# THE AUSTRALASIAN CONFEDERATION OF PSYCHOANALYTIC PSYCHOTHERAPIES

Committee Secretary
National Review of Existing Mental Health Programmes and Services
National Mental Health Commission

Dear Sir/Madam,

The Australasian Confederation of Psychoanalytic Psychotherapies is an umbrella organisation representing more than 450 psychoanalysts and psychoanalytic psychotherapists throughout Australasia. Member associations of the Confederation are:

- *The Australian Association of Group Psychotherapists,*
- *The Australian Centre for Psychoanalysis,*
- *The Australian and New Zealand Society of Jungian Analysts,*
- *The Australian Psychoanalytical Society,*
- *The Psychoanalytic Psychotherapy Association of Australasia.*

Our members treat patients for multiple or chronic mental disorders, personality disorders, psychotic disorders, anxiety, depression and those suffering long term abuse and trauma. We offer the following submission to assist in the review of mental health programmes and services, and include proposals for developments or improvements to mental health services in Australia.

Yours sincerely,

for the Australasian Confederation of Psychoanalytic Psychotherapies.
April 2014

# EXECUTIVE SUMMARY

The Australasian Confederation of Psychoanalytic Psychotherapies welcomes the National Review of Existing Mental Health Programmes and Services. While we recognise that some areas of our communities' mental health needs appear to be adequately serviced by existing programmes and services, we have long been concerned at the inadequate access for the seriously mentally ill, to psychotherapy provided by appropriately qualified and experienced practitioners. Cuts to state mental health budgets, and to the Better Access Initiative (BAI) for psychologists, social workers and general practitioners have further disadvantaged this important group of consumers by reducing access to both public and private mental health treatment services.

It is the experience of our associations that two areas of service delivery in existing Mental Health Programmes and Services are heavily resourced. They are a) the provision of short-term, structured interventions designed for symptom reduction for less severely impaired patients, and b) services to support or maintain patients suffering more serious, chronic, complex mental health problems, often relying heavily on medication and hospitalisation. These latter services, in the experience of our members, are directed more at maintaining the status quo with these patients than at developing an enhanced capacity to engage in an effective and independent work and relationship life, to participate and contribute to the community. Thus we particularly welcome the reference, in this Review to the “experience of a contributing life such as employment, accommodation and social connectedness”. It is with respect to this area that we see a significant gap in current mental health service, particularly for patients with more severe mental health problems. It is also particularly these chronic, complex, severely disabling conditions which practitioners with proper psychoanalytic training are equipped to treat. The focus of psychoanalytic treatment with such patients is not maintenance of their current level of functioning, but rather a recovery of, or in some cases, the development (for the first time) of a capacity to lead an engaged and effective life.

This submission presents arguments and research that support the expansion of access to psychoanalysis and both long-term and brief psychoanalytic psychotherapy for treatment of severe psychological disorders. A substantial body of compelling evidence (see particularly pages 6-10 of this submission and bibliography) demonstrates that the treatment of complex psychological problems requires more frequent, in-depth intervention than can be offered by the circumscribed, brief, structured therapies. This research supports both the efficacy and long-lasting benefit of psychoanalytic and psychotherapeutic treatment for children, adolescents and adults. When employed, such treatment has led not only to reduced hospitalisations and decreased loss of work and study time, but also to reduced need for costly pharmaceutical treatments.

It is our submission that, to be effective and inclusive, Australia's mental health services need to provide patients with serious and chronic mental health problems (such as severe depression and personality disorders) with better access to highly-trained psychoanalysts and psychoanalytic psychotherapists. These services need to be integrated into a comprehensive mental health service structure. Access to appropriate treatment services is required to safeguard against those with serious mental health difficulties losing faith in psychological treatments as a result of inappropriate treatments proving ineffective or not providing sustained improvement.

Critics of psychoanalytic psychotherapies have ignored the large body of evidence-based research which supports the application of psychoanalysis and psychoanalytic psychotherapy as effective forms of treatment for patients in both long and short term therapy. These treatments have been shown to be particularly useful for the more severe forms of mental dysfunction and to have longer lasting impact on patients' psychological well-being, positive functioning and capacity to contribute

to the community. These outcomes provide considerable cost benefit to the individuals, government and society as a whole.

Over the past 100 years psychoanalysis has continued to develop its clinical, theoretical and research base. In recent years it has drawn on neurological findings and other developments in psychology and biology to extend its understanding of chronic and serious mental health problems. These developments confirm many of the fundamental psychoanalytic principles and practices.

