

**Psychotherapy in Europe –
Disease Management Strategies for
Depression**

***National Concepts of Psychotherapeu-
tic Care***

23rd February 2011

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I. Austria

- Author**
- Mag. Patricia Göttersdorfer, Clinical- and Health Psychologist, Psychotherapist, Berufsverband österreichischer Psychologen (BÖP)
- Country**
- Approximately 8.4 million inhabitants, which corresponds to a population density of 100 persons per square kilometer
 - Expenditure on health 2008: EUR 7.16 billion (3 % of the gross domestic product)
 - The costs caused directly by mental and behavioral disorders amounted to EUR 2.46 billion.
- Psychotherapy in the health care system**
- Psychotherapy is defined as a form of treatment for mental and behavioral disorders classified by the International Classification of Diseases.
 - Psychotherapeutic healthcare is fully financed by the statutory social insurance systems, covering the full range of inpatient care (hospitals, clinics) and semi-inpatient care (day centers).
 - Outpatient care: The regulation of funding in psychotherapy is different in every federal state. The statutory social insurance is required by law to subsidize every counseling session with at least € 21.80. In some federal states, patients can also claim fully subsidized sessions. However, these sessions are limited and are therefore only awarded if available ("first come, first save" basis).
 - 21 different well defined psychotherapeutic approaches are legally approved.
- Psychotherapeutic Professionals**
- The profession 'Psychotherapist' is regulated by law. Qualification includes a mainly theoretical and smaller practical part ("Propädeutikum") with a minimum of 765 hours and a school-specific practical and theoretical part ("Fachspezifikum") with a minimum of 550 hours in an approved psychotherapeutic approach.
- Psychotherapy for Depression**
- There is no special regulation or condition in the treatment of depression.
- Desirable Changes to Health Policy**
- The density of psychotherapeutic care differs across Austria. Most of psychotherapists work in Vienna or in bigger cities. All over Austria 7.78 psychotherapists cover 10.000 Inhabitants.

II. Cyprus

Psychotherapy in Cyprus presents a great problem given that there is no legal protection or regulating body. The case now in Cyprus, is that anyone with any sort of qualifications (even dubious ones) can call themselves psychotherapist and can practice psychotherapy. Additionally, there are individuals in Cyprus who teach psychotherapy to anyone interested (prior knowledge or degree in psychology is not needed and such individuals can be lawyers, accountants, fishermen etc). Such "schools" do not fall under any specific law and there are no regulations regarding their existence or function. These "schools" also market themselves as an alternative for individuals wanting to practice psychology but who do not meet the criteria set forth by the 2004 law protecting the profession of applied psychology. Interestingly, in Europe receiving psychotherapy training is considered to be additional training after psychology qualifications are met, whereas in Cyprus psychotherapy training is considered an alternative to psychology training.

Moreover, individuals undergoing this psychotherapy training do not have supervised practical training other than conducting psychotherapy on other individuals in the programs. This presents serious ethical concerns. Individuals who graduated from such "schools" have gone on to open private offices & provide psychological services not limited to psychotherapy.

Another problem Cyprus faced with individuals calling themselves psychotherapists who do not have any psychology training is that they present that psychologists (e.g. clinical or counseling psychologist even if they have doctoral level training from countries such as the US & UK which include psychotherapy as part of their training) are not therapists unless they receive specific psychotherapy training outside of their academic training and as such cannot conduct therapy with clients. Some individuals have even written articles stating this in national newspapers.

An additional problem Cyprus faces is that numerous individuals who trained as psychotherapists and who do not have any psychology training have organized themselves and moved politically in an attempt to have the government and parliament overthrow the law protecting the profession of psychologists. The Cyprus Psychological Association has worked very hard to educate government officials including the Minister of Health regarding the issues of psychology and why the law passed in 2004 that protects the profession of psychology and is based on the criteria of the EuroPsy should not be abandoned. However, these individuals are numerous and unfortunately politicians look at numbers which makes our job extremely difficult.

As of today, it remains unclear what the future of psychology and the law will be in Cyprus, let alone the field of psychotherapy. Although the Cyprus law protecting the profession of psychology includes psychotherapy as one of the tasks a psychologist performs, it does not protect the term psychotherapy from use by anyone else. We welcome any information or help from any of the other countries who may have been able to resolve such issues. Especially, we would be interested in learning how other countries attempt or have been able to protect the title and practice of psychotherapy. Thank you

Maria Karekla, Ph.D.

III. Czech Republic

- Author**
- Ass. Prof. Dr. Zbyněk Vybíral, Psychologist and Psychotherapist, Department of Psychology, Faculty of Social Sciences, Masaryk University (Czech Republic)
- Country**
- Approximately 10,5 million inhabitants
 - Expenditure on health 2009: EUR ca 11,5 billion (7,9% of the gross domestic product)
 - The costs caused directly by mental and behavioral disorders 2009: amounted to 3-4% of expenditure on health (ca EUR 0.5 billion)
- Psychotherapy in the health care system**
- Psychotherapeutic healthcare is financed for about 95 percent of the population by the insurance systems, covering the full range of inpatient care (hospitals, clinics), semi-inpatient care (day clinics) and outpatient care (surgeries, hospital outpatient units). Everyone not covered by the insurance may opt for private offers. Everyone who wish other methods that are not covered by the insurance, or who wish up-standard care (e.g. treatment by concrete therapist, treatment as quickly as possible etc.) can step out of insurance system and seek centre where he/she have to pay in cash.
 - Not all psychotherapists have contracts with all insurance companies.
 - Psychotherapy is defined as a form of treatment for mental and behavioral disorders classified by the International Classification of Diseases.
 - For outpatients, diverse forms of psychotherapy are covered by the insurance system. There are no restrictions in the field. The form of treatment depends only on the contract with the clinician. CBT, eclectic, integrative, psychodynamic, gestalt psychotherapy and family therapy are the most widespread modalities.
 - For inpatients there are no restrictions on psychotherapeutic approaches as well. Traditionally the group psychotherapy and different forms of art therapy are very often adopted in treatment in the psychiatry hospitals.
 - Outpatient psychotherapy: patients have free access to psychotherapy. Indications are very similar to those mentioned by Prof. Richter. Social disturbances, stress and personal crisis or marital crisis are often mentioned indicators by subjects. Psychotherapy may also be indicated with somatic diseases, if psychological factors are pathogenic or impair health. Patients can choose their therapist from a list of licensed psychotherapists. In fact, choosing from Internet's advertisements has rapidly increased. Limitations are set by session quotas by insurance companies, but only indirectly (e.g. per day, per month or per approach per day; e.g. family therapy sessions are limited to 4 per 30 mi-

nute per day). Differences between insurance companies and also between regions do exist. It seems that the politics of insurance companies differs substantially and in principle have a high power to create solutions and penalize both individual therapists and health care centres. According to the psychotherapists in practice the situation is very confusing and stressful. Group therapy is also financed in outpatient psychotherapeutic care.

- Psychotherapy is paid for after approval by the insurance company's medical service.
- No general "Guidelines for Psychotherapy" exist in the country, but standards exist for individual, group and family therapy.
- Inpatient care for persons with mental disorder is offered by psychiatric and psychosomatic hospitals and rehabilitation centres. There are no restrictions regarding the use of different psychotherapeutic approaches in clinics. The average duration of treatment is 6 weeks in psychiatric and up to 8 weeks in psychosomatic hospitals.

Psychotherapeutic Professionals

- However, the profession 'psychotherapist' is not regulated by law. Only qualification in psychology and psychiatry and post-graduated specialization for psychotherapy is regulated. It includes a minimum of 5 years of practice in health care institution, the work under supervision and systematic training in an approved psychotherapeutic approach. In the Czech Republic approximately 40 trainings have been approved since 90's. There are acknowledged by Czech Psychotherapeutic Society, by Czech Psychiatry Society and by Association of Clinical Psychologists.
- Some of the training institutes offer free access to their programme. Some of them insist that only psychologists, medical doctors and nurses can be trained. There is no difference between psychotherapy with adults and Child and youth psychotherapy. The main acknowledged modalities are: psychodynamic, psychoanalytic psychotherapy, CBT, integrative, gestalt, psychosomatic, family, group, systemic and person-centred therapy. Some of new modalities have been acknowledged just recently, e.g. biosynthesis. Some minority schools are acknowledged as well, like analytical psychotherapy according C. G. Jung.
- In 2008, 660 psychiatrists and 80 psychologists were working in outpatient clinics and surgeries; and 550 psychiatrists and 130 psychologists (and 2940 nurses) were working in psychiatry hospitals. Not all of them are trained in psychotherapy. Some hundreds of psychologist were offering their care also in cash.

Psychotherapy for Depression

- In outpatient care depression is second widespread diagnosis (after group of neuroses); number of depression has increased in years 2003–2008. In psychiatry hospitals de-

pressive patients are the third group of patients (after neuroses and schizophrenia). Combination of individual and group therapy, as well as specialized treatment programs are recommended in psychiatry hospitals. The wide used modalities are CBT and psychodynamic approach. In cases of moderate depression, psychotherapy is highly recommended; in cases of severe depression a combination of pharmacology and psychotherapy is recommended; approximately 20-30% of patients are treated without psychotherapy.

Desirable Changes to Health Policy

- The density of psychotherapeutic care differs widely across Czech Republic. The best situation is in big cities like Prague, or Brno. In psychiatry hospitals there are 0,5 psychiatrist for 10 000 inhabitants. The similar difference between urban area and rural area does exist. However the reform in psychotherapeutic care is not planned at the time.

Additional Information

- In Czech Republic, doesn't require a compulsory membership for psychotherapists. The majority of psychological psychotherapists working in clinical practice are member of Czech Psychotherapeutic Society of Czech Medical Society (CPS). The board of CPS provides such activities like acknowledgement and supervision of trainings standards, or negotiations with insurance companies, or Ministry of Health.

