



MASSAGE & MYOTHERAPY **AUSTRALIA**

Challenging Funding and Service Barriers to Improve
Outcomes

A submission to the
Mental Health and Suicide Prevention Agreement Review

March 2025

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Summary

While massage and myotherapy are not cures for mental illness involving depression, anxiety or substance abuse, the treatments provided by qualified remedial massage therapists and myotherapists (professional massage therapists), already play an important role in prevention, management and rehabilitation as mental health issues percolate through the lives of people.

This includes helping to prevent deterioration into chronic states of depression following illness, injury or disability.

As part of a fully integrated mental healthcare program involving higher intensity patients, these therapies can also help to address physical health issues which are commonly associated with mental health conditions.

However, current funding models under the Medicare Benefits Scheme (MBS) that are described in the National Mental Health and Suicide Prevention Agreement (MHSPA) for massage therapy services are not supported by evidence or logic.

Such inadequacies and inconsistencies have a real effect on people's wellbeing.

Particularly perplexing in the MBS funding rules is that allied health practitioners are funded to provide massage therapy, yet their qualifications contain little or no training in remedial massage therapy or myotherapy and must be undertaken as an additional unit of study with limited scope.

The professional massage sector has created and maintained the education and training standards in remedial massage therapy and myotherapy. Accredited massage associations regulate, maintain and enforce codes of conduct, ethical and professional standards, and competencies in evidence-based massage techniques or modalities. AHPRA and registered health practitioners are not involved in this whatsoever.

Consequently, it is not possible for AHPRA or AHPRA registered practitioners to have an appreciative understanding or knowledge, or to oversee or ensure the effective and appropriate application of remedial massage therapy or myotherapy.

Yet, despite this, illogically, allied health practitioners are considered more appropriate because it is believed that they provide greater functional impact when administering remedial massage therapy than professional massage therapists. This is highly questionable given that the qualifications of professional qualified massage therapists and myotherapists have a primary focus on massage modalities and include up to 1,000 hours of supervised training.

MBS funding rules are out of date. They are based on historical attitudes that place professional massage therapists in an unclear conceptual grey area somewhere between health service providers and sex workers who claim to provide massage therapy. It illustrates a limited understanding and literacy around professional, trained and qualified professional massage therapists, and the services they provide.

This means that MBS funds are being spent on massage therapy services inappropriately and with little or no measured benefit.

Consequently, despite the MHSPA, many people living with mental health issues who find massage therapy that is provided by a professional massage therapists beneficial, must seek-out and self-fund professional massage services without support or financial assistance. The evidence supporting this claim is very strong.

The following submission elucidates the many false assumptions made in the MBS funding rules that have a direct impact on the efficacy of massage services provided through the MHSPA.

Incorrect assumptions leading to limited access to services

1. No clearly identifiable need for services provided by professional massage therapists.

Substantive independent evidence shows that massage therapy services provided by professional massage therapists are in high demand when offered, which is being driven by the wider health community. Mental health is no exception.

The need for higher level skills has occurred due to the demand from registered health professionals and institutions, insurance providers, and patient choice. The ageing population is also having an impact on client or patient composition.

The [approximately] 20,000 therapists, most of whom are small businesses, derive their incomes from the remedial massage therapy and myotherapy services they provide.

The evidence demonstrates that the referral rate by AHPRA registered medical and health practitioners to qualified professional massage therapists and myotherapists is significant, consistent and undertaken with confidence. Demand by people who depend on these services, and choose to self-fund is also growing because the same services are not available or generally accessible from other providers such as allied health practitioners.

For example, the Massage & Myotherapy Australia 2023 Practitioners' Survey (the 2023 Survey) involving its 8,600 members indicated that almost one in five (18%) of therapists work in a practice with two or three staff, with these likely to be in an allied health or medical setting (34%).¹

Surveys of Australian General Practitioners' attitudes toward massage therapy have shown that 84% considered it a moderately to highly effective treatment, and 91% regarded it as safe.² More than three-quarters of GPs (76.6%) referred to massage therapy at least a few times per year, with 12.5% recommending it weekly.³

Importantly, reports of positive results from patients receiving massage therapy increased referrals among GPs.⁴

Also important are the results of the 2023 Survey which indicated that professional massage therapists understand and acknowledge the limits of their scope of practice and referral processes, with 83% actively referring patients to General Practitioners and allied health practitioners. Around one-quarter (24%) of respondents to the 2023 Survey stated that they would undertake training in rehabilitation and injury management to qualify for third-party insurance rebates. Willingness rates were similar for training in advanced physiology and anatomy for specific chronic conditions to qualify for third-party rebates.