**We respectfully recommend that**:

1. Given the substantial evidence base attesting to the efficacy and cost-effectiveness of psychoanalytic psychotherapies, such approaches should be recognised and integrated as an important and specialist component of the mental health system in Australia. We recommend that increased access be provided, via both public and private mental health services and programmes, to services provided by specialist trained and credentialed psychoanalysts and psychoanalytic psychotherapists.

2. That such services be well integrated with primary health care. (General Practice).

3. That greater access be supported, through public and private mental health services, to both short and longer term psychoanalytic psychotherapies. Accumulated research indicates that in certain circumstances short-term treatments may be appropriate, but that the appropriate assessment and referral of patients to long-term or briefer psychoanalytic treatment is in itself a specialist skill requiring a high level of training.

4. That in planning delivery of mental health services, particular attention be paid to the evidence that patients with chronic or long standing mental health problems such as personality disorders or severe anxiety, and depression, require longer term, more intensive therapeutic interventions. We propose that appropriate access to such services which can deliver outcomes which foster contributing lives, be incorporated into planning of both public and private mental health services.

5. That in planning education and consultation to mental health and primary health care service providers to Aboriginal, Torres Strait Islander people, and in regional areas, members of our associations are funded to contribute their considerable base of knowledge and experience. Members of our associations have provided much valued education and consultation to professionals working with indigenous communities, which have contributed to deeper understanding in their own work with patients. We propose the expansion of a model which enhances the valuable professional interchange between primary health-care workers and members of our associations in the areas of patient care, education and consultation.

6. That incorporation of increased access to psychoanalytic psychotherapies recognises that the therapists delivering these treatments have extensive, advanced level training over many years, and with strict credentialing. Members of our associations have trained for many years at an advanced level, with our minimum requirements of at least four years of postgraduate theoretical training, of intense clinical supervision, and of personal psychoanalysis or psychoanalytic psychotherapy. In addition, as part of their ongoing accreditation, our members are required to maintain a high level of ongoing professional development and clinical supervision. For the most part, our members' training and ongoing professional development are self-funded, which limits access to this high level of training and thereby the access for patients who require this form of treatment. Long-term planning for comprehensive mental health service delivery requires support for training for the next generations of service providers.

**SUBMISSION TO THE NATIONAL REVIEW OF EXISTING MENTAL HEALTH PROGRAMMES AND SERVICES**

# The role of psychoanalytical psychotherapies as part of evidence-based, cost-effective and accessible mental health service provision

We will address our comments to the relevant Terms of Reference of the Review:

**Funding priorities in mental health and gaps in services and programmes**

While it is our experience that significant resources are made available for responding to mental health crises, and for maintenance and support of those with serious and chronic mental health problems, we are concerned that few resources are available to assist those people to effect deep and lasting changes in their lives. There is inadequate availability, in current programmes, for these patients to access the kinds of intensive psychotherapy from which research indicates that they would benefit. There are multiple instances of psychotic, borderline, depressed and suicidal patients discharged from hospital according to criteria designed to manage high admission demands rather than achieve therapeutic or treatment goals, with little or no follow-up care, ostensibly because of financial restraints. The same patients return for admission to psychiatric services not long after discharge, and the cycle is repeated - with high cost to the patient, his/her family, the community and the mental health team.

The members of our associations are principally engaged with providing psychoanalysis or psychoanalytic psychotherapy to people who suffer from serious mental illnesses. Our theoretical modality is effective for both long and short-term treatment, applied with individuals, families or groups, applicable to the specific needs of the individual patient or group, and/or particular nature of the mental illness. We will address these forms of treatment separately, identifying how the intensive training undertaken by our members enables informed and accurate diagnostic assessments and thus the capacity to identify the most appropriate, of either short or long-term psychoanalytic therapy, to produce the best outcomes.

There is a significant body of research to support the position that duration and intensity of treatment needs to be adapted according to the nature of individual patients' mental health needs.

(a) *Long-term treatment*

In current programs there is inadequate support for those members of the community requiring access to long-term psychotherapy provided by appropriately qualified and experienced practitioners. In particular, severely mentally ill patients who require long term and intensive psychotherapy are generally not able to be accommodated by publicly funded mental health services, whose resources are already stretched. Severe mental illness, which has usually developed over many years, does not under most circumstance respond successfully to quick solutions. Even when appropriately treated, severe mental illness often lasts for years. Without treatment, however, severe mental illness leads to deterioration and adverse effects for patients, their families and the community at large. This is common knowledge in general medical practice, where a significant proportion of patients suffer from conditions that are not completely curable by any form of known treatment, but which, if left untreated, result in the deterioration or the death of the patient. While current Medicare arrangements provide financial support for psychiatrists to provide ongoing, long-term contact, psychiatrists are in short supply, and generally not affordable in particular for patients on disability pensions or low incomes. Furthermore, relatively few from among the ranks of psychiatrists have sought specialised psychotherapy training to adequately provide intensive, long-term psychotherapy.

