The Melbourne Study of Psychoanalytic Psychotherapy low-cost clinic I: Implementation, mental health and life functioning gains

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The Melbourne Study of Psychoanalytic Psychotherapy low-cost clinic I: Implementation, mental health and life functioning gains

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Abstract

The Melbourne Study of Psychoanalytic Psychotherapy examined the implementation, lived experience, and perceived therapeutic gains of psychoanalytic psychotherapy in a low-cost, private-sector community clinic. A first in Australia, this 8-year demonstration project allowed naturalistic study of the impact and process of intensive, long-term, time-limited psychoanalytic psychotherapy delivered to self-referred adults by clinicians with a common theoretical frame of practice. Presented in three papers, the research employed the *RE-AIM* planning and evaluation framework, using complementary quantitative and qualitative methods, to study the psychotherapy service in terms of *Reach*, *Effectiveness*, *Adoption*, *Implementation* and *Maintenance*. This first paper reports the *Reach* of the program to be 67% for those presenting for assessment for psychoanalytic psychotherapy, with *Adoption* of the full 2-year treatment program being 60%. Improvements in mental health and life functioning provided quantitative evidence of *Effectiveness* for those completing the 2-year treatment program, with *Maintenance* at 8-month follow-up. Patient age, gender and personality

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characteristics did not modify these improvements. In-depth qualitative exploration of patient and psychotherapist perspectives regarding the psychotherapy is reported in the second paper highlighting expectations, experience and benefits of the psychotherapy. The third companion paper presents the qualitative findings concerning factors experienced as facilitating or challenging therapeutic progress. Each of the three related papers amplifies understandings of how low-cost, long-term but time-limited psychoanalytic psychotherapy can be implemented in the community with adults otherwise unable to afford such treatment, and discusses lessons learned.

KEYWORDS
community implementation, mental health outcomes, psychoanalytic, psychodynamic psychotherapy, *RE-AIM*

1 | IMPLEMENTING EFFECTIVE PSYCHOANALYTIC PSYCHOTHERAPY

Understanding of the observed effects of psychoanalytically-oriented psychotherapy originally developed largely on the basis of individual case studies, but substantial advances in both quantitative and qualitative methods have facilitated more systematic study of these effects. Investigation of long-term psychoanalytic psychotherapy, generally defined as comprising more than 50 sessions (Levitt et al., 2016), has been accumulating. The following literature review demonstrates that long-term psychoanalytic psychotherapy is therapeutically effective in enhancing mental health and wellbeing for a range of disorders, but factors conducive to its effective implementation and utility in communities remain elusive. Questions remain concerning contextual factors such as frequency, length and circumstances of treatment, the theoretical and technical approach of the psychotherapists, specific interventions employed, and the influence of patient demographics, initial mental health status, motivation and personality functioning.

1.1 | Research findings concerning long-term psychoanalytic psychotherapy

Systematic empirical investigation of the implementation and effectiveness of long-term psychoanalytically-oriented psychotherapies, like treatment evaluation in general, confronts a complexity of methodological challenges, including wide variations in sample characteristics, treatment frequency and duration, outcome measures used, follow-up timing, attention to discontinuation or attrition, and methods of data analysis. This was evident in the landmark reviews of such research by Leichsenring (2005) and Fonagy et al. (2005).

Leichsenring (2005) cited a meta-analysis and several Randomised Control Trial (RCT) and quasi-experimental studies of psychoanalytic psychotherapy with complex psychiatric disorders, demonstrating a greater reduction of health service cost than by treatment-as-usual, and showing longer-term psychoanalytic psychotherapy to be more effective than shorter-term forms of psychodynamic psychotherapy. The Stockholm Outcome of Psychoanalytic Psychotherapy Project (STOPPP) group (Blomberg et al., 2001; Sandell et al., 1999, 2000) also found that length of psychoanalytically oriented treatments was positively associated with effectiveness and with escalating improvement

in mental health at long-term follow-up. Such findings were important for establishing the value of long-term psychoanalytic psychotherapy but, further, by the early 21st Century, even short-term psychodynamic psychotherapy was being shown to be equally as effective as forms of cognitive-behavioral therapy (CBT), for example, solution-focused behavior therapy for depressive/anxiety disorders (Kneckt & Lindfors, 2004).[1]

Further, systematic outcome studies of long-term psychoanalytic psychotherapy (Kernberg, 2006) have demonstrated economic benefits that justify its wider availability in communities. Substantial reductions of general health care and sick leave use, work absenteeism (Leuzinger-Bohleber et al., 2003), with break-even cost-benefit approximately 3 years post termination (De Maat et al., 2007), as well as increased workplace participation (Berghout et al., 2010; Beutel et al., 2004) have been found.

STOPPP research has demonstrated symptom reduction rather than actual health care use, especially in Sweden (Lazar et al., 2006), and examined factors predicting improvement post-treatment (Falkenstrom et al., 2007). Furthermore, some German studies (e.g., Jakobsen et al., 2007) have reported positive outcome parity between long-term and short-term psychoanalytic psychotherapy with particular diagnostic groups, suggesting that treatment does not have to be long-term to be effective with some conditions.

More recent research has compared long-term psychoanalytic psychotherapy with CBT (Huber et al., 2012; Leuzinger-Bohleber et al., 2019, 2020; Zimmerman et al., 2015), with treatment-as-usual (Fonagy et al., 2015), and with psychodynamic psychotherapy (Huber, Henrich, Clarkin, et al., 2013; Zimmerman et al., 2015). Reviews (de Maat et al., 2009, 2013; Norcross & Wampold, 2011). Meta-analyses (Cuijpers, 2017; Smit et al., 2012; Steinert et al., 2017) have noted that variations in methodology confound specific conclusions in the comparative outcome field. Nevertheless, research with both specific and mixed diagnostic groups consistently suggests that long-term psychotherapy is relatively effective, in that more sessions are generally more effective than fewer. This finding is significant, given the common recidivism phenomenon, whereby temporary positive change reverts with time or life adversity. In this regard, Huber, Henrich, and Klug (2013) found that only long-term psychoanalytic psychotherapy predicted positive enduring change in patients with depression, as did Leuzinger-Bohleber et al. (2019), when comparing long-term psychoanalytic psychotherapy and CBT for chronic depression. While a number of treatment approaches show significant mental health gains upon termination, Klug et al. (2016) found that in the case of psychoanalytic psychotherapy for major depression, mental health continued to improve significantly after termination, compared to outcomes of other approaches. Lindgren et al. (2010) found similar effects for young adults undertaking psychoanalytic psychotherapy.

