Why Should Psychotherapy Be Funded in Public Mental Health Services

为什么公共心理健康服务体系应该包括心理治疗

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Abstract 摘要

The psychotherapy as routine part of Public Mental Health Services unevenly has become not yet a routine option in many European societies. The paper describes this diversity. The paper then points to the need of using a scientific definition of psychotherapy and delineates the diversity of options where evidence-based interventions should be part and parcel of professional and publicly funding. Finally the paper reviews aspects of cost-effectiveness of psychotherapy.

心理治疗作为公共心理健康服务体系的常规组成部分尚不均衡，这在很多欧洲国家还未成为一种常规选项。本文旨在描述这一差异，并指出我们需要对心理治疗使用科学的定义，研究选项之间的差异，使得询证干预成为专业公共基金不可或缺的一部分。最后，本文将综述心理治疗的成本收益方面的研究。

Keywords: mental health, public funding, cost-effectiveness

关键词：心理卫生，公共基金，成本收益

The aim of my lecture is to argue that the utility of psychotherapy for all people has been well documented and therefore should be provided as a routine by medical services. Alas, this is not the case everywhere. We are a far cry from being able to state that psychotherapy is available for everybody even in all European countries. I cannot avoid reminding you to Freud´s famous statement from the lecture in Budapest 1918: „ that sometimes the conscience of a society will arise and decide.....(1919a).

我的演讲旨在讨论：对所有人而言，心理治疗的效用已经得到了很好的证明，因此它应该作为医疗服务体系中的常规被提供。哎，（但）不是哪里都是这样的。即使在所

有的欧洲国家，我们（的实际情况）与能够宣称所有人都可以接受心理治疗之间的差距还很悬殊。我不得不引用弗洛伊德 1918 年在布达佩斯的著名声明来提醒你们，他说：“…有时候，这是一个社会的良心产生和决定的……（1919a）”。

The role for psychotherapy, as a subversive profession, in a changing and increasingly ruled bound Europe has been made one of the key topics for quite some time. Rules are made by rulers, by goverments which are increasingly ruled by economic constraints. The rising costs of the health sector are a constant topic in daily news. Recipes for cost containment are manifold most often they imply cutting of services. I want to raise the issue whether we are in a position to argue that psychotherapy can contribute to cost containment in a significant degree. Therefore I shall raise the issue of cost-effectiveness that in my opinion has been neclected(?) not only by the public, but the our profession itself. But let me first highlight what has impressed me most on the many visits in European cities I have been to.
在变化着的、越来越被规则所约束的欧洲，心理治疗作为一个具有颠覆性的职业，其作用在相当长的时间里是被重点讨论的话题。规则是被规则制定者制定的，是被越来越受限于经济约束的政府制定的。健康部门日益增长的成本是每日新闻的固定话题。解决成本控制的方案多种多样，往往意味着削减服务。我想要提出这样一个问题：是否现在我们适合来讨论心理治疗可以在很大程度上有助于成本的控制？由此，我想提出的问题是：成本收益在我的观点里不仅被公众忽略了，也被我们自己的从业者忽略了。首先，请允许我强调，在我访问过的很多欧洲城市中，最让印象深刻的东西。

German popular magazines regularly raise the issue: What can psychotherapy achieve? This is the more surprising as psychotherapy has been included into the public health service since 1967. Based on informal work by many psychoanalysts of the post-war generation and by one major study demonstrating cost-effectiveness of analytic psychotherapy (Dührssen & Jorswieck 1965) the introduction of psychoanalytic and psychodynamic therapy into the operating schema of state-controlled but independent insurance companies fulfilled Freud´s hopes. Everybody who was insured was entitled to get psychotherapy in quite a generous way. More to it later.

