Systemic Therapy and National Health Care Systems in Europe

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Dear colleagues, dear Ladies and Gentlemen,

When Matthias Ochs asked me if I would like to give a lecture on "Systemic Therapy and National Health Care Systems in Europe" I was indeed challenged by and very much interested in this task. I agreed and started to collect information shortly afterwards, realizing early on that drawing a complete and totally up-to-date picture of this continent is an undertaking either of a small research group or a committee in EFTA. So I apologize in advance for inexactitudes and am happy to receive any feedback. Fortunately the organizers were not the only persons who were interested in this topic and so I could call upon some existing literature and reports in my preparation.

My presentation is divided into two parts: the first part will give you an overview of the legal situation and the implementation of systemic and family therapy in the health care system in 36 European countries. The second part will focus on 5 thematic categories I built after studying the existing literature and the information I received. As Peter Stratton asked me not to exhaust you too much, I will try to be easy-going. Therefore I would like to invite you now to a journey through Europe, having a look at the systemic and psychotherapeutic landscape on this stunning continent.

Part 1 – Europe, psychotherapy and the systemic approach

Europe as a continent is a social construction. Geographically it is only a subcontinent, comprising 1/5th of the Eurasian land mass. It is a historical, cultural, political, economic, juridical and ideational construction. Speaking about Europe is always in at least one sense politically incorrect, so I apologize in advance if someone feels not correctly included or excluded.

Europe consists of 27+1 (Cyprus) EU member states, while Cyprus is geographically in Asia. Further we have 19+2 (not recognized by all countries) nations on European territory. And in addition to that we should mention 9 other areas which are not an integral part of any state but not completely autonomous either.

Of all these countries 36 are represented in the information I collected and this is what I would like to share with you.

First of all let me present the sources I used as a kind of "database". This collection represents in itself interesting information about the self-reflexivity in our field of family and systemic therapy and psychotherapy in general.

1.1 Database

In the year 2002 an 850-page book with the title "Globalized Psychotherapy" was published by the President of the "World Council for Psychotherapy" Alfred Pritz from Vienna. 370 pages are reserved for 27 European countries including Ukraine and the Russian Federation. More than 170 pages are dedicated to various psychotherapeutic modalities, "Systemic Family Therapy" being one of them.

The Society for Psychotherapy Research (SPR), more precisely the Society for Psychotherapy Research *Interest Section on Culture and Psychotherapy* (SPRISCAP)

presents on its homepage a portrayal of the psychotherapeutic profession in 18 countries, of which 11 are European. http://www.psychotherapyresearch.org/?89

In 2009, ten years after the German law for psychotherapy came into being, the German Ministry of Health commissioned a group of German researchers to deliver a survey. The aim was to reflect on the changes in the field of psychotherapy and especially on questions of education for future psychotherapists after the carrying out of the so-called Bologna-process (Strauss et al. 2009). The research group was also interested in the development in other countries and received answers from colleagues from 21 European nations.

From 2010 to 2013 Javier Bou and I conducted for the European Family Therapy Association a survey on Family Therapy in Europe. http://efta-nfto.com/family-therapy-in-europe. By now, 14 European countries replied to our questionnaire (Austria, Belgium (German-speaking), Denmark, Estonia, Finland, Former Yugoslavian Republic of Macedonia, Germany, Greece, Hungary, Ireland, Netherlands, Norway, Spain and Sweden).

2011 the journal "European Psychotherapy" published a special issue on "Psychotherapy in Europe" with contributors from 10 European countries.

Last but not least in 2013 Russell Crane dedicated a special issue to "International Developments in Family Therapy" in the Journal of Contemporary Family Therapy, 35 (2). Eleven European countries are represented in this edition (Czech Republic, Germany, Greece, Ireland, Italy, Norway, Poland, Portugal, Romania, Turkey, United Kingdom), giving a good overview of historical developments of systemic/family therapy in the respective countries as well as the situation today.

I do not claim that this list is complete, but the current interest in cross-national inquiries seems remarkable to me. Depicting the new psychotherapeutic century as one which overcomes national boundaries – at least in mind – would be an achievement in my eyes. We would reconnect to a process which had started 100 years ago but was harshly interrupted in the last century.