The overall body of research confirming an association between long-term psychoanalytic psychotherapy and improved mental health outcomes encompasses studies conducted in naturalistic settings as well as RCTs. From this broad perspective, reviews such as that of Shedler (2010) and the work of the Open Door Review enterprise (Leuzinger-Bohleber et al., 2020) have progressively documented both naturalistic and RCT research on psychoanalytically-oriented treatment, demonstrating accumulating evidence of efficacy, effectiveness and persistence of improvement and change, cost-effectiveness, and the influence on outcomes of predictive and moderating factors.

1.2 | The question of time-limited psychotherapy

The application of a time limit to psychoanalytic psychotherapy has long been a controversial issue. In line with Freud's (1918) use of a set time limit to promote therapeutic progress in treatment of his patient "Wolfman", Mann (1973) and Sifneos (1979) each argued that such use provides focused structure and hastens the therapeutic process. Nonetheless, the question of how much time is required in psychoanalytic treatment to produce durable positive change has remained open. De Geest and Meganck (2019) considered that an agreed time limit creates expectancies in the therapeutic process which can have both helpful and negative effects on progress. Further, unlimited or open-ended therapy has been criticized as economically unsustainable, inequitable and only for the wealthy (Hoyt, 2005), thus justifying the use of time limits in public mental health delivery.

In contrast, private sector psychoanalytic psychotherapy is seldom intentionally limited to a fixed period of treatment, unless dictated by financial circumstances (Blais & Hilsenroth, 2007). In a naturalistic setting there is evidence that longer treatment is associated with increased therapeutic benefits (Hansen et al., 2002). Rates of change may vary with the length of treatment, but significant variability due to the quality of the therapeutic relationship and other treatment variables has been found (Feaster et al., 2003; Stulz et al., 2013)

These various assumptions concerning time-limited psychoanalytic psychotherapy, addressed well by Shapiro et al. (2003), remain to be adequately researched. Nevertheless, the imperatives of research method validity when investigating psychotherapy require internal consistency of treatment and minimization of treatment group variability. Research is also constrained by funding, resources and ethical considerations, requiring the use of fixed duration treatment and time limitation.

1.3 | Patient factors potentially affecting effectiveness

Patient factors potentially modifying the effectiveness and maintenance of psychotherapy gains include personality characteristics, gender and age. In respect of personality characteristics, a substantial body of research exists, with inconsistent findings (Rost et al., 2019). Quilty et al. (2007) used the NEO Five-Factor Inventory (NEO-FFI) to find complex interactional effects of NEO personality factors (domains) on mental health outcomes across a range of treatments for major depression, including psychodynamic psychotherapy. Nuetzel and Larsen (2012) found that of the five NEO domains, "Openness to Experience" predicted mental health improvement in patients with mixed symptomatology receiving psychoanalytic psychotherapy. In contrast, Steinert et al. (2015), who controlled for baseline symptoms, found no evidence of association between NEO domains and outcomes in psychodynamically-oriented treatment of psychosomatic inpatients.

Regarding gender, inconsistent findings have emerged. Huber, Henrich, and Klug (2013) found no associations between gender and therapeutic progress, while Ogrodniczuk (2006) found that while females had more positive outcomes than males in response to supportive psychotherapy, males had more positive outcomes in interpretive psychotherapy.

Possible association between age and mental health outcomes for adults in psychoanalytic treatment has not been a feature of recent studies in the area.

1.4 | The call for implementation research and aim of this study

While the research literature reviewed above provides substantial evidence for the effectiveness of long-term psychoanalytic psychotherapy, more needs to be understood about the community translation, implementation and external validity of this form of treatment (Wood, 2010).

The Melbourne Study of Psychoanalytic Psychotherapy aimed to investigate the community implementation of a 2-year program of low-cost psychoanalytic psychotherapy at the Glen Nevis Clinic (GNC). To this end, the most frequently used public health method for describing the community translation of evidence-based treatments was adopted, namely the *RE-AIM* planning and evaluation framework (Glasgow et al., 1999). *RE-AIM* is an acronym for *Reach*, *Effectiveness*, *Adoption*, *Implementation* and *Maintenance (RE-AIM)* (Glasgow et al., 1999, 2019). Commonly used in public health treatment and program evaluation studies (Glasgow et al., 2019), this examines the translation process by which an intervention with internal research validity, such as long-term psychoanalytic psychotherapy, is implemented in a community setting, thus evaluating its real-world external validity, professional adoption and contextual adaptation. The *RE-AIM* framework employs a mixed-methods research framework (Bartholomew & Lockard, 2017), integrating quantitative and qualitative data to ascertain factors promoting or hindering outcomes and the success of the community implementation of treatment. This framework was considered suitable to study the introduction of the GNC service and investigate key elements of community delivery.

In the GNC research context, ***Reach*** denoted the proportion of those who commenced psychotherapy of the number of individuals who initially sought the treatment, including those who were considered unsuitable or declined treatment after being assessed.

Effectiveness was evaluated by both validated pre- and post-treatment measures and subjective accounts of change in mental health, life quality and functioning, as well as potential modifying influences or unintended effects of program participation. Mental health outcomes for patients completing the program were measured in terms of symptom change (Gabbard et al., 2002) and in general life functioning. The potential modifying influence on mental health of patient gender, age and personality characteristics was also examined.

Adoption of the treatment program concerned quantitative and qualitative descriptors relating to (a) the number and characteristics of those who engaged in and completed the 2-year GNC treatment compared with those who did not, including the reasons for discontinuation provided by patients who withdrew from treatment before the 2-year period; (b) the number of psychotherapists who delivered the treatment, as well as their professional expertise and treatment fidelity; and (c) the organisational and contextual support provided to the GNC service.

The fourth component of *RE-AIM* involved the process of ***Implementation,*** which in this context referred to (a) the treating psychotherapists' level of treatment fidelity, consistency and adherence to the clinic's treatment protocols; (b) any adaptations made to the form of treatment; and (c) patients' and psychotherapists' perceptions and experiences of the treatment process.

Finally, ***Maintenance*** concerned evidence of (a) the extent to which patients' mental health gains were sustained at follow-up, and (b) the continuation or adaptation of the program as routine GNC clinic practice, together with the promotion and wider professional influence of the program.

