



Statewide Gambling Therapy Service

# 2015-2016 Annual Report

World leaders in gambling therapy



Government  
of South Australia

SA Health

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Statewide Gambling  
Therapy Service

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# 2015-2016 Annual Report

World leaders in gambling therapy

*"Chase your dreams, not your losses"*



*Funded through the Gamblers Rehabilitation Fund*

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## Message from the Director



Firstly I would like to thank my predecessor Professor Malcolm Battersby for his leadership over the past twenty years, for guiding the Statewide Gambling Therapy Service through development and transformation and establishing the service as one of the most successful evidence-based Cognitive Behavioural Therapy models for the treatment of problem gambling. How lucky we are to have this available to the people of South Australia.

I took over the role of Director around the middle of 2015 and have had the wonderful opportunity to work in collaboration with dedicated staff and skilled clinical therapists. Our Business Manager Eleni Labadas has helped strategically lead the Statewide Gambling Therapy Service into its next phase with the introduction of a stepped care model that offers a different Cognitive Behavioural Therapy option and facilitates greater access to our therapy service for any South Australian who is struggling with problem gambling.

This model is based on the highly successful IAPT model (Improving Access to Psychological Therapies) which has been in place and highly successful in the United Kingdom for over ten years. Beyondblue funded an Australian version of IAPT referred to as New Access which is already seeing outstanding outcomes. As a Board Member for beyondblue and advocate for this model, I am extremely pleased to see this learning adopted and implemented into our problem gambling treatment model.

As a result of a greater strategic focus towards our business this year we have seen a number of enhancements in terms of our operations and service delivery. Some of our highlights for the year include:

- > The introduction of a low intensity telephone guided Cognitive Behavioural Therapy treatment option that improves access to evidence-based therapy for problem gamblers.
- > Leadership of the Gambling Intervention Pilot, a joint collaboration with the Office for Problem Gambling and the Magistrates Court of South Australia to trial a treatment diversion program for offenders who have identified gambling problems.
- > Participation in a pilot called "GamblingLess for life" to trial an online gambling help intervention.
- > The introduction of a Mental Health First Aid intervention with the Adelaide Casino.
- > Our working with youth program to better understand the issues faced by our youth in this ever changing and complex digital environment.
- > Investment in workforce development through our ongoing strategic partnership with the Flinders University Masters of Cognitive Behavioural Therapy program and the provision of student-based clinical placements.

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We continue to work in collaboration with our funder, the Office for Problem Gambling, and other Gambling Help Service providers across South Australia. For the first time since the establishment of the Gambling Rehabilitation Fund the evidence-based gambling therapy service was put out to competitive tender. Despite the challenges that this complex environment presents, the Statewide Gambling Therapy Service is confident with its evidence-based approach and continued track record of outstanding recovery outcomes.

On behalf of the Southern Adelaide Local Health Network, I would like to thank all team members for their work, loyalty and continued support of the Statewide Gambling Therapy Service.

**Associate Professor Michael Baigent**



**Director**

Statewide Gambling Therapy Service  
Southern Adelaide Local Health Network

**Head of Unit**

Centre for Anxiety and Related Disorders & Improving Access to Psychological Therapies  
Southern Adelaide Local Health Network

**Senior Specialist**

Drug and Alcohol Service of South Australia

**Board of Directors**

beyondblue

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## 1. Executive summary

### 1.1 Overview of problem gambling

Problem gambling is a significant public health issue in Australia costing up to \$12 billion per year. It is estimated that around 3.1% of South Australians have either borderline or problem gambling. Problem gambling is associated with significant financial consequences, psychological and social impairment and poor health. The term 'problem gambling' is used in the Australian context to describe harms associated with difficulties in limiting time and or money spent on gambling. Electronic gambling machines have typically been the most common form of problematic gambling, however a new age of online wagering and sports betting raises growing concerns for the future impacts on the community.

Problem gambling is associated with high levels of shame and stigma which results in many people choosing not to seek help. Problem gambling (or pathological gambling as it is otherwise referred to) is classified as a Gambling Disorder, an addiction in the DSM5 (Diagnostic and Statistics Manual of Mental Disorders, Fifth Edition, APA, 2013). Therefore, like other addictions, a non-judgemental and empathetic approach when identifying people in need of help should be adopted.

At the Statewide Gambling Therapy Service we use an evidence-based Cognitive Behavioural Therapy model that has been proven as highly effective in the treatment of problem gambling.

### 1.2 About the Statewide Gambling Therapy Service

#### Our service

The Statewide Gambling Therapy Service has been funded by the Gambling Rehabilitation Fund (administered by the Office for Problem Gambling) since 2007 and is a free community based service available to all South Australians. The Statewide Gambling Therapy Service (originally the Intensive Therapy Service established in 1996) was founded by Professor Malcolm Battersby who is currently the Clinical Director of the Southern Adelaide Local Health Network (SALHN) Mental Health Services. SALHN is administered through the South Australian Department of Health and Ageing and is one of three Local Health Networks appointed by the Department to provide hospital, medical, allied and mental health services to the people of South Australia. The Statewide Gambling Therapy Service is a specialised gambling health service administered under the Mental Health Services arm of SALHN and is the only one of its kind across the Networks. As a recognised Mental Health Service under the governance of the Department of Health and Ageing, the Statewide Gambling Therapy Service ensures that the community has access to the highest standard of evidence-based out-patient and in-patient treatment for problem gambling.

The Statewide Gambling Therapy Services' head office is at the Flinders Medical Centre. Currently we have three metropolitan clinics, one in the Southern metropolitan region at the Flinders Medical Centre, one in the Western metropolitan region in Port Adelaide and one in the Northern metropolitan region in Salisbury. Our service is headed up by Director Associate Professor Michael Baigent (psychiatrist and specialist in addiction medicine) and treatment is delivered by professionally qualified therapists from multidisciplinary backgrounds who hold recognised health disciplines and credentialing in the gambling treatment model.