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IV. Denmark

- Author**
- Yvonne Kronberg, Clinical psychologist, Representing the DPA in EFPA Standing Committee on Psychotherapy.
- Country**
- Approximately 5.5 mill. inhabitants. Density 128 persons per square kilometer.
 - Expenditures on health amount to about 10% of the GDP and about 85 % are financed by the public, the rest is privately financed.
- Psychotherapy in the health care system**
- Psychotherapy is offered to patients at psychiatric hospitals/departments, some somatic departments (especially for cancer-patients), via Public Health Insurance, private health insurance and at a less degree by the municipalities. Treatment at hospitals is free. If treatment is done with reference to the Public Health Insurance, the patients pays one third of the expenditures.
 - Indication for treatment:
In the agreement between DPA and the Public Health Insurance, 10 groups are defined, which can be treated with reference to public insurance. The groups cover mainly persons, who have experienced serious crisis (fx traffic accidents, victims of violence, serious illness), but also include people with light to moderate depression. The DPA is ongoing working for having anxiety and OCD patients covered by this agreement.
 - Preconditions:
All psychologist have to be authorized by a national authority (see below) to be able to work independently for the Public Health Insurance. A majority of the private psychologist practitioners working with reference to the Public Health Insurance are specialists.
 - Quality management requirements:
All authorized psychologists are subject to the law of psychologists administered by the Danish Supervisory Board of Psychological Practice (national authority). The Supervisory Board functions as authorization body, complaints board and supervisory board.
 - Patients access:
All citizens have free access to treatment at hospitals. In relation to the agreement with the Public Health Insurance patient are allowed treatment only after reference from a general practitioner.
- Psychotherapeutic Professionals**
- Professions, qualifications etc.: In Denmark the title "psychologist" is protected by law, while the title "psychotherapist" is not. For psychologists you have to be authorized before any specialization. In order to be authorized you have to graduate both as bachelor and master in psychology (in line with the EuroPsy). Furthermore the psy-

chologist shall document at least two years of supervised practice to be authorized. On top of the authorization it is possible to be trained as a specialist. In Denmark we have two by public authority recognized specializations for psychologists in psychiatry (adults and child/youth). The DPA has 10 different specializations, where psychotherapy is one of them. The DPA recognize 4 different treatment approaches:

- existential/humanistic
- cognitive/behavioral
- psychodynamic/psychoanalytic
- systemic/structural

- Requirements for providing services within the health care system:

Beside the requirement of being an authorized psychologist you have to be assessed and evaluated on different professional criteria in order to be accepted to provide services for the Public Health Insurance. For this purpose an evaluation board meets twice a year.

Psychotherapy for Depression

- Special concepts:
Severe depression is treated in hospitals (inpatients). Treatment of light to moderate depression is offered via the Public Health Insurance for people between 18 and 37 years old after psychometric test. (The DPA is ongoing working for expanding the age limit to all adults.) The visitation incorporates 12-24 hours of treatment.
- Best practice models:
The DPA has accepted the APA definition of evidence and is working with implementation of an extended version of this definition.
- Shortcomings:
It is estimated that about 20 % of the population has non-psychotic dysfunctions (something between 700.000 and 800.000 inhabitants.) About 300.000 of these citizens do not receive treatment, partly for economic reasons, partly manpower shortage.

Desirable Changes to Health Policy

- The vision would be to develop a system which could offer treatment to all citizens in need of psychological treatment. Especially psychological treatment to people with non-psychotic disorders like stress-related disorders, anxiety states, somatoform disorders, which are causing a lot of absence due to illness in Denmark.

Yvonne Kronberg

*The Danish Association of Psychologist
Convenor of EFPAs SC-Psychotherapy*

V. Finland

- Author**
- Jaakko Seikkula. Ph.D., Professor in psychotherapy, Department of Psychology University of Jyväskylä. Finland.
- Country**
- Population 5.5 milj, tensity 15 inh/square kilometer. Health care expenditure 7.7 % on 2008 (has declined from 9 % 1991)
 - 15 % of the costs of treatment of mental health problems to treatment of depressions. Out of early retirements because of mental health problems 49 % due to depression.
- Psychotherapy in the health care system**
- Psychotherapy provided by two ways: (1) main part introduced by the public open access free psychiatric outpatient and inpatient system. The whole country organized into 22 Health Care Districts for special health care. In addition some part of the acute services organized by municipalities since midd of 90'. In addition (2) the National Insurance is obliged for organizing psychotherapy for every client by the referral of Psychiatrist since 1/2011. Previously this was based on judgment after the referral of psychiatrist. The second option is meant to support private praxis psychotherapy for children, adolescents and adult clients. National Insurance covers the psychotherapy for two years and after that evaluation is made once a year. First only long term psychotherapy was financed, but since 2007 also time limited psychotherapies financed.
 - In the public system the indication for psychotherapy can vary, but in the private sector financed by National Insurance it has to be based on diagnosis. The psychotherapy form is based on the specific needs of the clients. It includes individual psychotherapy (mainly psychodynamic, cognitive or cognitive behavioural, and solution focused), family and couple therapy and group psychotherapy. In private praxis family and couple therapies are the new comers in financing.
 - In public sector every health care district has its own authorization that is based on Guidelines for Treatment of Excellence in most severe mental health problems as schizophrenia, depression, personality disorders or alcohol abuse. In National Insurance financed psychotherapies the psychotherapist needs to have the License for professional title Psychotherapists and in addition to be registered by the National Insurance.
 - Quality management requirements are on the way to be developed. In this respect the modern psychotherapy research has become more popular while focusing on therapy monitoring in session to session basis, even if it is not yet official.
- Psychotherapeutic Professionals**
- The license for using the professional title "Psychotherapist" is law regulated since 1994. This presupposes at minimum 3

to 4 years Psychotherapist training part time. To be qualified as psychotherapy trainer at minimum two years extra training is needed.

- Psychotherapist training programs are mainly multi professional so that nurses, social workers, theologians, special pedagogues or teachers in addition to medical doctors and psychologists can be qualified as psychotherapist. A new decree starting 31.12.2011 defines that all psychotherapy training should be organized in universities either in psychological or psychiatric institutions. In 2008 4500 psychotherapists existed in official registers. Not all qualified take the professional title Psychotherapist.
- In public sector services many other professionals and students do psychotherapeutic practices under the supervision of qualified psychotherapists.
- National Supervisory Committee for Welfare and Health (Valvira) is the authority that examines and verifies new psychotherapy forms as legitimized form of psychotherapy.
- Guidelines for treatment of depression are followed to define the role of psychotherapy both in public sector services and in National Insurance financed psychotherapies.
- In case of at least moderate depression combination of anti depressive medication and psychotherapy is most often used. Main part of psychotherapy for depression is psychodynamic, cognitive or cognitive behavioural or solution focused individual psychotherapies but couple therapy is on the way to become an option because of the new effectiveness research that support the importance of having the spouse involved in the psychotherapy for depressed clients.
- Shortcomings are the still all too heavy focus on medication both in early phase and in the longer term treatment. In some Health Care Districts this practice means that clients only after a long term of medical treatment have access to psychotherapy and this increase the poor prognosis.
- For me the preference is developing public sector psychotherapy. This seems, however, not to be the politics of the government, but private praxis psychotherapy is preferred. This always means poorer access to adequate treatment for poor people, because private praxis always presuppose partly own financing of the psychotherapy. Psychotherapy training covers the entire country and this is a big improvement that has happened during the last 10 years. But still private praxis is more available in big cities, which again increase the unbalance of receiving best practice therapies.

Psychotherapy for Depression

Desirable Changes to Health Policy

VI. France

- Author**
- Philippe Grosbois, psychologist, senior lecturer in clinical psychology and psychopathology, health anthropologist, Angers University, representative on psychotherapy in the French Federation of Psychologists and Psychology (FFPP), previous convenor and member of the EFPA Standing Committee on Psychotherapy (European Federation of Psychologists Associations), member of the Council of the International Federation for Psychotherapy.
- Country**
- 64,7 million inhabitants, density of 114.44 habitants/km²
 - Expenditure on health : EUR 232 billion (12% of the health current expenditure)
 - Mental health expenditure : EUR 107 billion (direct expenditure linked with health and social structures : EUR 20 billion; expenditure linked with sick leave and quality of life: EUR 87 billion)
- Psychotherapy in the health care system**
- Psychotherapeutic practice is not differentiated from clinical practice of psychiatrists and clinical psychologists; psychotherapy is essentially practiced by private psychiatrists (practitioners in public mental health structures have in priority to prescribe medications and to manage health professional teams, especially in public psychiatric hospitals) and clinical psychologists in private office, private and public health and social institutions. Psychotherapy is fully integrated as a potential activity of psychiatrists and clinical psychologists. The social insurance system only recognizes medical acts or psychiatric act (so, psychotherapy is possibly partly reimbursed as a psychiatric consultation); psychological interventions are not integrated in it because of the professional autonomy of clinical psychologists who don't depend from medical practitioners.
 - Indication: all mental and behavioural disorders, all psychological and existential difficulties.
 - Quality management requirements: guidelines for different somatic and psychosocial situations which imply psychological aspects (as Alzheimer disease or authors of sexual aggressions on minor people) integrate some recommendations on psychotherapy in the framework of the general therapeutic taking care, recommendations established by the Health High Authority of the Health Ministry. The same recommendations for psychotherapy are established for mental disorders general taking care (as mental anorexia, psychopathy, autism, anxious disorders or complication of a depressive episode among adults and so on).
 - Patients' access: a patient can be directly consult in first intention a psychiatrist or a clinical psychologist; he can

be also addressed to a psychologist by another psychologist, a medical practitioner or a nurse; psychotherapy is not prescribed and doesn't belong to the nomenclature of the social insurance system, in spite of the fact the medical body would want since years to submit psychotherapeutic activity of the psychologists to the medical guardianship.

Psychotherapeutic Professionals

- Professions, qualifications prior to specialization and post-graduate training in psychotherapy, accepted psychotherapeutic schools/approaches:
- **Psychotherapeutic practice is not protected by law in France**, everybody can practice psychotherapy with or without any training!
- **Only the title of “psychotherapist“ is protected by law since 2004** (law n° 2004-806, 9th of August 2004 related to public health politics), completed by an application decree of 2010 (decree n° 2010-534 , 20th of May 2010 related to use of the title “psychotherapist“) which defines training conditions :
 - first : to have :
 - a medicine doctorate (general practitioner or specialist)
 - or a master in psychology (every specialisation)
 - or a master in psychoanalysis
 - or to belong to a psychoanalysts association
 - second: to follow a complementary theoretical and practical training in clinical psychopathology defined by the law, training the number of the hours depends from the basic training. This training is supposed to obtain and to validate knowledge related to :
 - the human being development, his psychological functioning and the psychic processes;
 - the discrimination criteria of the main psychiatric disorders;
 - the different theories connected with psychopathology;
 - the main approaches used in psychotherapy.
- The law doesn't mention any compulsory psychotherapy training to legally use the title of “psychotherapist“, so the French law makes a confusion between psychopathology training (which is highly recommended as a basic training to practice psychotherapy) and a practical psychotherapy training (personal psychotherapy, supervision and supervised practice). This paradox situation prepares legally future users of the title “psychotherapist“ to practice psychotherapy without any psychotherapy training ... The French law made the confusion between a basic psychopathology training (which is not defined as a basic one but as the only compulsory training to use the title) and a really psychotherapy training!
- The main French organizations of psychologists put an an-

nulment recourse to the State Council about this 2010 decree... We wait for the result... EuroPsy certification process for psychologists specialized in psychotherapy is an interesting alternative for French psychologists because it's based on real psychotherapy training criteria!

