socioeconomic and sociopolitical perspectives, we frame our discussion around five key areas: choice and validation, expression and communication,

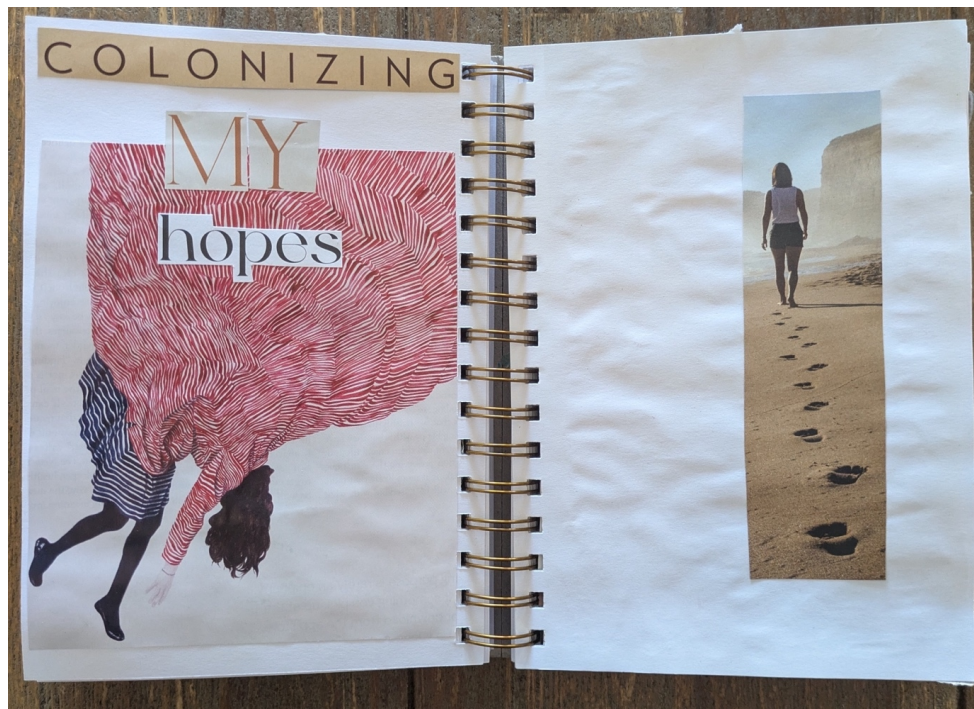


Figure 2. *Choice? Colonising My Hopes*. Angela Rose, 2024.

empowered transformation, community engagement, and socioeconomic concerns. We have added an image for each theme. These images have been provided by creative and experiential therapists in response to the themes expressed by NDIS CET participants. This practice is known as *response art* (Nash, 2019).

Access to Choice and Control: A Human Right

At the heart of our findings is the fundamental right to choice and control over therapeutic supports, as advocated by both the UNCRPD and NDIS (see [Figure 2](#)). The qualitative analysis of participant testimonials highlights the critical role of choice for NDIS participants regarding access to CET. Supported by evidence demonstrating the effectiveness of these therapies for disabled persons, this study offers actionable recommendations to enhance sustainable access to these essential services within the NDIS. The voices of participants, as illuminated through the thematic analysis of testimonials, underscore the profound personal and communal benefits of CET. Participants frequently highlighted the critical importance of choice and autonomy in therapeutic options. CET are described as not merely supplementary, but essential to participants' wellbeing and personal development. They serve as vital tools for emotional processing, self-expression, psychosocial wellbeing, and social connection, particularly for those who find traditional therapies inadequate.

These insights can guide future decisions on policy and funding for CET, ensuring that individual experiences are validated within a research-backed framework in keeping with the NDIS's stated commitment to a practice-informed evidence approach to services in which disabled people

