

Psychotherapy and other psychosocial interventions in the treatment and rehabilitation of mental disorders and substance use disorders

Approved by the meeting of COHERE on 1 November 2018

Recommendation by COHERE		Psychotherapies and psychosocial interventions proven effective are included in the range of public health services in the treatment and rehabilitation of mental disorders and substance use disorders. The methods are part of a goal-oriented approach in all phases of the treatment.
Grounds	Severity and prevalence of the health issue	Mental disorders and substance use disorders deteriorate the quality of life of the patient and bring a risk of weakened social relations and less success in studies and work. These disorders reduce the number of healthy life years, and the patients have a clearly lower life expectancy than the average population. These cause 60-70 per cent of all adverse health effects caused to young people and young adults. They are a significant cause of both short-term and long-term incapacity for work, and they form the most common disease category leading to disability pension. About 20-25 per cent of Finnish adults have a mental disorder. However, only about 12 per cent of women and about 8 per cent of men have used healthcare services because of their mental health problems. During the last few years, mental stress and symptoms of depression have become more common among people of working age. More than 560,000 persons, i.e. 13 per cent of the population, use alcohol in such amounts that their risk of adverse long-term health effects has risen.
	Effectiveness	Psychotherapies and many other psychosocial treatment and rehabilitation methods have proven effective when carried out in the right way, even though their effectiveness varies between disease groups and methods. New research results will specify the knowledge about effective methods.
	Safety	Psychosocial methods are usually considered safe. Patients may experience harm for example in cases where therapy is interrupted, or if the therapy method or the professional treating the patient turns out to be a wrong choice.
	Costs and impact on the budget	Healthcare costs of psychosocial methods total at least EUR 100 million per year. The costs of substance use disorder services within municipal services were in 2015 about EUR 210 million. All costs total about EUR 6 billion when including the services related to mental health and substance abuse services, production losses, incapacity for work, unemployment, and the suffering of the patients and those close to them. The aim with psychosocial treatments is to prevent mental disorders and substance use disorders getting worse, which provides significant macroeconomic effects. Regarding the indirect costs of various diseases, the share of mental disorders is largest and the share of substance use disorders is large too.
	Ethical and financial aspects as a whole	Untreated mental disorders and substance use disorders are major problems for the quality of life of the patients and those close to them, and a big problem for the whole society. Psychosocial methods are very useful in the treatment and rehabilitation relating to these problems. To respect human dignity and increase equality, it is necessary to ensure that these treatments and rehabilitation methods are sufficiently available and that individuals' economic situations would not prevent them from using such help.
Collection of further evidence		More detailed, comparable register data is needed on the volume of treatment and rehabilitation provided or financed by public healthcare services and using psychosocial methods, as well as on the effects and targeting of various methods. Information should be collected with reliable research methods, even specifically from Finland, regarding the effectiveness and cost-effectiveness of psychosocial methods in connection with various practices.
Diagnosis (ICD-10) codes		F10-F19 Mental and behavioral disorders due to psychoactive substance use F20-F29 Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders F30-F39 Mood [affective] disorders F40-F48 Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders F50-F59 Behavioral syndromes associated with physiological disturbances and physical factors F60-F69 Disorders of adult personality and behavior F90-F98 Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
Background information and references		Memorandum by COHERE (in Finnish), Systematic literature review