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Improve identification of mental disorders and identify vulnerable groups

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Abstract:

This report will first address mental health care in Germany and subsequently digital media use. German mental health treatment is comparatively effective. Mental health care is provided by multiple practitioners in localised centers, this cooperation assures a relatively holistic treatment approach instead of a treatment solely focused on psychiatry. Involvement of patient representatives is common. Gender aspects are inconsistently introduced in treatment guidelines. Research on gender and health has been encouraged by a funding initiative by the Federal Ministry of Education and Research (BMBF) in 2016. We are hopeful that this research will help fill existing gaps in our understanding. Unfortunately, a substantial number of mental disorders remains untreated, partly because of perceived stigma but also because those affected do not recognise their mental health condition. Identifying cases of mental disorders using standardised, low-threshold testing is crucial to increase treatment success and would likely also lead to a more gender fair mental health care. Data on media use is available in Germany, however effects of media use on mental health are not well understood. Adolescents and young adults report more negative effects of digital media use when they engage in internet multitasking. Another factor that might make vulnerable to negative effects of digitalisation are neglectful or abusive families. Children within these families are at a higher risk to develop mental health disorders anyway. Controlling negative effects of digital media might be futile, instead identifying and supporting survivors of childhood maltreatment might be a more feasible approach. To reach these children it is more useful to target teachers than parents.

1. Mental Health care in Germany

Mental health care is relatively well developed in Germany (Nübling et al., 2014), however there is still a substantial number of cases (approximately 70%) that do not receive treatment (Rabe-Menssen et al., 2021). This is however not commonly based on a lack of accessible health care. Instead, frequent reasons are lacking information about treatment options, lack of motivation, fear of stigmatisation, or not recognising symptoms (Rabe-Menssen et al., 2021). Treatment of mental disorders is broadly covered by most German health insurances. Though waiting times can be substantial in some regions (Nübling et al., 2014).

Treatment is administered by a multitude of practitioners. Most ambulant care is conducted by psychotherapists, consultant psychiatrist or psychosomatic medicine - a German specialty similar to medical psychology) (Rabe-Menssen et al., 2021). Additionally, mental health disorders are treated by primary care physicians.

Inpatient treatment is provided in psychosomatic or psychiatric hospitals or psychosomatic or psychiatric departments of general hospitals (Rabe-Menssen et al., 2021). In addition to inpatient care, semi-residential care is possible – sleeping at home while staying in hospital during the day –which makes care more flexible and allows to adjust care to individual needs. It was suggested that this might be especially helpful for people with care responsibilities.

A crucial instrument to ensure quality of care are treatment guidelines that are issued by medical associations and are regularly updated. The guidelines are created in cooperation between different practitioners (especially physicians and psychotherapists) as a well as patient representatives. Gender aspects of disorders seem to be handled inconsistently and with varying success within the guidelines. Some treatment guidelines do draw attention to gender aspects of disorders (e.g., treatment guidelines for anxiety disorders AWMF, 2021) others don't (e.g., treatment guidelines for ADHD AWMF, 2017a). However, even though the treatment guideline for anxiety disorders outlines gender differences regarding prevalence and phenotype – this is important for the recognition of cases - the same document neither gives gender specific recommendations regarding drug nor psychotherapeutic treatment. The treatment guideline for unipolar depression barely touches on the gender differences in prevalence and phenotype, however, it does give different recommendations on drug treatment (treatment guidelines for unipolar depression; AWMF, 2015). Some treatment guidelines limit their focus of gender on pregnant or breastfeeding women (treatment guidelines for depression; AWMF, 2015, guidelines for bipolar disorder 2017b). Apart from the guidelines, it is unclear how well gender aspects are integrated in the actual mental health care.

Involvement of patient representatives in creating guidelines and policies is well established (e.g., guidelines for treatment of anxiety disorders AWMF, 2021). However, in my experience patient representatives are not necessarily treated as equal partners in the process of drafting treatment guidelines.

2. Comparing mental health care

The current German state was formed when the former GDR (German Democratic Republic, Eastern Germany) was integrated into the Federal Republic of Germany (BRD, Western Germany). Following this process most structures in Eastern Germany were aligned with structures in Western Germany. However, some cultural differences remain, such as the higher employment rates of mothers in Eastern Germany compared to Western Germany. Eastern Germany as a former associate of the Soviet Union thus shows similarities to the Czech Republic that are not present in Western Germany.