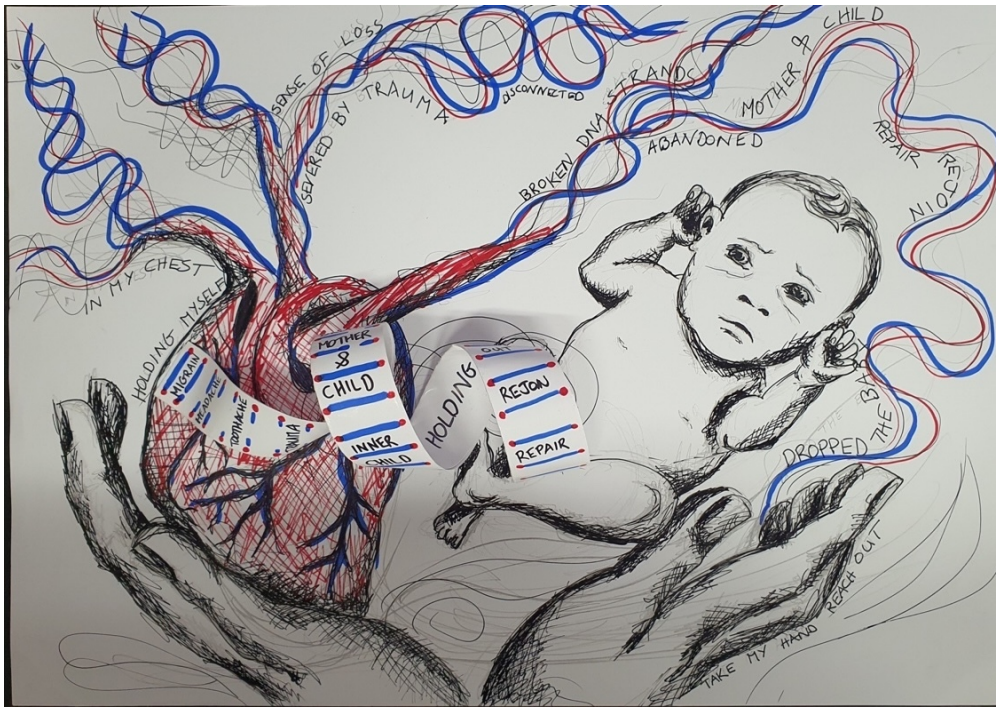


Figure 3. *Holding Myself: Being Understood*. Kerry Knight, 2024.

are collaborators in the regulation of therapeutic supports (NDIS Quality and Safeguards Commission, 2023). Through our findings, we recommend the ongoing and sustainable integration of CET into the NDIS framework, ensuring that participants can benefit from choice over their options while receiving vital support.

Expression and Communication: Being Understood by Policymakers

CET play a crucial role in enabling expression and communication, which are essential elements of being understood (see [Figure 3](#)). While participants, families, and the literature confirm the value of CET in supporting and enhancing self-expression and communication, a notable divergence exists between participant experiences and the evidence-based literature in the realm of CET and disability support and care.

This is evidenced by a parent advocating for their child:

Our son Tim got nowhere when going to a traditional talk-based psychologist. But when he switched to an art therapist, things took off for him. He was able to share about his anxieties, talk cathartically about having been bullied at school, and even has developed pride in his artistic skills, which he never thought he had. It would be a huge setback if he lost access to art therapy. For people like him and a range of neurodivergent people it's much more effective than the more common talk therapy.

Participants frequently highlight the importance of personal narratives, emotional relief, and sociocultural factors, while the literature tends to prioritise a medical-model perspective, emphasising quantifiable outcomes and cognitive improvements. This disparity illustrates a broader tension in disability services, where the richness of lived experiences is often overshadowed by standardised empirical data.

Our study addresses this issue by employing a mixed methods approach, merging qualitative insights with evidence-based findings. It accentuates the multifaceted impact of CET, advocating for the need to privilege participant voices. By integrating personal testimonials with systemic perspectives, the study champions a more holistic understanding of the value of CET, ensuring that the emotional and cultural dimensions of disability are valued alongside conventional medical outcomes.

One implication of our findings for policymakers is to understand that medical-model evidence does not give a complete picture of what is important and what works for disabled people themselves. We recommend that the NDIS safeguards against an over-reliance on medical-model evidence and reprioritises listening to the voices of participants, in keeping with the stated values and evidence-informed practice guidelines of the NDIS itself (NDIS Quality and Safeguards Commission, 2023).