1.2 Recognition of methods

Family Therapy and Systemic Therapy is one evidence-based psychotherapeutic approach among others. Looking at Europe, Germany has one of the most rigorous limitations in acknowledging psychotherapy methods, in numbers: 5, while most countries acknowledge more than five (Austria, for example, 22!) or don't have any limitations in recognizing different methods at all. Strauss et al. (2010) show that out of 23 European countries (21 from the EU) only 21% have a comparable situation to Germany (limitation to 5 approaches), while 31% have more than five (up to 22) and the remaining main part of almost 50% has no limitation in recognition at all. This does not mean that there are no legal regulations in those countries with the mentioned openness, but clearly also not that psychotherapy is paid for by health insurance companies or by the health system *if* there is a law.

This small introduction shows that family/systemic therapy has to be regarded against a more complex background. To me, the most important factor seems to be *the position of psychotherapy in general in the respective European countries*. As the first result of my analysis I may say that the German phenomenon of excluding family and systemic therapy for a long time from the psychotherapeutic field is a very special one if we take into consideration that a law was already implemented in 1999 and psychotherapy (based on other methods) has since then become a public health service reimbursed by the health insurances.

1.3 Legislation, acceptance of systemic/family therapy as psychotherapeutic modality and the coverage of costs

Starting with having a look if European countries have a law for psychotherapy, we face the first difficulties. As we just saw, in the survey of Strauss (2010) 11 out of 23 countries are marked as having a legislation – if we look closer we realize that some countries protect the title of the "psychotherapist" (for example France), others regulate the practice as well, while in others (like in Spain) there are normative regulations on different levels of legislation making the situation even more difficult to understand.

I prepared a hand-out of the results of my investigation to give you an overview (see appendix). The table shows the legal regulation of psychotherapy as profession in European countries, the acceptance of systemic/family therapy (explicitly mentioned as a modality of practice) and the coverage of costs.

From 36 nations 12 countries have a legislation which is related to psychotherapy, but, as already mentioned, these laws have different scopes: some of them regulate only the title, those most detailed the practice and even the education. In some countries psychotherapists are part of a legislation on health professions, like, e.g., in Norway, or you can find legislations on the level of cantons, but not on a national level, like in Switzerland. Most of the European countries have no law at all but national associations are very much interested and fighting for a legislation to create their own profession of a "psychotherapist". We will turn to that later.

In most European countries systemic/family therapy is an explicitly mentioned and accepted modality of psychotherapy. The knowledge about systemic methods and systemic family therapy is impressively widespread all over Europe. Since the 60s, when family therapy became part of the European landscape of psychotherapy more than 50 years have passed and political changes on our continent lead to the

expansion and evolution of systemic thinking also in many former east European countries. *But possibilities are only theoretical and sometimes even cynical if one does not have the means* – the question of finances is a very crucial one. Looking at this table, we realize that systemic therapy and/or psychotherapy in general is not covered financially in that way by the health systems in Europe as it should be. The reasons are manifold: having especially eastern countries still focusing on a narrowly defined medical model or effects of the financial crises in most European countries in the last decade stopped the efforts psychotherapy associations had already invested in this area.

Let me now turn to the second part of my presentation.

Part 2 – Influence factors

Studying the material, I realized the existence of several influence factors which are allied to the effects visible on the hand-out. Categorizing them thematically, I would like to give some background information on the following topics: Historical and political heritage, geographical context and cultural values, economic situation and rigidity of professional borders.

2.1 Historical and political heritage

To outline this aspect we may take two countries exactly at the border of the former Iron Curtain, Austria and Hungary.

The psychotherapeutic tradition in Hungary dates back to 1903 (Harmatta 2002) and is connected to the name of Sandor Ferenczi who had the first ever psychoanalytical Chair at a university in the world. This is understandable against the historical

background of the Austro-Hungarian Monarchy and the geographical closeness to Freud's home country Austria. As we all know these two countries had different fates after the Second World War and at least in some points they represent prototypically how much psychotherapy was and still is embedded in political principles or ideologies.

In Hungary, through the early communist regime – I quote Harmatta (2002, p. 165) - "all professional associations were prohibited or invited to liquidate themselves. The teaching of psychology or sociology at the university stood still", a destiny most so-called East European countries had to face. The ideological conception of man (Menschenbild) created a fundamental hostility to Freudianism, contributing to a dominance of biomedical and neurological psychiatry, while Pavlovism replaced psychology (Antonescu 2002).

