



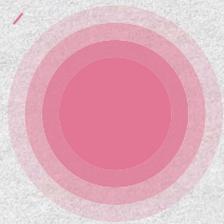
Psychology Week 2020



Pain: Finding the way forward with psychology



THE AUSTRALIAN PAIN AND PSYCHOLOGY REPORT 2020



psychweek.org.au

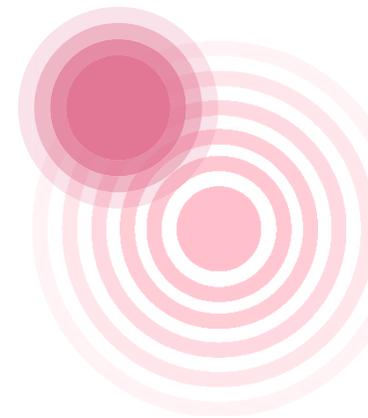


Chronic pain is associated with a significant societal burden, including an annual economic impact of up to \$139.3 billion¹ and considerable impact on the individual, family and workplace, as well as the healthcare system and wider community.

As part of Psychology Week 2020, the Australian Psychological Society is promoting the role of psychology in pain management. More information about the “Pain: Finding the way forward with psychology” campaign is available at psychweek.org.au.

As part of the campaign, the Australian Psychological Society and the Australian College of Applied Psychology have produced *The Australian Pain and Psychology Report 2020*, based on a national survey of adults. This examines the prevalence of pain and experiences of Australians in accessing psychological treatment for pain.

It is the latest in a series of surveys conducted by the Australian Psychological Society to examine issues affecting the wellbeing of Australians.



1. Deloitte Access Economics. (2019). The cost of pain in Australia: Final report.
<https://www.painaustralia.org.au/static/uploads/files/the-cost-of-pain-in-australia-final-report-12mar-wfxbrfyboams.pdf>

- Overall, just over 1 in 3 (35%) Australians experience chronic pain.
- Almost 1 in 2 (49%) adults 65 years and older experience chronic pain.
- Just over 1 in 5 (22%) Australians with non-chronic pain are at risk of long-term disability and reduced likelihood of returning to work.
- Australians with pain have limited awareness of and experience with psychological treatment options for pain:
 - Almost 9 in 10 (87%) of those with chronic pain had not seen a psychologist about their pain.
 - Almost 3 in 5 (57%) of those with pain and almost 4 in 5 (74%) of those without pain were not aware that psychologists could help with pain.
- Those who have seen a psychologist about pain view psychological treatment as an important part of recovery.
- Those with pain who have not seen a psychologist are open to psychological treatment but have concerns about accessing it.
- Among our sample overall, including those with and without pain:
 - About 3 in 5 (62%) are open to trying psychological treatment for pain.
 - 1 in 2 (50%) believe psychological treatment will be effective in helping someone with a pain problem.
 - Just over 2 in 5 (43%) were anxious that COVID-19 would make it difficult for them to see a psychologist about pain.
- The most common barriers to seeing a psychologist among people with and without pain are concerns about the cost and availability of psychological treatment.



Pain is defined as “an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage”^{1, p.1} It is a personal and emotional experience, not just a physical sensation and impacts on wellbeing and functioning. It is influenced by a number of factors, including biological (e.g., genetics), psychological (e.g., coping skills) and social (e.g., family environment).¹

Pain is commonly classified as being either acute (within the normal healing time) or chronic (lasting beyond the usual period of healing; typically defined as three or more months).²

Chronic or persistent pain can impact a person and the people close to them in a number of ways, including poor physical health, emotional distress, reduced capacity to work and social isolation.



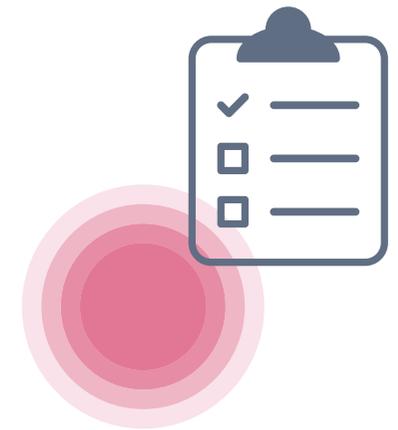
1. Raja, S. N., Carr, D. B., Cohen, M., Finnerup, N. B., Flor, H., Gibson, S., Keefe, F. J., Mogil, J. S., Ringkamp, M., & Sluka, K. A. (2020). The revised International Association for the Study of Pain definition of pain: Concepts, challenges, and compromises. *Pain*, 161(9), 1976-1982. <http://dx.doi.org/10.1097/j.pain.0000000000001939>