- Only psychiatrists have not to follow any complementary training: they are considered by law competent as "psychotherapist" on the base of their basic academic university training! People who **want** to use the title of "psychotherapist" (it's not compulsory to practice psychotherapy!) will have to be inscribed on the national register of psychotherapists (defined by the 2004 law): the general situation is to follow a minimum of 400 hours of psychopathology and a placement of a minimum of 5 months; the following table (integrated in the decree) summaries the different cases :

THÈMES de formation	PSYCHIATRES Dispense totale	MÉDECINS non psychiatres	PSYCHOLOGUES cliniciens	PSYCHOLOGUES non cliniciens	PSYCHANALYSTES régulièrement enregistrés dans leurs annuaires	PROFESSIONNELS n'appartenant à aucune des catégories précédentes
Développement, fonctionnement et processus psychiques	0 h	0 h	0 h	0 h	0 h	100 h
Critères de discernement des grandes pathologies psychiatriques	0 h	0 h	50 h	100 h	100 h	100 h
Théories se rapportant à la psychopathologie	0 h	100 h	50 h	100 h	50 h	100 h
Principales approches utilisées en psychothérapie	0 h	100 h	50 h	100 h	50 h	100 h
Stage	0 mois	2 mois	2 mois	5 mois	2 mois	5 mois

Psychotherapy for Depression

- In case of outpatient treatment of an isolated depressive episode (Health High Authority 2002): cognitive and behavioural therapies, support psychotherapies and interpersonal therapies were the object of controlled studies in light and moderated depressions. Psychoanalytical psychotherapies can be a useful option at a distance of the intense phase. It's not proved that combination between antidepressants and psychotherapy is more effective than just psychotherapy in light and moderate forms of depression. Combination between antidepressants and psychotherapy can be proposed in the case of psychosocial difficulties having marked consequences on life patients. In severe depressive episodes, antidepressants are essential but association with psychotherapy can be proposed.
- In case of recurrent or persistent depressive disorders of adult, about the aim of structured psychotherapies (Health High Authority 2009: psychotherapy is highly recommended when coexist personality disorders, current or ancient psychological conflicts, interpersonal difficulties or

when the patient expresses the demand of such an help.

- In case of complication of a depressive episode among adults (Health High Authority 2007):
 - recurrence prevention:
 - ⇒ if 2 characterized depressed episode (CDE) in 4 years, even only 1: only psychotherapy;
 - ⇒ if 3 CDE or more in 4 years or more spaced but with risk factors: antidepressants and psychotherapy.
 - in case of chronic depression : after symptoms remission, treatment maintenance by antidepressants and psychotherapy during 18 months to 2 years.

Desirable Changes to Health Policy

- If you were responsible for health policy in your country, what would your first decision be regarding psychotherapeutic care?
 To suppress the current law on protected title of "psychotherapist" and to replace it by a new law including criteria about psychotherapy training and protecting psychotherapy practice only reserved to psychiatrists and psychologists.

Additional Information

- We are confronted in France since 20 years with a very active lobbying of "psychotherapists" associations which essentially gather no-psychiatrists and no-psychologists and which fight to establish a new profession practicing psychotherapy independently from psychiatry and psychology, with a high connection to the European Association for Psychotherapy and the World Council for Psychotherapy, on the model of what happened in Austria with the new profession of psychotherapist in 1990. It's an ethical question of users protection to have the requirement of a high level of basic academic university training in psychopathology and a high level of post-graduate psychotherapy training. That's the reason why we struggle against both these organizations and against the current public health policy which demands a low training on only a part of what is required to practice psychotherapy.

VII. Germany

Author

- Prof. Dr. Rainer Richter, Psychological Psychotherapist, Federal Chamber of Psychotherapists (Germany)

Country

- Approximately 82 million inhabitants, which corresponds to a population density of 230 persons per square kilometer
- Expenditure on health 2008: EUR 263.2 billion (10.5% of the gross domestic product)
- The costs caused directly by mental and behavioral disorders amounted to EUR 28.7 billion (19.9 % caused by depression)

Psychotherapy in the health care system

- Psychotherapeutic healthcare is financed for about 90 percent of the population by the statutory social insurance systems, covering the full range of inpatient care (hospitals, clinics), semi-inpatient care (day centers) and outpatient care (surgeries, hospital outpatient units). Everyone not covered by the statutory social insurance may opt for private health insurance.
- Psychotherapy is defined as a form of treatment for mental and behavioral disorders classified by the International Classification of Diseases.
- For outpatients, only behavioral therapy and psychodynamic psychotherapy are covered by the statutory social insurance system. For inpatients there are no restrictions on different psychotherapeutic approaches. Psychotherapists also adopt the other two approaches that are approved for training as a Psychotherapist: person-centered therapy and family therapy.
- Outpatient psychotherapy: patients have free access to psychotherapy. Indications are adjustment-, affective-, anxiety-, compulsive-, conversion-, dissociative-, eating-, sexual-, sleep-, somatoform-, personality- and psychotic disorders as well as behavioral and emotional disorders in children. Psychotherapy may also be indicated with somatic diseases, if psychological factors are pathogenetic or impair health. Patients can choose their therapist from a list of licensed psychotherapists. Limitations are set by approved session quotas for a specific approach (behavioral therapy: up to 80 individual sessions; psychodynamic therapy: up to 300 individual sessions). Group therapy sessions are also financed but only rarely offered in outpatient psychotherapeutic care.
- Psychotherapy is paid for after approval by the insurance company's medical service.
- The "Guidelines for Psychotherapy" ensure that all patients will be cared for in a qualified and adequate way.
- Inpatient care for persons with mental disorder is offered by psychiatric and psychosomatic hospitals and rehabilitation centers. There are no restrictions regarding the use of different psychotherapeutic approaches in clinics. The average

duration of treatment is 3 weeks in psychiatric and 6 weeks in psychosomatic hospitals.

Psychotherapeutic Professionals

- The profession 'Psychotherapist' is regulated by law. Qualification includes a minimum of 3 (full time) or 5 (part time) years of postgraduate training in an approved psychotherapeutic approach.
- Only psychologists and medical doctors can be trained in psychotherapy with adults. Child and youth psychotherapy may also be conducted by academic social workers and educationalists trained by the same postgraduate procedure as psychologists. Psychotherapists are graduates trained in an acknowledged psychotherapeutic approach (psychodynamic psychotherapy, behavioral therapy, person-centered therapy or family therapy) In 2009, over 28.000 psychological psychotherapists and 5.500 child and adolescent psychotherapists were working in Germany. Additionally, about 5.000 medical doctors were working in the field of psychotherapy during over 50% of their working time.

Psychotherapy for Depression

- The German "Nationale Versorgungsleitlinie Unipolare Depression" is an evidence- and consensus-based clinical practice guideline for patients with unipolar depression. In cases of moderate depression, either psychotherapy or pharmacotherapy are equally recommended; in cases of severe depression a combination of both is recommended.

Desirable Changes to Health Policy

- The density of psychotherapeutic care differs widely across Germany due to limitations on licensed Psychotherapists. As a consequence, in urban areas up to nine times more psychotherapists are licensed per 100.000 Inhabitants than in rural areas although there is no general difference in the mental health status of the population. A reform of the regulation system should lead to quotas based on morbidity instead of urbanity.

Additional Information

- In Germany, every psychological psychotherapist and child and youth psychotherapist is a compulsory member of a Psychotherapists' Chamber. The supervision of occupational standards is among the principal responsibilities of the Psychotherapists' Chambers. Therefore, the chambers, which are all members of the BPtK, work as public corporations. The BPtK, which represents some 34.500 psychotherapists in Germany, is thus the only professional organization to represent all psychological psychotherapists and child and youth psychotherapists at a national level.

VIII. Greece

- Author**
- Marina Manthouli – MA in Counseling Psychology, Trained Group Analyst, Family Therapist, Graduate, Institute Diagnostic Psychology, Vice President Association of Greek Psychologists.
- Country**
- The Population of Greece is approximately 10 million. According to WHO statistics, 25 % of men (about 850.000) and 33% of women (about 1.1 million) suffer from mild severe depression. There is no information concerning psychotherapy or psychotherapists.
- Psychotherapy in the health care system**
- Psychotherapy is not recognized by the Greek Health System. However, it is offered to individuals with drug addiction in special public centers where psychiatrists, psychologists and social workers are employed by the State as specialists. These specialists have been trained in private institutions which offer training in Psychotherapy. Thus, the recognition of the qualification in psychotherapy takes place on the level of societies and institutes. Moreover, the Greek National Society of Psychotherapy has recently adopted the criteria of the European Association of Psychotherapy.
 - The patients who need psychotherapeutic care refer directly to private day centers or private offices. The psychotherapists adopt the psychotherapeutic approach in which they have been trained. They recommend either individual, group or family therapy, as well as, child and adolescent care.
 - The cost of psychotherapy is not covered by the Social Health Care System, or any private insurance company. Thus, the patients have to cover this cost on their own. However, some form of psychotherapy, mainly for children, might be financed by the Social Care, with the approval of a public hospital psychiatrist. Such psychotherapeutic practice takes place in a private domain by psychiatrists or psychologists.
- Psychotherapeutic Professionals**
- Psychotherapy in Greece is not protected by law, so far. A few attempts were made, some time ago, which did not succeed. However, the private institutions offer a 4-5 years postgraduate training program in psychotherapy in the following psychotherapeutic approaches: psychodynamic systemic, psychoanalytic, cognitive behavior, family therapy, individual and group. These training programs include a sufficient number of hours in theory, clinical practice, supervision, and personal therapy.
- Psychotherapy for Depression**
- Psychotherapy is not offered as a treatment for depression by the National Health Care System. Instead, pharmacotherapy is prescribed by psychiatrists to most depressive individuals.

Desirable Changes to Health Policy

- The recognition of the practice of psychotherapy and the granting of a license in psychotherapy should be of an immediate concern by the State. Such legislation would eliminate the practice of psychotherapy by non trained individuals.

