



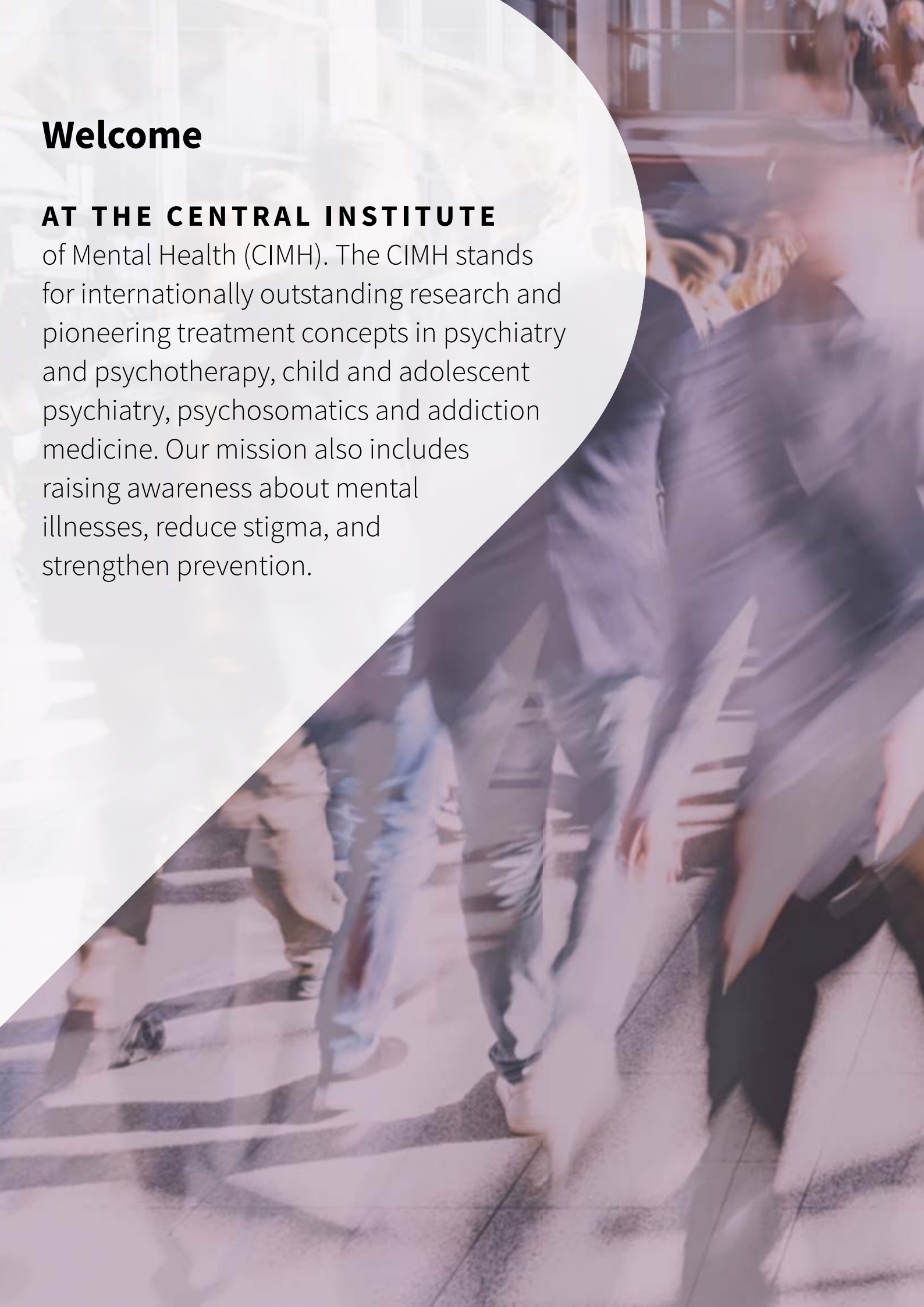
Annual Report

Zentralinstitut  
für Seelische  
Gesundheit

# Welcome

## **AT THE CENTRAL INSTITUTE**

of Mental Health (CIMH). The CIMH stands for internationally outstanding research and pioneering treatment concepts in psychiatry and psychotherapy, child and adolescent psychiatry, psychosomatics and addiction medicine. Our mission also includes raising awareness about mental illnesses, reduce stigma, and strengthen prevention.





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## FOCUS

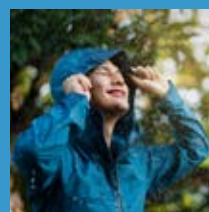
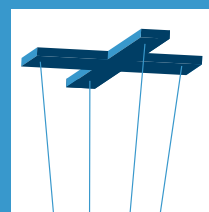


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50 years of the CIMH

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25 years of the Clinic of  
Addictive Behavior and  
Addiction Medicine



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German Center  
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# EXECUTIVE BOARD REPORT

2025 is a special year for the CIMH. We are celebrating an anniversary. Our institute has been shaping psychiatric research at a national and international level for fifty years and also stands for innovative, community-based health care. Over this period, the CIMH has grown astonishingly – including in 2024 and the first half of 2025.

The around 1,700 people who now work with us – ten times as many as in the year we were founded, 1975 – make the CIMH a special place every day. It is a place where we all work together on our overarching objective: continuously improving the prevention and treatment of mental illnesses.

Our employees have a great deal of skill and enthusiasm for their work. That is not just what we think – it is also clear from our current employee survey: the majority of the employees stated that they enjoyed their jobs and were able to make good use of their knowledge and skills. The results show that our colleagues are motivated and view the CIMH as an attractive employer. They also highlight areas where the institute still needs to make more progress. Overall, the results form a solid basis for further improving the organizational structure and working culture.

This annual report once again provides an insight into the work of the institute. We hope that, when reading, you discover how important the interlinking of health care and research and the acceleration of translation, in other words the acquisition of new scientific knowledge and the rapid transfer of this into therapeutic care, are. We document excellent projects and developments in research from page 78. In the focus part from page 12, we examine the following exciting topics in more detail:



**Prof. Dr. Andreas Meyer-Lindenberg**

Head of the Executive Board

**Andreas-W. Möller**

Commercial Managing Director

On pages 14 to 21, we look back on the anniversary celebration and the symposium that commemorated our anniversary back in June 2025 in Mannheim Palace.

This was not the only anniversary in the reporting period. Our Clinic of Addictive Behavior and Addiction Medicine celebrated 25 years of existence in 2024. Together with our Institute for Psychopharmacology, the clinic is now a leading addiction research site in Germany. Read more about this from page 26.

A third anniversary also relates to our health care: We look back on 25 years of professional de-escalation management at the CIMH. The article from page 38 clarifies: de-escalation as we practice it contributes significantly to ensuring the safety of patients and employees and creating a respectful, trusting treatment atmosphere.

The German Center for Mental Health (DZPG), on the other hand, has a comparatively short history. Everything that has been achieved since the start of the set-up phase around two years ago, however, makes us no less proud. As one of eight German health research centers, the DZPG wants to improve the mental health of the population, thereby helping to destigmatize mental illnesses. The CIMH is coordinating one of a total of six locations across

Germany in the DZPG. If you are curious about the current developments and planned activities, turn to page 48.

The societal relevance of our work can also be seen in the national dark field study on sexualized violence against children and adolescents, which the CIMH initiated. It is the first national, representative study that looks not only at the frequency of sexualized violence against children and adolescents but also considers the context of the crimes and their consequences. You can read about the most important results and conclusions from page 42 in the interview with Prof. Dr. Harald Dreßing, Head of the Forensic Psychiatry at the CIMH.

Prof. Dr. Michèle Wessa also has proven expertise in an equally socially relevant area of research. She is the new Head of the Department of Neuropsychology and Psychological Resilience Research at the CIMH and the Cancer Survivorship and Psychological Resilience Department at the DKFZ-Hector Cancer Institute at the University Medical Center Mannheim and the German Cancer Research Center (DKFZ) in Heidelberg. Michèle Wessa started her academic career at the CIMH. From page 30, you can learn more about the career pathway of the “returnee” and about what she is driving forwards in her work. >

“The people who now work with us make the CIMH a special place every day. It is a place where we all work together on our overarching objective: continuously improving the prevention and treatment of mental illnesses.”

› There have also been other exciting developments during the reporting period that we want to expand on here.

Depression is one of the most common and socially significant mental illnesses of our time. Although there are many effective methods for treating it, over 20 percent of those affected do not respond sufficiently to treatment and are therefore considered to be treatment-resistant. The psychedelic psilocybin has been shown to be promising in the past few years in numerous academic studies in which the CIMH has been involved. In spring 2025, we managed to obtain approval for the use of psilocybin in patients with treatment-resistant depression as part of a Compassionate Use Program.

The MHFA first aiders program has a major social impact in the field of early detection and prevention. It translates the concept of first aid from physical health to mental health. The courses offered are continually being expanded, allowing us to reach new target groups such as adolescents and companies. Developing and offering tailored services for operational health management within

companies and organizations will be another area of focus for the work in this field in the future.

Digitalization and artificial intelligence (AI) are key factors to further development at the CIMH. To help our patients as well as possible in the future and to remain leaders in psychiatric research, we are setting up the Center for Information Technology and Digitalization (ZID). The ZID aims to identify needs and opportunities for digitalization across multiple areas and processes and to create optimal solutions for the institute. We have also developed framework conditions for the handling of AI that regulate the responsible use of AI at the CIMH and pave the way for future-oriented use.

All of this is just a little snippet of our work. It is representative of a number of other projects and initiatives and of our important day-to-day work in health care, research, teaching and administration.

We would like to thank our supporters, the state of Baden-Württemberg, and all of our sponsors. Your support is essential for us to carry out our mission and contributes significantly to the success of our work.

We want to say a particular thanks to our employees in this special year. Through their commitment and passion, they enable us to provide excellent health care and research in the service of people affected by mental illness and society. —

Kind regards,

*Prof. Dr. Andreas Meyer-Lindenberg*  
Head of the Executive Board

*Andreas-W. Möller*  
Commercial Managing Director

# DEAR READERS,

We celebrated an important anniversary at the CIMH in 2025: 50 years of the CIMH. Half a century of successful work also stands for a particular innovative capacity – a capacity that continues to shape the institute to this day. The idea of a model institute as a state foundation in which health care, research, and teaching are integrated and closely linked to one another was and remains successful. Guided by research and science, the goal is to do things differently and therefore better. This has been successful in a remarkably high number of areas – benefiting people with mental illnesses.

New scientific findings and new technologies have fundamentally changed psychiatric and psychotherapeutic health care. Digitalization and artificial intelligence are opening up new opportunities, and the researchers at the CIMH are right at the forefront. Clever networking with academics from other institutions to pool forces and tackle major tasks together is important. The CIMH successfully implements this, for example in the German Center for Mental Health (DZPG) and in the Health + Life Science Alliance Heidelberg Mannheim innovation campus.

Internally, too, the CIMH uses the opportunities of digitalization to develop itself further as an organization across all areas and processes. In the new Center for Information Technology and Digitalization (ZID), the needs of the present and the future and



**Dr. Carsten Dose**

President of the Supervisory Board  
Head of the Department of University  
Medicine, Ministry of Science, Research and  
Arts Baden-Württemberg

new opportunities are considered together to develop a comprehensive strategy for the use of artificial intelligence in research, health care, and administration.

Once again, the annual report provides exciting insights into the diversity of tasks and projects at the institute and shows the people behind them. As Chair of the Supervisory Board, I express my great appreciation to all of the employees at the CIMH and the Executive Board for everything they have achieved and for the multifaceted commitment. I am also doing this on behalf of Minister Petra Olschowski. The state of Baden-Württemberg will be a reliable partner by the side of the CIMH in the future. —

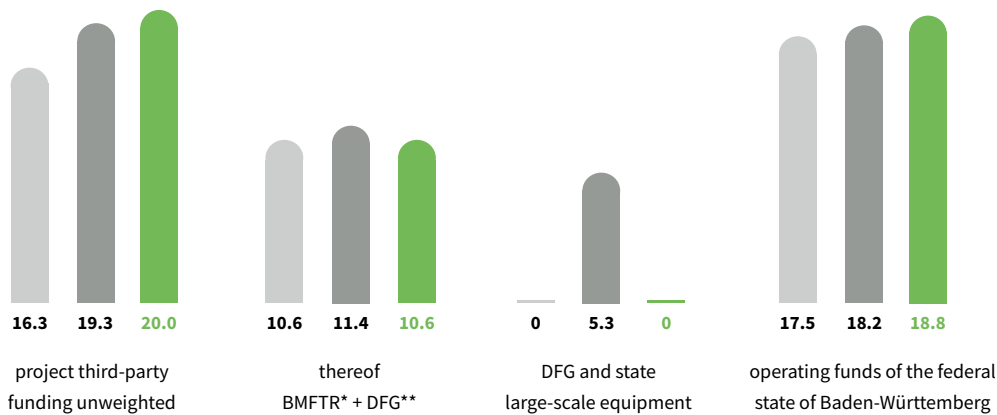
# DEVELOPMENT FIGURES

in three-year comparison

## Research

2022 2023 2024

Third party funding and operating funds in million euros (rounded)



\* Federal Ministry of Research, Technology and Space  
 \*\* German Research Foundation

### Impact factors\*



\* Academic journals have recalculated the 2024 impact factor to mitigate the effects of citations from coronavirus research.

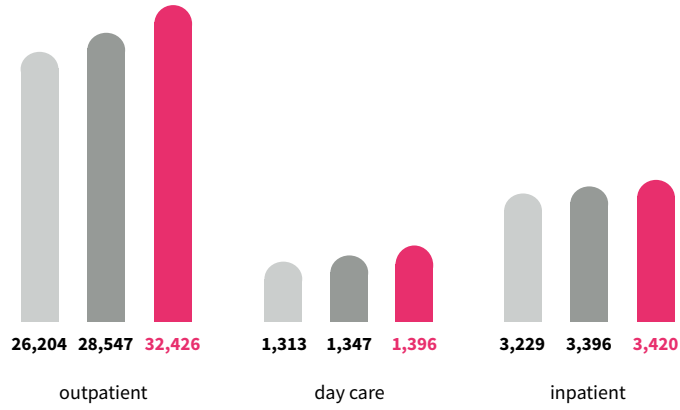
### Number of publications



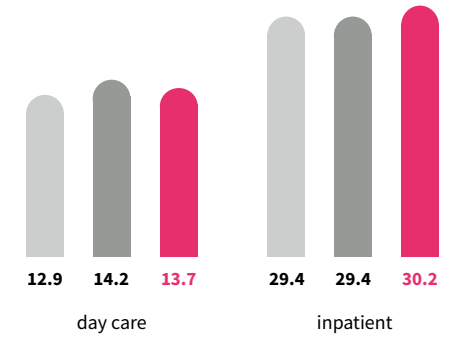
# Patient care

2022 2023 2024

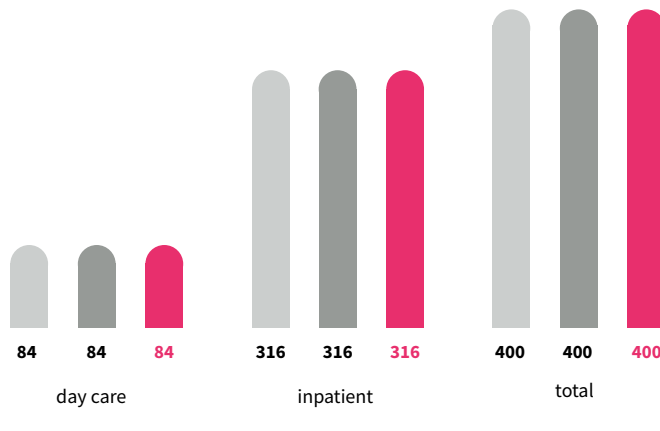
## Patient numbers



## Average length of stay in days

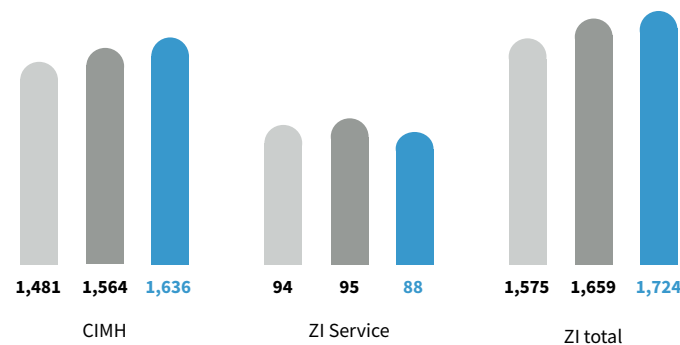


## Beds and treatment units

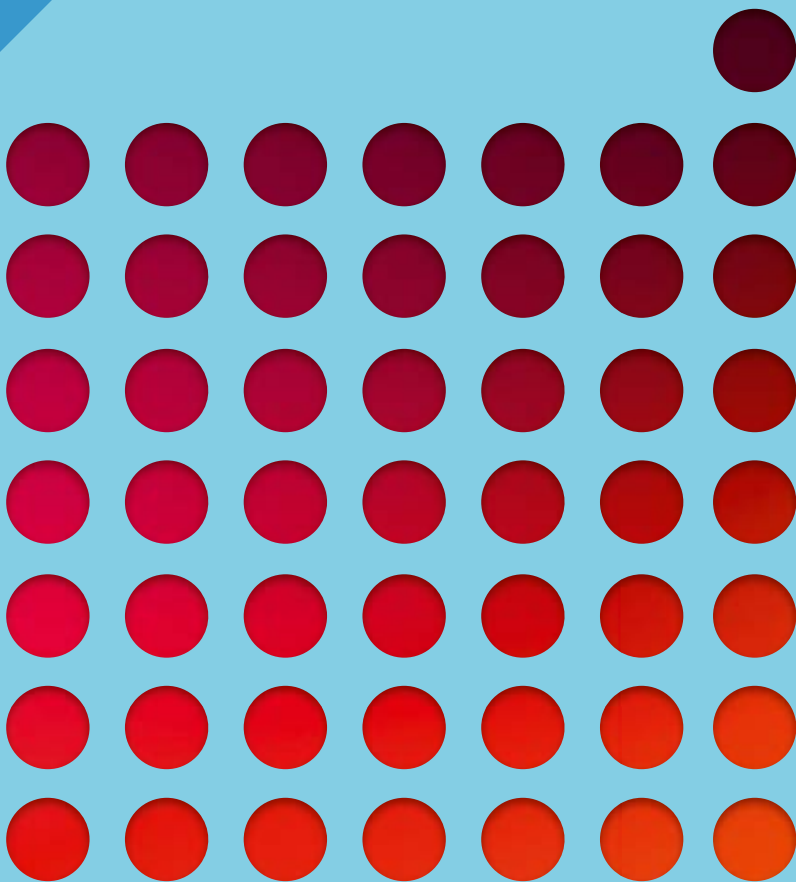


# Employees

2022 2023 2024



**FOR 50 YEARS,** the CIMH has been playing a key role in shaping research and treatment of mental illness with commitment, curiosity, and responsibility. These people and topics are representative of this work.



14

**50 years of the CIMH**

The CIMH was founded in 1975 and is celebrating its anniversary. An opportunity to look both backwards and forwards.

30

**Resilience research**

The new department at the CIMH is researching human resilience and how resilience factors can be specifically strengthened.

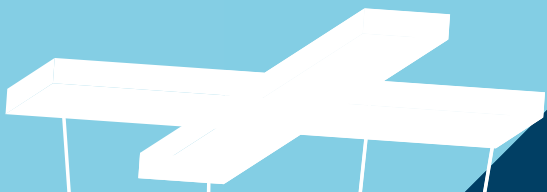
38



**De-escalation management**

Employees at psychiatric clinics must be prepared for crisis situations so that they can act professionally. The concept for practice-based de-escalation management at the CIMH was developed 25 years ago.





26

**Clinic of Addictive Behavior and Addiction Medicine**

For 25 years, the clinic has been successfully combining basic research, health service research, and addiction treatment – for the benefit of patients.



**Dark field study**  
The study shows how often and in what contexts sexual abuse of children occurs. The findings can help to better protect children in the future.

42

48

**German Center for Mental Health (DZPG)**

Researchers across Germany are working together to develop digitally supported prevention and treatment approaches for mental illness.



# 5zig

50 YEARS

Zentralinstitut für Seelische Gesundheit

**Changing to remain  
true to ourselves.**

In 2025, the CIMH  
turned 50 years.

For us, this was an  
opportunity to look  
both backwards and  
forwards.



**5zig** 50 JAHRE  
Zentralinstitut für Seelische  
Gesundheit

**DAS NEUE  
MANNHEIMER  
ORCHESTER**  
Christian Czeschick (1781-1798)  
Konzert in C-Dur  
Andante sostenuto - Allegro

**DAS NEUE  
MANNHEIMER  
ORCHESTER**  
Christian Czeschick (1781-1798)  
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Andante sostenuto - Allegro

Around 300 invited guests came to the anniversary celebration at Mannheim Palace on June 5, 2025.



The keynote speakers included Minister Petra Olschowski, Mayor Christian Specht, and Rector Prof. Dr. Frauke Melchior



“The CIMH is taking responsibility. It has an active impact on society and contributes to increasing awareness of mental illnesses and breaking down prejudices. The State of Baden-Württemberg will be a reliable partner by your side in the future.”