2 | RESEARCH CONTEXT OF THE MELBOURNE STUDY OF PSYCHOANALYTIC PSYCHOTHERAPY

2.1 | Establishment of the GNC

The Victorian Association of Psychoanalytic Psychotherapists (VAPP) was funded by the philanthropic Dara Foundation to establish the Glen Nevis Clinic for Psychoanalytic Psychotherapy (GNC) in inner-city Melbourne, Victoria, from 2008 to 2016. The GNC operated as the first such demonstration project in Australia. It offered a program of long-term, twice-weekly individual psychoanalytic psychotherapy for up to 2 years. The service was provided at a means-tested fee, subsidized by the Foundation, to the broad community of adults who were unlikely to afford such a service. Psychoanalytic psychotherapy is available from fee-for-service private mental health clinicians, but is rarely, if ever, currently provided by free public mental health services in Australia.

Founded in 1972, the VAPP comprises psychotherapists with recognised specialized training in psychoanalytic theory and practice, from registered mental health professional backgrounds (including psychiatry, psychology, nursing, occupational therapy and social work). Its 3-year training program enables successful graduates to apply for membership.

The VAPP and the Dara Foundation recognised that the GNC project provided the opportunity for the much-needed formal study of the implementation of long-term psychoanalytic psychotherapy and clinical outcomes for patients requiring a low-cost service. Therefore, research aims were included in the design of the Clinic itself as a condition of its funding. A university research team was funded separately by the supporting Foundation to conduct the investigation. This team was based at the Monash University Center for Developmental Psychiatry and Psychology, with the participation of researchers from Victoria University. This research program was the first in Australia to investigate psychoanalytic psychotherapy in such breadth and depth. Scientifically independent, the research was collaborative in its planning and implementation with the GNC operation (Wood, 2010), and its university base ensured appropriate ethical oversight. Funding arrangements allowed research data to be collected between 2008 and mid-2015.

A voluntary GNC Committee of Management set up the clinic's structure and oversaw its functioning on behalf of the VAPP and the Dara Foundation. A clinic manager, an administrative assistant and a clinical psychologist were employed part-time to organize and conduct initial interviews with patients, gathering demographic and clinical details for GNC records.

This overall context facilitated study of the implementation of the GNC service using the *RE-AIM* framework.

2.2 | Nature of the GNC psychoanalytic psychotherapy service

Twice-weekly psychoanalytic psychotherapy was offered to patients for a 2-year period. While relatively long-term, it was time-limited as necessitated by costings projected and set by the funding Foundation.

Treatment was provided by 24 experienced psychotherapists. Twenty-one were full members of the VAPP and three were senior trainees in the VAPP Training Program. All received fortnightly group supervision from senior members of the VAPP. Psychotherapists and supervisors alike were paid by the hour. It was expected that psychoanalytic treatment integrity would be maintained (Cox et al., 2019), in keeping with the VAPP definition of psychoanalytic psychotherapy, which underpins its training and continuing professional education programs, aligning with that of the American Psychoanalytic Association (2019).

This definition (Victorian Association of Psychoanalytic Psychotherapy, 2018) specifies:

an approach to the treatment of emotional problems which:

- stems from and takes place within the broad conceptual framework of psychoanalytic theory of human behavior and mental life;
- regards the individual as an ever-changing dynamic system in which each part or aspect relates to, affects, and is affected by all others;
- assumes that many emotional and cognitive functions and experiences take place in the unconscious;
- assumes that the processes which govern admission to and exclusion from conscious awareness can be modified by insight or self-understanding;
- assumes that therapy takes place within a relationship which involves commitment and responsibility from both therapist and patient;
- recognizes and utilizes the development of transference as an important vehicle for the achievement of insight and therapeutic change;
- regards counter-transference as an inevitable component of the therapeutic relationship which can be controlled and productively utilized only by virtue of the therapist's own self-understanding;
- undertakes, within the theoretical framework provided, constantly to assess the therapeutic progress of each patient and evaluate and refine the techniques employed as well as the theory itself.

2.3 | Planning and managing the research process

The research team was led by three chief investigators who, as well as representing high levels of research skill, were longstanding members of the VAPP. They were supported by an advisory research sub-committee of the GNC Committee of Management. This research team combined relevant clinical experience with research expertise from two universities, promoting sensitive conduct of the research (Godfrey et al., 2013a; Wahlstrom, 2017). Two psychodynamically trained clinical psychologists were employed as research fellows to carry out the research procedures. Statistical analyses were conducted by a statistician experienced in the mental health field.

In planning this naturalistic outcome research design, two open collaborative workshops were held with the VAPP membership to develop research procedures that met high clinical, ethical and research standards. The

workshop process endorsed the researchers' proposed rigorous methods for investigating the implementation and outcome of the psychotherapy service, including pre- and post-treatment data collection. Further, the workshops enriched the research by proposing the inclusion of in-depth narrative research interviews with patients and psychotherapists during, as well as after, the course of psychotherapy itself. This proposal was adopted and, accordingly, contemporaneous as well as retrospective qualitative experiences of process factors relating to patient outcomes were to be explored.

Ongoing feedback was facilitated between the researchers and the VAPP with research team representation on the GNC Committee of Management. Further, regular group meetings were held by the clinic manager with the GNC psychotherapists to discuss service delivery matters, and the clinic clinical psychologist/researcher participated in these meetings to deal with research protocol issues arising.

Regular research progress reports ensured that quantitative and qualitative data collection was monitored by the Committee of Management as well as by the relevant university research ethics committees. Preliminary results were presented to the entire VAPP membership at three key points and to two national and two international psychotherapy research conferences (Godfrey et al., 2009, 2011, 2012, 2013b). An early publication explored links between researcher experience and the experience of psychotherapy itself (Godfrey et al., 2013a).

3 | METHODOLOGY

3.1 | The quantitative arm of data collection

Quantitative data of two kinds were gathered to inform elements of implementation according to the *RE-AIM* framework. Firstly, tracking the numbers of patients who progressed through contact at the GNC revealed the *Reach* and *Adoption* of the service, allowing qualitative description of those who either did not participate in or complete the 2-year program.

Secondly, *Effectiveness* and *Maintenance* of any changes in patient functioning over time, taking account of certain potential modifying influences, were evaluated by gathering quantitative data from patients and their psychotherapists before and after completion of the 2-year program, and with patients at an 8-month follow-up point.

Four research questions guided the data collection:

1. Would self-report measures of mental health symptoms and of general life functioning show improvement at the end of the 2-year period of the psychoanalytic psychotherapy?
2. Would self-reported improvements be maintained 8 months after treatment completion at 2 years?
3. Would psychotherapist ratings of symptoms and of relational functioning show improvement at the end of the 2-year treatment period?
4. Would gender, age or aspects of personality of patients be modifying influences on mental health changes over the course of treatment?

