To: *Department of Mental Health and Substance Use of the World Health Organization*

We read with much interest the World Health Organization (WHO) guidelines for treating mental health conditions, emphasizing evidence-based manual-guided psychotherapeutic treatments (WHO, 2024). We, leaders in the field of psychodynamic therapy research, applaud the WHO's effort to broaden access to evidence-based psychotherapy. Yet, we must express our concern that the recommendations predominantly endorse behavior therapy (BT) and cognitive-behavior therapy (CBT) techniques, for both adults and young people. This selection overlooks the significant evidence supporting other therapeutic approaches, including but not limited to psychodynamic therapy, except for a brief acknowledgment of its use in treating depression.

The WHO´s claims of basing recommendations on evidence (WHO, 2023, 2024) contrast with the omission of robust support for other therapeutic methods such as psychodynamic therapy. Recent high-quality research reviews, which have been published in high-ranking and leading scientific journals (Leichsenring, Abbass, et al., 2023), have demonstrated that manual-guided psychodynamic therapy meets the updated American Psychological Association's (APA) criteria for empirically supported treatments (Tolin et al., 2015), based on several comprehensive meta-analyses (Abbass et al., 2020; Barber et al., 2021; Driessen et al., 2015; Keefe et al., 2014; Keefe et al., 2020) This endorsement covers the psychodynamic treatment of depressive, anxiety, somatoform, and personality disorders, with superiority over controls and no differences in efficacy compared to other evidence-based treatments (Leichsenring, Abbass, et al., 2023). The quality of evidence was at least moderate for the primary outcomes (Leichsenring, Abbass, et al., 2023). In addition, superiority over controls and no differences to other empirically supported treatments in improving functioning were found in these conditions (Leichsenring, Abbass, et al., 2023). In contrast, the WHO noted (for psychotherapy of depression) that no studies reported improvements in quality of life and functioning (WHO, 2023, p. 61). The substantial body of evidence warrants a strong recommendation of psychodynamic therapy in these conditions in line with APA's criteria for evidence-based treatments (Leichsenring, Abbass, et al., 2023). The review by Leichsenring, Abbass, et al. (2023) was published in 2023, maybe this is why it has not been taken into account by the WHO (2023), but it could have been included in the 2024 publication (WHO, 2024). The finding of no clinically significant differences in efficacy between psychodynamic

therapy and other evidence-based treatments such as CBT are consistent with reviews by non-psychodynamic researchers in, for example, depressive disorders, personality disorders or other mental disorders (Cuijpers et al., 2023; Storebo et al., 2020, p. 64; Wampold et al., 2017). In addition, a meta-analysis on the treatment of chronic pain suggests superior efficacy of short-term psychodynamic therapy over CBT (Abbass et al., 2022). Further randomized controlled studies have shown the efficacy of psychodynamic treatments for patients unresponsive to other treatments, including those suffering from treatment-resistant or chronic depressive (Fonagy et al., 2015; Heshmati et al., 2023; Town et al., 2017; Town et al., 2020) or somatoform disorders (Creed et al., 2003; Guthrie et al., 1991; Guthrie et al., 1993; Guthrie et al., 1998; Hamilton et al., 2000). In addition, evidence from multiple randomized controlled trials and a meta-analysis have demonstrated the efficacy of psychodynamic therapy in reducing suicide attempts and self-harm in both adults and adolescents (Briggs et al., 2019; Guthrie et al., 2001; Rossouw & Fonagy, 2012), as well as in the context of personality disorders (Barber et al., 2021; Keefe et al., 2020; Leichsenring, Abbass, et al., 2023). Repeated self-harm and suicide attempts rarely occur isolated but in the context of severe personality disorders (Leichsenring et al., 2024; Leichsenring, Heim, et al., 2023). For the treatment of self-harm and suicidality, only methods of CBT including problem-solving therapy and stress management are recommended by the WHO (WHO, 2024). Further evidence is available for psychodynamic therapy of eating disorders, substance-related disorders (opiate addiction), and in the application of internet-delivered psychodynamic therapy for various conditions (Leichsenring et al., 2015; Lilliengren, 2023). This is also true for the treatment of children and adolescents with depression (Midgley et al., 2021), as demonstrated by the inclusion of psychodynamic psychotherapy in UK guidelines on childhood depression developed by the National Institute for Health and Care Excellence. Evidence for psychodynamic therapy of PTSD comes from randomized controlled trials (Brom et al., 1989; Steinert et al., 2017) and quasi-experimental studies (Levi et al., 2016; Sachsse et al., 2006), but also from studies on patients with severe personality disorders such as borderline personality disorder who typically show a high prevalence of traumatic experiences (Leichsenring et al., 2024; Leichsenring, Heim, et al., 2023). In addition, there are several ongoing large-scale multi-center studies of psychodynamic therapy in complex PTSD (Leichsenring et al., 2020; Milrod; Milrod & Chen a; Milrod & Chen, b; Milrod & Chen, c; Milrod & Keefe, a; Milrod & Keefe, b) whose results need to be taken into account after their publication.

