BPtK
BundesPsychotherapeutenKammer

GREEN PAPER

of the Commission of the European Communities on the European Workforce for Health – COM (2008) 725/3

Response of the Bundespsychotherapeutenkammer [Federal Association of Psychotherapists], 31.03.2009

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Summary

The Federal Association of Psychotherapists greatly welcomes the initiative of the European Commission to move the EU-wide impact of demographic change on the health professions into the forefront of Community policy and open up areas for discussion where further measures can be taken.

In order to effectively counteract the consequences of the ageing society and therefore also of the health professions, the BPtK believes that we must ensure that training for the health professions remains an attractive job option for school-leavers in the future. The average retirement age of members of the health professions must also be increased.

However, the changing basic conditions cannot be tackled simply by reacting to individual problems. Rather, the fundamental question to answer is how the current health professions can be developed and new ones created, how these professions should work together in the future and how responsibilities should be allocated in order to guarantee the best possible care. In the mental health sector, the German model of differentiation in the psychotherapy profession is a successful approach.

Currently, traditional roles and the hierarchy between members of the academic healthcare professions and the paramedical professions frequently stand in the way of the changes required. In future, multi-professional collaboration will need to be structured differently as a consequence of the changes in the work and activity profiles of healthcare workers in Europe. Greater emphasis should be placed on this as a possible solution.

I. Competencies of the healthcare professions against the background of changing basic conditions

Mental health: greater impact in an ageing society

Mental disorders are increasing all over Europe. In several EU countries they are already among the most common illnesses. In Germany, mental illness is the most common cause of inability to work and therefore increases the impact of an ageing population on society and its social security systems. Because certain health professions themselves are affected in particular ways, mental illness also reduces the effectiveness of the health professions.

On 13 June 2008 political and economic experts signed the “European Pact for Mental Health and Wellbeing”. The pact calls for European countries to work in partnership in order to overcome the widespread social exclusion and stigmatising of mentally ill people. Other areas for action where knowledge and experience should be consolidated and common recommendations developed are the prevention of suicide and depression, mental health in youth and education, mental health in workplace settings and mental health of older people.

Promotion of mental health in Europe is also urgently necessary from the economic viewpoint in order to achieve the objectives of the “Lisbon Strategy for Growth and Jobs” in the EU. Successful treatment of mentally ill people saves costs. In the case of depression, the treatment costs are only one-third of the overall social costs. By contrast, the costs associated with absence from work and inability to work were many times this amount. In 2004 the economic costs of depression in the EU and the European Free Trade Association (EFTA) were EUR 118 billion.

Psychotherapy as a health profession: a German model for success

Against this background, ten years ago Germany created the professions of "psychological psychotherapist" and "child and adolescent psychotherapist" (psychotherapists), thereby improving the conditions for the care of the mentally ill. The requirements for both professions are to complete a university course in psychology or alternatively, for child and adolescent psychotherapy, in (social) education, followed by training for three years full time or five years part time before achieving licensure.

In the treatment of mental illnesses, psychological psychotherapists (PP) and child and adolescent psychotherapists (CAP) are two health professions working in outpatient care of the mentally ill which are on a par with medical specialists. Both professions have a central role in care.

On 31 December 2007 there were approximately 31 500 psychotherapists working in Germany. 76% were licensed as psychological psychotherapists, over 16% as child and adolescent psychotherapists and 8% were licensed as both. At least half are established in their own practice. Approximately one in five works in a hospital, one in eight in an outreach clinic and approximately one in twenty in a rehabilitation centre. Psychotherapists also work in social psychiatric and psychosocial services such as day centres for mentally ill and disabled people.

The number of psychotherapists has been rising for some years, by nearly 5% in 2006-2007 alone. By way of a comparison: over the same period the number of doctors in Germany rose by 1% to just under 315 000 (Federal Statistical Office, 2008).

In outpatient psychotherapy covered by statutory health insurance, psychological psychotherapists and child and adolescent psychotherapists now take on by far the largest proportion of care in the relevant medical specialist group: on 31 December 2007 (National Association of Statutory Health Insurance Physicians, 2008) 15 679 psychological psychotherapists and child and adolescent psychotherapists were involved in care authorised by statutory health insurance compared with only 4 706 doctors who were exclusively or primarily working in psychotherapy.