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## Our therapy model

The Cognitive Behavioural Therapy model developed by the Statewide Gambling Therapy Service is one of only several Cognitive Behavioural Therapy models in the world that uses graded cue exposure in combination with a cognitive element to effectively target the urge to gamble. The evidence-based therapy model focuses on identifying unhelpful thought patterns (cognitions) and reinforcing behaviours and retrains the person to respond in a different way. This brings about sustained beneficial change in the persons thinking and behaviour.

*"...When my therapist spoke to me about urges, I really felt like I found the answer that could help me long term... I was in therapy for around 7 weeks and wow, I couldn't believe the outcome. I don't have any urge to gamble at all, I feel like I'm healed of this addiction..." – Anne*

The unique gambling Cognitive Behavioural Therapy model has been refined over 20 years, independently tested and found to be highly effective in the treatment of problem gambling. Although we focus on the Cognitive Behavioural Therapy intervention and the skills and training to deliver this form of Cognitive Behavioural Therapy, our therapists are all mental health trained. They provide a comprehensive mental health assessment including suicide risk and its management. In addition they provide a holistic psycho-social assessment so that the person's social, cultural, economic and occupational situation is taken into account.

Since its inception the Statewide Gambling Therapy Service has delivered a Cognitive Behavioural Therapy treatment referred to as "high intensity". "High intensity" Cognitive Behavioural Therapy is delivered through face to face sessions (either as an out-patient or in-patient service) and is considered high in intensity as there is substantial face to face therapist involvement with gaining Cognitive Behavioural Therapy techniques to eliminate a person's urge to gamble. In 2016 our service implemented a stepped-care approach which introduced a "low intensity" treatment option. The purpose of introducing a stepped-care model was to provide greater flexibility in treatment options and maximise access for all South Australians. The stepped-care model is based on the highly successful IAPT model (Improving Access to Psychological Therapies) which has been in place in the United Kingdom for over ten years. The stepped-care model means that clients can now access either a "low intensity" or "high intensity" treatment option. The "low intensity" Cognitive Behavioural Therapy is delivered by telephone with the aid of specifically designed self-help materials. Both the low and high intensity treatment options are based on the same Cognitive Behavioural Therapy principles however the key difference is in the elements of Cognitive Behavioural therapy used and the mode of delivery. All clients are provided with a complete initial mental health assessment and triaged into the most suitable treatment option depending on individual need.

*"...Having a job (off shore rigger) that requires me to fly in and out makes it hard for me to attend face to face appointments for treatment. Having contact with a therapist via phone or email and an easy to follow self-directed work book means I can still engage with treatment... I should get more of the blokes into this treatment as it definitely helped me learn to understand my triggers and manage my urge..." – Jay*

## Research-based foundation

The Statewide Gambling Therapy Service Cognitive Behavioural Therapy model is supported by an active quality improvement process. Our key partnership with Flinders University and the Flinders Centre for Gambling Research means that our treatment model is continuously assessed for its effectiveness and subjected to continuous improvement. Our research is clinically based and all clients enrol in an ethically approved outcome data collection system. This enables us to invest in and refine our treatment programs and has supported the Flinders University in successfully publishing clinical outcomes in a number of high level international peer review journals.

The Statewide Gambling Therapy Service also invests in workforce development through the education of cognitive behavioural therapists. We offer clinical placements to students from the Flinders University Masters in Cognitive Behavioural Therapy Program and provide specialised practical training in our unique gambling focused Cognitive Behavioural Therapy model. This triad of research, clinical service and teaching is what has enabled the Statewide Gambling Therapy Service to achieve remarkable research and clinical outcomes and is what sets our service apart as a centre of excellence in the treatment of problem gambling.

## Our vision and goals

Our vision has been a constant over a number of years which is to continue to be a world leader in gambling therapy. We are pleased to report that we continue as a service to achieve our set strategic goals:

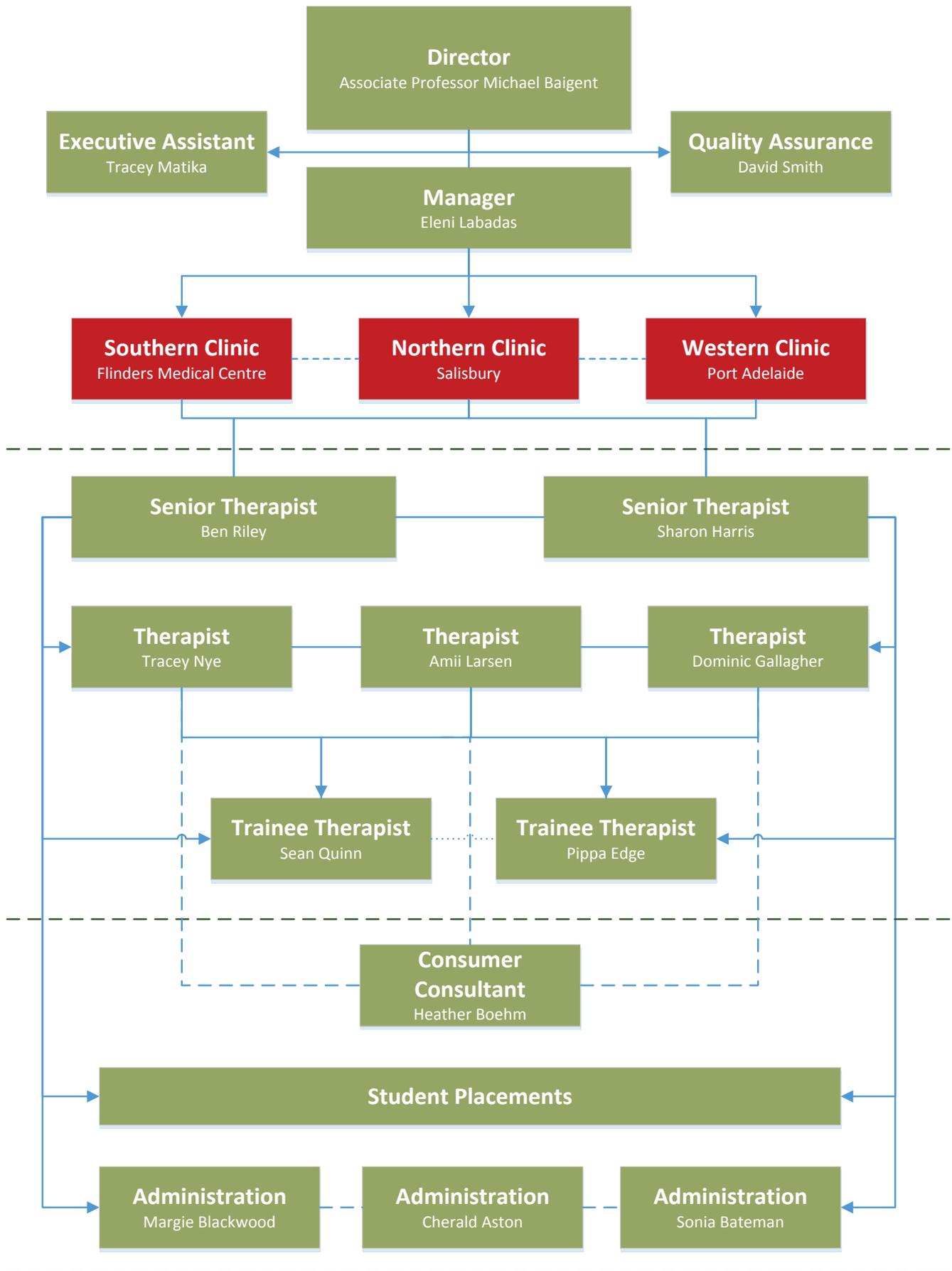
- > To provide access to evidence-based Cognitive Behavioural Therapy for people with problem gambling.
- > To deliver training and support to Gambling Help Services and Mental Health Services.
- > To support research in the area of Cognitive Behavioural Therapy for the treatment of problem gambling.

