## Gambling Treatment Program, St. Vincent's Hospital, Darlinghurst 2010.

Submission to the Joint Select Committee on Gambling Reform

There are valuable lessons to be learned for the gambling treatment sector from Australian research into the treatment of comorbid mental disorders and substance use (see for example the National Comorbidity Project (1) report commissioned by the Australian Government Department of Health and Aging, 2003.)

As we noted in our submission to the Productivity Commission 2010, The Gambling Treatment Program at St. Vincent's Hospital, Darlinghurst has been treating problem gamblers since 1999. It is staffed entirely by Clinical Psychologists who are experienced in treating problem gambling and other mental health disorders. Clinical Psychologists have a minimum of six years full time university training which includes at least two years post-graduate clinical studies with extensive supervised placements in mental health settings. Psychologists are registered and regulated by a national body the Australian Health Practitioner Regulation Agency (APHRA)

Our submission is that the range of services available for problem gamblers must include the option of an integrated treatment provided by mental health professionals such as psychologists or psychiatrists who are trained to deal with the complex interplay between problem gambling and mental health issues, rather than exclusively relying on either a case management or brief treatment approach. This is one of the key lessons to be learned for the gambling treatment sector from Australian research into the treatment of comorbid mental disorders and substance use.

Brief interventions definitely have their place, as do public health information campaigns and the promotion of responsible gaming. However, despite the best efforts at prevention, some problem gamblers will need extensive treatment. The provision of treatment requires clinical qualifications and training, while the provision of information to the public requires something more akin to marketing or publicity skills. It sometimes seems that funding bodies fail to appreciate that treatment requires a fundamentally different model of delivery from public health information and seek to apply a one size fits all model to the services they fund. At its worst, this misunderstanding can lead to ludicrous situations in which costly specialist clinical staff are required to spend time passing out mints or drink coasters in order to promote responsible gaming.

There are many ways in which problem gambling and comorbid mental health problems may occur in one individual. Problems controlling gambling may be primary or secondary to other mental health problems (although the national comorbidity project noted that comorbid mental health and addictions are often in a relationship of mutual influence which changes over time rather than falling neatly into primary or secondary causes). Further, the factors that initiated the problem gambling may not be the same factors that maintain it; thus for example, gamblers with anxiety or depression may be stuck in a contingency trap in which the gambling relieves mental health problems in the short term while exacerbating them in the long term.

Clinical Psychologists are trained to assess the entangled functional relationships between presenting problems and can thus offer individually tailored integrated treatment of the whole person. A case management approach, in contrast, may require the individual to seek a range of treatments from a range of agencies (parallel treatments) or even to recover from one disorder before treatment of another (sequential treatment). The National Comorbidity Project report notes that the use of such parallel or sequential treatments is often not effective (especially when provided by different services). It is difficult enough for people to seek treatment for their gambling, and even more difficult to then be referred elsewhere after establishing rapport to deal with problems that they experience as highly connected.

The Productivity Commission draft report on Gambling notes that many problem gamblers do not seek treatment and that many recover without treatment. Importantly, the draft report also notes that many of those who do seek treatment have comorbid mental health problems such as anxiety and depression. Many of these individuals are those in the vulnerable pathway as described in the pathways model of Blaszczynski and Nowrer (2002) cited in the Productivity Commission. Problem gamblers with comorbid mental health problems face the same difficulties as those noted by the National Comorbidity Project for those people seeking treatment for problematic drug or alcohol use who also have comorbid mental health problems.

While some anxiety and depression may respond to therapy offered by generalist gambling counsellors, more complex comorbid presentations may require specific interventions delivered by appropriately qualified health professionals. Poorly informed treatments, no matter how well intentioned, can occasionally exacerbate mental health problems. It is vital that treatment for vulnerable individuals who have sought to escape their problems by gambling is provided by those who are suitably qualified such as Clinical Psychologists or Psychiatrists. The addition of a few mental health units in the minimum qualifications for a problem gambling diploma is no substitute for the extensive training involved in post-graduate mental health qualifications.

The client outcome data from the St. Vincent's Gambling Treatment Program show the efficacy of such an integrated treatment approach. This data is analysed annually using outcome measures accepted in the field, and we would like to submit our outcome data for the 1st July, 2008 to 30th June 2009 period as an example. During this period the service treated problem gamblers with associated depression, anxiety disorders such as social phobia and generalised anxiety disorder, relationship dysfunction, alcohol / substance use, chronic pain and bipolar affective disorder. At post-treatment, six-month and twelve-month follow-ups our clients had maintained gambling treatment gains as indicated by a statistically significant reduction in the number of DSM IV (Diagnostic and Statistical Manual of Mental Disorders – 4th edition) criteria for Pathological Gambling; a statistically significant reduction in the average SOGS (South Oaks Gambling Screen- Revised) score; a statistically significant reduction in the frequency of gambling and in the amount of money gambled. Our clients had also maintained treatment gains for their comorbid disorders as measured by statistically significant reductions in their DASS (Depression, Anxiety and Stress Scale) scores. A standardised client satisfaction questionnaire (CSQ-8) also showed very high levels of client satisfaction.

(1) Comorbid mental disorders and substance use disorders: epidemiology, prevention and treatment. (2003) Edited by Maree Teesson and Heather Proudfoot.
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