Additional Information

- The Association of Greek Psychologists organizes several training seminars on the basis of continuing education. One of these is the "seven-step-program for Coping with traumatized people" which is organized in cooperation with the German Institute for coping with Trauma and the German Psychological Academy of BDP.

IX. Hungary

Author

- Janos Harmatta, M.D. Ph.D. Psychiatrist, Psychotherapist, President of the Hungarian College of Psychiatry, President of the Council of Psychotherapy (Hungary) and Dr. Ildikó Kissné Horváth, Head of Department for Health Policy, Ministry for National Resources, Republic of Hungary

Country

- Approximately 10 million inhabitants, which corresponds to a population density of 108 persons per square kilometer.
- Expenditure on health is 7.4 % of the total health budget.

Psychotherapy in the health care system

- The psychotherapeutic treatment is financed for the whole population by the health insurance in the framework of the healthcare system, including the treatment in hospitals, day treatment, and for out-patients.
- Financing of out-patient care does not cover its operational costs, making access to care difficult and limited.
- Private psychotherapeutic care is also available, completely financed by patients.
- Psychotherapy is defined in Act CLIV of 1997 on Health: "therapeutic method based on different scientifically established methods, applied in case of psychic and psychosomatic disorders, individually or in groups, in defined periodical sessions".
- 16 accredited psychotherapeutic methods are available without restriction on the level of hospital, day treatment and out-patient care. Behavior-cognitive therapy and dynamic therapy, as well as family therapy, psychodrama and humanistic schools are also widely available. There are no prohibiting restrictions for the use of these methods. There are different financing categories in out-patient care depending on the qualification of the therapist (basic, intermediate and professional psychotherapy) and the length of the therapy session.
- Psychotherapy in hospitals: psychotherapy for individuals and groups, and applying a combination of different therapeutic methods is typical. There are only a few hospital departments specialized for psychotherapy in the country. Psychiatric wards usually apply group sessions.
- Sessions and methods in out-patient care can be chosen freely in accordance with the indications. Psychotherapy can be indicated in cases of affective disorders, anxiety disorders, compulsive disorders, conversional disorders, eating disorders, sexual dysfunctions, sleep disorders, somatization disorders, personality disorders, psychosomatic disorders and in given case of psychotic disorders and behavior disorders of children and teenagers.
- Private out-patient psychotherapy offers all methods and group sessions. In addition, educational counselors and the Family Help Services use child and youth psychotherapy and

family psychotherapy. The costs of these services are covered by the educational and the social systems.

- Patients with mental disorders receive in-patient psychotherapeutic care at specialized psychiatric rehabilitation units and addictology wards. The number of beds available is limited.

Psychotherapeutic Professionals

- Psychotherapy is regulated by Act CLIV of 1997 on Health. Accordingly, psychotherapy can be practiced only with specialist physician or specialized clinical psychologist qualification and with a psychotherapist specialist examination. The course is post gradual level. Based on the previously mentioned examination, the psychotherapist specialist examination is the second level, available for doctors with specialist clinical examination and to specialized clinical psychologists. The requirements of the examination are the same for the doctors and for the clinical psychologists. The requirements for the examinations are notable clinical knowledge, method specific psychotherapeutic knowledge, personal experience and at least three years of training. In the framework of the course, child and youth psychiatrists and clinical psychologists can also gain a psychotherapeutic qualification. The number of training hours for specific psychotherapeutic methods corresponds to international standards. The psychotherapeutic course is completed by taking the public specialist exam. The training has three phases: the propaedeutic, the clinical and the method specific phase where participants can choose their preferred methods. The course also includes a significant amount of practical training in a clinical setting. For certain psychotherapeutic methods, instead of a specialist exam, a certificate can be acquired through practice in institutions in the social sector. The acknowledged psychotherapeutic methods, the schedule of the courses, the requirements of the specialist exam, the accredited educational facilities and the list of graduated psychotherapists are collected and published by the Council of Psychotherapy and the committee of universities' experts.
- Among the psychotherapists with psychotherapeutic specialist examination 42% are psychiatrists, 50% are specialized clinical psychologists and the remaining 8% works in different fields. The estimated number of qualified psychotherapists is 550. Outside the healthcare system, there are about 1500 therapists employed in the social and educational sectors, whose intermediate level psychotherapist qualification is based on basic level courses such as social worker, mental hygienist, art therapy, occupational therapy and community care. A large number of physicians and psychiatrists working in public institutions also have private practices.

Psychotherapy for Depression

- The professional guideline on depression published by the Hungarian College of Psychiatry suggests the use of psycho-

therapy parallel to medication. Clinical examinations proved that medication and psychotherapy are easy to combine and their combination provides the best efficiency. Due to the high risk factor of depression induced suicide and the severe Hungarian suicide data, the operation of crisis interventions and telephone counseling services are of high importance.

Desirable Changes to Health Policy

- The Hungarian psychotherapeutic services, despite the high standard of qualification and international level of experts, are not satisfying. Psychotherapists tend to prefer cities, making accessibility of in-patient and out-patient care limited in the countryside. The National Health Insurance Fund does not finance private practices, which places a significant burden on patients, preventing this type of care from a certain number of patients. The number of psychotherapists is also unsatisfying, since the costs of the course and the second specialist exam are also significant and are borne by the psychiatrists in training. Migration also causes significant problems in human resources.
- The continuous demand for psychotherapeutic training courses shows that this most humane treatment plays an important role in the fight against depression and suicide and in the treatment of mental disorders.
- In the fight against depression and suicide, the accessibility of psychotherapy should be improved, thus providing access and treatment to patients who have not been detected and treated by physicians.

Additional Information

- There is no Chamber of Psychotherapy in Hungary. Every psychotherapeutic method has its own Professional Associations, providing their own method specific training courses. The Council of Psychotherapy is a collective body for the Professional Associations, bringing together the presidents of the Associations and the representatives of the university faculties providing psychotherapeutic courses. The Council of Psychotherapy represents the Hungarian psychotherapists in the European Association for Psychotherapy (EAP). The members of the method specific scientific associations are also members of their international counterpart associations.

X. Ireland

To provide insights into the status quo in different European health systems, we would like to ask you for a short description of the psychotherapeutic care available in your country under consideration of the issues listed below. Your paper will be made available to all participants of the conference and will be part of the documentation afterwards.

- Author**
- Dr. Declan Aherne, Clinical Psychologist, University of Limerick
- Country**
- Republic of Ireland. Population. 4.5 million. Health care expenditure was 8% of GDP, 2008 (6% public, 2% private) with 8% of public health expenditure on mental health in 2005 (it had been 13% in 1984) i.e. mental health care accounted for less than 1% of GDP.
- Psychotherapy in the health care system**
- Psychotherapy defined
Although psychotherapists are not generally employed within the adult psychiatric services, the public service does make mention of psychotherapy in numerous policy documents. Psychotherapists are employed to work in the Adult Counseling Services, provided to treat people who have been abused within state institutions. Psychotherapy is defined as 'forms of intervention which through the use of the therapeutic relationship and the application of psychological techniques, aim to reduce distress and symptoms and enhance coping skills and self-knowledge, thereby improving quality of life'. (HSE, 2005 Working Group). It is envisaged that psychotherapists will be employed in the future as part of the primary care intervention strategy.
 - Types of psychotherapeutic treatments available: types of treatment are not prescriptive within the health services, but generally C.B.T. based approaches would be the treatment of choice, delivered mainly by clinical psychologists and psychiatric nurses.
More than half the population has some level of private health insurance. Private insurance covers full psychiatric treatment and a percentage of the work of clinical psychologists for seven treatment sessions. Private insurance does not specify cover for psychotherapists.
% population availing of public service health care: 75% approx.
 - Indication: not prescriptive, evidence based model of service delivery, using NICE criteria (see appendix a.).
 - Preconditions (e.g. prior authorisation, prior treatments): Those presenting at Primary care to their G.P. will be treated based on guidelines issued by HSE (see appendix b.). Once in the specialist mental health service it is a mental health team decision as to how a patient will be treated.
 - Quality management requirements (guidelines, outcome evaluation): based on the Quality Framework for Mental

Health Services in Ireland (see ref. 4). This framework does include outcome evaluation using evidence based protocols and performance indicators.

- Patients' access (e.g. direct access, access via a general practitioner or specialists): for specialist community mental health services, access is primarily through G.P.'s. Specialist community mental health teams are organized on a geographical basis covering between 25,000 – 50,000 of the general population. Also self-referrals can be made to the adult counseling services for victims of institutional abuse and to private practitioners. Inpatient treatment is provided to the individual through their local approved mental health centre and the care and treatment while in the centre is provided by the local specialist community mental health team. The range of interventions offered are determined somewhat by the availability of therapeutic resources.

Psychotherapeutic Professionals

- There is a statutory register of psychiatrists and nurses in Ireland. The law has been enacted to regulate psychologists but this has yet to be operationalised. There is no statutory registration for psychotherapists. There are no restrictions on those who can be trained to be psychotherapists or on those who can practice psychotherapy. There are approximately 3,000 psychotherapists accredited by the various professional bodies in Ireland and the majority of these are working in private practice as sole traders.
- Professions, qualifications prior to specialization and post-graduate training in psychotherapy, accepted psychotherapeutic schools/approaches: Within the public health services there is not a focus on specific acceptable schools of psychotherapy, but more on evidence based practice. Any of the following professions may be involved in delivering psychotherapy with the health service, under the supervision of an appropriate professional and following the professional guidelines laid down by the HSE in this regard : psychiatry, clinical psychology, counseling psychology, psychiatric nurses, addiction counselors, some psychotherapists (non-psychology / psychiatry), occupational therapists and social workers.
- Consultant psychiatrist posts with psychotherapy as a specialism are now being introduced into the public health service for the first time to meet criteria set out by the Royal College of Psychiatry. The majority of psychiatrists within the public service would not engage in psychotherapy work with their patients. Similarly in their private practice. The biggest delivery of psychotherapy is in the private sector by psychotherapists who are neither psychiatrists nor psychologists.
- Clinical psychologists working in the public health services would be expected to be competent psychotherapy practitioners and to deliver psychotherapy as an integral part of their work.

- Typically the Principal Psychologist for any region would have governance over the delivery of all psychological therapies being delivered in that region.
- Requirements for providing services within the health care system: any one of the above professions may be involved in delivering psychotherapeutic services. In specialist mental health services it is common to have psychiatric nurses delivering CBT programs for depressed patients for example. Those delivering psychotherapy are expected to have completed a satisfactory post-graduate training in psychotherapy and practice in line with their own professional guidelines.