*"...I consider myself very fortunate to have been able to participate in this program as it has allowed me to regain my self-respect by regaining control of my life and finances..." – Roger*

## Our team

Our team is led by the Director of the Statewide Gambling Therapy Service Associate Professor Michael Baigent, a senior psychiatrist and addiction medicine specialist and one of the Board of Directors at beyondblue. Associate Professor Michael Baigent is also the Head of SALHN's Centre for Anxiety and Related Disorders and Improving Access to Psychological Therapies at the Flinders Medical Centre. He is a senior specialist at the Drug and Alcohol Service of South Australia. Daily operations are managed by our Business Manager Eleni Labadas, an experienced health program manager who is responsible for the strategic direction, partnerships, collaborations and relationships with gambling help service providers and organisations within the gaming industry, health and other human services. Our experienced clinical therapists hold undergraduate degrees in nursing, social work or psychology with Masters in Cognitive Behavioural Therapy (or clinical equivalent). Our clinical therapists are specialised in treating problem gambling using Cognitive Behavioural Therapy and other evidence-based techniques. Our team is supported by our administration staff and consumer consultant.

## Our business structure



### 1.3. Service and clinical outcomes

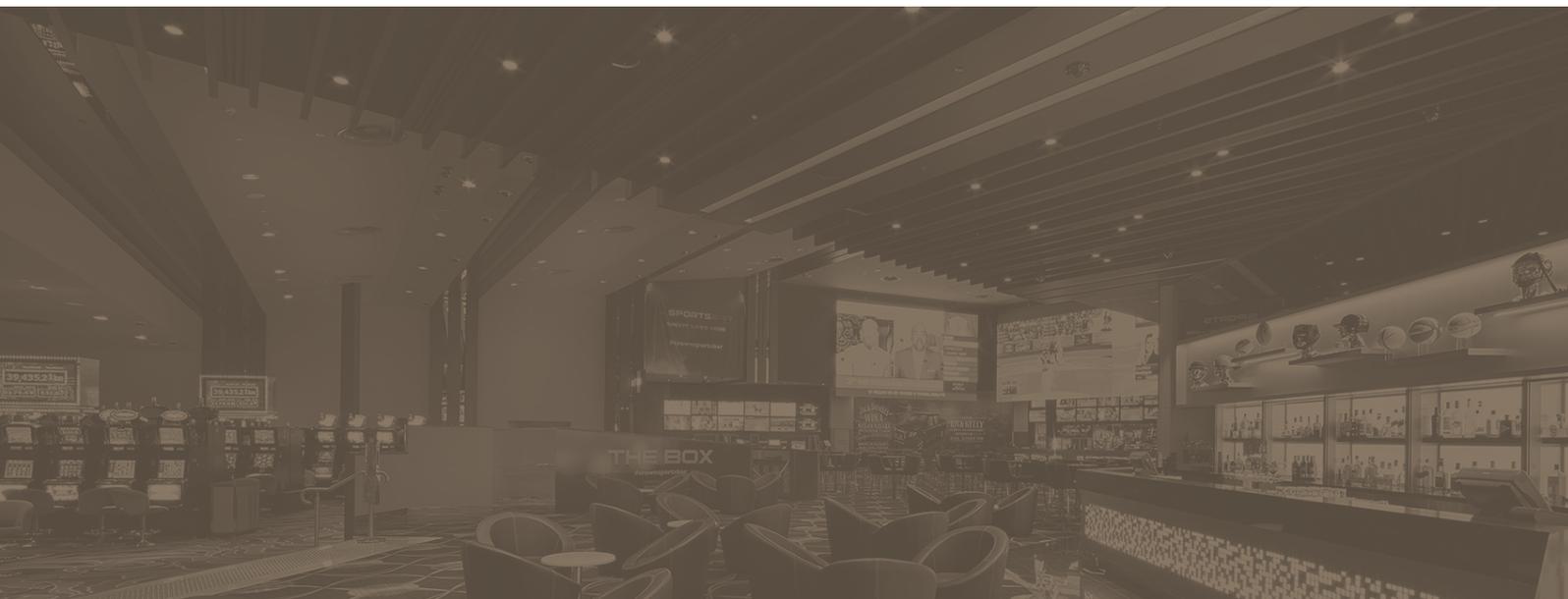
In the 2015-16 financial year the Statewide Gambling Therapy Service provided services to 577 people across South Australia. Of the 577 people who engaged the service, 280 (48.5%) were problem gamblers who were provided with episodes of care, 223 (38.6%) were gamblers in the follow up treatment program and 27 (4.7%) were non-gamblers provided with face to face therapeutic support. Forty-seven (8.2%) people failed to attend their initial appointment. Of the 307 new clients (280 gamblers, 27 non-gamblers), 44% (136) of clients were seen at the Flinders Medical Centre, 26% (80) of clients were seen at our Port Adelaide clinic and 30% (91) of clients were seen at our Salisbury clinic. Of the 280 gamblers treated, 272 were treated using the high-intensity Cognitive Behavioural Therapy model and 8 were treated using the low-intensity Cognitive Behavioural Therapy model. A total of 14 clients from the high-intensity stream were treated in the in-patient program.

