A brief summary of the Helsinki Psychotherapy Study findings and the psychotherapy service system in Finland

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Background of the study

In mid 1990's

- The rise of evidence-based medicine and psychotherapy
- No evidence to back up the use of long-term psychotherapy vs. shorter therapies, based on randomized clinical trials (N=0)
- Very few short-term therapy trials with a long-term follow-up
- In Finland, the majority of practising psychotherapists and training programs (80 %) were based on the psychodynamic tradition and mostly long-term therapy was provided
- Long-term therapies subsidized by social insurance ('rehabilitative psychotherapy') to prevent work disability; its effectiveness needed to be evaluated

The initial interest

- What is the effectiveness and cost-effectiveness of long-term vs. short-term therapy?

Helsinki Psychotherapy Study (HPS)

- **Aim:** To evaluate the comparative effectiveness, sufficiency and suitability of two short- and two long-term psychotherapies.
- **Study design:** Randomized clinical trial (RCT), quasi-experimental effectiveness study and a cohort (prediction) study.
- **Data:** 367 outpatients suffering from depressive (82%) or anxiety disorder (43%); 71 therapists.
- **Follow-up:** Start of treatments 1995-2000. Follow-up 10 years from start of treatment. A total of 15 repeated measurement occasions.

Forms of therapy

Therapy	Frequency of sessions	Number of sessions	Length of therapy
Solution-focused therapy (SFT)	1 session every 2nd or 3rd week	12	≤ 8 months
Short-term psychodynamic psychotherapy (SPP)	1 session a week	20	5–6 months
Long-term psychodynamic psychotherapy (LPP)	2-3 sessions a week	240	2–3 years
Psychoanalysis (PA)	4 sessions a week	640	5 years

Inclusion and exclusion criteria

Eligible patients

- 20-45 years of age
- Anxiety or depressive disorder (DSM-IV)
- Long-standing (> 1 year) disorder causing dysfunction in work ability; i.e. those fulfilling the criteria for subsidized rehabilitative psychotherapy

Exclusion criteria

- Psychotic disorder, severe personality disorder, bipolar I disorder or adjustment disorder
- Organic brain disease or mental retardation
- Alcohol or substance abuse
- Treated with psychotherapy within the previous 2 years

Effectiveness: Study designs

Design 1
Randomized clinical trial

Randomization (N=326)

- Solution-focused therapy (N=97)
- Short-term psycho-dynamic therapy (N=101)
- Long-term psycho-dynamic therapy (N=128)

Design 2
Naturalistic study

Self-selection (N=41)

- Psycho-analysis (N=41)