Respondents indicated that the source of increasing demand for higher-level remedial massage therapy and myotherapy services includes:

- 20% of massage therapy consultations are part of General Practitioner (GP) Health Plans.
- Referrals from Registered Health Practitioners were a primary source of work for qualified massage therapists and include:
 - Allied Health Practitioners 30%
 - Private Health Insurance 15%
 - GP Referrals 12%

As shown in Figure 1 below, the 2023 Survey indicated that professional massage therapists are actively engaged in managing the long-term healthcare needs of people with mental health issues, and chronic conditions, and relieving symptoms related to injury and ageing which can lead to poor mental health.

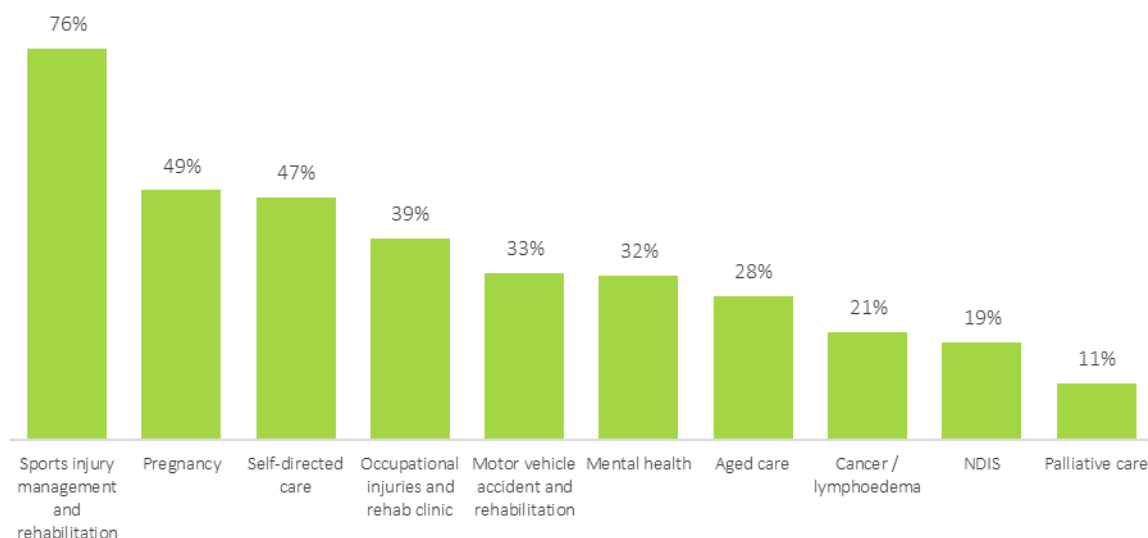


Figure 1. Reason for massage services provided by professional massage therapists

Additionally, numerous authoritative medical sources recommend massage therapy.

The RACGP (Royal Australian College of General Practitioners) recommend the use of massage, suggesting it can improve pain, depression and sleep,⁵ while the UK's National Institute for Health and Care (NICE) guidelines recommend considering it in the management of osteoarthritis and low back pain.^{6,7}

The Ottawa guidelines indicate that massage therapy is effective at providing pain relief and improving functional status in lower back pain as well as in providing short-term improvement of sub-acute and chronic lower back pain symptoms and decreased disability immediately post-treatment.⁸

One of the leading sources of clinical guidelines in musculoskeletal disease and orthopaedics, the *Journal of Orthopaedic and Sports Physical Therapy* (JOSPT), recommends the use of massage and manual therapy to reduce pain, and improve function in a wide range of painful musculoskeletal conditions including plantar fasciitis,⁹ acute and chronic low back pain and neck pain, with and without headache or radiation.¹⁰

The multidisciplinary approach to pain management is a key recommendation of Pain Australia's National Strategic Action Plan for Pain Management (the Action Plan), being endorsed by the International Association for the Study of Pain. *'These may include pacing activities throughout the day, so pain remains manageable; using massage, heat and cold packs; and carrying on with useful and purposeful things.'*

The Opioid Management Team, which presented 'Alternative options to codeine', said that while heat and massage are contraindicated in the first 48 hours following musculoskeletal injury, the team also suggested that Practitioners discuss non-pharmacological options including heat, massage, psychotherapies, physiotherapies, osteopathy, etc. for patients suffering from chronic pain. In the absence of disease, Transcutaneous electrical nerve stimulation (TENS), Acupressure (also known as Chinese Acupressure), and Acupuncture are modalities commonly used by remedial massage therapists and myotherapists and were listed for menstrual-related cramps.

The Therapeutic Goods Administration (TGA) website also offered 'Talking tips for Pharmacists' that includes flagging several non-medication and therapeutic options including massage as part of a patient's pain management strategy.

