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Psychotherapists

Need, demand, supply – Measures for need-based distribution

- Psychotherapists' practices in Germany are not distributed based on need: Half of all therapists practice in large cities, where only a quarter of the population lives
- The needs planning currently in place massively underestimates the psychotherapy needs of the elderly
- Age, gender, education level and employment status are important factors in the incidence of psychological disorders and should, in the future, be considered in the needs-planning process
- A uniform nationwide ratio, combined with a prevalence-adjusted needs index, produces a demand-based and regionally balanced distribution of psychotherapist locations

Healthcare Fact Check | BertelsmannStiftung

Author

Dr. Stefan Etgeton
Senior Expert
stefan.etgeton@
bertelsmann-stiftung.de

In comparison with many neighboring countries, psychotherapeutic supply in Germany is good. For example, psychotherapeutic offerings in Austria and the United Kingdom are generally concentrated within the large cities. In Germany, however, at least half the country's practices are not located in major cities. While psychotherapy in this country is a service covered by the statutory health-insurance system, patients in many European countries must pay for their therapy out of their own pocket. However, waiting times to begin therapy treatment are also a problem in Germany. According to information provided by the psychotherapists' professional associations, patients receive an appointment for an initial intake interview only after an average of three months. In more than 30 percent of cases, the waits are even longer. A further shortcoming: Half of the country's psychotherapists practice in large cities, where only a quarter of the population lives.

In order to address this situation, lawmakers in 2015 tasked the Federal Joint Committee (G-BA) as a part of the Act to Strengthen Healthcare Provision (VSG) to revise the existing needs planning. A needs-based provision of services was to have been made possible by 1 January 2017 – particularly in relation to psychotherapeutic care. Lawmakers assigned the G-BA concrete tasks in this regard. Taking account of the opportunity to engage in small-scale planning, it was to review the physician-population ratios in use, while additionally considering demographic developments as well as morbidity and social structures. Implementation of this assignment remains pending.

In the "Fact Check: Psychotherapists" study commissioned jointly by the Bertelsmann Stiftung and the German Federal Chamber of Psychotherapists (BPtK), the IGES Institute examined how the various measures affect the regional distribution of psychotherapeutic practices. In addition, the study explored which indicators are relevant for a needs-based provision of psychotherapeutic services. Prof. Dr. Frank Jacobi (Psychologische

Needs planning and its critics

When the Act on Psychotherapists came into force on 1 January 1999, psychotherapists could, for the first time request admission to the statutory physician-supply system. They were thus included in the outpatient needs planning. As a foundation for needs planning, all psychological psychotherapists, as well as child and youth psychotherapists, who had been legally admitted to the system by 31 August 1999 were recorded. However, not all psychotherapists who were active before the Act on Psychotherapists took effect were able to be legally admitted to the system within a half year. By the 31 August 1999 deadline, more than 5,000 applications for admittance were still undergoing approval. Thus, in the BPtK's estimation, the baseline for the needs planning, intended to be based on the outpatient psychotherapeutic care situation in place before the introduction of the Act on Psychotherapists, did not adequately reflect the genuine conditions.

The psychotherapists' association also notes that the ratio of psychotherapists per 100,000 residents used as a basis for the needs planning was calculated using cross-Germany figures, and not, as for other medical-specialist groups, only on the basis of conditions in West Germany. However, in the East German federal states, outpatient psychotherapeutic care was still being expanded in 1999, and thus was not necessarily suitable as a benchmark for further planning. In this too, the BPtK sees a structural distortion in the needs planning for psychotherapists.