Harmatta points out that at least in Hungary after the revolution in 1956 the "ideological severity of the communist dictatorship gradually lessened" (p. 165). An important step was the formation of the Hungarian Psychiatrical Society as well as the foundation of a Psychotherapeutic Working Group of the Socialist Countries in the 70s; members were professionals from Czechoslovakia, GDR, Poland, Bulgaria and USSR. Already in this working group ancient and new psychotherapeutic schools were present – besides psychoanalysis, there was hypnosis, group-psychotherapy, psychodrama, behavior therapy, family therapy and others. Already before the political change in 1989 there was support from the dissidents' community and the Hungarians living abroad – focusing on family and systemic therapy, for example, from Böszörmeny-Nagy. The title of psychotherapist could be acquired by medical doctors since 1983 and by psychologists since 1985. A public health law (enacted in 1997) gives instructions for the practice of psychotherapy in the field of public health, while psychotherapeutic activity in social and pedagogical field is not yet regulated by legislation. Harmatta (2002, p. 168) concludes: "It is difficult to finance

the psychotherapeutic activity. When the number of the psychiatric beds was reduced in 1997, numerous psychotherapeutic beds were liquidated (sic!). Thereby, the number of psychotherapeutic training institutes was also reduced. The point value of the out-patients' activity does not meet the value of the therapeutic work. In the private practice it is the patient himself who remunerates for the treatment."

In Austria legislation was released in 1990 "which created a new profession called 'psychotherapist'. This Act also regulates the conditions for practical work and professional obligations. By means of this Act a second 'healing profession' apart from medicine was established" (Lenz et al. 2011, p. 22), it regulates training, practice and exercise of professional psychotherapy. As Pritz (2002, p. 28) writes: "One year later, in 1991, the General social Security Law was changed to include the provision that every Austrian citizen who is in need of psychotherapeutic treatment for an illness must be provided with such treatment as part of the public health service. Since then work is ongoing to ensure that this Law is actually put into practice, and in some Federal provinces (…) it is already possible to obtain psychotherapy with a public health service form (which is normal for other forms of medical treatment)."

Austria is the leading nation in Europe in acknowledging 22 methods and reimbursing today at least a part of the costs also for those psychotherapists who have no contract with any social insurance company.

To finish this paragraph we may say: Today, we can consider the former Iron Curtain as an invisible border marked by the purchasing power of income, making psychotherapy in general and systemic and family therapy in particular more and more a product for the financial elite.

2.2 Geographical context and cultural values

In the year 1963 George and Vasso Vassiliou founded the Athenian Institute of Anthropos, and already in 1970 the first training programme in family therapy in Greece came to life, which was as well *the first psychotherapy training program generally in this country* (Avdi 2011). As Tseliou (2013, p.226) points out, only Italy is "reported to have experienced such an early beginning, following Palazzoli's return from the States in the 1960s." In 1983 the Greek National Health System was established, family therapy being part of the effort of changing existing psychiatric systems "towards the aims of decentralization and the provision of de-institutionalized care.(…) Psychotherapy and settings outside the psychiatric asylums were thus economically and ideologically supported" (p.227). Systemic and family therapy was already an indispensable part both in mental health services and in university contexts by the 90s, and after the 90s they spread even more, including institutional state settings (like psychiatric hospitals, general hospitals, university clinics), non-institutional state settings (e.g. community centers for mental health) as well as private settings (ibid. p.229). I quote Avdi (2011, p.61) "The majority of training institutes currently operating in Greece provide systemic and family therapy training." Up to now no legislation regulating training and practice of psychotherapy is existent, despite a number of ongoing attempts; therefore there is also no state license for psychotherapists, and as Avdi (2011, p. 57) puts it for Greece, this seems to be one structural aspect also in other European countries: "It must be noted, (..), that the issues regarding how best to regulate and monitor psychotherapy training and practice are contested, and complex inter-professional rivalries are implicated in relevant debates."