2. Services can be filled by a similar service or existing service

It is incorrect to assume or conclude that the treatments provided by professional massage therapists and myotherapists are like other treatment such as those provided by allied health practitioners.

The defined MBS allied health treatments or modalities that instruct the MHSPA are vastly different and not similar at all to the treatments and modalities provided by professional massage therapists.

Such a conclusion suggests a limited understanding concerning these massage therapy treatments and their uses and benefits. There are significant differences in education, skills, competencies, duration and focus of treatments.

Most importantly, the professional massage sector created and maintains the education and training standards in remedial massage therapy and myotherapy. Accredited massage associations regulate, maintain and enforce codes of conduct, ethical and professional standards, and competencies in evidence-based massage techniques or modalities. AHPRA and registered health practitioners are not involved in this whatsoever.

Consequently, it is not possible for AHPRA or AHPRA registered practitioners to have an appreciative understanding or knowledge, or to oversee or ensure the effective and appropriate application of remedial massage therapy or myotherapy.

AHPRA registered medical and allied health practitioners have no training in remedial massage therapy or myotherapy unless [undertaken as an additional unit of study](#) with limited scope. In contrast, the education and competencies of qualified professional remedial massage therapists and myotherapists have a primary focus on soft tissue manipulation which includes undertaking up to 1,000 hours of supervised training.

In this regard, if an allied health practitioner provides a form of soft tissue therapy it has limited benefit because it is provided inappropriately and for an insufficient duration as a minor adjunct to another allied health therapy.

Consequently, it is incorrect to assume or conclude that the services of professional qualified remedial massage therapists and myotherapists are like other services such as that provided by physiotherapists.

Further, if they have no experience or involvement in the provision of remedial massage services or myotherapy services, then there is a lack of data and experience to indicate that funding available through the MHSPA is warranted or being used efficaciously for massage treatments.

In this regard, allied health practitioners and treatments cannot replace treatments provided by professional massage therapists. Equally, the services of professional massage therapists do not dispose allied health treatments such as physiotherapy.

Each allied health service has a unique role in treating people with mental health conditions. This includes management, recovery and rehabilitation. For example, the focus of chiropractic is spinal/skeletal manipulation; physiotherapy is muscle mobility and strength through exercise, and nursing is patient care and illness prevention. In contrast remedial massage therapy and myotherapy provided by professional massage therapists focuses on soft tissue manipulation and pressure.

Additionally, people who are in pain, shock or who are deteriorating into a depressive state are far less inclined to subject themselves to spinal manipulation or undertake movement, exercise or strength building therapies.

In this regard, the treatments provided by professional massage therapists are used to prevent deterioration into chronic physical and emotional states after injury because they free up soft tissue and provide relief from pain and associated stress. This, in turn, leads to a more positive physical and emotional state and ultimately to a more positive disposition that is favourable to other allied health rehabilitation therapies.

3. *There is no gap in services or treatment*

No other treatment in allied health achieves the same outcomes as treatments provided by professional massage therapists.

Individuals choose to privately seek out and fund professional massage therapists because they provide a greater benefit to meet their individual clinical needs, more so than allied health treatments.

The model of care for massage therapy presented below illustrates that the services of professional massage therapists are applicable to the management and recovery of emotional health states for two reasons. First, because they can prevent deterioration in chronic states. And second, because this creates a more favorable physical and mental state to undertake movement and other therapies provided such as exercise, or skeletal manipulation provided by chiropractors.

In this regard, the essential characteristics of an applicable model of care for professional massage therapy, under the MBS is as follows:

Providing relief from pain and stress, and enabling improved function, mobility, and the application of exercise therapies, as the defining purpose of massage therapy:

- *Massage therapy provides relief from pain and stress, which prevents or limits exercise or movement.*
- *Massage therapy helps to prevent deterioration into chronic physical and emotional states.*
- *Massage therapy facilitates recovery as part of physical and emotional rehabilitation post-injury, surgery, disability and addiction rehabilitation.*
- *As an early intervention, massage therapy provides a portal of entry for patients to engage in beneficial exercise rehabilitation, physical rehabilitation therapy and skeletal manipulation.*
- *Massage therapy employs evidence-based healthcare and clinical experience.*
- *Remedial massage therapists and myotherapists are qualified health professionals who provide a high quality and standard of care.*
- *Professional massage therapists meet a rigorous and accepted standard of training, professional ethics and conduct.*

4. *The need or use of treatments provided by professional massage therapists are low*

Given that AHPRA Registered allied health practitioners have no or limited training or associated competencies in remedial massage therapy and myotherapy, it is reasonable to conclude their knowledge of these therapies and how best to use them is limited. Hence it can be expected that they will report that the use rate is low.