Urban-rural distribution of psychotherapeutic practices

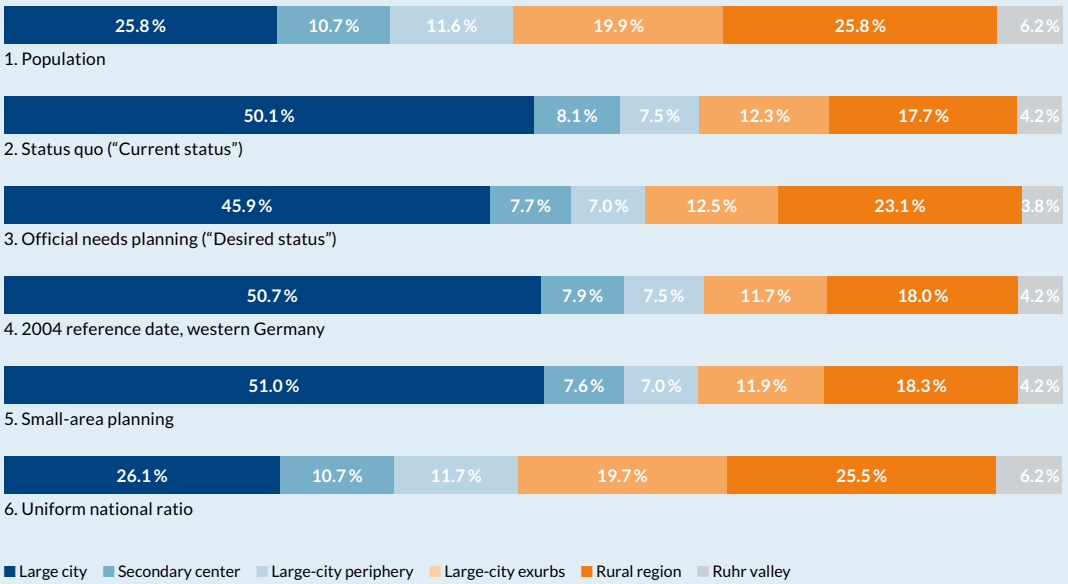

Figure 1 | Source: IGES on the basis of needs planning, Fact Check: Psychotherapists 2016

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Hochschule Berlin) also evaluated epidemiological data from the Robert Koch Institute (RKI) health-care survey. The regional distribution of psychological disorders provided him with reference points for a needs-based planning of psychotherapeutic practices.

Needs-planning instruments

The study reviewed the effects of modifications to the existing needs planning. It examined the following proposals, which various actors have introduced into the discussion:

1. BPtK: Shift of the needs-planning reference date to 31 December 2004, in conjunction with limiting the baseline for computing the total needs-based number of psychotherapists to West Germany.
2. Legislators: Small-area needs planning (at the municipal rather than district level).
3. Bertelsmann Stiftung: Introduction of a unified national physician-per-population ratio (instead of regional-type-specific ratios).

If the first proposal were to be implemented, nearly 6,000 more psychotherapeutic practices could be planned for than is the case in the current needs planning. As a result, the number of oversupplied districts with a current coverage rate of 140 % or more would decline and the total oversupply of practices would drop from around 4,400 to 1,200 practices. However, this measure would change nothing with regard to the regionally imbalanced distribution of psychotherapeutic practices. On the contrary: Compared with the current needs planning, it would concentrate still more psychotherapists in the large cities (see Figure 1, line 4).

The same is true of small-area needs planning to be reviewed under the terms of the VSG. Currently, psychotherapeutic practices are planned at the district level. If planning for psychotherapists were conducted at the municipal level – as is the case for general practitioners –this would change nothing with regard to the regionally unequal distribution (see Figure 1, line 5). This is largely because in the current needs planning for medical specialists by region type (such as large city or rural area), different ratios are used; thus a psychotherapist in a rural area is responsible for twice as many residents (5,953) as is a counterpart in a large city (3,079). Only the introduction of a national uniform ratio would lead to a regionally balanced distribution of psychotherapeutic practices (see Figure 1, line 6).

Factors in prevalence differences

However, would an equal regional distribution meet the population's psychotherapeutic-care needs? In order to consider this question, the study evaluates data from the RKI's Healthcare Survey (DEGS1-MH).

The goal of the research was to identify the socio-demographic population-statistical indicators that showed significant correlation with the distribution of psychological disorders (prevalence). The demographic factors of age and gender, as well as the socioeconomic factors of education and employment status, proved to be relevant predictors for the prevalence of psychological disorders.