Self-Efficacy and Functional Capacity: Areas of Convergence

Despite the differences between participants' lived experiences and the kind of evidence that is privileged within a medical model, our research underscores significant areas of convergence between participant experiences and empirical evidence regarding the efficacy of CET in enhancing wellbeing for disabled people. Both participants and scholarly literature recognise the positive impact of CET on physical, emotional, and psychosocial health, cognitive functioning, and community engagement. Notably, CET promote the development of communication skills while reducing isolation, emphasising the vital role played by CET in fostering a holistic sense of wellbeing (see [Figure 4](#)).

Our literature review aimed to provide an interpretive synthesis of existing meta-analyses and reviews published after 2023, thereby enriching the current knowledge regarding the efficacy of CET for disabled people. The analysis included 21 peer-reviewed articles with a total of 389 articles examined, revealing a diverse range of CET characteristics. Despite the lack of identified sample sizes in some instances, the studies adhered to our rigorous inclusion and exclusion criteria, ensuring a minimum standard of quality. This systematic approach enabled the identification of prominent themes within existing literature. Our findings demonstrate that CET produce substantial benefits across various populations. The evidence indicates improvements in cognitive and executive function, alongside measurable reductions in emotional distress. Additionally, CET enhance psychosocial resilience and

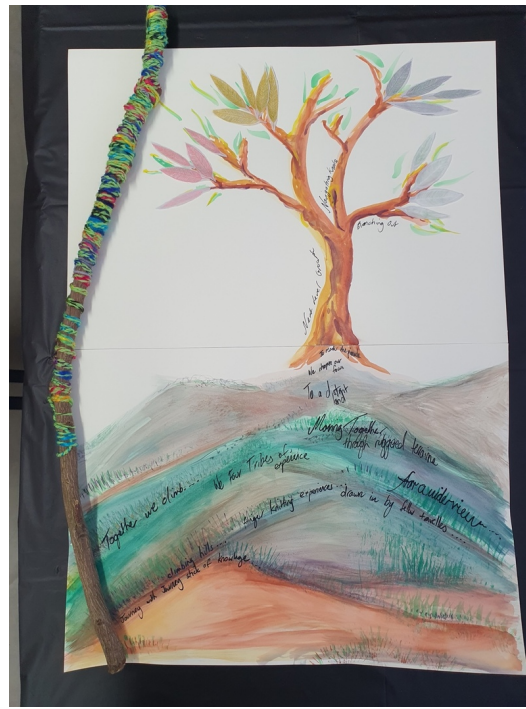


Figure 4. *Navigating the Landscape, Self-Efficacy*. Kerry Knight, 2024.

support social-emotional functioning and overall wellbeing across different age groups and settings. One of the most significant outcomes identified is the capacity of CET to foster social skills, engagement, and communication.

The studies further provide compelling evidence for positive physical outcomes, particularly in motor function improvement. CET also offer individuals a platform for personal growth and self-expression, facilitating nonverbal communication of inner experiences that are beyond the capacity of words to express. Such creative expression encourages personal empowerment, fostering autonomy and self-confidence.

Overall, these findings illustrate that CET significantly enhance quality of life for disabled persons, supporting the lived experiences of NDIS participants and highlighting the inherent value of these therapies. Additionally, the findings from the thematic analysis of participant testimonials collected during the *Creative and Experiential Therapies Belong in the NDIS* campaign align with the evidence presented in the literature. They demonstrate the critical role of CET in improving participants' functional capacity, which is experienced as increased self-efficacy, supporting personal agency, and self-determination. The therapies notably contribute to emotional regulation, motor skills, cognitive capacity, communication, social interaction, and community participation.

By offering evidence-based benefits, CET enhance psychosocial functioning, and align seamlessly with the NDIS's definition of therapeutic supports. This alignment reinforces the NDIS's commitment to providing comprehensive support that helps participants build, maintain, and improve their overall wellbeing (NDIS Quality and Safeguards Commission, 2023).

We recommend that these findings are used to inform policy and support the sustainable integration of CET into the NDIS framework to improve outcomes for disabled people as valued citizens in Australia.

Belonging: Disabled People Belong in Our Communities—Creative and Experiential Therapies Belong in the NDIS

Belonging is a fundamental aspect of community engagement, especially for NDIS participants who often experience isolation due to stigma and discrimination in their daily lives (ABS, 2024; Zimmermann et al., 2024). As shown in the testimonies from participants in this study, the unique contributions of CET within the NDIS framework significantly enhance individuals' ability to participate in their communities and foster a sense of belonging. CET comprise allied health disciplines, all of which require practitioners to complete accredited tertiary degree training (certified under the Australian Qualifications Framework) and have professional oversight through registration with peak bodies that are members of Allied Health Professions Australia (AHPA). This structured approach ensures that CET provide tailored, person-centred care that addresses the needs of help-seeking individuals.

