About Statewide Gambling Therapy Service

SGTS provides a free, effective and confidential service that helps gamblers overcome their addiction and get control of their lives. It sits under the Mental Health Division of the Southern Adelaide Health Network, and has been run on a little over $1 million in annual funding from the Gamblers Rehabilitation Fund.

The highly successful service has developed and refined its winning program to help people recover from problem gambling over 20 years. It also treats the other conditions that can co-exist with problem gambling. It provides training its leading model, has had a high success rate and provides a wide range of other leading programs including the first gambling therapy court diversion program in Australia and possibly the world, an Australian-first Aboriginal and Torres Strait Islander Gambling Therapy Program, and a prison gambling therapy program.

The SGTS began as the Intensive Therapy Service, established in 1996. The success of the initial Flinders Medical Centre-based program saw it win further funding from the Gamblers Rehabilitation Fund. New offices were established, together with outreach to rural areas, with then Minister for Families and Communities Jay Weatherill launching the new statewide service in October 2007 based on an annual $1.365 million unindexed funding. It has been on three-year contracts since, with funding remaining about the same.

This year, however, despite its ongoing excellent results and performance feedback, the service was for the first time put out to tender, including a funding reduction to $1 million. While able to accommodate the funding reduction with an innovative ‘stepped care’ model, the SGTS was unsuccessful in the tender process, with funding instead intended to be provided to a private psychology provider.

The Gamblers Rehabilitation Fund was established under the Gaming Machines Act 1992, in 1994 to provide a statewide systematic approach to therapeutic and other services for people impacted by problem gambling. The GRF is kept with Treasury and administered by the Office for Problem Gambling, under the Department for Communities and Social Inclusion. The Fund is recurrently funded by contributions from the Australian Hotels Association (SA), Clubs SA, SkyCity Adelaide and the South Australian Government.

Highlights of the Statewide Gambling Service’s results in 2015-16

- **Significantly reduced problem gambler numbers as a result of SGTS services** – At the commencement of treatment the Victorian Gambling Screen found that 93.8% of gambling clients were identified as problem gamblers. This reduced to 27.4% at the end of treatment for these clients.

- **Significantly reduced financial losses by SGTS gambling clients** – Gambling clients of the service reported an average amount of money lost per week per client of $1,014 two weeks before the first treatment session and just $43 two weeks before the final treatment session (with a staggering money lost by total client group of $237,170 versus $4277).

- **Significantly reduced psychological distress of SGTS clients** – Of the 273 gambling clients who completed the K10 scale at the commencement of treatment, the mean score was 28.8 indicating high levels of psychological distress. Of the 95 gambling clients who completed the K10 scale again at the end of their treatment program, the means score was 15.5 indicating low levels of psychological distress and a 46% overall reduction.

- **Significant improvement in functional capacity of SGTS clients** – Of the 262 gambling clients who completed the Work and Social Adjustment Scale (WSAS) at their initial assessment the total mean score recorded was 16.18. Of the 93 gambling clients

30 October 2016 Contact: Eva on 0401 286 608 Email: eva@amasa.org.au
who completed the WSAS again at the end of their treatment program, the mean score recorded was 3.37. This demonstrates a 79% improvement in overall functional capacity for gambling clients.

- **Significantly increased confidence in gambling control of SGTS patients** – From commencement to completion of treatment SGTS clients reported a significant shift from low confidence to high confidence in a gambling clients view about their ability to control their gambling urge: from a score of 4 at commencement to 8.8 at completion (in a range of 1-10 with 1 being low and 10 high confidence).

- **High achievement of treatment goals by SGTS patients** – Of the clients who set treatment goals as part of their treatment plan 95% of gambling clients successfully, substantially or partially achieved their goals, 55% fully achieved; 21% substantially and 20% partially.

- **High satisfaction reported in client feedback surveys** – Mean scores of 9.7, 9.4 and 9.8 out of 10.

*Source: Annual Report 2015-16*

**AMA(SA) concerns at what would be lost in a move away from the SGTS**

- **A tertiary specialist treatment service** for treating those with a gambling disorder (classified as a diagnosable mental illness) which helps 70% of patients recover - particularly those with the most severe and complex problems. Some require admission for intensive therapy. The new service would be provided in the private sector: this would mean no more access to a service provided in the public mental health sector, which implies that gambling disorder is not a serious condition, and is not worthy of support, particularly for those with severe and complex gambling disorders. There would be a lack of public safety net (eg compared to eating disorders, anxiety disorders, depression, personality disorders etc).