2. Treede, R.-D., Rief, W., Barke, A., Aziz, Q., Bennett, M. I., Benoliel, R., Cohen, M., Evers, S., Finnerup, N. B., & First, M. B. (2019). Chronic pain as a symptom or a disease: the IASP classification of chronic pain for the International Classification of Diseases (ICD-11). *Pain*, 160(1), 19-27. <https://doi.org/10.1097/j.pain.0000000000001384>

The role of psychologists in pain management

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- Treating chronic pain typically involves a team of health professionals, including psychologists, working collaboratively to help individuals with pain meet common goals.¹
- Psychologists are experts at assisting people with psychological factors connected to pain (e.g., psychological distress, reduced self-efficacy, sleeping difficulties) and teaching people skills to change unhelpful thoughts and behaviours, self-manage their symptoms over the long-term and to overcome barriers to recovery.¹⁻²
- Psychological treatments, particularly cognitive behaviour therapy, are one of the few evidence-based treatments for chronic pain.¹⁻³
- Learning these skills at an early stage in the experience of pain can also help prevent the risk of chronic pain, disability due to the pain and increase the chances of a person returning to work.^{1,4}
- Further information about the role of psychologists in pain management and accessing psychologists is available in the Australian Psychological Society's information sheet on [chronic pain in adults](#).
- The Australian Pain Society also has a [position paper](#) on the role of psychologists in pain management.



1. Australian Pain Society. (2016). Australian Pain Society Position Statement: The role of the psychologist in the management of persistent pain. <https://www.apsoc.org.au/position-papers>

2. Roditi, D., & Robinson, M. E. (2011). The role of psychological interventions in the management of patients with chronic pain. *Psychology Research and Behavior Management*, 4, 41. <https://doi.org/10.2147/PRBM.S15375>

3. Williams, A. C., C., d., Fisher, E., Hearn, L., & Eccleston, C. (2020). Psychological therapies for the management of chronic pain (excluding headache) in adults. *Cochrane Database of Systematic Reviews*(8), Art. No.: CD007407. <https://doi.org/10.1002/14651858.CD007407.pub4>

4. Nicholas, M., Linton, S. J., Watson, P. J., & Main, C. J. (2011). Early identification and management of psychological risk factors ("yellow flags") in patients with low back pain: A reappraisal. *Physical Therapy*, 91(5), 737-753. <https://doi.org/10.2522/ptj.20100224>

About the survey

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- This 20-minute online survey explored Australians' experiences of pain, access to and views about psychological treatment for those with pain, as well as attitudes towards psychological treatment and perceived barriers among people with and without pain.
- The survey fieldwork was conducted by staff¹ within the Australian Psychological Society and the Australian College of Applied Psychology, with assistance with recruitment from Pureprofile, an independent research company.
- A nationally representative sample¹ of Australian adults ($n=1022$) were asked to answer an online survey about their experience of pain and its treatment during July and August 2020. Findings based on additional recruitment from other samples will be reported separately.



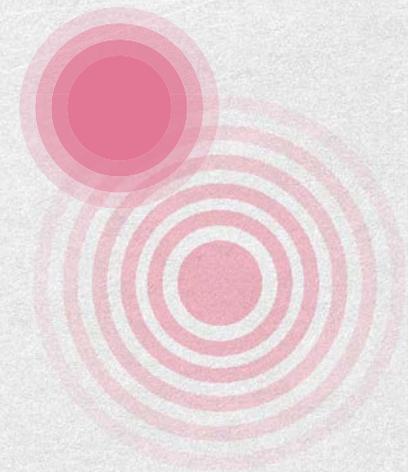
1. Contributors: Australian Psychological Society – Dr Jo Abbott; Australian College of Applied Psychology – Prof Kathryn Nicholson Perry, Ms Angela Colson.