Electronic gaming machines (pokies) continues to dominate the type of gambling activity our clients are involved with which is similar to previous years with around three quarters of all gambling clients (200) stating pokies as their main gambling activity. Referrals to the service are wide spread but predominantly come from Community Services such as mental health and health practitioners (22.4%), family or friends (16.6%) and the Gambling Help Line (26.4%).

An analysis of patient outcomes showed reductions (46%) in mean levels of psychological distress and significant improvements (79%) in functional capacity across key areas of life such as work, home, social, leisure and relationships. Our findings showed that 95% of gambling clients successfully achieved part or all of their treatment goals and recovery outcomes using the Victorian Gambling Screen found that 72.5% of clients (n=113) at completion of treatment recovered from their problem gambling disorder. We are pleased to report that the outcomes achieved in the 2015-16 year are higher than the previous financial year.

Measure	2014-15 Clinical Outcomes	2015-16 Clinical Outcomes
Psychological distress reduction	37%	46%
Functional improvement	65%	79%
Goals successfully achieved	92%	95%

The Statewide Gambling Therapy Service continued with its commitment to training for Gambling Help Service providers and Mental Health Services. Seven education sessions were run throughout the year with a total of 57 people in attendance.



## 1.4 Highlights for the year

<p><b>Stepped care model</b></p> <p>Implementation of a stepped care model that incorporates low-intensity and high-intensity Cognitive Behavioural Therapy (CBT) options. The low-intensity treatment model was developed and implemented to facilitate access to evidence-based therapy for all South Australians. Based on the highly successful IAPT model (Improving Access to Psychological Therapies) and Australian version (New Access funded by beyondblue). The low intensity CBT treatment stream is delivered by telephone with the aid of specifically designed self-help materials which the therapist uses to guide a person through treatment.</p>	<p><b>Randomised control trial of our gambling treatment model</b></p> <p>The Statewide Gambling Therapy Service Cognitive Behavioural Therapy model (CBT) was chosen by the Auckland University of Technology as an intervention in a Department of Health funded clinical randomised controlled trial. The CBT model has been recognised by the New Zealand Problem Gambling Foundation and the Auckland University of Technology as a highly effective evidence-based model for the treatment of problem gambling.</p>
<p><b>Gambling intervention pilot for offenders</b></p> <p>Leading a Cognitive Behavioural Therapy diversion trial for offenders who have been identified with gambling problems. Using heart rate monitors as a world first to evaluate outcomes. A collaboration with the Office for Problem Gambling and the Magistrates Court of South Australia.</p>	<p><b>Trial of an online gambling help tool</b></p> <p>Participation in a pilot called "GamblingLess for life" to trial an online gambling help intervention in partnership with the Flinders University, Deakin University, Australian National University, the Victorian Responsible Gambling Foundation and Turning Point. This online cognitive-behavioural program is designed specifically for problem gamblers and is the first of its kind in the gambling field.</p>
<p><b>Youth program</b></p> <p>Commenced work with Youth Network Providers on the issues surrounding problem gambling. Meetings with youth service organisations to raise awareness of the issues surrounding youth and gambling and treatment services available to our youth.</p>	<p><b>Mental Health First Aid Intervention</b></p> <p>In collaboration with the Adelaide Casino the Statewide Gambling Therapy Service implemented a Mental Health First Aid response service to ensure that every person voluntarily barred from the Adelaide Casino is supported by a clinical therapist to minimise potential risk of self-harm.</p>
<p><b>Significant others support group</b></p> <p>In collaboration with Relationships Australia, we ran the Significant Others Support Group to bring non-gamblers/significant others together, provide education, support and an avenue to share experiences.</p>	<p><b>Website upgrade</b></p> <p>Upgraded our website <a href="http://www.sagamblingtherapy.com.au">www.sagamblingtherapy.com.au</a> to include more information and a confidential self-referral option for South Australians.</p>



## 1.5. Supporting research and our key partner

In partnership with the Flinders University and the Flinders Centre for Gambling Research the Statewide Gambling Therapy Service has helped to publish clinical outcomes in a number of high level international peer review journals. Our service outcomes are continuously improved by the established triad of research, clinical service and teaching. Each influences the other to deliver improved outcomes for our clients. All of the research is clinically based enabling us to invest in and refine our treatment programs. We celebrate this success with the Flinders University by noting the following studies published in 2016:

- > Smith, D.P., Woodman, R.J., Battersby, M.W. and Drummond, A. (2016). Exploring the measurement structure of the Gambling Related Cognitions Scale (GRCS) in treatment-seekers: A Bayesian structural equation modelling approach. *Psychiatry Research*, 237 pp. 90-96.
- > Smith, D.P., Woodman, R.J., Harvey, P.W. and Battersby, M.W. (2016). Self-perceived distress and impairment in problem gamblers: A study of pre-to post-treatment measurement invariance. *Journal of Gambling Studies*.
- > Khanbhai, Y.T., Smith, D.P. and Battersby, M.W. (2016). Gender by Preferred Gambling Activity in Treatment Seeking Problem Gamblers: A Comparison of Subgroup Characteristics and Treatment Outcomes. *Journal of Gambling Studies*.
- > Smith, D.P., Battersby, M.W. and Harvey, P.W. (2015). Does gender moderate the subjective measurement and structural paths in behavioural and cognitive aspects of gambling disorder in treatment-seeking adults? *Addictive Behaviors*, 48(1) pp. 12-18.
- > Smith, D.P., Pols, R.G., Lavis, T.J., Battersby, M.W. and Harvey, P.W. (2015). Experiences and Perceptions of Problem Gamblers on Cognitive and Exposure Therapies When Taking Part in a Randomised Controlled Trial: A Qualitative Study. *Journal of Gambling Studies*.