Psychotherapy for Depression

- % population experiencing depressive illness: approx. 10% of population based on Dept. of Health and Children figs, 2001. Indications over recent years is that this figure has increased. Anecdotal evidence reports anything between 300,000 and 400,000 people experiencing depression in Ireland today.
- In 2006, the total no. of admissions for depressive disorders was 5,918 or 29% of all admissions to psychiatric services. 35% or 3,503, of female admissions and 23.5% or 2,415, male admissions to psychiatric hospital were due to depressive disorders.
- There is no uniform or prescribed approach to the treatment of depression within the public health system. However clear guidelines have been issued by the HSE for the management of Depression in Primary care. Currently the HSE is developing treatment protocols for the various disorders, expected to be largely based on NICE guidelines.
- Best practice models: NICE guidelines and evidence based treatments.

Desirable Changes to Health Policy

- If you were responsible for health policy in your country, what would your first decision be regarding psychotherapeutic care?
- Anti-depressant medication not to be prescribed before psychological intervention assessment has been undertaken. Have a more direct access route within a psychologically driven model of care, with medical back-up as necessary. Primary care psychology- psychotherapy hubs to be established throughout the country, servicing primary care medical clinics and the general public, similar to what is provide by the Adult Counseling Services.

Additional Information

- In Ireland, if you are feeling depressed you are likely to present initially to your G.P. This service will be free to medical card holders. S/he may prescribe medication for you and oversee your treatment him/herself. Alternatively s/he may feel you need on-going psychological treatment and will refer you either to the public psychiatric services, if symptoms are of a severe nature, which is freely available to everyone. Some of these services can also be accessed on a private

basis. For less severe cases and if you can afford it he will send you to a private psychotherapist if you wish. Often the GP will have already prescribed anti-depressant medication for the patient prior to them presenting to the psychiatric services or to a private psychotherapist / psychologist. Once you present to the psychiatric outpatients service you will be assessed by the psychiatric team as appropriate and a decision will then be made on how best to approach your treatment. This may include medication only, psychological treatment only or a combination of both of the above. The patient in this instance is a patient of the consultant psychiatrist who has 'clinical primacy under the current employment contract. However the professional providing the specific psychotherapy intervention has a high degree of clinical autonomy and responsibility irrespective of discipline.

- The more severe cases of depression are more likely to be referred to the specialist mental health services, where they have a greater chance of availing of psychological intervention. The milder depressed patients will likely be put on medication by the G.P. or referred to private psychotherapists / counselors.
- There is no uniform policy and procedure for the treatment of depression and service delivery models can vary significantly between regions with some services having a more biological model of care and others using a recovery model which includes a more psychosocial intervention. Both psychological and medical interventions will be considered in all services but with varying emphasis. Available resources have a significant influence on the model of intervention and service delivery to be used. Where there are more psychologists available there will be more psychological interventions.

Appendices :

(a) NICE Guidelines

(National Institute of Clinical Excellence, U.K.) 2009

Effective Delivery of Interventions for Depression

- All interventions for depression should be delivered by competent practitioners. Psychological and psychosocial interventions should be based on the relevant treatment manual(s), which should guide the structure and duration of the intervention. Practitioners should consider using competence frameworks developed for the relevant treatment manual (s) and for all interventions should:
 - Receive regular high-quality supervision
 - Use routine outcome measures and ensure that the person with depression is involved in reviewing the efficacy of the treatment
 - Engage in monitoring and evaluation of treatment adherence and practitioner competence – for example, by using video and audio tapes, and external audit and scrutiny where appropriate.

Low-intensity Psychosocial Interventions

- For people with persistent subthreshold depressive symptoms or mild to moderate depression, consider offering one or more of the following interventions, guided by the person's preference:
 - Individual guided self-help based on the principles of cognitive behavioural therapy (CBT)
 - Computerised cognitive behavioural therapy (CCBT)
 - A structured group physical activity programme

Drug Treatment

- Do not use antidepressants routinely to treat persistent subthreshold depressive symptoms or mild depression because the risk-benefit ratio is poor.

Treatment for Moderate or Severe Depression

- For people with moderate or severe depression, provide a combination of antidepressant medication and a high-intensity psychological intervention (CBT or IPT)

(b) Health Service Executive (HSE)

Guidelines on management of depression in primary care (2006)

The provision of psychotherapeutic services at primary care level has typically occurred on an ad hoc basis. Many of these services have been accessed on a private level, either through counsellors/psychotherapists employed by individual GP practices or through referral to independent private practitioners. The terms counselling and psychotherapy are often used interchangeably as there is overlap between the two.

Primary care access to HSE psychological services has been limited for many years. However, although the Primary Care Strategy does not provide for the inclusion of psychotherapists / counsellors within either the primary care team or wider primary care network, there is a commitment to the development of psychologists rather than clinical psychologists will most likely provide these psychological services.

It is recommended that referrals only be made to private practitioners who are accredited by (1) the Psychological Society of Ireland, (2) Irish Association of Humanistic and Integrative Psychotherapy, (3) The Irish Association of Counselling and Psychotherapy and / or (4) the Family Network of Ireland.

General Guidelines for Referrals

Patients presenting with mild to moderate mental health / psychological problems should be referred to primary therapy services. These might include:

- Private counsellors offering a range of interventions such as CBT, brief intervention therapies as well as longer term psychodynamic or integrative psychotherapy
- HSE counselling services
- Voluntary organisations offering self help or mutual support

Referral to secondary or tertiary care services is appropriate in cases where the patient presents with moderate to severe difficulties.

Referral criteria at primary care level should not be exclusively focused on the severity of the disorder. With the emphasis being on “well being” rather than maladjustment / psychopathology, referrals to primary care therapy services should be made for clients who exhibit a reasonable degree of psychological mindedness; that is clients who are motivated to change, have some insight into their psychological / emotional experience, are able and willing to verbalise and reflect on their difficulties.

Given the wide range of therapies / therapists available, a referral for assessment as to a patient's suitability for a particular orientation is advised.

(c) Recommendations from Psychotherapy working group, Health Service Executive (HSE), 2006.

Psychological Therapies as a Treatment of Choice

1. Psychological therapies should come to the forefront within the Irish Health System as a treatment of choice for a range of psychological difficulties, as well as an adjunct to medication for more serious forms of mental illness.
2. We recommend that the term “counsellor / therapist” be used to refer to those who are trained to practice psychological therapies within the health service.

Recommended Model

1. We recommend in Integrated Model for Provision of Psychological Therapies, which provides access to a range of psychological therapies at primary / community, continuing / secondary and specialist levels, to children and adults, within a framework that strategically plans and co-ordinates services, so as to ensure provision of high-quality, effective psychological therapies to those who require them.

Clinical Governance Issues

Counsellor / therapists should be recognised as independent professionals and, as such, be subject to the system of statutory registration outlined in the Health and Social Care Professionals Bill (2004).

Pharmacological Treatment

In moderate to severe depression, antidepressant medication may be deemed necessary while considering psychological interventions. Mild depression may be treated with appropriate psychological therapy alone.

References:

http://www.hse.ie/eng/services/Publications/services/Mentalhealth/Mental_Health_-_A_Vision_for_Change.pdf

<http://www.nice.org.uk/nicemedia/pdf/CG90NICEguideline.pdf>

http://www.icgp.ie/assets/77/77D7A752-C0BD-63AC-448B59552E2A469E_document/GuidelinesontheManagementofDepression.pdf

http://www.mhcirl.ie/Standards_Quality_Assurance/Quality_Framework/

The Role, Value and Effectiveness of Psychological Therapies: Benefits for the Irish Health Service. Report of the Working Group on the Role of Psychotherapy within the Health Service, 2005.

XI. Italy

- Author**
- Dr. Pierangelo Sardi, Psychological Psychotherapist, INPA, Italian Network of Psychologists' Associations (Italy)
- Country**
- Approximately 60 million inhabitants, which corresponds to a population density of 200 persons per square kilometer
 - Expenditure on health 2008: EUR 110 billion (7% of the gross domestic product, and 1.800 Euro yearly per each inhabitant, less than France, Germany, UK, and more than Spain, Nederland, Greece and Portugal); this percentage is growing in the last two years
 - The expenditures incurred by the NHS related directly to mental and behavioral disorders amounted to EUR 5,5 billion, a mere 5% of the whole health expenditures, covering less than 1% of the population, while more than 6% of the same population need some kind of help for mental problems; therefore, a much larger expenditure is incurred by private citizens: only 7.000 psychologists are paid by NHS, while 30.000 work privately as psychotherapists. Costs caused by depression are growing, e.g. suicides per year have rapidly grown from 3.500 to 4.000 in the last few years, now reaching road accidents as the first cause of death in adolescents.
- Psychotherapy in the health care system**
- Psychotherapeutic healthcare is free of charge when provided by the NHS, and totally reimbursed in the rare cases a private insurance is available (Families of particular employees), Only the full range of inpatient care (hospitals, clinics), is always covered free of charge.
 - Psychotherapy is defined as a form of treatment for mental and behavioral disorders classified by the International Classification of Diseases.
 - For outpatients, psychologists of the NHS are free to choose the kind of treatment to provide, without restrictions on different psychotherapeutic approaches, for individuals, families and groups.
 - The Italian law regulating psychologists recognizes their competence of diagnosis. On the contrary, psychotherapy, both provided by psychologists or by medical doctors, is subject to a specific training of at least four years, provided by University specializations or by private schools recognized by the Ministry of University and research. Pending that condition, patients have free access: no restrictions even concerning indications or the duration of the treatment.
 - Psychotherapy is paid for by some insurance companies after approval of an accrediting committee (see www.panelonline.com, on the basis of appropriate guidelines.
 - Inpatient care for persons with mental disorder is offered by psychiatric and departments of public hospitals and rehabil-

itation centers. There are no restrictions regarding the use of different psychotherapeutic approaches in clinics. The average duration can be only influenced by the discussion of cases within the team.

Psychotherapeutic Professionals

- The activity of Psychotherapy is regulated by law. Qualification includes to be graduate in Psychology or Medicine, and a further specialization of a minimum of 4 years of postgraduate training in a School approved by the Ministry of University.
- A specific Commission, established at that Ministry, acknowledges each school on the basis of fixed criteria, and also on the basis of a recognized psychotherapeutic approach (psychodynamic psychotherapy, behavioral therapy, person-centered therapy or family therapy, but many others are accepted in the years)
- The two Chambers, of Medical Doctors and of Psychologists, keep a specific Register of their associates authorized to practice as psychotherapists. There is not an autonomous Chamber for this activity, which is therefore not considered an autonomous profession.