Unlike community arts engagement, which focuses on cultural expression and storytelling, CET employ an experiential psychotherapeutic model, highlighting the role of CET as a legitimate allied health service (Fancourt & Finn, 2019). Creative Australia (2023) has noted that there are distinct differences between CET and community arts practices. While both aim to enhance wellbeing and participation, CET are subject to rigorous regulatory standards that align with the UNCRPD and the goals of the NDIS. Integrating CET within the NDIS ensures quality regulation while fostering professional recognition for these essential services.

The presence of CET in the NDIS is vital for supporting individuals' psychosocial health and overall wellbeing, which ultimately contributes to community inclusivity. By enhancing coping mechanisms and resilience, CET enable participants to actively engage in their communities, reducing the social isolation that is all too common for people with disabilities. This benefits participants and enriches the fabric of Australian society as a whole.

Our findings show that it is crucial for policymakers to recognise that CET deserve the same respect and acknowledgement as other allied health professions. When creative and experiential therapists are treated on par with their peers from other allied health disciplines, it eliminates the discrimination they face and ensures that NDIS participants have equitable access to comprehensive support. We recommend the continued and sustainable integration of allied health services provided by creative and experiential therapists within the NDIS as a significant step toward fostering belonging, reducing isolation, and enhancing the lives of disabled individuals by promoting their active participation in all facets of community life (see [Figure 5](#)).



Figure 5. *Safety and Belonging*. Lindsey Shepherd, 2023.

Complex Accountability: Dignity of Risk, Quality Control, and Risk of Not Responding to the Call for Action

The intersection of socioeconomic and sociopolitical concerns with disability rights is a critical area of inquiry that requires our immediate attention, particularly in the context of access to CET for NDIS participants. As articulated by disabled individuals themselves, the empowerment to determine their own service needs is paramount, emphasising the necessity for a rights-based approach to support systems. This mixed methods study has delved into the testimonials of disabled people, exploring their lived experiences and the implications of these narratives on policy and practice within the NDIS.

In this discussion, we situate CET as crucial therapeutic supports that are also vital mechanisms for capacity building and community inclusion (see [Figure 6](#)). By integrating systemic perspectives that align with the values outlined in the UNCRPD, we elucidate the distinct role of qualified creative and experiential therapists within the broader allied health workforce. Through a comprehensive analysis of qualitative testimonials with reference to evidence in the included literature, we highlight the efficacy of CET while advocating for the regulatory standards necessary to uphold their quality and value within the Australian healthcare landscape.

Quality of Care

As shown in the analysis of their testimonials, when disabled people seek help from a qualified allied health professional—a creative and experiential therapist—they often do so because traditional therapies have not worked,



Figure 6. *Accountability and the Dignity of Risk*. Susannah Morrison, 2024.

and they are seeking a safe, therapeutic relationship with a professional that they can trust with their vulnerability. The skills required to establish a stable and supportive therapeutic relationship, where a participant can be confident in the practitioner's ability to respond with the appropriate evidence-based care, non-judgement, and confidentiality of an allied health professional, are different from the skills possessed by community arts practitioners (Creative Australia, 2023). As allied health professionals, creative and experiential therapists are part of Australia's broader psychotherapy and counselling allied health workforce and are subject to regulatory frameworks that are appropriate for this workforce (Bloch-Atefi et al., 2021).

Quality Regulation of Creative and Experiential Therapies

The regulation and identification of registered creative and experiential therapists present significant challenges, particularly in regard to use of the term *art therapist*, which lacks formal protection as a professional title in Australia. The proliferation of online and short-course programs touting accreditation creates confusion, misleading individuals into believing they are qualified to offer services within the NDIS. This ambiguity not only jeopardises the safety of NDIS participants but also raises concerns about the integrity of the NDIS framework itself, and may be a contributing factor to the recent announcements to cut funding for CET.