George and Vasso Vassiliou visited Bulgaria, a neighbor country to Greece, in 1984, "laying the foundation of a long lasting working relationship with some Bulgarians" (Atanassov 2002, p. 74). In 1994 the Sofia Institute for Social Ecology of the

Personality (SISEP) was founded, until that year "nobody in this country had any *formal training* in psychotherapy" (ibid). Interestingly, Systemic Family Therapy is the first and solitary psychotherapy method with a university-based training programme at a Bulgarian University (in Sofia), a Master Degree programme offering a 4-years course. Until now there has been no legislation for psychotherapy, even though wished and worked towards through the umbrella organization of psychotherapy in Bulgaria. Atanassov (2002, p.81) stresses: In the beginning of this century "the only Medical Insurance Company in the country decided to *exclude* (emphasis MB) psychotherapy from its reimbursement system, so those patients who want psychotherapy have to pay themselves."

Not only the geographical closeness had and has an impact on the spread of the systemic and family paradigm in certain European countries but also cultural values.

Cesko (2002) is noticing in the book "Globalized Psychotherapy" the following: "People in Kosovo/Kosova rely upon families and their strengths to get by. Primary orientation of this system will be the family approach to mental health, based on the fact that the family is a focal point for the local way of life" (p. 197).

It is beyond the scope of this presentation to analyze the self-perception of European societies concerning the role of families - you are invited to think about this issue regarding your own country. Just let me finish this paragraph with a few interesting records regarding Germany.

The Statistical Office Berlin-Brandenburg announced in October 2013 that the amount of people living in households with three or more persons declined to a total amount of 16.7 percent in the German capital while the amount of single households climbed to 54.3 percent.

The Statistical Office for the whole country counted in total 40 656 000 households for 2012, out of those 16 472 000 one-person households and 14 038 000 two-person households, meaning that nearly 3 quarters of the inhabitants in Germany are living as a dyad or a monad.

2.3 Economic situation

Looking at the table on the hand-out, we realize that at least Bulgaria and the Netherlands recently excluded psychotherapeutic services which they partly covered before. The financial crises of 2007 left traces almost in every European country. Budget cuttings in National Health Services or changed policies in Health Insurance companies are the results. Ongoing processes of creating legislations were stopped and even if often not explicitly mentioned, the financial national circumstances play a significant role in this standstill.

May I quote Manfrida (2013, p.379): "While the psychodynamic model in Italy has had its stronghold among private practitioners and the cognitive-behavioral approach grew strongly in universities, the relational approach originated and spread mainly among public health services, so much so that in the 80s many public health facilities were equipped with the one-way mirror in order to work with families. Because of these origins family therapy retains a strong interest in social work even though over the years public services have abandoned the widespread practice of family therapy and have turned to less costly solutions (…). Nowadays trainee-family therapists have very low expectations of being employed in the public service and turn primarily towards private practice."

In Italy, over the last few years the national health system has greatly reduced providing psychotherapy, while social services are not allowed to offer any kind of

psychotherapeutic intervention, as by law only certified medical doctors or trained psychologists as certified psychotherapists can provide this service. All in all, this means that psychotherapies including systemic family therapy have to be paid more and more by the patient him- or herself.

In United Kingdom the UK-wide Association for Family Therapy was founded in 1976 and therefore was a founding member of the United Kingdom Council for Psychotherapy (in 1992). Systemic/Family Therapy was one of originally 8 modalities of psychotherapy provided by the National Health Service, free for all citizens of the UK. Besides the National Health Service, Local Authority Social Services Departments spread family therapy through a strong social work profession across the UK. The context was – like in Italy and some other countries - the anti-psychiatry movement with its challenge to the medical model. The system of multi-disciplinary Child Guidance clinics dates back to the 1920s, bringing together psychiatrists, psychologists, social workers and nurses. I quote Stratton and Lask (2013, p. 259) "In the absence of regulation by the State of psychotherapy training and practice, there were no limitations on who could train and practice and this helped to support the multi-disciplinary character of the field." During the richer years in the 80s and 90s family therapists of diverse professional backgrounds were employed in the statutory sector, but nowadays the recession is noticeable – for example, private insurance companies have practically stopped paying for therapy that includes more than the referred person (p.270). Nevertheless in the context of Child and Adolescent Mental Health Services it seems that systemic family therapy keeps its influence.