Psychotherapy for Depression

- There is not a specific provision for psychotherapy of depression in the NHS. On the Contrary, the (few and specific) private health insurances easily reimburse the treatments of employees or of their relatives suffering for a trauma (reactive depression).

Desirable Changes to Health Policy

- The density of psychotherapeutic care differs widely across Italy, not because of limitations on licensed Psychotherapists, who are on the contrary too many, but because of public money availability. The Chambers of Psychologists and Physicians proposed law expanding the reimbursement (as by insurances) to all the population, but it did not pass because of budget limits.

Additional Information

- In Italy, every psychological or medical psychotherapist is a compulsory member of his/her Chamber, and also obliged to be registered in one of the two Psychotherapists' Register. The supervision of occupational standards is among the principal responsibilities of the two Chambers. Therefore, the chambers, which are all members of the CUP, work as public corporations. They have the power to exclude a member from practicing. They also represent their members officially, with the exception of the economic issues, which are dealt by recognized Unions. The scientific societies also have a role in fixing the standards of the continuing professional development, as regulated by the Health Ministry. INPA gathers all these bodies and represents them in Europe.

XII. Latvia

To provide insights into the status quo in different European health systems, we would like to ask you for a short description of the psychotherapeutic care available in your country under consideration of the issues listed below. Your paper will be made available to all participants of the conference and will be part of the documentation afterwards.

Author

- Dr. Sarmite Lucava, Practicing psychologist-psychoanalyst; Member of the EFPA Specialist European Awarding Committee in Psychotherapy. Mag. Ansis Jurgis Stabingis, Psychologist, Psychotherapist, Registrar of the Latvian Register of Psychotherapists, the Latvian Association of Psychotherapists.

Country

- Latvia is a small country, of just 64 590 square kilometers , and approximately 2 266 600 inhabitants by 2010, which corresponds to a population density of about 35 persons per square kilometer. Most of population is concentrated in Capital Riga and few other biggest towns of Latvia.
- Expenditure on health care in 2009: EUR 512 Million (2008=5.8% of the gross domestic product). In 2010 total budget of the Ministry of Welfare was 486.536 milj Lati, from this budget 360.023 M were spent on General Medical Health Care, 51.452 M on Special Medical Health Care, and 255.182 M on Therapy. The costs caused directly by mental and behavioral disorders are not published, and they are quite small. Psychotherapeutic health care receives very little finances.

Psychotherapy in the health care system

- By the Law psychotherapy in public health care is mainly provided by specialists with full 6 year medical academic education.
- According to the Psychotherapists' Specialty Regulations, issued by the Latvian Welfare Ministry in 2002 , psychotherapy has the following definition: Psychotherapy is a primary medical specialty of a psychodynamic psychiatrist and a doctor in Psychosomatic Medicine (hereinafter - the psychotherapist), which addresses disease, suffering and impairment (mental, psychosomatic, somatopsihisko, behavioral, affective, cognitive, and relationship and sex life), and provides etiologies, pathogenesis, diagnosis, treatment, prevention and rehabilitation, based on an integrative biopsychosocial approach. Historically psychotherapy has started with a psychodynamic school, mainly by doctors, in Latvia in 1991, hence it is well rooted in contemporary medicine by now, has the only academic postgraduate training programme, and therefore, Latvian Ministry of Welfare gives priority to the psychodynamic psychotherapy approach.
- These psychoanalytically informed psychotherapists with a medical academic background, together with just a few psychologists, who have received professional training and accreditation abroad, are joined in the Latvian Association

of Psychotherapists LPTA, (full name of the doctors-psychotherapists Association is 'Latvian Association of Psychodynamic Psychiatry, Psychosomatic Medicine and Psychotherapy' website . <http://www.arstipsihoterapeiti.lv>) LPTA forms a section of the Association of Doctors of Latvia called 'Latvijas Ārstu Biedrība' (LAB), and follows professional requirements of the European Federation for Psychoanalytic Psychotherapy (EFPP); LPTA is a member of the EFPP.

- Section for Psychoanalytical psychotherapy is the largest one in the Latvian Association for Psychotherapy (LAP), smaller others are the Family systemic therapy, group therapy and, Children and Adolescents section.
 - Types of psychotherapeutic treatments available: Predominantly individual psychodynamic psychotherapy, including psychoanalytic psychotherapy, provided by psychiatrists and doctors with further specialization in psychotherapy.
 - Indication: various, limited access
 - Preconditions (e.g. prior authorisation, prior treatments): various, limited access.
 - Quality management requirements (guidelines, outcome evaluation): Psychotherapy practice in public health sector is regulated by the Psychotherapists' Specialty Regulations, issued by the Latvian Ministry of Welfare in 2002, Certification with the LPTA – Latvian Psychotherapy Association, and other documents under the Latvian Ministry of Welfare. under a section of the LAB .
- Psychotherapy title and practice in private sector is not regulated by Law in Latvia.
- Some psychotherapy outcome evaluation research has been recently started in University hospital training and research centers under guidance of the Department Psychosomatic Medicine and Psychotherapy, Riga Stradiņš University.
 - Patients' access (e.g. direct access, access via a general practitioner or specialists): various; limited access.

Psychotherapeutic Professionals

- Professions, qualifications prior to specialisation and post-graduate training in psychotherapy, accepted psychotherapeutic schools/approaches.
- Accredited postgraduate training in Psychotherapy , access limited for health professionals only.
- Riga Stradiņš University <http://www.rsu.lv/eng> <http://www.stradini.lv> offers two certified further professional specialization programmes at the Faculty of Continuing Education: (1) Psychiatrist – Psychotherapist (6 years 396 ECTS), and (2) Psychotherapist (4 years 264 ECTS).
- Target group for residency: persons who wish to continue their studies for specialisation having completed higher medical education and having been awarded M.D. degree (diploma of EU standards).

- Title of the Study Programme: Residency in Medicine.
- Degree Awarded: Specialist Qualification Diploma.
- Professional Body of these psychotherapists is Latvian Association of Psychodynamic Psychiatry, Psychosomatic Medicine and Psychotherapy. <http://www.arstipsihoterapeiti.lv>, a member of the European Federation for Psychoanalytic Psychotherapy (EFPP, www.efpp.org/)
- An individual route of training in psychodynamic therapy under supervision of licensed doctor-psychotherapist by LPTA is also recognized and available.
- Psychotherapy in the private sector is provided by psychotherapists of wide variety of schools, such as Analytical psychology, Art therapy, Ericksons suggestive therapy, Existential psychotherapy, Family Systemic therapy Gesttalt therapy, Hypnotherapy, Integrative psychotherapy, Play therapy, Psychoanalytical psychotherapy, Psychodrama, Psychodynamic psychotherapy, Psychoorganic analysis. Number of approaches is continuously increasing. These psychotherapists have different forms and levels of training. Few of them have received internationally recognized accredited training and certification abroad, the rest have been trained in private institutions in Latvia, who have no accredited training programmes and no entering requirements.
- Majority of psychotherapists with different basic academic educational background (doctors, psychologists, social workers, etc.,) are united in the Latvian Psychotherapists Association, LPA, (former Union of Psychotherapy Associations of Latvia), (<http://psihoterapija.lv>). LPA is a member of the European Association for Psychotherapy (EAP), LPA defines psychotherapy as independent and free profession, it provides certification and registration of its members according to the EAP requirements. At present, there are 125 certified psychotherapists in the LPA Register of Psychotherapists. They represent 9 major psychotherapy approaches in Latvia.
- Non-doctor psychotherapist practice is not regulated by the Law in Latvia. They are practicing, paying taxes, with no control.
- In the private sector clients pay for psychotherapy themselves. No insurance cover psychotherapy costs. Citizens can claim return expenses for health services from State revenue service. It is possible to get taxes back for payments for non-medical private psychotherapy services. (Depending on SRS clerk)
- Requirements for providing services within the health care system: Only about 50 doctors – psychotherapists are qualified to work in the health care system at present, and approximately the same – clinical psychologists, which are working in a team under supervision and providing special services, according to the Act on “Complimentary medical professions”, from 2009). They are not allowed to practice as psychotherapists by the Law.

- The posts of psychotherapist are very limited. Often persons, providing psychotherapy services have a different job title.
- Additional services (prescriptions, assignments) the same: only doctors and doctors – psychotherapists are allowed to make prescriptions, assignments .

Psychotherapy for Depression

- Special concepts (apart from 3.) Within the health care system Certified Psychotherapists work in multidisciplinary teams and provide a psychoanalytically informed psychodynamic psychotherapy based on an integrative biopsychosocial approach, which is a good practice model.
- Shortcomings: Lack of certified training programs apart from those 2 at the Riga Stradiņš University - provided only for trainees with a medical educational background; lack of certified psychotherapists, lack of financial support and placements.
- Severe forms of depression are treated by psychiatrists, using psychopharmacology in the state health care system. Antidepressants often are prescribed not only by psychiatrists, but also by GPs.
- Psychotherapy of depression is mostly accessible only for patients willing and able to pay for themselves.

Desirable Changes to Health Policy

- If you were responsible for health policy in your country, what would your first decision be regarding psychotherapeutic care?
- Develop new, more inclusive legislation in Psychotherapy which corresponds to the present achievements in psychotherapy development in Latvia.
- Introduce Professional Regulation for psychologists-psychotherapists with standards for training, and certification similar to those, implemented for doctors-psychotherapists by the Latvian Association of Psychodynamic Psychiatry, Psychosomatic medicine and Psychotherapy.
- Overcome obstacles for cooperation, introduce multidisciplinary work practice in health care, and enhance the role of psychologists in it.
- Develop multidisciplinary training programmes aiming at strengthening cooperation of psychotherapists with medical and psychological academic background within the Accredited postgraduate training in programme in Psychotherapy.

Additional Information

- Profession of psychotherapy appeared around 1990 in Latvia, and has developed mainly as an outgrowth of psychoanalytic psychotherapy. It was developed within a community of doctors and few psychologists, because there were very few psychologists and no social workers in the Soviet system.
- Psychotherapists are divided in Latvia between doctors-psychotherapists, and non-doctors psychotherapists. Psychologists-psychotherapists are not recognized by the Law

and organized in a separate professional body. Psychology itself is not regulated by the Law yet. There is an ongoing debate on how to define clinical psychologists working in the public health care system, which prevents fruitful cooperation and joint actions in further development of psychotherapy as profession regulated by Law.

XIII. Netherlands

To provide insights into the status quo in different European health systems, we would like to ask you for a short description of the psychotherapeutic care available in your country under consideration of the issues listed below. Your paper will be made available to all participants of the conference and will be part of the documentation afterwards.