2. Representative of age, gender and geographic location based on Australian Bureau of Statistics Census data.

Further information on the specific scales, demographics and methodology used in this survey is available in a separate document "Australian Pain and Psychology Report 2020 Appendices".

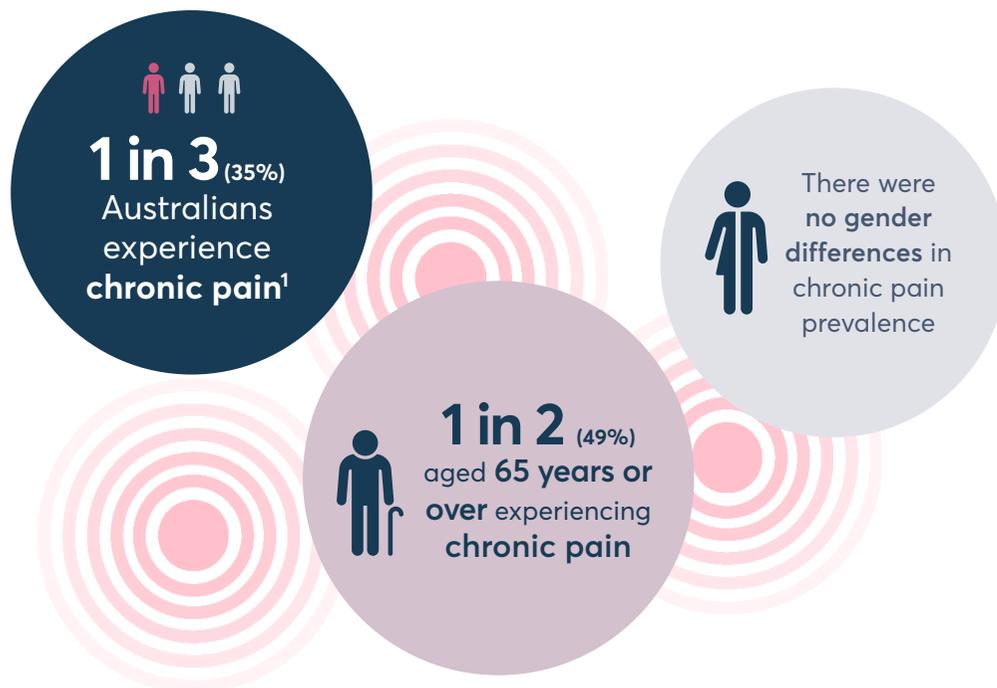
Australians' experience of pain

Chronic pain is a very common problem, with wide ranging impacts. Higher levels of pain severity and interference with work are linked to a number of psychological factors including unhelpful thoughts about pain, reduced confidence in being able to do things in spite of pain, psychological distress and a greater belief that there are barriers to seeing a psychologist.

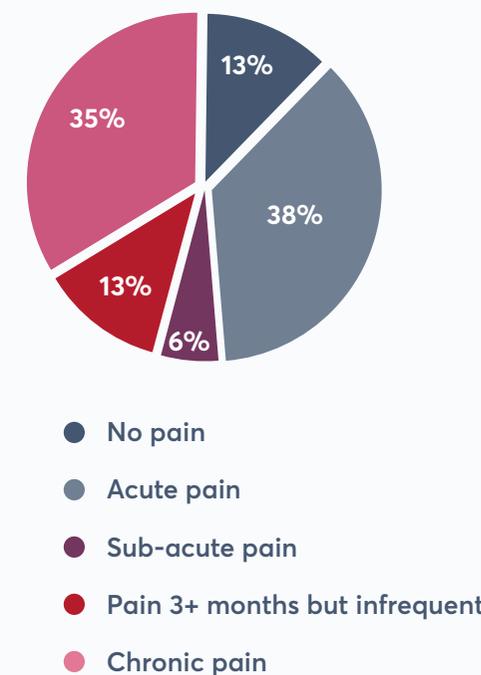


How much pain do Australians experience?

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Prevalence of pain in Australia



Acute: <6 weeks.