Inpatient care in Germany already reached some of the goals outlined in the discussion paper about the Czech Republic (Šmídová & Tulupova, 2021). Care is decentralised and localised and less limited to medical treatment approaches (Bramesfeld & Hegerl, 2011). Previous movements sought to increase localised care, access to low-threshold support like support groups, equalisation of mental and somatic disorders (Häfner, 2016). Until reunification East German mental health care persisted to rely on big hospitals and psychiatry in the treatment process (Richter, 2001) until reunification when the West German system was adopted.

Currently, treatment rates do not differ between East and West Germany, however mental disorders are more frequently diagnosed in West Germany (Rabe-Menssen et al., 2021) even though epidemiological studies showed no differences in prevalence rates between East and West Germany (Jacobi et al., 2014). This seems to imply a better recognition rate in Western Germany. In general, structural differences between East and Western Germany are steadily decreasing. Although mental health care subtle differences between the Eastern and Western states could remain, they are rarely analysed. Thus, it remains unclear whether (mental) health care in Eastern Germany still suffers from a stronger “eminence-based approach” as described in the text by Šmídová and Tulupova (2021) about the Czech Republic.

3. Recommendations for mental health care

A greater patient involvement in treatment decisions is often desired by politics and institutions, however not equally well implemented everywhere. Interestingly, giving patients control over their treatment process might increase treatment outcomes especially among men, which frequently show reduced effects of psychotherapeutic treatment (Dinger-Broda & Broda, 1997; Steffanowski et al., 2005). There is some evidence that male patients prefer more control over the course of their treatment (Seidler et al., 2018). It has been suggested that psychotherapeutic treatment would be more effective in men if these conditions were met (Burghardt et al., 2021).

There are still gaps in our understanding of gender differences in mental and somatic health. Recently, research on gender aspects of health care and prevention has been encouraged by a funding initiative by the Federal Ministry of Education and Research [Bundesministerium für Bildung und Forschung, BMBF], which started in 2016 (BMBF, 2016). This stimulated the publication of gender sensitive studies (e.g., Burghardt et al., 2020; Otten et al., 2021). We are hopeful that this research will help fill existing gaps in our knowledge. In my experience, publishing gender sensitive analyses is rather difficult because peer-reviewed journals reject them for not being innovative enough. It might be helpful to create a repository to make relevant work more visible.

Decreasing the rates of undiagnosed mental health disorders should be an important goal for mental health care (Nübling et al., 2014). This is especially important for men, because they have the tendency to seek less support (Yousaf, Grunfeld, et al., 2015; Yousaf, Popat, et al., 2015) and are less likely to report symptoms, especially of disorders that are in line with a feminine stereotype such as anxiety disorders

(MacKinaw-Koons & Vasey, 2000). Further, the identification of mental disorders needs to happen in a standardised way. Standardisation of assessment can help to overcome gender stereotypes and especially, will reduce the risks to selectively ask or frame questions differently depending on a patient's gender. This would include the possibility to screen for suicidal ideation. This should happen in a low threshold setting, especially at a primary care physician, because this will reach a broad part of the population and is less stigmatising. Instruments for such assessments already exist, for instance the patient health questionnaire (Gilbody et al., 2007).

Treatment guidelines should fully embrace a gender perspective, throughout. The tendency to focus the discussion of women on pregnant and breastfeeding women should be avoided.

Psychotherapy is currently rarely offered in any other than the German language, which excludes some individuals from using it (Bramesfeld & Hegerl, 2011). This proves to be a major limitation in modern care in Germany.

4. Digitalisation in Germany and in comparison to Sweden

As is the case in Sweden, German children and adolescents report frequent and increasing use of internet and social media. In all age groups older than 10 years most children and adolescents own a smart phone (Bitkom, 2019). Community based studies about media use are frequently conducted, for instance, media use among children was studied within the KIM-study (Medienpädagogischer Förschungsverbund Südwest, 2020b), media use among adolescents was analysed in the JIM-study (Medienpädagogischer Förschungsverbund Südwest, 2020a). The studies give a good idea about current developments in digital and classical media use in a gender sensitive way. Increased digital media use in response to the COVID-19 pandemic were well documented, too (Guth, 2021).