While the Better Access Initiative (BAI) has served an important function in providing increased access to mental health services, both in its design and implementation, the BAI has relied entirely on short-term therapies with an emphasis on cognitive behavioural treatments. While such approaches have demonstrated their effectiveness for certain patients, they have proven considerably less effective with more complex, chronic conditions which do not respond to specific symptom reduction. For such patients, longer-term therapy has demonstrated positive outcomes. In both public and (Government subsidised) private mental health services there is a deficit in access to high quality, and economically effective, long-term psychotherapy which research described in the bibliography below indicates to be beneficial to such people.

In-depth, longer-term treatment is particularly required with the more serious disorders, including multiple or chronic mental disorders, personality disorders, severe obsessive-compulsive disorders, and chronic abuse and trauma victims. The National Mental Health Policy 2008 recognises the need to have a broad range of treatment modalities, stating that:

> *"Central to the population health framework is a range of high quality, effective interventions that target those at different levels of risk or with different levels of need. The interventions should be comprehensive, ranging from prevention and early intervention through treatment, to continuing care and prevention of relapse."(p.10)*

Doidge, in a review of the efficacy of psychoanalytic approaches, makes the observation that, "therapeutic benefit is consistently and strongly associated with treatment length" (p123), but also points out that provision of psychoanalytic psychotherapy results in significant health care cost savings via the reduction of demand for other services.[1]

(b) *Short-term psychoanalytic psychotherapies*

It is generally not recognised within the dominant mental health paradigm, that focused short-term psychoanalytic psychotherapy can be very effectively applied with those patients who present with a primary focus of disturbed functioning (Malan & Coughlin, 2006; Leichsenring et al, 2004), such as acute neurotic and psychosomatic reactions to situational conflicts in children and adolescents; crisis derived from the inability to find solutions to particular problems presented by life and human relations (e.g. physical illness, separation and divorce); traumatic losses and the death of loved ones during the period of mourning, and other critical situations that are not necessarily the result of psychopathology but which are complicated by any pre-existing psychopathology.

Many of our members report working with patients who have tried other brief, usually cognitively-based, structured interventions, (that currently have the majority of funding support from government), and found them to be of limited effectiveness. This is not to suggest that such approaches are not helpful, but rather, their usefulness is greatest with certain patient populations but are palliative and of limited duration with the more complex mental health difficulties.

## Mental health research, workforce development and training

### Evidence-base for psychoanalysis and psychoanalytic psychotherapies

Psychoanalysis and psychoanalytic psychotherapy have a distinguished international history of effective therapeutic work stretching back more than a century. Predominantly this work has been with cases of serious mental illness that have not responded to other therapies. These treatments have recognized and documented the importance of unconscious determinants in

[1] Doidge (1997)

peoples' behaviour and thought patterns. Since then, psychoanalytically-informed therapy has grown and developed in clinical, theoretical and research areas.

Critics of psychoanalytically-informed psychotherapies have claimed that psychoanalytic concepts and practice lack the support of evidence, and that the literature demonstrates that other forms of treatment are more effective. This belief is based on a selective sampling of available research which ignores a vast amount of evidence.[2] The current emphasis on structured and time limited treatments has received strong support because it is well suited to the economic considerations and dominant research paradigm, the model of physical medicine. However, these views do not take into account the growing body of evidence for longer-term psychotherapy, demonstrating effective clinical practice, in both qualitative and quantitative studies, over several decades. In addition it has been argued that an evaluation of psychoanalytic psychotherapy requires methodologies appropriate to the nature of the treatment. The *European Federation for Psychoanalytic Psychotherapy* in the Public Sector (EFPP) has been developing and employing such methodologies for a decade.[3]

The evidence-based literature, reviewed below, shows unequivocal support for the efficacy of psychoanalytic psychotherapy in treating a broad range of psychological conditions, particularly the more severe forms of mental dysfunction. Research over the past 30 years has clearly demonstrated that the prime therapeutic factor in improvement in mental functioning is the relationship between patient and therapist. This can only be achieved through a framework which allows the relationship to develop over a time-span appropriate to the nature of the work required. While there is evidence for more formulaic treatment modalities such as cognitive behaviour therapy, there are significant questions about the comprehensiveness of such evidence. This is generally based on studies which specifically exclude the type of complex cases that are suitably treated by psychoanalytic psychotherapy.[4]

