



**National Mental Health  
Consumer & Carer Forum**

The Royal Australian and New Zealand College of Psychiatrists  
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**The Royal Australian and New Zealand College of Psychiatrists (RANZCP) clinical practice guideline for the treatment of panic disorder, social anxiety disorder, and generalised anxiety disorder**

The National Mental Health Consumer and Carer Forum (NMHCCF) welcomes the opportunity to provide comment on the RANZCP clinical practice guideline for the treatment of panic disorder, social anxiety disorder, and generalised anxiety disorder (the Guideline).

The NMHCCF is a combined national voice for mental health consumers and carers. We listen, learn, influence and advocate in matters of mental health reform. The NMHCCF was established in 2002 by the Australian Health Ministers' Advisory Council and reports to the Mental Health, Drug and Alcohol Principal Committee. Funding is provided by the Australian Government and state and territory governments. It is currently auspiced by Mental Health Australia.

NMHCCF members represent mental health consumers and carers on a large number of national bodies, including government committees and advisory groups, professional bodies and other consultative forums and events. Members use their lived experience, understanding of the mental health system and communication skills to advocate and promote the issues and concerns of consumers and carers.

NMHCCF members have identified a few gaps and have suggested changes they feel would strengthen the guideline including the contributions of consumers and carers, treatment and community supports, reflection of consumer responsiveness, comorbidity and carer supports.

**Consumer and carer contribution**

The NMHCCF notes that the contributors to the development of the Guideline are all clinical experts (p.18) and there is no mention of consumers or carers being explicitly involved, unless they are captured by the term "special interest groups". NMHCCF members strongly advocate for genuine engagement of consumers and carers in the co-design of documents, policies and

programs as this results in greater consumer and carer empowerment and improved service quality and developments.

### **Treatment and individualised community supports**

The NMHCCF are pleased to see that psychological therapy approaches are recommended as the first line of response to a range of anxiety conditions, with pharmacology a secondary response. The NMHCCF recommends adding more detail to the common side effects of the drugs mentioned in the Guideline (p.28). NMHCCF members are wary about the research funded by pharmaceutical companies in respect of the efficacy of medication over other treatment modalities.

NMHCCF members note that although CBT is recommended, other forms of self-care and referrals to community supports and services that can cater to individual needs are not. Community supports and services can be individualised to meet the needs of the consumer. An absence of basic human needs being met, such as housing, employment, and emotional and physical welfare, can contribute to and exacerbate situations. These issues can also have an impact on the consumer accessing services.

The NMHCCF recommend an addition to the Guideline Summary (p.4) regarding the need for GPs to explore available community supports and services that will support the individual needs of the consumer that may be having an impact on their mental health and to assess any disadvantages the consumer may face accessing services.

### **Therapy – reflection of consumer responsiveness**

The NMHCCF is circumspect about the value of iCBT as a treatment methodology ahead of person-to-person CBT. The Guideline needs to more explicitly address how the results about the efficacy of iCBT have been determined and the size of the research samples involved in reaching this conclusion (p.26).

In the table, the Guideline refers to three studies that show iCBT is effective, however, it also says there is limited evidence to show that other psychological approaches are effective, although there are 19 studies on other therapies (p.68).

At p.71 the Guideline says that “CBT was more efficacious than other psychotherapies”. The NMHCCF questions this assumption when the Guideline elsewhere acknowledges that there are fewer studies on the other psychotherapies. The NMHCCF also believes that heavily drawing upon the evidence base in support of CBT may lead to more limited accessibility to other psychological approaches which may be more helpful to the patient. The reason CBT has the greatest level of empirical support is that more studies are done on the subject. Fewer controlled trials have evaluated therapies other than CBT (p.57). It doesn't automatically make it the best psychological treatment approach. While an evidence base may be important, it stifles innovative approaches which have less of a proven track record, but may be more effective for patients.

Mental health consumers have different likes and needs and may respond in different ways to therapy. The NMHCCF believe personal difference and preference of patients should be reflected in developing the treatment response with patients.

**Comorbidity**

The NMHCCF note that the Guideline has been produced for the primary diagnosis of anxiety conditions and as such, explains comorbidity with other chronic mental illnesses. NMHCCF members are concerned the Guidelines fail to mention that consumers with psychotic disorders, such as schizophrenia are also prone to anxiety disorders.

**Carer supports**

The Guideline states it is often helpful to involve family in discussions (p.10) however fails to provide information about how to support family members / mental health carers and to educate them on how to best assist the consumer. NMHCCF members would like to see an addition to the Guidelines requiring GPs to assess the needs of family members and carers, make referrals to carer support services and also assess any difficulties they may have accessing services or supporting the mental health consumer.

On behalf of the NMHCCF, we thank you for the opportunity to provide comment on the RANZCP clinical practice guideline for the treatment of panic disorder, social anxiety disorder, and generalised anxiety disorder.

Yours sincerely



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Consumer Co-Chair



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