

Psychotherapy Reduces Disability, Saves Money

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REPORTS OF psychotherapy's death are greatly exaggerated, its proponents say.

Psychotherapy works. It saves money for patients and insurers. It improves job and social performance, prevents lost workdays, reduces the inappropriate use of other medical services, and enhances quality of life, the American Psychiatric Association (APA) Commission on Psychotherapy by Psychiatrists (COPP) asserted, offering a wealth of data to support these claims at the APA annual meeting in San Diego, Calif, in May.

"The social costs of untreated psychiatric illness are enormous," said Norman Clemens, MD, COPP chair, clinical professor of psychiatry at Case Western Reserve University, Cleveland, Ohio, and a member of the APA Board of Trustees. "These disorders not only harm individuals in their work and family lives but also reverberate through society," he said. "This is dramatically apparent in the welfare and criminal justice systems."

Relic or Potential Help? 🏠

With increasingly effective psychotropic medications and unrelenting pressure by managed care organizations and other insurers to hold down treatment costs, psychotherapy is regarded by some critics as a relic of the past. While not a quick fix, Clemens said in an interview, psychotherapy offers the potential of permanent gains and saves money in the long run.

Nearly 9 out of 10 studies found in a review of the English-language literature between 1984 and 1994 showed that psychotherapy reduced hospitalizations, medical expenses, and work disability in patients with severe psychiatric disorders and substance abuse (*Am J Psychiatry*. 1997;154:147-155). In persons with ups and downs in clinical states over the years, the COPP said, ongoing psychotherapy may help reduce symptoms, maintain function, and avoid misuse of other medical services.

Surveys of the general public show satisfaction with psychotherapy. Among 2900 readers of Consumer Reports who reported their experiences with such care, better outcomes occurred with longer treatment and worse outcomes with insurance or managed care plans that restricted therapy frequency and length (*Consumer Rep*. November 1995:734-739). The National Institute of Mental Health Depression Research Program found short-term treatment inadequate for most patients. Work-impaired and perfectionistic patients, in particular, required a longer course of psychotherapy for recovery than other patients.

Even when psychiatric care is free, only about 4 of 100 persons use outpatient psychotherapy. They do not abuse benefits, the COPP said, staying in treatment for 11 sessions on average.

It's a misconception, Clemens said, that psychotherapy provided by nonphysician mental health professionals, such as psychologists and social workers, is the same as that provided by medically trained psychiatrists. "Psychiatrists aren't claiming to be better psychotherapists," he said, "But there is a distinct and obvious difference: a physician's training and experience. Psychiatrists are the only mental health professionals trained to take a medical history and carry out a comprehensive medical differential diagnosis and evaluation both before developing a treatment plan and while conducting psychotherapy."

A recent study at United Behavioral Health (UBH), a managed behavioral health care organization in San Francisco, Calif, shows that treatment is likely to be quicker and no more costly when psychiatrists provide psychotherapy and psychopharmacology services than when they handle only the medication component. The study, reported at the APA meeting by William Goldman, MD, UBH senior vice president for behavioral health sciences and medical director, reviewed outcomes for about 700 adult outpatients with depressive disorders whose care was completed within 24 months. The patients were in therapy with psychiatrists, clinical psychologists, or clinical social workers. "The results are powerful but very specific and narrow," Goldman said in an interview. "Additional research must be done to validate them."

An integrated approach, Clemens suggested, may increase patient compliance. There is some evidence, he added, that combining psychotherapy with medications produces better outcomes for some disorders than either treatment used alone.

At the end of psychotherapy, COPP reviewers found, the average treated patient is better off than 80% of untreated patients. Indeed, the magnitude of effect reaches the level at which clinical trials are interrupted on the grounds that it would be unethical to withhold so effective a treatment from patients.

How 2 Main Models Work 🏠

Although many people believe that there are hundreds of different types of psychotherapies, the most widely practiced and studied versions are derived from 1 of 2 theoretical models, psychoanalytic theory and learning theory, according to an extensively referenced resource document prepared by the APA Committee on the Practice of Psychotherapy (J Psychother Pract Res. 1997;6:123-129).

Psychoanalytically oriented psychotherapy is based on an understanding of conscious and unconscious mental functioning. It involves an ongoing therapeutic relationship in which the patient's experience with the therapist and with other life events is explored while the therapist offers interpretation and support. Intensive psychoanalytic treatment 4 to 5 times a week, the COPP said, is more effective than less frequent treatment for children with

anxiety and depressive disorders and for children with severe or multiple pathologies. Longer treatment shows a positive correlation with better outcomes.

Psychotherapy based on learning theory aims to help patients overcome feelings and behavior that are dysfunctional and/or distressing. A commonly used variety, cognitive therapy, aims to alter behavior by changing the patient's faulty beliefs. Someone who asserts, "I always make mistakes" might be helped to see that "I made a mistake this time. But in other instances, I did just fine."

In patients with schizophrenia, the COPP reported, family therapy reduces the relapse rate by 50%-the same efficacy as antipsychotic medications. Patients with metastatic breast cancer and malignant melanoma live longer on average and suffer less morbidity after group therapy, according to the COPP. With psychotherapy, patients on opiate-dependent methadone maintenance sustain their gains at 6-month follow-up better than those receiving standard drug counseling.

In persons with borderline personality disorder-those who lack impulse control and frequently engage in self-injurious behavior-twice a week year-long psychotherapy curbed use of inpatient services, emergency department care, and appointments with other medical specialists, resulting in estimated savings of \$10 000 per patient per year (Am J Psychiatry. 1997;154:147-155).

Expanded psychotherapy coverage for US military dependents by CHAMPUS, accompanied by utilization review, achieved a net savings of \$200 million over 3 years via reductions in psychiatric hospitalization. For every \$1 spent on psychotherapy, the COPP said, \$4 was saved (Zients, A. A Presentation to the Mental Health Work Group, White House Task Force for National Health Care Reform, April 23, 1993).

Research in other countries has yielded similar findings, the COPP said. A comparison of care in Australia, for example, with that in nearby New Zealand (Am J Psychiatry. 1989;146:881-886) showed that the Australian combination of more psychiatrists in private office practice and fewer public hospital beds cost less than the New Zealand system, which supports only public-sector, hospital-based psychiatric services. New Zealand had a 44% higher per capita psychiatric care cost because hospitalization use was greater. A German study found psychotherapy cut medical visits by one third, lost work days by two fifths, and hospital days by two thirds from pretreatment levels.

Links for the Future? 🏠

The COPP has established liaisons with other groups concerned about maintaining psychotherapy as part of psychiatric practice, including the American Association of Community Psychiatrists, American Association of Directors of Psychiatric Residency Training, American Academy of Child and Adolescent Psychiatry, American Psychoanalytic Association, and American Academy of Psychoanalysis.

"We are not aiming to deter nonphysicians from practicing psychotherapy," Clemens said. "But we contend that managed care organizations, by drastically lowering psychotherapy fees for psychiatrists and by refusing to authorize payment for a psychiatrist's care beyond medication management, are undermining the treatment of psychiatric patients."

Whether there is a future for psychotherapy provided by psychiatrists could become a moot point, with a dwindling pool of physicians trained in the technique. A COPP survey shows that residents are eager to learn psychotherapy and are frustrated by the lack of patients and support for doing so. The COPP plans to establish recognition for centers of excellence in training in psychotherapy. "A key reason many residents chose to go into psychiatry," Clemens said, "was the opportunity to have a close, working relationship with people and to develop the therapeutic skills to help them."

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