Behavior therapy (BT) and cognitive-behavior therapy (CBT) should not be viewed as the sole solutions for mental health care. A rigorous independent analysis of studies listed in the American Psychological Association's database for empirically supported treatments (ESTs) revealed that the replicability and power estimates of many ESTs, including multiple BT/CBT methods like Dialectical Behavior Therapy (DBT), were found to be low (Sakaluk et al., 2019). Some treatments that were considered to have "strong" evidence did not show superior efficacy compared to those deemed to have "modest" evidence (Sakaluk et al., 2019). According to these results, several methods of BT or CBT have weaker evidence than previously assumed. A meta-analysis on depressive and anxiety disorders reported that the effects of CBT in depressive and anxiety disorders are uncertain and should be considered with caution due to the small number of high-quality studies (Cuijpers et al., 2016). Furthermore, the success rates for BT/CBT in depressive and anxiety disorders, in terms of response hover around 50%, with remission rates being notably lower (Cuijpers et al., 2021; Cuijpers et al., 2014; Loerinc et al., 2015; Springer et al., 2018). This applies to CBT of PTSD as well. Roughly half to two-thirds of study participants retain their PTSD diagnosis (Hoge et al., 2017; Resick et al., 2017; Steenkamp, 2016; Steenkamp et al., 2015; Steenkamp et al., 2020). Reviews of the three STRONG STAR military PTSD trials (Litz et al., 2019) found overall only 31% of patients recovered or improved. Among VA patients identified as "suitable" for prolonged exposure (PE) and Cognitive Processing Therapy (CPT), 38.5% of Veterans who initiated treatment dropped out (Kehle-Forbes et al., 2015). One likely factor in this high attrition is that many patients cannot tolerate the demands of exposure-based treatments (Chard et al., 2012). Evidence is growing that non-exposure-based approaches may be just as effective as exposure-based approaches (Markowitz et al., 2015; Steenkamp et al., 2015), all of which is ignored by the WHO recommendations.

This reality underscores that no single psychotherapy approach can currently be regarded as the definitive solution for all patients (Leichsenring & Steinert, 2017). A significant number of patients who do not respond to BT/CBT could potentially benefit from alternative evidence-based psychotherapeutic approaches. Our concern is heightened by the WHO's recommendation of primarily a singular psychotherapy approach (WHO, 2023, 2024), potentially leaving many patients without access to more suitable treatments that could offer them substantial benefits. For anxiety disorders, for example, the WHO noted that there were limited data for psychotherapeutic interventions other than those based on CBT and that further research is needed to clarify if other therapies can offer similar benefit (WHO, 2023,

p. 20). Here we provide such evidence for psychodynamic therapy, not only for anxiety disorders but also for various other mental disorders (Leichsenring, Abbass, et al., 2023; Leichsenring et al., 2015; Lilliengren, 2023).

With regard to implementation, there is evidence that psychodynamic therapies are adaptable and can be effectively taught to new practitioners from diverse theoretical and professional backgrounds (Abbass et al., 2013; Abbass et al., 2015; Bateman & Fonagy, 2009; Rocco et al., 2014). While the efficacy and the long-term benefits of long-term psychodynamic therapy in complex and treatment resistant mental disorders has been demonstrated (Fonagy et al., 2015; Leichsenring et al., 2013; Leichsenring & Rabung, 2011), substantial evidence also points to the broad applicability and efficacy of short-term psychodynamic methods (Abbass et al., 2020; Abbass et al., 2022; Barber et al., 2021; Driessen et al., 2015; Keefe et al., 2014; Keefe et al., 2020; Leichsenring, Abbass, et al., 2023). In addition, psychodynamic therapies can be delivered in guided and online formats, digitally supported, making them accessible and distributable on a wide scale (Andersson et al., 2012; Johansson et al., 2013; Johansson et al., 2012; Johansson et al., 2017; Leichsenring et al., 2015; Lilliengren, 2023; Mechler et al., 2022).

For these reasons, we advocate for the incorporation of psychodynamic therapies among other evidence-based psychotherapeutic approaches by the WHO as well as for the involvement of experts in the WHO guideline development group with current knowledge on the outcomes of other approaches such as psychodynamic or interpersonal therapy in order to avoid biased recommendations (Abbass et al., 2017; Leichsenring et al., 2017; Sakaluk et al., 2019), implying a form of adversarial collaboration (Mellers et al., 2001).

Our call is to highlight the significant evidence supporting psychodynamic therapy and to prompt the WHO to adopt an encompassing approach in their guidance. By embracing a broader array of empirically supported therapeutic methods, the goal is to elevate the overall quality and efficacy of global mental health care.

This letter has been signed by more than …. psychodynamically oriented researchers and several psychodynamic organizations from all around the world.

We look forward to your response.

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