

NEW ZEALAND COLLEGE OF CLINICAL PSYCHOLOGISTS; NEW ZEALAND PSYCHOLOGICAL SOCIETY

MEDIA RELEASE

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8/08/2013

Psychological Therapy Works But Who Is Willing To Pay?

Recent newspaper articles have reported that several purchasers of mental health services have made decisions that effectively restrict the availability of psychological therapy. There is some suggestion that these decisions are driven by the apparent cost advantage offered by drug treatment, particularly for problems such as depression. It was reported that Sovereign Insurance cannot afford the costs of supporting counseling for depression, which have grown over time.

Unfortunately, these decisions are not in line with the evidence about what helps people with mental health issues to live satisfying and productive lives.

Both Sovereign Insurance and the Ministry of Justice (the latter in relation to changes to counselling services provided by the Family Court) have the legal right to set policies that best fit their organizational objectives. While the reasoning behind those decisions is unclear, it is important to note that they are not based on scientific evidence about what works in alleviating and managing serious psychological problems such as anxiety or depression.

For example, extensive research has shown that both drug and psychological therapies (particularly Cognitive Behaviour Therapy and Interpersonal Psychotherapy) are effective in treating depression. Research has also shown that some people respond better to one rather than the other type of intervention or do better with a combination of both. Furthermore, there is research evidence that psychological therapies may be better at preventing relapse, once treatment is discontinued.

So far, we have no reliable way of predicting who will respond best to which kind of treatment, so there is no clinical basis for systematically restricting the availability of one or the other to specific individuals.

However, the superior effectiveness of psychological therapy in the maintenance of therapeutic change, means that the overall economic argument may actually favour this kind of therapy over drug therapy.

Cost increases faced by purchasers of mental health services may be due to the high prevalence of mood disorders and the success of public health campaigns encouraging people to recognize and seek treatment for such problems.

Mental health problems are common, have a serious impact on people's well-being and can be deadly. Their appropriate identification and treatment is quite properly a government health priority and restricting access to psychological therapy is contrary to the best interests of people and the community. It is also contrary to the best available scientific data regarding effective treatments.

Concerns about the financial sustainability of therapy can and should be addressed in ways that involve a more thorough examination of the evidence and collaboration between funders, providers and clients. If private insurance and government departments will not step up to opportunities to support the mental health of their clients, who will?

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