**PETRA OLSCHOWSKI, MEMBER OF THE STATE PARLIAMENT**

Minister of Science, Research and Arts, Baden-Württemberg

“The CIMH has played a critical role in shaping the development of psychiatric and psychotherapeutic research and health care in Germany. It will continue to be involved in improving the prevention and treatment of mental illnesses on the basis of innovative research to a significant extent in the future.” This is how Prof. Dr. Peter Falkai, Director of the Clinic for Psychiatry and Psychotherapy at the Ludwig-Maximilians-University and Medical Director of the Max Planck Institute of Psychiatry in Munich, summarized the importance of the CIMH at the anniversary celebration at Mannheim Palace. In other words, the CIMH has stood for innovation, reliability, and change for 50 years. We are continuously evolving to meet new challenges, remaining true to our overarching objective: constantly improving the prevention and treatment of mental illnesses.

Hardly any institutions in Germany embody the conceptual approach to psychiatry reform as well as the CIMH. It stands for realistic and individual care that aims to ensure recovery and participation. It stands for research that explores the causes of mental illnesses and develops new, better therapies in a targeted manner. And it stands for the education and training of experts in psychiatry, psychotherapy and psychiatric care, and for the destigmatization of mental illnesses and those affected through scientifically substantiated information.

The growth in knowledge about mental illnesses and the conditions that cause them to develop that has been able to be achieved in the past 50 years is remarkable. Technologies such as imaging, genetics, and stem cell research open up additional, ever more in-depth insights. Even virtual reality, the modeling of neuronal processes with algorithms and the analysis of large quantities of data using artificial intelligence promise a level of dynamism in research that was not previously there. The successes and the constantly increasing number of researchers at the CIMH show that we are actively shaping this promising development. >

“For 50 years, the CIMH has been showing what can be achieved when various disciplines work together and research facilities network with one another in an impressive way.”

**PROF. DR. FRAUKE MELCHIOR**

Rector of Heidelberg University



› Successes can also be seen in treatment: with new treatment approaches for mental illnesses that were previously difficult to treat and increasingly customized psychiatric and psychotherapeutic treatment methods (every more frequently supported by digital solutions and artificial intelligence), we are able to help more and more people who are affected.

As was the plan when it was founded in 1975, today, the CIMH is the center of a closely interlinked support network for people with mental illnesses in Mannheim. Not simply taking the perspectives of those affected and their relatives into account in the treatment but also systematically including them in research is another important step in development. An expression of the drive for improvement is also the introduction of innovative services such as first aid courses for mental health (MHFA Ersthelfer). They bring knowledge and understanding into society, improve prevention, and reduce the stigma of mental illnesses.

Changing to remain true to ourselves – this dynamic has been reflected by the past five decades and will remain formative for the CIMH in the future. —



“The CIMH has done groundbreaking research and developed innovative treatment concepts that are recognized around the world. The vision and the commitment of the employees contribute significantly to the mental health of our society and health care in all cities.”

**CHRISTIAN SPECHT**, Mayor of the City of Mannheim

## SCIENTIFIC SYMPOSIUM

TO MARK THE ANNIVERSARY, INTERNATIONAL EXPERTS HIGHLIGHTED THE LATEST PERSPECTIVES IN NEUROPSYCHIATRIC RESEARCH.



Scientific symposium with international experts

**Prof. Dr. Daniel R. Weinberger**

Lieber Institute for Brain Development  
and Johns Hopkins University, USA  
*The Genesis of Schizophrenia: An Origins Story*

**Prof. Dr. Katrin Amunts**

Forschungszentrum Jülich and University Düsseldorf  
*Anatomical landscapes of human brain function and dysfunction*

**Prof. Dr. John F. Cryan**

University College Cork, Ireland  
*Unravelling the Microbiome-Gut-Brain Axis for Mental Health*

**Prof. Dr. Marion Leboyer**

Université Paris-Est Créteil, France  
*On the road to precision psychiatry*

**Prof. Dr. Craig Morgan**

King's College London, UK  
*Psychosis: A population perspective*

**Prof. Dr. Elisabeth Binder**

Max-Planck-Institute of Psychiatry, Munich  
*Moderators of the Stress Response: From  
Molecular Discovery to Translational Impact*



### 5zig – the anniversary magazine

Exciting insights into the diverse work done by the CIMH and personal perspectives of the people who shape the CIMH day by day.

### On the anniversary website



**The celebration**  
**The symposium** – all contributions



**Milestones** in our history as a timeline

## AN AWARD FOR OUTSTANDING RESEARCH IN MENTAL HEALTH



Awarded for the first time during the celebration: Prof. Dr. Daniel R. Weinberger (center) receives the Heinrich Lanz Prize for Translational Research in Psychiatry from Wolfgang Pföhler (right), Chairman of the Board of Trustees of the Heinrich Lanz Foundation. Prof. Dr. Andreas Meyer-Lindenberg (left), Head of the Executive Board of the CIMH, gives the laudatory speech for the award winner.



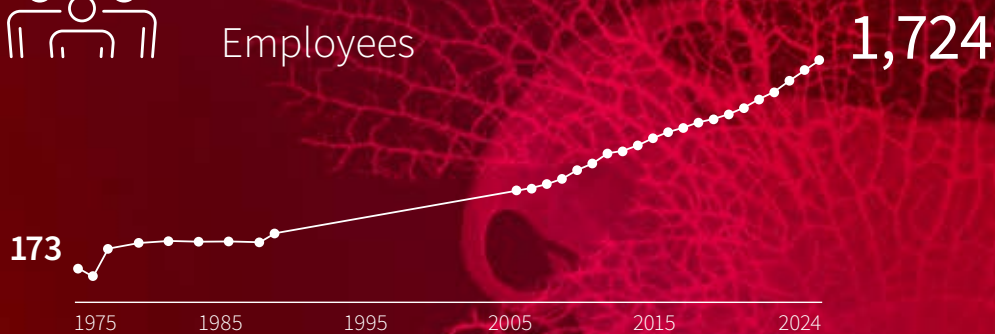
The Heinrich Lanz Prize for Translational Research in Medicine is awarded annually in different medical fields for exceptional research work. The prize is endowed with 100,000 euros and honors internationally renowned figures from the medical field who have made outstanding contributions to the transfer of findings from basic research into clinical application.

The Heinrich Lanz Foundation continues the tradition of the Lanz family, who have had a lasting impact on the common good not only as industrialists but also through their social work. Through its work, the foundation aims to help address social challenges and enable sustainable improvements, particularly in the fields of health and science. A key contribution to this is made by supporting innovative projects and individuals in the medical-scientific field and in health care. —

## 50 years in figures



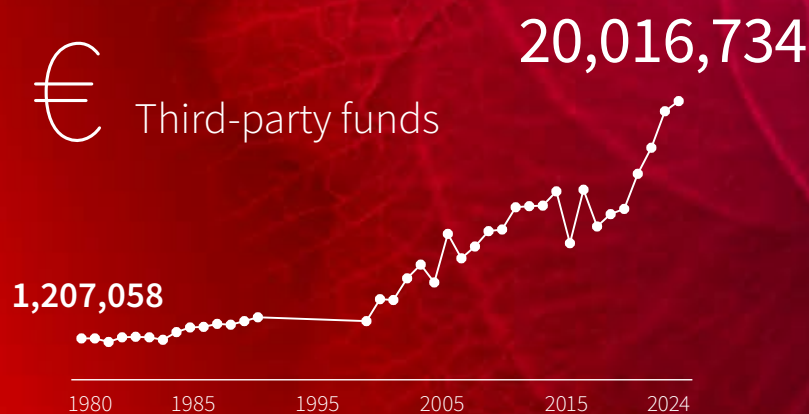
Employees



Publications



Third-party funds



*\*No data is available for some years.*

## Together for mental health

# Association for the Promotion of the CIMH

- Support groundbreaking research
- Support improvements in health care
- Setting an example for education and destigmatization



“The Association for the Promotion of the CIMH supports clinicians and researchers at the CIMH in breaking new ground. Support us and inspire clinical and scientific excellence.”

**PROF. DR. PETER FRANKENBERG**

First Chairman of the Association for the Promotion of the CIMH



More information

[zi-mannheim.de](https://zi-mannheim.de) > [Institute](#) > [Together for mental health](#)

## A colorful community for 50 years

Around 800 employees celebrated a fantastic 70s party at the anniversary summer festival.



# Photo album – from the early days



The therapy building under construction. The actual costs were largely in line with the estimate.



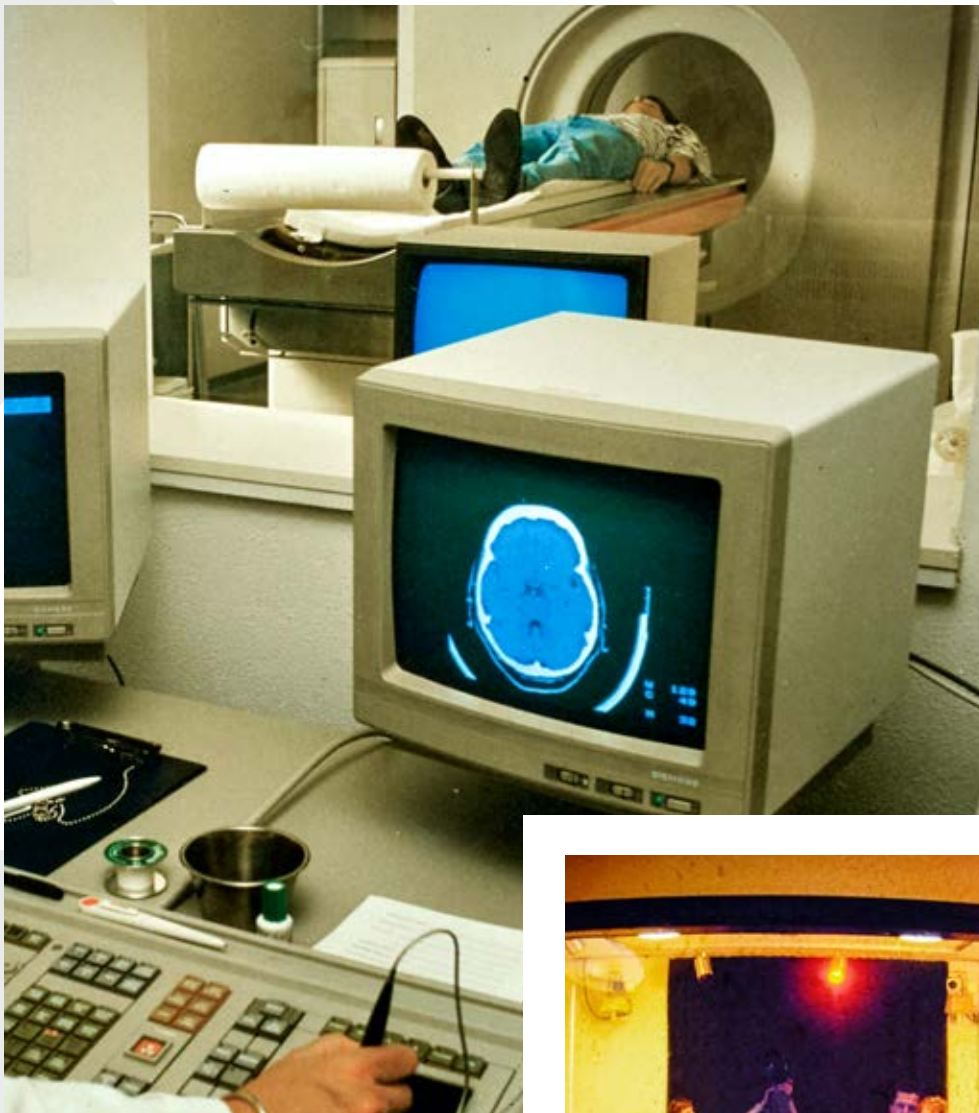
Prof. Dr. Dr. Dr. h.c. mult Heinz Häfner welcomes the guests at the opening ceremony.



From the outset, the CIMH also served as a point of contact in emergency situations.



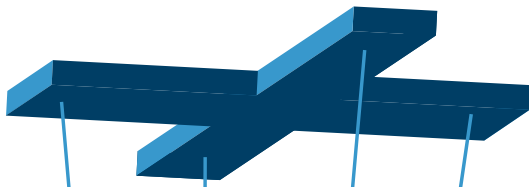
The cafeteria in the late 1970s.



Technologies for imaging played an important role in clinical practice and research from an early stage.

Video technology was used early on to record and analyze therapy sessions.





**25 years of pioneering work  
in addiction medicine**

**From prejudice  
and exclusion to  
evidence-based,  
non-stigmatizing  
therapy**

The first (and to date only) German professorship for addiction research was created in 1999 at the Medical Faculty Mannheim at Heidelberg University on the initiative of the Director of the CIMH at the time, Prof. Dr. Dr. Fritz Henn. Even back then, addictive behavior was one of the most common mental illnesses. A large number of deaths caused by alcohol-induced disorders and tobacco consumption and the billions in secondary costs clearly indicated the social relevance of the topic. At the same time, many people with addictions were being turned away from university hospitals.

#### **A paradigm shift in the treatment of alcohol dependence**

Since 2025, the US Food and Drug Administration has recognized a reduction in the quantity of alcohol drunk as a treatment goal in clinical studies alongside abstinence. Prof. Dr. Karl Mann was also involved in the extensive data analysis that led to this pioneering decision. The retired previous holder of the professorship in addiction research at the CIMH had campaigned for this approach to the treatment of alcohol dependence which reduces harm from an early stage – like methadone substitution for heroin addicts. Mann is convinced that “this will result in more people taking the step towards treatment – a victory for those affected, their relatives, and society.”

#### **ADDICTION RESEARCH AND HEALTH CARE CLOSELY INTER-TWINED**

Persistent negotiations were needed before the innovative professorship and the affiliated Clinic of Addictive Behavior and Addiction Medicine (as the fourth specialist clinic at the CIMH) were able to start their work. Prof. Dr. Karl Mann took on the professorship and became Medical Director. The psychiatrist and addiction researcher demanded from the start that the medical work be measured not solely on the academic reputation but also on the outcome for patients.

The subsequent year, Prof. Dr. Rainer Spanagel took on the professorship in psychopharmacology and became Scientific Director of the Institute for Psychopharmacology. As kindred cooperation partners, Mann and Spanagel campaigned to bridge the gap that had existed until that point between experimental research and clinical application and to develop customized therapies and effective prevention measures with a deeper understanding of the disease of the brain associated with addiction. Their joint efforts opened up new tasks for the CIMH in this field of research and care, up to and including policy consultation.

#### **NEW PERSPECTIVES FOR PREVENTION AND THERAPY**

In the preclinical field, the addiction research at the CIMH was in many respects breaking new ground at that time. “We developed an animal model first that we used to examine the neurobiological mechanisms that underlie the strong desire for a drug, for example alcohol, and the relapse behavior,” says Spanagel, explaining his tests with rodents. The animal models not only contribute to the understanding of the development and maintenance of addictive behavior, they also support the investigation of the effects of psychotropic substances on various organ systems, such as brain degeneration as a result of alcohol.

Innovative approaches led to findings that in some cases contradicted the doctrine of the time. The plasticity of the brain was able to be proven with animal testing, which made the recovery of damaged nerve cells possible. The results were ultimately confirmed for the human brain too, using magnetic resonance imaging.

The laboratory building, which was completed in 2004, created an excellent environment for addiction research at the Institute for Psychopharmacology.

Innovative pharmacotherapies and other interventions were developed to change the disease mechanisms identified using preclinical animal models. Another area of focus was the fundamental molecular genetic research on addictions. The goal was to better characterize genetic and other risks factors and to feed the findings obtained directly into effective prevention and treatment measures. >



**“THIS AWARD IS NOT JUST A HUGE PERSONAL HONOR, IT IS ALSO A RECOGNITION OF OUR WORK IN ADDICTION RESEARCH AT THE CIMH. WE AIM TO OFFER EFFECTIVE ASSISTANCE AND NEW PERSPECTIVES TO THOSE AFFECTED.”**

**PROF. DR. FALK KIEFER**, Medical Director, at the ceremony at which he received the European Award for Excellence in Alcohol Research – Helmut Seitz Award

#### › **EARLY, DIFFERENTIATED, AND DISORDER-SPECIFIC TREATMENT**

In care, too, significant progress was made at that time. The outpatient substitution clinic for opiate addicts in the Drug Association building set up together with the City of Mannheim in 2003 was an important step in expanding and differentiating the services provided.

While interventions had previously mostly been inpatient and limited to those with a severe addiction, people with the early stages of substance use disorders were able to be reached early on and without any hassle under the medical direction of the addiction clinic. In addition to outpatient services, treatment options with a low threshold also offered a new day clinic with 20 places in the addiction center, which expanded the ward with 24 beds from 2005. One milestone on the journal to sustainable treatment outcomes was the introduction of the qualified withdrawal treatment, which can be used to treat addictions in the context of physical withdrawal treatment from alcohol and other addictions. By 2010, the program had been able to be implemented almost everywhere in Germany, with psychotherapy, relaxation exercises, sport, and occupational therapy.

Non-substance-based addictions and the risks of the increased availability of casino and slot machines also came to the fore. With an eye on the growing levels of gambling addiction, research was conducted under the professorship and a gambling addiction outpatient clinic was opened. In the field of behavioral addictions, the CIMH has also built up particular expertise in uncontrolled social media consumption in the past few years, among other things.

#### **EXPANSION OF THE TOP POSITION IN ADDICTION RESEARCH**

After Karl Mann retired, Heidelberg University appointed Prof. Dr. Falk Kiefer to the professorship in addiction research

in 2015. The addiction medicine specialist and neuroscientist had answered the call of a professorship in psychiatry specializing in addiction medicine at Heidelberg University ten years prior to this, before becoming Medical Director of the addiction medicine clinic. Kiefer continued the focus of his predecessor, intensifying the research on substance-related disorders and the development of addiction, but also the further development of psychopharmacotherapy and psychotherapy.

The CIMH took on a leading role in the research of genetic factors in alcohol dependence by publishing the first genome-wide association study in this field. With pharmacogenetic studies and studies that combined imaging and genetics, it was possible to demonstrate how the treatment could be made more customized and more specific. The research interests of Falk Kiefer and his team lay in the neurobiological aspects of dependence and the reward memory, in the implementation of clinical therapy studies, and in the development, implementation, and evaluation of treatment guidelines.

Gender-sensitive approaches are also the focus of both Falk Kiefer and his colleague, Prof. Dr. Bernd Lenz, Deputy Medical Director of the Clinic of Addictive Behavior and Addiction Medicine. Their research contributed significantly to the finding that women develop dependences in a different way to men and require specific treatment services. Publications that address the wider public such as the non-fiction book recently published by Falk Kiefer together with the journalist Nathalie Stüben *Frauen und Alkohol* (Women and Alcohol) provide important impetuses for a social debate on the topic.

#### **SUCCESSFUL MODEL FOR TRANSLATIONAL ADDICTION MEDICINE**

The Feuerlein Center for Translational Addiction Medicine, or Feuerlein CTS for short, has been ensuring particularly effective



**“IN THE PAST 30 YEARS, WE HAVE MADE HUGE PROGRESS IN ADDICTION RESEARCH. WE ARE WELL ON OUR WAY TO PERSONALIZED ADDICTION MEDICINE.”**

**PROF. DR. RAINER SPANAGEL**

Scientific Director of the Institute for Psychopharmacology

research on care since 2017. The model facility, which was founded jointly by the CIMH and the addiction clinic at the Nordbaden Psychiatric Center, has set itself the task of addressing treatment-guided research questions and evaluating innovative approaches in clinical care. Prof. Dr. Anne Koopmann, Senior Physician at the Addiction Center and Head of the scientific research group Therapy and Care Research for Addiction Disorders provides support for this. As the co-initiator of family-centered projects such as *Stark im Sturm* (Strong during a storm), she advocates for mentally ill parents and parents suffering from addiction and for the protection of their children. New technologies such as the app *Elma – Elternsein motiviert und abstinient* (Elma – motivated and abstinent parenthood) are being used alongside treatment. The annual Feuerlein Symposium has become established as a specialist event on pioneering questions in care research that is valued across the country.

#### **PIONEERING RESEARCH ON PERSON-CENTERED THERAPIES**

In 2019, the CIMH started work on the first collaborative research center on the topic of addiction, *Transregio 265 Loss and Regaining Control in Addictions*, funded by the German Research Foundation together with other cutting-edge addiction medicine research centers in Berlin and Dresden. The focus of this neurobiological research initiative, the largest here in Germany to date, is the research into the mechanisms of addiction and possible interventions looking in particular at the person's living environment. The spokesperson for the first funding period was Falk Kiefer; the spokesperson for the current second funding period is Rainer Spanagel. The psychopharmacologist Spanagel received the *Jellinek Memorial Award* in 2025, one of the most renowned awards in addiction research in the world. The prize, which has now been awarded to a CIMH researcher for the second time (Karl Mann received the honor five years ago), acknowledges excellent

contributions to research on alcoholism and addiction research and commitment to building national and international networks.