德国的大众杂志总是提出这样的问题：心理治疗可以实现什么？让人更惊讶的是，早在 1967 年心理治疗就已经被纳入到公共健康服务体系。基于许多战后一代的心理分析师和非正式的工作，以及一个重要的分析性心理治疗的成本收益研究(Dührssen & Jorswieck 1965)精神分析和心理动力性治疗被引进到国家控股的操作模式中，但独立的保险公司满足了弗洛伊德的愿望。任何一个投保人都有权利以一种很慷慨（宽松）的方式接受心理治疗。之后这样的情况越来越多。

It took me some times to realize that this implementation of psychotherapy in the public health system was unevenly distributed across Europe.
我花了些时间才意识到：在欧洲，心理治疗在公共健康体系中的执行尚不均衡。

In fact even if psychotherapy is available for the educated people in all European societies for private money, it is not so as public health option. To my surprise one finds a gradient of public health provision of psychotherapy from the North to the South somewhat patterned to the distribution of protestant to catholic fractions. The Scandinavian countries, Great Britain, the Netherlands, Germany, Switzerland may loosely looked at countries under the spell of Max Weber´s protestant work ethic. Austria as a predominant catholic country seems to contradict this hypothesis; alas they have a very liberal „protestant“ admission to the profession, but they are quite catholic in the amount of money insurance companies pay for the individual session. But in the other catholic countries like France, Italy, Spain, Greece to my knowledge the public health system does not generously invest in psychotherapy as a public task.
实际上，即便心理治疗被整个欧洲社会的可以私人支付的受教育人群接受，它也不是公众健康的选项。令我惊讶的是，依据从欧洲北部到南部，有些像新教徒到天主教徒的分布模式，心理治疗的公共健康的供给也有一个倾斜的坡度。斯堪的纳维亚国家、英国、荷兰、德国、瑞士也许会宽泛地看作是那些在马克思. 韦伯的新教伦理掌控之下的国家。作为一个主要的天主教国家，奥地利似乎对这个假设很抵触；（虽然）他们有很自由主义的新教徒“（心理治疗的）职业得到了认可，但是他们的保险公司在为单次咨询支付的费用的数量上却是非常“天主教式”的。但是在其他的天主教国家，

像法国、意大利、西班牙、希腊，据我所知公共健康体系并没有大方的在作为一项公共任务的心理治疗上投资。

In the USA psychotherapy had its academic zenith in the sixties slowly reducing degree and intensity when the decade of the brain opened a new biological perspective. Therefore recent trends do show that psychotropic medication has been growing fast especially for young people. At the same time psychotherapy visits increased from 2.25 to 3.17 per 100 population for youths, they decreased from 8.37 to 6.36 for adults (Olfson et al. 2014).
在美国，心理治疗在上世纪 60 年代达到了学术顶峰，而后随着由脑科学打开的全新生物学视角的 10 年，心理治疗的程度和强度慢慢下降了。因此，最近的趋势显示：治疗精神病的药物使用在快速增长，尤其是在年轻人当中。与此同时，心理治疗在青少年中（的应用比例）从 2.25%增长到了 3.17%，在成年人中是从 8.37%下降到了 6.36%。

It is more difficult for me to characterize the former East-European countries under the communist regimes. Although I was well aware that a lively field of mainly group psychotherapy had been established, I always wondered how widespread these options have been operating. At least in East-Germany, the former DDR, low keyed psychotherapy was available in the major cities, but hardly in rural areas. After the great change of the political system one encounters an upsurge of interest in East Europe in manifold forms of psychotherapy without public funding.
对我而言，要描述在共产主义体制下前东欧国家（的情况）更为困难。我很了解那里建立了以团体心理治疗为主的活跃领域，但是我总想知道这些运行的（心理治疗）选项有多普遍。至少在东德，也就是前德意志共和国，在一些主要城市有低质量的心理治疗，但是在乡村地区很少见。在政治体系的重大改变后，没有了公共基金的支持，东欧对多种多样的心理治疗形式兴趣高涨起来。

The countries where islamic cultures dominate seem to be fairly free from typical westernized forms of psychotherapy. Asian countries as far as I know are a far cry from providing Western forms of psychotherapy; yet I do assume that all cultures are providing something that helps people to master crisis (Frank and Frank 1991).

在以伊斯兰文化为主导的国家中，似乎对来自传统的西方化的心理治疗形式不感冒（相当不受其影响）。据我所知，亚洲国家与提供西方的心理治疗形式还相去甚远；即使这样，我也的确很肯定所有的文化都在为帮助人们掌控危机提供着些什么。

Let us return to the situation in the European countries including the US. Why after more than fifty years of formalized psychotherapy research – taking the publication of the first Handbook of Psychotherapy and Behavior Change by Bergin and Garfield in 1971 as its starting point[1] - do we still have to demonstrate that psychotherapy works. Do we first have to demonstrate that it „really“ alters brain mechanisms? Which, by the way, it does (see Roffman et al. 2005; Buchheim et al. 2012).