Skills and competencies of the health professions should focus on care and not on professional traditions

The questions of competencies and responsibilities of individual health professions, which are raised again and again in the Green Paper, raise one overriding question which should be examined in more detail: which health professions, with which qualifications and competencies, guarantee the best possible care and how can collaboration between them be structured to best effect? This leads to the question of whether existing health professions should be redefined and new professions created. The potential of such developments is illustrated by psychotherapists in Germany in relation to the care of mentally ill patients.

The new professions of psychological psychotherapist and child and adolescent psychotherapist set up by law in Germany ten years ago make it clear that “traditional” medical competencies such as independent treatment in healthcare can be transferred to other health professions, enriching the care available and improving it for patients. This is a way of counteracting the care deficit caused by the growing shortage of doctors. Against the background of changing morbidity all over Europe and the increase in mental disorders, the BPtK therefore calls for an examination of the opportunities that could be created by extending this model for success to other Member States.

Furthermore, in general, opportunities for achieving efficiency in individual professions through optimum utilisation of competencies and cooperation should be sought. Specialisation and changing basic conditions mean that the traditional distinction between the health professions and the paramedical professions is not the best way forward for optimum care provision. The parity achieved in Germany between psychological psychotherapists/child and adolescent psychotherapists and medical specialists in the care of mentally ill patients is an important step towards removing outdated hierarchies.

Multi-professional guidelines

Scientific progress is constantly expanding diagnostic and therapeutic knowledge. Consequently, there is an increasing trend towards specialisation in the existing health professions and the development of new ones. One consequence of the differentiation of activity profiles is the sharper distinction between roles in the health and social system.

This fundamentally positive development causes fragmentation of the treatment process, particularly for seriously and chronically ill patients. Cooperation between the different social and health professions which guarantees quality and focuses on patient needs requires multiprofessional, scientifically founded guidelines.

With the aim of saving the resources of the health professions for care and utilising synergy effects, we propose that the added value of jointly developed European guidelines should be tested against the development of national guidelines.

II. Demography and the promotion of a sustainable health workforce (4.1.)

Greater emphasis on disease prevention and successful treatment of mental disorders in health workers would significantly reduce cases of incapacity to work and thus increase the average retirement age of members of the health professions. Both approaches should therefore be central areas for action to promote a sustainable health workforce.

The Green Paper points out that the number of women in the health professions is already high and is likely to rise further. This is particularly true in the highly qualified, academic health professions and is also the result of a

successful equality policy over the past decades. However, the potential of this trend must be better exploited. This includes additional efforts to achieve a better balance between professional and family life and support when returning to work after long periods of family leave.

However, at the same time and in the interests of equality, there should also be an analysis of why certain health professions are increasingly being neglected by men. If these trends are due to social changes which affect all Member States, measures on a Community level would appear to be required.

In order to promote a "sustainable health workforce" the Green Paper proposes a series of promising measures. The Community would appear to take on a particular responsibility, notably in the provision of better working conditions and more effective deployment of the available workforce. Only by achieving comparable standards in these areas can we prevent one-way migration by health professionals between Member States.

An effective way of counteracting the consequences of ageing of the health professions is to produce attractive job and skill profiles. For example, many young people are being recruited to psychotherapy in Germany despite the fact that some of the basic training conditions are unattractive. Currently, 8 500 university graduates are training to become psychological psychotherapists or child and adolescent psychotherapists. The number of people newly licensed after completing psychotherapy training has more than doubled over the last four years – to 1 100 in 2008. By contrast, the number of people completing training in human medicine has been in decline for over ten years.

III. Public health capacity (4.2.)

Successful disease prevention and health promotion can reduce the demand for treatment and care services. The Green Paper therefore recommends that there should be sufficient capacity in the public health service to strengthen screening, health promotion and disease prevention.

However, a prerequisite must be that scientifically founded measures are available which can be funded sustainably and on a large scale. In the opinion of the BPtK, when considering the health professions the Community should also pay attention to occupational health promotion in the health professions themselves.