Demographic factors: Age and gender

The prevalence of psychological disorders declines with age: Among people 65 years old or more, the incidence of this type of diagnosis – excepting cognitive impairment and multi-morbidities – is around one-third lower than among the under-65 population. It even falls to one-half lower when compared only with the group of 18- to 34-year-olds (see Figure 2). The following contributors are discussed as possible causes for the lower prevalence among older people:

- The elimination of some psychological pressures in old age (such as professional commitments)
- The increase in equanimity and "wisdom" in connection with the adversities of life
- The shift of focus to bodily illnesses and multimorbidity

However, the epidemiological prevalence in old age is significantly higher than the actual utilization of psychotherapeutic offerings would suggest. For example, the data used for the calculations underlying the demographic factor of the official needs planning shows demand among the 65-and-up population as being seven times lower than that of the youngest age group. Thus, if the official needs planning infers demand from utilization, this appears to be at least questionable from the perspective of the epidemiological findings.

In addition, the RKI data confirm the already-known prevalence differences between men and women: The risk of mental illness is nearly twice as high for women as for men (see Figure 2).

Socioeconomic factors: Education and employment status

With regard to education, the lack of a secondary-level degree appears as a statistically significant risk factor in connection with the prevalence of psychological disorders (see Figure 2). However, only a comparatively few people lacking secondary-level degrees were represented in the sample (2.4 percent of the overall sample, N=67); thus, this finding should be interpreted carefully.

What explains the fact that a higher-level education degree is associated with a lower risk of illness? Potential reasons discussed include the possibility that a higher level of education is

Example: Women's risk of suffering from a mental disorder is 1.8 times higher than a baseline, here provided by men's risk.
Figure 2 | Source: IGES on the basis of DEGS1-MH and INKAR data

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2.6
times higher: Unemployed people's risk of suffering from mental illness, as compared to employed people

25.8 %
of people live in large cities

50.1 %
of psychotherapists practice in large cities

associated with more favorable health-related behaviors, or a greater ability to organize medical help for oneself independently.

In addition to education, employment status represents a relevant risk factor for psychological disorders. Unemployed individuals' risk of illness is more than two and a half times that of employed people (see Figure 2). This corresponds with the findings of many (in some cases longitudinal) studies in this area. Hospitals' routine data also show about twice the number of psychological diagnoses among unemployed people as among insured people in employment. Typical explanations point to the lack of (daily) structure and social or interpersonal contacts (including positive feedback), as well as the lack of a sense of purpose and material security.

The new needs index

Using the statistical prevalence analysis as a basis, while additionally transferring the identified relationships to districts and urban districts, the Fact Check developed a modified needs index. This considers – with appropriate weighting – all relevant factors: age, gender, education and employment status, as well as influences associated with region type (such as large city or rural area). However, in contrast to the index used in the Fact Check: Physician Density (2012 and 2015), only those factors relevant to the psychological diagnoses, with the appropriate statistical weightings, are included.

This prevalence-adjusted needs index enables us to examine the regional prevalence distribution more precisely. The appearance of psychological disorders shows regionally varying characteristics (see Figure 3). The share of those who suffer from a mental disorder ranges depending on district from 23.4 percent to 31.8 percent.

The spectrum of regional prevalence variances, measured relative to the national average, extends from -14.9 percent (low demand) to +15.6 percent (excess demand). The regional comparison based on the prevalence-adjusted index captures variations in need more precisely, and shows a

Average estimated prevalence of psychological disorders
Planning district, class division by prevalence-distribution quintiles