Professional associations may unintentionally contribute to this confusion through their registration structures, which sometimes permit individuals who do not meet comprehensive professional criteria to maintain membership via various levels that are not easily distinguishable. Such

practices dilute public confidence in the profession and complicate the efforts of NDIS plan managers and administrators to differentiate between qualified creative and experiential therapists and those with minimal training.

The essential justifications for registration and certification, including public interest protection, the promotion of general professional knowledge, and the facilitation of informed hiring decisions, are undermined by ambiguous registration categories (Gershuni et al., 2023). This situation emphasises the need for stringent standards and clear guidelines, ensuring that all CET practitioners demonstrate the requisite allied health professional competencies and maintain their fitness for practice via continuous professional development, regular clinical supervision, current insurances, and national police checks. Such measures are crucial to uphold the quality and safety of services rendered to people seeking care and support (Bloch-Atefi et al., 2021).

The establishment of the CCET within PACFA marks a significant advancement in the regulation of creative and experiential therapists in Australia. All members of PACFA's CCET have a foundational registration with PACFA as counsellors and are part of the psychotherapy and counselling workforce of Australia. In addition, CCET-certified members have specific training and education in the use of creative processes and experiential ways of knowing in therapeutic supports. The integration of more-than-verbal methods is what defines these therapeutic creative and experiential approaches (CCET, 2023).

The CCET initiative enhances CET practitioner credibility and recognition, providing a clearer framework for training, accreditation, and maintenance of professional competency. It aligns with broader healthcare trends, emphasising evidence-based practices and standardised training in keeping with the standards set by AHPA. By establishing a regulatory framework and easy identification of registered practitioners through highly recognisable digital badges, CCET ensures that CET practitioners meet professional standards, benefiting clients, the profession, and all stakeholders (CCET, 2023).

The recommendations and implementation of new national standards for counsellors and psychotherapists are expected in 2025, and these will provide a further layer of regulation, accountability, and ease of identification for therapists who are part of that workforce.

Socioeconomic Value of Creative and Experiential Therapies

Risks of Reducing NDIS Funding for Creative and Experiential Therapies

In the context of disability services, supports, and care, risk management is a proactive, planned, and systematic process which identifies, assesses, and mitigates potential risks. Good practice in risk management incorporates the ability to dynamically respond to change and facilitate continuous improvement. The NDIS is founded on principles of coproduction, one of

which is to “enable people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports” (*National Disability Insurance Scheme Act 2013* (Cth), 2013, s118(1)(ii)). The notion of participant collaboration acknowledges the vital role disabled people play in co-regulating both the quality and safety of their chosen services and supports. In the NDIS, effective risk management empowers participants as collaborators in the management of risk (*National Disability Insurance Scheme Act 2013* (Cth), 2013, s4(1–17)). This approach recognises the importance of inclusion and citizenship, enabling the “dignity of risk” in choosing providers (Yates et al., 2024).

Dignity of risk includes affording disabled people the respect of choosing therapeutic supports that work for them, and co-regulating the system by opting out of therapies that do not work. From a co-regulatory perspective, CET are important to disabled people who choose to participate in CET primarily because they *do* work. As Senator Jordon Steele-John, Greens spokesperson for disability rights and services, highlighted in the *Greens Statement on Cuts to Art and Music Therapies*:

Engaging in any type of therapy requires significant time and energy. Nobody wants those therapies to succeed more than us, as disabled people. Implying that disabled people are purposefully engaging in therapies to waste time and money greatly disrespects our agency. (Australian Greens, 2024)

As evidenced by the testimonials in this study, respecting participants’ agency to choose therapeutic supports that really work for them can prevent an escalation requiring more intensive supports from other areas of the healthcare system, including the mental health system (van Laar, 2024). This is an example of participant co-regulation of a service system.

Combining risk reduction with resilience-enhancing approaches is an evidence-based strategy for reducing psychosocial risks (McGovern et al., 2024; Morison et al., 2022). As shown in the analysis of testimonials (see [Appendix Table A1](#)), combined with the empirical evidence in this study, the availability of creative and experiential therapeutic supports plays an important role in reducing the risk of decline in functional capacity, psychosocial wellbeing, and mental health, along with other risks captured in [Table 6](#) (van Laar, 2024).

