

FINAL REPORT

phn
MURRAY

An Australian Government Initiative

Creative Therapies Pilot community consultation project



Acknowledgement of Country

Murray PHN acknowledges its catchment crosses over many unceded First Nations Countries following the Dhelkunya Yaluk (Healing River).

We pay our respects and give thanks to the Ancestors, Elders and Young People for their nurturing, protection and caregiving of these sacred lands and waterways, acknowledging their continuation of cultural, spiritual and educational practices.

We are grateful for the sharing of Country and the renewal that Country gives us. We acknowledge and express our sorrow that this sharing has come at a personal, spiritual and cultural cost to the wellbeing of First Nations Peoples.

We commit to addressing the injustices of colonisation across our catchment, and to listening to the wisdom of First Nations communities who hold the knowledge to enable healing.

We extend that respect to all Aboriginal and Torres Strait Islander Peoples.

Our commitment to being an anti-racist company

Murray PHN aspires to be an anti-racist organisation, embedding cultural humility as a daily practice to improve health outcomes and health equity in our communities. We recognise cultural humility as a lifelong commitment to self reflection, personal growth and redressing power imbalances in our society.

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Introduction

The Australian Government's 2023-24 Mental Health Budget provided \$3.3 million for a pilot program in up to five PHN regions to test the impact of, and demand for, arts and music therapy services for vulnerable communities as a complement to other longer term supports, including clinical services. This was outlined in the 2023-24 Budget as part of the national cultural policy, Revive: a place for every story, a story for every place – Australia's cultural policy for the next five years.

Three PHNs - Murray PHN, Brisbane South PHN and Healthy North Coast PHN - have been commissioned by the Department of Health, Disability and Ageing to undertake the pilot and provide creative arts and music therapy services for people living with moderate to severe mental health conditions. Each PHN has received \$1 million over two years from 1 July 2025 to commission services within the funding envelope consistent with the PHN commissioning model.

Over the two year duration of the pilot, it will be independently evaluated to support its monitoring, review its effectiveness in achieving proposed outcomes and inform any future expansion of the program. Funding includes \$500,000 for the appointment of the University of Queensland Institute of Social Science Research as the national evaluator.

This report is a summary of the community engagement process undertaken in Robinvale, Castlemaine and Albury Wodonga as part of Murray PHN's Creative Therapies Pilot. The overarching goal of the consultation process was to gather community input into the design of new creative therapy service delivery models in each region. This report provides a detailed description of the consultation process and key learnings from each of the three communities.

Project team

- Catherine Threlfall, Creative Therapies Pilot Project Lead
- Alistair Bonsey, Senior Manager Mental Health and Wellbeing Reform
- Louise Scheidl, Training and Support Officer (IAR).



Project overview

Murray PHN has approved funds of \$999,000 to be commissioned throughout FY25 and FY26, with the Creative Therapies Pilot being implemented in two stages. This report provides a summary of Stage One: Community engagement and participatory design of the creative therapies service models in the three pilot communities.

Stage Two will involve the program implementation in three pilot locations - Robinvale, Castlemaine and Albury Wodonga - communities identified as in need of additional mental health services.

Objectives

1	Engage and collaborate	Successfully engage and collaboratively design creative therapy services with key stakeholders in the identified communities of Robinvale, Castlemaine and Albury Wodonga
2	Service model designed	Creative therapies service model designed and articulated for each of the three target communities
3	Procure services	Procure creative therapy services from best-placed providers to deliver services in the identified communities
4	Ensure the provision of services	Ensure the provision of creative therapy services across the identified regions for FY25 and FY26, increasing access to mental health supports for those who need it
5	Generate data and results	Generate new data and qualitative and quantitative results on the efficacy of creative arts and music therapy interventions in the Australian context in the three target communities
6	Creative therapies understanding	For Murray PHN to deepen its understanding of creative therapies and how to achieve integration of these services in the mental health primary health workforce

Literature review

Participatory design of creative therapies mental health services

This brief narrative literature review is not a full review of all the evidence available in the fields of creative therapies and mental health. Its focus was to identify key research and publications in the fields of participatory design of creative therapy and mental health services, and creative therapy service design models.

Process

A brief search was undertaken through the EBSCO database. Abstracts and key findings for the 30 publications initially sourced were reviewed to filter for relevance, leaving eight articles for a more comprehensive review.

Summary

Research investigating collaborative, co-led or participatory service delivery design in the creative therapies, both in Australia and internationally is scant. This has particularly important implications for regional and rural Australia. De Cotta et al (2021) point to a growing body of informal evidence of Australian rural community co-produced wellbeing and mental health initiatives, highlighting the significant gap in their formal evidence base.

The potential of participatory approaches to develop accessible and effective creative therapy programs has been indicated in this brief review. Liu et al (2023) found that stakeholder involvement in the design of a cultural art program for older people at risk of depression in Hong Kong played a crucial role in ensuring the effectiveness and feasibility of an arts-based approach to preventative mental health services. Allain (2011) describes a participatory process in remote Australia where local Elders and the Indigenous Art Centre collaborated to deliver an effective arts project designed to improve mental health outcomes. It is notable that both these projects were not delivered by arts therapists, but by artists in the community. This brief review did not locate any research publications detailing collaborative design of art therapy mental health services.

Australian music therapist Bibb (2022) shares a theoretical model of how music therapists can embed co-design, co-production and co-delivery of music therapy programs in Australia, based on her research and pioneering work in co-design in mental health. In a Queensland urban study, Aitchison and McFerran (2022) found that young people accessing music therapy in a mental health service strongly preferred a collaborative approach to the music therapy assessment process. These two articles provide research driven guidelines for co-design and collaborative music therapy service design. However, this review did not source any research publications that directly investigated participatory design processes for music therapy programs in mental health.

The remaining articles reviewed focused on research into service delivery innovation in creative therapies in mental health, providing services to underrepresented and hard-to-reach populations, including itinerant community-based programs providing art therapy for people experiencing a range of access barriers (Furman & Boeve, 2018), a comprehensive school-based program providing access to art therapy interventions for adolescents at risk (Sullivan et al, 2018) and an online art therapy program servicing rural Scotland (Ania et al, 2023).

This brief review supports the findings of De Cotta and colleagues' (2021) scoping review into community co-produced mental health initiatives in rural Australia. There is little evidence published about co-producing creative therapy mental health services in rural and regional Australia. There is a need for research into both participatory design of creative therapies and the effectiveness of creative therapy programs with participatory design elements in regional, rural and remote Australia. It is hoped that the Creative Therapies Pilot's evaluation process will have the remit to examine the participatory design elements embedded in Murray PHN's approach to service delivery in the three pilot locations.

