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TREATING AND CARING - BUT HOW?

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THE SITUATION IN PSYCHIATRIC TREATMENT DEVELOPMENT

Research on the efficacy and effectiveness of psychiatric treatments, especially for major depression, is abundant and continues, although significant breakthroughs are not expected soon. Known treatment options are psychotherapeutic interventions, pharmacological treatments and some other biological treatments like ECT, TMS or bright light treatment. In many cases, combinations of different treatment options are particularly effective (1).

In this edition of PF, two articles comment on the history and status of the two most common treatment options and emphasize the importance of scientific research and evidence when evaluating their role in our service system (2,3). In the case of depression, research supports the use of these interventions at least for moderate and severe depression and simultaneous use is recommended, if applicable and appropriate (1). Successful treatment requires qualified diagnostics and individual planning and management. A wide variety of external factors moderate patients' clinical states, and recovery rates vary substantially at individual level.

In his review, Isometsä emphasizes the proven efficacy and cost-effectiveness of pharmacological treatments, in response to criticism against treating people's assumed psychological problems chemically. He points out the proven benefits of psychotropic drugs but highlights the need for improving the quality of treatments, in terms of follow-up, monitoring and combining a pharmacological and psychosocial approach (2).

In his historical review, Lindfors shows a remarkable shift in psychotherapeutic paradigms and provision practices during the last decades, from a dominantly psychoanalytic approach towards more cognitive-oriented and shorter

psychotherapies. Increased general demand for psychosocial treatments and a diversified, wider variety of different psychotherapies has most likely involved growth of the psychotherapy market. However, the management of these psychotherapies as part of psychiatric treatment has not been systematic, but so far rather random and uncontrolled (3).

Critical meta-analyses and reviews have confirmed the independent efficacy of different treatments, which are then included in practice guidelines for the treatment and management of psychiatric disorders worldwide. Partly due to methodological reasons, the effect sizes of individual treatment methods at group level tend to be at most moderate, which emphasizes the role of managing, combining, tailoring and supporting the continuity of available interventions.

IT'S NOT WHAT TO GIVE, BUT HOW?

While no major new treatment options seem to be in sight, our focus should be on the provision of treatment in a timely manner, and in a patient-centred, acceptable way. Therefore, the functioning and flexibility of our mental health service system is the core challenge in responding to the growing needs or demands of people. As pointed out in the current National Mental Health Strategy 2030, mental health services should be seen as a complex, interconnected network of operators, instead of the traditional setting of just separate primary and specialized healthcare. However, these still do carry the responsibility of the medical side of mental suffering: diagnosing and planning the treatments as such (4).

A contemporary approach is to see health and other care systems as an ecosystem, in which several levels of operators are interconnected, usually via electronic platforms.

Within such platforms public healthcare organizations, housing support and non-governmental organizations' services are connected and are able to collaborate in real-time. Consequently, risks for treatment discontinuation can be controlled, and several levels of support integrated, as well as being able to have system outcomes measured. In the big picture, values, beliefs, politics and sciences are also parts of health and care ecosystems.

A medicine can be helpful only when it is taken, is a simplified saying and a parable illustrating the fact that for treatments to be effective, they must be targeted and provided to those in need. We do not suffer from a lack of available treatments, but rather their delivery. Our service system happens to be in a difficult transitional state, where it seems to be incapable of managing resources and developing processes, which was the original idea of the social and healthcare

reform. Particularly in the current service development crisis, our main concern should be how to lead, manage, fund and arrange the services in which our reasonably effective treatments are delivered. At the same time, we should maintain the motivation of the professionals with attractive enough working conditions. Developing this kind of an ecosystem in a goal-oriented way, would be caring in all its forms, levels and meanings.

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References

1. <https://www.kaypahoito.fi/hoi50023>
2. Isometsä E. More attention to quality of pharmacotherapy in psychiatry (editorial). *Psychiatria Fennica* 2024.
3. Lindfors O. Psychotherapy and psychotherapists in Finland from 1980's to 2020's – reflections on changes as seen by a psychoanalytic practitioner-researcher (editorial). *Psychiatria Fennica* 2024.
4. Kansallinen mielenterveysstrategia ja itsemurhien ehkäisyohjelma vuosille 2020–2030. Sosiaali- ja terveysministeriön julkaisuja 2020:6.