

German Association of Psychotherapists
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GREEN PAPER
of the Commission of the European Communities
on the European Workforce for Health
COM(2008) 725/3

Comments
of the German Association of Psychotherapists (DPtV)
<http://www.deutschepsychotherapeutenvereinigung.de>

of 8 April 2009

Introduction

The European Parliament and the European Commission have in recent years published comprehensive positions on the mental health of the people of Europe, including the Green Paper "Improving the mental health of the population", the "European Pact for Mental Health and Well-being" and the Report on Mental Health. This focus by the EU has prompted the DPtV, as the largest professional association of established psychotherapists in Germany, to comment on various issues raised in the Green Paper on the Workforce for Health and to present its views on improving care in the area of psychotherapy.

The German Association of Psychotherapists (DPtV) warmly welcomes the Commission's initiative to focus on the EU-wide impact of demographic change for the health professions and to discuss areas in which further measures can be taken.

The DPtV agrees with the Commission that mental and psychosomatic illnesses have become the most important challenge facing European health care, as demonstrated by the high prevalence of mental illnesses found in all national and international surveys, and the fact that mental illness has become the main cause of incapacity for work and early retirement throughout Europe. In addition to its social and economic impact, mental illness leads to great suffering for both those directly affected and their friends and family. It is a direct cause of mortality because of high suicide rates, and a secondary cause of morbidity and mortality as a co-morbidity factor in physical illnesses.

Promoting mental health in Europe is vital from an economic point of view too, so as to achieve the goals of the Lisbon Strategy for Growth and Employment in the EU. Effective treatment for people suffering from mental illness represents a cost saving. In the case of depression, treatment costs account for just a third of the total cost to society. In comparison, the cost of absenteeism and incapacity for work is much higher.

Mental illness is the primary cause of incapacity for work in Germany and thus magnifies to a significant extent the impact of the ageing population on society and social security systems. As certain categories of health professionals are particularly susceptible to mental illness themselves, consequences of mental illness such as burn-out and high suicide rates also have an impact on the health workforce.

Summary

In order to effectively tackle the consequences of the ageing of our societies and therefore the growing demand for staff, training in the healthcare professions must continue to be a popular career choice with school-leavers. It is also important to raise the average retirement age of health workers.

Questions such as how current health professions are to develop in the future, how new health professions are to be created and how these professions will work together in the future to ensure optimum care should also be considered.

The German model of the definition of the profession of psychotherapist is a successful approach in the area of mental illness, also with respect to the equivalent treatment of mental and physical illness in advanced post-industrial societies.

Traditional divisions of tasks and hierarchies between members of academic medical professions and the paramedical occupations taken over from physical medicine often impede progressive developments. In future, team work between members of different professions, as a consequence of changes in the task and activity profiles of healthcare workers in Europe, will have to be structured differently. This aspect should be given greater emphasis.

Graduates in the German psychotherapy profession

In a very forward-looking gesture, the German Government created more than ten years ago the professions of psychological psychotherapist and paediatric psychotherapist (psychotherapists) and thus improved the conditions for the treatment of mentally ill people, by way of the *Psychotherapeutengesetz* (PsychThG – Psychotherapists Act). Both professions require a degree in psychology or, for paediatric psychotherapy, in (socio-) education, plus at least three years' (or five years' part-time) training regulated by a State training and examination ordinance, at the end of which graduates are licensed to practice.

Psychological psychotherapists and paediatric psychotherapists are therefore two healthcare professions for the out-patient treatment of mentally ill people equivalent to that of a medical specialist. Both professions now play a central role in this field of care.

As at 31.12.2007, Germany had around 31 500 practising psychotherapists, of whom 76% were licensed psychological psychotherapists, more than 16% paediatric psychotherapists and 8% had licences for both. More than half had their own practice. Around one in five worked in a hospital, almost one in eight in an advice centre and around one in twenty at a rehabilitation establishment. Psychotherapists also work in socio-psychiatric and psycho-social establishments and day centres for mentally ill and disabled people.

Psychological psychotherapists and paediatric psychotherapists perform by far the lion's share of out-patient psychotherapeutic care under the statutory health insurance schemes: as at 31.12.2007 (data from the *Kassenärztliche Bundesvereinigung* (Federal Association of Sickness Fund Doctors), Berlin, 2008), there were 15 679 psychological psychotherapists and paediatric psychotherapists contracted to practise, compared with just 4 706 doctors exclusively or mainly working in the psychotherapy field.

