Psychodynamic therapy can be adapted to and implemented in non-western cultures – a comment on the WHO treatment guideline for mental disorders

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Summary

The WHO recently updated the guidelines for treating mental health conditions in low- and middle-income countries, emphasizing evidence-based manual-guided psychotherapeutic treatments. As a limitation, these recommendations predominantly endorse cognitive-behavior therapy for both adults and young people. In a comment, we emphasized that the WHO overlooked the significant evidence supporting other therapeutic approaches, including but not limited to psychodynamic therapy. The WHO responded to our comment in a reply by Carswell and colleagues. However, several statements made by the authors are debatable. In this short communication, we critically address these statements, showing that they are not tenable. As a conclusion we emphasize that it is necessary to embrace a broader array of empirical supported therapeutic methods to elevate the overall quality and efficacy of global mental health care. High-quality psychotherapy research in low- and middle-income countries is required, focusing not only on the narrow area of symptoms, but transdiagnostically on general psychopathology and psychosocial functioning, which are areas addressed in psychodynamic therapy.

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Keywords

WHO – guidelines for mental disorders – low and middle income countries

Zusammenfassung

Die psychodynamische Therapie kann an nicht-westliche Kulturen angepasst und dort umgesetzt werden – ein Kommentar zur WHO-Behandlungsrichtlinie für psychische Störungen

Die WHO hat kürzlich die Richtlinien für die Behandlung psychischer Störungen in Ländern mit niedrigem und mittlerem Einkommen aktualisiert. Als eine Limitation wird hier überwiegend kognitiv-behaviorale Therapie empfohlen, sowohl für Erwachsene als auch für junge Menschen. In einem Kommentar zu diesen Richtlinien haben wir betont, dass die WHO die bedeutsam Evidenz ignoriert, die für andere psychotherapeutische Ansätze vorliegt, einschließlich aber nicht beschränkt auf die psychodynamische Therapie. Die WHO antwortete auf unseren Kommentar mit einer Erwiderung von Carswelll und Kollegen. Allerdings sind einige Äußerungen der Autoren aus unserer Sicht fragwürdig. In dieser short-communication gehen wir kritisch auf diese Äußerungen ein und zeigen, dass sie nicht haltbar sind. Als Schlussfolgerung betonen wir, dass es notwendig ist, einen breiteren Bereich von empirisch gestützten psychotherapeutischen Methoden vorzuhalten, um die allgemeine Qualität und

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Wirksamkeit der globalen Gesundheitsvorsorge im mentalen Bereich zu verbessern. Psychotherapieforschung von hoher Qualität in Ländern mit niedrigem und mittleren Einkommen ist hierzu erforderlich, die allerdings nicht nur auf den engen Bereich der Symptome fokussiert, sondern transdiagnostisch auf den allgemeinen Bereich der Psychopathologie und auf das psychosoziale Funktionieren, also Bereiche, die vorzugsweise von der psychodynamischen Therapie adressiert werden.

Schlagwörter

WHO – Richtlinien für die Behandlung psychischer Störungen – Länder mit niedrigem und mittlerem Einkommen

The WHO recently issued updated guidelines for treating mental health conditions, emphasizing evidence-based manual-guided psychotherapeutic treatments (World Health Organization, 2024). In a comment, we expressed our concerns that the recommendations predominantly endorse behavior therapy (BT) and cognitive-behavior therapy (CBT), for both adults and young people (Leichsenring et al., 2024). However, evidence shows that BT and CBT cannot be viewed as the sole solutions for mental health care. The response rates, for example, of CBT in depressive and anxiety disorders including obsessive-compulsive and post-traumatic stress disorder range between 34 % and 44 % (Cuijpers et al., 2024), with remission rates being even lower. These data underscore that no single psychotherapeutic approach can currently be regarded as the definitive solution for all patients (Leichsenring et al., 2024). A significant number of patients who do not respond to BT or CBT may benefit from alternative evidence-based psychotherapeutic approaches and vice versa. In clinical medicine, no one would recommend a drug with a response rate of 30-40 % as the only treatment for all patients if other drugs with comparable efficacy are available.

As emphasized by us, the WHO overlooks the significant evidence supporting other therapeutic approaches, including but not limited to psychodynamic therapy, except for a brief acknowledgment of its use in treating depression. Recent high-quality research reviews (Leichsenring et al., 2023) have demonstrated that manual-guided psychodynamic therapy meets the updated American Psychological Association's (APA) Society of Clinical Psychology criteria for empirically supported treatments (Tolin et al., 2015), based on several comprehensive meta-analyses (Leichsenring et al., 2023). This endorsement covers the psychodynamic treatment of depressive, anxiety, somatoform, and personality disorders, with clinically meaningful effect sizes over controls and no meaningful differences in efficacy compared to other evidence-based treatments and confidence intervals comparable to, for example, CBT (Leichsenring et al., 2023). The quality (certainty) of evidence was compa-

