Cognitive behavioral therapy (CBT) for adult anxiety
Adult Mental Health: Anxiety

The WSIPP benefit-cost analysis examines, on an apples-to-apples basis, the monetary value of programs or policies to determine whether the benefits from the program exceed its costs. WSIPP’s research approach to identifying evidence-based programs and policies has three main steps. First, we determine “what works” (and what does not work) to improve outcomes using a statistical technique called meta-analysis. Second, we calculate whether the benefits of a program exceed its costs. Third, we estimate the risk of investing in a program by testing the sensitivity of our results. For more detail on our methods, see our Technical Documentation.

Program Description: Cognitive-behavioral therapies (CBT) include various components, such as cognitive restructuring, behavioral activation, emotion regulation, exposure, communication skills, and problem-solving. Most commonly, treatments in this review provided 10 to 20 therapeutic hours per client in an individual or group modality. Most studies in this analysis focused on a single anxiety disorder (generalized anxiety, obsessive-compulsive, panic, social phobia) with aspects of the treatment tailored to the specific disorder. This review excludes studies of CBT for post-traumatic stress disorder.

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2017). The chance the benefits exceed the costs are derived from a Monte Carlo risk analysis. The details on this, as well as the economic discount rates and other relevant parameters are described in our Technical Documentation.
### Detailed Monetary Benefit Estimates Per Participant

<table>
<thead>
<tr>
<th>Benefits from changes to:</th>
<th>Benefits to:</th>
<th>Participants</th>
<th>Taxpayers</th>
<th>Others</th>
<th>Indirect</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor market earnings associated with anxiety disorder</td>
<td></td>
<td>$21,205</td>
<td>$9,629</td>
<td>$0</td>
<td>$0</td>
<td>$30,834</td>
</tr>
<tr>
<td>Health care associated with anxiety disorder</td>
<td></td>
<td>$215</td>
<td>$759</td>
<td>$784</td>
<td>$381</td>
<td>$2,139</td>
</tr>
<tr>
<td>Adjustment for deadweight cost of program</td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>($292)</td>
<td>($292)</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td><strong>$21,419</strong></td>
<td><strong>$10,389</strong></td>
<td><strong>$784</strong></td>
<td><strong>$89</strong></td>
<td><strong>$32,681</strong></td>
</tr>
</tbody>
</table>

1In addition to the outcomes measured in the meta-analysis table, WSIPP measures benefits and costs estimated from other outcomes associated with those reported in the evaluation literature. For example, empirical research demonstrates that high school graduation leads to reduced crime. These associated measures provide a more complete picture of the detailed costs and benefits of the program.

2“Others” includes benefits to people other than taxpayers and participants. Depending on the program, it could include reductions in crime victimization, the economic benefits from a more educated workforce, and the benefits from employer-paid health insurance.

3“Indirect benefits” includes estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

### Detailed Annual Cost Estimates Per Participant

<table>
<thead>
<tr>
<th>Annual cost</th>
<th>Year</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program costs</td>
<td>$1,458</td>
<td>2015</td>
</tr>
<tr>
<td>Comparison costs</td>
<td>$814</td>
<td>2008</td>
</tr>
</tbody>
</table>

This therapy typically takes place over 10 to 20 weekly sessions. Per-participant costs are based on therapist time as reported in the studies, multiplied by DSHS reimbursement rates reported in Mercer (2014) Behavioral Health Data Book for the State of Washington For Rates Effective January 1, 2015.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta-analysis. The cost range reported above reflects potential variation or uncertainty in the cost estimate; more detail can be found in our [Technical Documentation](#).
The graph above illustrates the estimated cumulative net benefits per-participant for the first fifty years beyond the initial investment in the program. We present these cash flows in non-discounted dollars to simplify the “break-even” point from a budgeting perspective. If the dollars are negative (bars below $0 line), the cumulative benefits do not outweigh the cost of the program up to that point in time. The program breaks even when the dollars reach $0. At this point, the total benefits to participants, taxpayers, and others, are equal to the cost of the program. If the dollars are above $0, the benefits of the program exceed the initial investment.

### Meta-Analysis of Program Effects

<table>
<thead>
<tr>
<th>Outcomes measured</th>
<th>Treatment age</th>
<th>No. of effect sizes</th>
<th>Treatment N</th>
<th>Adjusted effect sizes and standard errors used in the benefit-cost analysis</th>
<th>Unadjusted effect size (random effects model)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First time ES is estimated</td>
<td>Second time ES is estimated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety disorder</td>
<td>ES</td>
<td>SE</td>
<td>Age</td>
<td>ES</td>
<td>SE</td>
</tr>
<tr>
<td>Major depressive disorder <em>^</em></td>
<td>36</td>
<td>32</td>
<td>726</td>
<td>-0.525</td>
<td>0.064</td>
</tr>
<tr>
<td></td>
<td>36</td>
<td>19</td>
<td>384</td>
<td>-0.400</td>
<td>0.080</td>
</tr>
</tbody>
</table>

*^*WSIPP does not include this outcome when conducting benefit-cost analysis for this program.

**Citations Used in the Meta-Analysis**