Social and Financial Return on Investment of Continuing Access to Creative and Experiential Therapies as a Capacity-Building Therapeutic Support Within the NDIS

An economic lens often emphasises the financial cost of services delivered by institutions or organisations. However, social return on investment (SROI) is an important tool that can highlight the diverse values of the investment in the delivery of programs and services to the community (Pham et al., 2024). SROI draws on quantitative data (SROI ratio) in combination

Table 6. Identified Risks Across Stakeholder Groups Related to Funding Cuts to CET

Group	Identified potential risks
Participants	Reduced functional capacity Isolation Decline in psychosocial wellbeing Reduced socioeconomic status Decreased quality of life Decreased access to meaningful participation in the community Decrease in social productivity Hospitalisation
Families	Feeling unsupported and overwhelmed Decline in communication and family relationships Potential family and household breakdown Potential homelessness of disabled people and carers
Creative and experiential therapists	Financial duress for small businesses providing CET Unsustainable CET businesses resulting in withdrawal of services Undersupply of accessible and appropriate CET support for disabled people, especially in regional areas
General population	Instability of CET service provision in regional areas Reputational damage for the government due to perceived: - breach of UNCRPD - lack of commitment to the core values of the NDIS

with qualitative data to provide context for the stories of lived experience through stakeholder testimony (Krlev et al., 2013). SROI integrity relies on transparency about choices being made, acknowledging biases, and using relevant and reliable financial information from evidence-based research.

The impact of CET on reducing strain on public health systems is not yet quantified. However, one SROI analysis used conservative estimates for a CET program with current and former military and emergency services personnel with PTSD in Australia. The analysis concluded that \$3.05 of social value was generated for every \$1 invested (Bowen et al., 2024). In addition, Hutchinson et al. (2024) assessed the SROI for a disability-inclusive social enterprise at \$1.47–\$2.65 for every \$1 invested (over 3 years) increasing to \$8.48–\$12.63 (over 20 years). These examples provide compelling evidence for the socioeconomic benefits of CET as disability support and care that promote community engagement, and is consistent with the longer-term impacts of CET participation illuminated in this study. Investigation of the broad-reaching socioeconomic value of CET within the NDIS would be a valuable topic for future research.

Summary

The urgent need to address threats to funding for CET within the NDIS is highlighted by the voices of NDIS participants, their families, and carers, as well as CET providers and the broader community. A proactive response from the NDIS to this collaborative call to action is essential to ensure the integrity, safety, and quality of therapeutic supports for disabled people, who count as 21.4% of Australian citizens. We recommend the continuation of a rights-based approach that assures ongoing access to CET as therapeutic supports within the NDIS, in keeping with the values of the UNCRPD.

Study Limitations

This study carries potential author bias as CvL and AZ are creative and experiential therapists whose professional interests are implicated in the NDIS case. To address this, two authors from different professional backgrounds (ABA and JG) contributed to bias reflection.

Qualitative Study Limitations

The qualitative study relied on 93 written comments from NDIS participants. Although this is a limited sample that represents only a small fraction of all NDIS users, it is a typical sample size in qualitative research (Tomaszewski et al., 2020). The testimonials, while not held to a minimum quality standard, provided valuable insights based on lived experiences. Although the perspectives of other participants remain unknown, these accounts offer timely and unfiltered reflections that enhance understanding of how NDIS participants perceive CET cuts.

Literature Review Limitations

The review was constrained by selection criteria and search strategies. Language restrictions limited the inclusion of possible studies outside English-speaking, highly educated Western societies, which limits generalisability to these settings. For instance, two articles from Indonesia could not be selected due to language barriers. Additionally, research in highly educated Western societies often emphasises impairment and medical conditions or challenges of disability, which may not align with perspectives in other cultural contexts. Variability in study designs, sample sizes, and CET modalities also leaves room for further validation. However, this diversity may enhance the transferability of findings (Fingeld-Connett, 2010).

It remains unclear whether there are any duplicates among the 389 studies in the included review articles. We conducted a sample check of three articles (Ivers, 2024; Li et al., 2024; Orkibi et al., 2023) and found no duplicates. However, this does not guarantee that duplicates are absent in the entire dataset.