让我再次回到欧洲的情况，其中也包括美国。以伯金和加菲尔德在 1971 年创办的第一本《心理治疗与行为变化》手册的出版为起点，为什么在超过 50 年的正式的心理治疗研究之后，我们仍然需要去证明心理治疗是有效的呢？那么，我们是不是首先要去证明心理治疗真的能够“改变大脑的机制”？随便说一下，事实也的确如此。

Looking back since its implementation the field of psychotherapy had the object of furious critiques. In the midst of this 20th century the famous British psychologist Eysenck - when the psychoanalytic form of psychotherapy were still dominating - launched a furious attack on all of psychotherapy. He claimed to demonstrate that sponteous recovery from minor mental illness would surpass the effects of the psychoanalytic therapies (1952). Although many discussants contradicted Eysenck´s verdict at that time (for a summary see Bergin 1971) his paper has been one of the most often quoted and still holds a position in most textbook of clinical psychology. One cannot but assume that it struck a chord in the public opinion.

回顾从一开始心理治疗这一领域的启用就成为被激烈批判的对象。在 20 世界中叶，当心理治疗仍以精神分析流派为主导时，著名的英国心理学家艾森克发起了一波向所有心理治疗的猛烈攻击。他宣称证明了在轻微心理疾病中的自愈（效果）会优于精神分析治疗的效果（1952）。虽然有许多讨论者在当时就反驳了艾森克的结论（见伯金

[1] Since then this bible of psychotherapy research marks the position of the field. The sixth edition has recently been published (Lambert 2013).

1971 年的一个总结），他的论文仍然被大量引用，而且现在还在大多数临床心理学的教科书中占有地位。这让我们不得不认为，他（的观点）在公众的选择上引起了共鸣。

McNeilly & Howard (Chicago) in 1991 re-analyzed Eysenck´s data set and compared it to a meta-analytic compiled large sample (more than 2000 patients). They demonstrated that once a week dynamic psychotherapy does work faster than the assumed spontaneous remission!
迈克内利和霍华德（芝加哥）在 1991 年对艾森克的数据集合进行了再分析，并且与之跟一个编译的更大的样本（超过 2000 位病人）的元分析进行比较。他们证明了每周一次的动力性心理治疗的确比假定的自发性缓解起效更快！

With the foundation of the first international Society for Psychotherapy Research (SPR) in 1968 the field had at least reached a kind of academic maturity. Journals and book specially devoted to psychotherapy appeared; national and international congresses took place. But parallel to it psychotherapy developed in a wildly growing fashion. The numbers of diverse forms of psychotherapy reached phantastic dimensions. Year by year new forms of psychotherapy were advocated by a more or less well known guru without providing evidence for its efficacy and effectiveness. As long as this development did not impact on the medical system but remained para-medical one could only raise concerns about customers self-selected fate. However the more these „subverse“ activities intruded the medical system the practice of psychotherapy was bound to become an object of policy makers. Finally the question „What works for whom“ (Roth & Fonagy 2005) is no longer academic:
Concerns regarding the financing of mental health services by goverment and insurance companies have led to increased scrutiny of what sorts of treatment are practiced. To contain spiraling costs of health care, those who pay for treatment are concerned about the effectiveness and efficiency of these services.
1968 年，随着首个心理治疗研究的国际协会的成立，这一领域至少达到了某种程度的学术成熟。针对心理治疗的杂志和书籍出现了；国家级和国际级的大会也举办了。但是同心理治疗的迅速发展并行的是，多元化的治疗形式的数量也达到了不可思议的规模。在没有提供治疗的效力和有效性证据的情况下，新的心理治疗形式逐年被或多或少有名气的“大师”（权威）所提倡。这个发展没有影响到医疗系统，却影响到了辅助医疗的部分：我们只能在消费者的自我选择命运上有所考虑。但是这些破坏性的活