Pilot communities

The three pilot communities were selected on the basis of:

- demonstrated need for mental health services
- availability of a local creative therapy workforce
- geographical location – Murray PHN aimed to pilot the creative therapies in variety of settings representing urban, regional and rural locations.

Albury Wodonga – Urban, children and youth-focused	The Albury Wodonga local government areas (LGAs) are ranked in the highest areas of need (second, third and fourth highest) in the Murray PHN region, using a composite index score adjusted for mental health service supply. There is an active creative therapy workforce in the region. This site has a focus on children and young people.
Castlemaine - Regional	Castlemaine was found to be the fifth highest area of need in the region using a composite index score adjusted for mental health service supply. There is a very active creative therapy workforce in the region and in particular, there is a significant number of art therapists working and living there.
Robinvale - Rural	<p>Robinvale was found to be the twelfth highest area of need in the region using a composite index score adjusted for mental health service supply. It also has the highest proportion of population that identify as First Nations in the region (7.4 per cent) and is the area most economically disadvantaged in the Murray PHN region using the SEIFA IRSD (Index of Relative Socioeconomic Disadvantage).</p> <p>In the Murray PHN region, Robinvale has the highest percentage of people born in predominately non-English speaking countries, the highest percentage of people with poor English proficiency and the seventh highest rate of homelessness. Many people from these groups are unlikely to have been recorded in census data, with estimates of population ranging up to 8000. Notably, Robinvale has experienced significant market failure with respect to primary mental health service provision, and the introduction of an alternative therapy approach is expected to assist in reaching a cohort that is difficult to access. There is an active creative therapy workforce in the Mildura region, which is within an hour's drive of Robinvale.</p>

Stage 1 community consultation

March-June 2025

The purpose of the community consultation was to work with a range of community stakeholders to help shape the design of the new arts and music therapy services for people with moderate to severe mental health needs in Robinvale, Castlemaine and Albury-Wodonga. It was an opportunity to take a place-based approach to the collaborative participatory design of these services so that they can be responsive to community priorities, resources and needs. The results of each community consultation were collated and have informed the design specifications for service delivery.

**March-May
2025**

Mapping

The Project Lead completed a brief mapping process for each of the pilot communities, collating information about existing private and public creative therapy services, local primary mental health services, community arts organisations, other community organisations, and community and health spaces.

**April - June
2025**

Consultation with community stakeholders

As part of the consultation process, Murray PHN sought to engage with a wide range of community stakeholders including:

- People with lived experience of mental health conditions
- Carers and support people
- Creative therapists including registered music and art therapists
- Mental health services and workers
- Health and community service providers
- Community arts organisations and artists
- First Nations organisations and community members
- Culturally and linguistically diverse (CALD) community organisations and community members
- Drop-in and informal community supports such as neighbourhood houses and not-for-profit community organisations.

Consultation process

March 2025	<ul style="list-style-type: none">• Identified community stakeholders through existing Project Lead and Murray PHN networks and partnerships, and research. The Project Lead is a Mildura-based Registered Music Therapist with existing professional networks across the Murray PHN catchment, providing a starting point to identify community stakeholders, specifically in the creative therapies and community arts networks• Contacted stakeholders via phone and email to introduce Creative Therapies Pilot
April – May 2025	<ul style="list-style-type: none">• Attended community visits and meetings with local creative therapy workforce, potential service providers and other community stakeholders for mapping and early consultation• Planned community-based open and targeted focus groups dates and locations• Created online Community Consultation Survey (see Appendix A)
May-June 2025	<ul style="list-style-type: none">• Promoted online Community Consultation Survey and community-based and targeted focus groups through Murray PHN’s Facebook and LinkedIn, direct email marketing, social media, paper flyer drops and distribution, newspaper and radio coverage• Invited online pre-registrations for community focus groups in Castlemaine and Robinvale.



There was strong interest in the pilot across all sectors of community stakeholders, with high levels of attendance at stakeholder meetings and focus groups, and an excellent response rate to the digital survey with a total of 90 responses. The consultation activities are summarised in Table 1 on the following page (consultation in each of the pilot communities will be described in more detail later in this report).

Table 1: Consultation activities

Date	Albury Wodonga	Castlemaine	Robinvale	Digital survey
March 2025	Identify and contact local community stakeholders including creative therapists, services providers interested in Creative Therapies Pilot, other service providers, community arts, community organisations, community meeting places, First Nations community, culturally and linguistically diverse community, people with lived experience and their carers, other mental health professionals			
April 2025	Phone/ email / online community engagement Visit 1 (four nights) – meetings with local creative therapists, onsite meetings with a range of stakeholders in the youth space including service providers and community organisations	Phone/ email / online community engagement	Visit 1 – Yarning circle and meet with local creative therapists Visit 2 – Attend Easter Camp meetings with local changemakers	Design and planning with Communications and Evaluation teams
May 2025	Visit 2 (four nights) – Four targeted onsite focus groups with people with lived experience of mental health. Meetings with a range of stakeholders including service providers and community organisations	Visit 1 – Two meetings with local creative therapists, meetings with a range of stakeholders including service providers and community organisations Visit 2 – Two community focus groups – day (16) and night (8), and meetings with stakeholders	Visit 3 – Focus visit at SMECC Conversation Café	Open survey for three weeks – Facebook, digital and hard copy flyers
June 2025	(online) – One targeted focus group with headspace youth reference group		Visit 4 - Two community focus groups – day (35+) and night (14), and meet with community organisations	Closed survey with more than 90 responses

Specifications for each pilot site included in contracts for commissioned service providers. Final report (underway) to be distributed to all stakeholders.

How did we select the stories and recommendations that would be included in the report?

There was an enormous range of ideas offered by consultation participants and the following recommendation lists are not exhaustive. Included recommendations were raised by two or more consultation participants, and were selected for inclusion if they represented a broad consensus across stakeholder groups, or a strongly supported view from one group of stakeholders.

Stories of significance

There were hundreds of stories shared by participants and those included were selected for one of the following reasons:

- There were multiple tellings and iterations of this story in a community about a local issue, concern, risk, good news story or opportunity
- The story brought to light:
 - the lived experience of local people who live with, or care for, someone with a mental health condition
 - a local issue of health equity and access
 - ideas and issues that may support the transition of creative therapists into the primary healthcare system.





The Albury Wodonga pilot is focused on creative therapies for children and young people living with moderate to severe mental health conditions.

Overview of consultations and mapping

The Project Lead visited Albury Wodonga twice in May 2025.

