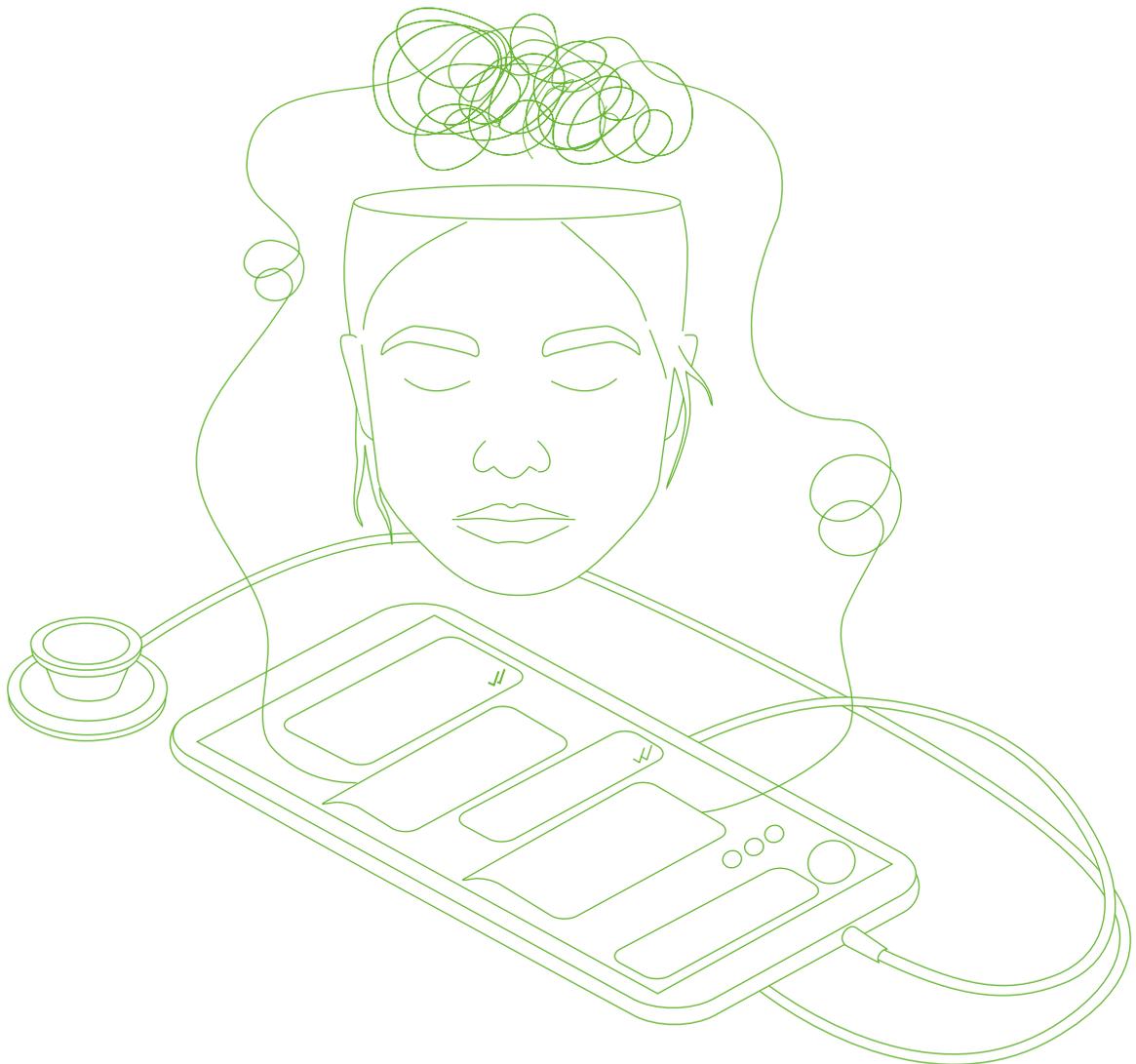


Mental health – digital aids as a game-changer

Interview with **Roger Staub**
David Daniel Ebert
By Stefan Pabst, Think Tank W.I.R.E.



Mental illness is still a taboo subject in our society, and those affected often receive care too late. It is clear to both Roger Staub, managing director of the Pro Mente Sana foundation, and David Ebert, professor for psychology at the University of Munich and founder of the digital mental health provider HelloBetter, that society still has a long way to go in its approach to mental health. The problem can't be solved easily with digital applications, but they are a game-changer in terms of switching the focus of mental health treatment from a provider to a patient-centred approach.

The restrictions in everyday life which we've experienced in the last two years or so have left their mark. How has the pandemic affected our individual and collective psyche?

Ebert: We're only seeing the short-term effects at the moment. These include an increase in anxiety disorders and depression. Children, adolescents and people with certain pre-existing illnesses are worst affected. It is too early to say what the long-term effects will be on the development of children and young people. Each stage of a person's development – with all the challenges it involves – is important in a person's growth. We still cannot tell at this stage what it means now that not only a burden has had to be overcome, but also many duties and responsibilities have fallen away.