Sub-acute: >6 weeks but <3 months

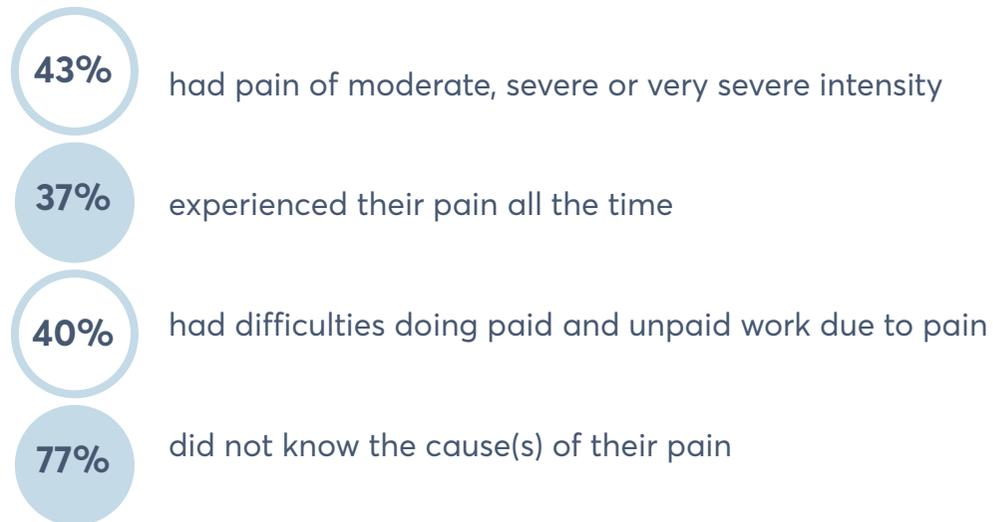
Pain 3+ months but infrequent: 3 months or longer but pain rarely present

Chronic pain: 3 months or longer and experienced daily

1. Chronic pain was defined as pain of 3 months or longer duration as indicated by a question from the Örebro Musculoskeletal Pain Screening Questionnaire (OMPSQ-10), and experienced daily, as indicated by a question from the electronic Persistent Pain Outcomes Collaboration Referral Questionnaire.

A snapshot of Australians' experience of pain

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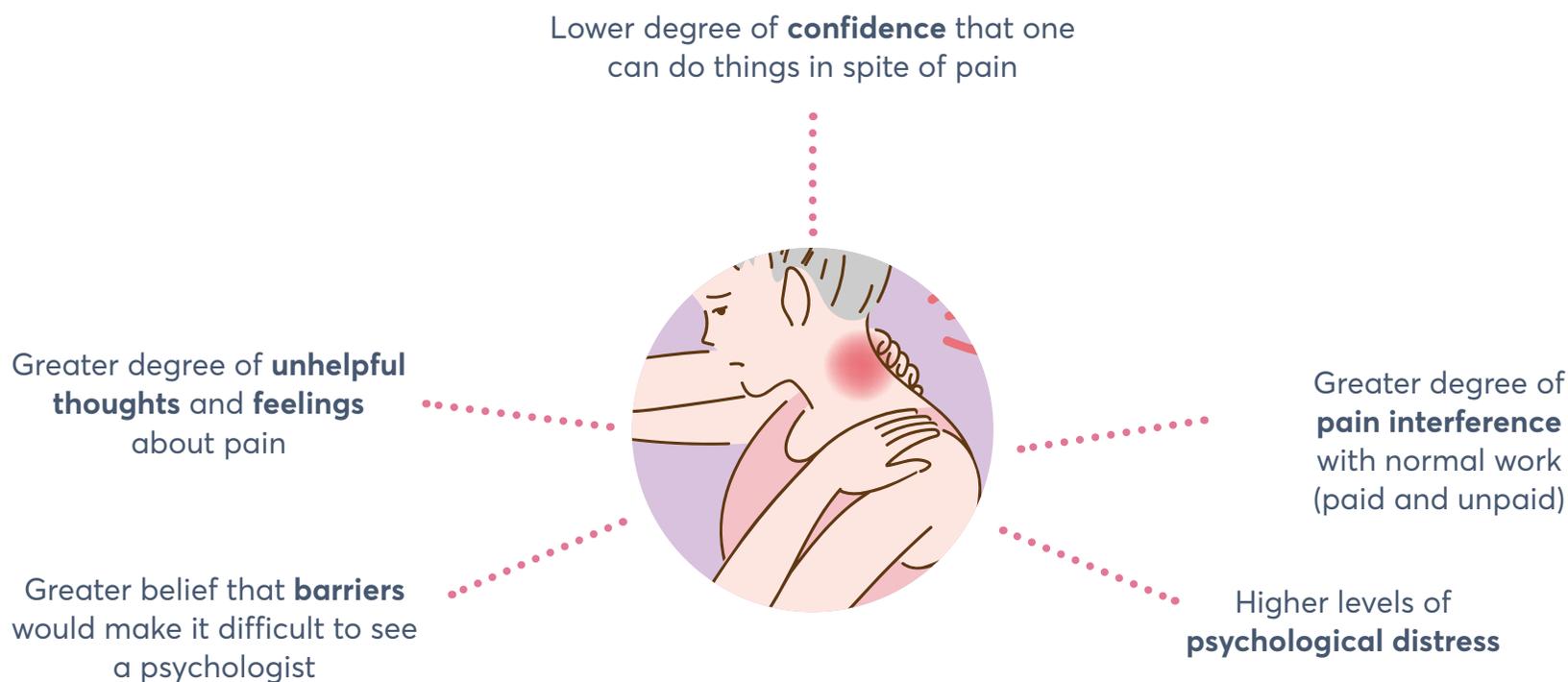