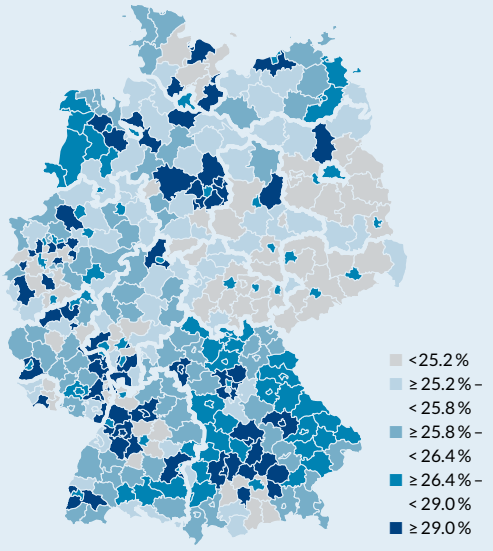

Figure 3 | Source: IGES on the basis of DEGS1-MH and INKAR data, Fact Check: Psychotherapists 2016

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www.faktencheck-ärztedichte.de, www.faktencheck-psychotherapeuten.de (in German)
Find more information, interactive maps, and the downloadable studies on our websites.

Distribution of relative need differences (share of districts)

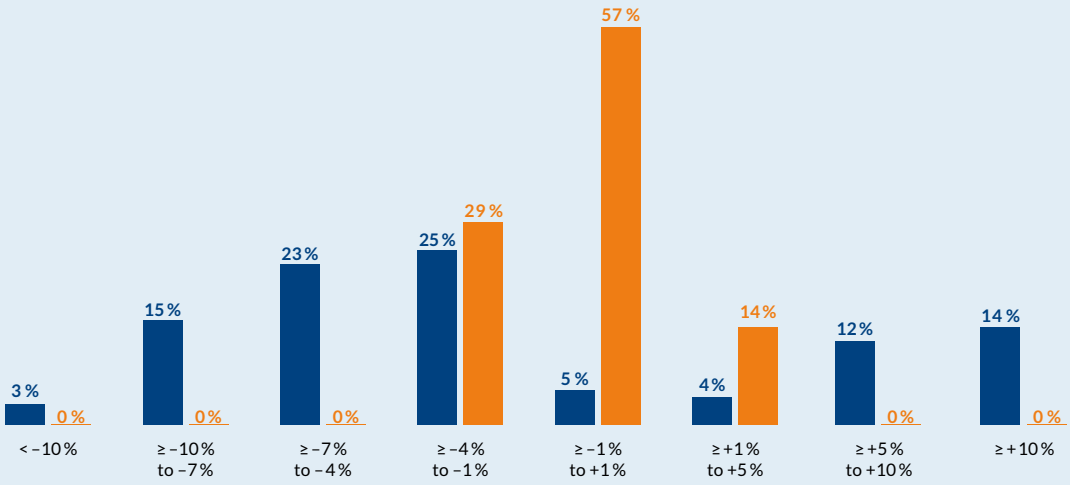

Figure 4 | Source: Fact Check: Psychotherapists 2016

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stronger dispersion than does the general needs index (see Figure 4). From this we can conclude that the prevalence-adjusted needs index more precisely depicts the data-derived variation in needs. However, this will always be an approximation.

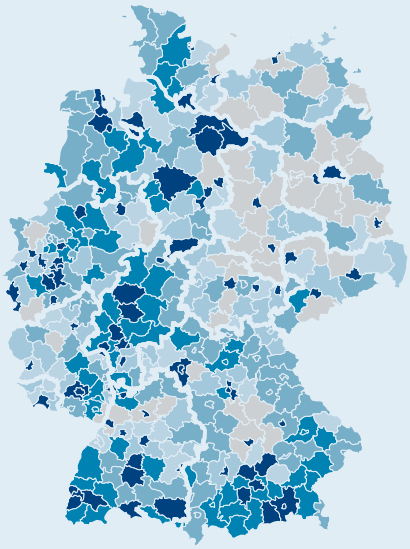
Prevalence-adjusted needs planning

On the basis of the regional prevalence distribution, the study finally examines how the application of the needs index along with a uniform national physician-to-population ratio would affect the planning of psychotherapeutic practices. Using the total "desired status" figures contained in the current needs planning as a basis, a uniform ratio of 5,419 residents per psychotherapist (based on a coverage rate of 100 percent) is produced. If this uniform ratio were used as a baseline, and if the regional needs variances derived from the prevalence-adjusted needs index for mental illnesses were considered, a comprehensive redistribution of planned practices from the large cities to the urban fringes and the rural regions would follow. The result would be a more equitable distribution of planned practices across the various types of districts. In contrast to the current supply (see Figure 5, left) or the current needs-planning document (see Figure 5, middle), the remaining differences in provision density would be much less, and would be based exclusively on regional prevalence variations (see Figure 5, right).