动越多的入侵到医疗系统当中，心理治疗的实践将会成为政策制定者们的目标。最后，这个问题：“（考虑）什么（治疗）对谁合适”（罗斯和福纳吉，2005）不再是一个学术性的（问题）了：政府顾虑心理健康服务的资金状况，而保险公司对实践什么样的治疗方式加强了审查。以及卫生保健螺旋式上升的费用支出，也让那些为治疗买单的人关注这些服务的有效性和效率。

One might be tempted to draw a line between para-medical and medical forms of psychotherapy. Those forms of psychotherapy that are interested to operate inside the medical service system, have to fulfill certain standard, have to fulfull the criteria of a scientifically based psychotherapy**.** How could one define it?
也许有人会想要在辅助医学和医学上的心理治疗之间画一条线。那些在医疗服务体系运行的心理治疗的形式必须要达到一定的标准，必须要满足一个具有科学性的心理治疗的条件。我们怎么来定义它呢？
A Famous German-Austrian Definition runs as follows:
一个著名的德国－奥地利式的定义如下：

"Psychotherapy is a deliberate and planned interactional process to influence behavioral disturbances and states of suffering, that in agreement among patient, therapist and society are looked at as in need for treatment with psychological means mostly verbal, also non-verbal, in direction of a defined, shared goal (like symptom reduction or personality change) for which teachable techniques are available based on a theory of normal and pathological behavior" (Strotzka 1975).

心理治疗是一种为了影响（改变）行为上的失调和（心理）状态上的痛苦，经过深思熟虑的、有计划性的互动过程。在病人、治疗师和社会之中达成共识：其被看作是需要心理学手段的治疗，这些手段大部分是言语的，也有非言语的。在一个特定的方向上，有着共同的目标（比如症状的缓解或者人格层面的改变）。并且有可传授的技术，这些技术是以正常和病理性的行为的理论为基础的。

Using the Strotzka´s definition, the formidable task of psychotherapy besides being based on a widely accepted theory is to influence behavioral disturbances and states of suffering. These objectives mark the weak and strong aspects of psychotherapy:
Weak - because one easily can say, people can overcome these states without the professional help of psychotherapists. Strong - because research has amply demonstrated that with psychotherapy people can overcome these states much quicker (McNeilly and Howard 1991).

Our arguments for establishing psychotherapy in the field of Mental Health may be much strengthened by including not only the traditional mental disorders like anxiety disorder, depressive disorders, schizophrenia, but by taking into account the vast array of co-morbidity in medical disorders.

根据 Sreotzka 的定义，基于一个被广泛接受的理论，心理治疗的艰巨任务是影响行为上的失调和（心理）状态的痛苦。这些目标显示出了心理治疗的不足和优势的部分：不足——因为人们容易说，人们不在专业的心理治疗师的帮助下也可以克服这些状态。优势——因为研究已经充分证明了接受心理治疗的人群可以更快的克服这些状态。也许考虑大量的医学疾病的伴随疾病，而不仅仅是考虑传统的心理障碍（如：焦虑障碍，抑郁障碍，精神分裂），会更加强化我们在心理健康领域中建立心理治疗的论点。

Fava & Sonino (2000) point out that a substantial amount of medical disorders have been shown to be associated with stressful life events in controlled studies:

Fava 和 Sonino 在 2000 年指出，在对照试验的研究中，大量的医学疾病已经显示出与充满压力的生活事件相关：

Asthma / Diabetes / Graves´disease / Hypothalamic amenorrhea / Peptic Ulcer / Inflammatory bowel disease / Functional gastrointestinal disorders / Myocardial infarction / Functional cardiovascular disorders / Autoimmune disease / Cancer / Infectious disease / Psoriasis / Alopecia areata & urticaria / Headache / Cerebrovascular disease

哮喘 / 糖尿病 / 格雷斯夫病 / 下丘脑性闭经 / 消化性溃疡 / 炎症性肠病 / 胃肠道功能紊乱 / 心肌梗塞 / 心血管功能紊乱 / 自体免疫疾病 / 癌症 / 传染病 / 牛皮癣 / 斑秃和寻麻疹 / 头痛 / 脑血管疾病

What is the impact of these findings on our argument for public funding of psychotherapy. Fava and Sonino go on to list the medical conditions in which short-term psychotherapies have been found to be effective in randomized controlled trials:

这些发现对于我们为论证心理治疗的公共基金有什么影响？Fava 和 Sonino 继续例举了在随机对照试验研究中，短程心理治疗被发现对哪些医学疾病有效：慢性疼痛 / 慢性疲劳综合征 / 冠心病 / 高血压 / 糖尿病 / 癌症 / 哮喘 / 癫痫 / 肥胖症 / 消化性溃疡 / 癌症 / 肠道易激综合症 / 炎症性肠病 / 关节炎 / 医疗程序准备

Chronic pain / Chronic fatigue syndrome / Coronary heart disease / Hypertension / Diabetes / Cancer / Asthma / Epilepsy / Obesity / Peptic ulcer / Cancer / Irritable bowel syndrome / Inflammatory bowel disease / Arthritis / Preparation to medical procedures

It may come as a surprise to some of us, but I am sure that many of us have met these patients where psychotherapy as an addendum to somatic therapy has been most helpful. To my knowledge there is one field where the medical service system widely has accepted that additional psychological service represents. This is psycho-oncology (Grulke et al. 2004). For most of the other mentioned somatic conditions the application of psychological intervention seems to be arbitrary depending on local condition in terms of policy shaping people and institutions involved. (Patients usually have no words in such decisions).
也许会令一些人感到惊讶，但我确定我们中的许多人，都曾经遇到过心理治疗作为一种补充对于这些患有躯体疾病的病人是有帮助的。据我所知，医疗服务体系大量的接受附加的心理服务代表着目前这一领域的发展状况。这是心理－肿瘤学（Grulke et al. 2004）
对于大多数其他提到过的躯体疾病，心理干预的运用似乎有些武断，这取决于当地决策者的情况和机构的介入。（病人往往在这些决定中没有话语权。）

So besides the traditional applications for psychotherapy f.e. people that do not like to take psychopharmacological drugs and people that suffer from disturbances that are not likely to be positively influenced by drugs (personality disorders, eating disorders, somatoform disorders etc) it could and should also be offered for people with more severe medical disturbances to ameliorate their psycho-social adaptation. Taking the shrinking medical budgets everywhere the immediate question arises: can we really demonstrate that psychotherapy does not only work in these conditions (would be nice) but is it cost-effective?
那么，除了传统的心理治疗的运用，例如：为了那些不喜欢服用精神类药物的人们，为了那些患有失调症状而药物又不太能对他们有积极作用的人们（人格障碍，饮食障碍，躯体型精神障碍等等）。针对那些患有更严重的医学失调（障碍）的人们，为了改善其心理－社会的适应能力，是可以也应该为他们提供心理治疗的。考虑到医疗预算处处缩减，马上就有这样一个问题出现了：我们可以证明心理治疗不仅在上述情况中奏效（这将很好），而且在其成本收益上也是奏效的吗？

Cost-effectiveness
成本收益

I mentioned earlier that the introduction of psychotherapy as a routine option for any insured patient in the German health system had been tremendously influenced by a large scale study that demonstrated impressive effects of medium range psychoanalytic therapy (2 session for on the average 100 sessions; Dührssen and Jorswieck 1965)) on the working class people´s days off work. Leaving aside our preference for the alleviation of human suffering it should be obvious that the public prefers other less humanistic achievements, the public wants achievements that can be expressed in monetary form.
我之前提到，为任何一个投保的病人提供心理治疗，在德国的健康系统里作为一个常规选项的引进；受到了一个大规模的研究的影响——这个研究证明了在工薪阶层人群的休息日中进行中程精神分析治疗具有相当可观的疗效。（平均 100 节治疗，Dührssen and Jorswieck 1965）撇开我们（治疗师）对于缓解人类痛苦的偏好不谈；很明显，公众倾向于更少人文性的成就，公众想要可以用货币的形式计量出的成就。