1. Recent onset of pain: pain of less than 3 months duration

What factors are associated with pain severity?

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Higher levels of pain severity¹ were associated with...



1. As experienced in the last 4 weeks

What factors are associated with pain interference?

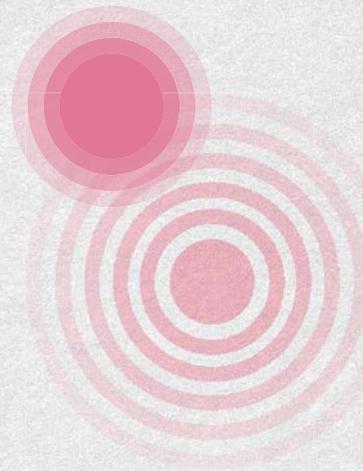
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Higher levels of pain interference with work (paid and unpaid) were associated with...



Attitudes towards psychological treatment for pain

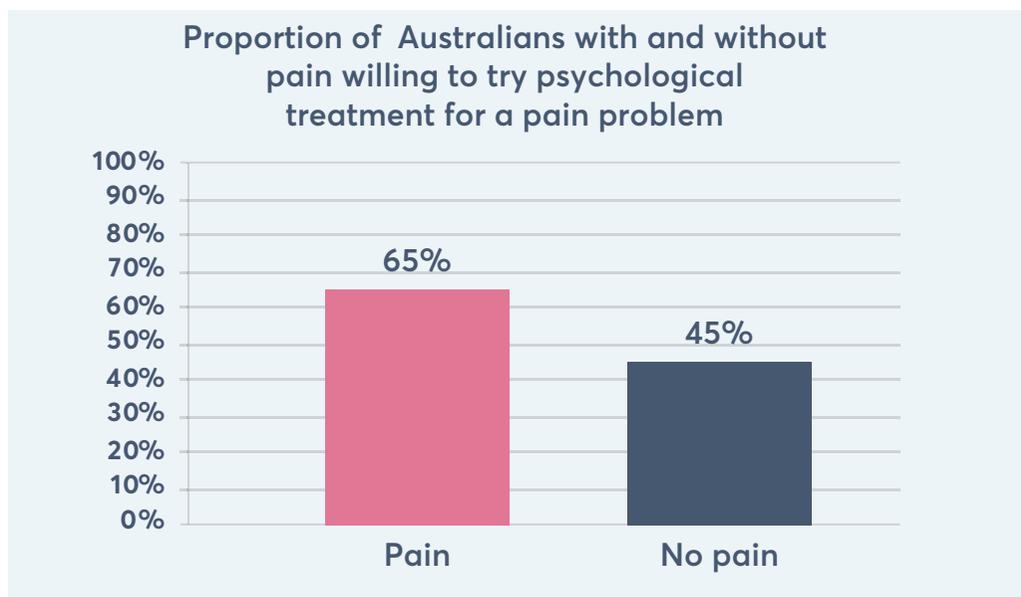
At least 3 in 5 Australians, with and without pain, are willing to try psychological treatment for pain. 1 in 2 Australians believe psychological treatment will be effective in helping someone with a pain problem. The most common barriers to seeing a psychologist among people with and without pain are concerns about the cost and availability of psychological treatment.