Staub: This can be applied to Switzerland, too. However, it is also important to note that in representative surveys, over 80% of respondents said that they felt good or very good during the pandemic. Above all, this means that those most affected were people who were already confronted with mental health challenges beforehand: single parents, poorer people, and children and young people. The problem is that the issue of mental health is still not being picked up properly by either the government or health authorities. Yes, immediate measures were implemented, but they did not get to the heart of the matter. A "Mental health" day is not enough. The care available beforehand was already inadequate, and it will take several years to close these gaps, including new outpatient services and additional beds in inpatient facilities for children and adolescents.

What are the biggest challenges that we face in ensuring the mental health of the next generation?

Staub: The biggest mistake that most adults make with adolescents is in thinking that they are going through puberty and it is just a phase. This way, entire groups of young people are under strain when they start their training, professional life or a family. The disparity between investments in education and mental health is alarming, even though mental health is already struggling to cope. Switzerland is also a special case, because illnesses are often treated late here, because this generates the most revenue and offers the best tariffs. Health promotion and prevention are practically non-existent and early interventions have low tariffs, even though calls for "outpatient before inpatient" have been heard for the last 30 years. Most pilot projects do not make it into regular operation. And the number of beds in inpatient psychiatric facilities continue to rise.

Ebert: In Germany there was a waiting time of 18 weeks for psychotherapy even before the pandemic. And only half of those diagnosed receive specialist treatment. The other half are treated by their family doctor. The extent of the problem becomes clear when we consider that only 57% of people with mental health problems come into contact with the healthcare system during their lifetime. And the situation has been exacerbated as a result of the pandemic. The current system is not designed to reach people at an early stage. It takes years until people actually seek help. We need new ideas.

Why do we still make it so hard for ourselves when it comes to dealing with mental illness, and which societal developments are causing them to rise?

Staub: Mental illness is still a taboo topic. It is still associated with shame. That's why people who have mental health problems pretend that everything is fine, even though they know that something is wrong. They wait until the illness gets worse and only seek treatment when they're desperate. And our healthcare system waits until those affected make the first move. What we should actually be doing is implementing concepts such as "First aid for mental health" where the focus is trained more on the role of family and friends, because when those affected and the care system simply sit back and wait, we need a third party that takes action at the right time. However, for this to work properly, society needs to be familiar with the A to Z of mental health.

Ebert: Put simply, there have always been – and always will be – things in life that get us down or put pressure on us. Therefore, it doesn't really make sense to place the main focus on topics such as digitalisation or increased mobility. We teach children how to brush their teeth properly. But picking up on what Mr Staub said, there is no A to Z on mental health on the school curriculum or during further education. Despite the fact that we talk a lot publicly about prevention and health promotion, there is no system in place for learning what emotions are and how we relate to them.

Today footballers talk about taboo topics such as homosexuality or mental illness. So can we really say that they are taboo?

Staub: Parallels can be drawn with the public debate surrounding HIV. It took about 15 years from the 1980s to take the stigma away from this topic. And if we look at English-speaking countries such as the United Kingdom, the USA, Australia and New Zealand, it is clear that they are about 10 years ahead of us. And yes, it does make a difference when Young Boys Bern speak up for mental health, but there is a very long way to go yet.

Once someone admits that they have a problem, effective medical treatments need to be in place for patients. What treatments are available today – and which are likely to be offered in the future?

Ebert: We don't need a one-size-fits all strategy. It is important to have a needs-based system for mental health care. We need early intervention to be able to offer personalised support. But before that can happen, we need to overcome the fragmentation of the healthcare system. And I think this applies to both Germany and Switzerland.

Does that mean we need to focus less on the treatment options that are available and more on the underlying conditions of the system?

Ebert: There is still work to do when it comes to the treatments offered. The effect sizes of treatments have not improved in many areas over the last 20 years. For example, eating disorders have a remission rate of just 30%, while 40% of people with depression experience a relapse within a year. In my opinion, the most important short-term factor is not to increase the effectiveness of treatment but to reach more people at an early stage.

What role can digital channels and offers play in raising awareness and treatment?

Ebert: Today we know that "digital therapeutics" can be used to successfully treat depression, anxiety, post-traumatic stress disorders and many other illnesses. And not only for people with mild symptoms, but even in the case of severe depression, for example. These applications provide various kinds of psychotherapy in a digital format so that patients can use them independently and apply what they learn to their daily life. The services on offer

range from fully automated applications through to programmes where experts work in the background to continually check the progress being made and adjust the recommendations as necessary. The applications can be used for both prevention and treatment. And they are particularly useful for helping people who have gone unnoticed so far.