#### **GREATER UNDERSTANDING AND SENSITIVITY IN THE HANDLING OF ADDICTION**

As the President (from November 2025 Past President) of the interdisciplinary German Society for Addiction Research and Addiction Treatment and as Scientific Coordinator of the S3 Guideline on Alcohol Consumption Disorders, Falk Kiefer has taken on key roles in the further development of his subject. In 2025, he received the highest prize in international alcohol research in the form of the *European Award for Excellence in Alcohol Research – Helmut Seitz Award* for his excellent contributions to the research of the neurobiological principles and the development of innovative therapeutic starting points for the treatment of alcohol dependence.

However, it is not just in specialist circles where the Mannheim addiction researchers are leading the way. Their committed effort against social exclusion, discrimination, and prejudices linked to addictions has been a constant throughout the 25-year history of this field. Whether it is as part of the research group Destigmatization within the German Society for Addiction Research and Addiction Treatment, in statements on health policy, or in expert interviews, the CIMH contributes in many ways to making the complex backgrounds of addictions understandable and raising awareness in society of how to handle those affected. —

**Resilience**

# TEACHING WHAT KEEPS



# US HEALTHY



Everyone experiences crises. Separations, job losses, a serious diagnosis – life is full of unforeseen challenges. It is not just external crises that shape our everyday lives. Different phases of life have their own challenges, like adolescence or getting older.

# B

But while some people stay mentally healthy and find ways to deal with stress, others are pushed to their limits and some even get ill. Prof. Dr. Michèle Wessa is researching why this is at the CIMH.

Resilience describes a person's ability to stay mentally healthy and return to their own balance despite crises. Resilience is often seen as a fixed characteristic – a type of super strength that you either have or you don't. Michèle Wessa has a critical view of this interpretation: "resilience is not an unchangeable property, it's a dynamic process. It isn't a disposition that keeps people healthy. Rather, resilience is an interplay of skills and experience, and we can learn and train it over the course of our lives." It's not about building a shield that everything negative can bounce off, leaving us invincible. Even resilient people are stressed, exhausted, or doubtful, but they find ways to maintain their mental health despite the stress or bounce back quickly after crises. The term originally came from material research and describes substances that return to their original form after

pressure has been applied. "In the same way, people can find their inner balance again after crises. Unlike the resilient material, though, they never return to the 'original condition' exactly, since of course crises change people too," explains Wessa.

## **THINGS HAVE COME FULL CIRCLE**

In 2024, Michèle Wessa returned to the place that she herself describes as the cradle of her academic career: the CIMH. She has been Head of the Department of Neuropsychology and Psychological Resilience Research at the CIMH and the Cancer Survivorship and Psychological Resilience department at the DKFZ-Hector Cancer Institute at the University Medical Center Mannheim and the German Cancer Research Center (DKFZ) in Heidelberg since October 2024.

"Coming back to the CIMH, in other words coming full circle, that really was a wonderful opportunity," says Wessa. She herself sat in the rooms as a young researcher where her employees now work. She gained her first insights into clinical

“Resilience is not an unchangeable property, it’s a dynamic process. It isn’t a disposition that keeps people healthy.”



**PROF. DR. MICHÈLE WESSA**

Head of the Department of Neuropsychology and Psychological Resilience Research

psychology here as an intern. She later graduated from the Institute for Neuropsychology and Clinical Psychology under renowned pain researcher Prof. Dr. Dr. h.c. Dr. h.c. Herta Flor. After working in France and Heidelberg, her path took her to the Johannes Gutenberg University Mainz in 2013. She worked there as a professor for eleven years and founded the Leibniz Institute for Resilience Research with other experts.

Today, around 20 years after graduating, she is now back working at the CIMH again with Herta Flor. “The fact that we’re researching together again is really special and I’m immensely grateful,” says Wessa.

What drives Wessa in her work is the feeling that she is doing something that is genuinely meaningful. She wants to create prevention services that help people to stay healthy. “Everyone goes through difficult times in their life,” she says. “The more we find out about what keeps us healthy despite this, the better we can pass on this knowledge and help others.” Lots >

› of people don't even know what inner resources they have or how they can use them. "It's therefore important that on the one hand we research these resources but on the other hand we teach people and society what actually keeps us healthy."

### **RESILIENCE CAN BE TRAINED**

Genetic preconditions do affect stress regulation, but it is critical to note that resilience can be trained. Wessa, who also does research in the field of sports psychology, explains it like this: "obviously not everyone can become an athlete because we all have different skills and talents, but training makes a big difference. In sports, we can see that people with different preconditions ultimately achieve the same feats, because maybe some people are able to train with more discipline while the others bring their own particular strengths to the table. It's the same thing with resilience."

Research has now identified key resilience factors that can be strengthened in a targeted manner. This includes, for example, an optimistic mindset, self-efficacy, social support, acceptance, or self-compassion. There are often specific experiences behind these terms that you have over the course of your life and that can help you to adjust to stressful situations.

Optimism means seeing the positive even in difficult times and looking more carefully for it. The feeling of self-efficacy grows when we have the experience of being able to actively impact our own lives. Social support helps us to share stress, open up, and get new perspectives.

Acceptance does not mean helplessly resigning yourself to something, but rather

recognizing that something difficult and unpleasant is currently part of your life. Only when we stop focusing on the question of "why" do new treatment options open up for us. Finally, self-compassion means being as kind to yourself as you would to a good friend. Sometimes it's enough to just ask the question "what would I advise my friend to do in this situation?"

Wessa is researching which resilience factors play a particular roll in situations of extreme mental load, whether this is as a result of stress or a disease, and how they interact with one another for various areas of life. A key aim of her research is to decode the underlying adjustment processes. New preventative methods to prevent stress-related mental illnesses could then be developed to strengthen people who are in or about to face stressful life circumstances. Two of her current research focuses are the resilience of cancer patients and the resilience of nurses.

### **CANCER RESEARCH AS A NEW CHALLENGE**

In Germany, around 500,000 people fall ill with cancer each year. Being diagnosed with cancer is a shock for most people. Their lives change radically from one day to the next. The disease suddenly shapes their thoughts and their day-to-day lives. At the same time there are countless questions: how do I deal with my fear? Can I still make plans for the future?

How do people manage to maintain inner stability and stay mentally healthy despite this significant mental and physical load? This is the question that Wessa is looking at in her research at the German Cancer ›

## INSPIRATIONAL THOUGHTS FOR YOUNG RESEARCHERS FROM MICHÈLE WESSA

### ♥ Enthusiasm

Enthusiasm for science is critical. Research is not a classic 9 to 5 job – the ideas are always with you. You need to ask yourself whether your curiosity drives you enough that you can make it through hard times, for example if a project doesn't produce any clear results even after years. If you really enjoy learning new things, the rest will come.

### ♥ Listen to yourself

It's just as important to listen to yourself. Suggestions from mentors are valuable, but ultimately it's what fits with your own life circumstances that matters. For me, for example, the decision to go to France instead of the US during my postdoc phase was one that many people viewed critically but that enriched me a great deal both professionally and privately. My advice is therefore to trust your own gut. Choose research questions you really find fascinating and make decisions that are right for you both professionally and personally.

### ♥ Be brave

Dare to say no. At the start of an academic career in particular, you often feel like you have to take every opportunity. However, not every offer is suitable and time and energy are finite, both at work and in your private life. Being honest and saying "that sounds exciting, but I don't currently have the time to do it well. Please do ask me again next time" shows professionalism. Opportunities come back, and saying no protects you against overloading yourself.

# “What resources do people who are or were ill have? How can they use their resources to protect themselves?”

## PROF. DR. MICHÈLE WESSA

Head of the Department of Neuropsychology and Psychological Resilience Research

- › Research Center (DKFZ). “I believe it is very important that we don’t just think about resilience in the context of healthy people who are learning resilience to be equipped for crisis situations. We also need to ask the question of what resources people who are or were mentally or physically ill have and how they can use their resources to protect themselves,” says Wessa. The employees in the research department Cancer Survivorship and Psychological Resilience are investigating which psychological and neurobiological mechanisms contribute to cancer patients and long-term survivors of cancer maintaining their quality of life. For Wessa, cancer research is an entirely new field and this is precisely what motivates her. “Taking on this challenge and pushing myself a little more and building a new area of

research focus – I couldn’t resist.” This is how she explains why she accepted the call to take on the Hector professorship.

### IMPROVING THE RESILIENCE OF NURSES

Nurses are often under pressure: a lack of staff, increasing demands, and high levels of stress at work shape their everyday working lives. On top of this, they are regularly faced with the crises that their patients are experiencing. The physical and emotional strain is significant. Lots of nurses develop stress-related illnesses as a result, such as depression, anxiety disorders, or sleeping problems. Resilience is therefore particularly important in the nursing profession. It protects against mental overload and forms the basis for a long working life.

In the European XR<sup>2</sup>ESILIENCE project, Wessa and her team are looking at how extended reality applications can improve nurses’ resilience. The project uses virtual reality to develop training modules that reconstruct stressful situations in a realistic way. The goal is to simulate typical stressors and provide nurses with specific coping strategies.

However, before these training modules are created, there is one fundamental question that needs to be asked: what exactly makes up the resilience of nurses? To find this out, the research team accompanies nurses over a period of two years. They record both the stresses of everyday working life and the factors and mechanisms that promote resilience. Effective training sessions can only be designed once these critical factors are known.

### BRINGING KNOWLEDGE INTO THE EVERYDAY

For Wessa, teaching knowledge in an understandable manner that is as close as

possible to everyday life is a key part of resilience research. Wessa and her team work directly with those affected to make the services as practical as possible. “We develop ideas, but then sit down with people and discuss things such as what does an exercise need to be like for people to actually do it? And how can it be integrated into everyday life?” explained Wessa.

It is particularly important to her to reach those who have had barely any previous access to topics such as mental health or who have a low level of health literacy. “Interventions in simple language have been much too rare, but they are essential for some,” Wessa tells us. “At the moment, I feel like we’re accumulating knowledge primarily from people who already know some things anyway, and the gap is becoming wider. It is imperative that we counteract this,” she emphasizes. There are various ways to bring resilience into different living environments: online training sessions or apps can create rapid access, but not everybody can be reached digitally.

The press, television, and places where people come together, for example at street festivals, in schools, or in sports clubs, are suitable for teaching knowledge with a low threshold and creating suitable services. “Ultimately it’s about arousing curiosity and going into people’s living environments instead of waiting for them to come to us.”

Michèle Wessa has already done a lot in her career and will continue to do so in the future. With her team, she is researching topics that are important for our society and affect us all. Life does not always go in a straight line. Wessa’s work shows that we can learn to handle this, discover our strengths, and find ways to stay healthy even in difficult times. —



## EVERYDAY EXERCISES THAT IMPROVE OUR RESILIENCE

### ♥ Making a note of successes

In the evening, write down things that went well and ask yourself how you personally contributed to them. It could be little things like letting someone go ahead of you at the checkout and getting a smile in return. This improves your feeling of self-efficacy.

### ♥ The lentil method

In the morning, put lentils in your right pocket and move one to your left pocket every time you have a positive experience. In the evening, you can see how many good moments you had in your day and can remember them using each lentil.

### ♥ Change perspective

We are often our own staunchest critics, but it’s important that we feel understanding for ourselves too. How can we do that? We can change perspective. Write yourself a letter from the perspective of a good friend. What would she or he say to you? Conversations with people who do you good also help you to take on a new perspective and think more kindly of yourself.

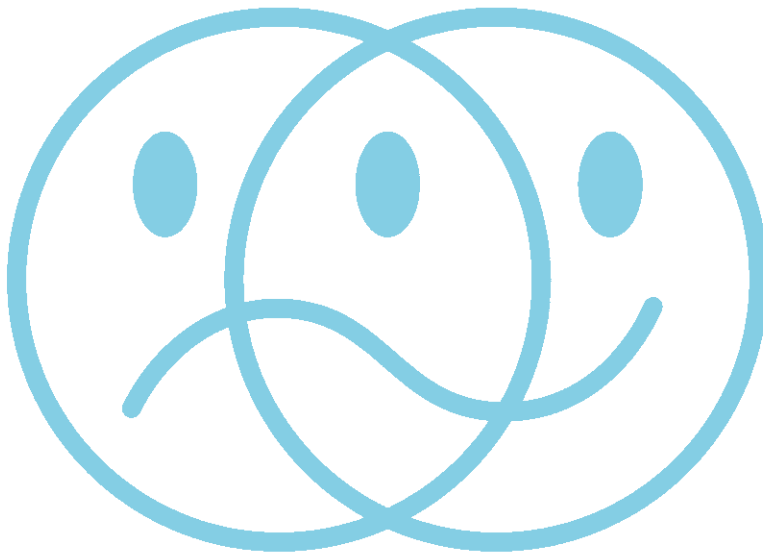
# Safety through **DE-ESCALATION**

Employees in psychiatric emergency services and in acute psychiatry wards are frequently confronted with the aggressive behavior from patients or even relatives in their day-to-day work. In order for employees to act in a constructive manner in crisis situations, the CIMH relies on de-escalation management with multiple components. The concept was developed at the institute 25 years ago. It has proven to be effective in practice.



Certain mental illnesses can lead to aggressive behavior. Aggression can develop if those affected perceive their environment differently, feel overwhelmed, helpless, or frustrated, or if they are anxious. This can result in yelling, swearing, and physical aggression towards others as well as self-harming behavior.

To defuse escalating situations and avoid measures depriving patients of their freedom as far as possible, qualified employees need special skills as well as support and advice both in and after crisis situations. A concept for systematic and practice-based de-escalation management was developed for the first time at the CIMH in 1999 and implemented from the year 2000. Starting from a crisis intervention team made up of two nurses and day training sessions, the concept has since



been supplemented to include additional components. Following an evaluation in 2021, the new role of practical de-escalation trainer was created. For the Director of Nursing, Doris Borgwedel, the coordinated elements of de-escalation management are critical to manage day-to-day life in the clinic. “Our goal is to ensure safety on the wards and tracks to protect employees and patients. It is therefore important for our teams to be well prepared for crisis situations, that they are supported in difficult moments, and that they process stressful experiences together.”

#### **KNOWLEDGE AND PRACTICE PROVIDE SAFETY**

All employees at the CIMH with direct patient contact are trained on preventing aggression and violence and handling crisis situations professionally. The compulsory training program for nurses, therapists, and employees in the medical service comprises a day seminar on de-escalation, which teaches the theoretical principles: what can trigger aggression in patients? How do you communicate in a way that de-escalates the situation? How can you prevent an escalation and what should you do after an escalation to stabilize the therapeutic >

#### **Further training as a de-escalation trainer**

The on-the-job further training is primarily aimed at employees in the nursing and education service in clinical treatment and youth welfare facilities. It teaches expertise and skill in handling particularly difficult behaviors in a manner that de-escalates the situation. The course comprises three modules: theoretical principles, focus on disorders, and practical training in non-traumatic tactile techniques. The further training was developed jointly by the CIMH and the Center for Psychiatry (ZfP) in Weinsberg.

› relationship again? In regular exercise practice lessons, attendees learn even more and repeatedly practice what they have learned. This comprises the areas of verbal de-escalation, physical contact techniques for attendees to protect themselves and protect other people, and securing patients. The practical de-escalation trainers guide the practical units and tailor them to the needs of various professional groups. Training videos on the intranet supplement the seminars provided so employees can refresh their skills at any time, for example on the topics of communication, defensive and protection techniques, and securing techniques.

Rolf Oster-Ritter, Head of Nursing and practical de-escalation trainer at the CIMH, regularly experiences how important training sessions and assistance are: “when employees feel well pre-prepared and know that they will receive support from their colleagues immediately in crisis situations, the feeling of safety increases and their trust in their own abilities is enhanced.” There are other positive effects too: injuries to patients and employees are reduced, the psychological strain on employees decreases, and there are fewer absences due to illness following escalated situations.

In day-to-day ward life, the seven-person team of practical de-escalation trainers helps employees to handle aggression and violence in all professional groups and across all departments. Among other things, they are there in crisis situations to guide and support colleagues, they conduct confidential discussions after stressful or traumatic events, and provide advice on caring for patients. “In their feedback to us, colleagues tell us that they find our work to be an asset and that they feel under significantly less strain as a result of the direct support and the discussions we offer,” says Juliane Nübling, a practical de-escalation trainer at the CIMH.



“Employees find our work to be an asset and they feel under significantly less strain as a result of the direct support and the discussions.”

#### **JULIANE NÜBLING**

Practical de-escalation trainer

#### **THE CRISIS INTERVENTION TEAM PROVIDES SUPPORT**

Despite the preventative and de-escalating measures, psychiatric emergencies occur in day-to-day working life that are difficult to handle alone or in pairs. This is why the crisis intervention team (KIT) is available to provide support to colleagues in an emergency situation, and then takes on the task of de-escalating the situation. The goal of the KIT is to de-escalate the situation verbally if this is possible. If this is not possible, measures will be taken to deprive the patient of their freedom. After a KIT intervention, the situation is analyzed and assessed with all of those involved, including the patient.

The KIT is made up of five alternating employees, who can be called in an emergency. There is a full work schedule to staff the KIT. All employees who have completed the de-escalation day seminar and have been trained by the practical de-escalation trainers are involved in the KIT. The exceptions to this are employees over the age of 55 and those with physical limitations.

## STANDARDS IN PSYCHIATRIC EMERGENCIES

In psychiatric emergencies and when securing patients, employees at the CIMH follow clear standards and guidelines. The concept of a psychiatric emergency contains flow charts that define the legally compliant use of various measures up to and including securing patients or emergency medication and ensure full documentation of emergency events. The nursing standard on securing patients describes in detail how securing and releasing a patient is done so as to be as non-traumatic as possible.

The use of enforcement measures in psychiatric facilities encroaches on patients' personal rights. For employees who work in the clinical and therapeutic areas at the CIMH, this contradicts the joint vision of the institute's values. "We treat all patients respectfully and as equals, and want to include them in all treatment decisions. In an emergency situation, however, this is hardly ever possible, and of course this harms the therapeutic environment and the therapeutic relationship," says Sven Mengel, Head of Nursing and practical de-escalation trainer. This is why everyone works together in a multi-professional team to avoid dangerous situations as far as possible – watching for early warning signs, calming the patient with de-escalating measures, or reacting with mild tools. In cases in which a situation has escalated and enforcement measures have been used, there are discussions afterwards with all of those involved to return to a trusting treatment relationship.

## SELF-EFFICACY THROUGH TREATMENT AGREEMENTS

To make the inpatient stay at the CIMH as pleasant as possible, the patient is recommended to conclude a written agreement with their treatment provider. This records their personal wishes about various aspects of treatment and is



“We treat all patients as equals, and want to include them in all treatment decisions.”

### SVEN MENGEL

Head of Nursing and practical de-escalation trainer

recognized by both sides as being binding. This creates trust and ensures transparency. Among other things, the parties discuss which de-escalating tools the therapeutic team should try in a crisis to prevent an imminent deprivation of freedom. This can be going for a walk together, the option to withdraw, doing sport, or intensive support. Even though this cannot always be successful, it improves the feeling of self-efficacy for those affected. Patients report that it is particularly important for them to be included in treatment decisions and for their needs to be taken seriously.

The fact that de-escalation management has proven to be effective in practice is demonstrated by the assessments of all measures depriving patients of their freedom in the last five years at the CIMH: the number of times patients needed to be secured remained constant, while isolations reduced significantly. The average duration of both measures decreased considerably. The police were also deployed fewer times. On the basis of this experience in day-to-day life, the practical de-escalation trainers pass on their expertise both internally and to external parties. The on-the-job further training as a de-escalation trainer is offered nationwide for employees caring for mentally ill patients to qualify multipliers in the handling of aggression and violence. —

*“Sexual violence can  
destroy a life”*



Despite numerous scandals in institutions and churches, sexual abuse of children remains a topic that is too rarely discussed openly. In 2025, Prof. Dr. Harald Dreßing conducted the first Germany-wide representative dark field study on this topic. In the interview, he talks about shocking figures, structural failings, and the question of how prevention can really work.

### About the interviewee

**Harald Dreßing** has been working at the CIMH since 1988. As a Senior Physician, he ran various open and protected wards and the sleep laboratory before taking over the field of Forensic Psychiatry in 1993. Since then, he has written more than 3,000 reports for courts across the country. Dreßing coordinated the MHG study on abuse in the Catholic Church and was also involved in the ForuM study on abuse in the Evangelical Church.

**Prof. Dreßing, you have been looking at the topic of abuse and sexualized violence against children and adolescents in an academic capacity for many years. It is a huge dark field. Why do we know so little about the actual extent of the crimes?**

**DRESSING:** Those who are affected often don't report what happened to them or only report it much later. On the one hand, many people blame themselves because they (incorrectly, of course) feel like they are responsible for the abuse themselves. On the other hand, they experience feelings of shame, and there is still a big concern about not being believed. Imagine someone being brave enough to make the abuse public and then ultimately not being believed. That's the worst thing that can happen to those affected.

**You have always called for a Germany-wide representative dark field study, and ultimately did it yourself in 2025. What was the study able to achieve?**

**DRESSING:** It is astonishing that there were no representative figures for Germany showing how frequently child abuse occurs until now. There was also a lack of knowledge about the context of the crimes, so questions like where does it happen? Who are the perpetrators? How are the affected persons doing? What role does social media play? Our study provided answers to questions like these for the first time. For example, we looked at whether there are specific situations that increase the risk of abuse.