Conclusion

This study presents compelling practice-based evidence that supports the sustainable continuation of CET within the NDIS, ensuring accessibility for participants who rely on CET as a vital service, and whose human right to self-determination must be guaranteed. By synthesising the perspectives of NDIS participants, alongside contemporary international academic research and specific contextual perspectives, this research underscores the significant value of CET in supporting the agency, community engagement, and overall wellbeing of most disabled people. This study further highlights socioeconomic and sociopolitical perspectives, including the distinction between CET and community arts engagement, new developments addressing the challenges surrounding professional regulation of CET, and

the SROI vs financial costs associated with CET service delivery. The evidence presented in this study shows that access to CET offers fundamental therapeutic supports for disabled people, providing value by mitigating risks to their health and wellbeing. Additionally, access to CET helps reduce strain on other areas of the healthcare system while promoting self-efficacy and a sense of belonging. Maintaining the integration of CET within the NDIS as a capacity-building, allied health therapeutic support is essential for cultivating, maintaining, and advancing a just Australian society for the equality, dignity, and full participation of disabled people in all aspects of life.

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Appendix

Table A1. All Respondents: Themes with Illustrative Quotes

Theme	Description	Quotes
Emotional expression and communication	CET are vital for nonverbal individuals, those with limited speech, and those who find nonverbal communication more accessible, helping them express and process trauma and emotions.	“Art therapy is a way for children to express themselves when they cannot articulate their needs.” “For many autistic people, the anxiety associated with structured therapy can create demand avoidance, making it inaccessible to them.” “Art therapy provides a nonverbal outlet for communication and self-expression.”
Holistic healing and wellbeing	CET play a key role in providing holistic, person-centred care, complementing other therapies and addressing multiple aspects of a person's needs.	“Creative therapies are essential for clients under NDIS.” “Art therapy can assist with communication and creative expression with strong evidence showing capacity building benefits.” “These therapies provide emotional and psychological benefits that can help manage behaviours and emotions.”
Individualised therapeutic approach	CET meet the need for personalised, flexible approaches that are tailored to individual requirements, emphasising the importance of therapies like art and music for individuals who may not find traditional talk therapy useful.	“Talking therapies are not right for everyone; arts-based psychotherapy increases engagement for those who cannot use a talking therapy.” “People need to recover in more ways than valued only by the Western medical model.” “Each individual can benefit from the nurturing care of therapy that allows for creative expression.”
Social connection and community engagement	CET contribute significantly to social connection and community engagement by providing participants with opportunities to interact and collaborate. These therapies not only foster personal empowerment but also create a sense of belonging and build supportive communities.	“Art therapy fosters empowerment by encouraging participants to explore their strengths and develop new skills.” “These therapies create opportunities for social interaction and a sense of community.” “Creative and experiential therapy bring [sic] together individuals, fostering a social connection.”
Impact on psychosocial wellbeing, mental health, and trauma recovery	CET, including art therapy, provide significant benefits for psychosocial wellbeing, mental health, and trauma recovery by offering individuals a safe and supportive space to express themselves. These therapies help in emotional healing, allowing individuals to process their feelings and navigate the effects of disability related trauma.	“Art therapy has been life-changing, giving him a safe space to express himself and thrive.” “For many individuals experiencing trauma, art therapy offers a safe and supportive environment to explore their feelings.” “Creative therapies have shown [sic] to make a positive impact on people dealing with trauma.”
Evidence-based practice	CET are grounded in evidence-based practices that demonstrate their efficacy in improving communication and overall wellbeing. These therapies offer proven benefits, especially for disabled individuals.	“Art therapy is an evidence-based practice that facilitates communication and wellbeing in ways other than language.” “Creative therapies are well-evidenced and highly beneficial for people living with disabilities.” “These therapies should be included in the NDIS as they have a strong evidence base for their therapeutic outcomes.”
Social justice and human rights	Cessation of funding for CET constitutes a violation of human rights, as it denies disabled individuals access to vital support services that significantly affect their overall wellbeing.	“All these cuts contravene the human rights of people with disabilities and both sides of government should be held accountable for their cruelty and impact on this community, their carers and supporters.”