Quasi-experimental design

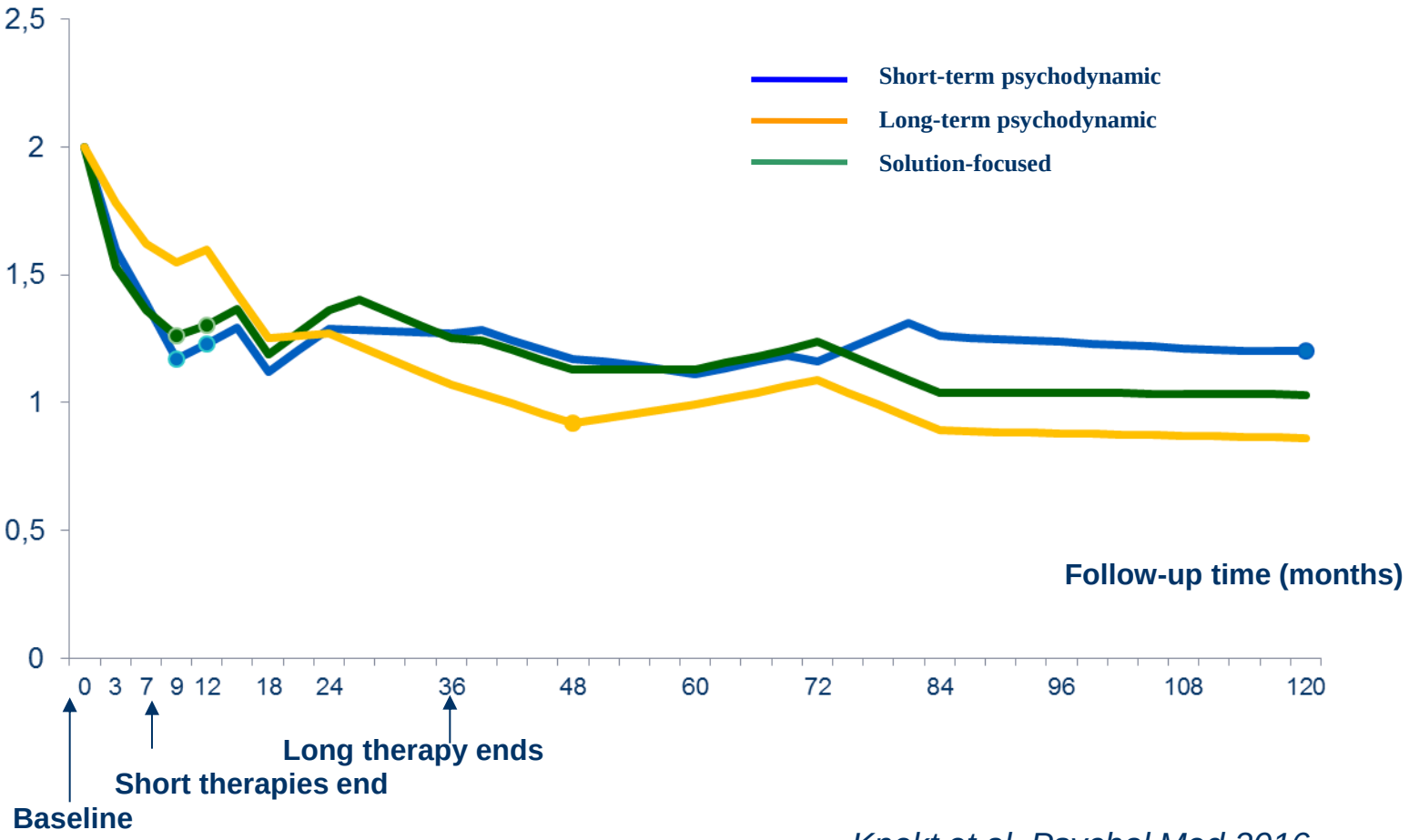
Effectiveness study: outcome measures

- **Psychiatric symptoms and diagnosis** (BDI, SCL-90, HDRS, HARS, Target Complaints; DSM-IV)
- **Need for psychiatric treatment** (medication, therapy, hospitalization)
- **Working ability** (Work Ability Index, SAS-work, PPF, Sick leave)
- **Social functioning** (SAS-SR, LOT, SOC, LSS)
- **Personality functions** (LPO, DSQ, IIP, QORS, SASB)
- **Lifestyle and somatic health** (smoking, BMI, alcohol consumption, leisure time exercise, serum cholesterol)
- **Cost-effectiveness** (direct and indirect costs vs. effects)

Effectiveness of the therapies during the 10-year follow-up (RCT)

Depression

10-year follow-up (SCL-90-DEP)