Statewide Gambling  
Therapy Service

## 2. Statistics

### 2.1 Demographics

The demographics displayed in this subsection relates to the 307 clients (280 gamblers, 27 non-gamblers) who were provided with episodes of care during the 2015-16 financial year.

The proportion of males to females was 64% to 36% respectively (refer Figure 1).

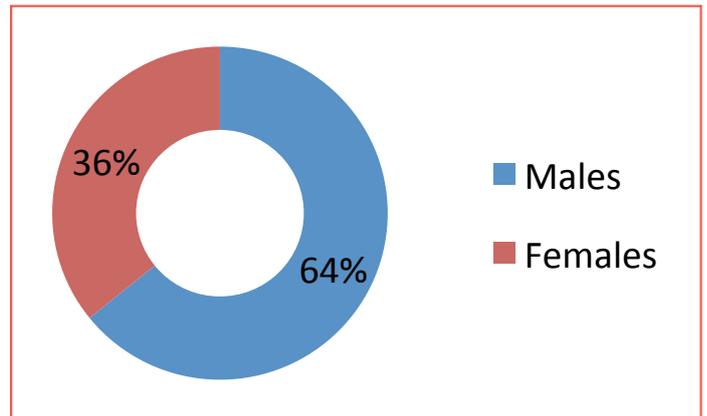


Figure 1: Gender

About 42% of clients were in a living arrangement with a significant other whilst the majority of clients (55%) were either separated, widowed or never married (refer Figure 2).

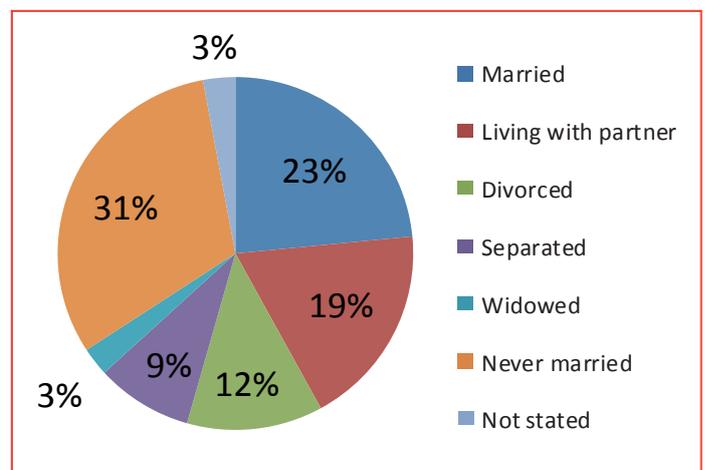


Figure 2: Marital Status

Approximately half of the clients referred to the Statewide Gambling Therapy Service were in paid employment whilst the other half were not in receipt of a working income (refer Figure 3).

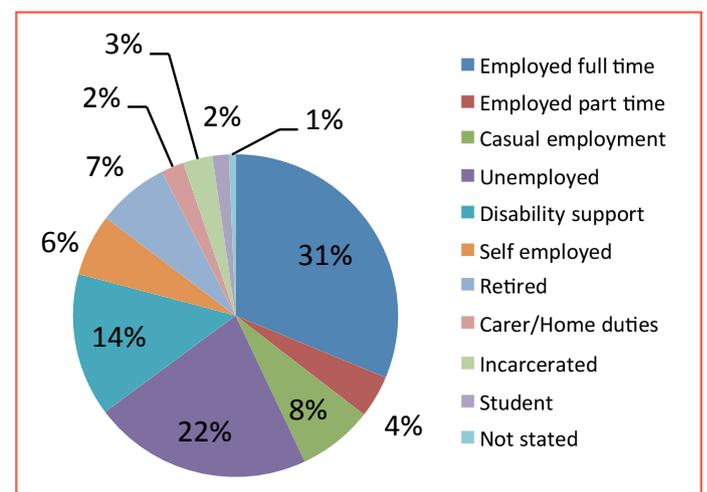


Figure 3: Work Status

## 2.2 Referral source

A large proportion of referrals (49%) come from our community networks and the Gambling Helpline (Community Health Service = 12, General Practitioner = 22, Mental Health Service = 35, Gambling Helpline = 81). Family and friends and web-based information continues to be a stable referral base to our service making up around 28% of total referrals (Family/Friends = 51, Self-referral from a website = 35) (refer Figure 4).