**What were you able to show with the study?**

**DRESSING:** One of our results was that boys were more often the victims of sexual violence than girls in what is known as institutional contexts, so for example in schools, kindergartens, or pediatric and youth welfare facilities. We already knew this from churches, particularly the Catholic Church, but knowing that the situation is the same in schools and sports clubs is an important finding. This knowledge can be used in a targeted way for prevention programs. We don't just want to collect data, it's about protecting children better in the future and preventing abuse.

**A total of 12.7 percent of those surveyed reported sexualized violence during childhood or adolescence in the study. What does that tell us about the extent of the problem?**

**DRESSING:** Our study is based on a representative sample with data from the Registry Office. This means we can reliably extrapolate this 12.7 percent up to the general population of 18 to 59-year-olds. This means that 5.7 million people in Germany experienced sexual violence during their childhood or adolescence. This is an alarming number that is made even more alarming by the fact that we're not just talking about crimes that took place a long time ago – around half of the crimes occurred since the year 2000.

**Did that surprise you?**

**DRESSING:** Yes, that surprised me. Particularly the fact that the abuse is so common in the group of 18 to 29-year-olds. We now have >

- › prevention programs and I would have expected the extent to be lower. Of course we can't say anything about the chronological trend with our cross-sectional study. To do this, we urgently need more surveys using the same method in the future, around every three years. The study design we used is the gold standard for questions of this type in epidemiological research.

#### ***How do you rate the current prevention work?***

**DRESSING:** Prevention is tremendously important, but it's often done using a scattergun approach: the same for everyone. It costs a lot of money and can sometimes not be as effective as a specific approach based on data collected using scientific methods. It's important to know the contexts of the crimes. To make prevention successful, I need to know what the specific risk factors are in an institution. The efficacy of the measures should also be scientifically tested. In medicine, drugs aren't approved unless they have been proven to be effective. In prevention work, on the other hand, the motto is just "at some point it'll be fine". But there are few academic studies on whether prevention actually works.

#### ***The family plays an important role as the scene of the crime...***

**DRESSING:** Yes, abuse most commonly occurs within the family and within the friendship group. That means the perpetrator is not an unknown person hiding behind a bush somewhere to ambush a child, it's people the children have a close, trusting relationship with – fathers, mothers, uncles, aunts, grandparents, close friends of the family.

#### ***How can prevention be successful here?***

**DRESSING:** Families are generally not so isolated that there aren't any acquaintances or friends who might notice something. I believe

we need to raise awareness of the topic. We need to encourage people to report abuse, even if it happens in their families or friendship groups. Of course there are significant obstacles to this, because you don't want to falsely accuse anybody.

#### ***Do you feel that responsibility lies with the institutions or the family environment where awareness needs to be raised?***

**DRESSING:** Both. Prevention actually starts in day care facilities. I think parents should ask about the protection scheme in the facility as well as about the quality of the food. I would want more parents to discuss this topic. Each daycare facility should have a protection scheme. Most of them, though, are just lying in a cupboard and nobody cares about them.

#### ***Lots of people don't dare to talk about these things.***

**DRESSING:** When parents ask, the answer is often "don't you trust us?" But the opposite is true: we do trust them. We bring our child to the facility and trust them, but we want the topic to be present and we also want to know what training sessions are provided for how the topic is discussed in the team. Parents have a certain power and also a responsibility to discuss it. I believe many people are not aware of it.

#### ***In the study, a third of those affected reported experiencing sexualized violence via digital channels. What crimes does that include?***

**DRESSING:** There are a wide range. Children or adolescents may, for example, receive unsolicited pornographic material or they are involved in conversations with sexual contents. Among other things, they are asked to send naked pictures of themselves which are in turn used to blackmail them. In the dark field study, around 30 percent of the people who answered stated that they had experienced sexual overstepping of boundaries of this type via the internet or on social media. This is significantly more than is reported to the police. This means the dark field is huge.

#### ***Do real-world assaults happen after digital contacts too?***

**DRESSING:** Digital channels are definitely used to initiate meetings and commit real-world crimes. From the study, we know that around 60 percent of those who have experienced overstepping of boundaries of this type online or on social media also reported experiencing sexual violence in the real world. The digital channels are another, easily accessible gateway for perpetrators. We should raise awareness among children and adolescents to a greater extent – teaching them how to handle personal data, particularly images on social media. Children should learn to be responsible with their smartphones.

**“IT’S IMPORTANT  
FOR THE RESEARCH  
RESULTS TO  
BE IMPLEMENTED IN  
PRACTICE.”**



***More than a third of those affected state that they have never spoken about what they experienced. What needs to change for those affected to seek help more quickly?***

**DRESSING:** Firstly, we need to improve knowledge about the assistance that is available. In the dark field study, 50 percent stated that they didn't know who they should turn to if they had suspicions or if they themselves were affected. This is a very high percentage. There have been major information campaigns run by the Independent Representative on Issues of Sexual Abuse of Children, but the effectiveness of this probably very expensive measure is obviously very limited. I believe we need to break the taboo so it's normal for parents to speak openly about it with their children. It would also be helpful if celebrities who experience abuse spoke openly about it. They can be role models for other people who are affected. >

**“A COMMON  
CONSEQUENCE  
OF ABUSE IS  
POST-TRAUMATIC  
STRESS  
DISORDER.  
PEOPLE RELIVE  
THE TRAUMA  
OVER AND OVER  
AGAIN.”**

› **What are the long-term consequences of abuse?**

**DRESSING:** In the study, we showed that children affected by sexual violence were doing less well mentally than those who were not affected. A common consequence of abuse is post-traumatic stress disorder. People relive the trauma over and over again. They develop a distrust of social relationships, avoid certain situations, and have nightmares and sleep disorders. It can go so far that a school education or professional training is impossible and those affected are permanently reliant on social services. Our study also showed that those affected are significantly more frequently reliant on pensions and benefits.

**Doctors and therapists are important points of contact for those affected. How is the health care system currently set up?**

**DRESSING:** There have been lots of positive changes here. There are nationwide outpatient trauma clinics. Psychiatrists and psychotherapists are definitely well placed to discuss the topic. What does need some work is the knowledge of primary care physicians. They are hugely important as the first point of contact, as they make the referral to the specialists.

**Where do you see the greatest need for action at the moment: in prevention, in prosecution, or in caring for those affected?**

**DRESSING:** Equally in all three areas. We need continuous research that shows how the dark field is developing and whether we are really seeing a drop in abuse. Then we need increased investigations in individual institutions, not just in churches but also in clubs and kindergartens, like the MHG or ForuM study. There have been relatively few of these until now, and this is also due to the state conditions. The state is astonishingly lazy on the topic. We need appropriate laws that allow researchers to go into the staff archives and carry out investigations there. Until now we've been on legally very shaky ground, and I am not seeing any initiatives from the legislature to improve this. We also need prevention programs tailored to the respective facility and we need to perform an academic evaluation of them. Finally, we need increased awareness and information. We need to work in all areas.

**What does the prosecution situation look like?**

**DRESSING:** Unfortunately, it's a tragedy. Our study showed that only seven percent of those affected reported what happened and started criminal proceedings. Barriers to this must be broken down and the fear taken out of it. Those affected repeatedly demand that the limitation period for sexual abuse be repealed. Murder has no limitation period, for example. Sexual abuse is actually murder of the soul, but it does have a limitation period. The legislator could give some leeway here. The compensation for those affected also certainly requires improvement.

**You coordinated and supported the key academic studies in the Catholic Church (MHG study) and the Evangelical Church (ForuM study). How do you look back on that today? What was successful and what wasn't?**

**DRESSING:** With the MHG study, I think we managed to position the topic in such a way that the Catholic Church could no longer ignore it. They had to address it. MHG is cited in international literature as a milestone and a role model. The way in which the Church is addressing the situation as a result, however, I find disillusioning.

**How about the ForuM study? Looking back at it today, would you do anything different?**

**DRESSING:** In ForuM, we tried to adapt the successful approach from the MHG study, but ultimately we didn't get the data we needed. I don't find the Evangelical Church's explanation that they didn't know how much work it would be for them plausible. It must be stated that the Evangelical Church ultimately did not provide us with everything they were contractually obliged to. This is also a result, and to my mind a result that shows that an institution is not ready to address the topic at a deeper level, despite their official statements. I have to praise the Catholic Church, who provided us with significantly better data.

## The study

The national dark field study takes the context and the consequences of sexualized violence against children and adolescents in Germany into account for the first time. In collaboration with Infratest dimap, a representative sample of the population between 18 and 59 in Germany was surveyed both by post and online. Out of the 10,000 people contacted, 3,012 people were able to be included in the analysis, representing a response rate of 30.2 percent. A total of 12.7 percent of those surveyed reported sexualized violence, and 20.6 percent of all of the women surveyed were affected. The rate was 4.8 percent for men.

### ***Where do the churches stand on the topic of abuse today?***

**DRESSING:** Unfortunately not where they could be. There was a short time window in 2018 after the presentation of the results of the MHG study. If they had reacted in a clever and determined manner at that point, they may have been able to win back credibility. Looking back, I would say that they were actually only paying lip service at the time. I think the way in which the Catholic Church dealt with it harmed them. With every new expert opinion, credibility is squandered. I can hardly bear to hear yet another Catholic bishop saying “we’ve learned, we need to listen to the victims.” We’ve known that for more than a decade. We finally need specific measures so children are safer in a church environment. But they don’t want to change anything about children’s confessions, for example, even though the MHG study showed that this is a place where abuse is initiated and in some cases even committed.

### ***Are the churches dealing with those affected appropriately?***

**DRESSING:** There are different interest groups even among those affected. I am in contact with people who are affected, both in the academic field and through my work as a court expert. Many of them complain that they did not think the handling of the issue was adequate, and in some cases it was humiliating all over again. Some of them even talk about being further traumatized. I have examined some men who experienced serious sexual violence at the hands of the Catholic Church and literally said to me “what happened to me when I tried to get compensation or payments in recognition was almost worse than the abuse itself.” This is why our advice to the Catholic Church was to put the decision on payments in recognition in independent hands. But the church wants to keep control. As long as they aren’t willing to give up control, processing that is accepted by those affected too will not work.

### ***Do those affected react to your work?***

**DRESSING:** There was some explicit feedback in the questionnaires in our representative dark field study. The participants thanked us for doing the study and were happy to be able to talk about it in anonymized form. Feedback like that naturally encourages us in our work.

### ***What are your wishes for the next ten years?***

**DRESSING:** It’s important for the research results to be implemented in practice and for them to lead to children being in safe hands when we send them to a kindergarten, for example. If a child experiences sexual violence, that is a serious trauma. It can destroy their lives. That’s why I work so intensively on the topic. As an academic, but also as a father and a grandfather, I want to make a small contribution to our children growing up in a safe world. —

# RESEARCH TOGETHER, TREAT BETTER

The German Center for Mental Health (DZPG) was launched in 2023 and has successfully completed the set-up phase. The research projects and infrastructures are now being systematically further developed, the collaboration between the six national locations increased, and the exchange between the locations intensified.



The CIMH is coordinating one of six excellent locations in the DZPG and is providing one of the founding spokespeople in the form of Prof. Dr. Andreas Meyer-Lindenberg. The CIMH is forming the research network ZIHU together with academics at Heidelberg University and Ulm University. In addition to Mannheim (with Heidelberg and Ulm), Berlin (with Potsdam), Bochum (with Marburg), Halle (with Jena and Magdeburg), Munich (with Augsburg), and Tübingen are also DZPG locations. The Federal Ministry for Research, Technology and Space funds the DZPG as one of eight German centers for health research. The funding for the five-year set-up phase starting from 2025 is 120 million euros.

## **IMPROVING PREVENTION AND TREATMENT**

The DZPG's main goal is to improve mental health in Germany through excellent,

networked research and to develop new prevention and treatment approaches for mental illnesses.

At the Mannheim-Heidelberg-Ulm location, the researchers focus on identifying factors that may increase or decrease the risk of mental illnesses. The academics are currently working intensively on six defined research projects that are already in the set-up phase.

These projects are looking primarily at risk factors in the population, the development of digital prediction models (digital twins), and new treatment approaches for adolescents and young adults. The aim is to transfer the research results into care in an everyday, digitally supported manner together with those affected.

#### **FURTHER DEVELOPMENT OF THE INFRASTRUCTURES**

“Building joint research infrastructures and interlinking the locations is important to develop broadly accessible prevention and early intervention tools and bring them into care,” said Prof. Dr. Andreas Meyer-Lindenberg, Spokesperson for the DZPG, in summer 2024 at the status symposium at the Mannheim location. In this sense, significant progress has been made on the infrastructures.

The Mannheim-Heidelberg-Ulm location is coordinating two infrastructures: Digital Mental Health and Biobanking, Omics, and Bioinformatics.

#### **DIGITAL MENTAL HEALTH**

The Digital Mental Health infrastructure helps researchers from all partner locations to conduct their research projects. This relates in particular to the collection of long-term health data and the development of new digital applications for mental health.

Thus far, researchers in Mannheim, Heidelberg, and Ulm and experts from the other locations have developed a standardized digital collection tool (EMA core phenotype, Ecological Momentary Assessment). This is currently being tested in multiple studies. They have also created a software database with over 600 criteria and started cataloging relevant data collection and diagnosis platforms. The multiple activities being driven forwards include supporting four specific use cases. These use cases are building and coordinating a decentralized structure enabling new digital methods to be developed and tested quickly. Those involved are including machine learning methods and the perspectives of those affected.

Education and training are also high priorities. To date, for example, there have been multiple training sessions on regulatory requirements when handling digital medicinal products.

#### **BIOBANKING, OMICS, AND BIOINFORMATICS**

In the Biobanking, Omics, and Bioinformatics infrastructure, networking with national and international experts and initiatives is really important.

Standardized processes, methods, and IT systems are being established for the collection, processing, storage, retrieval, and analysis of biological samples and omics data at the DZPG. Coordinating the biobanks at all DZPG locations is the responsibility of the CIMH.

The researchers at the location have already coordinated standardized work instructions and Standard Operating Procedures (SOPs) for handling biological samples. Information on the biobanks in the network and the possible analyses is taken into account. Furthermore, academ-

ics at the CIMH have pushed for the creation of a core biobank team consisting of members of all DZPG biobanks. This team is responsible for introducing something known as Sample Locators, a digital search function for biological samples at all DZPG locations. The necessary IT components for this have been put in place at each of the respective locations. Finally, the foldercase platform developed at the CIMH was further rolled out to improve project organization and facilitate exchange within the research association.

#### **LOOKING TO THE FUTURE – WITH VISIONS AND LIKES**

Those involved will continue to develop the research projects and infrastructures together. In the future, another focus will be on the projects in the VISIONS initiative. This includes various flagship projects that aim to systematically support the next generation of academics and are consequently led by young academics.

LIKES – Lifespan Interactions between Social Media Use and Mental Health – is one of these projects. The aim of LIKES is to research the link between social media use and mental health over a broad age range from initial use in childhood to daily use as an adult. The CIMH, with its proven and internationally recognized expertise in this field, plays a key role here. —

**OUR TREATMENT CONCEPTS**

for people with mental illnesses are based on the international state of knowledge and are tailored to the individual needs of patients.

# PATIENT CARE





# CLINIC OF PSYCHIATRY AND PSYCHOTHERAPY

Together with the Clinic of Addictive Behavior and Addiction Medicine, the Clinic of Psychiatry and Psychotherapy at the CIMH provides care for the full spectrum of mental illnesses for the adult population of Mannheim. In addition to the care work, the clinic also trains students at the Mannheim Medical Faculty of the University of Heidelberg in the field of psychiatry and psychotherapy.



**Prof. Dr. Andreas Meyer-Lindenberg**  
Medical Director



**Prof. Dr. Michael Deuschle**  
Deputy Medical Director



**Prof. Dr. Dusan Hirjak**  
Managing Assistant Medical Director

### **TREATMENT IN WARDS, TRACK UNITS, AND AT HOME**

The individually tailored treatments are based on the patient's age, clinical picture, and everyday life skills. The treatment can be provided in a fully inpatient, partially inpatient, or outpatient environment. The treatment is predominantly organized into tracks. This means a track unit specializes in one or more mental illnesses and brings together outpatient, partial inpatient, and inpatient treatment options. A multi-professional team supports the patient from admission through all stages of their treatment journey. Special outpatient clinics for the targeted diagnosis and treatment of specific clinical pictures are also available.

The various treatment concepts include psychotherapeutic and psychopharmacological approaches, clarification of the disease, and other diagnosis-specific components of treatment. The purpose of practicing social skills and occupational therapy and rehabilitation measures is to integrate patients back into everyday life. A trained nursing team, social workers, physiotherapists, and occupational therapists are involved in the individually tailored treatment. Complementary non-invasive brain stimulation procedures are offered for specific psychiatric disorders: electroconvulsive therapy (ECT); repetitive transcranial magnetic stimulation (rTMS).

### **CONCEPTS OF TRACK UNITS AND WARDS**

The Clinic of Psychiatry and Psychotherapy includes the track units crisis and diagnosis, schizophrenia and psychosis, and affective disorders. In addition to this, there is also a psychiatric intensive care ward, a protective acute ward, two geriatric psychiatric wards, as well as the offer of ward-equivalent treatment at home and nursing home care.

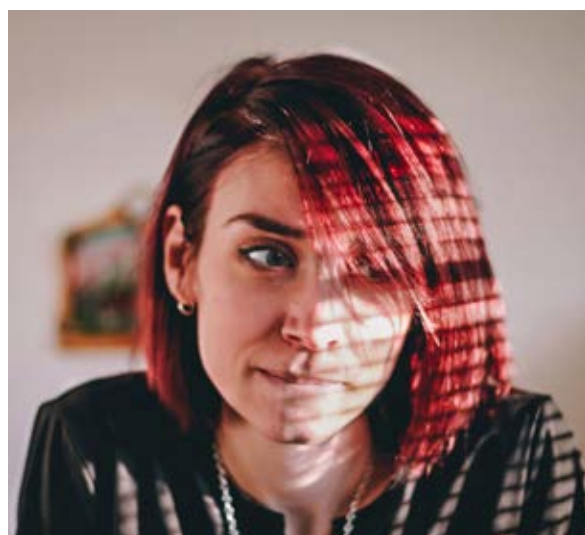
The **crisis and diagnosis track unit (KD-A)** supports people going through a life crisis, for example those with borderline personality disorder, disorders as a result of trauma, or those with an unclear psychiatric diagnosis. The treatment groups have a behavioral therapy focus and aim to provide assistance for patients in crisis situations and promote "help to help themselves". >

- › Some of the other disorder-specific treatment is provided in collaboration with the Clinic of Psychosomatic Medicine and Psychotherapy. Both clinics offer joint support in acute crises at the Outpatient Clinic for Crisis Management and Therapy Commitment (AKuT) in order to avoid short-term inpatient treatment stays and, if necessary, to prepare disorder-specific therapies.

The **schizophrenia and psychosis track unit (SP-A)** provides specific services for people with genuine and substance-induced psychotic syndromes in any stage of the disease. Patients with psychosis risk syndrome and patients with early manifestations of a psychotic disorder are diagnosed and treated in coordination with the Early Detection Outpatient Clinic for Mental Disorders, which has now been integrated into the track unit, the Adolescent Center for Psychotic Disorders (AZP, Soteria), and the crisis and diagnosis track unit.

Affective disorders such as bipolar disorders, depression, and anxiety are some of the most common mental illnesses. Their progression is often chronic and they therefore mostly require long-term treatment. The **affective disorders track unit (BD1-A and BD2-A)** therefore offer special continuity. After inpatient treatment, a significant proportion of the care can be provided in a partial inpatient and an outpatient environment.

**Protective acute psychiatry ward (AK-A)** offers specific diagnosis and treatment services for groups of patients who require a protective setting due to the severity of their psychiatric illness. Patients with schizophreniform psychoses and manic or severely depressed patients in



## OUTPATIENT CLINICS AND SPECIAL CONSULTATION HOURS AT THE CLINIC

In addition to the outpatient services offered by the track units, the Psychiatric Clinic offers a wide range of services in six specialist outpatient clinics, from brief psychiatric-psychotherapeutic counseling for all patients who have not yet been treated by a specialist, to the diagnosis and therapy of particularly severe and complex psychiatric disorders across the entire specialist field, to specific diagnostics and therapy tailored to individual clinical pictures, life phases, or patient groups. During consultation hours, medical assistants, health and nursing staff, occupational therapists, social workers, psychologists and physicians jointly ensure a spectrum of structured clinical diagnostics, functional diagnostics, neuropsychological testing, psychoeducation, individual and group therapy, social counseling, and drug treatment.

### GENERAL PSYCHIATRIC OUTPATIENT CLINIC

- Attention deficit/hyperactivity disorder (ADHD) in adulthood
- High-functioning autism in adults
- Post-Covid syndrome and Myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS)
- Bipolar disorders
- Premenstrual dysphoric disorder (PMDD)
- Mental illnesses in the time around giving birth
- Mental illnesses in competitive athletes

### TRANSCULTURAL OUTPATIENT CLINIC

- Native speakers of Turkish, Arabic, Ukrainian, Russian, and with the support of language mediators in all other languages
- All psychiatric conditions and treatment methods

### OUTPATIENT CLINIC FOR CRISIS MANAGEMENT AND THERAPY COMMITMENT (DBT AKUT)

- Post-traumatic stress disorders
- Emotionally unstable personality disorder

### GERIATRIC PSYCHIATRIC OUTPATIENT CLINIC

- Memory disorders
- Mental illnesses beyond the age of 65
- Psychotherapeutic treatment of affective disorders in old age

### NURSING HOME CARE FOR ELDERLY PEOPLE

- Geriatric psychiatric diseases (outreach)

### SLEEP OUTPATIENT CLINIC

- Neuropsychiatric sleep disorders

particular are admitted to this ward, as are those with organic and physical diseases, addictions, and personality disorders. In terms of becoming a track unit, part of the station is optionally protective.

