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Making Psychotherapy more visible

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Ladies and Gentlemen, members, and colleagues,

I would like to welcome you in the name of all the members of the Network for Psychotherapeutic Care in Europe to today's event at which we would like to put psychotherapy and the opportunities and necessity for psychotherapeutic treatment in Europe into the right perspective.

Mental illness presents a growing challenge, the future challenge of all member states of Europe, as Mrs. Childers has just made clear. According to the EU Commission's Green Book on mental health, every year more than 27 percent of all adult Europeans are affected by mental illness. Mental illness is the main cause of the 58,000 suicides per year, and thus causes more fatalities in Europe than road accidents. The most widespread mental illnesses are anxiety disorders and depression. People with mental illnesses continue to be stigmatized. Mentally ill and disabled people experience rejection and prejudice which aggravate their suffering and increase their social exclusion.

In economic terms, the cost of mental illness is estimated to be three to four percent of the European gross domestic product, largely as a result

of the loss of productivity and the cost to the social and educational systems, as well as law enforcement and judicial systems. The economic consequences of mental illness also form the focus of the OECD report „Sick on the Job? Myths and Realities about Mental Health and Work” that has just been published. Here, the high costs that come about as a result of mental illness are also emphasized, because mental illness leads to a reduction in the available workforce and increased unemployment and inability to work as well as reduced work productivity.

smart, sustainable and inclusive growth are the strategy targets of the European Union by 2020. These goals can only be reached if mentally ill people are cared for adequately.

With this in mind, every opportunity must be used to prevent mental illness, to heal it, or to ease its consequences. According to the current state of scientific knowledge, psychotherapy has a central role to play here. A role which it can unfortunately not adequately assume in the treatment of mentally ill people. Making this deficit visible and seeking ways to reduce it constitute our central aim, here and today as well. In the evidence based guidelines psychotherapy is *the* method of choice for treatment of almost all mental illnesses, or at least an indispensable part of an overall treatment plan. It is because the effectiveness of psychotherapy has been proven for many disorders that we need significantly more resources for continued research into new and improved methods and in order to refine indications. And we would like to draw attention to the urgent intensification of research into health care provision! Because we know that in day to day care comparatively little use is made of psychotherapy's potential, with great variance between the different national health systems. This stands in great contrast to psychopharmacological

treatment. The reason? The possibilities and successes of treatment with psychotherapy are still underrecognized and invisible in Europe.

This is what led a year ago to representatives of the psychotherapeutic associations initiating a European network for psychotherapeutic care. The goal is to give psychotherapeutic care in Europe a face and a strong voice. This is an ambitious goal, where the term psychotherapy encompasses a multitude of different methods, traditions and professions that so far have debated with each other more heatedly than they have promoted their common contribution towards the care of mentally ill people.

Psychotherapy will gain a strong voice in Europe if we concentrate on its contribution to care, the common contribution that is made *together* by all those involved. Our congress "Psychotherapy in Europe - Disease Management Strategies for Depression" demonstrated this a year ago in Berlin, where psychotherapists from 20 European countries came together. At this congress we together sought answers to the central questions with regard to care, such as the question as to how to use the strengths of intensive psychotherapy for people with serious and complex health limitations while at the same time meeting the increasing need for treatment in the face of limited personnel and financial resources. One important result that was central to the discussion at the time was the finding that in the provision of psychotherapeutic care we will only ever be able to ensure two of the three criteria „without delay“, „affordable“ and „good“, and never all three at the same time. In the provision of care the resources available decide which strategies can and must be used for the care of mentally ill people. This may also mean offering low-threshold

interventions and interventions via the new media or in a largely standardized form.

However, one cannot speak about psychotherapeutic care provision without talking about the nature of psychotherapy itself. A year ago in Berlin, the comparison between the development of psychotherapy and the industrial revolution characterized as a provocative key metaphor the poles between which psychotherapeutic care provision can run. Even psychotherapeutic care can develop from individualized working from home to a standardized replicable service with minimal differences in quality. However, can ten sessions of manual-guided short term therapy, which is what is being offered in some health systems as a service quota, actually be described as psychotherapy and, above all, is it effective? On one hand, the position was held that psychotherapy is evidence-based treatment. Thus internet-based interventions are also psychotherapy if they can demonstrate a corresponding effect. On the other hand, the position was held that psychotherapy is defined according to its mode of action and thus the personal psychotherapeutic relationship in the same room and at the same time, the competence of the psychotherapist and the fit between the treatment on offer and the individual needs of the patient are constitutive for psychotherapy.