However, real life experience shows that the health sector is increasingly using the unique treatments of professional massage therapists.

Thousands of hours of treatment are funded by numerous insurers both Federally and in state schemes, including WorkSafe Vic, WorkSafe SA, NSW SIRA, WorkSafe Tas, National Aged Care Package, Private Health Insurance Rebates, and Seacare. These provide working models on which to base funding for professional massage therapists under the MBS.

In the case of MBS funding for mental health, remedial massage therapy and myotherapy and the specific modalities used for given conditions do not appear to be documented or recorded because remedial massage therapy and myotherapy, if included, are usually administered as an adjunct therapy to an allied health treatment. This, as we have shown above, is of limited benefit.

This lack of data or knowledge is not a substitute for the evidence and lived experience presented.

On the contrary, a lack of evidence is a valid reason to investigate the benefit of remedial massage therapy and myotherapy when provided by professional massage therapists and to question current funding arrangements that govern the MHSPA.

Further, there are numerous obvious limitations that arise from a lack of data or evidence, which question the efficacy and veracity of MHSPA funding rules. These limitations include:

- i. the veracity of any MHSPA funding policy concerning the delivery of massage therapy by allied health practitioners in place of professional massage therapists is highly questionable
- ii. the veracity of any informed decision about the value and efficacy of remedial massage therapy and myotherapy in the MHSPA is very limited
- iii. the understanding of the benefit that specific condition-based massage therapy modalities afford people living with mental health issues is not documented or supported by ongoing research and evaluation
- iv. the cost benefit or efficacy of MHSPA funded remedial massage therapy or myotherapy treatments in mental health is unknown
- v. the potential greater benefit, positive effects and outcomes from massage therapy treatments delivered by professional massage therapists is unknown.

Recommendations

We are not suggesting that anyone who calls themselves a massage therapist or who has some form of qualification should be funded under the MHSPA.

There are significant differences in the qualifications and training of massage therapists. We are recommending that the MHSPA funding rules that apply to allied health practitioners also apply to professional massage therapists, which is not the case currently.

Recommendation 1.

Like allied health practitioners, we recommend that only tertiary qualified professional massage therapists be funded under the MHSP. This includes three education levels as defined by the [Australian Qualification Framework](#):

- AQF Level 6 – Advanced Diploma, Associate Degree
- AQF Level 7 – Bachelor Degree
- AQF Level 8 and above – Bachelor Honours Degree, Graduate Certificate, Graduate Diploma, Master's Degree, Doctoral Degree.

Recommendation 2.

We recommend that treatments and services provided by AQF Level 6, qualified therapists, be provided under referral and monitoring of a General Practitioner or a qualified psychologist or psychiatrist.

Recommendation 3.

We recommend that professional massage therapists must be a member of an accredited association.

This is important because the requirements to become an accredited member of a professional association for massage therapists mirror AHPRA registration requirements.

These memberships provide an important basis on which to determine eligibility for funding under a more inclusive approach to the Workover WA rules, which appears to be limited to AHPRA Registration.

Professional massage therapists must adhere to a [Professional Code of Ethics and Standards of Practice](#) which are similar to AHPRA-registered health practitioners' [Codes and Guidelines](#). Additionally, [Complaints and concerns](#) can be raised about AHPRA-registered practitioners, as they can be about professional massage therapists, through an independent [National Ethics Committee](#). This is underpinned by legislation concerning the [National Code of Conduct for Unregistered Health Care Workers](#). This Code of Conduct includes state-based health complaints commissioners such as the various state and federal health ombudsmen with cross-jurisdictional information-sharing powers.

Like AHPRA registered health practitioners, membership arrangements operated by various professional Associations include the following requirements:

- set qualification and probity standards for membership
- accredited training programs for membership purposes
- undergo Recency of Practice continuing professional development/education requirements
- hold current Senior/Level 2 First Aid Qualifications
- hold current Malpractice, Public Liability Insurance (minimum \$2,000,000)
- a Criminal History Check and Working with Children/Vulnerable Persons Check in some cases
- English language skills

- code of ethics that sanctions members for unprofessional conduct, including withdrawal of membership in serious matters
- third-party complaint resolution involving a code of ethics that members must subscribe to
- a statutory declaration, indicating that they have not been charged with or convicted of an offence of harm to a person nor been subject to disciplinary proceedings with a Private Health Fund.

Recommendation 4.

In line with other State and Federal insurance schemes, to be eligible as a Provider under the prescribed rules, professional massage therapists must demonstrate competency in delivering health services within the principles of the Clinical Framework, as accredited members of a professional association.

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