Staub: I don't doubt that digital offers can play an important role in prevention and treatment. However, if we consider that social alienation always plays a role particularly in the case of severe mental illnesses, we have to be aware that digital offers do not provide any key added value here – they cannot alleviate loneliness. For me, digital offers are more a matter of style, but they can't bring together the health and social issues. In the case of severe mental illness, recovery is not an option if social stability is not guaranteed.

But don't digital platforms offer opportunities for social interaction?

Ebert: It depends on how they are implemented. We know today that social anxiety disorders in particular can be treated very successfully with cognitive behavioural therapy via digital channels. And these therapies are specifically aimed at fostering social relationships in non-digital life and entering into them despite existing fears. This even applies to treatment for internet addiction. Here, too, digital channels can be used to create access to non-digital daily life.

How do we know which form – digital, hybrid or personal – would suit a person best?

Ebert: Current research does not yet provide a clear answer to this question. We are also still searching for answers in the field of psychotherapy. With many mental illnesses, it is still difficult to say with any certainty, for example, whether cognitive therapy or psychodynamic therapy would be more effective. And this is where I hope digitalisation will help. We now have access to large amounts of data that will help us to personalise treatment. This will be one of the key focal points of research in this field over the next ten years.

Personalisation through digitalisation is all the rage at the moment. Can it be applied to psychological treatment, too?

Ebert: Personalisation promised huge things for marketing and other consumer areas, but today we're seeing that it has proved difficult to put into practice. The human psyche is incredibly complex, which is why we're still in the early stages of personalised treatment. A short time ago we started a research project in cooperation with Harvard University in which 19 countries are providing data in order to improve our predictive models.

What can doctors and therapists do to ensure that digital applications are effective in practice?

Ebert: When it comes to treatment and therapy, we need to acquire the necessary skills. However, depending on how the solutions are organised, we may see a real turnaround as the focus moves away from a provider-centred way of thinking and working. A new therapeutic approach is needed where the focus is really on the patient and they are empowered to work effectively with the therapist with the help of digital tools. Doctors and therapists need to change their mindset when it comes to understanding which responsibilities patients themselves can take on. In my opinion, this factor is not sufficiently taken into account in education today.

Where do you see the biggest potential for future digital innovations?

Ebert: I see great potential for assistance systems that use pattern recognition for example to support doctors and therapists. If voice analysis could help identify phases of depression, then this vital additional information could be used across all disciplines to enable

better treatment. The second area where digitalisation could really help is choosing the most effective method of treatment for a patient. This is where I hope that data-based approaches will enable us to make huge progress. Then we will also have the opportunity to test personalised allocation through support systems – online and offline – under clinical conditions to find out whether it really improves treatment. I also hope that progress will be made in the area of connected care so that patients never have the feeling that they are alone throughout their treatment. Digitalisation can play a key role here.

What role will society play? What do we as a whole need to learn to be able to better deal with the mental health challenges of individuals?

Staub: The main obstacle is that we don't talk about mental health. But we also need to be a little more humble about mental illness. Psychiatrists in particular still complain that we don't have any blood markers or tests to clearly diagnose mental illness. Assuming that we have to continue without these definitive analyses in the future and that we have to rely on what people tell and show us, then we have to encourage and ensure equal and honest exchange between all parties.

Ebert: We have to think beyond the strict division between mental health and illness and see that the boundaries of our individual psyche are blurred. It is normal in life that we are faced with certain challenges that can influence how we feel. What we need in all areas of life, above all, is space. We should be able to talk about mental health as naturally as we chat about work or football. The difference between psychological and somatic illnesses is that it doesn't matter whether they are currently present or not. I'm either having a heart attack or I'm not. It is harder to draw a clear line when it comes to depression. Therefore, it is essential that society is aware of the presence and relevance of our mental states.



Roger Staub co-founded Aids-Hilfe Schweiz in 1985. From 1989 he was the delegate for AIDS issues for the Canton of Zurich. After working for Concordia health insurance, the police department in Zurich and Expo.02, he headed up the AIDS section in the FOPH from 2003 to 2016 and was the deputy head of the communicable diseases division from 2009 to 2015. Since 2017, Roger Staub has been the managing director of the Pro Mente Sana foundation in Zurich. The foundation is committed to mental health in Switzerland and manages inCLOUSiv, a digital exchange platform for mental health issues.

<http://www.promentesana.ch/>

<http://www.inclousiv.ch/>



David Daniel Ebert is professor for psychology & digital mental health care at the Technical University of Munich and head of Protect Lab. Mr Ebert is also founder and scientific director of HelloBetter and past president of the International Society for Research on Internet Interventions (ISRII). His research focuses on the development and evaluation of evidence-based internet and mobile-based health interventions for the promotion of mental health in different settings and areas of life (work, university) with a particular focus on the prevention and early intervention of mental illnesses.

<https://www.protectlab.org>

<https://hellobetter.de>