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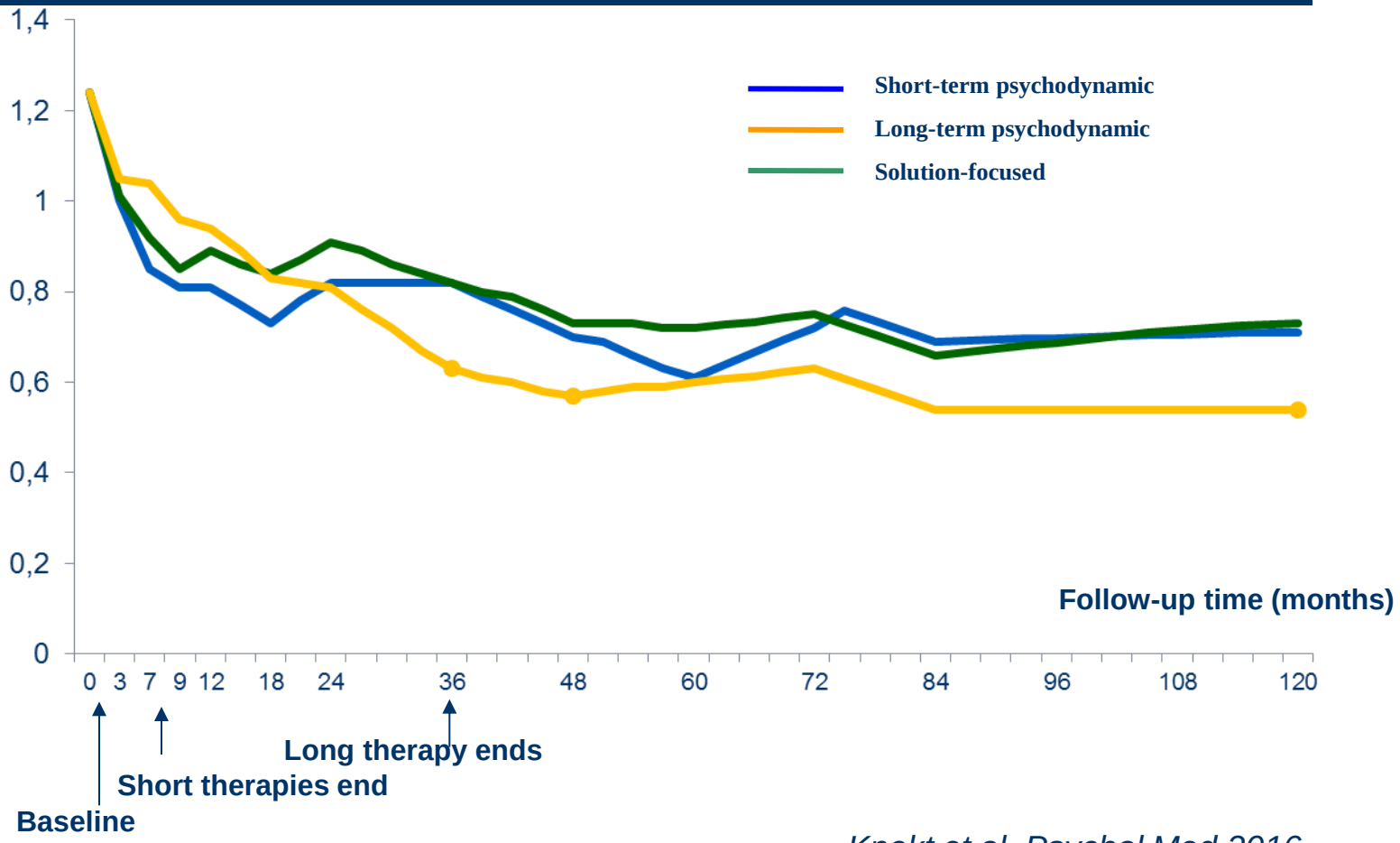
Anxiety (SCL-90-ANX)



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Therapy sessions offered and taken by patients allocated to therapies during the 10-year follow-up

Therapy sessions	Solution-focused therapy (SFT)	Short-term psychodynamic psychotherapy (SPP)	Long-term psychodynamic psychotherapy (LPP)
HPS protocol	**12**	**20**	Up to **240**
Given by HPS	**10** (1-15)	**19** (4-23)	**232** (8-417)
Auxiliary therapy sessions added	**86** (3-613)	**93** (7-1055)	**253** (8-508)

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The cost-effectiveness of short-term and long-term psychotherapy in the treatment of depressive and anxiety disorders during a 5-year follow-up

Timo Maljanen [a,*], Paul Knekt [b,c], Olavi Lindfors [b], Esa Virtala [b], Päivi Tillman [a], Tommi Härkänen [b], The Helsinki Psychotherapy Study Group [a,b,c,d,e]