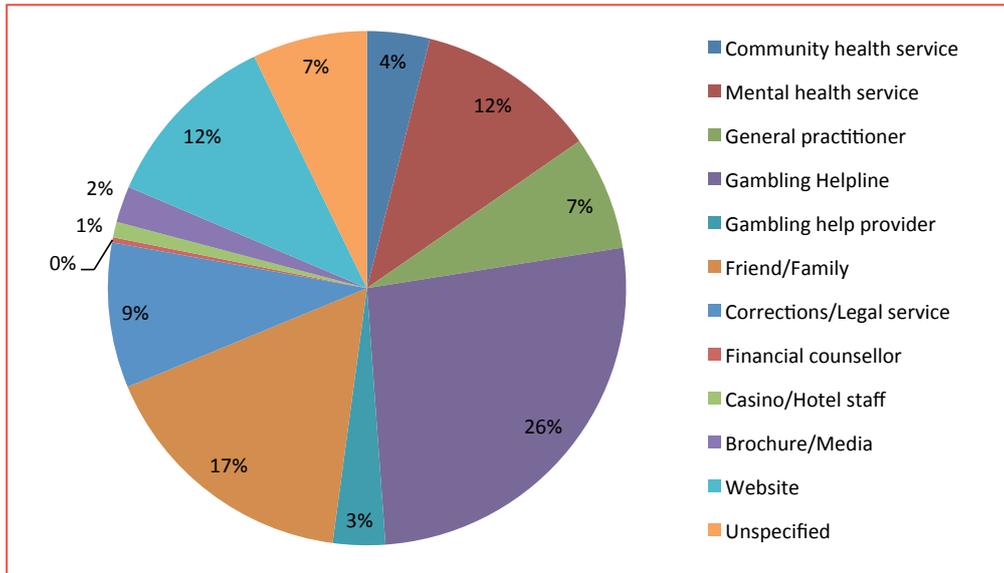


Figure 4: Referral Source

## 2.3 Main gambling type

As has been the case in previous financial years, electronic gaming machines (pokies) continue to dominate the gambling activity that clients choose to engage with, with over 70% (n=200) of gambling clients referring to pokies as their main gambling activity (refer Figure 5).

*Note: This graph refers to the 280 gambling clients treated in the 2016 financial year.*

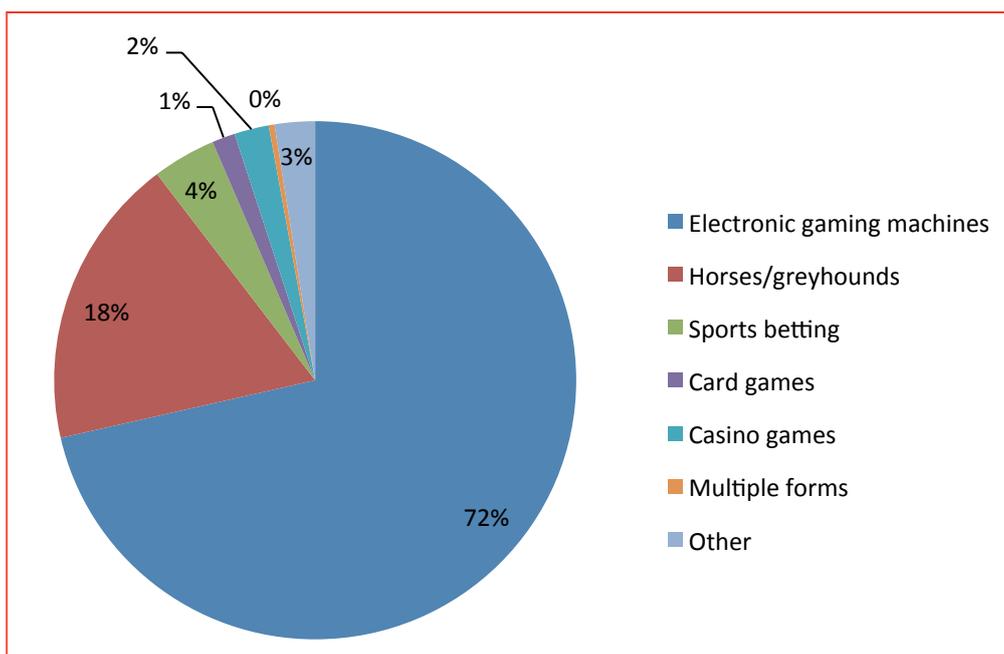


Figure 5 – Main gambling type



### 3. Performance outcomes

All clients who commenced a treatment program through the Statewide Gambling Therapy Service were provided with an initial assessment to allow understanding of the psychological and social factors and severity of their disorder. A number of well researched tools (brief questionnaires) are used at the initial assessment to obtain a baseline measure and these measures are taken again at several points throughout treatment, at the completion of treatment and where possible at follow up post treatment. This allows us to assess the therapeutic benefit of treatment and the effectiveness of the treatment model. The areas covered in our performance outcome report are:

- > Recovery from problem gambling disorder
- > Financial losses from problem gambling
- > Level of psychological distress
- > Level of functional capacity impairment
- > Time spent thinking about gambling
- > Confidence in gambling control
- > Achievement of treatment goals.

#### 3.1 Overall recovery rates

##### The Victorian Gambling Severity Scale (VGS)

Gambling disorder is classified as an addiction in the latest DSM (Diagnostic and Statistics Manual of Mental Disorders, Fifth Edition, APA, 2013). The diagnosis of gambling disorder is based on ten criteria relating to gambling related symptoms. The Victorian Gambling Screen (VGS) was developed and tested in an Australian community. It has shown to be a valid and reliable diagnostic instrument in help-seeking problem gamblers when compared to DSM and provides an indicator for overall recovery.

The VGS is a fifteen-item scale that assesses a person's experiences with gambling over the previous four week period. Total scores range from 0 to 60 with scores greater than 21 identifying a person as a problem gambler. Scores below 21 indicate recovery from the problem gambling disorder.

At the commencement of treatment the VGS found that 93.8% of gambling clients (n=113) were identified as problem gamblers. This reduced to 27.4% at the end of treatment for these clients (refer Table 2).

Table 2. VGS gambling severity

Category	Pre-treatment	Post-treatment
< 21 (non-problem gambler)	6.2%	72.6%
> 21 (problem-gambler)	93.8%	27.4%
<b>Totals</b>	100%	100%

## Financial losses from problem gambling

Gambling clients are asked at certain points throughout their treatment program about the financial losses they have experienced in the two weeks prior to their consultation with a clinical therapist. A comparison of total moneys lost in the fortnight preceding the initial assessment and the final treatment session was completed. A significant positive financial impact on gambling clients in relation to financial losses as a result of treatment was found (refer Table 3).

Table 3. Financial losses last fortnight

Point of treatment	Money lost by total client group	Average money lost per client
Two weeks before first treatment session	\$237,170 (n=234)	\$1,014
Two weeks before final treatment session	\$4,277 (n=99)	\$43

## 3.2 Level of psychological distress

The Kessler Psychological Distress Scale (K10) is a brief ten-item questionnaire that measures non-specific psychological distress in the anxiety-depression spectrum. The K10 is widely used for public health surveys in Australia and is recommended as a simple measure of outcome following treatment. Total scores range between 10 and 50 and are assigned to one of four levels of psychological distress (refer Table 4).

