

**The Ontario Medical Association Committee to Preserve Publicly-Funded, Physician-Delivered Psychotherapy was formed following the Ministry of Health and Long-Term Care's proposal to restrict longer-term/intensive psychotherapy. This proposal became public in January 2019 in a brief to the Arbitration Panel. The committee consists of general practitioners and of psychiatrists in community/academic settings, with subspecialty areas such as eating disorders, perinatal care, and child/adolescent populations. *We have joined together because of our concern for our current and future patients who will be deprived of an essential medical treatment if the proposal is adopted. While there is a need for increased access to psychiatric services, restricting a treatment will not achieve that.***

*The following are the considerations around and the unintended consequences of an arbitrary limit on intensive physician-delivered psychotherapy to a vulnerable population.*

- Psychiatric illnesses are chronic, relapsing disorders with multifactorial causes. They need a lifetime of care with the availability of multi-modal treatments, including psychotherapies.
- Psychiatrists and other physicians bring important expertise to diagnosing and to treating complex co-morbid psychiatric conditions. Patients often need a combination of pharmacotherapy and psychotherapy.
- Restricting existing and proven treatments for psychiatric patients creates an attitude of stigma and of discrimination towards an already disadvantaged population.
- Limiting the number of psychotherapy sessions or the dose of treatment without basing it on patient need or on evidence poses multiple risks of under-treatment, worsening symptoms, disability, and, ultimately, health care costs.
- Patients with personality disorders, particularly borderline personality disorder, use multiple emergency and inpatient resources. Intensive psychotherapy, particularly dialectical behaviour therapy, is the only treatment for these patients. One in ten patients with borderline personality disorder commits suicide.
- Community psychiatrists keep their chronically suicidal patients out of emergency rooms and hospitals by seeing them regularly over the long-term. Inpatient psychiatric hospitalizations cost approximately \$11 000 per average stay.
- Those with eating disorders are a chronically ill and under-served population in Ontario. They require what is often life-saving intensive psychotherapy and additional psychiatric management to keep them medically stable and out of hospital.
- Women with perinatal depression and psychosis often need longer periods of intensive psychotherapy and additional psychiatric management, which can prevent attachment disorders from forming in the early mother-child relationship.
- For children/adolescents, the efficacy of pharmacotherapy is mixed. Intensive psychotherapies remain the primary treatment for this age group.

- The outcome and the treatment of psychiatric illness is profoundly affected by events in early life. Childhood neglect and abuse are highly correlated with psychiatric disorders such as posttraumatic stress disorder. Addictions, self-destructive behaviour, abusive relationships, depression, and inability to work are often the prominent results of abusive childhoods. Intensive psychotherapy is essential for the treatment of these issues.