- **Loss of guaranteed access to a proven world leading gambling treatment program** – 70% success rates.

- **All cognitive behavioural therapy (CBT) is not the same** – SGTS provides CBT which has been refined based on years of experience for which SGTS has records of patient outcomes, has been evaluated by internationally published research and is manualised - meaning that it follows an approach which is consistent between therapists. It is not left up to the whim of the individual who may vary treatments based on potentially differing opinions at different times.

- **Only SGTS has the experience treating over 500 gamblers per year. SGTS see many people who have already been through standard counselling to no avail, which is why they go to SGTS. The SGTS CBT model predominantly utilises cue exposure and habituation, but can also be individually tailored to the patient’s needs to include cognitive approaches. The model has been adopted by others interstate that SGTS have trained. SGTS clinicians and staff are responsible to high, measured standards and outcomes.**

- **Loss of the ability for SGTS to further test new therapy models** it has developed eg ‘low intensity’ of five sessions delivered by phone which would provide access to anyone in SA rural and remote to world class proven gambling therapy.
• **Loss of Flinders Centre for Gambling Research** (specialises in gambling treatment outcomes reliant on the 5300-patient data base measuring long-term follow-up).

• **Loss of the ability of SGTS to apply for and collaborate with interstate and overseas gambling treatment researchers** following the successful inclusion of SGTS’s Flinders CBT model in a large four-year study in NZ with NZ and Canadian collaborators.

• **Loss of gambling expertise in SA Mental Health Services** for problem gamblers in crisis and suicidal presenting to FMC and Noarlunga emergency departments.

• **Loss of expertise of highly qualified medical experts in problem gambling**, associated mental health issues, drug and alcohol misuse with over 20 years expertise in problem gambling and addictions.

• **Loss of access to the FMC in-patient gambling therapy service and highly trained in patient nurses and medical staff** who address medical and psychiatric, drug and alcohol complexities. Proven success of this service with published outcomes.

• **Access to the dedicated inpatient beds at Flinders Medical Centre are also very important.** These are used by approximately 20-25 people on average per year. Admission is to a mental health unit with an experienced multidisciplinary team in a university teaching hospital, familiar with gambling disorder and who work together to help the patient get better - ie it is not just a mental health ward. Admissions fall into one of the following groups:
  o from the country and unable to travel regularly to get intensive community therapy because of distance, cost or medical or psychological problems
  o failed to respond satisfactorily to outpatient therapy
  o because or their circumstances (eg poor social supports, legal, social, interpersonal, or financial distractions) made it difficult for them
    - they had severe problems
    - co-occurring mental disorder eg schizophrenia
    - co-occurring substance use disorder eg alcohol, benzodiazepines, or stimulants
    - complex needs because of other mental illnesses or medical problems eg Parkinson’s disease, early dementia
  o preference (small number)
  o clarification of the problem - that is, they needed more diagnostic evaluation.
  o were considered at risk or vulnerable in some way
Admissions length are routinely for two weeks but are shortened or lengthened to meet the patients’ needs. Without this, clinicians involved in their treatment have no doubt that the majority would not have recovered. A clear number of them appear ‘depressed’ (and have often been incorrectly treated for this but not the gambling) and more are suicidal on admission than not. Their suicidal ideation goes as they gain control of their gambling problem. For these people, admission is life-changing and life-saving.

• **Loss of training up of multidisciplinary staff especially trainee psychiatrists and medical officers** in recognition and treatment of problem gambling in SA

• **Loss of training in recognition and brief intervention for all mental health staff in SA in problem gambling** – education and training is part of the current contract

• **Loss of training in evidence based treatments and severe or at risk gambling behaviours for Gambling help staff across SA** including rural which was part of the current contract.

30 October 2016 Contact: Eva on 0401 286 608 Email: eva@amasa.org.au
• First Australian and probably world gambling therapy court diversion program – proven success in the last 12-month pilot. SGTS, diverting people from going to prison will have no available therapists to continue this program.

• Australian-first Aboriginal and TSI gambling therapy program (the retained Aboriginal gambling therapy service at FMC has only one therapist for all SA).

• Prison gambling therapy program trialled and developed over the last five years for men and women and for Aboriginal people, with proven success at follow up from prison release.

• Australian-first Vietnamese adapted gambling therapy program (no SGTS therapists to provide ongoing supervision and support).