In patients with age-related diseases, the intertwining of biological causes of the disease and age-related physical, psychological, and social changes requires a special medical approach. Treatment that is appropriately tailored to elderly patients is available on two geriatric psychiatric wards. The **neuropsychiatry ward (NP-G)** is a protective ward for patients with severe clinical pictures in the fields of dementia and depressive disorders. The **geriatric psychiatry track unit (GE-G)** specializes in the treatment of mood disorders in elderly patients and mild dementia.

The **intensive care and admission ward (IN-A)** treats patients who require acute inpatient treatment in an emergency in a protective environment until they are able to receive further treatment in the relevant track unit or ward. Psychiatric patients who have pronounced physical comorbidities are also treated here.

The schizophrenia and psychosis track unit and the geriatric psychiatry track unit both offer **ward-equivalent treatment** in a familiar domestic environment. The individual treatment replaces full inpatient treatment and

is provided by specially trained, multi-professional teams. Patients are visited at their house each day to get to know them in their entirety and process their problems in the social environment and everyday life in a more targeted manner. The service is available to all Mannheim residents over the age of 18 who are unsuitable for full inpatient treatment. Psychotic or affective disorders, psychoses in later life, and dementia are all treated.

#### **PARTIAL INPATIENT TREATMENT AND DAY CARE TREATMENT**

Partial inpatient treatment for patients in the Clinic of Psychiatry and Psychotherapy is directly integrated into the respective track units. Treatment can also be provided in the day clinic, where it is predominantly patients with schizophrenic psychoses and affective disorders who are treated. A multi-professional team offers various modules: pharmacotherapy, individual and group psychotherapy, psychoeducation, computer-assisted cognition training, metacognitive training, and occupational therapy services for restarting work.

#### **RELATIVE SERVICES**

It is important to explain mental illnesses to patients' relatives and to advise them. This is achieved in special groups for the relatives of schizophrenic patients and Alzheimer's patients. Doctors, social workers, and psychologists at the CIMH run the relative groups. —

# CLINIC OF CHILD AND ADOLESCENT PSYCHIATRY AND PSYCHOTHERAPY

The Clinic of Child and Adolescent Psychiatry and Psychotherapy provides outpatient and inpatient care for all mental illnesses in childhood and adolescence in the region of Mannheim and the northern Rhine-Neckar district. Sometimes cross-regional care can also be provided for patients with rare disorders that are difficult to treat. The treatment concept is primarily based on behavioral and systematic family therapy principles. Additional evidence-based psychotherapeutic methods are also used. Furthermore, curative education, physiotherapy, and occupational therapy methods are integrated into the treatment.

Close cooperation with parents, guardians, and institutions in the young patients' social environment is a central component of the diagnostic and therapeutic approach. The multi-professional teams on the wards consist of doctors, psychologists, physiotherapists, social workers, educators, and health and nursing staff.

At the Medical Faculty Mannheim of Heidelberg University, the clinic is involved in the training of students in its field of expertise. The clinic offers its doctors additional specialist medical and psychotherapeutic training.

#### **INPATIENT TREATMENT**

The clinic has four wards with different areas of specialization. Two open psychotherapy wards treat children and adolescents of different age groups. An open psychotherapy ward with a partially protective intensive care unit treats adolescents with primarily internalizing disorders as well as adolescents experiencing suicidal crises. A protective ward treats adolescents in particular during acute phases of danger to themselves and others, and adolescents with permission to stay. The Adolescent Center for Disorders of Emotional Regulation and the Adolescent Center for Psychotic Disorders (Soteria) round off the list of services provided and are aimed at adolescents and young adults aged between 16 and 24.

The therapeutic services include occupational therapy, social skills training, sports and strength training, bouldering therapy, disorder-specific

offerings such as anorexia groups, pleasure training, and a cooking group, among others.

The open-air area offers numerous playing and exercise options and there is a fitness room and a bee-friendly vegetable and herb garden that is tended by the young patients.



**Prof. Dr. Dr. Tobias Banaschewski**  
Medical Director



**PD Dr. Alexander Häge**  
Deputy Medical Director

#### **PARTIAL INPATIENT TREATMENT**

The clinic offers partial inpatient treatment options for all pediatric and adolescent psychiatric ages. The pediatric day clinic specializes in behavioral and family therapy, and supports children with mental disorders up to the age of twelve. The treatment team really values collaborating closely with the parents and support systems. The treatment of adolescents between the ages of twelve and 18 in a day clinic is integrated into a ward in the clinic. The adolescent centers also offer semi-inpatient treatment places for adolescents and young adults between the ages of 16 and 24.

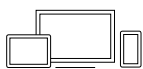
#### **WARD-EQUIVALENT TREATMENT**

Ward-equivalent treatment is a supplementary care service for children and adolescents who require intensive psychiatric and psychotherapeutic treatment. Care is provided in the familiar home environment and is ensured by a multi-professional team through daily visits. This allows mental health issues to be addressed individually, in a realistic manner and in close consultation with families, and enables sustainable solution strategies to be developed together. >

› The service is aimed at children and adolescents aged between four and 17 who live in Mannheim. All child and adolescent psychiatric conditions are treated. Suitability for ward-equivalent treatment is carefully assessed in advance by the team.

### THE CLINIC SCHOOL: SCHULE IM QUADRAT<sup>J5</sup>

The Schule im Quadrat<sup>J5</sup> is a state school in Mannheim in CIMH premises. Here, children and adolescents receiving inpatient and day clinic treatment in pediatric and adolescent psychiatry and the adolescence centers are taught. An advice center is attached for any questions about mental health and school. The school is located close to the child and adolescent psychiatry wards and has ten classrooms with basic digital equipment. Teaching is in small groups of up to ten pupils. The lessons are based on the individual ability, personal level of performance and the curriculum provided by their main school. The focus is on teaching the main subjects and art. The team consists of teachers from all types of schools.



More at [schule-quadratj5.de](http://schule-quadratj5.de)

### COOPERATIVE CARE STRUCTURES AND NETWORKING

The clinic team works continuously with the youth welfare offices of the City of Mannheim, the Rhine-Neckar district, other youth welfare offices in the region, and youth support facilities. The doctors and psychologists provide specialist advice for various youth welfare facilities. Depending on the needs, this includes specialist supervision, the teaching of pediatric and adolescent psychiatric content to employees, therapeutic services for children and adolescents, and support for children and adolescents through the institute's outpatient clinic.

The cooperating institutions include several residential groups for children and adolescents, including groups for young people with refugee or migration experience, as well as an education center for the vocational rehabilitation of adolescents and young adults.

### SUPPORTING ASSOCIATION

The network supports patients in the clinic and their families by funding important measures that are implemented alongside the treatment. This includes new materials and devices for learning and play and for sporting and artistic activities. Excursions to cultural and sports events are also supported, and design ideas for the clinic's facilities are implemented. —



More at [foerderkreis-kjp.de](http://foerderkreis-kjp.de)

### OUTPATIENT CLINICS AND SPECIAL CONSULTATION HOURS AT THE CLINIC

#### OUTPATIENT CLINICS

- University outpatient clinic of the child and adolescent psychiatric clinic
- Child and adolescent psychiatric institute outpatient clinic
- University outpatient clinic of the adolescent center

#### SPECIAL CONSULTATION HOURS

- Mental disorders in children and adolescents with refugee or migrant backgrounds (Russian/Arabic)
- Addictive disorders in adolescence
- Attention deficit/hyperactivity disorder (ADHD)
- Autism spectrum disorders
- Early detection of psychoses
- Behavioral problems in children with intellectual disabilities

# CLINIC OF PSYCHOSOMATIC MEDICINE AND PSYCHOTHERAPY

The Clinic of Psychosomatic Medicine and Psychotherapy has inpatient treatment places on one ward with two teams. Treatments are carried out using a multimodal approach. Individual therapies are combined with specific group therapies, for example, skills and attention groups, creative, movement, and physical therapy groups as well as relaxation methods. The holistic therapeutic concept also includes medical treatment of somatic diseases. In addition, if necessary, psychopharmacological treatment is provided, which is individually tailored to psychotherapy.



**Prof. Dr. Christian Schmahl**  
Medical Director



**Dr. Frank Enning**  
Deputy Medical Director

#### **BORDERLINE AND GENERAL PSYCHOSOMATIC TEAM**

This unit treats patients with emotion regulation disorder, as well as patients with personality disorders, affective disorders, anxiety and panic disorders, and somatoform disorders. The treatment is based on Dialectical Behavior Therapy (DBT) and Acceptance and Commitment Therapy (ACT). In addition, mindfulness-based methods are used. Thus, an individually tailored therapy is designed for each person.

Inpatient treatment usually lasts three months. During the first three weeks, the individual therapy goals are determined together. Subsequently, group and individual therapies are used to work on achieving these goals. The last two weeks are used to prepare for discharge.



#### **POST-TRAUMATIC STRESS DISORDER TEAM**

The treatment offer is aimed in particular at people who have experienced severe violence. The three-month inpatient trauma therapy is based on the Dialectical Behavior Therapy for Post-traumatic Stress Disorder (DBT-PTBS). In individual and group therapies, the modular program combines emotion regulation training, nightmare treatment, and strategies for helping patients cope with negative feelings about their own bodies and distressing memories of the trauma. —

#### **OUTPATIENT CLINICS**

- University outpatient clinic
- Psycho-oncological outpatient clinic
- Private outpatient clinic

# CLINIC OF ADDICTIVE BEHAVIOR AND ADDICTION MEDICINE

The Clinic of Addictive Behavior and Addiction Medicine helps people with abuse of or addiction to alcohol, medication, illicit drugs, as well as gambling, internet and shopping addictions. It offers inpatient and day care treatment as well as outpatient diagnostics and therapy. The outpatient substitution clinic treats opioid-dependent patients. The general addiction outpatient clinic treats addictions and their comorbidities. Specific outpatient psychotherapeutic care is also offered for addicted parents and for people who have an addiction disorder and a borderline personality disorder. In addition, fetal alcohol spectrum disorders in adulthood are diagnosed.

### INPATIENT TREATMENT

The three-week withdrawal treatment helps patients to live addiction-free in the future. The holistic program begins with medically supervised physical detoxification and treatment of any physical and psychological withdrawal syndrome that may occur. Patients then participate in individual and group psychotherapeutic sessions, skills training, relaxation exercises, sports, occupational therapy, sociotherapy, and information sessions on the addiction support system. Finally, the individual addiction therapy rehabilitation is planned together with the patients.

The clinic also offers the diagnosis of other mental diseases, for example, personality disorders, post-traumatic stress disorder, ADHD in adulthood, depression, and anxiety disorders. People who have a borderline personality disorder in conjunction with an addictive disorder are treated with the modular therapy program based on the concept of Dialectical Behavior Therapy Addiction (DBT-A).

### DAY CLINIC TREATMENT

The day clinic offers an acute program with withdrawal treatment and psychotherapeutic measures for patients with alcohol problems, drug or medication addiction, gambling and internet addiction. In addition, alcohol-related diseases, psychiatric comorbidities (especially depression and anxiety disorders) and any physical withdrawal syndrome that may occur are treated. Patients are supported and motivated with regard to insight into their disease, abstinence goals, further treatment options, and the ability to rehabilitate. A wide range of therapy methods are used, from addiction skills training and stress management training to mindfulness-based relapse prevention. The day-clinic approach enables patients to remain in their familiar environment and directly apply the strategies they have learned for dealing with their addiction.



**Prof. Dr. Falk Kiefer**  
Medical Director



**Prof. Dr. Bernd Lenz**  
Deputy Medical Director

### REGIONAL NETWORK FOR ADDICTION SUPPORT

The clinic is part of a network of various facilities offering addiction support (addiction counseling centers, self-help groups, specialized clinics for long-term therapy, among others), which also provide further treatment for severely addicted patients. The focus is on the long-standing cooperation with the Clinic of Addiction Therapy and Withdrawal at Nordbaden Psychiatric Center (PZN) in Wiesloch. The joint **Feuerlein Center for Translational Addiction Medicine** ([🔗 \*feuerlein-cts.de\*](https://feuerlein-cts.de)) ensures the care of people with addiction disorders in the Rhine-Neckar region. Innovative therapy methods are to be made available to patients as quickly as possible in order to further improve treatment. Research is also being conducted into how well the existing therapy services are being used and how access to them can be optimized.

The Feuerlein Symposium on Health Services Research in Addiction Therapy 2024 in Heidelberg focused on the opportunities and risks of new technical possibilities in addiction therapy. The speakers discussed the use of virtual reality as well as diagnostic and therapeutic apps. —

### OUTPATIENT CLINICS

- Outpatient clinic for addiction medicine
- Opioid substitution outpatient clinic

# ADOLESCENT CENTER FOR DISORDERS OF EMOTIONAL REGULATION

The Adolescent Center treats adolescents and young adults aged from 16 to 24 who cannot control their emotions or struggle to do so. This is expressed as diseases such as borderline personality disorder, attention deficit hyperactivity disorder, and post-traumatic stress disorder.

The young people are accompanied and supported by a constant team throughout their entire development phase: from the end of school through their training or studies and on to finding a partner and leaving home. To do this, the Clinic of Child and Adolescent Psychiatry and Psychotherapy and the Clinic of Psychiatry and Psychotherapy work together. This helps to avoid gaps in treatment. The various outpatient, partial inpatient, and inpatient components in this treatment unit (track concept) make it possible to tailor the treatment to the patient's individual life situation in a flexible manner. The therapists work in line with the standards of Dialectical Behavior Therapy (DBT).

## **INPATIENT THERAPY**

The inpatient or partial inpatient treatment lasts twelve weeks in the team specialized in borderline personality disorder and 14 weeks in the team specialized in post-traumatic stress disorder. Patients initially learn how they can improve their tolerance of stress and more confidently cope with their emotions. They are then helped to transfer these skills into everyday life. Individual

needs and challenges are taken into account, and relatives are included in the treatment. In addition to one-on-one therapy discussions, the adolescents can also attend group services, for example on mindfulness or relaxation techniques. The program also includes sports services and experiential education. Ideally, inpatient treatment is part of continuous outpatient psychotherapy, which is important both before and after the patient's stay in the clinic.

## **OUTPATIENT THERAPY**

In many cases, outpatient psychotherapy is sufficient. It includes one-on-one and group therapy as well as counseling and training for family members. Even after an inpatient stay, though, challenges still need to be faced, for example, development in school or in a career. Patients are therefore able to make use of regular outpatient treatment services so what they have learned is consolidated in their everyday lives. For example, this can be in the form of short-term psychotherapy. Lots of patients, though, are supported on a continuous basis for several years throughout their entire period of adolescence. The treatment team tailors the frequency to the individual's needs, and in acute psychosocial crises, the most intensive outpatient support with several one-on-one appointments each week can be selected.

As part of a pilot project with selected health insurance companies, patients at the Adolescent Center can not only be treated in their familiar home environment, but also practice everyday situations together with therapists outside the treatment room. In doing so, they learn to overcome specific challenges that have previously prevented them from achieving their individual goals. —

# ADOLESCENT CENTER FOR PSYCHOTIC DISORDERS – SOTERIA



The Soteria treats adolescents and young adults between 16 and 24 years of age with psychotic disorders or psychosis risk syndrome. Any additional addiction and dependency disorders are also treated here. In 2025, the Soteria was assessed and certified by the International Soteria Association (IAS).

This proves that it meets the high standards of the Soteria approach in a special way, for example with regard to equality, milieu therapy work, and de-escalation.

The patients live in a kind of residential community and learn to better cope with day-to-day life. The interdisciplinary teams support the young people throughout the entire phase of adolescence, so gaps in treatment between child and adolescent psychiatry and adult psychiatry are avoided. The Clinic of Child and Adolescent Psychiatry and Psychotherapy and the Clinic of Psychiatry and Psychotherapy collaborate on the treatment unit.

The scientifically tested concept of Soteria (Greek for salvation, wellbeing, preservation) is a treatment approach for people in psychotic crisis. They are supported through psychosis in a comfortable,

anxiety-reducing, and non-clinical environment. The atmosphere conveys safety and ensures that the perception and emotions are able to relax in the long term. The therapists set limits on the psychotic experiences and provide familiarity and normality in interactions. The patients receive intensive individual support during acute psychotic crises.

#### PHASES OF TREATMENT

The treatment generally lasts for 12 weeks and can be fully or partially inpatient, as well as in an outpatient environment after discharge. The treatment generally is broken down into the phases of diagnosis, problem-solving, and the transfer of knowledge gained into everyday practice. A constant treatment team of doctors, therapists, nurses, milieu therapists, and recovery assistants ensures close, personal care that is relevant to everyday life. Patients work on improving their perception, cognitive skills, and tolerance for stress.

The components of treatment include psychotherapeutic and milieu therapeutic treatment elements, experiential education, bibliotherapy and transdiagnostic group therapies: for example, for cannabis-induced psychotic disorders (CANDID), compassion-focused therapy to improve compassion for the patients themselves and others, and cognitive behavioral therapy for psychosis. The recovery approach helps those affected to enjoy a contented and fulfilled life with the mental illness. —

# OUTPATIENT CLINICS OF THE CPP AND THE DEPARTMENT OF CLINICAL PSYCHOLOGY

## CPP OUTPATIENT TEACHING CLINICS

At the Center of Psychological Psychotherapy (CPP), children, adolescents, and adults with a wide variety of mental disorders receive psychotherapeutic treatment. The large outpatient teaching clinics of the state-approved training institute has two locations in downtown Mannheim. Diagnosis and treatments based on the latest scientific knowledge are offered there. The around 100 therapists are in advanced postgraduate psychotherapy training in the guideline procedure behavioral therapy and carry out all treatments under supervision and guidance.

## UNIVERSITY OUTPATIENT CLINIC OF PSYCHOLOGICAL PSYCHOTHERAPY

At the university outpatient clinic, patients with various mental illnesses are diagnosed, counseled, and treated. The focus is on phobias, ADHD in adulthood, addiction, depression, and somatic stress disorders. In addition, psychotherapy services are available for people with addiction and an additional mental illness. The concept is based on behavioral therapy principles. The therapy that is offered is often accompanied by an academic study in which patients can voluntarily participate. This close connection between treatment and research contributes to an understanding of how mental illnesses develop and change. Treatment approaches are also further improved and the efficacy of new treatment methods is reviewed. —

# FIRST AID FOR MENTAL HEALTH



In Germany, one in four adults will be affected by mental illness over the course of a year. Anxiety disorders, depression, and substance abuse and addiction are particularly common.

Those affected often find it difficult to talk about their illnesses. This makes it all the more important for family members, friends, or colleagues to be able to identify possible problems and crises at an early stage and provide first aid. A lack of awareness and ignorance means that many people are often unsure and at a loss as to how they can react and help.

The charitable program Mental Health First Aid (MHFA) teaches how first aid for mental health can be provided in twelve-hour courses. Participants acquire fundamental knowledge about mental health problems and crises and learn how to identify signs of mental illness and how to approach those affected and support them until professional help is available. This improves prevention and early intervention and contributes to destigmatizing mental illness.

The MHFA team is working on making the mental health first aid courses available to as many people in Germany as possible. To do this, instructors are being trained who can then offer MHFA courses themselves and thus pass on their knowledge. More than 470 MHFA instructors have been trained to date. MHFA also offers first aid courses within companies or organizations, and has already collaborated with 380 companies.

The MHFA training concept was developed 25 years ago in Australia and has become a global movement. The German version, called MHFA Ersthelfer (first aiders), was created in 2020 and was sponsored by the CIMH with the support of the Dietmar Hopp Foundation, and works in partnership with the Beisheim Foundation. By the start of 2025, more than 40,000 first aiders had been trained in Germany. In 2024 alone, the MHFA team and other trained instructors offered a total of 1,236 first aid courses.

In addition to the twelve-hour MHFA Ersthelfer course, there is also a 14-hour MHFA Ersthelfer Youth course in which adults learn how to support young people who are affected. —

# CENTRAL OUTPATIENT CLINIC

The Central Outpatient Clinic brings together the outpatient services at the CIMH clinics and institutes for advice, diagnosis, and treatment at an organizational level.

A total of 26 employees work in the central outpatient organization: medical assistants, health care assistants and nurses, office clerks, and student aids. They organize the outpatient operation into five areas from making appointments through to diagnostic procedures, and on to the provision of prescriptions and the sending of diagnostic and treatment reports for around 20,000 cases per quarter and around 150 treatment providers in twelve specialist outpatient clinics. There are a total of 51 treatment rooms used across the clinic at the main site and two external sites.

The telephone team is the central point of contact for patients and referrers. The team arranges appointments and informs callers about all of the outpatient, partial inpatient, and inpatient treatments available at the CIMH. The telephone team also handles the increasing numbers of inquiries received via email. Around 1,500 telephone calls a week were received on the service number in 2024.