An important development is the emergence of neurobiological studies that have established the efficacy of psychoanalytic psychotherapies. As Nobel prize-winning neuroscientist Eric Kandel[5] points out: "There is no longer any doubt … that psychotherapy can result in detectable changes in the brain." The brain restructures itself during psychotherapy and "the more successful the treatment the greater the change".[6] Solms and Turnbull also corroborate from functional imaging studies that 'the functional activity of the brain is indeed altered by psychotherapy".[7] Such studies emphasise the role of the therapeutic relationship and the need for a significant period of time to enable these changes to become expressed as physical changes in the brain.[8]

**Specific populations**

1) Working with children and adolescents: Evidence for longer-term psychoanalysis and group and individual psychoanalytic psychotherapy

Many members of our associations work with children and adolescents, individually and in groups, with parents and families, and in parent-infant psychotherapy. A review of 15 years of work on the outcomes of child psychoanalytic therapy concluded that:

> *"The follow-up study is consistent with the long-term good outcome of the early treatment of these relatively seriously disturbed children. We were again and again surprised to meet adults who, as children, manifested serious and in many instances "hopeless" conditions; yet who,*

[2] Shedler (2010), p.1
[3] Richardson, Kachele & Renlund (2004)
[4] Hardy, Barkham, Shapiro & Reynolds 1995, King, (1998).
[5] Quoted in Doidge (2007), p. 234.
[6] Doidge, (2007), p. 234
[7] Solms and Turnbull, (2002), p. 288.
[8] See research reviewed in Cozolino (2002), (2006)

*following successful treatment, had become relatively high-achieving individuals with stable social circumstances and no history of further psychiatric problems."*[9]

Empirical studies of the currently funded psychological therapies such as cognitive behaviour therapy, interpersonal therapy, pharmacotherapy and their combination demonstrate some therapeutic effectiveness for depressive, obsessive-compulsive and anxiety disorders in adolescents but approximately 30% of patients do not respond to treatment and high rates of relapse are reported (Brent et al 1997, Westen & Morrison 2001).

The Time for a Future program conducted in Melbourne Victoria was developed to apply an extensively evaluated, longer-term psychoanalytic psychotherapy (PP) model for adolescents with severe mental illness with a range of diagnoses and comorbid symptoms, many of whom had required inpatient admission. The research outcomes studied to date found that *"…. individual Psychoanalytic Psychotherapy combined with Treatment as Usual (TAU) was associated with a greater reduction in symptoms than TAU alone for adolescents who initially experienced clinical levels of depressive, social and attention symptoms. A strength of Psychoanalytic Psychotherapy is that it can be applied in the treatment of a range of psychiatric disturbances and can be used to treat patients with complex or multiple diagnoses. These patients may be less responsive to short-term symptom-specific interventions. Results support the literature indicating that Psychoanalytic Psychotherapy is a justifiable and effective additional treatment option for seriously mentally ill adolescents* (Tonge et al 2009)[10]

A number of other studies and reviews have shown the effectiveness of psychoanalytic therapies with children and adolescents.

- An extensive review[11] of research in child and adolescent psychotherapy found that psychoanalytic therapy is beneficial. The magnitude of the effect is approximately 0.7, thus about the same effect as in other psychotherapy with adults.
- The positive change continues after the termination of treatment. ie there is a positive, so-called, "sleeper effect". When tested, it emerges that this effect is maintained in adulthood.[12]
- Less disturbed children seem to have been able to be helped by weekly psychotherapy.[13]
- More disturbed children need more intensive and longer treatment.[14]
- If the psychotherapy is too short or not sufficiently intensive, or if parallel work with parents is lacking, psychotherapy may in certain cases be damaging for seriously disturbed children.[15]

Psychotherapy has been found in formal studies to be effective for children with:

- Depression[16]
- Poorly controlled diabetes[17]
- Anxiety disorders[18]
- Personality disorder[19]

[9] Fonagy & Target (2002),p. 54
[10] Tonge et al 2009
[11] Ellis Kennedy (2004)
[12] Schachter, (2004); Schachter and Target, (2009); Midgley and Target, (2005); Midgley et al., (2006).
[13] Muratori et al., (2002), (2003); Fonagy and Target, (1996).
[14] Lush et al., (1998); Schachter and Target (2009); Heinicke and Ramsay-Klee, (1986).
[15] Target and Fonagy, 2002; Szapocznik et al., (1989).
[16] Target and Fonagy, (1994b); Trowell et al., (2007); Horn et al., (2005).
[17] Fonagy and Moran, (1991).
[18] Kronmüller et al., 2005; Target and Fonagy, (1994b).
[19] Gerber, (2004).

- Specific learning difficulties[20]
- Pervasive developmental disorders[21]
- Eating disorders[22]
- Infants exposed to violence[23]

Psychotherapy has had significant therapeutic benefits for severely deprived children, children in foster care and sexually-abused girls.[24] In the UK, studies have resulted in psychoanalytic psychotherapy (PDT) being included as a recommended form of treatment in public health care (NICE Guidelines).