3.2 | Patient selection, assessment and treatment procedures

Between 2008 and 2016 the GNC offered to patients a 2-year program of twice-weekly psychoanalytic psychotherapy (a maximum of 160 sessions), and research data were collected from April 2008 to July 2015. In keeping with best practice, a standard protocol concerning patient contact, which also facilitated the implementation of the research, was followed by the GNC service.

Potential patients self-referred by telephone, usually on the advice of another health or mental health agent, and then completed a brief application form. Eligibility criteria comprised (a) an income precluding payment for standard

private psychotherapy fees for 80 sessions per year; and (b) current freedom from substance abuse, from accident or work compensation claims, from a history of violence toward others, and from active psychotic illness. Upon establishing eligibility, the clinic manager offered the case to the next available psychotherapist. With the psychotherapist accepting the referral, a date was set for assessment to begin.

Prior to meeting the psychotherapist, an initial interview took place with the GNC psychologist, who was also a research fellow throughout the study. The psychologist conducted a brief clinical history, diagnostic formulation and obtained necessary demographic information. Quantitative questionnaire data were gathered, also serving as baseline (Time 1) research data, and informed consent for research participation was sought.

In once-weekly assessment sessions over 4 weeks, psychotherapist and patient together evaluated whether or not the GNC service was indeed appropriate to the mental health needs of the patient. If the service was considered unsuitable, the psychotherapist offered to facilitate a referral elsewhere.

Upon agreement to engage in 2 years of twice-weekly psychoanalytic psychotherapy, patients' treatment commenced. From first contact, patients understood their commitment was to 2 years of psychotherapy. After this period, should psychotherapist and patient agree that further treatment was required, the psychotherapist would offer to arrange this privately.

As the research was targeting outcomes of a full 2-year service, if a patient discontinued contact for any reason before the 2 years, that individual was not asked to give further quantitative data as a condition of the ethics approval. However, the research fellow attempted to telephone that person to conduct a qualitative interview concerning their overall GNC experience and the reason/s for ceasing contact before the 2-year point, thus gathering qualitative information on program implementation.

3.3 | Ethical considerations

The fully detailed Research Plan was approved by the GNC Committee of Management, the Council of the VAPP, and the funding Dara Foundation. Finally, in accord with Australian National Health and Medical Research Council standards, it was approved and monitored by The Monash University Standing Committee on Ethics in Research Involving Humans (Project CF 08/2193–20080010). Approval for this Research Plan was also obtained from the Victoria University research ethics committee, as required in relation to several studies subsumed by the research program.

Procedures safeguarding ethical standards included (a) provision to all participants (patients, psychotherapists and management personnel) of a written Plain Language Statement detailing the research and what was involved for participants and the data they might give; (b) full opportunity to ask any questions of the researcher at any stage of research participation; and (c) the signing of a Written Informed Consent Form.

Research participation was not a condition of receiving treatment, and it was emphasized to patients that they could opt out of research participation at any stage if they wished. Change over time was to be determined on a pooled group basis, preserving anonymity. Further, all research data for each participant were recorded and stored anonymously, protected by allocation of a confidential code number.

3.4 | Measures of patient functioning employed

3.4.1 | Patient self-reported mental health symptoms

The primary measure was *The Global Severity Index* of *The Brief Symptom Inventory (BSI-GSI*; Derogatis, 1993), a 53-item self-report short form of the Symptom Checklist (SCL-90-R; Schwannauer & Chetwynd, 2007), which measures current overall severity of psychological symptoms. The BSI has been successfully tested as a measure of symptom severity across several psychiatric conditions (Buchner & Mandell, 1990; Royse & Drude, 1984), lending

weight to its broad predictive validity. Prior to 2007, when the present study was planned, the SCL had been used in several comparative outcome studies involving psychoanalytic or psychodynamic psychotherapy (e.g., Kneckt & Lindfors, 2004; Sandell et al., 2000). More recently, the shorter BSI has been used in such research, as by Driessen et al. (2017).

GNC patients completed the BSI at baseline (Time 1), immediately post-psychotherapy (Time 2) and at the 8-month follow-up point (Time 3).

3.4.2 | Psychotherapist reports on patient symptoms

The *Global Assessment of Functioning (GAF)*, Axis V of the *DSM-IV-TR system* (American Psychiatric Association, 2000a, 2000b), was the secondary measure of symptom severity from the psychotherapists' perspective. This single 10-point rating scale uses DSM-IV clinical guidelines of severity of psychopathological symptoms, derived from the Global Assessment Scale (Endicott et al., 1976). Higher scores have been found to reflect better functioning. Hilsenroth et al. (2000) reported the GAF to be both reliable and valid, and it has been used in previous studies of psychotherapy effectiveness (Blomberg et al., 2001; Kneckt & Lindfors, 2004).

The GAF was completed by the treating psychotherapists at baseline (Time 1) and after the completion of the 2-year treatment (Time 2).

3.4.3 | Patient self-reported life functioning

The primary measure was the *Life Functioning domain* of the *Clinical Outcomes in Routine Evaluation - Outcome Measure (CORE -OM*; Barkham, Mellor-Clark, et al., 2006; Evans et al., 2002). The CORE-OM is a 34-item pan-theoretical and pan-diagnostic self-report measure that includes a 12-item "Life Functioning domain" (comprising general, close relationship and overall social functioning items). Evans et al. found this domain to have good internal consistency (0.85 and 0.88), sound test-retest stability (0.87), high correlations with conceptually related measures, and scores that did not simply reflect common response sets. Reliable discrimination between clinical and non-clinical samples was estimated at 1.3 points. The CORE-OM has frequently been used in psychotherapy outcome research (Barkham et al., 2001, Barkham, Connell, et al., 2006; Fonagy et al., 2015).

The CORE was completed by GNC patients at Times 1, 2 and 3.

3.4.4 | Psychotherapist reports on patient relationship functioning

The *Global Assessment of Relationship Functioning (GARF*; American Psychiatric Association, 2000a, 2000b) was the secondary measure of general life functioning addressing close relationships with others. The GARF is a single 10-point clinician-completed rating based on descriptive guidelines of relationship functioning, published in Appendix B of the DSM-IV-TR as an Axis permitting further study, and higher scores have been found to reflect better functioning. While generally reported to be reliable and valid (Hilsenroth et al., 2000), the GARF has not been commonly used in psychotherapy outcome research.

The GARF was rated by the psychotherapists at completion of assessment, before psychotherapy commenced (Time 1), and again upon conclusion of the 2-year psychotherapy program (Time 2).