Video and telephone consultation hours are offered to save on journeys and facilitate the integration of the treatment into patients' everyday lives.

The central outpatient team collaborates with all of the clinics, institutes, and divisions within the CIMH to develop processes and services together and to further improve them. With the tailwind of the three major pushes for digitalization in the German health care system – the German Hospital Future Act, telematics, and the Medical Informatics Initiative – additional processes have been optimized and standardized in close collaboration with the business development. —

# DIAGNOSIS AND ADMISSION CENTER

Interface between health care and  
patient-centered research



The Diagnosis and Admission Center (DAZ) currently has around 40 employees and is the first point of contact for all patients at the CIMH. A standardized psychological and psychiatric diagnostic procedure including laboratory medicine and electrocardiological tests is carried out in the DAZ. On the basis of this detailed information, the treatment providers can then make a data-based decision on which further diagnostic procedures and which treatments are most suitable in the individual case.

The DAZ is also an important interface between treatment and research. Scientists at the CIMH are researching the development and causes of mental illnesses. The goal is to better understand mental illnesses and to develop new, tailored therapies. To identify links between symptoms and biological patterns, as much defined clinical data from people with mental illnesses as possible is needed. These data are obtained following the granting of detailed consent from patients in the DAZ and stored and processed in line with data protection requirements. An independent trustee pseudonymizes the medical data and manages the informed consent forms and withdrawals from patients.

The data set collected in the DAZ is modular in structure. It comprises both the core data set from the Medical Informatics Initiative of the Federal Ministry of Research, Technology and Space and the minimal data set from the German Center for Mental Health (DZPG). Among other things, data about the person and their living environment, the laboratory results, diagnoses and treatments, and mental wellbeing are recorded. In addition to this, biomaterials such as blood and tissue samples are also provided and stored in the CIMH biobank. Managers for digital processes at the DAZ are developing the clinical information system at the CIMH in parallel and in coordination in order to make as much of the data collected as part of clinical documentation across the entire CIMH usable for researchers.

With the health data recorded in the DAZ and the CIMH clinics, a unique database is being created and is growing continuously with clinical data and biological samples over the lifetime and throughout the entire diagnostic and therapeutic process. This large and high quality volume of data is needed to be able to use artificial intelligence for research and clinical purposes. At the same time, the data from the DAZ help researchers to find participants for their studies. —

# TRANSCULTURAL OUTPATIENT CLINIC



Language barriers between patients and treatment providers can make therapy significantly more difficult. Even if non-native patients are able to speak German, they often do not have the vocabulary for internal crises. People feel more confident in their own native language and can communicate more intuitively.

The Transcultural Outpatient Clinic therefore offers advice, diagnosis, and treatment in Arabic, Russian, Spanish, Turkish, and Ukrainian – language mediation services are used for all other languages. This service is specifically for people with a migrant background. The service includes open consultation sessions, pharmacotherapy, individual and group psychotherapy, and counseling for inpatients.

But language alone is often not enough to create a real connection in therapy. Real understanding is not achieved through words alone. Handling different cultural backgrounds respectfully and taking into account the individual migration history in each case are important factors in therapy. Only when these aspects are actively included in the treatment can an understanding be achieved on a deeper level.

The team in the Transcultural Outpatient Clinic therefore relies on both linguistic and transcultural competencies. The focus is on culturally sensitive treatment methods. The team is open to the cultural identity of the patients and can overcome language barriers and barriers to understanding.

The transcultural outpatient clinic is part of the Transcultural Center at the CIMH. Through the Transcultural Center, the CIMH is striving to achieve comprehensive transformation of psychiatric and psychotherapeutic care. Cultural and linguistic diversity should be used as a strength and an opportunity. Through intercultural opening, adapted treatment, and the integration of people with different cultural backgrounds into the research, the Transcultural Center is making an important contribution to fairer and more inclusive health care in psychiatry. —

# CROSS-CLINIC INFORMATION

## CASE-MANAGEMENT

The case management works across professions and clinics and coordinates the entire admission process for patients who are scheduled for inpatient or partial inpatient treatment. This includes bed planning and management to avoid insufficient, excessive or incorrect care.

The team also ensures a transparent, optimal treatment process and provides individual support to patients. For example, individual support is provided for complex cases and patients are proposed for ward-equivalent psychiatric treatment at home. The case managers also advise patients and relatives on how to arrange support services and they are a first point of contact for physicians in private practice with regard to planned treatments. The service-oriented work done by the case management aims to achieve a high level of satisfaction of patients and external referring physicians. —

## EMERGENCY MANAGEMENT

A defined emergency care team makes the first contact with the patient following emergency admission. The colleagues clarify the concern, record the patient data, and prepare the discussion with the on-call physician in each case. The medical service uses clear criteria and supportive guidelines to decide on the patient's further care. Cases of acute danger to self or others are immediately admitted as emergency patients. All other individuals receive a specific plan for prompt further treatment. This could be a planned admission to the CIMH as an inpatient, the arrangement of appropriate outpatient or partial inpatient services, or referral to physicians in private practice. The case management team and the Central Outpatient Clinic team are involved in this process. Patients benefit from shorter waiting times and guaranteed further treatment. —

## DISCHARGE MANAGEMENT

The discharge management supports patients in returning to their everyday lives from inpatient and partial inpatient facilities. They receive individual advice and information on topics such as outpatient treatment and psychotherapy, accommodation and occupation, and self-help groups. To ensure seamless care, the next steps regarding further treatment, rehabilitation, therapy or nursing are planned together.

Discharge management at the CIMH is a multi-professional task carried out by doctors, social workers, psychologists, physiotherapists, occupational therapists, and nursing staff. They coordinate closely with the patients and involve relatives or caregivers if desired. —

## COMMUNITY PSYCHIATRY DEPARTMENT

*Head: Prof. Dr. Barbara Vollmayr*

The Community Psychiatry Department supports and accompanies people with mental diseases through various social-psychiatric care services outside of inpatient treatment at the CIMH. The main tasks include providing patients with individual treatment and counseling and ensuring their participation in society.

With the help of a wide range of low-threshold measures, mentally ill people can acquire or retain the skills they need to lead largely independent lives. These include suitable housing options, joint leisure activities, the promotion of social contacts, and steps to return to working life. These offers can be supplemented by specialist treatment in the community psychiatry outpatient clinic. Patients with long-standing mental diseases are primarily cared for there, as well as people with mental health problems who need help with professional integration.

The Community Psychiatry Department also cooperates with all non-clinical institutions and services for mentally ill people in Mannheim. This primarily involves providing specialist medical and psychiatric advice to the care teams in the numerous medical, vocational, and social rehabilitation facilities. The Community Psychiatry is represented in many working groups and committees and has a comprehensive overview of the psychiatric care situation in the city. The department's employees make a significant contribution to maintaining and further developing the closely-knit network of help. —

## NURSING AND EDUCATIONAL SERVICE DEPARTMENT

*Head: Doris Borgwedel*

Nursing in psychiatry is something special and very demanding. At the CIMH, patients of almost every age are cared for: children and adolescents, adults, and people of advanced age. The more than 400 employees of the nursing and educational service assume a responsible role in the multi-professional teams of physicians, psychotherapists, sports therapists, occupational therapists, physiotherapists, pedagogues and social workers. Employees from health care and nursing, geriatric and pediatric nursing, and social pedagogy and education are used for the various tasks in the outpatient, partial inpatient, full inpatient and ward-equivalent treatment units. Around 12 percent of the employees in the nursing team have completed psychiatric specialist training.

With an attentive and supportive attitude, nurses create the basis for sustainable therapeutic relationships. They work according to the concept of primary nursing; they support patients individually, deal with their personal concerns, and encourage independence. They use various treatment approaches to take responsibility and actively shape the success of treatment.

The nursing process is planned specifically for each patient's situation and is integrated into scientifically based treatment standards. This evidence-based nursing is effective in numerous areas, for example, the avoidance of falls and bedsores, and de-escalation management.

The nursing and educational service also helps to work on research projects and new treatment concepts. As practice managers, nurses pass their knowledge and experience on to trainees.

The working conditions in psychiatric nursing are changing – increasing partial inpatient and outpatient care concepts present new challenges for nursing. Work processes, therapeutic concepts, and nursing concepts need to be reviewed and some of them will need to be adapted. To prepare colleagues for these tasks, the CIMH is part of the Further Training Association of the Psychiatric Clinics of Weinsberg, Wiesloch, and Winnenden. Six to eight employees regularly participate in this jointly designed two-year, part-time advanced training program for psychiatric nursing and specialist training in geriatric psychiatry.

In order to ensure patient care and reduce the strain on ward teams in the event of unplanned staff shortages and high demand for care, the KNAPP Team (Emergency Nursing Staff Shortage Concept) is available at the CIMH. The experienced nurses provide cover for absences of colleagues based on a reliable duty roster and ensure that the emergency service always has nursing cover. —

## PHYSIOTHERAPY AND MOVEMENT THERAPY

Head: Antje Breisacher

Sports and movement therapy interventions for people with mental illness are effective and have positive effects on symptoms such as anxiety, depression, tension, and hyperactivity, as well as on cognitive functions, sleep, mood, emotional regulation, and overall mental well-being.

From a wide range of therapies, the team puts together an individual training program for each inpatient using physical and exercise therapy. The therapies are usually carried out in groups and, if necessary, as individual treatments. The positive experiences of movement strengthen self-efficacy and independence. This motivates patients to adopt health-conscious behavior in everyday life – beyond their stay at the CIMH.

The employees of the department work according to the primary therapist system, so that patients have constant contact persons.

The treatment portfolio rests on three pillars: **sports therapy** strengthens physical resilience, increases fitness, and relieves tension. The goal is to enjoy being active and to promote social learning. **Body and movement therapy** promotes body awareness, self-awareness, mindfulness, self-esteem, confidence, and emotionality. Patients should get in touch with their own body through perception, movement, and expression. Improvisation with movement, music, and material open the door to creative experience. **Physiotherapy** is prescribed for orthopedic, neurological or internal comorbidities. Coordinated therapies improve the consequences of injuries and functional disorders of the musculoskeletal system, internal organs, and nervous system. —

## OCCUPATIONAL THERAPY

Head: Antje Breisacher

The occupational therapy team supports patients in all four clinics and clients in the occupational therapy outpatient clinic. The modern psychiatric occupational therapy at the CIMH is client-centered. On the basis of the collection of occupational therapy results and a functional analysis, individual treatment and advice are provided to help the patient achieve the greatest possible level of independence, participation, and quality of life.

Psychiatric occupational therapy works to develop, maintain, and improve basic mental functions. These include independence, flexibility, and appropriate behavior in different situations, as well as participation in working life and social life.

Following a holistic approach, it is not just specific processes that are taught, but the person as a whole is involved.

Patients are supported in

- coping with the challenges of mental illness,
- organizing their daily lives independently,
- communicating with other people, building and maintaining relationships,
- strengthening their self-efficacy.

The treatments use established occupational and work therapy treatments such as craft/creative techniques as well as behavioral therapy methods, for example dialectical behavioral therapy, social skills training, interaction and mindfulness groups.

In child and adolescent psychiatry, occupational therapy has been supporting the clinic school at the CIMH with treatment options since 2023 with its specialization in school-based occupational therapy. School is an important part of every child and adolescent's life. It is where they learn, make friends, play, become independent, and develop essential life skills. Occupational therapists practice school-related skills such as telling the time, tying shoelaces, and structuring the learning environment and learning materials either directly in the classroom or through individual support. They also teach students learning strategies that are tailored to their individual needs. —

### SOCIAL WORK DEPARTMENT

*Head: Jasmin Potthoff*

The Social Work Department offers all inpatients, partial inpatients and outpatients in the four clinics, the adolescent centers, and the outpatient clinics comprehensive support and advice on social legislation issues, personal difficulties, and questions on further outpatient and inpatient support services. Social work is closely networked with numerous working groups and committees of complementary psychiatric care in the City of Mannheim.

In particular, the focus is on the following topics:

- Social security
- Debts
- Education and work
- Residence
- Forms of assisted living
- Medical and professional rehabilitation
- Daily structure and leisure activities
- Care of minors and relatives who require care
- Counselling centers and support services
- Discharge management in cooperation with other professional groups —

### PASTORAL CARE

*Catholic pastoral care: Bernhard Boudgoust*

*Evangelical pastoral care: Imke Diepen*

*Muslim pastoral care: Nawal Bertoune, Kaan Özbal*

A team of four experienced pastoral caregivers from Christian and Muslim backgrounds is available to talk to all patients, their relatives and friends, and staff members. These conversations are subject to pastoral confidentiality. In times of emotional crises, pastoral care offers supportive conversations, prayers, rituals, and other accompanying measures that address individual needs and personal beliefs. Muslim pastoral care takes particular account of the religious and cultural needs of Muslim patients and is available by individual arrangement.

Christian services are held every Friday under joint ecumenical responsibility and are open to external visitors. Furthermore, pastoral care invites visitors to singing and discussion groups and participates in ward events upon request. —

### SELF-HELP

*Responsible for self-help: Jasmin Potthoff*

The CIMH has been working closely with the Gesundheitstreffpunkt Mannheim, the regional center for self-help and independent advice of patients. This collaboration supports the work of self-help groups and encourages meetings between self-help groups and patients. Various projects are implemented and events organized together, such as a self-help day.

All patients and relatives are regularly informed about the self-help services in psychiatry. Some self-help groups give presentations directly in the wards. At information events in the foyer of the CIMH, various groups present their work for patients and relatives. In recognition of its commitment to self-help, the nationwide network Self-Help Friendliness and Patient-Focus in the Health Care Sector awarded the CIMH the title of Self-Help Friendly Hospital in 2012, making it the first psychiatric hospital in Baden-Württemberg to receive this award. Since then, recertification has taken place every three years, most recently in 2025. —

### INTERNAL MEDICINE CONSULTATION SERVICE

Head: *Johannes Zimmermann*

The Internal Medicine Consultation Service at the CIMH is provided by a physician specializing in internal medicine and a physician specializing in general medicine and internal medicine. Internal medicine care for inpatients is necessary, since a large proportion of them have concomitant diseases in the field of general medicine/ internal medicine. Often they can only be treated in external clinics to a limited extent.

The specific situation of mentally ill patients is taken into account in the internal medicine consultation and treatment of concomitant physical diseases. In many cases, the usual diagnostic and therapeutic strategies have to be modified. ECG, sonography of the abdominal organs and thyroid gland, echocardiography, long-term ECG, and long-term blood pressure measurement are performed. In addition, a clinical chemistry laboratory is available. Thus, the essential elements of internal medicine diagnostics are available at the CIMH. Endoscopic or other further examinations are performed in the specialist departments of the Mannheim University Hospital.

Approximately 300 to 350 internal medicine consultations and about 1,100 function tests are conducted annually. In addition, more than 3,000 ECG leads are performed each year. In addition, telephone consultations are available. —

### CONSULTATION SERVICE AT MANNHEIM UNIVERSITY HOSPITAL (UMM)

Senior Physician: *Dr. med. Maria Gilles*  
*Dr. Andrei-Nicolae Vasilescu (from 04/01/2025)*

The joint consultation service of the CIMH (headed by Prof. Dr. Andreas Meyer-Lindenberg) and the Neurological Clinic at the UMM (headed by Prof. Dr. Michael Platten) provides patients of the central emergency department and the inpatient area of the UMM with consultative services in the field of psychiatry and psychotherapy, including addiction medicine and psychosomatics, as well as neurology.

The tasks include the diagnosis of mental and neurological disorders, psychotherapeutic and psychopharmacological co-treatment, and the consultation of ward teams in dealing with mentally ill patients. The team also works together with the psycho-oncological service at the UMM.

The advisory work in the central emergency department of the University Hospital ensures psychiatric emergency care in the Mannheim urban area for patients with concomitant somatic conditions or somatic sequelae of mental illness (poisoning, suicide attempts). Psychiatric emergencies without relevant concomitant somatic diseases are treated by the psychiatric emergency outpatient clinic at the CIMH.

The University Hospital has 1,352 beds and covers all of the medical disciplines of the Mannheim Medical Faculty of the University of Heidelberg. In 2024, the psychiatric colleagues of the consultation service processed 1,650 consultation requests at Mannheim University Hospital. —

## PATIENT FEEDBACK MANAGEMENT

The opinion of patients and relatives about a stay at the CIMH is important to improve quality further. The central patient feedback management is part of the quality and risk management and is divided into three areas.

### Patient feedback

Posters are used to encourage patients and their relatives to provide feedback. Feedback can be provided via an online form, by telephone, email, letter, or in a personal conversation.

Negative feedback provides valuable information about areas where there is room for improvement. Positive feedback confirms the work of the employees. The results are communicated to the relevant departments and, if possible, improvement measures are derived.

### Complaints

Negative feedback that requires action is recorded as a complaint. Complaints are dealt with promptly and systematically in order to de-escalate the situation at an early stage and to remedy any potential risks and shortcomings. The situation is clarified on a case-by-case basis together with the employees of the departments concerned. The complainants are informed of the results and supported in finding a solution. In the event of frequent complaints about individual topics or processes, the respective procedures are systematically reviewed and measures for improvement are taken.

### Patient survey

Inpatients and partial inpatients are asked about their satisfaction once a year using a paper questionnaire. Outpatients can participate in the survey at any time using a digital questionnaire. The results are communicated to the relevant departments and, where possible, measures are agreed upon jointly.

In addition, patients can take advantage of external and independent patient advocacy and counseling services provided by the Information, Counseling, and Complaints Office (IBB) in Mannheim. Patients can find the IBB's contact details on the CIMH website and decide for themselves whether they would like to contact the patient advocates of the City of Mannheim. There is close cooperation between the IBB and the quality management team of the CIMH. Specific patient inquiries are dealt with in regular meetings as required. —

## INITIATIVE STARK IM STURM

In families with mentally ill or addicted parents, the situation is often stressful, especially for children. The initiative founded at the CIMH in 2018 helps to find the right support for the affected parents and their children. To establish contact with parents, children's commissioners work directly on the wards of all clinics, for example in nursing or social services, as well as in the outpatient clinics. Together with the parents, they shine a light on situations where the parent is overloaded and encourage them to accept offers of help and advice. They help the children to understand and cope with their parents' situation. In this way, they create the basis for a stable family life.

At the CIMH, the Clinic of Psychiatry at Heidelberg University Hospital, the entire Psychiatric Center North Baden (PZN), the Center for Psychiatry (ZfP) Weinsberg, the ZfP South Württemberg, and Ulm University Hospital a total of almost 190 children's commissioners were active in 2024. Together, they help to further expand networking with youth welfare offices, youth welfare institutions, and counseling centers for adults in the respective region.

In order to introduce *Stark im Sturm* (Strong during a storm) into psychiatric care throughout Germany, it is important to learn more about the benefits for affected parents and their children. How does it improve their family life? Does it increase their quality of life? Scientific monitoring as part of a study is being carried out in collaboration with the Research Group on Mental Health Services Research at the CIMH. The aim is to create a database for a support service that affected families throughout Germany can benefit from in the future.

*Stark im Sturm* has received generous support from the Dietmar Hopp Foundation from the very beginning. In addition, the Baden-Württemberg Ministry of Social Affairs, Health, and Integration is promoting the initiative as part of its Child Protection Master Plan. This will enable *Stark im Sturm* to be introduced at other locations and expand its services. —



More at [starkimsturm.de/en/](https://starkimsturm.de/en/)

**IN RESEARCH** in neuroscience, psychiatry, and psychotherapy, the CIMH is one of Europe's leading institutions. We investigate the fundamentals of mental illness and mental health in order to understand psychotherapeutic and pharmacological mechanisms of action and develop tailored treatments based on our findings.

# RESEARCH





# NEW RESEARCH PROJECTS WITH HIGH FUNDING VOLUMES

# BIOLOGICAL PRINCIPLES OF AGGRESSION IN MENTAL DISORDERS

**The neurocognitive and neurobiological mechanisms that underlie aggressive behavior in those with mental disorders have been insufficiently well researched to date. This makes it more difficult to develop effective prevention and treatment strategies. To close this gap, the cross-location Collaborative Research Center/Transregio 379 (TRR 379) is investigating aggression across multiple diseases over the entire development period from adolescence into adulthood with a broad methodological spectrum.**

**Prof. Dr. Dr. Tobias Banaschewski**

Medical Director of the Clinic of Child and Adolescent Psychiatry and Psychotherapy

**Prof. Dr. Gabriele Ende**

Head of the Department of Neuroimaging and the Core Facility ZIPP

**Prof. Dr. Nathalie Holz**

Head of the Research Group Developmental Neurosciences in Psychiatry

**Prof. Dr. Andreas Meyer-Lindenberg**

Medical Director of the Clinic of Psychiatry and Psychotherapy

**Dr. Christian Paret**

Head of the Research Group Psychobiology of Self-Regulation

**Prof. Dr. Christian Schmahl**

Medical Director of the Clinic of Psychosomatic Medicine and Psychotherapy

**Prof. Dr. Dr. Heike Tost**

Head of the Research Group Systems Neuroscience in Psychiatry

**Dr. Wolfgang Weber-Fahr**

Head of the Research Group Translational Imaging

Aggressive behavior occurs in various mental illnesses and presents significant challenges for those affected, their relatives, and specialists. It arises from an interaction of biological conditions, individual life experiences, and current triggers.