Precipitously rising costs of medical activities led to the call for data providing a rational basis to build a health service system that guarantees affordable high quality treatment: "the most pervasive myth within the clinical community is that costs are the business of business and not a clinical concern" (Newmann & Howard 1986). Cost-benefit and cost-effectiveness analysis (CBA/CEA) are rare and usually receive attention merely from the angle of health policy. Therapists perceive all these approaches as a substantial threat to their freedom to practice therapy as they see fit "to do the best possible for their patients"; they are probably right from a micro-perspective focusing on individual patients. However, from the macro-perspective of the clinical institution or the health care system as a whole, their practice may well be sub-optimal.
医疗活动成本的快速增长，使得人们需要数据来提供一个理性基础，以建立健康服务体系，来保证能够负担得起的高质量的治疗。成本效益和成本收益的分析并不常见，而且经常仅仅从卫生政策的角度上获得关注。在临床社群里，最普遍的迷思就是：成本是商业的事，不在临床的考虑中。治疗师们把这些建议理解为对他们实践治疗自由的一种实际的威胁，因为他们认为“以病人的福祉为中心（为病人尽力做到最好）”是最合适的。从一个微观的视角聚焦于个体的病人，他们也许是对的。但是，从作为一个整体的临床机构和医疗保健体统，这样一个宏观的视角，他们的常规做法也许不是最佳的选择。

Not only clinicians are reluctant to take this further step of uncovering myths about psychotherapy. Researchers too are afraid that they may jeopardize what they stand for if they do administratively directed research, particularly because the rationale for political decision-making is not always compatible with the scientific and methodological standards adhered to in empirical research.
不仅是临床工作者们对于进一步去解开关于心理治疗的迷思很犹豫，研究者们也害怕如果他们做了行政的定向研究，可能会有损于他们支持的观点。尤其是因为政治决策的基本原理，并不总是与维护实证研究的科学性和方法论性的标准相兼容。

There is no doubt that all people involved wish for maximally efficient psychotherapy, but clinicians as well as researchers hesitate to put this into monetary terms. This is not at all necessary : the point of interest in CBA/CEA is not just decreasing costs, but discovering how to utilize scarce therapeutic resources to achieve a maximum of returns. An example of the latter would be a study designed to investigate how best to distribute sessions over treatments in order to support the processes of psychic development. In this respect CBA/CEA offers an opportunity to apply and validate theories of psychotherapy, and is complementary to the more familiar areas of psychotherapy research.
毫无疑问，我们所有人都希望有最高效的心理治疗，但是临床工作者和研究者们对于把心理治疗放进货币的形式中有些犹豫。这不是那么必要：因为成本效益和成本收益的分析之兴趣点并不在于降低成本，而是在于发现怎样利用稀有的治疗资源来获得最大的收益。有一个研究支持了后一个观点，这个研究被设计出来，是为了看看支持心理发展过程，怎样最好地分配治疗中的会谈（治疗小节 sessions）。在这方面，成本效益和成本收益的分析为运用和验证心理治疗的理论提供了机会，而且也与那些我们更熟悉的心理治疗研究领域互补。

What are costs, what is benefit? It has proved helpful to distinguish direct and indirect costs:
什么是成本？什么是收益？来区分一下直接的和间接的成本是很有用的。

1. Direct costs: 直接成本
The most obvious costs of treatment obviously are direct costs. Each session has its price which seems easy to determine in outpatient therapy. Calculating the costs for supervision with more experienced colleagues presents some inherent difficulties. In the case of inpatient treatment, one has to decide whether to take the real costs for each patient or to work with an a priori averaged sum.
治疗最明显的成本显然就是直接成本。在门诊病人中每一节会谈的费用似乎是容易确

定的。要计算与更有经验的同事进行督导的成本本身就有些困难。在住院病人的治疗上，我们必须要决定是考虑每一个病人真实的成本，还是与一个先验的平均总量进行工作。

2. Indirect costs: 间接成本
Besides paying the bills of their therapists, patients have to invest time for the treatment which often means time taken from the patient's working hours. During outpatient treatment this may not directly affect the costs; however, patients treated in psychotherapeutic hospitals, as quite often happens in Germany, cause considerable indirect costs to their firms. Furthermore, inpatient treatments (rarely outpatient treatments) also induce costs for the patients' families, even if some of the stresses are hard to quantify in monetary terms. Whether subsequent life events (e.g., divorce, loss of job, etc.) that may have some connections to the treatment should evaluated as costs is an open matter.
除了要向他们的治疗师支付账单，病人们还要为治疗投入时间，这经常意味着要花去他们工作的时间。在门诊病人中，这也许不直接影响到成本。但是，经常发生在德国的情况是：在医院精神科接受治疗的病人们会对他们的公司产生相当高的间接成本。那些也许与治疗有关的随后发生的生活事件（如：离婚，失业等等）是否应该作为成本被衡量则仍是一个开放的问题。