Furthermore, the Green Paper explicitly proposes promoting the work of occupational health physicians and providing incentives for joining this area of work. In view of the looming shortage of new entrants to the health professions in general and the looming shortage of doctors in particular, there should be an assessment of the extent to which occupational health work requires medical skills or whether it could be transferred to other health professionals with additional qualifications, e.g. in public health.

IV. Training (4.3.)

The BPtK also sees the availability of adequate training capacity as a problem. Further training and continuous professional development should be taken into account in addition to the capacity for initial professional training.

On the one hand, this will ensure that there are sufficient new recruits to the health professions. On the other hand, the opportunity to gain subsequent or additional qualifications will facilitate a return to the profession, e.g. after family leave or improve motivation through job enrichment opportunities, thus reducing the move away from the health professions, and particularly from direct care.

The Green Paper calls for a focus on health professionals' continuous professional development. Health professions can only keep pace with scientific progress, changes in morbidity and changes in care structures by constantly updating their skills and qualifications. In Germany psychotherapists are obliged by social and labour laws to undertake continuous professional development in order to maintain and develop the skills achieved through the high standard of training. The associations of psychotherapists in the German states make a significant contribution to quality assurance through the accreditation of training events which can be offset against tax. Other suitable quality assurance instruments are the regulations on continuous professional development of the associations of psychotherapists.

V. Managing mobility of health workers within the EU (4.4.)

The BPtK also sees the risk that free movement of members of the health professions could exacerbate problems when the incentives differ between Member States. However, the only solution will be to achieve virtually comparable living conditions in all the Member States.

VI. Global migration of health workers (4.5.)

Similar problems arise on a global scale although here free movement is subject to legal barriers. It is pointed out that a common EU immigration policy is still being developed. Management by means of a European foreign policy could frequently conflict with the interests pursued by the national foreign policies of the Member States. Against this background, the successful establishment of a "global code of conduct for ethical recruitment" must be regarded as rather unrealistic at best.

VII. Data to support decision-making (4.6.)

The solutions outlined require transparency in developments in the health professions. The BPtK therefore believes that national statistics should be comparable throughout Europe.

However, one obstacle to achieving this is that the health professions are often classified differently in different Member States. National particularities in terms of competencies and descriptions of health professions should not be concealed behind a primary objective of achieving consistent indicators.

In this context, it is pointed out that Graph 1 does not reflect the health professions in Europe correctly as the entire field of outpatient care by members of the healthcare professions outside hospitals is omitted. For Germany, approximately half of all psychotherapists and doctors are not included.

VIII. New technologies (5.)

The BPtK sees opportunities in telemedicine. It is already investigating how "internet therapy" can supplement and support conventional communication methods and structures. As a tool for aftercare and for people who would otherwise not seek help at all it offers a means of improving the care of people with mental disorders. But despite being less tied to a specific place or time, electronic interaction will never replace natural face-to-face communication.

Furthermore, data protection must have top priority when using telemedicine. The treatment of mental illnesses requires a high level of mutual trust. It must be possible for the patient to be absolutely sure that no personal information will be passed to third parties. This mutual trust should not be damaged by efforts to reduce costs and increase efficiency.

IX. The role of health professional entrepreneurs in the workforce (6.)

Against the background of increasing institutionalisation and centralisation of care, particularly in the treatment of the mentally ill, the BPtK sees a need to ensure that the personal treatment relationship takes place in a protected space. An established basic condition is that psychotherapists operate as independent professionals.

At the same time, there is a need for ethical standards focusing on the common good, which we are increasingly under threat of losing in our society as a result of general deregulation, globalisation and the emphasis on competition but which remain essential for healthcare work.

X. Cohesion policy (7.)

The BPtK supports greater use of the structural funds to train and develop health professionals. For example, they could also be used to tackle the shortage of healthcare in structurally weak regions as a means of establishing and supporting training in those regions where trained health professionals are most urgently needed.

This request is based on the observation that health professionals generally settle where they obtain their qualifications. Cohesion policy may offer a framework for supporting model projects which deal with the questions raised.