rable to that on which the WHO based their recommendations, for example, for depressive disorders, anxiety disorders, or self-harm and suicide (World Health Organization, 2023). In line with APA's criteria for evidence-based treatments, this substantial body of evidence was shown to warrant a "strong recommendation" of psychodynamic therapy in the conditions listed above (Leichsenring et al., 2023). Further evidence for psychodynamic therapy exists for the treatment of many other mental conditions (Leichsenring et al., 2024), including somatoform disorders (Abbass et al., 2021; Leichsenring et al., 2015; Lilliengren, 2023), eating disorders (Leichsenring et al., 2015), post-traumatic stress disorder (Leichsenring et al., 2015), substance-related disorders (opiate addiction) (Leichsenring et al., 2015; Lilliengren, 2023), and the treatment of children and adolescents with depression (Midgley et al., 2021), as demonstrated by the inclusion of psychodynamic psychotherapy in UK guidelines on childhood depression developed by the National Institute for Health and Care Excellence (NICE). Furthermore there is evidence that psychodynamic therapy is efficacious in patients unresponsive to other treatments, including those suffering from treatment-resistant or chronic somatoform disorders (Creed et al., 2003; Guthrie et al., 1991, 1993, 1998; Hamilton et al., 2000) or treatment-resistant chronic depression (Abbass et al., 2024; Fonagy et al., 2015; Heshmati et al., 2023; Town et al., 2017, 2020), as well as for reducing suicide attempts and self-harm in both adults and adolescents (Briggs et al., 2019). For suicide attempts and self-harm in both adults and adolescent, however, the WHO recommended only digital stand-alone methods based on CBT, dialectical behavior therapy, problem-solving therapy and mindfulness, with only a conditional recommendation based on low certainty of evidence (World Health Organization, 2024).

With regard to treatment implementation, we noted there is evidence that psychodynamic therapies are adaptable and can be effectively taught to new practitioners from diverse theoretical and professional backgrounds (Leichsenring et al., 2015, 2024). Substantial evidence points to the broad applicability and efficacy of psychodynamic methods (Leichsenring et al., 2015, 2023). Their benefits outweigh the costs and harms (Leichsenring et al., 2023). In addition, psychodynamic therapies can be delivered in guided and online formats, digitally supported, making them accessible and distributable on a wide scale (Leichsenring et al., 2015; Lilliengren, 2023).

Carswell and colleagues recently responded to our comment on the WHO guideline for psychotherapy (Carswell et al., 2024). They agree that CBT is not the only evidence-based psychotherapeutic approach and indicate that embracing a broader array of empirically-supported psychotherapies will be considered during future guideline updates.

However, several statements by the authors are debatable. Carswell et al. emphasized that lower-intensity psychotherapeutic interventions are urgently needed in

low- and middle-income countries (LMICs), including interventions that are brief and can be delivered by non-specialists or through guided self-help (Carswell et al., 2024). We agree, but such interventions are available for non-CBT approaches such as psychodynamic therapy (Leichsenring et al., 2024). Furthermore, Carswell et al. emphasized the rigorous WHO guideline methodology they applied (Carswell et al., 2024). In spite of this, the WHO expert group missed substantial evidence for non-CBT approaches such as psychodynamic therapy (Leichsenring et al., 2024; Lilliengren, 2017). Furthermore, this expert group did not encompass proponents of other approaches such as psychodynamic therapy or interpersonal therapy to ensure a balanced review. Carswell et al suggested that LMIC psychotherapy research has predominantly focused on CBT due to the relative ease with which non-specialists can be trained in CBT (Carswell et al., 2024). However, there is no evidence that non-specialists can be trained more easily in CBT than in other approaches. Evidence shows that psychodynamic therapy, for example, is adaptable and can be effectively taught to new practitioners from diverse theoretical and professional backgrounds (Bateman & Fonagy, 2009; Rocco et al., 2014). There are more than 50 RCTs of psychodynamic therapy from LMICs including Iran, Brazil, Mexico, Chile, Cambodia, Indonesia and China addressing a broad range of mental disorders and conditions, demonstrating that psychodynamic therapy can be adapted to and implemented in non-Western cultures (Lilliengren, 2017). Carswell et al. further argue that the prominence of CBT recommendations in the WHO guideline is due to the fact that more evidence is available for CBT than for other approaches. However, more studies do not necessarily imply higher efficacy of a treatment or certainty of evidence. CBT has not been proven to be more efficacious or to show better study quality than other approaches (Gerber et al., 2011; Leichsenring et al., 2024; Leichsenring et al., 2023; Thoma et al., 2012). The quality of CBT studies in LMICs quality needs to be assessed for both CBT and psychodynamic therapy.

For these reasons, we advocate for the incorporation of psychodynamic therapies among other evidence-based psychotherapeutic approaches by the WHO as well as for the involvement of experts in the WHO guideline development group with current knowledge on the outcomes of other approaches than CBT such as psychodynamic or interpersonal therapy. This procedure may help to improve transparency and to avoid biased recommendations. Our proposal is consistent with recommendations for advancing guideline development in health care. Although there is evidence that reporting quality of WHO guidelines has generally improved over the years, it can be further improved in a number of areas (Wang et al., 2020).

By embracing a broader array of empirically supported therapeutic methods, the goal is to elevate the overall quality and efficacy of global mental health care. More high-quality psychotherapy research in LMICs is required, focusing not only on

narrow symptoms but transdiagnostically on general psychopathology and psychosocial functioning, areas typically addressed in psychodynamic therapy.

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