Meetings

- YES Unlimited – The Hive
- STAARTS (Service for the Treatment and Rehabilitation of Torture and Trauma Survivors)
- Gateway Health Wodonga
- Phoenix Wings Wellness
- Albury City Council Youth Services
- ASPIRE Support Services
- Headspace Wodonga
- Wellways Psychosocial Recovery Service – Albury
- The ArtSpot
- Peerhaven Support Group

Other location visits – mapping

- Murray Art Museum Albury
- Albury Conservatorium of Music
- Hyphen – Wodonga Library
- The Cube Wodonga
- Retro Youth Café
- Gateway Island Arts Precinct
- Windbreak 496
- QE2 park
- Purple Chicken

Targeted focus groups and consultations

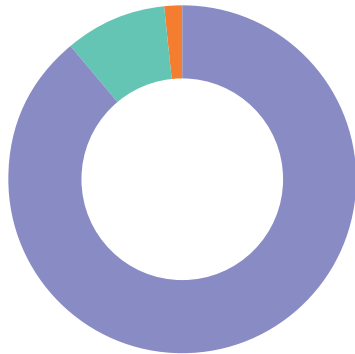
Date	Stakeholder/s	Attendees present	Focus	Notes
29 April 2025	Local creative therapists	Seven	Targeted focus group at Church St Hotel	Food provided
21 May 2025	Aspire Support Services	Five attendees, including three young adults with disabilities	Targeted focus group	Discussion with food, music activities and visual arts options onsite
21 May 2025	The Hive	Onsite consultation at after school drop-in youth space	Supported by Hive staff to talk with young people 12-15 years about the pilot	Food, arts and music equipment provided
21 May 2025	Wellways PRS	Targeted focus group with participants and staff onsite	Four PRS participants and five workers	Discussion with food, music activities and visual arts options onsite
21 May 2025	Broughton House Youth Refuge	Onsite consultation at house meeting	Two workers and four current and past residents aged 15-18 years	Discussion with food and visual arts options
11 June 2025	headspace Youth Reference Group	Onsite consultation (PHN Project Lead attended via Teams) as part of headspace Wodonga Youth Reference Group (YRG) usual meeting	YRG facilitator and four YRG members	Focus questions were provided to YRG members prior to the meeting
N/A	Community Consultation Survey	N/A	N/A	64 responses

Demographics

Participants:

Total: 64

Female	57
Male	6
Non-binary	1



- 21 people with lived experience
- 16 creative artists and arts therapists
- 6 health workers
- 7 students
- 5 community members
- 5 carers
- 4 support people
- 1 retired
- 2 identified as Aboriginal and Torres Strait Islander

First Nations Communities

There was limited consultation with First Nations communities in the Albury Wodonga region. Two people explicitly identified themselves as being of Aboriginal and Torres Strait background in the face-to-face and digital surveys. Murray PHN contacted Albury Wodonga Aboriginal Health Services (AWAHS) as part of the consultation, however the AWAHS and PHN teams were unable to meet during the consultation period due to unavailability of key AWAHS staff and time constraints. The PHN Project Lead did not have any other existing relationships with First Nations Elders and community members in the area that could be leveraged. The lack of consultation with this group is a significant limitation of the process.

Recommendations and key considerations

Target population	<ul style="list-style-type: none"> • Children and youth aged 0-25 • This could include support for carers/support people
Service model	<ul style="list-style-type: none"> • Mixed service delivery model with drop-in/open groups, closed groups and individual sessions both centre-based and outreach • Continuum of care so participants can move between different services/programs as needed • Consider telehealth to supplement or for participants who find face-to-face confronting or difficult to access due to transport/geography • Capacity building element of the work, for both participants and other professionals/services
Ongoing co-design elements	<ul style="list-style-type: none"> • Relational co-design with participants and community part of ongoing development of service
Referrals and pathways	<ul style="list-style-type: none"> • Soft entry drop-in/self-referral available along with other referral pathways including GPs, youth services, schools and other health services • Opportunity to receive information and share sensory needs prior to the program
Program eligibility	<ul style="list-style-type: none"> • No diagnosis/provisional diagnosis • Soft entry with no formal referral or diagnosis • Clear eligibility information to support families/carers seeking services

Spaces/locations	<ul style="list-style-type: none"> • Central points near buses, or walking and biking distance from people’s homes • Need to have locations in both NSW and Vic (the border is experienced as a barrier) • Space with easily accessible breakout and outdoor areas where people could be nearby but not in the group • Outdoors/nature spaces and places • Space is considerate of sensory needs • Visible displays to welcome LGBTQIA+, First Nations and culturally and linguistically diverse communities • Places where young people already gather and that are safe spaces: e.g. The Hive, Retro, QE2, MAMA, neighbourhood houses • Overwhelming support for programs in community spaces, particularly existing arts and cultural spaces • Spaces that can be made private • Spaces and places that young people’s families are familiar with and trust • Messy/wet area that is easy to clean • Non-echoing space for music
Timetabling	<ul style="list-style-type: none"> • Flexibility of working hours important, including after hours and weekend activities to suit specific participant groups’ availability/access
Work conditions	<ul style="list-style-type: none"> • Training available to service providers to upskill for mental health specific skills/knowledge • External, internal and peer supervision with other therapists from Creative Therapy Pilot sites • Job share/flexible positions to support recruitment of quality candidates and collaboration between creative therapists • Member of multidisciplinary team and co-leading programs with community mental health workers and creative peer workers
Access and barriers	<ul style="list-style-type: none"> • Family friendly, childcare or child safe/friendly programs to provide access • Carer/support person friendly - welcome to attend • Lack of understanding of the benefits of art and music therapy is a barrier • Deliberately inclusive of people with disability, neurodivergence and LGBTQIA+ young people • Stigma around programs called ‘therapy’ as they sound too clinical/medical • Relationships with consistent therapist and group members are important. Seeing the therapist in community settings improves access by reducing anxiety • Online social media group to introduce programs to support building feelings of confidence
Partnerships	<ul style="list-style-type: none"> • Working in partnership with local artists • Working in partnership and in place with local services for youth and children • Partnerships with organisations such as STAARTS and community cultural leaders in order to support cultural community members • Working in partnerships with schools and the Albury Project • First Nations young people would like to have Elders present/meet on Country