1. Rating 4-6 on a scale of 1 = not at all willing to 6 = extremely willing"

Willingness to try psychological treatment

Among people with and without pain just over 3 in 5 (62%) indicated they would be willing¹ to try psychological treatment for a pain problem. Those with pain were significantly more likely to be open to psychological treatment for a pain problem than those without pain.



1. Rating 4-6 on a scale of 1 = not at all willing to 6 = extremely willing"

Views on the effectiveness of psychological treatment of pain

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1 in 2 Australians, with and without pain, believed psychology would be effective for helping someone who is experiencing pain. Those with current experience of pain and with seeing a psychologist for pain viewed psychological treatment as more effective than those without pain and those who had not seen a psychologist for pain.

Among people with and without pain:

- 1 in 2 Australians, with or without pain, believed psychology would be moderately or extremely effective for helping someone who is experiencing pain.
- Those with pain rated the effectiveness of psychology significantly more highly than those without pain.
- Those who had seen a psychologist for pain were significantly more likely to believe psychology would be effective for someone who is experiencing pain than those who hadn't seen a psychologist.

Reasons for not seeing a psychologist

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Common reasons for not seeing a psychologist for a pain problem among people with and without pain were:

- a lack of awareness about how a psychologist can help, and
- concerns about the cost of seeing a psychologist.

Among people with pain

Most common reasons¹ for not seeing a psychologist were:

“ I don't see how a psychologist could help me ” (30%)

“ I'm happy with my current pain treatment ” (23%)

“ I think a psychologist would be too expensive ” (22%)

Among people without pain:

Most common barriers² that would stop them from seeing a psychologist if they had pain were:

“ I don't see how a psychologist could help me ” (49%)

“ I think a psychologist would be too expensive ” (44%)

1. Respondents could select only one reason.
2. Respondents could select multiple reasons.

Barriers to seeing a psychologist

Australians with and without pain were asked about the degree of difficulty different factors would make for them to see a psychologist regularly. The main barriers reported were concerns about the cost of psychological treatment and the availability of treatment (believing there to be a lack of treatment available and not knowing how to find a psychologist).

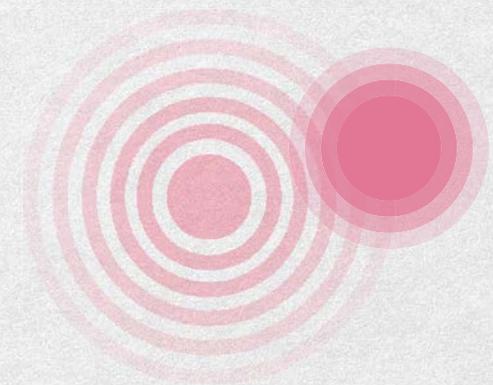
The top 4 barriers to seeing a psychologist

Type of barrier	Proportion believing the factor would make it at least moderately difficult to attend regular appointments
Cost of treatment	69%
Availability of treatment	62%
Lack of time	44%
Anxiety about COVID-19	43%



Knowledge of and experience with psychological treatment

Australians with pain have limited knowledge and experience of psychological treatment. However, most of those who have seen a psychologist about their pain view psychological treatment as an important part of their recovery.



Awareness and experience of psychological treatment options for pain

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Australians with pain had limited awareness of and experience with psychological treatment options for pain.



Among those with chronic pain who **had** seen a psychologist:

- On average they'd had 2 visits in the last 3 months.
- Most (61%) had seen a psychologist only 1-6 times in total.

1. Recent pain: pain of less than 3 months duration

Views on the importance of psychological treatment of pain

Most Australians who had seen a psychologist for pain viewed psychological treatment as an important part of recovery.