With regard to the benefits of treatments two distinctions are useful:
针对治疗的收益，有两个区分是必要的。

1. Saved costs: 成本节约
The main momentum lies in the reduction of disease-related costs as psychological treatment may be cheaper than somatic treatments, and/or psychological treatment as well reduces other complaints not directly related to the identified disorder. Furthermore the reduction of days off work which was one of the major results of early the German outcome study (Dührssen and Jorswieck 1965) and the further implications on the productivity index are major aspects of saved costs.
主要的势头在于降低与疾病相关的成本，因为心理治疗也许比躯体疾病的治疗便宜；而且／或者，心理治疗也减少了其他不直接与被确诊的疾病相关的痛苦。再者，一个早期的德国研究的主要发现是：休假日减少了；而且，在生产指数上有更深远的影响，这是成本节约的主要部分。

2. Gained benefits: 获得收益
Psychotherapy may lead directly or indirectly to increased work productivity by enhancing creativity, assertiveness or just by more presence on the job; it also may increase the qualities of private life that are even more difficult to include in a financial evaluation procedure. Improvement of quality of life thus escapes the range of CBA, though most therapists would put it into the center of their goals for patients.
心理治疗通过提升创造力、自信心、或者仅仅是更多的出勤，也许直接和间接地提高了工作生产力。再者，即使很难被纳入财务评估的步骤中，心理治疗也可能会提高个

人生活的质量。因此，生活质量的提高逃出了成本收益研究的范畴，虽然治疗师们会把这放在病人们治疗目标的中心。

Thus in CBA/CEA different interests of different groups (patients and their relatives, insurance companies, employers) are to be distinguished, but do not have to be reconciled. One of the most esteemed studies in this field is the "EAP Financial Impact Study" implemented by the well know air technology plant, McDonnell Douglas Corporation (The Almacan 1989). This study was started in 1985 to evaluate the McDonnell Douglas Employee Assistance Program (EAP) by a longitudinal analysis of costs associated with health care claims and absenteeism for a multi-year period before and after EAP-intervention. Included were persons who had undergone treatment under ICD classifications related to psychiatric disorders, substance abuse or alcoholism and their families.

因此，对成本收益和成本效益的分析，不同人群（病人和家属，保险工作，公司雇主）有不同的利益，这需要被区分，但不必被调和。在这一领域中最卓越的一个研究是由一家著名的航空技术公司－道格拉斯公司实施的“EAP(员工心理援助计划)对财务的影响研究”。这项研究始于 1985 年，评估了该公司的员工心理援助计划：该评估是通过对比在员工心理援助计划干预之前和之后，与医疗保健索赔有关以及多年中的旷工有关的一个长期的成本分析得到的。参与的员工包括那些在国际疾病分类中（如精神类疾病，药物滥用，酗酒）被诊断而接受治疗的人们以及他们的家庭。

"We did not try to measure the financial impact of factors which cannot be objectively and concretely measured. 'Soft-dollar' items such as productivity, job-performance level, replacement labor costs and other subjective data were ignored. We wanted the most conservative possible study outcome. Therefore, the only two variables that were measured were actual health claims costs for the employee and absenteeism. Absenteeism costs were determined by the individual's daily income, extrapolated from either hourly base rates or annual salaried base compensation, then multiplied by the number of days lost." (The Almacan, 1989).
我们没有尝试去测量影响财务的因素中那些不能够被客观和具体地测量的因素。软钱因素，例如：生产力，工作绩效水平，人力更换成本，和其他主管的数据都被忽略了。我们想要可能最保守的研究结果。因此，只有两个变量被测量，那就是实际的医疗保健索赔成本和员工的旷工。旷工成本——是由个人的日收入决定的，然后要么从每小时基本薪资率，要么从年度基本薪资报酬中推测，再然后乘以失去的天数得出。