Table 4. K10 scoring categorisation

K10 Score	Level of psychological distress
10 – 15	Low level
16 – 21	Moderate level
22 – 29	High level
30 - 50	Very high level

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 (refer Table 5).

Table 5. Level of distress

Point of treatment	Average score	Range
Commencement	28.8 (n=273)	10 - 50
Completion	15.5 (n=95)	



### 3.3 Level of functional capacity impairment

The Work and Social Adjustment Scale (WSAS) is a reliable, validated and simple scale that measures self-reported functional impairment attributable to an independent problem. It has been widely used to assess the level of disability, symptom severity and improvement with treatment for people with mental illness such as depression, anxiety and obsessive compulsive disorders. The WSAS assesses a person's ability to perform everyday duties across five key areas which are work, home, family, leisure and social. Each key area identifies activities that are rated using a nine-point scale. Scores are averaged and higher scores indicate poorer levels of function.

Of the 262 gambling clients who completed the WSAS at their initial assessment the total mean score recorded was 16.18. Of the 93 gambling clients 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 (refer Figure 6).

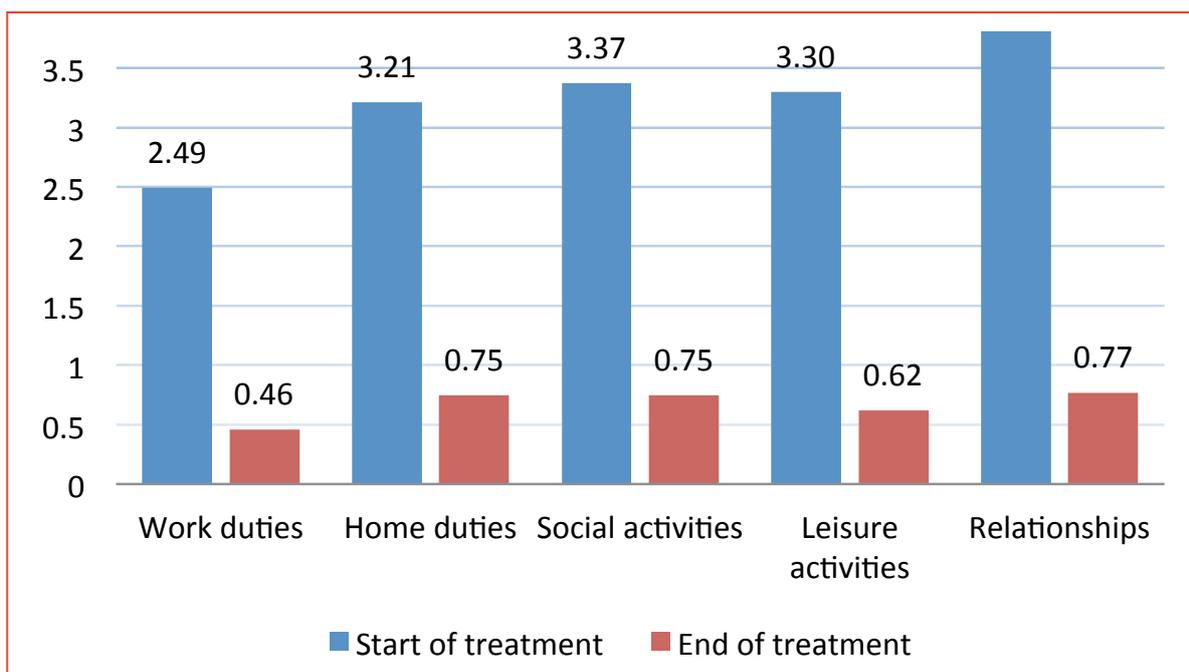


Figure 6. Functional capacity improvement

### 3.4 Time spent thinking about gambling

How much time a gambling client has spent thinking about gambling is measured using a self-rating scale in response to the question "Over the last fortnight, how much time would you say you spent thinking about gambling?" Responses are measured on a scale of 1 to 5 where '1' indicates no time and '5' indicates all of the time. Results show a significant reduction in the time spent thinking about gambling overall (refer Figure 7).

