



e-interview

Heinz Häfner

Dr Heinz Häfner is founder and former head of the Central Institute of Mental Health (CIMH) and University of Heidelberg Professor emeritus of Psychiatry. He studied psychology, philosophy and medicine at the University of Munich and trained in internal medicine, neurology and psychiatry at the Universities of Tübingen, Munich and Heidelberg.

If you were not a psychiatrist, what would you do?

I would probably be a chemist, researching into physical chemistry.

What has been the greatest impact of your profession on you personally?

The most impressive professional experience was starting my psychiatric training under the inhumane conditions of closed, custodial in-patient care of that time. Running a large ward for neurological disorders with a small post-operative neurosurgery unit (intensive care) gave me a good basis for clinical psychiatry.

Do you feel stigmatised by your profession?

No, probably because I hold some influential positions in medicine, research and research politics outside psychiatry.

Which book/text has influenced you most?

As an avid reader, I cannot say that any single book or text has influenced me most.

What part of your work gives you the most satisfaction?

Fairly early in my professional career I prepared, together with my friend, the late Professor Caspar Kulenkampff, the initiative for the first general inquiry into the state of mental healthcare in Germany, which was conducted in 1971–1975. The cooperation with leading scientists from all fields of research and higher education and ministers for research in Germany and the experience of giving expert advice to the federal and the state governments in Germany were very interesting experiences. In psychiatry a series of innovative results, for example from the ABC Schizophrenia Study, based on epidemiological and biological methodologies, have given me the most satisfaction.

What do you least enjoy?

Colleagues of great words, reputation and success, whose research results are meagre or faked.

**What is the most promising opportunity facing the profession?**

I am rather sceptical as far as the future prospects of a successful gene therapy of major mental disorders, affective and non-affective, are concerned. Hopefully, it will be possible in the nearer future to influence or compensate for early developmental disorders of the brain and thus reduce the risk for these psychotic illnesses as well as other mental-health risks.

What is the greatest threat?

The shrinking interest of young physicians in training in psychiatry and, as a consequence of this, the waning of medical and scientific skills in the field.

What conflict of interest do you encounter most often?

The major risk for conflicts of interest in psychiatry are psychiatrists' taking money and other benefits from pharmaceutical companies; experienced professors' leaving active, independent research for industry-sponsored research; and authorship or co-authorship of publications produced by younger colleagues without any input of their own.

Do you think psychiatry is brainless or mindless?

No, just rationally still underdeveloped.

What are the main ethical problems that psychiatrists will face in the future?

Assisted suicide and the extension of rules or practices for the ethical protection of human life.

How would you improve clinical psychiatric training?

Changing the German system according to the British system, more training in practice, particularly in hospitals under the supervision of well-trained, experienced residents and professors.

What single change to mental health legislation would you like to see?

The mental health legislation in Germany relies on the German *Länder* (states). The laws differ from state to state with the consequence that the proportion of involuntary admissions and treatments highly differs from about 3% to about 40% per year in comparable hospitals. A necessary step is to harmonise these laws.

How should the role of the German Psychiatric Association change?

The German Psychiatric Association (DGPPN – Deutsche Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde) should integrate the competing psychiatric and psychotherapeutic professional associations, and see to it that one specialist title for psychiatry and psychotherapy with different subspecialties will be introduced. There should also be in the future only one category of mental hospitals and no longer two, specialised in psychiatry or psychotherapy, a grotesque solution that exists only in Germany for historical reasons and because of entrenched professional group interests.

What is the future for psychotherapy in psychiatry training and practice?

A number of clinical trials have shown that optimum treatment in many mental disorders and psychiatric syndromes (e.g. depression) is achieved by a combination of pharmacological treatment and psychotherapy. A psychiatrist who merely gives a diagnosis and prescribes medicines fails to provide adequate care and treatment for the patients. This view is underscored by the new insights into the prodromal stages of psychosis and early intervention. Doctors should be trained in, and administer, only those types of psychotherapy that have been shown to be effective and economic.

What single area of psychiatric research should be given priority?

The number one priority is to promote high-standard research with good prospects of yielding valid results. The bulk of psychiatric research, including that funded by large, financially potent organisations, continues to be too opportunistic in nature and weak in methods and design. Despite the fascinating growth in new research methods this situation involves high costs, while being of modest practical gain for the discipline. What should be promoted in the first place is training in epidemiology, because unlike any other subdiscipline of psychiatric research it provides an excellent methodological arsenal with a wide range of uses and teaches systematic, critical thinking.

Dominic Fannon