The study demonstrated a tremendous gain:
这项研究证实一个巨大的收获：

"A final cost-offset ratio (investment-to-savings) 4:1; a four-year dollar savings for the EAP population of $5.1 million. The $5.1 million savings include the value of working days saved by the employee, which is $ 762,526. This, too, is a conservative figure because it does not include replacement labor costs, hiring, training, etc., and losses due to normal attribution were factored in." (The Almacan, 1989)
最终的成本－抵消率（投资到节约）是 4 比 1；接受员工心理援助计划的员工四年中节省了五百一十万美元。这五百一十万美元的节约包括员工节约下来的工作日的价值，一共是七十六万两千五百二十六美元。这也是一个保守的数据，因为没有包含人力更换，雇佣和培训等等的成本。而且因为正常原因而造成的损失也是计算在内的。

Of special importance is that not only the medical claim costs for the EAP decreased, but also the per-case family medical claim costs.

其中特别重要的发现是：员工心理援助计划不仅使个人的医疗索赔成本下降了，就连家庭的医疗索赔成本也下降了。

To be fair, the majority of studies evaluated the offset effect in inpatient medical settings mainly for short psychological interventions (Chiles et al 1999). Our late Swiss colleague Klaus Grawe has summarized the findings on cost-effectiveness of out-patient psychotherapy (Grawe et al. 1997). Gabbard and colleagues (1997) reported similar findings for the US. A recent German psychoanalytic follow-up study again demonstrated a significant reduction of days off work compared to the data of the general population (Beutel et al. 2004). However the Swedish STOPP study could not identify impact of long intensive treatment on objective medical data (Lazar et al. 2006) as sometime successful treatments may lead to an increased awareness of medical urgencies. Let me end by bringing a good message by showing the findings from a prospective study from the Center for Psychotherapy Research in Stuttgart: In the frame of a naturalistic longitudinal study on 402 patients in psychodynamic and 236 patients in cognitive-behavioral therapy Kraft et al. (2006) analyzed the costs before and during the course of treatment. The main findings on the random responders sample of 176 participants were:
公平地说，大部分的研究都是测量在医疗设置中，大多采用短程心理干预的住院病人的抵消效益。之后，我们的瑞士同事－克劳斯. 格劳总结了在门诊病人中的心理治疗成本收益的发现。加伯德和他的同事（1997）年在美国也报告了类似的发现。最近，一个德国的精神分析追踪研究又一次证明了与普通人群的数据对比，其旷工率也显著下降。但是瑞典的 STOPP 研究无法识别出长期密集的心理治疗对于客观的医学数据的影响，因为有时候成功的心理治疗可导致迫切就医的意识提高。最后，让我带来一个好

消息作为结束，这个好消息是斯图加特（德国城市）心理治疗研究中心的一个前瞻研究的发现：在这个自然主义的纵向研究中，卡夫等人分析了 402 位接受心理动力学和 236 位接受认识行为疗法的病人，他们治疗之前和治疗中的成本。有 176 位病人的随机反应样本的主要发现如下：

Increase of health care costs prior to first inquiry & subsequent reduction
健康保健的成本上升先于初次问诊 & 后续下降
Clinical & socioeconomic variables show only minor relationships with health care costs before 1st inquiry (age, physical impairment, somatization)
显示出临床&社会经济学的变量与在初次问诊（年龄，身体缺陷，躯体化）之前的健康保健成本只有很小的关系。
Best predictor of subsequent reduction: health care costs before first inquiry.
在首次问诊之前的健康保健成本是后续下降最好的预测因素

The message we could take home from this study is clear. The more expensive for the medical system patients are, the more patients are likely to profit from psychotherapy in cost-effective dimensions. However confronted with economists´ stiff attitudes – as a symposium at NIHM in 1999 demonstrated (Miller & Magruder 1999) – is is still a long way to go. I would wish that this message also travel across China and moves policy makers to make good policy for the good of our patients.
从这个研究中我们可以带回家的信息是明确的。对于医疗系统的病人，花的钱越多，越容易让他们在成本收益的层面上从心理治疗中获益。但是面对着经济学家们生硬的态度－就像 1999 年在 NIHM 的论文集中显示的－还有很长的路要走。我希望这个信息也能够漂洋过海来到中国，并且推动决策制定者们制定出为我们的病人着想的政策。

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