Resources	<ul style="list-style-type: none"> • Budget to enable purchase of arts consumables, instruments, recordings and adapted instruments • Art packs and music equipment to use at home available for participants • Food as part of program
Place-based considerations	<ul style="list-style-type: none"> • How can access be provided for surrounding smaller towns? There is a great need and geographical constraints • LGBTQIA+ young people do not have access to enough safe spaces • Transport is an extremely significant barrier for many potential participants • There are large waitlists/no availability of waitlists for children to access mental health services • Workers in the mental health area are tired/burnt out/overwhelmed and can also be supported by creative therapy programs • Is it possible to work directly with the Albury Project to support referral pathways for young people experiencing mental health conditions? • High level of requests for services that provide access to arts programs and facilities throughout local community
Communication	<ul style="list-style-type: none"> • Clear descriptions of music and art therapy that help participants understand what to expect, including what sessions might involve, are important • Promotional materials/program descriptions could emphasise art, music and wellbeing • Clearly communicate that participants do not need to have any music or art skills to benefit
Stakeholder concerns and questions	<ul style="list-style-type: none"> • Creative therapy workforce is fatigued from the challenges of working under NDIS funding, including constantly having to advocate, and look for funding and/or work

Stories of significance

LGBTQIA+ young people

A significant number and variety of community stakeholders mentioned a pressing need for creative therapy services for LGBTQIA+ young people. LGBTQIA+ workers, young people and their supporters stated that creative therapy programs need to explicitly welcome LGBTQIA+ young people as there are “not enough” safe spaces and events locally, and young people in this community feel isolated, particularly those aged 18+. They described the local community of trans people as “feeling afraid” to access community services and events, particularly in response to recent visits by Sydney-based anti-LGBTQIA+ protesters, the experience of public harassment and anti-trans messages in social media. There is a need for creative therapy spaces to visibly display LGBTQIA+ pride flags, colours and symbols to make members of this community feel welcome and important.

Transport and two cities

Community stakeholders representing all sectors described access to transport as key to service access, with transport barriers identified as particularly significant due to young people’s feelings of fear and overwhelm associated with using public transport. This is amplified by the apparent barriers of location. Many stakeholders described a reluctance to “cross the border” in order to access services. The preference was for services in central locations that are well serviced by the bus network, and in easy walking and biking distance from other community spaces.

Creative therapy workforce

Local art and music therapists feel a strong sense of responsibility for providing access to art and music therapy and work hard to advocate for creative therapies in the region. They described a huge gap between need and accessible programs in the region. As a group, they also expressed feeling tired from the ongoing need to advocate and promote creative therapies, as well as competing for funding. They were excited and supportive of the pilot, but also felt an increased sense of responsibility for its success.

“It’s exciting, but also, I feel a bit of pressure cause it’s such a good opportunity for creative therapists. We really want to nail it and then keep it going.” – Art therapist

Bhutanese community

There is a significant Bhutanese community in Albury Wodonga and discussions with a Bhutanese community leader revealed the importance of collaboration between service providers and community leaders to ensure access to creative therapies for Bhutanese young people. It is suggested that this approach includes the creative therapist working with established organisations such as STAARTS, or a Bhutanese support worker attending creative therapies programs with Bhutanese young people. These principles may also be considered for engagement with other cultural communities in the area.

Call to action

There has been little consultation to date with Albury Wodonga First Nations communities. As the pilot is implemented, it is recommended that consultation and partnership building with the First Nations community, including First Nations artists, be embedded in service delivery and Murray PHN governance processes.

The Albury Project

Several youth workers spoke about the opportunity to target creative therapy services to young people found to be at risk through annual Albury Project surveys. The Albury Project is a systematic early intervention approach established to respond to young people at risk of early school leaving, mental ill-health and homelessness. It is a partnership between Yes Unlimited (lead agency), headspace Albury-Wodonga, Albury City Council, Child Youth Mental Health Service (CYMHS), Department of Communities and Justice, Upstream Australia and the three Albury public high schools (James Fallon, Murray and Albury).

People with disability

Targeted consultation with young people with disabilities revealed strong support and a need for:

- this cohort to be included
- tiered programs, as neurodivergent people do not always want to access programs alongside people with intellectual disability
- support to access the programs and navigate referral processes
- clear information about what is involved in creative therapy sessions and programs
- clear communication about the sensory environment where creative therapies take place.



The Castlemaine pilot is focused on creative therapies for people of all ages living with moderate to severe mental health conditions. The service delivery model is not restricted to any particular age group and could be targeted to a particular cohort if indicated.

Overview of consultations and mapping

The Project Lead visited Castlemaine in April and May 2025.

Meetings

- Castlemaine Safe Space
- STRIDE
- Dhelkaya Health
- Castlemaine Community House
- Five individual art and music therapists
- Making Music (community music organisation)

Other location visits – mapping

- Castlemaine Library
- The Mill Castlemaine
- The old hospital incubator site
- Etty Street precinct

Targeted focus groups and consultations

Date	Stakeholder/s	Attendees present	Focus	Notes
22 April 2025	Local creative therapists	Six attendees (five face-to-face and one on Teams)	Targeted focus group at Castlemaine Community House	Food provided
23 April 2025	Local creative therapists	Six attendees	Targeted focus group at Castlemaine Community House	Food provided
20 May 2025	Online music therapists focus group	Three attendees (two in Castlemaine, one in Alexandra)		
27 May 2025 (daytime)	Community focus group*	16 attendees, the majority of which had preregistered	Held at Castlemaine Community House	Food provided and art materials available
27 May 2025 (evening)	Community focus group*	8 attendees, all except one had preregistered	Held at Castlemaine Community House	Food provided and art materials available
N/A	Community Consultation Survey			18 responses

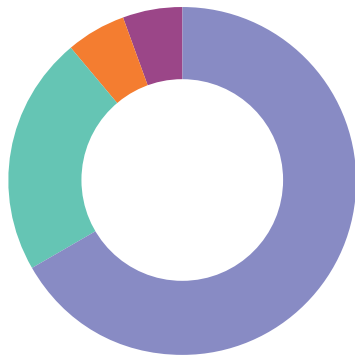
*Participants were eligible to receive a payment of \$60

Demographics

Participants:

Total: 18

Female	12
Male	4
Non-binary	1
Not specified	1



- 1 identified as Aboriginal and Torres Strait Islander
- 4 people with lived experience of mental health
- 4 creative artists
- 2 carers
- 3 community members
- 2 health workers
- 1 artist and support worker

First Nations communities

There was very limited consultation with First Nations communities in the Castlemaine region. There was one person who explicitly identified themselves as being of Aboriginal and Torres Strait background in the digital survey. Murray PHN contacted Djaara - Dja Dja Wurrung Aboriginal Clans Corporation and Nalderun via email as part of the consultation, and also had email contact with a local Elder via Murray PHN's First Nations Health and Healing team. However, these contacts did not result in a consultation process undertaken with First Nations communities in and around Castlemaine. The Project Lead did not have any existing relationships with First Nations Elders and community members in the area. This is a significant limitation of the consultation process.

