

Supplementary Panel S2: Further Concerns

There are further reasons for concern regarding the evidence for psychotherapy and pharmacotherapy.¹

- Rates of replicability in psychotherapy and pharmacotherapy research were found to be low.^{2,3}
- During recent decades effect sizes were found to stagnate or even decrease.³⁻¹¹
- Studies on long-term outcome are widely lacking. The vast majority of the included meta-analyses reported only short-term outcome, with only a few providing data on long-term effects with follow-ups of at least 6 months.¹²⁻²⁶ Several meta-analyses found effect sizes to decrease between post-therapy assessment and follow-up.^{18, 22, 24, 25, 27}, for example, from SMD=1.11 post-therapy to 0.27 at follow-up²⁴ or from 0.57 to 0.06.²² Some exceptions exist.²⁵
- In addition, across mental disorders, pharmacotherapy was often associated with more adverse events and/or higher dropout rates than placebo (Table S1).^{9, 11, 17, 20, 28-48} In studies of psychotherapy, unwanted events and side effects are usually rarely reported, but occur in about 20% of patients.^{30, 49-51}
- Most psychotherapies included in the meta-analyses reviewed here were short-term, encompassing, for example, 1 to 25 treatment sessions⁵² which may be adequate for patients with acute distress⁵³⁻⁵⁵, whereas for patients with chronic disorders or personality problems, short-term treatment fails most patients.⁵³⁻⁵⁵ Rigorous data are needed to test the efficacy, acceptability, and harms of longer-term psychotherapy.
- For psychotherapy of children and adolescents effect sizes are similarly limited as those of adults.⁵⁶⁻⁶¹

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