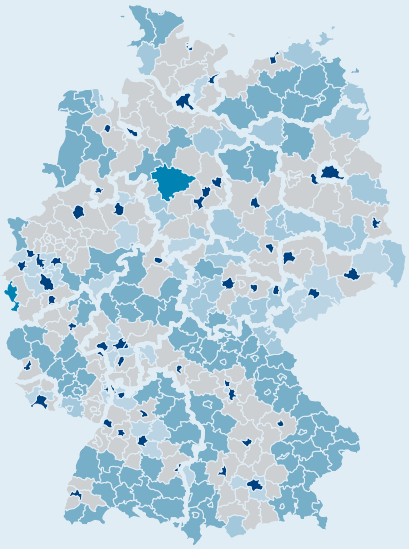
Similar relationships appear when using the BPtK proposal as a basis for an alternative total desired status (see above). This baseline produces a lower uniform ratio of 3,988 residents per psychotherapist, and thus a higher overall density of supply. However, the strong concentration of psychotherapists in the large cities is preserved – as already shown above – insofar as the regional-type-specific ratios are retained (see Figure 6, middle). Only using a national uniform ratio as a basis eliminates this imbalance. If one additionally considers the needs index for psychological illnesses, the regional prevalence variations (see Figures 5 and 6, each right) become visible – and independently of this, what total "desired status" supply figures are assumed.

Number of psychotherapists per 100,000 residents on the basis of current total figures, 2015 (number of planning districts in parentheses)

Status quo



Official needs planning



Prevalence-adjusted needs index

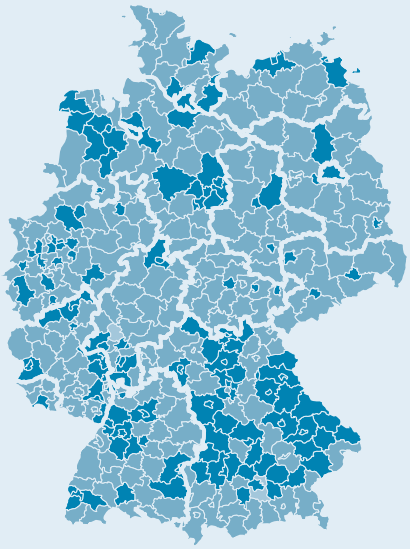


Figure 5 | Source: IGES on the basis of DEGS1-MH and INKAR data, Fact Check: Psychotherapists 2016

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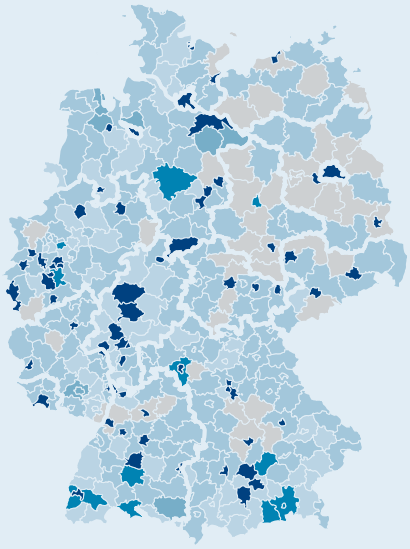
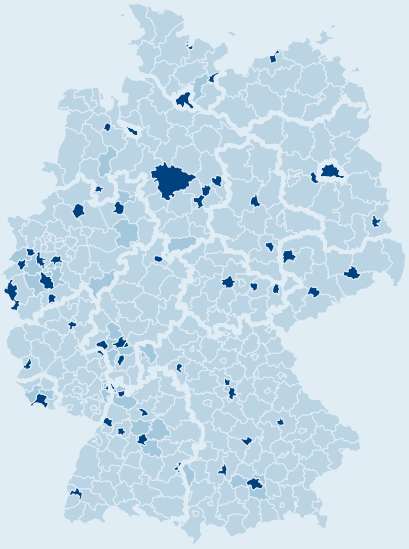
Number of psychotherapists per 100,000 residents on the basis of the alternative total figure, 2015 (number of planning districts in parentheses)