JAD 2016; 190

Average total direct costs during 5 years of follow-up

LPP	22.132 €
SPP	7.387 €
SFT	8.434 €

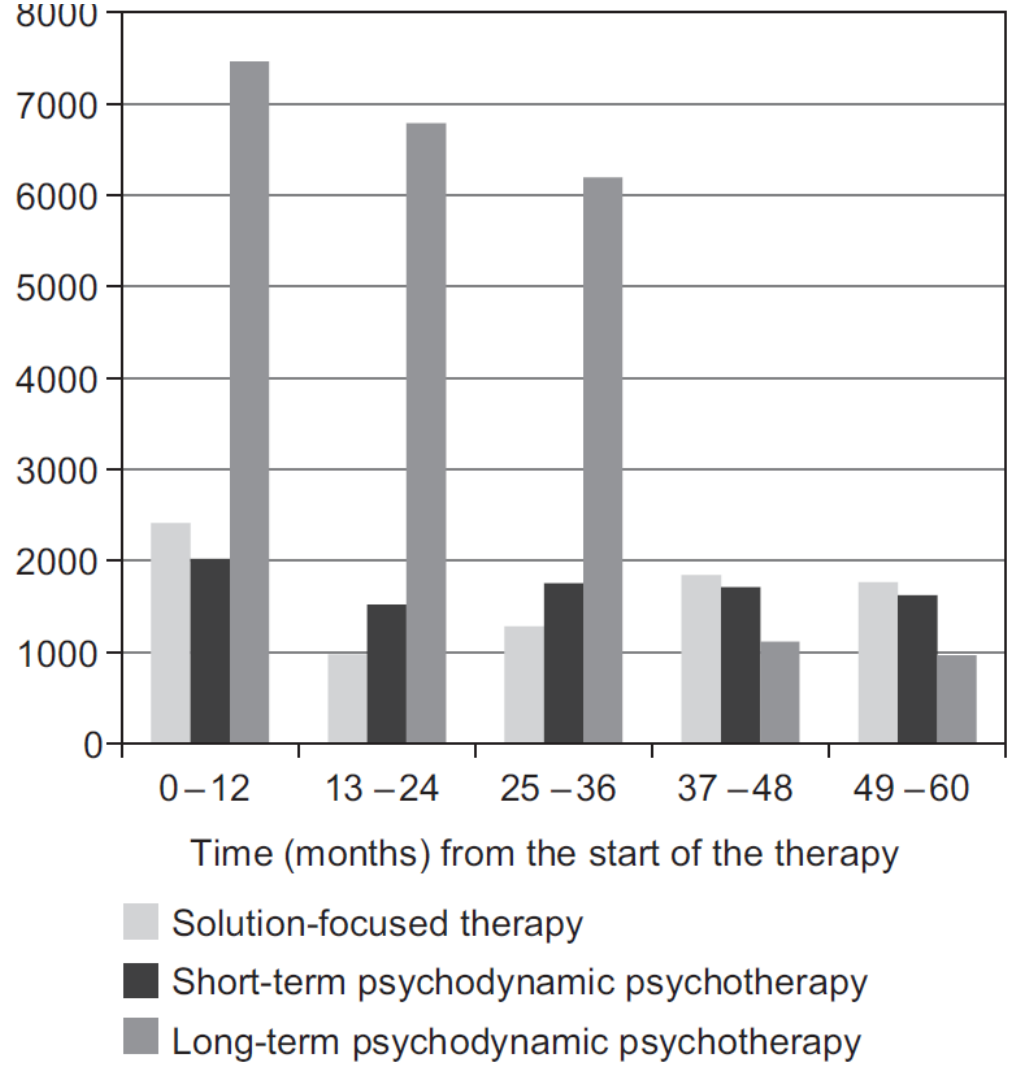

Fig. 1. The mean annual total undiscounted direct costs (euros) per patient during the five-year follow-up period.