Among people who had seen a psychologist:

- 75%** felt their pain was better since starting psychological treatment
- 71%** viewed psychology as extremely or moderately important in helping them with their pain
- 56%** probably or definitely would recommend psychological treatment to others with pain

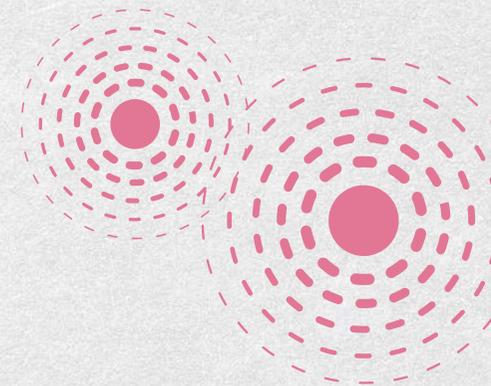


People who had 7 or more sessions with a psychologist rated the importance of psychology and their improvement significantly more highly than people who had 6 or fewer sessions.

By number of sessions with a psychologist	Proportion of people rating psychology as moderately or extremely important	Proportion believing their pain had improved due to psychology
1-6 sessions	64%	67%
7 + sessions	80%	88%

Openness to psychological treatment among those not receiving it

The majority of Australians with pain who have not seen a psychologist about their pain and would most benefit from psychological treatment (those with chronic pain, and those with pain of less than 3 months duration but at high risk of disability) are open to trying it. However, barriers they may need assistance overcoming include concerns about the cost of psychological treatment and a perceived lack of available psychological treatment.



Openness to trying psychological treatment among those not already receiving it who might benefit¹ from it

Those with pain of less than 3 months duration and at high risk of disability due to their pain who have not seen a psychologist

Most (72%) Australians with pain of less than 3 months duration and high risk of disability were willing² to try psychological treatment for pain. However, common barriers to seeing a psychologist were believing there was a lack of available services and, concerns about the cost and stigma associated with receiving psychological treatment. Almost 3 in 5 indicated that anxiety about COVID-19 was a barrier to their seeing a psychologist.

Type of barrier	Proportion believing the factor would make it at least moderately difficult to attend regular appointments
Lack of available services	78%
Concerns about cost	76%
Stigma concerns	64%
Concerns about emotional feelings during treatment	61%
Anxiety about COVID-19	59%
Lack of time	59%

1. Those who might benefit from psychological treatment were considered those with chronic pain (3 months or longer) and those with non-chronic pain (< 3 months) with a high risk of future disability

2. Rating 4-6 on a scale of 1 = not at all willing to 6 = extremely willing"

Openness to trying psychological treatment among those not already receiving it who might benefit¹ from it

Those with chronic pain who have not seen a psychologist

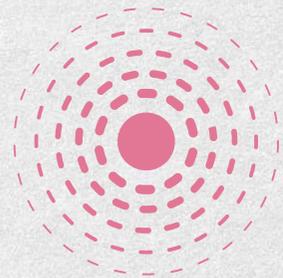
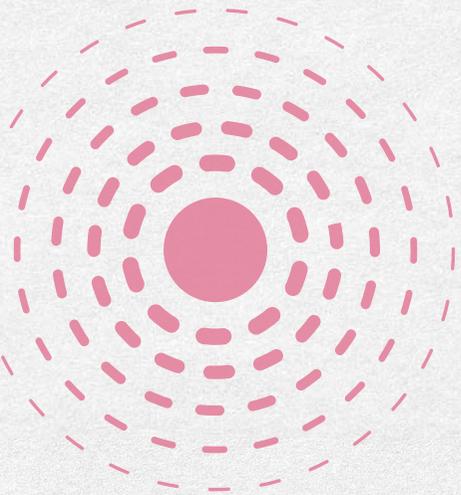
Most Australians with chronic pain who had not seen a psychologist (82%) were willing² to trying psychological treatment. However, common barriers to seeing a psychologist were concerns about the cost of treatment and believing there was a lack of available services. Just over 2 in 5 indicated that anxiety about COVID-19 was a barrier.

Type of barrier	Proportion believing the factor would make it at least moderately difficult to attend regular appointments
Concerns about cost	73%
Lack of available services	64%
Anxiety about COVID-19	43%

1. Those who might benefit from psychological treatment were considered those with chronic pain (3 months or longer) and those with non-chronic pain (< 3 months) with a high risk of future disability

