

**The Committee to Preserve ( publicly funded ) Physician Delivered Psychotherapy was formed following the MOHLTC's proposal to restrict longer term intensive psychotherapy . This became public in January 2019 in its brief to the Arbitration Panel. The committee consists of hospital, community and academic psychiatrists, general practitioners , eating disorder specialists, child psychiatrists and peri-natal psychiatrists.**

***We have joined together because of our concern for our current and future patients who will be deprived of an essential medical and psychiatric treatment. There is a need for increased access to psychiatric services, but restricting a treatment wont achieve this.***

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

- Restricting an existing and proven treatment for psychiatric patients creates an attitude of stigma and discrimination towards an already disadvantaged population.
- Limiting the number of psychotherapy sessions or dose of treatment without basing it on patient need or evidence poses multiple risks of under-treatment, worsening symptoms, disability, stigma and ultimately health care costs.
- Psychiatrists and other physicians bring important expertise to diagnosing and treating complex co-morbid psychiatric conditions. Patients often need a combination of pharmacotherapy and psychotherapy.
- Patients with Personality Disorders, particularly Borderline Personality Disorder use multiple emergency and inpatient resources. Intensive psychotherapy, particularly DBT is the only treatment for these patients. 1 in 10 patients with Borderline Personality Disorder commit suicide
- Community psychiatrists keep their chronically suicidal patients out of emergency rooms and hospital by seeing them regularly over the long term. In patient psychiatric stays cost approximately \$11,000 per average stay.
- For children and adolescents the efficacy of pharmacotherapy is mixed. Intensive psychotherapies remains the primary treatment for children and adolescents.
- Eating Disorders are a chronically ill and under-served population in Ontario. They require what is often life saving intensive psychotherapy and 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 psychiatric management. This can prevent attachment disorders forming in the early mother-child relationship.
- Psychiatric illnesses are chronic relapsing disorders with multifactorial causes . They need a lifetime of care with the availability of multi modal treatments and psychotherapies .
- The outcome and treatment of psychiatric illness is profoundly affected by events in early life. Childhood neglect and abuse are highly correlated with psychiatric disorder and post traumatic 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 all these disorders.