Theme	Description	Quotes
		"Access to the creative arts and creative arts therapy is not a privilege it is a basic human right and is absolutely vital in our society. It's a proven allied health service that assists others to function and bring [sic] a quality of life to those that rely on it the most, with professional well trained and educated practitioners." "The emotional and psychological impact this will have on 1000s of participants of the NDIS will have devastating and lifelong impacts. These clients have found an outlet for their complex experiences in art therapy, where traditional psychology services that rely on verbal communication are not in any way appropriate for them. This is no longer a funding issue; this is a human rights issue."

Position Statements

Dr. Carla van Laar

Hi, I'm Carla (she/her), also known as Dr. Carla van Laar, artist and creative arts therapist. I acknowledge the BoonWurrung People of the Kulin Nation, and I'm grateful to live and work on their land. I pay my respects to their Elders, Ancestors, and the spirits of this powerful Country that guide me daily. As a white cisgender woman and Australian-born descendant of English colonisers and Dutch migrants, I recognise my many privileges, including my love for visual stimuli, hearing, mobility, a postgraduate education, and living safely in a caring relationship with my partner. I am a mother of two, have experienced maternal bereavement, cared for a child with a disability, and am a survivor of childhood trauma and family violence. I am an early school leaver, have experienced homelessness, and spent 15 years as a divorced single parent. I have never identified as neurotypical, even before that term existed. I like to imagine that my privileges, experiences of trauma, and ongoing healing journey combine to nurture my capacity for empathic connection and cultural humility, energising me to advocate for the themes of this research.

Dr. Alexandra Bloch-Atefi

I am Alexandra (she/her), a white Austrian-born migrant, neurotypical, cisgender, heterosexual woman, a psychotherapist, and clinical supervisor with lived experience of discrimination and marginalisation as a non-native English speaker and a non-Australian woman living and working in Australia. At the same time, I recognise the privileges I hold, including sight, hearing, mobility, education, and a safe home, and I acknowledge the systemic structures that afford me these unearned privileges. I currently serve as the program director and senior lecturer for the postgraduate programs in counselling and psychotherapy at the University of Adelaide, located on the unceded lands of the Kaurna People. I am aware of academia's significant and ongoing role in the processes of colonisation, and I am dedicated to

deepening my understanding and practice of decolonising research and teaching, drawing from feminist, Indigenist, and decolonising perspectives, as well as learning from those with lived experiences different from my own.

Jeremy Grace

I'm Jeremy (he/him), an Australian citizen by birth. I acknowledge the Kabi Kabi People and the Jinibara People as the Traditional Custodians of the Sunshine Coast where I work and live, whose land and waters we all now share and recognise that these have always been places of cultural, spiritual, social, and economic significance. I wish to pay respect to their Elders, past and present. My lived experience as a bereaved father and carer of a child with a severe physical and intellectual disability and a life-limiting illness have informed my passion for providing access to appropriate individualised therapies for persons with a disability. I strive to maintain the best version of myself while improving the world around me through my interactions with others. I am deeply grateful for the many unearned privileges I hold, particularly my identity as a white cisgender male with good health, education, community connection, and the systemic structures which have enabled my fulfilling career in the field of risk, emergency, crisis, and disaster management, and as a creative performance artist.

Anja Zimmermann

My name is Anja (she/her), and I was born and raised in Germany as the younger sibling of a brother with intellectual disabilities and a relative of a disabled victim and survivor of the Nazi regime. I live in the Netherlands, where I work as a lecturer in art therapy at HAN University of Applied Sciences. As an art therapist, I have worked extensively with individuals with intellectual disabilities. Additionally, I am a researcher in the Ethics of Connecting People with Intellectual Disabilities research group at HAN University of Applied Sciences, where I collaborate with colleagues and community members both with and without intellectual disabilities. Since 2020, I have been pursuing doctoral research focused on social justice for individuals with intellectual disabilities through art-based communities within the field of art therapy. I am a generally able-bodied woman, mother of two adult children, and proud grandmother. I have a deep passion for listening to the life stories of others and learning from the insights they share. I take pride in being the first woman in my extended family to attend university. I am also conscious of the privileges I hold, including access to education, fulfilling work, good health, a supportive network of family and friends, and a secure home environment. Furthermore, I acknowledge the systemic structures that enable these advantages. I strongly support the notion that persons with intellectual disabilities and their authorised representatives have the right to be heard and acknowledged across the human and social rights continuum.