(Figures given in thousands)

KBV

Struktur der Mitglieder¹ der Kassenärztlichen Vereinigungen zum 31. 12. 2007



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1 einschließlich ermächtigter Ärzte und Psychotherapeuten

Quelle: Bundesarztregister der KBV

German	Translation
Struktur der Mitglieder der kassenärztlichen Vereinigungen (einschliesslich ermächtigte Ärzte und Psychotherapeuten)	Members of the Federal associations of sickness fund doctors (including licensed doctors and psychotherapists)
Mitglieder der 17 kassenärztlichen Vereinigungen	Members of the 17 Federal associations of sickness fund doctors
Ärzte	Doctors
Psychologische Psychotherapeuten	Psychological psychotherapists
Hausärzte	GPs
Fachärzte	Specialists
Psychologische Psychotherapeuten	Psychological psychotherapists
Kinder- und Jugendlichenpsychotherapeuten	Paediatric psychotherapists
Ärztliche Psychotherapeuten	Medical psychotherapists

Source: Federal register of the KBV (Federal Association of Sickness Fund Doctors)

In outpatient care at least, most attentive and time-intensive psychotherapy procedures, methods and techniques are practised by members of this professional group. Medicinal and medical technology-based treatment is carried out by specialist medical psychiatrists.

It would therefore seem to be desirable to take long-term measures to destigmatise the psychotherapeutic health professions so as to place them on the same footing as health professions in the somatic area. The ideological and social underestimation of mental illness compared to physical illness can be guaranteed [sic] by placing greater emphasis on equality, also by ensuring equivalent financing.

Issues raised in the Green Paper

(4.2)

Stepping up screening, prevention and health promotion capacity

Prevention and health promotion are intended to help reduce the need for treatment and care. The Green Paper therefore advocates stepping up investment in public health services, screening, prevention and health promotion. This must be scientifically based and comprehensively and sustainably funded. The EU should also consider the occupational health of health professionals. Stress-related risk factors are well documented for most common illnesses. There is also sound evidence that stress-related complaints of this kind occur, for example, in training and employment relationships.

(4.3.)

Focus on in-service training for health workers

The Green Paper calls for a focus on in-service training for health workers. Only by constantly updating their skills can health workers keep up with scientific progress, changing morbidity and transformations in healthcare structures. In Germany, psychotherapists are obliged under employment and social law to undertake continual, certified and monitored in-service training so as to maintain and further develop their skills acquired as a result of the high standard of training.

(5.)

Measures to promote the use of new information technologies

There are already examples of how "Internet therapy" can complement and support face-to-face psychotherapy appointments and structures, in particular in the field of standardisable techniques. As an option for after-care and for people who would otherwise not seek help at all, it is a way of improving care for people with psychological disorders which is not limited by geography. Yet, despite greater flexibility in terms of time and location, electronic interaction will never be able to replace natural face-to-face consultation. Moreover, the use of distance medicine is conditional on the highest standards of data protection, and confidentiality must never be compromised for the sake of cutting costs or increasing efficiency. In particular, great attention must be paid to access rights to server resources because of the specific protection needs of confidential psychiatric data and findings.

6)

Promoting entrepreneurship in healthcare, in order to improve provision planning and create new jobs

In the view of the DPtV, increasing healthcare institutionalisation and centralisation in most Member States and experience with totalitarian forms of State in the treatment of mentally ill people in particular mean that it is vital to maintain the personal and confidential treatment relationship in a specially protected area. One tried and tested precondition for this is the self-employment of psychotherapists. However, over recent years, this has been placed in jeopardy by an accelerating move towards concentration and, in particular, the politically motivated dismantling of self-employment in favour of employment in large-scale treatment facilities founded by capital-rich companies. The principles posited by the EU in the Small Business Act and its SME policy are thereby being placed at risk in the German health system.

The health system and the health professionals working in it also need ethical standards geared to the common good, which, in the light of current social developments in the wake of general deregulation

resulting from globalisation and orientation of competition, look increasingly likely to be lost. They are, however, fundamental to activities in healthcare in particular.

7)

Greater use of the Structural Funds for infrastructure to improve working conditions

Greater use of the Structural Funds for the initial and in-service training of health specialists should be planned. Such training should be developed and supported in those regions where trained specialists are most urgently needed. In this way, lack of health provision in less developed and structurally weak regions could be alleviated.

This requirement is based on the observation that psychotherapy professionals in particular tend to settle where they studied and started a family. Most of them study in cities, metropolitan areas and university towns which are already well provided for. In conjunction with an increasing feminisation of the healthcare professions, this often leads to shortfalls in certain areas. The Cohesion Policy may offer a framework for promoting model projects tackling the issues raised and offering solutions.

Dr Hans Nadolny (Deputy Federal Chairman of the DPtV)

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