The scientific basis of TRR 379 is the research framework of the Research Domain Criteria (RDoC), which enables mental functions to be examined beyond classical diagnoses. The focus is on two central neurocognitive systems that are responsible for the processing of emotions and for cognitive control. The researchers assume that biosignatures have characteristic patterns that reflect imbalances in these systems and are linked to aggressive behavior in combination with biological, psychological, and environmental factors. To record these biosignatures, TRR 379 is investigating genetic, molecular, hormonal, and neuronal principles in addition to physiological signals, observable behavior, and relevant environmental conditions. The goal is to

better understand these mechanisms and develop individually tailored prevention and treatment strategies from them.

The partners in the Collaborative Research Center/Transregio 379 are RWTH Aachen, Heidelberg University, Goethe University Frankfurt, Johannes Gutenberg University Mainz, Julius Maximilian University of Würzburg, and Jülich Research Center. The Collaborative Research Center is being funded over four years with a total of around 16 million euros. —

» German Research Foundation: Collaborative Research Center/Transregio 379: Neuropsychobiology of aggression: a transdiagnostic approach to mental disorders. 2024 – 2028. Funding amount: 2,979,456 euros.

# HOW MEMORIES ARE PROCESSED IN OUR SLEEP

**Our brains repeat everything they learn in everyday life in our sleep. This consolidates the memory, linking new things we learn with old knowledge and thus transforming it. The researchers want to use the latest imaging procedures to understand these memory processes. The findings may contribute to promoting mental health in the future.**



**PD Dr. Gordon Feld**

Head of the Research Group Psychology and Neurobiology of Sleep and Memory

Sleep and memory problems contribute significantly to the suffering in almost all mental illnesses. To date, progress that has been made in sleep and memory research has not been able to be used to improve mental health. The project uses and combines the latest imaging procedures such as high-field magnetic resonance imaging (MRI) and magnetoencephalography (MEG). The researchers can use this to observe the processing of memories during sleep directly and measure the resulting changes in the brain. The scientists want to understand how the brain processes the complex content that is taken in each day during our sleep. This knowledge can be used to act when processing during sleep goes wrong.

The test subjects learn complex links in a network consisting of emotionally relevant images. This task aims to record complex memories in the laboratory that are close to those generated in real life. This learning task then makes it possible to use the imaging procedures to find out what exactly the brain does with complex memories during our sleep. The structure of the task is chosen in such a way that mathematical processes and artificial intelligence can be used to create a fingerprint of the learning content.

The project uses healthy test participants to fundamentally understand the memory processes during our sleep. Key issues are also tested together with people with

depression to find new treatment approaches as quickly as possible. In the long term, the researchers want to use the fingerprints of emotional memory processing to have a positive impact on memory and thus improve mental health. —

» EU – Horizon Europe: European Research Council (ERC) Consolidator Grant: *Tracking memory during sleep: understanding how replay of complex information affects memory and mental health (MemoryTracker)*. 2025 – 2030. Funding amount: 1,984,125 euros.

# EFFECTS OF CANNABIDIOL AND NALTREXONE ON THE DESIRE FOR ALCOHOL

**Cannabidiol (CBD) is a promising substance in terms of reducing the desire for alcohol and supplementing existing therapies for addictions. The positive effect on alcohol consumption has already been proven in animal studies. The researchers in the ICONICplus project are now investigating the effects of a combination of CBD and naltrexone on the desire for alcohol.**

Dependence on alcohol is a chronic disease that affects a significant percentage of the population. It has a massive negative impact on the person's individual health and quality of life as a result of frequent relapses. At the same time, only a small number of medications are available to treat the condition. The desire to drink alcohol (craving), a main symptom of alcohol dependence that causes a high level of psychological strain and makes relapses more likely, is insufficiently well reduced by these preparations.

A CIMH study has shown that CBD decreases the desire for alcohol and can change the brain activity linked to the addiction. Initial clinical studies in patients with an opioid dependence have also been able to prove significant effects of CBD on craving and a good safety profile of CBD. Other studies show that CBD increases the effect of the opioid antagonist

naltrexone, a medication already approved for the treatment of alcohol dependence.

The current research project is looking at the effect taking CBD for 14 days at a dose of 800 mg or 1200 mg in combination with 50 mg naltrexone has on reducing the desire for alcohol. The scientists are comparing this with the effect of the standard treatment with naltrexone and a placebo. All patients are receiving treatment for addiction in line with the guidelines during this time to research the added value of CBD as part of established treatment concepts. At the same time, effects on the quality of life and subjective and objective craving markers are also being investigated, as these factors are closely linked to the success of treatment and the risk of relapse. Positive results could contribute to the development of new treatments for people with a dependence on alcohol. —



**Prof. Dr. Dr. Patrick Bach**  
Head of the Research Group  
Neuroenhancement

» *Federal Ministry for Research, Technology and Space: Investigation of the effects of cannabidiol plus naltrexone on the desire for alcohol triggered by alcohol in patients with alcohol dependence (ICONICplus). 2025 – 2028. Funding amount: 1,331,449 euros.*

# IMPROVING THE RESILIENCE AND MENTAL HEALTH OF NURSES

**Employees in the health care sector experience significant physical and emotional strain in their daily working lives. Many of them suffer from stress-related conditions such as depression, anxiety, and sleep disorders. The European XR<sup>2</sup>ESILIENCE project is looking at how extended reality applications can improve nurses' resilience.**



**Prof. Dr. Michèle Wessa**

Head of the Department of Neuropsychology and Psychological Resilience Research

Increasing demands and high levels of stress at work mean nurses are under significant pressure. The researchers want to use new ways to support mental health in this professional group. Modern extended reality (XR) technologies that combine a digital world with the real world are being used. Training modules can be developed that are tailored to the individual needs of nurses. Various situations are reconstructed in a realistic way and stressors simulated. In these virtual scenarios, the employees can practice suitable reactions and techniques, thus building up and improving their individual resilience.

In a cohort study, the scientists are initially determining and analyzing the stresses experienced by nurses and the most important resilience factors and mechanisms. They want to understand how stress affects mental health and what makes nurses mentally resilient. In a further step, the efficacy of XR interventions is being evaluated in a randomized clinical study.

Ultimately, the goal is to develop a concept that contributes to health care sector employees being able to cope better with stressful situations and emotional strain in the long term. This includes recommendations, guidelines, and checklists that make it easier for employers and political decision-makers to introduce XR training sessions.

The CIMH is one of twelve partners from five European countries that are involved in the joint interdisciplinary project. The research project is being funded over four years with a total of around 5.9 million euros. —

» *EU Horizon Programme: Pioneering XR Technology for the Promotion of Resilience and Mental Health of the Healthcare Workforce (XR<sup>2</sup>ESILIENCE). 2024 – 2028. Funding amount: 1,232,990 euros.*

# ENCOURAGING YOUNG PEOPLE WITH PSYCHOLOGICAL STRESS

**Societal challenges such as wars, climate change, and economic crises have led to an increase in anxiety, depression, and psychological stress in young people. The EU's YOUTHreach project is researching the efficiency of innovative approaches to supporting young people with psychological stress.**



**Prof. Dr. Ulrich Reininghaus**  
Head of the Department of  
Public Mental Health

the field of the mental health of young people: i) free walk-in centers for young people, ii) a smart-phone-based, hybrid intervention to improve self-worth and mental health, and iii) a hybrid online support platform that offers professional and peer support. The study on the app-based self-worth intervention is being conducted at the CIMH.

The project is using an interdisciplinary approach and combines concepts from the fields of mental health, epidemiology, implementation science, clinical practice, behavioral psychology, health economics, public health, ethics, social sciences and humanities, artificial intelligence, and data science.



**Dr. Anita Schick**  
Head of the Research Group  
Evidence-Based Innovations in Public  
Mental Health

A total of 14 research facilities in nine countries are working together to improve the mental health of young people. To do this, three existing prevention and early intervention measures for young people are being examined and in some cases implemented again. The needs and perspectives of young people are included in all phases of the research work. A Youth Advisory Group with 18 youth representatives from across Europe has been formed.

The three interventions that are being examined and compared in terms of their efficacy form a comprehensive, integrated package for targeted prevention and early intervention in

The goal is to decrease the individual economic and societal strain of mental illnesses by supporting young people at an early stage and implementing preventative measures. After completion of the project, an open platform will be provided that, among other things, comprises data sets, AI models for personalized (self-) monitoring, information packages, and recommendations for researchers, public health experts, and the general public. —

» *EU Horizon Programme: Bridging Gaps in Mental Health Support: A Comprehensive European Strategy (YOUTHreach). 2025 – 2029. Funding amount: 804,220 euros.*

# SLEEP AS THE KEY TO UNDERSTANDING ME/CFS

**ME/CFS is a neuroimmunological disease that has been little understood until now. It limits those affected to an extreme extent and is associated with functional disorders of the central nervous system. Hardly any treatment options have been developed to date. The research association SLEEP-NEURO-PATH is investigating the disease mechanisms of ME/CFS using sleep-related biomarkers to prepare the way for personalized therapeutic approaches.**



**Dr. Claudia Schilling**

Head of the Research Group Neuropsychiatric  
Sleep Disorders

People with myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) suffer from extreme exhaustion, exercise intolerance, cognitive impairments, sleep disorders, and an increased sensitivity to stimuli. During the COVID-19 pandemic, there was a significant increase in the number of people affected by ME/CFS as part of the spectrum of post-COVID diseases.

The researchers are aiming to better understand the biological mechanisms and causes of ME/CFS. To do this, they are investigating how they can link features of the brain activity during sleep to the results of imaging procedures, biochemical analyses, and genetic risk profiles. Analyzing electroencephalograms (EEGs) is particularly helpful in terms of making changes in brain activity visible. The goal is to identify possible predictive values for ME/CFS at an individual level on the basis of the biodata obtained that can offer approaches for personalized therapy.

The CIMH is coordinating the research association SLEEP-NEURO-PATH, which is being funded with a total of around 1.6 million euros. Other partners include the Fraunhofer Institute for Digital Media Technology IDMT in Oldenburg and the University Medical Center Schleswig-Holstein in Kiel. —

» *Federal Ministry for Research, Technology and Space: Contribution of sleep-related biomarkers to the pathophysiology of ME/CFS (SLEEP-NEURO-PATH). 2024 – 2027. Funding amount: 720,879 euros.*

# NEW DEPARTMENTS, CORE FACILITIES, AND RESEARCH GROUPS

# DEPARTMENT OF NEUROPSYCHOLOGY AND PSYCHOLOGICAL RESILIENCE RESEARCH



**Prof. Dr. Michèle Wessa**

Head of the Department of Neuropsychology and  
Psychological Resilience Research

*Head: Prof. Dr. Michèle Wessa*

**As the new holder of the W3 Hector Professorship for Cancer Survivorship and Psychological Resilience, Prof. Dr. Michèle Wessa has been running the Department of Neuropsychology and Psychological Resilience Research at the CIMH and the Cancer Survivorship and Psychological Resilience Department at the DKFZ-Hector Cancer Institute at the University Medical Center Mannheim and the German Cancer Research Center (DKFZ) in Heidelberg since October 1, 2024.**

The research is looking at the neuropsychological mechanisms of resilience, for example the neuronal and psychological principles of the perceived ability to control stressful events, and emotional regulation and possible dysfunctions in these mechanisms in patients with affective disorders and people with cancer. Among other things, the goal is to improve the mental health and quality of life of cancer survivors and their families.

The research in the department follows the principle of traditional research: psychological mechanisms that underlie resilience or the etiology of mental disorders are investigated using neuroscientific, experimental paradigms, some of which have even been borrowed from animal testing. The results of studies of this type and the results of extensive evidence syntheses are then used to develop evidence-based psychological interventions to promote individual resilience and to rate their efficacy in various target groups. On the one hand, interventions of this type are being developed as primary prevention for the wider population, but also for specific target groups or specific stresses. —

## RESEARCH GROUPS IN THE DEPARTMENT

— Brain Stimulation, Neuroplasticity and Learning

*Head: PD Dr. Jamila Andoh*

— Learning and Brain Plasticity in Mental Disorders

*Head: Prof. Dr. Dr. h.c. Dr. h.c. Herta Flor*

### Projects



### Publications



# PRECLINICAL CORE FACILITY

*Head: PD Dr. Thorsten Lau*

**The new core facility was founded in 2025 and combines specialized units and an administrative interface. Easily accessible infrastructure, qualified services, and professional advice support researchers from the planning through to the first scientific experiment, and on to publication.**



**PD Dr. Thorsten Lau**

Head of the Preclinical Core Facility

Five units combine to form the Preclinical Core Facility: the existing core facilities Animal Laboratory and Transgenic Models and the newly established units of Microscopy (led by Dr. Quirin Krabichler), Single Cell Laboratory (led by Prof. Dr. Stephanie Witt), and the Research Assistance Team.

In the Microscopy unit, modern microscopes are brought together centrally for various imaging procedures. These include a confocal laser scanning microscope, a fluorescence slide scanner microscope, a computer working station for the 3D microscopy image analysis software IMARIS, a live cell imaging module for the confocal microscope, and ultramicrotome for sample preparation for electron microscopy, and a fluorescence stereo microscope for sample preparation. The team takes on the management and maintenance of the microscope and work stations, briefing and training of the user groups, scientific advice for microscopy projects, and investment and strategic planning for new microscopy technologies. The high quality microscopy infrastructure enables excellent research to be conducted on the biological causes of neurological diseases.

The Single Cell Laboratory supports research groups in all phases of their projects, from trial planning through to the optimal

method, and on to data interpretation. Standardized tissue processing, the isolation of cells or cell nuclei, and the creation of single cell libraries for subsequent high-throughput sequencing are all carried out in the laboratory. On the bioinformatics side, stringent quality control of the raw data is carried out, followed by normalizing and dimension-reducing processes to identify cell types, differentiation states, or expression signatures. Application-specific downstream analyses are also offered, for example gene network analyses, signal path analyses, or the in silico identification of targets for medication development. This creates a reliable basis for precision medicine and disease-specific research.

The Research Assistance Team is the central interface between research and infrastructure and has two guiding principles: development and maintenance of sustainable structures and the direct support of the users. Consistent quality standards guarantee reproducibility, transparency, and the highest level of data quality.

The Preclinical Core Facility views itself as a technical infrastructure and as a dynamic platform for collaborative research. It is therefore a driver for synergies and knowledge transfer between research groups, disciplines, and scientific cooperation partners. —

# RG LEARNING AND BRAIN PLASTICITY IN MENTAL DISORDERS

*Head: Senior Professor Prof. Dr. Dr. h.c. Dr. h.c. Herta Flor*

**The research group, which was founded in 2024, is examining the interaction between the brain and behavior, looking in particular at the question of how behavior and experience affect neuronal processes and how neuronal processes change behavior and experience.**



**Senior Professor**

**Prof. Dr. Dr. h.c. Dr. h.c. Herta Flor**

Head of the RG Learning and Brain Plasticity in  
Mental Disorders

The research group focuses in particular on the role of implicit learning and memory processes in the creation and maintenance of mental and psychophysiological disorders such as chronic pain, anxiety disorders, or pathological aging. This includes experimental psychological approaches, neuropsychological testing, peripheral physiological diagnostics, structural and functional imaging procedures in the brain, and brain stimulation.

Innovative, individually tailored treatment approaches with behavioral therapy and combined pharmacological and behavioral therapy treatments are also being developed and tested. These focus, for example, on extinction retraining, sensory discrimination, the use of augmented and virtual reality, brain-computer interfaces, brain stimulation and combinations of these treatments with pharmacological interventions. —

# RG NEUROBIOLOGY OF MATERNAL CARE

Head: Dr. Eduard Maier

**The early relationship between a mother and her child has a significant impact on the formation and maintenance of bonding relationships and thus also on mental health in adulthood. The research group is investigating the fundamental neuronal mechanisms of maternal care that are insufficiently well known at present.**



**Dr. Eduard Maier**

Head of the RG Neurobiology  
of Maternal Care

Motherhood is shaped by innate, largely genetically fixed processes. At the same time, expectant mothers experience immense physical and mental adjustment processes that are expressed equally in their physiology and behavior. The majority of these adjustments are caused by neuronal and plastic reorganization processes. On the one hand, these processes are controlled by genetic factors, but on the other hand they are also impacted by external factors, particularly by the interaction between the mother and the child.

The research group in the Department of Neuropeptide Research in Psychiatry was founded in 2024 and aims to understand both aspects of maternal care using interdisciplinary methods. The researchers are focusing on the neuropeptide oxytocin, which regulates both the fixed and the plastic processes and is thus essential for successful interaction between a mother and a child. The molecular, cellular, and physiological effects that oxytocin has on cortical networks, neuronal plasticity, and behavior in motherhood are being investigated. The goal is for the results to form the basis of preclinical and clinical studies and to enable the development of new treatment approaches in situations in which the interactions between a mother and her child are impaired. —

# RG NEUROBIOLOGY OF POSITIVE EMOTIONS

*Head: Dr. Shimpei Ishiyama*

**The neuronal basis of positive emotional states such as laughing, playing, and joy has not been extensively researched to date in neuroscience. Understanding how the brain generates joy, however, is essential for a comprehensive understanding of mental health.**



**Dr. Shimpei Ishiyama**

Head of the RG Neurobiology of Positive Emotions

While the majority of neuroscience traditionally focuses on negative emotions such as anxiety and pain, the research by the research group founded in 2024 is changing the perspective – to things that make life worth living. The scientists are researching how fun and play are processed in the brain to gain an insight into the biological principles of positive emotional states. The topic has significant clinical relevance, as it enables new approaches to understanding and promoting emotional health and mental wellbeing to be developed.

The focus of the research is an ancient form of social contact: tickling. More specifically, the type of tickling that causes laughter and is known as gargaesis. Through behavioral, physiological, and electrophysiological methods used on rodents and humans, the researchers are laying the foundation for a new field of research: neurogelotology, the neuroscience of laughter and enjoyment. This innovative concept views joy as the central function of the brain instead of a by-product of cognitive processes.

The long-term goal of the research group in the Department of Neuropeptide Research in Psychiatry is to understand the evolutionary role of play and contribute within a broader framework to the neurobiological understanding of positive emotions. —

# RG TRANSCULTURAL PSYCHIATRY

Head: Dr. Alexander Moldavski, Dr. Suna Su Aksay

**The research group in the Department of Psychiatry and Psychotherapy, which was established in 2024, is investigating how mental illnesses develop and how they are perceived and treated in the transcultural context.**



**Dr. Alexander Moldavski**  
Head of the RG Transcultural Psychiatry

In collaboration with the Department of Public Mental Health, the Research Group System Neurosciences in Psychiatry, the Research Group Mental Health Services Research, and external cooperation partners, the scientists are researching the protective and risk factors for mental health in people with a migrant background and refugees. The results will feed into the development of personalized treatment concepts. The close connection to the Transcultural Outpatient Clinic enables the research results to be rapidly translated into personalized treatment concepts and into clinical practice. At the same time, the work ensures that the research topics align with the current challenges in patient care. The research group is focusing on four main areas:



**Dr. Suna Su Aksay**  
Head of the RG Transcultural Psychiatry

- Efficacy of psychotherapeutic interventions in a transcultural context, for example different group psychotherapies for traumatized refugees
- Identification and removal of barriers to access and use of psychotherapeutic and psychiatric services by vulnerable groups, for example through destigmatization and information campaigns
- Investigation of the cultural impact on Ecological Momentary Assessment (EMA) data to develop culturally sensitive digital treatment interventions for refugees and people with a migrant background (digital mental health)
- Clinic partnerships abroad, for example for training therapists in psychotraumatology in Ukraine (global mental health). —

# RG EVIDENCE-BASED INNOVATIONS IN PUBLIC MENTAL HEALTH

Head: Dr. Anita Schick

**A major challenge in public mental health is quickly and effectively translating new findings and methods from research into practice and into the public health care sector. Because of this, the research group, which was founded in 2025, is working closely with people affected, specialists, and other interest groups.**



**Dr. Anita Schick**

Head of the RG Evidence-based Innovations  
in Public Mental Health

The focus is on evaluating and implementing measures in various areas of public mental health, from promoting mental health competence to digital prevention and early intervention services and on to sensor-based, everyday forms of intervention. The research is looking at whether innovative measures work and how well they are adopted, implemented, and used in the long term in everyday life. To do this, the researchers are using modern study designs and digital measuring methods.

In the field of health competence, for example, data are collected on how effective mental health first aid courses are in education and training and the effect of the training sessions on course participants and the recipients of the first aid.

In the field of prevention and early intervention, the research group is evaluating digital interventions such as the method of Ecological Momentary Intervention (EMI). The feasibility, effectiveness, economic efficiency, and implementation in routine care are being assessed.

Another focus of the research group is on the use of sensor data from measurements of physical activity (actigraphy) and the heart rate (electrocardiogram) to define digital markers for targeted support in everyday life that is tailored to the specific situation. This enables the team to further develop innovative intervention methods such as EMIs themselves. The researchers work with other research groups at the CIMH and in the German Center for Mental Health. —

# RG PRECISION DIGITAL MENTAL HEALTH

*Head: Dr. Christian Rauschenberg*

**Receiving the right support at exactly the right time to strengthen mental health – digital applications make this possible. Founded in 2025, the research group develops solutions that dynamically respond to users' momentary needs in real time.**

Smartphones, smartwatches, and fitness trackers are constant companions in everyday life for many people. They collect high-resolution behavioral and health data such as sleep patterns, physical activity, contextual factors, and mood. So-called Just-in-Time Adaptive Interventions (JITAs) use this data to detect early signs of stress or symptom deterioration and respond directly with appropriate content. Guided breathing, positive imagery, or behavioral activation prompts can help in the respective situation.