The inaugural event a year ago in the end demonstrated that when one is dealing with the provision of psychotherapeutic care one cannot neglect the issue of the qualifications of the psychotherapy provider. What skills should a psychotherapist be required to have and what is his or her task? The answers to these questions last year naturally reflected the differing positions held with regard to the nature of psychotherapy. For the

one person a psychotherapist is someone who has been trained extensively to conduct evidence-based psychotherapeutic treatments. This does not, as was stated back then, exclude psychotherapeutic treatment from being conducted by other groups of professionals such as nurses. For others, someone can only be a psychotherapist if they have the competencies necessary to ensure treatment that is oriented towards the individual needs of the patients.

We will continue to be concerned with the question of the competencies of psychotherapists. We can see here a broad European spectrum of professions and qualifications involved and at the same time the efforts of the commission to make it generally easier to get professional qualifications recognized and thus improve the mobility of specialists. For the network, a central criterium for evaluating the suggestions made will be in what way it will be possible to achieve an improvement in the provision of psychotherapeutic care by means of changes in the recognition of professional qualifications. The reworking of the guidelines for professional qualifications will be a subject for the European Parliament and we look forward to being able at the appropriate time to offer the parliamentarians our expertise on this subject.

One thing is clear: the search for the best strategies for providing psychotherapeutic care will concern all of the European health systems equally. Because all of the health systems have the same task: to provide quality-assured care for mentally ill people and to cease to accept the existing gaps in the provision of this care. In order to ensure that psychotherapeutic expertise is adequately considered in the process,

those who are active as psychotherapists in Europe should cooperate more closely in the future. That is the idea of our network.

With this in mind, I would like to wish you in the name of all the members of our network the continuation today of the discussion between those involved in the provision of psychotherapeutic care but above all of the discussion with the elected representatives of the European Parliament. We would like to show them how the challenges to society caused by mental illness can be better coped with across Europe by means of an improvement in the provision of psychotherapeutic care. At the same time we hope that more of those people responsible will join the network: if the network continues to grow, to include further European countries, and at the same time spread out at a deeper level within the member states, then psychotherapy will also become more visible in Europe.

In order for psychotherapy to become more available, it first has to be put into the right perspective. We will therefore place a focus today on the position of psychotherapy in the treatment of patients with depression and anxiety disorders. Thus Prof. Dr. Ulrich Wittchen from the technical university of Dresden will first of all provide a general overview of the costs and benefits of psychotherapy. Afterwards we will then concern ourselves with additional therapy options which, at least with regard to serious depression, can be combined: psychotherapy and pharmacotherapy. What psychotherapy can do, and what advantages it has in the treatment of the mentally ill will be explored by Dr. Aherne from the University of Limerick, psychotherapist and fellow initiator of our network. Richard Bergström, Director General of the European umbrella organisa-

tion of the pharmaceutical industry, will describe to us the contribution towards treatment made by psychotropic drugs.

When we talk about psychotherapeutic care, we have to talk about empirical evidence. Psychotherapy has to prove its usefulness and in this it has a fundamental structural disadvantage with regard to the funding of its research in comparison with pharmacotherapy. The cost of psychotherapeutic research cannot be refinanced directly via the provision of psychotherapeutic services. Psychotherapy research is thus dependent in a particular way on public research funding. And indeed the EU's Framework Programme for Research provides a large fund which is also for research into mental illnesses. However until now the money has been directed almost exclusively towards the basic neuroscientific and genetic research focusing on neurodegenerative and neurological disorders. The mental illnesses with the highest prevalences and effects on the economy, depression, anxiety disorders and substance abuse disorders, have thus so far been almost completely ignored. And further: basic neurobiological research is additionally without use for the treatment of the majority of mental illnesses. We therefore demand of the 8th EU framework programme „Horizon 2020“ a significantly greater level of funding for research from which the people of Europe and the European economies can profit within the foreseeable future. With regard to mental illnesses, this in particular means research into psychotherapy. I am therefore very much looking forward to the speech by Dr. Tosetti of the DG Research on the role of EU research into the treatment of mental illnesses.

Stimulated by these contributions, we will then enter into a discussion in which we would like to focus on the treatment of depression and the central issue of care: what do patients really need? With regard to this, the viewpoint of the patients and that of those carrying the costs will be represented on the podium, but we are hoping of course for active participation on the part of the plenum. I hope that we will have an open and in the very best sense contentious discussion.

Ladies and Gentlemen, members, and colleagues,

Today, one brief year after the conference at which the Network for Psychotherapeutic Care in Europe was founded, we meet again in the European Parliament, in order to go public with the Network and to enter into dialogue with the Members of the European Parliament. Besides the active engagement of all those who have supported the establishment of the Network, the fact that we can do this today is above all thanks to the efforts of one person: Nessa Childers. She suggested and made possible today's event. Our warm thanks are owed to her for making it possible for us to be talking today in the very heart of the parliament about how we can demonstrate and improve psychotherapy's potential for treating mentally ill people, so that national but also European problems and tasks can be dealt with by means of psychotherapy.