The compensation of the costs varies in the European countries for different reasons. Looking without a west-European centrism, we have to say that in most European countries systemic family therapy as well as psychotherapy in general is hard to get without personal financial investment. Some countries draw the distinction on the

level of the basic profession, say, medical doctors or psychological psychotherapists without differentiating the modalities or schools these professionals are applying. Other countries pay only a certain percentage or nothing at all.

2.4 Rigidity of professional borders

As just mentioned, the systemic family paradigm embraces the multi-disciplinary approach. The effects of synergy of different professional perspectives are appreciated. Almost needless to say that this in itself can be a challenge for health systems, thus triggering persisting forces.

Poland seems to be one of the pioneers in trans-professional training in psychotherapy, systemic family therapy being also very early a part of mental health treatment. In 1961 the Scientific Section of Psychotherapy of the Polish Psychiatric Association was founded. As Czabala (2010, p.66). puts it "it was a clear recognition and acknowledgement of the role of psychotherapy as an integral part of treatment of mental health problems.(…) It was also the beginning of formal training in psychotherapy. Almost every month, the section organized meetings on different topics, with presentations and discussions. (…) From the very beginning, physicians, psychiatrists, psychologists, sociologists, nurses, pedagogues attended such trainings as the staff members of different mental health services. The trainees could choose a place on the training according to their theoretical and practical preferences: psychoanalytic, psychodynamic, cognitive-behavioral, systemic and others."

Jozefik et al. (2013) describe the history of implementation of the systemic paradigm into the Polish mental health system, a paradigm which is today "a main method of treatment for developmental disorders" (Czabala 2010, p. 67). Maria Orwid, herself a psychiatrist created with her team a framework of child and adolescent psychiatry at

the University hospital in Krakow, where since the 80s family consultations have been a standard procedure in the Inpatient Adolescent Unit, a Family Therapy Outpatient Unit as well as a Home Hospitalization Unit were established to offer family therapy at patients' homes. But this was not only the case in Krakow, I quote Jozefik et al. (2013, p. 311): "Since 1989 family therapy has been used as the main method for treating children and adolescents in the Department of Child and Adolescent Psychiatry (..) in Warsaw. The systemic training used live supervision and the one-way mirror. At the same time, family therapy has also become the main treatment paradigm in some outpatient units for emotionally and mentally ill patients." Since the 90s family therapy has been rapidly spreading outside academic centers. And not to forget: the first Polish research on family relations was conducted in the mid-70s.

The mentioned interdisciplinary cooperation transcends professional borders for a different self-understanding as a team. Not the separated knowledge of the different disciplines is in the focus but a different kind of expertise is created on a new level. But this often does not go along with the logic of health systems, at least in certain countries.

Krause-Girth (2002) puts it for Germany as follows: "There is no feeling of being a member of a unique profession – psychotherapist – that unites the different groups- Psychotherapists in Germany identify themselves with a certain school (…) or with their primary professional group – *psychological* psychotherapist, specialist for psychotherapeutic *medicine* (emphasis MB), more than with other psychotherapists. This lack of integration is the main reason for a lack of influence towards a mental health policy that achieves further improvements for both: the situation of all psychotherapists and all people who are in need of a psychotherapeutic treatment." (Krause-Girth 2002, p. 150).

Conclusion

I conclude. After presenting an overview of the implementation of systemic family therapy in different national health care systems across Europe, I highlighted some aspects derived from the material on psychotherapy and family therapy and the recent developments. This presentation could show only the main lines of inquiry, those being: historical and political heritage, geographical context and cultural values, economic situation and rigidity of professional borders. I had to make a selection in this presentation. I wished I had the time to speak also about the impressing development especially in the academic field in Portugal (Relvas et al. 2013) or the transnational cooperations in the Iberian or Scandinavian countries. Please do read the articles in Contemporary Family Therapy's Special Issue!

Nevertheless I hope that this short journey enlarged and enhanced your understanding of the systemic European landscape a bit.

Systemic family therapy has to be regarded today as one evidence-based psychotherapy modality besides others and therefore is a legitimate member of Mental Health Systems. Moreover, it can be regarded also with its roots in so-called anti-psychiatric movements, criticizing early on a narrowly understood bio-medical linear model, trying to go beyond and change given structures. Today a both-and-position seems to be appropriate and necessary for us as systemic professionals: being a part of the establishment and revolting inside it.

Thank you for your attention.

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