WHO treatment guideline for mental disorders

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In 2024, WHO issued updated guidelines for treating mental health conditions, emphasising evidence-based manual-guided psychotherapeutic treatments.[1] We applaud WHO's effort to broaden access to evidence-based psychotherapy. Yet, we are concerned that the recommendations predominantly endorse behavioural therapy and cognitive behavioural therapy for both adults and young people. This selection overlooks the substantial body of evidence supporting other therapeutic approaches, including but not limited to psychodynamic therapy, except for a brief acknowledgment of this method's use in treating depression. High-quality research reviews published in leading scientific journals[2] have shown that manual-guided psychodynamic therapy meets the updated American Psychological Association's criteria for empirically supported treatments,[3] based on several comprehensive meta-analyses.[2] This endorsement covers the psychodynamic treatment of depressive, anxiety, somatoform, and personality disorders, with clinically meaningful effect sizes compared with controls, no meaningful differences in efficacy compared with other evidence-based treatments, and confidence intervals comparable with, for example, cognitive behavioural therapy.[2] The quality (certainty) of evidence was similar to that on which WHO based their recommendations (eg, for depressive disorders, anxiety disorders, or self-harm and suicide).[4] In line with the American Psychological Association'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.[2]

Further evidence for psychodynamic therapy's efficacy exists for the treatment of many other mental conditions including somatoform disorders,[5,6] eating disorders,[5] post-traumatic stress disorder,[5] substance-related disorders (opiate addiction),[5,6] and treatment of children and adolescents with depression.[7] Psychodynamic psychotherapy is included in the UK guidelines on childhood depression developed by the National Institute for Health and Care Excellence. Additionally, evidence exists that psychodynamic therapy is efficacious in patients whose symptoms are unresponsive to other treatments, including individuals with treatment-resistant or chronic somatoform disorders[5] or treatment-resistant chronic depression. Psychodynamic therapy has also been shown to help reduce suicide attempts and self-harm in both adults and adolescents.[8] For the latter, however, WHO recommended only digital stand-alone methods based on cognitive behavioural therapy, dialectical behaviour therapy, problem-solving therapy, and mindfulness, with only a conditional recommendation based on low-certainty of evidence.[1]

Evidence shows that behavioural therapy and cognitive behavioural therapy cannot be viewed as the sole solutions for mental health care. The response rates, for example, of cognitive behavioural therapy in depressive and anxiety disorders, including obsessive-compulsive and post-traumatic stress disorders, range between 34% and 44%,[9] with even lower remission rates. These data underscore that no single psychotherapy approach can be regarded as the definitive treatment for all patients. A substantial number of patients who do not respond to behavioural therapy or cognitive behavioural therapy might benefit from alternative evidence-based psychotherapeutic approaches and vice versa. In clinical medicine, no one would recommend one drug with a response rate of 40% as the only treatment for all patients when other drugs with similar efficacy were available.

Our concern is heightened by the WHO's recommendation of primarily a singular psychotherapy approach,[1,4] possibly leaving many patients without access to more suitable treatments that could offer them substantial benefits. For example, for anxiety disorders, WHO noted that further research is needed to clarify whether other therapies than cognitive behavioural therapy can offer similar benefits.[4] We highlight such evidence for psychodynamic therapy, not only for anxiety disorders but also for various other mental conditions.[2,5,6]

With regard to implementation, there is evidence that can be obtained from the first author that psychodynamic therapies are adaptable and can be effectively taught to new practitioners from diverse theoretical and professional backgrounds. Substantial evidence points to the broad applicability and efficacy of psychodynamic methods.[2,5] Benefits of these methods outweigh the costs and harms.[2] In addition, psychodynamic therapies can

be delivered in guided and online formats making them accessible and distributable on a wide scale.[5,6]

For these reasons, we advocate the incorporation of psychodynamic therapies, among other evidence-based psychotherapeutic approaches, into the WHO guidelines. We also recommend the involvement of experts in the WHO guideline development group who have knowledge on the outcomes of other approaches than cognitive behavioural therapy, such as psychodynamic or interpersonal therapy. This procedure might help to improve transparency and to avoid biased recommendations. This proposal is consistent with recommendations for advancing guideline development in health care. Although evidence exists that reporting quality of WHO guidelines has generally improved over the years, the reporting quality of guidelines can be enhanced in several areas.[10] By embracing a broader array of empirically supported therapeutic methods, the goal is to raise the overall quality and efficacy of global mental health care.

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