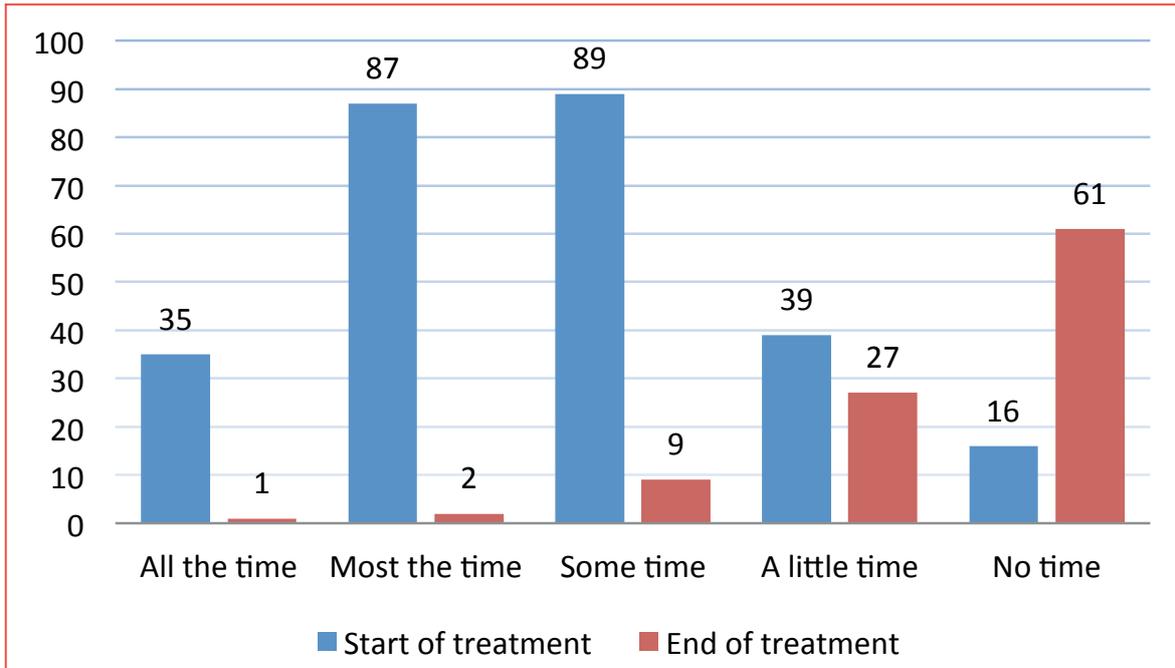


Figure 7. Time spent thinking about gambling

### 3.5 Confidence in gambling control

How confident a gambling client feels about their level of gambling control is measured using a self-rating scale in response to the question "How confident do you feel that you are currently in control of your gambling?" Responses are measured on a scale of 1 to 10 where '1' indicates no confidence and '10' indicates extreme confidence. By the end of treatment we see a significant shift from low confidence to high confidence in a gambling clients view about their ability to control their gambling urge (refer Table 6).

Table 6. Confidence in gambling control

Point of treatment	Average score	Range
Commencement	4.0 (n=221)	1 – 10 (low – high confidence)
Completion	8.8 (n=93)	

### 3.6 Achievement of treatment goals

The Statewide Gambling Therapy Service collects information on how successful a gambling client is in reaching their personal treatment goals. Treatment goals are set early in the treatment program and re-evaluated at the client's final consultation. Achievement of personal goals is an indicator of how successful a client is in overcoming their urge to gamble. Of the clients who set treatment goals (n=174) as part of their treatment plan 95% of gambling clients successfully, substantially or partially achieved their goals (refer Figure 8).

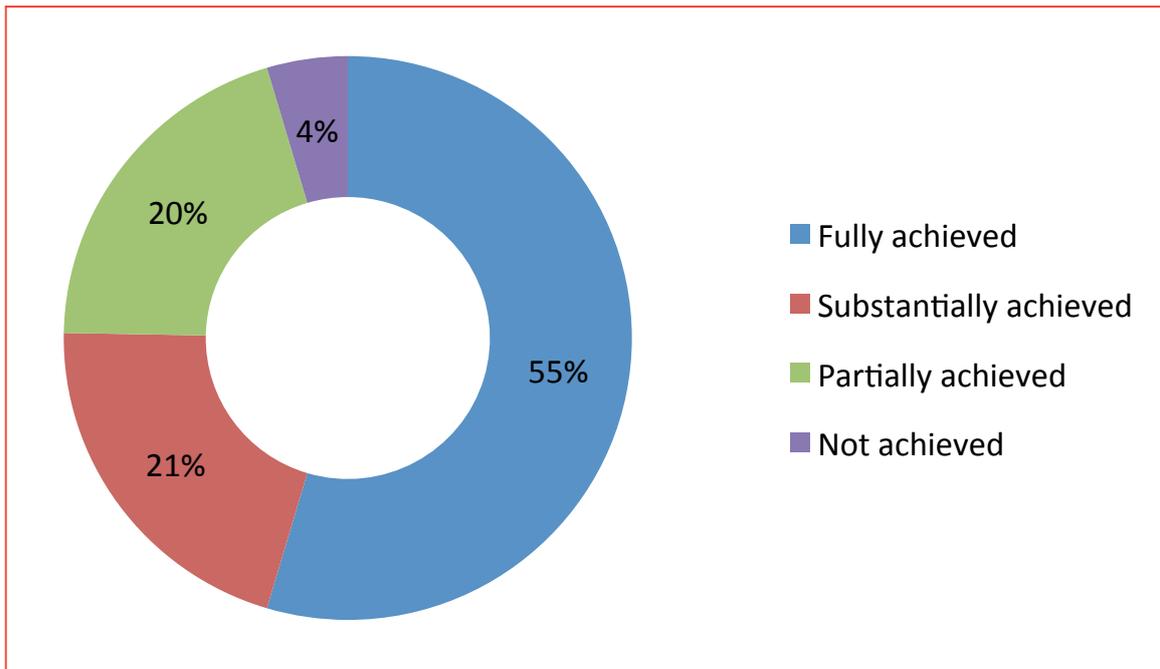


Figure 8. Achievement of treatment goals



## 4. Client satisfaction and experience

At the Statewide Gambling Therapy Service we are interested in seeking feedback from our clients about their experience with our service and any areas for improvement. At the end of treatment clients may voluntarily complete a feedback questionnaire which provides us with this information. The key areas we request feedback on are:

- > How helpful the clinical therapist was during the treatment program.
- > The clients' perception of the success of their treatment.
- > How likely the client would be to recommend our service to others.

A total of 54 client feedback surveys were collected during the 2015-16 financial year. An analysis of the outcomes from these surveys showed a high level of satisfaction amongst clients who feel that the success of the treatment has transformed their lives and would highly recommend the service to others.

Question	Range	Mean score
How helpful the clinical therapist was during the treatment program	1 – 10 1 = not helpful, 10 = extremely helpful	9.7
Perception of success of treatment	1 – 10 1 = unsuccessful 10 = extremely successful	9.4
How likely the client is to recommend the service to others	1 – 10 1 = very unlikely 10 = highly likely	9.8

*"...I was watching TV one night and saw an item in the news about the success the Flinders Therapy Service was having with problem gamblers... I decided to do the two week in-patient program... the treatment gave me the confidence and courage to confront and extinguish my urge to gamble..."*  
– Elsie

*"...my marriage was in ruins, I had severe depression, was highly suicidal and my gambling was at its worst... I went to counselling for over 8 years but always went back to gambling. I found out about the Statewide Gambling Therapy program and this was the start of getting my life back..."* – Andrew



For more information

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If you require this information in an alternative language or format please contact SA Health on the details provided above and they will make every effort to assist you.

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