- Author**
- Prof Dr. Pim Cuijpers, Head of the Department of Clinical Psychology at the VU Universiteit Amsterdam
- Country**
- Approximately 16,5 million inhabitants, with a population density of 490 persons per square kilometer
 - Expenditure on health was 79 000 million Euro in 2008, which is 13.3% of the gross domestic product
 - In 2005 14,2 billion Euro's was spend on mental disorders, including dementia and mental retardation.
- Psychotherapy in the health care system**
- Psychotherapeutic treatments in the Netherlands are defined as interventions in which the core element of treatment consisted of verbal communication between a therapist and a patient.
 - The Dutch mental health care system is divided in three different levels with the provision of care organized from mild and general to heavy and specialized disorders. In the first level of care patients with mild and general disorders are treated by a general practitioner or (first level) psychologist. If the disorders are beyond the capacities of the first level patients are referred to the second layer or care in which more specialized mental health professionals provide diagnostics and treatment according to multidisciplinary guidelines. If this still doesn't offer desired results the patient is referred to the third level to receive even more specialized help. Psychotherapeutic techniques are used in treatments on all the different levels of mental health care. Psychotherapist can therefore work in all three different levels of care, treating outpatients with mild depressive symptoms to inpatients with schizophrenia.
 - Psychotherapeutic interventions provided include client centered therapy, relationship or family therapy, Problem Solving Treatment, short term treatments, cognitive behavioural therapy, behavioural therapy, interpersonal therapy and psychodynamic therapy.
 - The primary source of psychotherapy financing in descending order are social insurance, out of pocket expenditure by patient or family and private insurances.
- Psychotherapeutic Professionals**
- Health Care Psychologists ("GZ psychologen") are registered in a national register of health professionals and are allowed to deliver psychological treatments as an independent therapist.

- Apart from the GZ psychologists, there are psychotherapists. The title 'Psychotherapist' is protected by law; all psychotherapists are registered under the Individual Health Care Professions Act. This Act concerns the quality of care guaranteed by legally protected professional titles and provides a register of health care professionals (the BIG-register). Only those listed in this register may carry the legally protected title of psychotherapist.
- The postgraduate training takes approximately 4 years and is accessible for people holding master degrees in psychology, medicine or educational studies for child psychotherapy training.
- There are only 5 schools providing the training which enables one to register in the BIG-register. There are other schools (e.g. Dutch Academy for Psychotherapy) which provide psychotherapy training but are not credited for the BIG register. They often are however recognized by the European Association for Psychotherapy and provide a 'diploma' called European Certificate for Psychotherapy. People graduating from this training are not legally allowed to carry the name 'psychotherapist' in the Netherlands.
- Clinical Psychologists have the highest level of education, and are also trained in management and research skills.

Psychotherapy for Depression

- The "GGZ richtlijnen voor depressie" is an evidence- and consensus-based clinical practice guideline for patients with depression. In cases of depression psychotherapy or pharmacotherapeutic treatments like cognitive behavioural therapy, behavioural therapy and interpersonal therapy are recommended. The guidelines work according to the principles of stepped-care.

Desirable Changes to Health Policy

If you were responsible for health policy in your country, what would your first decision be regarding psychotherapeutic care?

- Introduce stepped-care principles in all treatment guidelines.
- Focus more on self-management skills.
- More strict adherence to evidence based practices.

Additional Information

None.

XIV. Poland

- Author**
- Iga Jaraczewska, clinical psychologist, psychotherapist, clinical supervisor of Polish Association of Cognitive-Behavioural Therapy, chair of Polish Association of Motivational Interviewing
- Country**
- Poland
 - Population 38 million people
 - Health care expenditure as a percentage of GDP: 7% of the gross domestic product (2008)
- Psychotherapy in the health care system**
- At present the Polish psychotherapy services offered within the national health fund cover cognitive-behavioural therapy, integrative psychotherapy (incl. person-centered therapy, psychodynamic therapy, gestalt) as well as family therapy.
 - Individual and/or group therapy is practiced within a full range of inpatient and outpatient care and day center units.
 - Psychotherapy is recommended for adjustment-, affective-, anxiety-, eating-, sexual-, sleep-, personality-, psychotic- and somatic disorders as well as behavioral and emotional disorders in children and adolescents. Inpatient care for persons with mental disorder is offered by psychiatric hospitals and rehabilitation centers.
 - Psychotherapy is covered not only by the statutory health insurance but also private health insurance.
 - Private practice psychotherapy is becoming more and more popular when patients have to pay, but they can choose their therapist and have no limitations on the number of sessions.
- Psychotherapeutic Professionals**
- Intensive works have been carried out in Poland on the law governing psychotherapy as a profession.
 - The law is being prepared by the Ministry of Health in consultation with Polish psychotherapeutic associations.
 - The law is to safeguard the patient's rights and regulate the qualifications of psychotherapists.
 - The postgraduate training courses are to be run by the Psychotherapy Associations whose members are obliged to conform to codes of ethics.
 - Already organized courses involve 4 year studies, involving 1200 hrs of formal education, internship, clinical work under supervision as well as own psychotherapy experience. The courses are open to any person with humanistic or scientific degree.
 - The law is to allow a variety of recommended approaches to be practiced (not finally decided as yet). It is hoped to regulate that the most efficient methods of psychotherapy are used and evidence based practice is promoted.

- At present Polish psychotherapists have no chambers, but form associations specific to different approaches to psychotherapy. However only 3 of such associations are officially recognized by the National Health Fund: the Association of Psychologists, the Association of Psychiatrists (both representing integrative psychotherapy) and the Polish Association of Cognitive-Behavioural therapy.

Psychotherapy for Depression

- Poles have an average level of depression on a national scale as compared to other countries. There is approx. 10% of population suffering from depressive states.
- Women suffer from depression twice as often as men. More often it is now young and so called successful people that experience symptoms of depression.
- Strong competitive environment and pressure of success create a demanding life style. The modern civilization problems to which Poland is now having to face.
- Patients with depression are treated on an in or out patient basis (incl. day centres).
- Psychotherapy is more commonly practiced for depression. In some cases patients are treated pharmacologically only. In cases of severe depression a combination of both is recommended.
- Depression is still not well understood by Poles. For the past few years national awareness campaigns about depression have been organized.
- 23 February is a depression awareness day in Poland. People are being educated, free medical advice is made available, well known personalities get involved often presenting themselves as examples, so the social stigma is reduced.

Desirable Changes to Health Policy

- The most important task is to introduce the law governing the psychotherapy. A reform of the regulation system should lead to:
 - the reduction of the presence of unprofessional therapists,
 - replacing it with evidence based approaches.
- It would improve access to recognized psychotherapy services and
- It may result in reducing of the high amount of drugs taken.

Additional Information

- In Poland new, more proactive approaches to psychotherapy are becoming popular and recognized, such as cognitive-behavioral therapy or motivational enhancement therapy.
- Such approaches not only deal with patient's weaknesses but build on patient's strengths, self esteem and self efficacy.

XV. Portugal

- Author**
- Dr. Jorge Gravanita, Psychologist Specialized in Psychotherapy, Founding Member of the Portuguese Society of Clinical Psychology (SPPC)
- Country**
- 10.6 million Inhabitants (2011 approximation); 119 per square Kilometer
 - Expenditure on Health (2009): 10 Billion Euros (Approximately).
 - 6.7% gross domestic product.
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- Psychotherapy in the health care system**
- Psychotherapy
- It is normally not financed by the National System of Social Insurance, unless when prescribed by a psychiatrist. In general, private health insurance doesn't cover psychotherapy sessions.
 - The most common psychotherapeutic orientations are the cognitive-behavior-therapy, the psychodynamic psychotherapy inspired on psychoanalysis, the systemic familiar therapy and the humanistic psychotherapy.
 - The public health care system includes a Psychological Service for diagnosis and consultation which is available in most Health Centers. There are hospitals that refer to mental health, although the number of Clinical Psychologists in the public service is quite limited.
- Psychotherapeutic Professionals**
- There are no laws regulating psychotherapy or psychotherapist activity.
 - There are associations that provide specialized training in Psychotherapy, some for Psychologists. There are others for Psychiatrists, and some others open to other Professionals (Nurses, etc...)
 - Otherwise, the title of psychologist is protected and the practice of psychologists is now regulated.
 - Since 2010 all psychologists must be members of the Portuguese Psychologist Association (OPP).
- Psychotherapy for Depression**
- Although the prevalence of depression in Portugal is in the average of Europe, Portugal has the highest European rate of Antidepressant consumption. Besides this, in some regions we have the highest rate of suicide in Europe.
 - A large number of Portuguese with psychological suffering don't have adequate treatment.
 - For most patients the option of Psychotherapy is not provided in the treatment for depression, outside of the principal health centers of Lisbon, Oporto, and Coimbra.
 - The National Mental Health Service does not provide enough assistance neither in the medical perspective nor in the psychological perspective.
 - There are lacks of psychiatrists in many regions of the country.
 - There are only a few specialized Psychologists in the public

service.

- The large majority of the psychologists and psychotherapists work exclusively in the private sector.

Desirable Changes to Health Policy

- The National Plan of Mental health Care was approved for the next few years (2008-2017) and officially published in 2008.
- This document mainly expresses a medical perspective.
- We must change the understanding of depression from the concept of mental illness (applicable for severe depression), and turn to the concept of psychological suffering and give a central role to psychotherapy.
- The creation of reference centers with availability of the principal psychotherapeutic options needed to the treatment of various types of depressions.
- The Creation of a Work Task Force of experts with the following objectives:
 - Study the principal risk-factors of depression, creation of prevention plans and therapeutic strategies.
 - Look at the best practices for early psychological diagnosis and treatment.
 - Promote a better integration of psychological knowledge with a stress on the psychotherapeutic approach on depression in the health care policy and improving the liaisons between psychologists specialized in psychotherapy, psychiatrists and medicals general practitioners.
- Improve the presence and qualification of Psychotherapy Services available in the National Health System, with the objective of getting the best treatment for the various cases of psychological suffering, which in major situations include depression.

Additional Information

- Portugal has a compulsory registration regulated by law for the health professions (Medical Doctors, Psychologists, Nurses).
- The Psychotherapy in this context is a specialization of those professions.
- In Portugal to be an effective member of the Portuguese Psychologists Association (OPP), it is necessary to have the same requirements as those in EUROPSY.
- For psychologists specialized in psychotherapy the next step is to create a College in this field of Specialty, inside the OPP.
- The further specializing qualification which is required for membership of the College of Psychotherapy has not yet been agreed upon.