We believe that it is necessary for Government to draw on evidence-based research from a broad range of therapeutic approaches. European evidence-based research into the effects of psychoanalysis and psychoanalytic psychotherapy show that our members belong to a group of mental health providers whose treatment outcomes are positive for their patients, and result in decreasing patient re-admissions to hospital.

2) Working with adults: Evidence for longer-term psychoanalysis and psychoanalytic psychotherapy

Recent studies indicate that psychoanalysis and psychoanalytic psychotherapy, both individual and group, are effective. These studies also show that patients continue to improve even after treatment has ended and for longer follow-up periods. Statistically significant and clinically meaningful improvements in panic, depression, anxiety, and functional impairment – both at treatment termination and at follow-up six months after completion – occur with psychoanalytic psychotherapy.[25]

The Victorian Association of Psychoanalytic Psychotherapy set up a philanthropically funded low-cost clinic, over the past five years, which has offered fully evaluated, longer-term Psychoanalytic Psychotherapy (PP) to adults who cannot otherwise afford such treatment. The outcome studies of this approach, whilst still being evaluated for longer term follow-up, have demonstrated strong support for Psychoanalytic Psychotherapy for complex mental health problems in adults.[26]

Psychoanalysis in particular is comparable in its effectiveness to a range of commonly used medical treatments (e.g., the 5 year survival for colon cancer varies between 6% -74%; for breast cancer, 22% - 100%) and its effectiveness indicators greater than those, which justify the use of commonly, used medications including aspirin.[27] Recently, large studies of the outcome effectiveness of psychoanalysis concluded that if patients are well-chosen, between 60%-90% show significant positive gain and achieve clinically significant change on some or all of the outcomes listed.[28]

A meta-analysis of the effectiveness of long-term psychoanalytic psychotherapy showed that it "was significantly superior to shorter-term" modalities and that long-term psychoanalytic psychotherapy yielded large and stable effect sizes in the treatment of patients with personality disorders, multiple mental disorders, and chronic mental disorders.[29] These

[20] Heinicke and Ramsey-Klee, (1986).
[21] Reid et al., (2001)
[22] Robin et al., (1999)
[23] Lieberman et al., (2005)
[24] Lush et al., 1998, Trowell et al., (2002)
[25] Milrod et al, (2000)
[26] Godfrey, Dean, Grady, Green, Tonge et al, 2009, 2011, 2012a,b
[27] McCarthy, C., Weiz, J. R., & Hamilton, J. D. (2007)
[28] Cogan, R & Porcerelli, JH (2005)
[29] Leichsenring and Rabung, (2008)

patients are commonly regarded as "difficult", and it is particularly with respect to such patients who have "failed" or been excluded from other, briefer, therapies that psychoanalysis, or longer-term psychoanalytic psychotherapy have proven effective.

Central to the practice of psychoanalytic psychotherapy is the continuity of the relationship between therapist and patient. Thus, when patients experience crises between sessions they are likely to contact their therapist for support before presenting to a hospital emergency department. The relationship is a significant asset which often helps in managing crises without more intensive medical intervention. The ongoing psychotherapeutic relationship is a resource to help manage patients outside the medical system and reduce other forms of intervention, which does not exist in shorter term, more goal-oriented treatments. There is now clear evidence that this reduces the need for additional intervention.[30]

Members of our psychoanalytical associations, who have specialist training and strict credentialling standards, not infrequently, offer treatment at reduced fees or bulk-billing rates to patients with serious mental illnesses who are unemployed, on low incomes or disability pensions, and who would otherwise be unable to afford the cost of psychotherapy. This provides considerable benefit to the public purse, however, there is a limit to the extent to which our members can continue to offer subsidised treatment to patientst, many of whom cannot even afford reduced fees so this service is only available to a small number of patients. While brief psychoanalytic psychotherapy may meet the needs of some selected patients, treatment prematurely curtailed may well be damaging to the mental health of the patient, thus undoing any of the benefits gained to that point in their psychotherapy. Inappropriately brief treatments with certain patient populations can be ultimately costly in both human and economic terms. This raises ethical issues for our members as to whether it is justifiable to offer treatment to seriously ill patients if it cannot be provided beyond the very limited number of sessions, as is often the case in public mental health services and government subsidised services such as the BAI.

