ABSTRACT

Model of Supporting Music Therapy into Complimentary and Alternative Medicine (CAM) for patients with depressive disorder had been ultimate objective on this research which was qualitative research gathering information via data collection and documentary review. The field research consisted of in-depth interviews of 4 population groups comprising 10 people as follows: 1) Music Therapy Administrators 2) Psychiatrists 3) Specialists or Music Therapists 4) Psychiatric Support Personnel. Documentary review had included the National policy and Law of United State of America and Standardization of Music Therapist. The study was conducted and data were analyzed under 4 key issues, which were based on research objectives, namely: 1) To study and analyze concepts and theories on music therapy in the treatment of depression; 2) To study and analyze work system in music therapy institutes and practice in foreign countries; 3) To study and analyze problems and obstacles arising from limitations. To the use of music therapy as an integrative therapy in the country and corporate a Model of Supporting Music Therapy into CAM for patients with depressive disorder; 4) To create a Model of Supporting Music Therapy into CAM for patients with depressive disorder.

The results of the research revealed that a population of 10 respondents agreed that music influences human feelings and emotions. Each individual has different reasons to support it. According
to our study and analysis of the operating models of music therapy institutions abroad, it was found that data searched regarding the Music Therapy Practice Act and Standards in the United States revealed that there were 3 issues: 1) Music Therapy Act (AB 1279) 2015 which was an Act governing the qualifications of musician therapy and the issuance of professional licenses including Renewal of Professional License; 2) An Act Concerning Music and Art Therapy (SB 354) 2016 which was an Act governing the provision of “Art and Music Therapy” Temporary Vocational Allowance for Music Therapy Trainees, Guidelines for licensing, qualification and renewal enforcement and disciplinary action; and 3) Music Therapy Clinical Self-the Assessment Guide which consisted of 8 standards music therapy practice standards in the practice of music therapy. Derived from the data analysis, it could be divided into 4 phases: pre-operation planning, during operation, end-of-performance, and collecting data to bring the results of treatment to further academic or operational purposes.

Our study explored and analyzed problems and obstacles arising from the constraints to the use of music therapy as a combination therapy in the country and a model of promoting integrated healing with music therapy. By collected data both from documentary research and field research from key informants. In accordance with treatment for patients with depressive disorders, the researcher divided the analysis into 2 issues: 1) The issue of barriers to the use of music therapy in the country, whether it was against the rights of patients. The results from the in-depth interview group were “not inconsistent with patient rights infringement” as the term “music therapy” had not been launched in the domestic law yet. ;2) The issue of obstacles indirectly brought about from the key policy not emphasizing importance and lack of understanding in the use of music therapy.

There has not been many relevant personnel in psychiatry and music therapy in the country, therefore, the creation of academic works still lacks the weight to lead society to realize the use of music therapy in a integrated treatment. Besides, the practices of psychiatrists and music therapists are still performed in their own ways. The current situation of Covid-19 pandemic has affected people with stress and eventually, some patients who have behaviors that hinders effective treatments, apart from lack of understanding from their relatives or caregivers in emotional aspect.

The consideration required to promote the integrated therapy with music therapy for depressive patients consists of 7 components as follows: Policy support, Education, Social, Technology, Legal, Environment and Cultural.
The output model of this research was named "PENG Model", consisting of 4 paradigm shifts, as an acronym derived from: **P** (Policy & Legal) where policy and law issues were addressed, **E** (Education & Environment) education and environment in Thailand, **N** (Natural of Music) the context of music as a therapeutic and controlled tool to ensure its safety and efficacy to establish further practice guidelines, and **G** (Government Supporting) as self-explanatory meaning revenue, recognition, career path and focus on integrative treatment with Music Therapy for patients with depressive disorder.