Stakeholder recommendations

Target population	<ul style="list-style-type: none"> • There is community support for an all ages program • Children and youth-specific aspects of program to be considered as waitlists for these groups are very long and services are not financially accessible
Service model	<ul style="list-style-type: none"> • Mixed service delivery model with drop-in/open groups, closed groups and individual sessions, centre-based and outreach • Continuum of care that participants can move between different services/ programs as needed • Consider telehealth to supplement or for participants who find face-to-face confronting • Capacity building element of the work
Ongoing co-design elements	<ul style="list-style-type: none"> • Relational co-design with participants and community part of ongoing development of service
Referrals and pathways	<ul style="list-style-type: none"> • Soft entry drop-in/self-referral available along with other referral pathways including GPs, schools, other health services and social prescribing • Informal staged relational intake processes that are participant-led, responsive to individual needs and trauma-informed
Program eligibility	<ul style="list-style-type: none"> • No diagnosis/provisional diagnosis

Spaces/locations	<ul style="list-style-type: none"> • Space with easily accessible breakout areas and outdoor spaces • Outdoors/nature spaces and places • Space is considerate of sensory needs • Visible displays to welcome LGBTQIA+, First Nations and culturally and linguistically diverse communities • Places where people already gather, safe spaces • Overwhelming support for programs in community spaces • Spaces that can be made private • Messy/wet area that is easy to clean • Non-echoing space for music • Accessible by train, easy parking, good mobility access
Timetabling	<ul style="list-style-type: none"> • Flexibility of working hours important, including after hours and weekend activities to suit specific participant groups' availability/access
Work conditions	<ul style="list-style-type: none"> • Training available to upskill for mental health specific skills/knowledge • External, internal and peer supervision with other therapists from Creative Therapy Pilot sites • Job share/flexible positions to support recruitment of quality candidates and collaboration between creative therapists • Member of multidisciplinary team of other mental health workers
Access and barriers	<ul style="list-style-type: none"> • Family friendly, childcare or child safe/friendly programs to provide access • Carer/support person friendly - welcome to attend • Deliberately inclusive of people with disability and neurodivergent people • Stigma around programs called 'therapy' or for mental health conditions, or use of the term 'moderate to severe'
Partnerships	<ul style="list-style-type: none"> • Working in partnership with local artists • Understanding that wellbeing/arts practices are different in different cultural communities • Working in partnership with existing services such as schools
Resources	<ul style="list-style-type: none"> • Budget to enable purchase of arts consumables, instruments, recording and adapted instruments • Art packs and music equipment to use at home available for participants
Place-based considerations	<ul style="list-style-type: none"> • Castlemaine is a community with a lot of artists; the risk of people not accessing art therapy because they are not "artistic" may be even more present there • Building GP awareness of creative therapies is important as they are often the first port of call for people presenting with mental ill-health • Market and festival culture is central to Castlemaine; visibility of creative therapists at community events is important
Communications	<ul style="list-style-type: none"> • Clear descriptions of music and art therapy that help participants understand what to expect, including what sessions might involve, are important • Promotional materials/programs descriptions could emphasise art, music and wellbeing • Clearly communicate that participants do not need to have any music or art skills to benefit

Stakeholder concerns and questions

- Children and young people are experiencing severe mental health symptoms and suicidality; feedback from participants indicates that this is not necessarily believed by health professionals
- Ensure the data collected for the pilot is also used in service of community
- Creative therapy workforce is fatigued from the challenges of working under NDIS funding, including constantly having to advocate, and look for funding and/or work

Stories of significance

Children and young people and their carers' experiences of mental health conditions and suicidality

A number of parents with lived experience of supporting a child with moderate to severe mental health conditions attended community focus groups. They shared stories about:

- being met with disbelief about their child's experience of suicidal thoughts and extreme experiences of mental health conditions
- being unable to access services due to long waitlists and costs
- adolescents experiencing moderate to severe mental health conditions who are often reluctant/do not have capacity to access current primary mental healthcare services
- children and young people being unable to leave their home due to their mental health.

Families indicated hope for a creative therapies program that would be accessible for children and young people without the stigma that some children and young people associate with therapy and treatment programs. They hoped to be taken seriously about their child's experiences and that the creative therapies would offer a flexible, responsive approach for otherwise hard-to-reach children and young people.

“Children are experiencing suicidality; Child and Adolescent Mental Health Services don't necessarily believe you.”

– Community focus group participant

Neurodivergent people

Neurodivergent people, their families and practitioners expressed hope that the pilot would be accessible to neurodivergent people of all ages. They described them as extremely likely to experience challenges to their mental health throughout their lives.

“Neurodivergent people experience trauma every day in a world geared for neurotypicals.” – Workshop participant

Features that would enable access for neurodivergent people included:

- Promoting the service as being a support for mental health and wellbeing, rather than specifically for people with a mental health condition
- Open referral processes that do not require a diagnosis of a mental health condition, paired with clear definitions for eligibility
- Clear and transparent descriptions of what to expect when engaging in the creative therapies programs
- Spaces that allow for the sensory needs of participants, including those with sensitivities to sound and fluorescent lighting
 - Spaces used would ideally have easily accessible areas to take a break, including outside spaces.

Creative therapy workforce

Compared to the two other pilot sites, there is a high concentration of art therapists in the Castlemaine region, including new graduates, mid-career and experienced practitioners. While a few local practitioners are employed in salaried positions, the majority are self-employed. Music therapists were also represented in the consultation.

Creative therapists expressed feeling fatigued by the ongoing need to advocate and promote creative therapies, the ongoing pressures of running a small business, and the impact of potential changes to funding art and music therapy through the NDIS. The group was excited by the opportunity they perceived for the creative therapists employed by the pilot to work in a multidisciplinary team. Some art therapists expressed feelings of distrust in pilot programs, describing their experiences in the past of pilots not resulting in ongoing funding, despite positive outcomes and strong evidence. There was a strong consensus that the data collected from the pilot be used in service of the Castlemaine community.

Family-inclusive programs

There was strong support from people with lived experience, carers and support people, and practitioners that the pilot needs to be inclusive of families. Parents experiencing mental health conditions are likely to have limited access to services unless they can bring their children with them.

Stigma about mental health and therapy

People with lived experience of mental health conditions and carers spoke clearly about the stigma associated with the terms 'mental health condition' and 'therapy'. They spoke about the

potential risks of promoting the programs as creative therapy for people with moderate to severe mental health conditions, explaining that people may not attend as they may be afraid to see someone they know, or may not think of themselves in those terms.