Status quo



Official needs planning



Prevalence-adjusted needs index

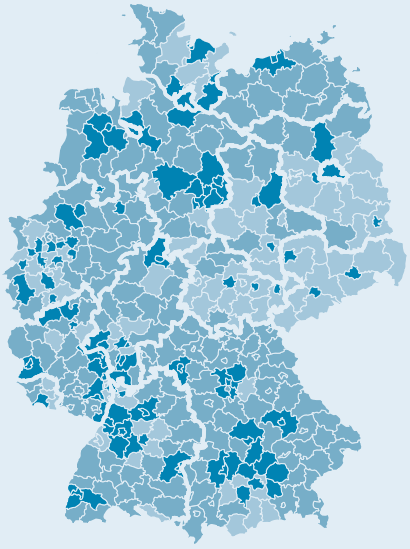


Figure 6 | Source: IGES on the basis of DEGS1-MH and INKAR data, Fact Check: Psychotherapists 2016

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Recommendations for action

Reforming needs planning

The needs-planning process for psychotherapeutic practices is currently under discussion, and is slated for revision by the Joint Self-Administration (Gemeinsame Selbstverwaltung). In addition to the BPtK's specific proposals to modify the basis of calculation, it has been suggested that for certain physician groups – including psychotherapists – specific region-type ratios be eliminated in order to achieve a balanced regional distribution. Our recommendations for the needs-planning reform include the following:

Correct the weighting of the "age" factor

- The weighting of the "age" factor in the needs-planning process should be reviewed on the basis of epidemiological findings. The seven-times-lower level of demand determined on the basis of utilization for the 65-and-over population can be only partially epidemiologically explained, as the prevalence among senior citizens is only one-third lower than among younger people.

Uniform national ratio for psychotherapists

- Because no statistically significant relationship can be demonstrated between regional type and the prevalence of psychological illnesses, specific region-type ratios cannot be justified epidemiologically. Possible care-provision relationships between large cities and their surrounding regions, which are used as the basis for differing ratios, should not simply be assumed en masse, but should rather be demonstrated through studies on accessibility and patient preferences.
- The analogy to other medical-specialty groups can be only conditionally sustained, psychotherapeutic treatment is typically associated with weekly visits to a practice. For the planning of psychotherapists' practices, this suggests the use of a uniform national ratio, from which deviations can be made as necessary.

Use epidemiological and socioeconomic data

- The prevalence-adjusted needs index for psychological illnesses, which takes into account the factors of age, gender, education and employment status, all weighted on the basis of relevance, better depicts the variations in need than do all previous needs-planning instruments. It should thus be used in future needs-planning processes for psychotherapists.
- The use of sociodemographic predictors in determining prevalence differences also opens the possibility of emancipating planning from the status quo, and of forecasting developments on the basis of data that extends beyond demographics. For the first time, supply structures could be genuinely planned in the way the concept of "needs planning" has to date only suggested.

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As part of the program, the project "Healthcare Fact Check" takes a closer look at a specific healthcare topic several times a year. Healthcare Fact Check aims to help limited resources to be used more appropriately and ensure that healthcare services are more closely aligned to the actual needs of patients.

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www.bertelsmann-stiftung.de

Responsible for content:
Uwe Schwenk
Program Director
Improving Healthcare – Informing Patients

Contact:
Sonja Lütke-Bornefeld
sonja.luetke-bornefeld@bertelsmann-stiftung.de
Tel.: + 49 5241 81-81431

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