2. Rating 4-6 on a scale of 1 = not at all willing to 6 = extremely willing

Summary and implications



Summary and implications 1

- Chronic pain is a very common problem and for many Australians it has wide-ranging impacts, including impacting on their ability to do paid and unpaid work.
- At high levels of pain severity and interference pain is linked to a number of psychological factors, including psychological distress, having reduced confidence in being able to do things in spite of the pain, unhelpful thinking about pain and believing that there are barriers to seeing a psychologist.
- Even within three months of onset about 1 in 5 Australians are at high risk of long-term disability and reduced likelihood of returning to work due to their pain.
- Most Australians who have seen a psychologist for a pain problem¹ view psychological treatment as an important part of recovery.
- However, in general, Australians with pain have limited awareness of and experience with psychological treatment options for pain. Among those Australians in the current study with chronic pain, fewer than 1 in 5 (13%) had seen a psychologist and most (61%) had done so fewer than seven times. The current survey findings suggest that many Australians who would benefit from psychological treatment are either not getting it at all or may not be receiving sufficient sessions for recovery.
- Despite the low level of awareness of the role of psychologists in pain management, many Australians (62%) with and without pain were open to trying psychological treatment for pain and thought it would be effective.

1. Includes those with pain of any duration, including acute, sub-acute and chronic pain

- Most Australians with pain who have not seen a psychologist about their pain are open to psychological treatment but would benefit from assistance in overcoming concerns about the cost of treatment and perceived lack of available services.
- Concerns about the cost of treatment are understandable given that most of the current sample did not have funding for treatment via a compensation scheme and given limited Medicare funding specifically for psychological treatment of chronic pain.
- Current options for financial assistance with accessing a psychologist for pain management is limited to, where individuals are eligible:
 - Medicare rebates under the [Chronic Disease Management](#) items for a maximum of 5 sessions shared across all allied health professionals for those with a chronic medical condition of at least 6 months.
 - Private health insurance.
 - Cover from a compensation scheme, where relevant.
 - Referral to a public [Multidisciplinary Pain Clinic](#), but there are typically long waiting times and restrictions on eligibility.

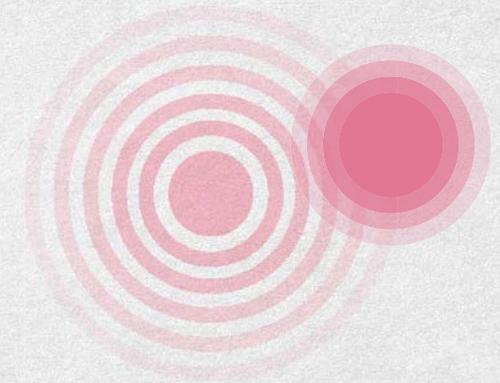
Summary and implications 2

Pain: Finding the way forward with psychology

- Ways of increasing access to psychologists need to be considered, such as advocating for chronic pain specific Medicare items.
- In addition, psychological treatment is not limited to seeing a psychologist face-to-face. Evidence-based internet-based psychological treatment programs for pain are available, with and without clinician assistance and can be used while waiting for face-to-face treatment, as an adjunct to other treatment or in some cases as a stand-alone treatment.
- There is a need for further promotion in the community and with general practitioners and other health professionals and health services of the role of psychologists and psychological treatment in pain management, including increasing awareness of how psychologists can help and increasing knowledge of how to access a psychologist. This is the aim of Psychology Week 2020.

Accessing psychological treatment

On the following page we provide information for individuals with pain on how to access psychological treatment.



Seeking support from a psychologist to better manage chronic pain can be discussed with your GP or medical specialist. You might be eligible for a Medicare rebate and may also be able to receive psychology services via telehealth so you don't need to travel to see a psychologist. Ask your psychologist or medical practitioner for details.

There are number of ways to access a psychologist:

- Use the Australia-wide Find a Psychologist™ service. Call **1800 333 497** or go to findapsychologist.org.au (within "search by issue" you can go to the "general health" list and select "pain management").
- Ask your GP or another medical professional to refer you.

[Painaustralia](#) also has a pain services directory and information about accessing help.

More information is included in the Australian Psychological Society's information sheet on chronic pain in adults.

Internet-based psychological treatment

- [Reboot Online](#) (This Way Up clinic) is an eight-session treatment program. There is a fee for use and clients need a referral from a clinician who needs to guide them through the program and the clinician gets access to information on the client's progress.
- [The Pain Course](#) (Mindspot clinic) is a five-lesson treatment program designed to be done over eight weeks. It is free and does not require a referral or clinician's assistance.