Group psychotherapy, offered by experienced psychoanalytically-trained group therapists, is another modality providing cost effective treatment for a variety of mental illnesses. With considerably less financial outlay, there is strong evidence of beneficial results from working in groups with anxiety and depressive disorders, social phobias, borderline states, sexual identity problems, and relationship issues which can have major psychological effects on families, and in particular, children. Group psychotherapy is particularly effective with many patients who lack communication skills or are difficult to engage in individual treatment or whose difficulties have a primary social basis. Adaptation of group psychotherapy techniques provides highly effective support groups for very vulnerable patients such as those suffering from metastatic breast cancer and traumatic bereavement from disasters. Such groups improve quality of life, reduce symptoms and secondary reactive disorders such as depression, anxiety and relationship difficulties[31]

**Training of psychoanalysts and psychoanalytic psychotherapists**

Psychoanalysis and psychoanalytic psychotherapies are delivered by therapists with extensive years of advanced level training. This is a major emphasis of our five professional associations, with the minimum training required for membership as follows:

1. A tertiary degree and relevant clinical experience as a pre-requisite

[30] Doidge, (1997); Stevenson & Meares, (1999); Hall, Caleo, Stevenson & Meares, (2001).
[31] Kissane et al, (2004, 2007), Spiegel et al (1981), The Thursday Girls (2004).

2. Participation in a comprehensive professional training in psychoanalytic theory and clinical practice of between four to five years.

3. Weekly one-on-one clinical supervision of at least two clinical cases of psychoanalysis or psychoanalytic psychotherapy and/or group psychotherapy in which the patient or patients are seen a minimum of twice a week. One of these cases must be of at least 24 months duration, and one at least 12 months. Most practitioners would have far in excess of these clinical hours.

4. Personal psychoanalysis or psychoanalytic psychotherapy and/or group psychotherapy, at least twice weekly, with an approved psychoanalyst or psychoanalytic psychotherapist for the duration of training. This is a unique component as it provides an actual experience of the process and ensures analysts and therapists are aware of how their own personal characteristics may influence the treatment. This is essential for effective psychoanalytic work.

Trainees undertake the main elements of training- personal psychoanalysis/ psychotherapy, supervised clinical practice; and theoretical and clinical seminars – at the same time. In addition they have ongoing professional development and clinical supervision. There is no government funding for this and all costs are born by trainees. This is a substantial saving to Government and the community.

We consider the members of our associations to be the highest qualified professionals to deliver longer-term therapy. Our training in psychoanalysis/psychoanalytic psychotherapy is specific to serious mental problems and occurs at post-graduate level. Such preparation is central, providing our members with the sound theoretical and practical basis for assessment and treatment of complex cases. It is our view that without such rigorous training, practitioners may be ill-prepared to identify and manage severe mentally illnesses, and thereby risk exacerbating such conditions.

The significant investment of time and money to complete specialist training in psychoanalysis or psychoanalytic psychotherapy is a significant impediment to many potential trainees. There is no financial incentive to specialise. The majority of members of our associations that provide psychoanalysis and psychoanalytic psychotherapy are university qualified in psychiatry, clinical psychology and social work, and could earn as much, or more, without undertaking this specialist training. Consequently, the number of appropriately qualified practitioners is, we would argue, low, relative to the clinical need in the community.

However, we also have highly trained and experienced practitioners who came to their psychoanalytic training via other professional pathways, which currently make them ineligible for registration as Mental Health practitioners. They undertake the same post-graduate, theoretical and clinical psychoanalytical training, as all other members of our associations. Their theoretical understanding and clinical expertise for undertaking psychotherapeutic treatment of severe, complex and long standing mental health problems are equivalent in all respects to members from the medical and allied health sector. Their non-recognition by Government agencies has meant that their skills are under-utilised while patients are encouraged to seek the help of practitioners who may not have had the training required to treat complex problems. As a consequence, their ability to contribute to the treatment of serious mental health problems in the community has been diminished. Their patients receive no Medicare rebates and are required to pay GST for their services. This is an inequitable oversight that has implications for optimum treatment, but also has implications for mental health workforce shortages. These practitioners constitute a highly trained, highly experienced, but underutilised resource.

**The role of factors relevant to the experience of a contributing life such as employment, accommodation and social connectedness** and

**The efficacy and cost-effectiveness of programmes, services and treatments**

In terms of fostering the formation of contributing lives the outcomes following psychoanalysis or long-term psychoanalytic psychotherapy are not expressed only in terms of specified symptom remission (e.g., less anxious, less depressed, less phobic). This treatment is also concerned with fostering psychological resources that include increases in the capacity to:

(b) have more fulfilling relationships
(c) make more effective use of one's talents and abilities
(d) maintain a realistically based sense of self-esteem
(e) tolerate a wider range of affect (emotions and feelings)
(f) understand self and others in more nuanced and sophisticated ways
(g) face life's challenges with greater freedom and flexibility

For many people, psychoanalytic forms of psychotherapy may foster inner resources and capacities that allow richer, freer, more productive and fulfilling lives[32] - in other words, fostering the capacity to life a *contributing life*. For example, a Swedish study of more than 400 people during and after subsidised psychoanalysis or longer-term psychotherapy showed continued improvement following the completion of treatment.[33] This observation suggests psychoanalytic treatment initiates a process that continues in the patient after the formal termination of treatment. The implication is that an advantage exists for extended, in-depth psychotherapy or psychoanalysis over short-term therapy and/or medication for a group of complex problems.