“It’s a really hard thing to kind of get the balance right. I think because there is a stigma associated with mental health and it just exists, it just is. In order to go to a group that is marketed to moderate to severe, you have to identify with that, and be OK with that, and especially in a small community, knowing that I’m going to turn up and I’m going to see my kids’ school teachers.”

- Workshop participant with lived experience

There was also a concern that if creative therapies programs are promoted for people living with mental health conditions, then intersecting populations such as neurodivergent people or people with disability might not access these programs, even though they regularly experience mental health conditions.

Participants suggested that the programs should be promoted with a strong emphasis on the art and music aspects.

Artistic experience and creative therapies in an “artistic” community

Community stakeholders felt it was particularly important to clearly communicate that people do not require any artistic skills or experience to participate in creative therapies, given that Castlemaine is home to so many visual artists and is seen as an artistic community. They indicated that people who don’t necessarily identify as an artist may feel that is a barrier to their participation.



Call to action

There has been little consultation to date with Castlemaine First Nations communities, and there was also no targeted consultation with members of culturally and linguistically diverse (CALD) communities in the area. As the pilot is implemented, it is recommended that consultation and partnership building with First Nations and CALD communities is embedded in the service delivery and Murray PHN governance processes.

Broadly, stakeholders were adamant that there is a need for creative therapies in all age groups in the community, but questioned whether a targeted program would be more effective and practical. It is recommended that the commissioned service undertakes strategic planning and further consultation to determine if the pilot program has capacity to service all sectors of the community, or whether a more focused program may have stronger outcomes.



The Robinvale pilot is focused on creative therapies for people of all ages living with moderate to severe mental health conditions. The service delivery model was not restricted to any particular age group, but could be targeted to a particular cohort if indicated.

Overview of consultations and mapping

The Project Lead, who is based at the Mildura PHN office, met with stakeholders in Robinvale and Mildura throughout March to June 2025.

Meetings

- Three meetings with individual community members
- Our Place
- Robinvale Network House
- Murray Valley Aboriginal Cooperative Elders lunch
- Sunraysia Mallee Ethnic Communities Council Conversation Café
- Regional Arts Victoria (Swan Hill)
- Visit by invitation to Robinvale Easter Camp to share music with local Indigenous families attending the camp

Other location visits – mapping

- Robinvale Resource Centre
- Robinvale P-12 College
- Our Place Community Garden
- Robinvale Library
- Robinvale Civic Centre
- Murray Valley Aboriginal Cooperative community hall
- Robinvale Senior Citizens Centre

Focus groups and consultations

Date	Stakeholder/s	Attendees present	Focus	Notes
8 April 2025	Aboriginal Community Yarning Circle	12 attendees and local Aboriginal facilitator	Held at the Riverfront in Robinvale and coordinated by local Aboriginal visual artist and community development worker Jill Antonie who acted as a paid consultant for the yarning circle	Food provided and payment of \$150 pre-paid VISA available to all participants
8 April 2025	Local creative therapists	Five attendees	Targeted focus group at Murray PHN office in Mildura	Food provided
3 June 2025 (daytime)	Community focus group*	32+ attendees with eight preregistering. The majority of attendees were walk-ins.	Held at Robinvale Resource Centre	Food provided and art materials available. There may have been more than 32 participants as people continued to arrive as the focus group progressed
27 May 2025 (evening)	Community focus group*	11 attendees with five preregistering	Held at Robinvale Senior Citizens Centre	Food provided and art materials available
N/A	Community Consultation Survey			12 responses

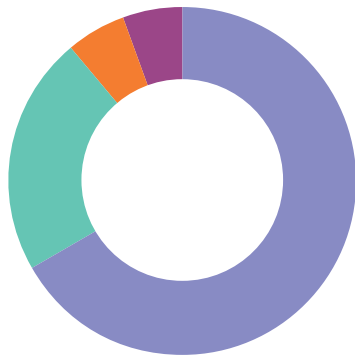
*Participants were eligible to receive a fee of \$60 for participation.

Demographics

Participants:

Total: 12
Aged 21-70

Female	10
Male	2



- 2 identified as Aboriginal and Torres Strait Islander
- 4 community members
- 2 people with lived experience
- 2 artists
- 1 carer
- 1 student
- 1 teacher
- 1 secondary school nurse

First Nations communities

The pilot project was initially introduced to community through working in partnership with a local Indigenous consultant, and through a yarning circle that included local Elders, Murray Valley Aboriginal Cooperative health workers, and carers and families supporting people of all ages living with mental health conditions. There was strong representation of Indigenous community members in the face-to-face consultations, including people with lived experience, carers and family members of people living with mental health conditions, Elders, secondary school students, health and community workers, and artists.

Culturally and linguistically diverse communities

Robinvale is very culturally diverse, with more than 50 languages spoken in the community, and there was representation from some cultural groups as part of the community consultation. The Project Lead visited Sunraysia Mallee Ethnic Communities Council's (SMECC) Conversation Café to introduce the pilot, which also provided an opportunity for this cohort to participate in the consultation.

Note: The Project Lead is locally-based, enabling activation of local networks in support of the consultation process.

Recommendations and key considerations

Target population	<ul style="list-style-type: none"> • There is community support for an all ages program that is accessible to all cultural groups in the community • Children and youth-specific aspect of program to be considered; there is a significant lack of mental health services for children and young people in Robinvale • Carers and families need support
Service model	<ul style="list-style-type: none"> • Mixed service delivery model with drop-in/open groups, closed groups and individual sessions both centre-based and outreach • Continuum of care so participants can move between different services/ programs as needed • Face-to-face programs • There was overwhelming feedback from community for open access participatory arts and music activities to bring people together • Capacity building element of the work, for both participants and other professionals/services/organisations