Conclusions; 10-year follow-up

- LPP showed greater reductions in symptoms, greater improvement in work ability (perceived work productivity) and higher remission rates (80%) than short-term therapies (68%)
- In case all the 198 patients allocated to short-term therapies would have received long-term therapy, about 25 patients more would have been remitted (NNT = 7.7)
- Prevalence of auxiliary psychiatric treatment was relatively high, especially after the short-term therapies
- All treatments were insufficient for part of patients
- Although short-term therapies appear on average more cost-effective than LPP, treatment selection was not based on patients' preference and suitability which need to be at the core of patient's referral to treatment and rehabilitation

Potential predictors of outcome studied in the HPS

Therapy-related predictors:

- Therapy form
- Length of therapy
- Therapeutic alliance
- Patient's expectations

Patient-related predictors:

- Demographic factors
- Psychiatric symptoms and diagnoses
- Psychiatric history
- Adverse childhood experiences
- Social factors
- Personality-related factors

Therapist-related predictors:

- Demographic factors
- Therapist training and experience
- Therapist's personal characteristics
- Therapist's professional characteristics

Predictors not specifically related to therapy:

- Social support
- Life events

Summary of findings, thus far, from the HPS suitability research

- LPP seems to give on average, in the long run, more beneficial effects in comparison to short-term therapy
  - Poor psychological suitability (based on SPS scale) (Laaksonen et al. 2013)
  - Negative self-concept, poor quality of object relations (Lindfors et al. 2014)
  - Increased use of immature defenses (Laaksonen et al. 2014)
  - Lower level of personality organization (Knekt et al. 2016)
  - Higher level of intelligence (Knekt et al 2014)
  - Higher level of optimism (Knekt et al. 2016c)
  - Higher level of personality functioning (Lindfors et al. 2014)
- In LPP specifically
  - Higher level of social support is beneficial (Lindfors et al. 2015)
  - Severity of interpersonal problems does not seem to disturb the development of alliance (Ollila et al. 2016)
- Therapists' professional and personal characteristics predict therapy outcome differently depending on the length of therapy (Heinonen et al. 2012, 2014)

Psychotherapy service system in Finland

1. **Rehabilitative psychotherapy** (Social Insurance Institution, Kela; private sector therapists)
   - 31 500 clients (aged 16-67 years) in 2015
   - Nationally the greatest provider/organizer of long-term psychotherapy
   - A citizen's legal right to be offered rehabilitative psychotherapy when
     - preceded by careful psychiatric evaluation, treatment, and rehabilitation plan
     - there is a threat to work ability due to psychiatric disorder
   - A qualified psychotherapist and therapy modality with adequate evidence base are required
   - About 6% of applications lead to negative decision of therapy provision
   - Max. 200 sessions within 3 years; Kela refund 57 euros per session
   - About a third of therapies last for one year – two years – or three years
   - About 75% of patients regain or sustain adequate work status

Psychotherapy service system in Finland…

(Tuulio-Henriksson 2016)

2. Medical rehabilitation for severely disabled (Kela; private sector)
3. Refunded medical doctor´s services (Kela, private sector)
4. Psychotherapy provided as part of mental health and substance use services of the municipalities (primary level)
5. Psychotherapy bought by the municipalities from private sector
6. Psychotherapy provided by the hospital districts (secondary level)
7. Psychotherapy bought by the hospital districts from private sector
8. Private sector psychotherapy paid by patients themselves
9. Psychotherapy by occupational health services (Kela, private sector)
10. Psychotherapy provided by the third sector and parishes
11. Psychotherapy at the student healthcare
12. Psychotherapy paid by other insurance companies (private health insurance, accident insurance)

Are the times changing?

- A national psychotherapy consensus meeting in 2006 recommended increase in equality in the provision of psychotherapy services and building an integrated, co-operating stepped-care service system – based on research evidence and individually evaluated needs
- Currently an ongoing reform due to new legislation on health and social welfare services (*social-, hälsovårds- och landskapsreformen*)
- Attempt to increase versatile provision of psychotherapy on local level, arranged by 18 geographical social- and welfare service areas
- New possibilities, potential risks and uncertainties under a heightening national debate
- Provision of rehabilitation psychotherapy at present the only modality of psychotherapy specifically protected by legislation
  - A Social and Health Ministry rehabilitation committee to give its suggestions by 30.9.2017

Information of the HPS publications

www.thl.fi/hps

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