3.5 | Measurement of potential modifying personality characteristics

The NEO Five-Factor Inventory (NEO-FFI; Costa & McCrae, 1992), a 60-item self-report questionnaire, was used to evaluate patient personality characteristics. The Manual reports good internal consistency (coefficient alphas of 0.86

to 0.95) for the five factors or domains (Neuroticism, Extraversion, Openness, Conscientiousness, and Agreeableness). Test-retest reliability is reported by the Manual as between 0.63 and 0.81 in longitudinal studies of up to 6 years, and construct validity is reported with respect to external criteria, including other personality system questionnaires, sentence completion measures, and to external constructs related to psychological well-being, coping, defences, needs, motivation, and Jungian types. The NEO-FFI has been used to investigate the association of personality characteristics with psychotherapy outcome in other studies (Nuetzel & Larsen, 2012; Steinert et al., 2015).

The NEO-FFI was completed by the GNC patients at Times 1, 2 and 3.

3.6 | Data analysis

Random effects regression was used to model BSI-GSI, CORE Life Functioning, GAF and GARF scores as functions of time (Times 1, 2 and 3), gender, age and each of the domains of personality measured by the NEO-FFI (namely the Neuroticism, Extraversion, Openness, Conscientiousness and Agreeableness factor scales).

4 | FINDINGS

The quantitative components of the implementation of psychoanalytic psychotherapy by the low-cost GNC are presented below in terms of the elements of the *RE-AIM* framework, addressing the research questions. Attention to demographic and other statistics, as well as to relevant qualitative observations, is included.[2]

4.1 | *Reach* of service: patients in assessment and progressing to psychotherapy

During its operation the GNC was able to meet community demand, as the pool of VAPP psychotherapists, willing and clinically available to be involved, kept up with the number of referrals.

During the research data collection period, 187 patients commenced contact with the GNC in time to potentially complete two years of psychotherapy. They provided baseline measures at the Initial (Time 1) Interview, indicating the *Reach* of the service. Table 1 displays gender and age data.

All patients had both spoken and written English language competence at a level sufficient to undertake the assessment process. Presenting problems and/or psychopathological diagnoses made by referring clinicians, recorded at intake, were mixed, predominantly featuring mood and/or anxiety disturbance.

Of the 187 patients commencing assessment, 129 proceeded to psychotherapy. Therefore, the proportion proceeding to treatment - the program's *Reach* – was 69%. The reasons for 58 not proceeding to psychotherapy was

TABLE 1 Demographic summaries: age and gender.

	Undertook psychotherapy		
		No	Yes
Age[a]	*n*	58	129
	Mean	33.2	36.9
	SD	11.2	11.8
	Min	18.3	19.5
	Max	67	70.3
Male	Percent	28	32

[a]Age mean difference 3.7 years, $p < .05$.

known for 51 individuals. Of these, 55% reported that life circumstances prohibited proceeding, 31% decided that the GNC therapeutic approach did not suit them, and 14% reported that their mental health and/or capacity to work had improved to the extent that they decided that psychotherapy was no longer necessary.

4.2 | *Effectiveness* in terms of mental health and life-functioning outcomes

Table 2 presents the means, standard deviations, ranges and sample sizes for GNC patients who undertook psychotherapy and for those who did not proceed past assessment (and hence Time 1 data collection). It displays data relating to self-reported mental health status (BSI-GSI and CORE Life Functioning scores) across time, and to psychotherapist-assigned mental health ratings before and after 2 years' treatment (GAF and GARF scores). The latter scores were obtained after the end of the assessment period for 131 patients expected to commence psychotherapy, two of whom did not in fact proceed.

TABLE 2 Means, standard deviations, sample sizes: for outcome variables, BSI-GSI, CORE Life Functioning, GAF and GARF, at Times 1, 2 and 3.

	Undertook psychotherapy			
	No	Yes	Yes	Yes
	T1[a]	T1	T2	T3
BSI-GSI				
n	58	130	59	42
Mean	1.5	1.4	1	0.9
SD	0.7	0.6	0.6	0.5
Min	0.5	0.2	0.2	0.1
Max	3.1	2.9	3.5	2.5
GAF				
n		131	71	
Mean		56.1	68.3	
SD		12.1	12.2	
Min		10	29	
Max		80	95	
CORE life functioning				
n	58	129	59	42
Mean	1.7	1.5	1.1	1.2
SD	0.8	0.7	0.7	0.7
Min	0	0.1	0.1	0.2
Max	3.5	3.5	3.7	3.1
GARF				
n		131	71	
Mean		54.9	68.7	
SD		14.7	13.1	
Min		10	28	
Max		90	93	

[a]T1 stands for Time 1, etc.

GAF and GARF were measured only at Times 1 and 2.

TABLE 3 Means, standard deviations, sample sizes for NEO-FFI domains at Times 1, 2 and 3.

		Undertook psychotherapy			
		No	Yes	Yes	Yes
		T1[b]	T1	T2	T3
Neuro[a]	*n*	57	129	58	42
	Mean	25.1	24	23.9	24.1
	SD	5.3	4.4	4.5	4
	Min	16	13	13	16
	Max	40	35	34	33
Extra	*n*	58	129	58	42
	Mean	25.2	26	27	26.4
	SD	4.7	4.5	4	4.3
	Min	14	14	17	17
	Max	38	38	37	34
Open	*n*	58	129	58	42
	Mean	23.1	23.4	23.2	23
	SD	3.7	3.5	2.8	3.2
	Min	13	15	16	13
	Max	30	35	30	29
Consc	*n*	58	129	58	42
	Mean	28.1	28.2	27.9	28.3
	SD	4.8	4.3	3.6	4
	Min	19	12	17	17
	Max	37	39	35	39
Agree	*n*	58	129	58	42
	Mean	27	25.7	25.6	25.6
	SD	4.2	4.6	4.2	4.5
	Min	19	16	18	16
	Max	36	39	36	39

[a]Agree agreeableness consc Conscientiousness; extra extraversion; neuro, neuroticism; open, openness.
[b]T1 stands for Time 1, etc.

The research questions of the study guided evaluation of the *Effectiveness* and *Maintenance* elements of the implementation of the service.

Table 3 presents the means, standard deviations, ranges and sample sizes of the potential modifying domains of personality measured by the NEO-FF.

Self-reported mental health outcomes are reported in Table 4, which presents the results of the random effects regression analyses carried out (for the 129 patients who undertook psychotherapy) across Times 1, 2 and 3 for BSI GSI and for CORE Life Functioning scores, taking into account the variables of gender, age, and concomitant NEO-FFI subscale scores.