Ongoing co-design elements	<ul style="list-style-type: none"> • Relational co-design with participants and community part of ongoing development of service
Referrals and pathways	<ul style="list-style-type: none"> • Soft entry drop-in/self-referral available along with other referral pathways including GPs, youth services, schools, other health services • The creative therapies program could offer early mental health checklists/ screening for people who think they may be experiencing mental health conditions, and music and art therapy as a gateway to other services • Drop-in/walk-in meet and greet at the river
Program eligibility	<ul style="list-style-type: none"> • No diagnosis/provisional diagnosis
Spaces/locations	<ul style="list-style-type: none"> • Space with easily accessible breakout areas and outdoor spaces, where people could be nearby but not in the group • Community spaces that are safe spaces for all diverse cultural groups in Robinvale, and not specifically associated with one group (schools, civic centre, resource centre, network house) • Outdoors/nature spaces and places (community garden, riverfront, Robinswood) • Space is considerate of sensory needs • Visible displays to welcome diverse community members • Overwhelming support for programs in community spaces • Messy/wet area that is easy to clean • Non-echoing space for music
Timetabling	<ul style="list-style-type: none"> • Flexibility of working hours important, including after hours and weekend activities to suit participant availability/access • Demand will fluctuate due to agricultural seasonal work
Work conditions	<ul style="list-style-type: none"> • Training available to upskill for mental health specific skills/knowledge • External, internal and peer supervision with other therapists from pilot sites • Job share/flexible positions to support recruitment of quality candidates and collaboration between creative therapists • Support to build connections with other service providers, agencies and community leaders will be vital to a sustainable service • Support for travel is likely to be required for the creative therapist • Recruitment - consider offering conditions that would attract and retain an experienced candidate
Access and barriers	<ul style="list-style-type: none"> • Family-friendly, childcare or child safe/friendly programs to provide access • Carer/support person friendly - welcome to attend • Lack of understanding of the benefits of art and music therapy is a barrier • Stigma around programs called therapy as they sound too clinical/medical. Creative therapist has the potential to break down the stigma around mental health • End of year performances and art exhibitions could support access and awareness • Volunteer/service providing support for transport would support access

Partnerships	<ul style="list-style-type: none"> • Working in partnership with local artists, particularly Indigenous artists working in the cultural healing space • Creative therapists will need to work with existing groups and build trust in community - working in Robinvale is relational • Working in partnership and in place with local services for youth and children • Robinvale P-12 school is an important partner and seen to be a central hub
Resources	<ul style="list-style-type: none"> • Budget to enable purchase of arts consumable, instruments, recordings and adapted instruments • Art packs and music equipment to use at home available for participants • Food as part of program
Place-based considerations	<ul style="list-style-type: none"> • Needs to be open to both Victorian and NSW participants • There are more than 50 languages spoken in Robinvale - all communications and programs need to take this into account • The diversity of creative and wellbeing practices in different cultural communities needs to be considered • There is a significant lack of face-to-face mental health services in the area for all age groups • Many people in the region are undocumented; there needs to be pathways for undocumented participants • There is deep concern in the community about the significant number of suicides in the region • The experience of racial differences and racism is a significant factor. Many people spoke of wanting an art and music therapy service that could bring the diverse cultural groups in community together • Many people in the region experience chronic cost of living pressures and difficulties finding employment • Many families are living with intergenerational trauma, and many families are caring for children and young people from their extended family groups • Some GPs are reported to be unlikely to provide mental healthcare plans for children and adolescents who attend the clinic • A significant number of older women from a range of cultural communities spoke about inclusive choirs and a sit-down music and dance group • There is a long history of drop-in/drop-out health professionals in the town. The creative therapist would need to be consistently present in community over a sustained period to build trusting relationships and work effectively • A number of older men spoke openly about their own struggles with mental health, and their experience of a lack of support services
Communications	<ul style="list-style-type: none"> • Clear descriptions of music and art therapy that help participants understand what to expect, including what sessions might involve are important • Promotional materials/programs descriptions could emphasise art, music and wellbeing • Clearly communicate that participants do not need to have any music or art skills to benefit
Stakeholder concerns and questions	<ul style="list-style-type: none"> • Creative therapists are concerned that the creative therapist may have to manage a very high proportion of acute presentations of mental health conditions because there is a marked lack of services

Stories of significance

Relational approaches to creative therapies

Community stakeholders were clear about the importance of creative therapists working relationally when introducing a new service. In order to encourage people to access the service, they would need to work closely with existing groups and services to build trust in the community. Community members described negative experiences of visiting health professionals working in a drop-in capacity for a short time. They also spoke positively of health professionals that they perceived as committed to the community. Ideally, the creative therapist/s would be present and build trusting relationships in community in a sustained way over the pilot period. Many stakeholders also spoke of the need to build capacity for using creative approaches among local workforce to provide continuity of care and lasting resources for the community.

Diversity of wellbeing and mental health practices and understandings

Community stakeholders discussed the need and opportunity for the pilot to account for the many diverse understandings of mental health and wellbeing present when designing and promoting the service. Some examples include:

- Community members from the Southeast Asian Nations spoke about differences in understanding of mental health, sharing that they did not have a lot of information about the experience of a mental health condition. They would like to have access to an early screening process for mental health as part of the pilot. They shared that many people in the Southeast Asian communities may be living with a mental health condition with little to no information, understanding or knowledge about available supports
- First Nations Elders, workers and community members spoke of the importance of recognising Indigenous ways of framing mental health. There is a strong risk of First Nations people not engaging in a service described using conceptual understanding and language including 'mental health condition', 'moderate to severe' and 'therapy'. There is an opportunity to work with the First Nations community to frame the creative therapies program so that it is culturally safe.

The arts community

Community stakeholders described a wide range of creative arts activities in the community, including cultural dance, art groups, First Nations visual artists, the brass band and music in the Pacific Island church community. There are also several well-established Indigenous artists who engage in and share artistic practices for wellbeing and the cultural healing space. Building partnerships and working alongside the arts community would be an important part of an effective relational approach to establishing the pilot.

Establishing a service for a diverse community

Community stakeholders from a range of cultural communities spoke about the complexities of establishing a pilot program that could be accessible to all diverse groups in the community. Some of the factors highlighted were:

- The need for program materials and spaces to cater for a wide range of different languages
- The complexity of designing a program where people of all cultural backgrounds feel they are welcome and belong
- The experience of racial differences and racism is a significant factor in the community. Some people spoke of wanting an art and music therapy service that could bring the diverse cultural groups in community together. Others spoke of the experience of ongoing racism as a source of mental ill-health
- The complexity of providing services for the undocumented community
- The ongoing impact of chronic cost of living pressures, seasonal employment and unemployment, limited transport and childcare on access to health services.

“Perhaps all the music and art and everything that happens in the community is all a bit separate, like we’ve got a lot of separate churches that are very musical. We’ve got art in the Aboriginal community, I’ve got art that I go to, there’s probably this within the Asian community. I’m sure there’s people here [who] are creative, so it’s all sort of happening, but not happening together.” – Community member

Men's voices

Men were represented more strongly in the face-to-face consultation process in Robinvale compared to the other pilot locations. The opportunities provided by creative therapy supports were clearly articulated by men across the age range, with several older men speaking openly about their own experiences with mental health conditions, as well as their ongoing experiences of the lack of support services, and their hopes for a new approach to mental health through the pilot.