Data on associations between media use and mental health are more difficult to come by. One such study analysed why social media use has negative effects (Reinecke et al., 2017). The study suggested that stress from digital media use is increased by internet multitasking and perceived communication load; that is the number of messages sent. Both processes are driven by social pressure and the fear of missing out. Among adolescents and young adults internet multitasking was an important risk factor for symptoms of depression and anxiety (Reinecke et al., 2017). An implication of these studies is that it might be less useful to assess time spend with media but instead measuring time spent multitasking while using media.

In Germany, the media are regulated by 14 state media authorities [Landesmedienanstalten] within the different federal states. Among other things, they seek to protect minors from negative effects from media use. However, classic strategies to protect children and young adults from problematic media consumption such as age limits are difficult to enforce on the internet. Therefore, access to pornographic or violent content is generally easy. The Swedish report suggested to

combat negative effects of porn use with comprehensive sex education. This is an area in which Germany could still improve substantially. Even though the majority of children and young adults in Germany receive information about sexuality at school (Scharmansk & Hessling, 2021) this sex education focuses on its biological aspects (e.g., anatomy, menstruation). One study found that only around 40% of students aged 14 to 17 years reported that their sex education included information about sex practices or love (Scharmansk & Hessling, 2021). The number of adolescents that receive sex education has recently slightly decreased in West Germany. Adolescents from Islamic families with low education background have received less sex education at schools. Thus, German sex education is not very comprehensive and not necessarily helpful to compensate misinformation by porn or call attention to possible negative side effects of excessive porn use. However, the different Ministries of Education of the different federal states are constantly striving to revise school curricula to give a more comprehensive account of sexuality (Hilgers et al., 2004). These developments are partially hampered by public pushback against normalising LGBT+ relationships (Meyer, 2014), which lead to more general resistance against sex education.

Germany created multiple initiatives to combat negative effects of digital media use. The initiative “SCHAU HIN!” provides information for parents about healthy digital media use and new phenomena to look out for (SCHAU HIN!, 2021). The initiative “jugend.support“ seeks to inform children about effects of (excessive) digital media use and offers resources for self-help and counseling (jugend.support, 2021). In both cases, information is only provided in German.

5. Recommendation on digitalisation and wellbeing

Understanding the effects of digital media use on wellbeing is difficult (Lindbom, 2021). More research is needed. Regarding insights into the effects of porn, it seems helpful to note, that research concerning children/young adults and sexuality are in my experience frequently blocked by collaboration partners out of fear. Research would be encouraged if the relevance of these findings would be visibly supported by the EU.

While an association between digital media use and lower mental health is well established (Asklöf & Randén, 2021), the causal relationships are not at all clear (e.g., Lindbom, 2021). The same is true for porn use. Instead of causing mental disorders, digital media use may be especially popular among individuals with risk factors. Thus, digital media use would be an indicator of a problem not a cause. For instance, survivors of childhood trauma tend to become sexually active earlier (Lalor & McElvaney, 2010). Childhood trauma increases the risk for mental disorders (Carr et al., 2013; Copeland et al., 2018). It is thus possible that the higher use of pornographic material in children with more symptoms is a by-product of their childhood trauma. There is no strong evidence that watching porn is a health risk, maybe except for excessive use.

Instead of policing digital media use in general it might be more helpful to identify vulnerable groups. An important factor that might make vulnerable to negative effects of digital media use are neglectful families that do not provide a support system and especially families that engage in childhood maltreatment or neglect. Becoming a victim of cyberbullying is more likely among children with a history of childhood abuse (Saltz et al., 2020). Parental supervision could be an important factor that contributes to online safety. The majority of parents monitors and discusses internet use (Bitkom, 2019). Children without this support might be vulnerable to negative effects. Importantly, interventions that try to reach children and adolescents from toxic families should not reach out to the parents because they would not be responsive or helpful. The children are more likely to be reached by teachers or directly.

Additionally, childhood maltreatment seems to be an important factor in a gender sensitive understanding of mental disorders. There is consistent evidence that women report more sexual abuse in childhood than men (Lampe, 2002), which might contribute to their higher risk to develop mental health disorders (Bekker & van Mens-Verhulst, 2007; Piccinelli & Wilkinson, 2000).

Identifying and supporting vulnerable individuals, for instance survivors of childhood trauma, seems to be an important part of preventing negative effects of digital media use.

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