XVI. Swiss

- Author**
- Daniel Habegger, Federation of Swiss Psychologists FSP
www.psychologie.ch
- Country**
- Population 7.8 million; expenditure on health is 10.8% of the GDP

Expenditure on health in Switzerland in 2007

Costs of the health care system	10.8% of gross domestic product (GDP)
Health costs per inhabitant	EUR 5'530
Costs of the health care system	EUR 42'159 million
- therefrom outpatient care	EUR 13'261 million
- therefrom inpatient care	EUR 19'179 million
- others	EUR 9'719 million
Portion of (compulsory) social basic insurance	35% of health care expenditure
Expenditure on Psychiatry & Psychotherapy* (inpatient care) (Only psychiatric hospitals and psychiatric clinics. Psychiatric and psychotherapeutic treatments in general hospitals not included!)	
	EUR 1'412 million
Expenditure on Psychiatry & Psychotherapy* (outpatient care)	EUR 384.75 million (0.91% of health care expenditure)
Of that, expenditure on physician-delegated psychotherapy conducted by psychologists	EUR 87.6 million (0.21% of health care expenditure)
Costs in EUR of outpatient and inpatient psychotherapy	No breakdown statistics available

*In Switzerland, physicians (medical doctors) specialising in Psychiatry & Psychotherapy, as the double title indicates, work in both psychiatry and psychotherapy. There is no breakdown of the costs available for psychotherapy alone.

Psychotherapy in the health care system

- Types of psychotherapeutic treatments available
- Indication: Preconditions (e.g. prior authorisation, prior treatments)
- Quality management requirements (guidelines, outcome evaluation)
- The psychotherapeutic treatment of mental illnesses is in principle not limited to certain methods or tied to certain techniques. The 3-4 main approaches are: behavioural therapy, analytic psychotherapy, systemic psychotherapy, person-centred therapy. In Switzerland, many variants of these approaches have become established.
- With the soon-to-be-adopted Psychologieberufegesetz [Law on Professions in Psychology] and the obligatory federal accreditation of psychotherapy training programs, the main psychotherapeutic approaches are likely to gain in importance. For diagnosis the ICD-10 is usually used.
 - Patients' access (e.g. direct access, access via a general practitioner or specialists)
- Outpatient therapies and treatments by physicians (medical doctors) specialising in Psychiatry & Psychotherapy are financed by the social health insurance (up to 40 hours per year). In medical care, the services are not broken down

separately for psychiatric and psychotherapeutic services.

- Psychotherapy conducted by psychologists is paid for by the social health insurance only if the psychologist is employed by a physician and the physician bears formal responsibility for the therapy. In the outpatient area, a breakdown of costs is available only for this “physician-delegated psychotherapy conducted by psychologists”.
- Primary care physicians usually refer patients with psychological problems to a medical specialist, a psychologist conducting physician-delegated psychotherapy, or a psychologist in independent practice providing psychotherapy. In the last case, however, the social insurance does not pay for the therapy, and patients only receive a partial reimbursement if they have private additional insurance.
- Referrals for inpatient treatment are usually made by medical specialists in Psychiatry & Psychotherapy but are also made by psychological psychotherapists in cooperation with medical doctors.

Psychotherapeutic Professionals

- Professions, qualifications prior to specialisation and postgraduate training in psychotherapy, accepted psychotherapeutic schools/approaches
- Requirements for providing services within the health care system
- Additional services (prescriptions, assignments)
- The independent conduct of psychotherapy is regulated by law in 25 of the 26 cantons of Switzerland. As a rule, psychotherapists study psychology or medicine as undergraduates; they then complete postgraduate training in psychotherapy (minimum 4-5 years). Already in 2001, 85% of psychotherapists that were not medical doctors had undergraduate degrees in psychology. At present, a federal law on professions in psychology is before the Swiss parliament: By this future national law, only psychologists or medical doctors can be trained and licensed in psychotherapy.

Psychotherapy for Depression

- Special concepts (apart from 3.)
- Best practice models
- Shortcomings
- Because depression has reached epidemic proportions, up to now eight cantons of Switzerland have launched a cantonal “Alliance Against Depression” (like the Nuremberg Alliance Against Depression). Four cantons are following a long-term strategy in the area of mental health. As a coordinator, the federal government supports the cantons in establishing the Alliance Against Depression. However, the federal government itself has no authority to act in the area of mental illnesses. A new law on this is currently under parliamentary consultation (“federal law on health prevention and promotion”).

Desirable Changes to Health Policy

- If you were responsible for health policy in your country, what would your first decision be regarding psychotherapeutic care?
 1. There should be a lower threshold for psychotherapy service provision, and at the same time mental illnesses (and thus also psychiatry and psychotherapy) must become destigmatised.
 2. Access to psychotherapy should be improved, by better integrating psychologist psychotherapists into the social basic insurance.
 3. Promotion of mental health must be improved altogether, and that includes prevention of mental illnesses.

XVII. United Kingdom

- Author**
- Prof. Glenys Parry, PhD. Professor of Psychological Therapies, Centre for Psychological Services Research, University of Sheffield and NHS Consultant Clinical Psychologists & Psychotherapist (UK)
- Country**
- Approximately 62 million inhabitants, which corresponds to a population density of 255 persons per square kilometer
 - Expenditure on health 2008: EUR 148 billion (8.7% of the gross domestic product) (OECD estimate)
- Psychotherapy in the health care system**
- The UK National Health Service (NHS) provides a range of psychological treatments in primary, secondary and tertiary care free at the point of delivery for UK residents.
 - Services are funded through national taxation but commissioned and paid for locally, under national guidance.
 - Therapies are delivered in family doctors' surgeries, community mental health teams, inpatient and day hospital settings and through specialist psychotherapy teams.
 - In practice these resources have been under-provided and inequitably distributed over the country, leading to long waiting lists for psychotherapeutic treatment.
 - Over the last 10 years the National Institute for Health and Clinical Excellence has included psychological treatments in its systematic reviews of research evidence and clinical guidelines recommendations. This has led to a realization that cognitive behaviour therapy in particular is underprovided.
 - In 2005 the UK Government recognized that psychological therapies for common mental health problems were worth investment to reduce levels of depression and anxiety, to foster return to employment and hence reduce the amount paid in welfare benefits to those unable to work.
 - In 2006 a major new Government initiative 'Improving Access to Psychological Therapies' (IAPT) was launched in two pilot sites and subsequently rolled out across England. This aimed to provide appropriate stepped-care across primary and secondary services, provided by a new workforce trained in either 'low intensity' CBT-based guided self-help or 'high intensity' cognitive behaviour therapy. £171m per year was committed. IAPT is currently developing to include other conditions and other therapeutic approaches.
 - Other UK countries (Scotland, Wales, Northern Ireland) have not implemented IAPT but are increasing investment in psychological therapies and commissioning these on the basis of research evidence of effectiveness.
 - It was emphasized that this initiative was not intended to reduce the availability of other therapies concurrently provided, but there is anecdotal evidence that there has been disinvestment from non-CBT services.

- Inpatient care for people with mental disorder is available but beds are in short supply and alternatives to admission are preferred, through crisis intervention teams, home treatment teams and assertive outreach teams. Inpatient psychotherapeutic interventions are not usual, although there are some therapeutic communities in a few major cities.
- In addition to the NHS, there is a private sector for psychotherapy. Most of this is provided through fee-for-service with a lesser proportion reimbursed by private health insurance. There is also a voluntary and not-for-profit sector offering a range of services, notably relationship counselling, bereavement counselling and therapy for women victims of abuse.
- Under recent policy, NHS services including psychological therapies can be commissioned from the private or not-for-profit sectors and this 'mixed economy' looks set to grow.

Psychotherapeutic Professionals

- Therapies are delivered by employees of the NHS; clinical psychologists, psychiatrists, mental health nurse therapists, and other health care professionals with appropriate training. Historically, medically qualified psychotherapists tended to train in psychodynamic approaches, clinical psychologists in a range of models and nurses in cognitive behaviour therapy. These distinctions are now less marked. Psychotherapists without a core health professional qualification are also employed in the NHS.
- The psychotherapy profession also operates outside the public sector, and is in the process of becoming regulated by law through the Health Professions Council.
- Most recently, a new psychological therapy workforce in the NHS has been created through the IAPT initiative.
- There are no restrictions on the professional background of psychotherapists in the UK, which has a long tradition of 'lay' therapists without medical or psychological qualifications.

Psychotherapy for Depression

- The National Institute for Health and Clinical Excellence (NICE) recommends stepped care in the management of depression.
- It also recommends that psychological and psychosocial interventions should be based on the relevant treatment manual(s), which should guide their structure and duration. Practitioners should consider using competence frameworks developed from the relevant treatment manual(s) and for all interventions should: – receive regular high-quality supervision; – use routine outcome measures and ensure that the person with depression is involved in reviewing the efficacy of treatment; – monitor and evaluate treatment adherence and practitioner competence.
- For mild to moderate depression, NICE suggests that initial treatment should be low intensity, including guided self-help, group CBT, computerized CBT.
- For more persistent or more severe depression NICE-

recommended first line treatments include cognitive behaviour therapy (CBT), Interpersonal Therapy (IPT), behavioural couples therapy, or behavioural activation. Second line recommended treatments are counselling or short term psychodynamic psychotherapy.

- For people who do not respond to the recommended interventions, or who have long term relapsing depression, other treatments which may be offered include cognitive analytic therapy, mindfulness-based cognitive therapy and psychoanalytic therapy. However, these are not recommended in NICE guidelines.
- Despite these positive developments, access to bona fide therapies for people with depression is limited, with inadequate follow up, given the relapsing nature of this condition for many people. There is more work to be done to develop adequate care pathways for longer term or relapsing depression.

Desirable Changes to Health Policy

- There needs to be a more intelligent approach to routine outcome measurement and reporting to benchmark outcomes in a way which is sensitive to case mix. This is slowly developing.
- At present the national minimum dataset includes PHQ-9, a symptom-based patient reported outcome measure for depression. Monitoring more generic outcomes, such as quality of life or patient-defined outcomes, would be useful.

Additional Information

- In the UK, there are a number of training and accreditation bodies for psychological therapists, including the British Psychoanalytic Council, the UK Council for Psychotherapy, the British Association of Counselling and Psychotherapy, the British Psychological Society and the British Association of Behavioural and Cognitive Psychotherapists. It is intended that members of these bodies will become regulated by the Health Professions Council, a statutory body. This has already happened for clinical psychologists and is in progress for others.