

# Health Quality Ontario

*Let's make our health system healthier*

## Psychotherapy for Major Depressive Disorder and Generalized Anxiety Disorder: OHTAC Recommendation

### ONTARIO HEALTH TECHNOLOGY ADVISORY COMMITTEE RECOMMENDATION

- The Ontario Health Technology Advisory Committee recommends that evidence-based, structured, individual and group psychotherapy provided by nonphysicians be publicly funded for patients with major depressive disorder and/or generalized anxiety disorder

### RATIONALE FOR THE RECOMMENDATION

The Ontario Health Technology Advisory Committee accepted the findings of the health technology assessment conducted by Health Quality Ontario.<sup>1</sup>

There was consensus among committee members that evidence-based, structured, individual or group psychotherapy provided by physicians or nonphysicians (e.g., nurses, psychologists, psychotherapists, and social workers) provides clinical benefit and represents good value for money. The most affordable option for providing publicly funded psychotherapy for adults with major depressive disorder and/or generalized anxiety disorder is group therapy provided by regulated nonphysicians, with the selective use of individual therapy provided by nonphysicians or physicians for those patients who would benefit most from it (i.e., those who do not engage well with or adhere to therapy in a group setting).

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Public Comment: TBA.

## Decision Determinants for Psychotherapy for Major Depressive Disorder and Generalized Anxiety Disorder

Decision Criteria	Subcriteria	Decision Determinants Considerations
<b>Overall clinical benefit</b> How likely is the health technology/intervention to result in high, moderate, or low overall benefit?	<b>Effectiveness</b> How effective is the health technology/intervention likely to be (taking into account any variability)?	Compared with usual care, treatment with cognitive behavioural therapy (CBT), interpersonal therapy, or supportive therapy has been found to reduce depression symptoms and increase response or recovery posttreatment. CBT and interpersonal therapy have also been found to significantly reduce the risk of relapse or recurrence of major depressive disorder. In people with generalized anxiety disorder, treatment with CBT has been found to reduce symptoms of anxiety, improve outcomes, and improve ratings of quality of life.
	<b>Safety</b> How safe is the health technology/intervention likely to be?	Adverse events were rarely reported in the systematic reviews assessed.
	<b>Burden of illness</b> What is the likely size of the burden of illness pertaining to this health technology/intervention?	The lifetime prevalence of major depressive disorder in Canada is 10.8%; annual and 1-month prevalence estimates are 4.0% and 1.3%, respectively. The 1-year prevalence of generalized anxiety disorder in the general population is about 1% to 3%, and the lifetime prevalence is about 6%
	<b>Need</b> How large is the need for this health technology/intervention?	Access to CBT, interpersonal therapy, and supportive therapy is currently limited because these therapies are publicly funded only when delivered by a psychiatrist or other type of physician. When provided by other health care professionals (e.g., nurses, psychologists, social workers), these therapies may be free if offered in government-funded hospitals, clinics, or agencies. However, such publicly funded programs typically have long wait lists. Current access to these therapies is not meeting the demand for these services.
<b>Consistency with expected societal and ethical values<sup>a</sup></b> How likely is adoption of the health technology/intervention to be congruent with societal and ethical values?	<b>Societal values</b> How likely is adoption of the health technology/intervention to be congruent with expected societal values?	Estimated to be congruent with expected societal values.
	<b>Ethical values</b> How likely is adoption of the health technology/intervention to be congruent with expected ethical values?	Estimated to be congruent with expected ethical values.
<b>Value for money</b> How efficient is the health technology/intervention likely to be?	<b>Economic evaluation</b> How efficient is the health technology/intervention likely to be?	Compared with usual care, structured psychotherapy (CBT or interpersonal therapy) provided by physicians or nonphysicians, delivered as individual or group in-person therapy, is associated with greater costs but also greater benefits and represents good value for money at a willingness-to-pay threshold of \$50,000/QALY gained.

Decision Criteria	Subcriteria	Decision Determinants Considerations
<b>Feasibility of adoption into health system</b> How feasible is it to adopt the health technology/intervention into the Ontario health care system?	<b>Economic feasibility</b> How economically feasible is the health technology/intervention?	Publicly funding structured psychotherapy (CBT and interpersonal therapy) by nonphysicians and physicians may result in extra spending of \$11 million to \$529 million per year for the next 5 years, depending on a range of factors. The most affordable option is structured group psychotherapy provided by nonphysicians, with the selective use of individual psychotherapy provided by nonphysicians or physicians for those who would benefit most from it.
	<b>Organizational feasibility</b> How organizationally feasible is it to implement the health technology/intervention?	There are significant challenges associated with implementing individual and group psychotherapy in an equitable and evidence-based way. These challenges will be discussed with partners, including the Ministry of Health and Long-Term Care.

Abbreviations: CBT, cognitive behavioural therapy; QALY, quality-adjusted life-year.

<sup>a</sup> The anticipated or assumed common ethical and societal values held in regard to the target condition, target population, and/or treatment options. Unless there is evidence from scientific sources to corroborate the true nature of the ethical and societal values, the expected values are considered.

## REFERENCE

(1) TBD

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<b>Citation</b>
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