After accounting for gender, age and one of five NEO domains (measured concurrently with outcomes), the 2-year time period from pre-to post-psychotherapy is associated with a statistically significant average drop of approximately 0.5 units on the BSI-GSI scale. An effect size for clinically significant change is reported as 0.48 and above in a UK community sample of 257 adults with mixed anxiety/depression symptoms, 331 inpatients with mixed

TABLE 4 Random effects regressions of BSI-GSI and CORE Life Functioning on Time, NEO-FFI domains (1 per regression), Gender and Age.

Time	BSI-GSI					CORE life functioning				
Difference from post:										
2 years earlier (pre)	***0.48***	***0.45***	***0.49***	***0.48***	***0.47***	***0.40***	***0.35***	***0.41***	***0.39***	***0.39***
8 months later (fu)	0.01	0.00	0.00	0.03	0.00	0.06	0.04	0.05	0.08	0.05
NEO										
Neuroticism	***0.07***					***0.07***				
Extraversion		***−0.04***					***−0.05***			
Openness			*−0.02*					*−0.03*		
Conscientiousness				**−0.03**					***−0.04***	
Agreeableness					***0.04***					**0.03**
Gender (male)	0.00	−0.09	−0.03	−0.01	−0.14	0.18	0.08	0.17	0.08	0.07
Age	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Intercept	**−0.66**	***2.02***	***1.53***	***2.05***	0.06	*−0.74*	***2.44***	***1.75***	***2.32***	0.16

Typeface code to indicate *p*-values of coefficients: >0.05 < *0.05* < **0.01** < ***0.001***.

These regressions are based on 229 observations from 129 participants.

psychotic/mood symptoms and a non-clinical sample of 630 (Cameron et al., 2007), which indicates that the symptom improvement in patients in this study was likely to be clinically significant. On the CORE Life Functioning scale, pre-to post-psychotherapy is associated with a statistically significant average drop of approximately 0.4 units. An effect size for clinically significant change is reported as 0.35 and above in a UK community sample of 853 adult patients attending primary care or clinical counseling services and a non-clinical sample of 1047 (Evans et al., 2002), which indicates that the Life Functioning improvements in this study was likely to be significant. These clinically significant improvements in mental health and life functioning provide evidence of *Effectiveness*.

Comparison between the NEO domain scores indicates that Neuroticism and Agreeableness are associated with higher scores on the BSI-GSI and CORE Life Functioning scales, after accounting for the effects of time, age and gender, whereas Extraversion, Openness and Conscientiousness are associated with lower BSI-GSI and CORE Life Functioning scores. This provides evidence of ongoing trait-modifying influences of particular personality variables on proneness to emotional symptoms, but not on *Effectiveness* of psychotherapy of course. Gender and age are unrelated to these outcomes.

Psychotherapist-reported mental health and life-functioning are reported in Table 5. This displays the results of the random effects regression analyses carried out (for the 129 patients who undertook psychotherapy) across Times 1 and 2 for the GAF and GARF scores, taking into account the variables of gender, age, and concomitant NEO FFI domain scores.

As indicated by Table 5, after accounting for age, gender and each one of the five NEO domains, the 2 years' time from pre-to post-therapy is associated with average rises of about 14 points on GAF and about 16 points on GARF. A rise of 10 points on both indicates an improvement to a milder level of symptom impairment and functioning. The mean GAF and GARF scores at Time 1 were in the moderate range of functional impairment (56.1 and 54.4 respectively). This means that, on average, patients improved from experiencing "moderate symptoms and difficulties in functioning" to having some "mild symptoms but generally functioning pretty well including meaningful personal relationships" (American Psychiatric Association, 2000a, 2000b). These improvements in daily life and relationship functioning provide evidence of *Effectiveness*.

Investigation on the impact of modifying influences revealed that Neuroticism is associated with lower scores on both GAF and GARF scales, and Extraversion and Conscientiousness with higher scores. Males score about six points

TABLE 5 Random effects regressions of GAF and GARF on Time, NEO-FFI domains (1 per regression), Gender and Age.

Time	GAF					GARF				
Difference from post:										
2 years earlier (pre)	***−14.0***	***−13.3***	***−13.8***	***−13.9***	***−13.9***	***−16.3***	***−15.7***	***−16.1***	***−16.2***	***−16.2***
NEO										
Neuroticism	**−0.6**					*−0.5*				
Extraversion		***0.7***					*0.6*			
Openness			−0.1					−0.3		
Conscientiousness				**0.7**					*0.5*	
Agreeableness					−0.1					−0.2
Gender (male)	−3.3	−2.0	−2.8	*−1.9*	−2.7	*−6.8*	*−5.9*	*−6.3*	*−5.8*	*−5.9*
Age	−0.1	0.0	0.1	0.0	−0.1	−0.1	0.1	−0.1	0.1	−0.1
Intercept	***89.6***	***53.4***	***62.7***	***53.2***	***79.1***	***90.5***	***61.4***	***84.0***	***64.0***	***84.4***

Typeface code to indicate *p*-values of coefficients: >0.05 < *0.05* **< 0.01 < *0.001***.
These regressions are based on 184 observations from 129 participants.

lower on average than females do on GARF. There was no evidence of difference between genders on GAF scores, nor is age associated with either GAF or GARF scores in these results.

4.3 | *Adoption* of service: characteristics of patients, psychotherapists and GNC setting

Of the 129 patients who commenced psychotherapy, 77 completed the 2-year treatment, producing an *Adoption* statistic of 60%.

Reasons for discontinuing were established for 34 of the 52 patients who withdrew from treatment. Circumstantial reasons applied to 47% of the 34, 24% felt they no longer wanted to continue psychotherapy, and 29% terminated because mental health or work participation improved to such an extent that they decided, with the knowledge of their psychotherapists, that they had satisfactorily completed treatment.

Taking into account the 10 who decided that they had satisfactorily completed treatment before 2 years, as well as the 77 who completed the full 2 years, we can conclude that, of the 129 who commenced psychotherapy, at least 87 patients (67%) were committed to their psychotherapy.

All of the 24 GNC psychotherapists participating in the service made psychotherapy potentially available to each patient undertaking the program for the full 2 years of treatment possible, comprising a 100% *Adoption* rate among the clinicians.

From an organisational perspective, the GNC consistently adopted the program by providing the full range of administrative, facility and supervision support throughout the period of data collection.

4.4 | *Implementation* of the psychotherapy service

The psychotherapeutic practice of the psychotherapists was supported by fortnightly small group supervision, thereby maximizing treatment fidelity and ensuring the integrity of psychoanalytic psychotherapy delivery in the GNC. Administrative records kept by the GNC confirm that psychotherapy was consistently implemented, with twice-weekly sessions and agreed arrangements for missed sessions, planned breaks in schedules, and eventual conclusion of contact. The only adaptation of the program recorded was for 10 patients who, with the support of their psychotherapists, worked to conclude treatment a little before the 2-year time limit was reached.