“It would help me to see people of all ages living with mental illness. I feel not alone; it gives me hope.” – Older male, focus group participant

“I have lived with mental health issues my whole life and I live with ongoing depression. I haven't been able to find any helpful health supports but I have supported myself through listening to music through many major life changes. Maybe other smaller communities around could be supported by the Robinvale creative therapists with training/capacity building to take back to their communities?” – Older male, focus group participant

Male Aboriginal community workers at the yarning circle spoke about the urgent need for alternative supports for Aboriginal men in community, and the possibilities of working in partnership with the pilot to provide art and music groups led by Indigenous arts workers.

A male student and male teacher from Robinvale P-12 College spoke about the opportunity for offering group therapeutic art and music activities as part of school programs, describing the benefit of doing an arts-based activity in a relaxed setting such as outdoors, rather than “starting with talking”.

Suicide awareness and prevention

A range of stakeholders shared their deep concern about the significant number of suicides in the region, and their belief that creative therapies may be an effective support for people experiencing suicidality due to mental health conditions.

- Representatives from the Robinvale Euston Suicide Prevention Network (RESP) shared a range of ideas for whole-of-community arts-based approaches that could be facilitated by a creative therapist, including community singing

- Community members, including older long-term residents, spoke about the potential for the creative therapies to reduce social isolation.

Community arts activities and capacity building

There was an overwhelming number of stakeholders who thought that the pilot will provide an opportunity to bring people together through community arts activities. Many stakeholders explicitly stated that the community arts groups or events should be inclusive of all cultural groups. Ideas shared included:

- Chair dancing for older women
- A fully inclusive community choir
- Accessible community singing
- Inclusive visual arts groups.

Creative therapy workforce

Local creative therapists were excited by the pilot and felt that it would be a great opportunity to work towards meeting the unmet mental health needs in Robinvale.

Creative therapists stressed the need for the opportunity to work in a team environment, with other mental health practitioners and/or creative therapists.

Creative therapists were concerned that the creative therapist may have to manage a very high proportion of acute presentations of mental health conditions because there is a marked lack of services in Robinvale, and stressed the need for appropriate referral channels in this situation.

Family support programs

People with lived experience, carers, support people and practitioners shared the significant caring demands placed on families in the region, including many families caring for children and young people from their extended family groups. They expressed a strong conviction that the creative therapies service would have a role in providing support for carers. There was also a call for programs that were inclusive of families, as many people cannot access childcare or other supports.



Artwork created by community focus group member 3.6.25

Call to action

There was little discussion with stakeholders about service access for the LGBTQIA+ community, especially in comparison to visible efforts across a range of stakeholders to work towards access for the many cultural communities in Robinvale. When asked directly about services for LGBTQIA+ people, one organisational representative suggested that local priorities are the cost of living, work, health and mental health, and everyone is trying to get by, and that the question of supports for LGBTQIA+ people consequently gets little positive or negative attention. This poses an open question for the pilot in Robinvale about how to engage with the LGBTQIA+ community in the area.

Stakeholders across the board were adamant that there is a need for creative therapies in all age and cultural groups in the community. Many described a significant lack of mental health supports and a prevalence of people of all ages living with mental health conditions, supporting people with mental health conditions, and taking over care responsibilities for children and young people when they are no longer able to live with their parents. It is recommended that the commissioned service provider undertake strategic planning in consultation with community stakeholders to establish if the pilot has capacity to serve all sectors of the community, or implement a focused program in order to generate stronger outcomes. It is also recommended that they determine if the pilot program has the capacity to offer culturally responsive programs across community in such a culturally diverse region.

Conclusion

The engagement and consultation process provided valuable place-based information in support of designing creative therapy pilot programs that are responsive to local needs and conditions. There was strong engagement from a wide range of stakeholders in the first stage of the participatory design process in all three communities. There was overwhelming support for free and accessible creative therapies to support mental health and wellbeing.

While there was strong engagement from a wide range of community stakeholders, including many people with lived experience and support people, there was a significant lack of consultation with the First Nations communities in Castlemaine and Albury Wodonga due to the short timeframe of the consultation period. It is strongly recommended that the commissioned services work in consultation with local First Nations communities to design accessible and culturally safe creative therapy services that are fit-for-purpose, and pay respect to existing cultural practices for social and emotional wellbeing.

It is also recommended that the commissioned service providers continue to work in partnership with a range of stakeholders to both design and evaluate the new services in each community.

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Appendix A - Community consultation survey

Murray PHN would like to hear from a wide range of community members to help design new music and art therapy services for people living with mental health conditions in **Robinvale, Albury Wodonga** and **Castlemaine**. We would appreciate your ideas about how to make music and art therapy accessible, and how these services can be designed to best support people with mental health conditions in your community.

- Participation in this survey is entirely voluntary, and all information collected will be deidentified, securely stored and used in accordance with Murray PHN's Privacy Policy. Response data will only be used for the purpose of informing service design and delivery and will not be shared outside Murray PHN.
- All responses will be anonymous.
- Please review our privacy policy for more information: <https://murrayphn.org.au/wp-content/uploads/2024/04/Privacy.pdf>
- This survey should take approximately 15 minutes to complete and will close on 6 June 2025.
- If you have any questions or concerns about this survey, please contact Catherine Threlfall, Project Lead - Creative Therapies Pilot e: cthrelfall@murrayphn.org.au or m: 0484 000 899.
- By continuing with this survey, you acknowledge that you have read and understood the information provided above and consent to participate.

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

1. Where do you live?

- Albury Wodonga region Castlemaine region

2. How old are you?

- 10-12 41-50
 13-18 51-60
 19-20 61-70
 21-30 71+
 31-40

3. What is your gender? (male, female, self-described)


Enter your answer

4. Do you identify as Aboriginal and/or Torres Strait Islander?

- Aboriginal
- Aboriginal and Torres Strait Islander
- Torres Strait Islander
- Neither Aboriginal or Torres Strait Islander
- Prefer not to say

5. How would you describe your role in the community?

- Student
- Health worker
- Person with lived experience of a mental health condition
- Support person
- Carer
- Creative artist
- Community member
- Other



6. What kind of music and art therapy activities could help people with mental health conditions in your community?

Enter your answer

7. How can we make music and art therapy accessible for people living with mental health conditions in your community? What would be helpful?

Enter your answer

8. What are some of the possible barriers to accessing a new music and art therapy service in your community?

Enter your answer

9. Where are some good locations for music and art therapy programs in your community?

Enter your answer

10. Is there a particular group/s in your community that could benefit from art and music therapy programs?

Enter your answer

11. Do you have any other thoughts, ideas or questions that you'd like to share?

Enter your answer