Similarly, a study of patients diagnosed with a Borderline Personality Disorder who completed a program of longer-term psychoanalytic psychotherapy not only maintained their substantial gains at the end of treatment but also showed a statistically-significant, continued improvement over time acter the completion of therapy, on outcome measures.[34] Perhaps unsurprisingly, the enhancement in the capacity of patients to live a contributing life often is expressed also in economic terms. For example, a similar outcome, with a similar population, in an Australian study demonstrated, in addition to the therapeutic outcome, a significant cost benefit of one year of twice weekly psychotherapy for patients with Borderline Personality Disorder. This showed an average cost reduction of hospital admissions of $21,431 per patient in the year following treatment compared to the year prior to treatment.[35] With current session costs, this would fund a year and a half of twice weekly therapy sessions. Taking the current BAI recommended fee for a psychotherapy consultation, each day of hospital treatment may be the equivalent to several months of weekly psychotherapy sessions. Hence the cost of a year's psychotherapy treatment may be more than offset by reduced hospital stays, physician visits and other health system costs.

These findings are of crucial importance to Government as it restructures the Australian mental health system. For optimum economic and preventative impact, psychoanalytic psychotherapies cannot be overlooked. They have been shown to result in markedly reduced medical utilization (sick days, hospital days, number of physician visits, drug intake) in the majority of patients studied in a review of health insurance.[36] This research indicates that

[32] Shedler, (2010), p. 18
[33] Sandell R, Lazar A, Grant J, Carlsson J, Schubert J, & Falkenström F, (2004).
[34] Bateman and Fonagy, (2001)
[35] Meares, Stevenson & Comerford (1999);Stevenson and Meares (1999); Hall, Caleo, Stevenson & Meares, (2001).
[36] Keller et al (2006a), p. 33

patients reduced sick days by two thirds in the year after therapy, and by a further 50 per cent after five years. Hospital days were reduced by 87.5 per cent in the year after therapy and 50 per cent after five years. The research concludes:

> *"Even after 5 years, the improvement in the patients' state of health and attitude toward the disease resulted in a measurable reduction of health insurance claims (work days lost due to sickness, hospitalisation days, doctor's visits and psychotropic drug intake) in a significant number of the patients treated. This suggests that psychoanalysis is related to a reduction of health care and related costs. Cost effectiveness aspects increasingly play an important role as outcome criteria for health care purchasers and providers. This retrospective study demonstrated that psychoanalysis also has long-lasting effects on the patients' psychological wellbeing. The data here provide some convincing arguments for the effectiveness of psychoanalysis."* [37]

Whilst long-term psychotherapy has been considered costly, the cost-benefit analysis has not generally considered adequately the evidence which demonstrates decreased hospital admissions, decreased GP visits, decreased reliance on medications, and increased capacity to work and or study among people who had presented with complex mental health problems. The initial cost of psychotherapy is offset, and in many cases, exceeded by the long term savings. Conversely, patients left with no therapeutic help, or with less trained and skilled practitioners offering short-term treatments aimed only at short-term symptom relief, perhaps without the appropriate assessment skills to understand what is required, this can lead to a much greater long-term cost to the government. Inadequately treated patients will eventually require hospitalization, with extra burden placed on in-patient services.

**Specific challenges for Aboriginal and Torres Strait Islander people**

The long history of marginalization and under-privilege for indigenous people and communities and the complex, multi-generational history of trauma and the disrupted cultural context mean that mental health problems in these groups present unique challenges, and it is not surprising that many mental health initiatives do not produce the results hoped for. There is significant literature on the application of psychoanalytic thinking to the problems of indigenous people, intercultural conflict and trans-generational transmission of trauma. The value of psychoanalytic consultation for complex social problems has been demonstrated in various parts of the world and has formed the basis of work done in Australia.[38]

**Integration with primary health care, general practice**

Primary health care practitioners who have access to professional interchange with our members cite improvement in their care, treatment and relationships with their patients.

GPs who have access to members of our associations, often choose to refer patients with complex and long-term mental health problems to our members, arising from the psycho-social and physical health benefits and even physical health improvements that they see in their patients who are engaged in the psychoanalytic psychotherapies.