A qualitative study conducted within the GNC research program (Sfiris, 2015) analyzed psychotherapists' descriptions of their work 8 months into each patient's treatment, and confirmed that their interventions and understanding of the treatment process was consistent with the VAPP definition of psychoanalytic psychotherapy, as planned for implementation by the GNC. Other qualitative patient and psychotherapist perceptions of the therapeutic process and their experience of the GNC program are reported and discussed in depth in two companion articles by Grady et al. (2023a, 2023b).

4.5 | *Maintenance* of mental health outcomes

Eight months after the conclusion of treatment there was no evidence of further change in BSI-GSI or in CORE Life Functioning (see Table 4), providing evidence of *Maintenance* of benefit. For all four outcome variables, regressions involving interactions of time with each of the other explanatory variables were estimated, but they showed no evidence that any of the other variables (gender, age, personality) moderated the effect of time, and these results are therefore not presented here. We thus conclude that none of the potential modifying influences had an effect on *Maintenance* of the effectiveness of the psychotherapy.

Maintenance of recognition of the demonstrated effectiveness of the psychoanalytic psychotherapy service provided by the clinic is evident at several levels. Firstly, the findings of this research supported the resolve of the VAPP to investigate a range of future funding opportunities that would permit the continuation of the GNC service. Secondly, the success of the GNC program was used to support the VAPP's submission to the Victorian State Government's Royal Commission on the Victoria's Mental Health System (2021), advocating implementation of long-term psychoanalytic psychotherapy in the State's community mental health clinics. Finally, the study's findings also support the rationale of a consortium of mental health organisations advocating for psychoanalytic psychotherapy to be broadly adopted in Victoria's mental health system.

5 | DISCUSSION

The Melbourne Study of Psychoanalytic Psychotherapy has provided naturalistic evidence of the successful implementation of a long term, low-cost, time-limited adult psychoanalytic psychotherapy program in a community setting. Application of the *RE-AIM* framework fulfilled the research requirements of the VAPP and of the funding Foundation. The findings of the quantitative arm of the study are discussed below in terms of *RE-AIM* elements, amplified as appropriate by relevant qualitative data.

The systematic qualitative study of these elements, using narrative interviews with both patients and psychotherapists, is presented and explored in companion papers (Grady et al., 2023a, 2023b).

5.1 | *Reach* of the program

The GNC program *Reach* was 69% of those who initially engaged in assessment for treatment. Among those undertaking assessment as well as those proceeding to GNC treatment, mixed BSI symptom profiles were prominent, mostly expressed in mood and anxiety difficulties.

A feature of this naturalistic study was that eligible patients were self-selected rather than assigned to a treatment selected by psychotherapists or researchers. They sought out psychoanalytic psychotherapy and engaged in a process of assessment, before choosing whether or not to proceed with treatment. Consequently, a strength of the program was that it respected patient agency and strengthened patient motivation.

However, the 2-year commitment required of patients may also have negatively impacted the *Reach* of the program. The GNC expectation that treatment would continue for a full 2 years may have deterred some of those

who did not proceed beyond assessment. Of course, given that half of the 31% who did not proceed withdrew because of change in life circumstances, we cannot conclude that the prospect of long-term treatment was a significant psychotherapy deterrent. Furthermore, almost a third (29%) of those patients who chose to withdraw before 2 years, did so with the support of their treating therapists, suggesting that their discontinuation was not motivated by resistance but, rather, the mutual perception of durable treatment gains. These facts notwithstanding, it is possible that if the GNC had offered a more open-ended time commitment, *Reach* may have been greater. Qualitative findings mapping the experience of a cohort of patients who did not proceed to psychotherapy, as well as of those who discontinued psychotherapy before 2 years, is reported in a study by Cooke et al. (2021). Expanding data collection with those not proceeding would have strengthened the study considerably.

5.2 | *Effectiveness* of the psychoanalytic treatment

Effectiveness of long-term psychoanalytic psychotherapy implementation was amply evidenced in this study. Significant improvements in mental health and general life functioning over time were reported by patients (BSI-GSI and CORE Life Functioning) and their psychotherapists (GAF and GARF scores). The use of random effects regression analysis was beneficial, as it meant that data from every patient commencing psychoanalytic psychotherapy at GNC could be included in the statistical analysis, thus enhancing internal validity.

The quantitative findings of this naturalistic research thus support the existing evidence (e.g., Berghout et al., 2010; de Maat et al., 2009; Fonagy et al., 2015; Leuzinger-Bohleber et al., 2019, 2020; Lindgren et al., 2010; Sandell et al., 2000) of the real-world effectiveness of long-term psychoanalytic psychotherapy with patients reporting a range of mood and anxiety difficulties.

The study also contributes to knowledge of the modifying influence of variables potentially associated with psychotherapy treatment gains. As measured by the NEO-FFI, overall levels of symptomatology and general life functioning across all timepoints were only marginally associated with personality factors. This is consistent with the finding of Steinert et al. (2015), who concluded that varying NEO-FFI scores simply indicate proneness to various psychological symptoms rather than predict differing responses to psychodynamic psychotherapy. Specifically, we also found that, regardless of treatment effects, neuroticism personality traits, in contrast to extraversion, were associated with an increased likelihood of disturbed emotions and of reported reflection upon difficulties with daily life and relationship functioning.

Concerning gender, an association with mental health outcome emerged only for the GARF. Here, males were on average assigned lower scores than were females by their psychotherapists. This aligns with the findings of Ogrodniczuk (2006), who reported that males improved less than females in their interpersonal relationships with psychotherapy.

An important limitation to *Effectiveness* conclusions drawn from the study was the fact that quantitative data were not gathered beyond Time 1 from those who ceased contact with the clinic either at the assessment stage or at a later stage before the 2-year limit. Therefore, measured relative outcomes of those who did not proceed to psychotherapy, as well as those who commenced treatment but withdrew before 2 years, could not be ascertained. It is possible that the symptom and personality profiles of those who completed the 2 years' psychotherapy differed from those who did not. In this regard, however, Time 1 baseline means of BSI-GSI item symptom scores and NEO-FFI personality domain measures did not differ between those groups, implying that neither initial symptom severity nor personality characteristics were predictive indictors of either engaging or continuing in the 2-year psychotherapy program.

