



The economic benefits of improved access to psychotherapy: two studies

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Context

Several guidelines recommend evidence-based psychotherapy for treating mental disorders. In the literature, psychotherapy has proven to be effective in improving patients' health and quality of life and to have a positive impact on health care costs (Dezetter *et al.* 2013).

Contrary to a few other industrialized countries (such as Australia and the United Kingdom), Canada's health insurance plan does not cover psychotherapeutic services within the private sector. Psychological services offered within the public system is very limited and unevenly distributed across the country. Lack of financial coverage for such care is a general practitioner's biggest challenge when it comes to referring patients to psychotherapists (Grenier *et al.* 2008). From the patient's perspective, it is also the financial barrier above everything else that keeps them from seeking help from a psychotherapist (Vasiliadis *et al.* 2009). In addition, 60% of Canadians are covered by private health care insurance, but only 55% of them have comprehensive insurance coverage (Phillips 2009). In other words, two out of three Canadians have to pay for some or all of their psychological services.

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This article presents two recent economic studies. The first focuses on the management of depression and anxiety disorders in France. The second article centres on the implementation of a population-based depression treatment program as a suicide prevention strategy in Quebec.

Costs and reimbursement benefits of psychotherapy in France

In the context of France, the medico-economic study of Dezetter *et al.* (2013) is based on the methodology applied in the program Improving Access to Psychological Therapies (IAPT 2008). Ten to 18 sessions are required, where the individual cost was estimated at €41. The mandatory health care plan's reimbursement rate is estimated at 60%, which is also the case for allied health care professionals. Direct annual costs (such as consultations, hospitalizations and medications) and indirect annual costs (such as sick leave, early retirement, quality of life and premature death) incurred due to depressive disorders were estimated at €4,702 and €1,500 for anxiety disorders. The remission rate associated to psychotherapy was also estimated at 30%, $\pm 10\%$. Results show that for an average of 12 sessions, the annual cost of psychotherapeutic monitoring would amount to 514 million Euros and 308 million for the mandatory health care plan, to treat 1,033,000 French patients corresponding to 2.3% of the population. The cost-benefit ratio associated with psychotherapy for the community would amount to €1.95 (1.30-2.60) for depressive disorders; in other words, investing €1 into psychotherapeutic care would save €1.95. The cost-benefit ratio for anxiety disorders would reach €1.14 (0.76-1.52).

An IAPT-type funding program for psychotherapy would prove to be a profitable short- and long-term investment, since it would positively impact the entire community with regards to quality of life, health care costs and work absenteeism.



Depression treatment as a population-based suicide prevention strategy: costs and benefits

An assessment of the NAD program in the city of Nuremberg showed a significant decrease in attempted suicide rates.

In Europe, 17 countries are collaborating within the European Alliance Against Depression (EAAD) in using evidence-based community interventions for screening and treating depression as possible prevention strategies of suicidal acts (Hegerl et al. 2009). EAAD chose the Nuremberg Alliance against Depression Trial (NAD) program which includes (i) training for family physicians to screen and treat depression; (ii) public awareness about depression and its treatment as well as an anti-stigma campaign; (iii) training community leaders such as teachers, priests, pharmacists, police and senior caregivers; and (iv) the creation of support groups for people who have attempted suicide and their loved ones. An assessment of the NAD program in the city of Nuremberg showed a significant decrease in attempted suicide rates. More recently, a study showed a significant decrease in suicide rates in a Hungarian city that implemented the NAD program compared to the rest of the country, where the program was not implemented (Székely et al. 2013).

In Quebec, Vasiliadis and her colleagues (2013) evaluated the costs and benefits of implementing the NAD program in the province. Costs associated with implementing the NAD program's four suicide prevention modalities within the context of Quebec were estimated at \$23,982,293, or \$3.99 per adult. The study showed that the cost of one suicide reached \$34,572 (from \$13,170 to \$141,277). If one were consider the costs associated with lost productivity due to years of life lost prematurely, the cost rises to \$593,927 (from \$473,569 to \$716,985). Analyses also showed that the NAD program was associated with savings of \$3,979 per life-year saved.

The NAD program's suicide prevention methods are cost effective and can result in significant savings thanks to suicide prevention and reducing life years lost. Implementing programs that increase the population's access to depression screening and treatment may have a direct impact on suicide prevention in Quebec and on improving the populations' quality of life. As a result, the healthcare system and society in general would see economic savings.

Q u i n t e s s e n c e

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