

## GCRI INTERVIEW

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**How would you describe Germany's commitment to supporting individuals  
with mental illness? What kinds of systems are currently in place?**

Germany's commitment to supporting individuals with mental illness is good compared to other countries. It could be better, but we have general mandatory health insurance that fully covers treatments for mental illness. This includes direct access to psychotherapists, which is the largest group of mental health professionals in the German healthcare system. In spite of a large number of outpatient psychotherapy specialists, many patients are still being treated in inpatient facilities and most patients receive psychotropic medication as first-line treatment. This needs to change.

**Do you think the incidence of depression and anxiety has increased over  
the past 10 years? If so, why has this occurred?**

Whether the incidence of depression and anxiety has increased is a hotly debated topic. Comparisons based on diagnoses are difficult, because diagnostic systems change every couple of years. A better way to understand whether there has been an increase in depression and anxiety is to learn from studies that used psychometric questionnaires. With respect to North America, such studies clearly show an increase in both depression and anxiety. However, the same may not be true in Europe. We are currently carrying out a study focusing on this question, using data from German-speaking countries and the United Kingdom. In contrast to the North American data, there is no significant increase in depression or anxiety over the past 50 years. What has changed significantly is the incidence of treated depression and anxiety. More people are seeking treatment and receiving it. This may be related to an increasing number of mental health professionals, increased coverage of these topics in the media, and less stigmatization of mentally ill people.

## **What kinds of developments do you foresee in the German mental health sector over the next 10 years?**

Predictions are always difficult. However, I think it is safe to predict that the role of outpatient psychotherapy, especially cognitive behavioral therapy (CBT) will significantly increase. More young professionals are seeking training in CBT and more patients are actively demanding this treatment modality. Cost benefit and cost-effectiveness studies are increasingly showing that short term psychological treatments are the most efficient treatments for a majority of mental health problems.

## **Could you please elaborate on one or two of your current research projects.**

The first project is based on the Bochum Optimism and Mental Health Studies (BOOM). Through data from both representative population surveys and large-scale student samples in Germany, the USA, Russia, and China, we are analyzing predictors of positive and negative mental health (depression, anxiety, and stress). Recently we have also begun studies in Pakistan. This allows us to look at the social-cultural and psychological determinants of mental health. This study focuses on positive and protective factors, which is different from previous studies that typically addressed negative or pathogenic variables. For a full understanding of mental health, however, we have to address both positive protective factors as well as pathogenic factors. Our results show that social factors have a strong influence on mental health and that this influence is mediated by psychological processes, such as delay of gratification, degree of mental activity, self-efficacy and the sense of control. Our findings indicate that there is a positive mental health, which is relatively independent of mental illness (ca. 75% of the variance is non-shared). Positive mental health can easily be measured with a very short instrument that shows measurement invariance across the different cultures covered in our research program. This is an important prerequisite for cross-cultural studies, often neglected in current studies.

The second research program looks at ways to enhance exposure treatments for anxiety disorders. Anxiety disorders are the most frequent type of mental disorder and exposure treatments are the most successful method to treat these disorders. On the other hand, the outcomes are not perfect and the mechanisms underlying treatment success are not fully understood, which is why we are systematically studying various ways of augmenting the effects of exposure treatments. These studies should not only create a better mechanistic understanding of exposure therapy, but should also have important translational consequences for clinical care. The successful augmentation strategies for exposure therapy that we have found so far include: Sleep after exposure, which enhances memory consolidation and

thereby learning during treatment; the use of single low dosages of cortisol, which also enhances memory and learning during treatment; and the experimental manipulation of self-efficacy. We were able to show that enhanced self-efficacy also leads to enhanced extinction learning, which by now may be considered the main mechanism involved in exposure treatments.

**What are your plans after your Alexander von Humboldt Professorship comes to an end?**

After the Humboldt Professorship ends, I will profit from having established the Mental Health Research and Treatment Center (MHRTC), which generates roughly 4 million euros annually of third-party funding that we can use for clinical and basic research. The outpatient clinics of the center have roughly 2000 patients per year, which is a very important basis for carrying out the research that I am interested in. In addition, we established long lasting research collaborations with several countries, which will enable us to continue our cross-cultural research. I would like to devote the next years of my active professional life to analyzing the results that we have gathered so far and to help translate them into an amelioration of mental health care.