5.3 | *Adoption* of the program to completion

Completion of the 2-year program indicated a 60% *Adoption* rate (77/129) by patients. Had the study not tied completion so clearly to participation over the full 2 years, *Adoption* could be considered higher. This is because 10 of the 129 commencing patients reported to the researchers that they had completed treatment before the 2-year point, thereby raising the *Adoption* rate to 67% (87/129).

The 2-year time requirement further constrained *Adoption* because, of all of those who concluded psychotherapy early, 29% indicated that their mental health and life-circumstances were better, indicating treatment success, while 47% gave life circumstances as the reason for withdrawing. Allowing program flexibility to accommodate early treatment completers might have increased its *Adoption* rate. Further research is required to explore the treatment outcomes for those who discontinue time-limited psychoanalytic psychotherapy.

Consideration of the *Adoption* of the GNC program by the psychotherapists, their commitment to the program and experience of supervisory support they received, together with their perceptions of the time-limited nature of treatment, is presented in detail in the second of the companion qualitative papers (Grady et al., 2023a, 2023b).

5.4 | *Implementation* of the psychoanalytic psychotherapy service

The *Implementation* of the GNC program was primarily addressed by the qualitative arm of the Melbourne Study of Psychoanalytic Psychotherapy. Psychotherapists' adherence to the psychoanalytic approach was also demonstrated (Sfiris, 2015), affirming treatment integrity across the participating therapists. This was made possible by the fact that all 24 had been trained and/or accredited by the VAPP, which clearly defines psychoanalytic psychotherapy in its training implementation and continuing professional education program. Further enhancing treatment integrity was the fact that all GNC psychotherapists were regularly supervised by VAPP training psychotherapists.

The companion papers by Grady et al. (2023a, 2023b) present in-depth findings concerning patient and psychotherapist experience of the psychotherapy and its 2-year time limit, which relate to *Implementation* of the service.

Independent observation and formal rating of therapy sessions would have strengthened the evaluation of treatment integrity, but such was not possible in this context for ethical and professional practice reasons.

5.5 | *Maintenance* of the psychoanalytic psychotherapy service

Quantitative measurement produced evidence of the *Maintenance* of patients' self-reported improvement in mental health and life-functioning 8 months after the treatment program conclusion. As well as supporting extant research evidence of the effectiveness of long-term psychoanalytic psychotherapy (Leuzinger-Bohleber et al., 2020), this study confirms the feasibility of its implementation in a low cost community setting. It promotes the continuation of the GNC clinic and justifies calls for the inclusion of psychoanalytic psychotherapy in public community mental health services.

6 | CONCLUSION

The Melbourne Study of Psychoanalytic Psychotherapy, based on a real-life community clinic demonstration project, provided the ideal opportunity for naturalistic study of the implementation of a 2-year psychoanalytic psychotherapy program for adults. Using a mixed methods approach, and the *RE-AIM* program evaluation research design (Glasgow et al., 1999), we systematically investigated the *Reach*, *Effectiveness*, *Adoption*, *Implementation and Maintenance* of psychoanalytic psychotherapy.

The research demonstrated the *Reach* and *Effectiveness* of the GNC service in improving the mental health and life-functioning of self-referred adults with heterogeneous mental health difficulties, made possible by a subsidized fee. A strength of the study was the use of multiple informant outcome measures, which addressed both positive functioning and mental health symptoms, encompassing the perspectives of both patients and treating psychotherapists.

Concerning the homogeneity of the phenomena under study, the process determining patient inclusion in the study was uniform, namely self-referral to psychotherapy for mental health problems, followed by consistent

application of exclusion criteria and a four-session assessment procedure, allowing patients and their assigned psychotherapists to decide on the appropriateness of psychoanalytic psychotherapy.

The findings were amplified by in-depth qualitative research, described in companion papers illuminating, in particular, details of the program *Implementation* (Grady et al., 2023a, 2023b). The psychotherapists and their supervisors shared a defined model of practice ensuring consistency and fidelity in treatment delivery, thus facilitating program *Adoption* and *Implementation*.

The internal and external validity of the study was facilitated by the application of the implementation science *RE-AIM* design (Glasgow et al., 1999). The psychoanalytic understanding of the research team made for greater ease in planning appropriate systematic procedures through collaboration with the VAPP membership in the research planning stage, as well as with the clinic and its psychotherapists during implementation of the research. This in turn maximized smooth conduct of data collection and minimized potential impacts of the research process upon the psychotherapy itself. While the psychoanalytic knowledge and ideological commitments of the research team may have fostered researcher bias (Steinert et al., 2017; Wahlstrom, 2017), this was minimized by regular critical discussion encouraging divergent opinion, a heterogenous research team, and the institutional input of two universities.

A limitation regarding the economic feasibility of long-term psychoanalytic treatment and hence justification for its *Maintenance* as a community mental health promotion service, is that an evaluation of its cost-benefit profile was not included in the study. Economic benefit has been demonstrated in other research on psychoanalytic psychotherapy (e.g., Berghout et al., 2010; Beutel et al., 2004; De Maat et al., 2007; Leuzinger-Bohleber et al., 2003) and remains a priority for further research. Nevertheless, heartened by the success of the implementation of its demonstration project, the VAPP aims to continue the program, while the VAPP and other psychotherapy groups in Victoria have continued to advocate for inclusion of psychoanalytic psychotherapy in the State public mental health system. In this connection, further research is required to elucidate *Effectiveness* issues in open-ended versus time-limited psychotherapy.

Finally, given our somewhat limited knowledge of the specific reasons for patient discontinuation from psychoanalytic psychotherapy treatment (Cooke et al., 2021), more robust and extensive data collection relating to the experiences and motives of premature discontinuers would have strengthened the study considerably.

Nonetheless, this demonstration project and its findings provide strong support not only for the effectiveness and hence value of long-term psychoanalytic psychotherapy to adults seeking treatment for mental health distress, but also for the feasibility of including it as part of public mental health service provision to the broad community.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

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ENDNOTES

[1] Psychodynamic and Psychoanalytic Psychotherapy are psychological treatments derived from psychoanalytic theories based on the psychoanalysis of the unconscious mind. Psychotherapy sessions are less frequent than for psychoanalysis itself, perhaps being one to two per week. The term Psychodynamic Psychotherapy can be used to refer more specifically to briefer periods of treatment and Psychoanalytic Psychotherapy to more extended or open-ended treatment. However, the terms are also sometimes used interchangeably, at least in the USA (Shedler, 2010). In this research report, we define in detail the nature and form of the treatment referred to as Psychoanalytic Psychotherapy by the implementing community clinic studied.

[2] No material from other sources is reproduced in this paper. De-identified study group data are potentially available for research purposes upon application to the corresponding author.

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