Our members draw on a plurality of models of mental dysfunction. The patient is not fitted into one mode of working but rather the treatment is guided by the specific character of the patient's experience and type of assistance most effective for them. We strongly support diversity in service providers to reflect the diversity in patients' needs. These needs are not necessarily obvious to the patient in treatment, but it is crucial that the treating clinician is aware of them. Clinicians (both treating and referring) need to have the training and

[37] Keller et al (2006 b) p.9
[38] Volkan (1990,1997, 2000), Hollander, (2010)

experience to recognise and respond to the complex psychological treatment needs of their patients.

**Specific challenges for regional, rural and remote Australia**

Members of our associations, mindful that most mental health services appear to be city-based, have been actively exploring and undertaking the options of remote therapy, as well as supervision of regional practitioners, via telephone or Skype, to extend service-provision to rural and remote areas.

**Concluding Summary**

Psychoanalytic therapies have been specifically developed over more than a century to provide effective treatments for complex, chronic and resistant mental health conditions. The thoroughness of a training that includes theory, practice, supervision and personal analysis equips our members to be in the best position to treat patients with such disorders.

The idea has been popular in the press and media that all problems can and should be able to be effectively treated using brief and simple treatments – "one treatment fits all patients". There is a serious risk that patients may attend unsuitably trained practitioners who begin psychotherapy with them, but terminate prematurely because they are not adequately trained to understand the complexity of such cases. This can have a negative effect in that the patient's expectation of the usefulness of therapy is not met. Indeed, this could do more harm to patients in fostering a negative attitude to therapeutic work. Even more serious damage may occur when seriously disturbed and fragile patients are referred to practitioners who, not being trained to recognise or deal with such complex cases, offer brief interventions, terminate prematurely, and leave the patient traumatised and damaged.

The broad range of psychological conditions which generate severe chronic distress require intensive, and often longer-term psychotherapy as opposed to briefer interventions. The evidence derived from numerous recent studies strongly supports the appropriateness of psychoanalytic approaches, provided by properly trained and credentialled practitioners in these complex cases.

## RECOMMENDATIONS

1. That given the substantial evidence base attesting to the efficacy and cost-effectiveness of psychoanalytic psychotherapies, and the specialist training and credentialling of its practitioners, such approaches should be recognised as an important and specialist component of the mental health system in Australia. We recommend that increased access be provided, via both public and private mental health services and programmes, to services provided by specialist trained and credentialled psychoanalysts and psychoanalytic psychotherapists.

2. Such services need to be well integrated with primary health care (General Practice).

3. That greater access be supported, through public and private mental health services, to both short and longer term psychoanalytic psychotherapies provided by appropriately trained and credentialled professionals. Related to this, accumulated research indicates that in certain circumstances short-term treatments may be appropriate, but that the appropriate assessment and referral of patients to long-term or briefer psychoanalytic treatment is in itself a specialist skill requiring a high level of training.

4. That in planning delivery of mental health services, particular attention be paid to the evidence that patients with chronic or long standing mental health problems such as personality disorders or severe anxiety, and depression, require longer term, more intensive therapeutic interventions. We propose that appropriate access to such services which can deliver outcomes which foster contributing lives,be incorporated into planning of both public and private mental health services.

5. That in planning education and consultation to mental health and primary health care service providers to Aboriginal, Torres Strait Islander people, and in regional areas, members of our associations are funded to contribute their considerable base of knowledge and experience. Members of our associations have provided much valued education and consultation to professionals working in the above systems, which have contributed to deeper understanding in their own work with patients. We propose the expansion of a model which enhances the valuable professional interchange between primary health-care workers and members of our associations in the areas of patient care, education and consultation.

6. That specialist psychoanalytical psychotherapy or psychoanalysis should be made available to patients with conditions indicating their likely benefit from such treatments which are delivered by practitioners who meet the high credentialling standards of the Confederation of Psychoanalytic Psychotherapies similar to the British Council.

7. That incorporation of increased access to psychoanalytic psychotherapies recognises that the therapists delivering these treatments have extensive, advanced level training over many years, and with strict credentialing. The members of our associations have trained for many years at an advanced level, with our minimum requirements of at least four years of postgraduate theoretical training, of intense clinical supervision, and of personal psychoanalysis or psychoanalytic psychotherapy. In addition, as part of their ongoing accreditation, our members are required to maintain a high level of ongoing professional development and clinical supervision. For the most part, our members' training and ongoing professional development are self-funded, which limits access to this high level of training and thereby the access for patients who require this form of treatment. Long-term planning for comprehensive mental health service delivery requires support for training for the next generations of service providers.

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