WHITE PAPER

Research suggests most health plan providers are not practicing evidence-based treatments

lyra

Executive summary

For the one in five U.S. adults with a mental health condition[1], the ability to access mental health care in spite of long-standing barriers[2] is crucial. But, while critical, access by itself is insufficient—the care provided should meet evidence-based standards for clients to improve or recover from mental health conditions such as depression, anxiety, or PTSD.

72%

of behavioral health providers reviewed were not practicing evidence-based therapies or were practicing potentially harmful therapies

Psychotherapies that have been tested in randomized controlled trials or a series of case studies—and proven effective or superior to existing treatments—are known as evidence-based therapies (EBTs)[3] [4]. It's reasonable to expect a medical doctor to provide treatments based on clinical evidence and expertise. Yet, when it comes to psychotherapy, the basic expectation for effective, research-backed care is not being met. In fact, the vast majority of therapies practiced in the U.S. today (about 80%)[5] are not evidence based.

To better understand the types of therapies practiced in major health insurance networks, Lyra's clinical team recently conducted a study of providers in a well-known insurance network. The study's results suggest that, overall, nearly three-fourths (72%) of providers in large, employer-sponsored plans do not offer empirically-supported, evidence-based therapies. Even more alarming? It appears that many of these providers practice potentially harmful, or iatrogenic, therapies.

KEY TERMS

Evidence-based therapies: rigorously researched therapies shown to reduce symptoms effectively

Iatrogenic therapies: shown to cause or at risk of causing psychological harm

Inert therapies: don't improve functioning or reduce symptomatology

Untested therapies: therapies that have never been subjected to empirical study

The study found that:

→ **72%** of behavioral health providers surveyed were not practicing evidence-based therapies or were practicing harmful therapies

→ **38%** of providers were practicing at least one iatrogenic treatment

→ Among providers not practicing an iatrogenic treatment, **35%** do not reference EBTs in their professional profiles

Common EBTs	Common Unproven or Potentially Harmful [6 7 8 9 10]
○ Cognitive Behavioral Therapy (CBT) ○ Interpersonal therapy ○ Behavioral activation ○ Prolonged exposure therapy	○ Mandatory critical incident stress debriefing ○ Energy psychology ○ Recovered-memory techniques ○ Conversion therapy

Why do so few health plan providers practice EBTs?

It's unknown why so many providers choose to deliver treatments that, at best, have not been proven to work, and at worst, could harm clients psychologically. One possible explanation? Providers using more non-EBT therapies could be failing to use standardized assessments in their practice and are thus unable to accurately judge whether clients are improving. Other explanations include variations in the availability and quality of training.

The impact on individuals and employers

The bottom line: iatrogenic therapies have the potential to increase someone's suffering—the opposite of what psychological interventions were designed to do. An example - mandatory critical incident stress debriefing, which research shows may lead to an increase in symptoms of posttraumatic stress disorder.[11] [12] What's more, harmful and inert therapies waste time and money at the expense of both employers and employees. Costs to treat mental health issues such as stress, anxiety, and depression have risen to over $200 billion per year[13] and are only expected to multiply. For many employers, the cost of untreated or ineffectively treated mental health conditions in the form of missed days of work, lost productivity, and disability represent one of their biggest expenses.

Therefore, EBTs should be used as a first-line intervention, since they offer the best prospect of helping clients with common mental health problems feel better and recover. Using anything else risks exposing the client to potentially ineffective or harmful treatment and deprives the client of treatment that has been rigorously tested and proven to work.

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Methodology

Lyra clinicians compiled a list of all therapists in a major commercial health plan within a 10-mile radius of San Francisco via a publicly available online directory (N = 477). We then narrowed the list to only those providers with online professional profiles (n = 329), which we relied upon to determine the types of therapies each therapist practices.

The team also used a list of all known behavioral health therapies that could be delivered by a masters-level or doctoral-level outpatient therapist. Each treatment was reviewed and rated as: 1) empirically supported; 2) inert or untested; or 3) possibly iatrogenic. Our definition of EBT was taken from the criteria outlined by Chambless and Hollon[14], further developed by Tolin, McKay, Forman, Klonsky, & Thombs[15] and later adopted by the Society of Clinical Psychology (Division 12) of the American Psychological Association (APA).

To determine whether a treatment was possibly iatrogenic, inert, or untested, we relied on the empirical research and referenced existing lists, created by other authors, of harmful or neutral treatment.[16] [17] [18] [19] [20] [21] [22]

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