The aim is to optimize JITAs so that they adapt to a person's current needs in real time, collect only the data that is really needed, and thus create long-term effective, motivating, and practical support. In various studies, researchers are examining which intervention components are most effective for whom, in which context, and at what time. Findings from user-centered design workshops, in-depth qualitative interviews, and machine learning are also being incorporated.

Another focus is on how such digital interventions can be anchored in health systems with diverse financial, cultural, and legal frameworks in the long term. Close cooperation with partners from research, health care, industry, and civil society is intended to result in digital interventions that are empirically validated, accessible, and widely usable. This will enable as many people as possible to benefit from tailored digital support for their mental health. —



**Dr. Christian Rauschenberg**

Head of the RG Precision Digital Mental Health

# HIGH IMPACT PAPER

HIGH-LEVEL PUBLISHED  
RESEARCH RESULTS

## Sex-sensitive and gender- sensitive psychiatric care

**In their commentary, the authors explain that gender aspects – both biological and sociocultural – still play only a minor role in diagnosis, treatment, and research strategies, and they highlight ways and the necessity to change this.**

In their work, the researchers emphasize that biological differences and sociocultural gender roles have a substantial impact on the health of people with mental disorders, as they influence symptoms, progression, and treatment effects.

They complain that these aspects still play only a minor role in clinical practice guidelines. In doing so, they emphasize the importance of the SAGER guideline (Sex and Gender Equity in Research), which calls for and promotes the consideration of gender in medical research and practice. The scientists note that, almost ten years after its introduction, there is still a lack of consistent implementation.

The authors also identify major challenges that must be overcome in order to develop and

implement sex-sensitive and gender-sensitive clinical recommendations in patient care. In their opinion, research must systematically incorporate sex-specific and gender-specific aspects. They also recommend thinking beyond binary classifications and taking into account dimensional hormonal and social factors, for example.

Finally, they argue that there is a lack of awareness of the potential of sex-sensitive and gender-sensitive approaches. This awareness can be raised by involving all relevant stakeholders, such as researchers, clinicians, patients, policy makers, and the general public, in the development of gender-specific care, for example through the joint identification of research needs, joint design and conduct of studies, and shared dissemination of research findings. —

» **Lenz, B., Derntl, B.**

*Sex-sensitive and gender-sensitive care for patients with mental disorders. Lancet Psychiatry. 2024.*

## The role of oxytocin for the social recognition memory

**Until now, scientists assumed that the brain becomes accustomed to familiar conspecifics and therefore perceives them less strongly. However, a new study shows the opposite. Researchers have investigated how mice react to the odors of familiar and unfamiliar conspecifics and what influence oxytocin has on this.**

Social recognition memory works in two steps: First, individuals are distinguished by their odor signature. The memory of their familiarity is then inscribed into this odor signature. This recognition is crucial for the formation of social structures. While numerous studies have examined behavior after recognition, the mechanisms of social memory formation in brain networks have been little researched to date.

The scientists were able to show that volatile body odors emitted by mice are sufficient to identify individuals. The hormone oxytocin plays a decisive role in this process.

Contrary to previous assumptions, oxytocin amplifies neural responses to familiar mice rather than attenuating them. The hormone ensures that familiar individuals trigger stronger signal patterns in the brain. The researchers point out that this could mean that oxytocin supports the brain's ability to better perceive familiar individuals, remember them, or distinguish them from others.

The results of the study contribute to a better understanding of the mechanisms of social perception and memory formation and provide new insights for research into social perception disorders. —

» **Wolf D, Hartig R, Zhuo Y, Scheller M, Articus M, Moor M, Grinevich V, Linster Ch, Russo E, Weber-Fahr W, Reinwald J, Kelsch W.** *Oxytocin induces the formation of distinctive cortical representations and cognitions biased toward familiar mice. Nature Communications. 2024.*

## Ambulatory digital assessment methods and interventions: myths and potentials

**Digital methods that capture experiences and behavior in real-life situations and supplement them with brief interventions provide novel insights into patients' everyday lives – and bring clinical research and practice closer together. In this paper, the scientists discuss common assumptions about these methods.**

Digital health applications in the field of mental health make it possible to identify symptoms in everyday life and address them through micro-interventions. They accompany patients around the clock (24/7) in their

everyday lives, can ask questions about current symptoms at any time and, if necessary, suggest brief interventions. One example of this is a digital stress coach that offers short interventions such as breathing exercises when stress levels are high. These methods are usually referred to as just-in-time adaptive interventions (JITAs) and are currently en vogue because they promise the right help at the right moment.

However, the actual empirical evidence for JITAs is limited, and so the authors refer to “pleasing myths” in their paper. They cite as myths the idea that smartphones and apps are very appealing and that programming them has become very easy. In their view, both of these assumptions need to be questioned when it comes to regularly answering questions about symptoms in a medical context. “How high is your stress level at the moment?” for example, must be answered hundreds of times over time, and the software is subject to the most complex medical device law regulations.

The researchers also argue that the main argument – the right intervention for everyone at the right time – is still an unfulfilled promise. In this context, they

raise many questions. When is the best time to apply stress management skills? Directly during an exam, or better in advance, to prevent stress from arising in the first place? Or can anti-stress techniques not be learned in situations without stress? According to the authors, psychology has not yet provided sufficient answers to these questions.

Despite all the objections, the scientists emphasize the potential of JITAs for research and practice: After all, these approaches make it possible to customize treatment delivery plans, include everyday life and environmental data into care, and look after patients' well-being 24/7. —

» Smyth JM, Ebner-Priemer U. *Dispelling “pleasing myths” about the integration of ecological momentary assessment and intervention into clinical research and practice.* *World Psychiatry.* 2025.

## Toward equitable interventions in public mental health

**Global health crises, migration, and climate change are causing psychological stress across all societal strata and exacerbating mental health inequities. A recent review shows how interventions can be made more equitable so that disadvantaged population groups have better access to preventive care and treatment.**

In their review, the authors show that existing strategies in public mental health care often inadvertently exacerbate health inequities. They therefore advocate an approach that combines several concepts and thus takes appropriate account of the needs of marginalized groups, such as people with low incomes, migrants, or sexual minorities.

At the core of this approach is the recognition that mental health exists on a continuum. Instead of a rigid division into healthy or sick, the researchers recommend a dimensional understanding that takes into account the spectrum from well-being to severe disorders.

They also suggest applying intersectionality into the design of interventions. Intersectionality considers how different social characteristics (e.g., gender, migration background) may combine and exacerbate risk exposure. This allows underlying social determinants of mental disorders to be better addressed.

In addition, the researchers also emphasize the importance of participatory approaches – actively engaging those affected in the development of interventions makes them more sustainable and relevant.

Overall, the authors' work provides valuable insights and proposes tangible steps toward equitable interventions in public mental health in the future. —

» **Reininghaus U, Reinhold AS, Priebe S, Rauschenberg C, Fleck L, Schick A, Schirmbeck F, Myin-Germeys I, Morgan C, Hartmann JA.** *Toward Equitable Interventions in Public Mental Health: A Review.* *JAMA Psychiatry.* 2024.

## Lived experience experts in translational research

**Research in the field of mental health gains significantly in quality when those affected and their relatives are involved at all stages of the research process. The example of the German Center for Mental Health (DZPG) illustrates how participation can be implemented.**

Patient and public involvement contributes important experiential knowledge that makes diagnoses, treatments, and research more relevant and practical. At the same time, it helps to reflect diverse perspectives, reduce stigmatization, and reinforce ethical standards. In psychiatry and clinical psychology, involvement is particularly important because subjective experiences have a crucial role in diagnostic

decisions and evaluating treatment outcomes. In addition, risk and resilience factors, as well as recovery are highly variable despite the same diagnosis.

Using the structures of the DZPG as an example, the authors show, how lived experience experts can contribute to implementing patient and public participation – from involvement in scientific strategy and infrastructure decisions to participation in study design and dissemination of results. A key element is the Triological Center Council, which includes representatives of patients, relatives, and researchers and has voting rights in the DZPG's decision-making bodies.

Finally, the authors call for a stable and long-term funding to embed patient and public involvement in the mental health research landscape. This will further a patient-oriented and patient-sensitive approach to mental health research, which will improve treatment outcomes in the long term. —

» **Meyer-Lindenberg A, Lipinski S.** *Involving lived experience experts in translational research.* *Nature Reviews Psychology.* 2025.

# RESEARCH AWARDS



## LIFETIME ACHIEVEMENT AWARD FOR RESEARCH ON ADHD

**Prof. Dr. Dr. Tobias Banaschewski**, Medical Director of the Department of Child and Adolescent Psychiatry and Psychotherapy, was honored with the Lifetime Achievement Award, the highest recognition given by the European Network on ADHD (Eunethydis). With this award, Eunethydis recognizes his outstanding career and his efforts to improve the lives of people with Attention Deficit/Hyperactivity Disorder (ADHD) and their families.

The award is given for sustained, fundamental, and outstanding contributions to ADHD and associated mental disorders. Tobias Banaschewski accepted the award in October 2024 at the network meeting in Cagliari, Italy.



## JELLINEK AWARD FOR ALCOHOL AND ADDICTION RESEARCH

**Prof. Dr. Rainer Spanagel**, Scientific Director of the Institute of Psychopharmacology, received the Jellinek Memorial Award at the Research Society on Alcohol (RSA) congress in New Orleans, USA, in June 2025 for his outstanding achievements in the preclinical and translational development of pharmacotherapies for patients with alcohol addiction. Spanagel has been dedicated to addiction research for more than 30 years. His work focuses primarily on gaining a better understanding of the causes of alcohol dependence and identifying risk factors in order to improve patient treatment and strengthen prevention.

The international Jellinek Award has been presented by the Canadian Jellinek Memorial Fund since 1968. It is considered one of the most prestigious awards in the field of alcohol and addiction research worldwide. It commemorates the pioneer of addiction research, Dr. Elvin Morton Jellinek (1890 to 1963). This is the second time that the award has gone to a researcher from the CIMH. Prof. Dr. Karl Mann received the award in 2020.



## AGNP RESEARCH PRIZE

**Prof. Dr. Dr. Patrick Bach**, Head of the Research Group Neuroenhancement, was awarded the Prize for Research in Psychopharmacology by the Association for Neuropsychopharmacology and Pharmacopsychiatry (AGNP) in 2025. The prize recognizes the results of the ICONIC study and is endowed with 5,000 euros. The study shows that the administration of cannabidiol (CBD) can significantly reduce alcohol cravings in people with alcohol dependence. At the same time, a reduced reactivation of the reward system in the brain (nucleus accumbens) to alcohol-specific stimuli was observed. These results open up new perspectives for the pharmacological treatment of alcohol dependence. The study was supported by a grant from the Hetzler Foundation.

The AGNP awards its research prize every two years as part of the joint congress with the German Society for Biological Psychiatry (DGBP). The prize is awarded for work that provides new impetus for the development, diagnosis or treatment of mental illnesses and has been published in international peer-reviewed journals.



#### YOUNG INVESTIGATOR AWARD

**Dr. Shimpei Ishiyama**, Head of the research group Neurobiology of Positive Emotions, has been awarded the Young Investigator Award by the Japan Neuroscience Society (JNS) in 2025. This prestigious award honors outstanding scientific achievements and pioneering research approaches. Shimpei Ishiyama is dedicated to studying the neural basis of positive emotional states such as laughter, play, and joy. His research lays the foundation for a new field of research: neurogelotology – the neuroscience of laughter and pleasure. At the heart of his research is gargalesis, the form of tickling that triggers laughter.



#### AWARD FOR IMPROVING ETHICAL STANDARDS IN ANIMAL RESEARCH

**Prof. Dr. Rainer Spanagel**, Scientific Director of the Institute of Psychopharmacology, has been awarded the AREC Award 2024 by the Research Society on Alcohol Animal Research and Ethics Committee (AREC) in the USA. The annual award recognizes his contributions to improving ethical standards in animal research. Rainer Spanagel was a pioneer in performing meta-analyses into

preclinical addiction research and led several directives to reduce the use of animals in preclinical research, including the development of an organ bank for genetically modified mice and the introduction of in silico approaches to reduce and replace laboratory animals. He also helped launch an integrative approach to best practice guidelines in preclinical alcohol research (STRINGENCY), which aims to further improve the reliability and impact of preclinical alcohol research.



#### PRIZE FOR SUPERVISION DURING THE DOCTORATE

**PD Dr. Gordon Feld**, Head of the Research Group Psychology and Neurobiology of Sleep and Memory, has received the Supervisor Award from the German Society for Psychophysiology and its Application (DGPA) and the Biological Psychology and Neuropsychology Division. The award is given for excellent supervision during the doctorate, which is determined competitively by a survey among doctoral students in the field of biological psychology. The young members of the two specialist societies presented the award after the doctoral students in his research group nominated Gordon Feld in the survey. The award ceremony took place at the Psychology and Brain Conference 2024 in Hamburg.



#### DGPPN DOCTORAL PRIZE

**Dr. Eva Kathrin Lamadé**, doctoral student, and her supervisor **Prof. Dr. Michael Deuschle**, Senior Physician of the Clinic of Psychology und Psychotherapy, have been awarded the DGPPN Doctoral Prize – Hans Heimann Prize. The doctoral thesis is entitled “Effects of maternal childhood trauma on insulin-like growth factor 1 and -2 in the amniotic liquor of the fetus”. Maternal stress during and before pregnancy is associated with developmental deficits and susceptibility to mental illness in the offspring, possibly through changes in fetal growth factors. The dissertation provides a deeper understanding of the development of this transgenerational vulnerability to mental illness and thus not only closes gaps in knowledge, but raises exciting new questions.

#### RECOGNITION AWARD FOR MHFA ERSTHELFER

**MHFA Ersthelfer** has received a recognition award from the DGPPN and the Alliance for Mental Health as part of the Ulrike-Fritze-Lindenthal-Antistigma-Award at the DGPPN Congress 2024 in Berlin. The project, initiated by the CIMH and carried out in partnership with the Beisheim Foundation, is the German version of the Australian Mental Health First Aid program. It is an evidence-based initiative that trains laypeople to help people with mental health problems and in crises. The aim is to make mental health first aid as natural as physical first aid and to promote open discussions about mental health.

#### AWARD FOR ONE OF THE BEST ABSTRACTS SUBMITTED

**Dr. Christian Clemm von Hohenberg**, postdoc in the Research Group Emotion Regulation and Social Cognition, received an award for one of the best abstracts submitted for free lectures at the DGPPN Congress 2024 in Berlin. The abstract was entitled Speech-based markers of affect – an ambulatory assessment study in individuals with a history of childhood maltreatment.



#### ADVANCEMENT AWARD FOR CLINICAL PSYCHOLOGY AND PSYCHOTHERAPY

**Dr. Sibel Nayman**, research associate in the Research Group Longitudinal and Intervention Research, has been honored with the 2024 Advancement Award for Young Scientists in Clinical Psychology and Psychotherapy. The prize was awarded by the Clinical Psychology and Psychotherapy Division of the German Psychological Society (DGPs). Sibel Nayman was recognized for her work on premenstrual dysphoric disorder (PMDD), a disorder that has been little researched to date but is increasingly becoming the focus of scientific attention.



#### YOUNG TALENT AWARD FOR PAIN RESEARCH

**Angela Serian**, research associate in the Research Group Learning and Brain Plasticity in Mental Disorders, has received the Young Talent Award for Pain Research 2024 for the project Modulation of phantom limb pain by transcranial alternating current stimulation (tACS). The award is endowed with 6,000 euros. In her work, she investigates whether tACS – a special type of electrical stimulation of the brain – can help alleviate phantom limb pain. Phantom limb pain is the pain that people feel even though a part of their body is no longer there. The Young Talent Award for Pain Research is presented annually by the German Pain Society at the

German Pain Congress in Mannheim. The award recognizes young scientists with their own project that are expected to have a significant impact on the treatment of acute and chronic pain.



#### POSTER PRIZE AT THE INTERNATIONAL BIOMETRIC CONFERENCE

**Dr. Iris Reinhard**, employee of the Core Facility Biostatistics, and **Sabine Hoffmann**, of the Research Group Therapy and Care Research for Addiction Disorders, were awarded the Best Poster Presentation Award at the International Biometric Conference (IBC) 2024 in Atlanta/USA. The title of the poster presented by the two researchers is: Two-part models to handle too many zeros in analyses of EMA data in the area of Alcohol Use Disorder. This is a simulation study aimed at improving statistical analysis methods in longitudinal studies.



#### VALUE-BASED HEALTH CARE COLLABORATION AWARD

The **IMMERSE consortium**, in which the Department of Public Mental Health is involved, has won the Value-Based Health Care Collaboration Award 2024. The European IMMERSE consortium (Implementing Mobile MEntal health Recording Strategy for Europe) is investigating how an app for mental health can be integrated into treatment. An app was developed specifically for this purpose, a kind of digital therapy companion designed to support patient-centered treatment and decision-making. The prize was awarded by an international jury and recognizes initiatives that establish a fundamentally new way of thinking in order to create benefits for patients.



#### COMMUNICATION AWARD FOR VIDEO PROJECT

The volunteer project **Empathique** has been awarded the Science Communication Award by the Biological Psychology and Neuropsychology Section of the German Psychological Society (DGPs) and the German Society for Psychophysiology and its Application (DGPA) in 2025. Dr. Sibel Nayman, psychologist and research assistant at the CIMH, accepted the award on behalf of the project as its co-initiator. The Empathique team produces high-quality videos to destigmatize and educate people about mental health. The award is presented annually at the Psychology and Brain conference to recognize innovative concepts that help make science understandable and accessible to a broad audience.

# RESEARCH UNITS

## **CORE FACILITIES**

- 104** Center for Innovative Psychiatric and Psychotherapeutic Research
- 107** Biostatistics
- 108** Transgenic Models
- 109** Animal Laboratory

## **DEPARTMENTS AND INSTITUTES**

- 110** Department of Psychiatry and Psychotherapy
- 111** Department of Child and Adolescent Psychiatry and Psychotherapy
- 112** Department of Psychosomatic Medicine and Psychotherapy
- 113** Department of Addictive Behavior and Addiction Medicine
- 114** Hector Institute for Artificial Intelligence in Psychiatry
- 115** Institute for Psychopharmacology
- 116** Department of Geriatric Psychiatry
- 117** Department of Genetic Epidemiology in Psychiatry
- 118** Hector Institute for Translational Brain Research
- 119** Department of Clinical Psychology
- 120** Department of Molecular Neuroimaging
- 121** Department of Neuroimaging
- 122** Department of Neuropeptide Research in Psychiatry
- 123** Department of Public Mental Health
- 124** Department of Theoretical Neuroscience
- 125** Department of Molecular and Cellular Cognition Research

# CENTER FOR INNOVATIVE PSYCHIATRIC AND PSYCHOTHERAPEUTIC RESEARCH

*Head: Prof. Dr. Gabriele Ende*

The translational ZIPP offers a comprehensive technology infrastructure to pursue varied research issues and develop customized treatments.



**Prof. Dr. Gabriele Ende**

Head of the Core Facility ZIPP

The research infrastructure at the ZIPP is based on four pillars: experimental psychopharmacology research, experimental psychotherapy research, imaging platform, and biobank. The combination of these elements allows findings from basic research to be translated more quickly into effective treatments for mental illness. The translational approach means that researchers address specific challenges in treatment in order to develop new and better therapeutic approaches in a targeted manner. The ZIPP is also open to scientists at the German Center for Mental Health (DZPG) as a core facility.

A state-of-the-art 7-Tesla magnetic resonance imaging (MRI) scanner (Terra.X, Siemens Healthineers) has been complementing functional, biochemical, and structural MRI procedures since 2023. In addition to fine brain structures, this scanner is capable of imaging activity and metabolic processes with a previously unattainable level of precision. In addition, two coordinated 3-Tesla PRISMA whole-body tomography machines and a biograph (combination of positron emission tomography, PET, and MRI) are constantly in use in a large number of studies by departments and research groups at the CIMH as well as external cooperation

partners. Standardized data format and evaluation strategy concepts are becoming increasingly important and are tested and established in the unit. In collaboration with other 7-T MRI sites in the DZPG, common examination methods for ultra-high-field imaging are currently being established.

The PET-MR scanner (biograph mMR) is being used in a DFG-funded study to investigate the effects of antipsychotic therapy on the neural systems in which the neurotransmitter dopamine acts. The radioligand used for this purpose is provided by the University of Mainz, as

is a ligand used in a DFG-funded study to examine the role of dopamine in stress management in patients with an alcohol dependency. In addition, a multicenter study funded by the Federal Joint Committee has begun. It evaluates the possibility of early detection of dementia using radioligands that radioactively mark the amyloid plaques typical of Alzheimer's dementia. Such a radioligand is also used to confirm the diagnosis in the clinical trial of a new drug for early Alzheimer's dementia.

The study center has eleven study rooms that are used by researchers for data collection. These include eight test rooms, for example for interviews, and three functional rooms, for example for taking blood samples or doing infusions.

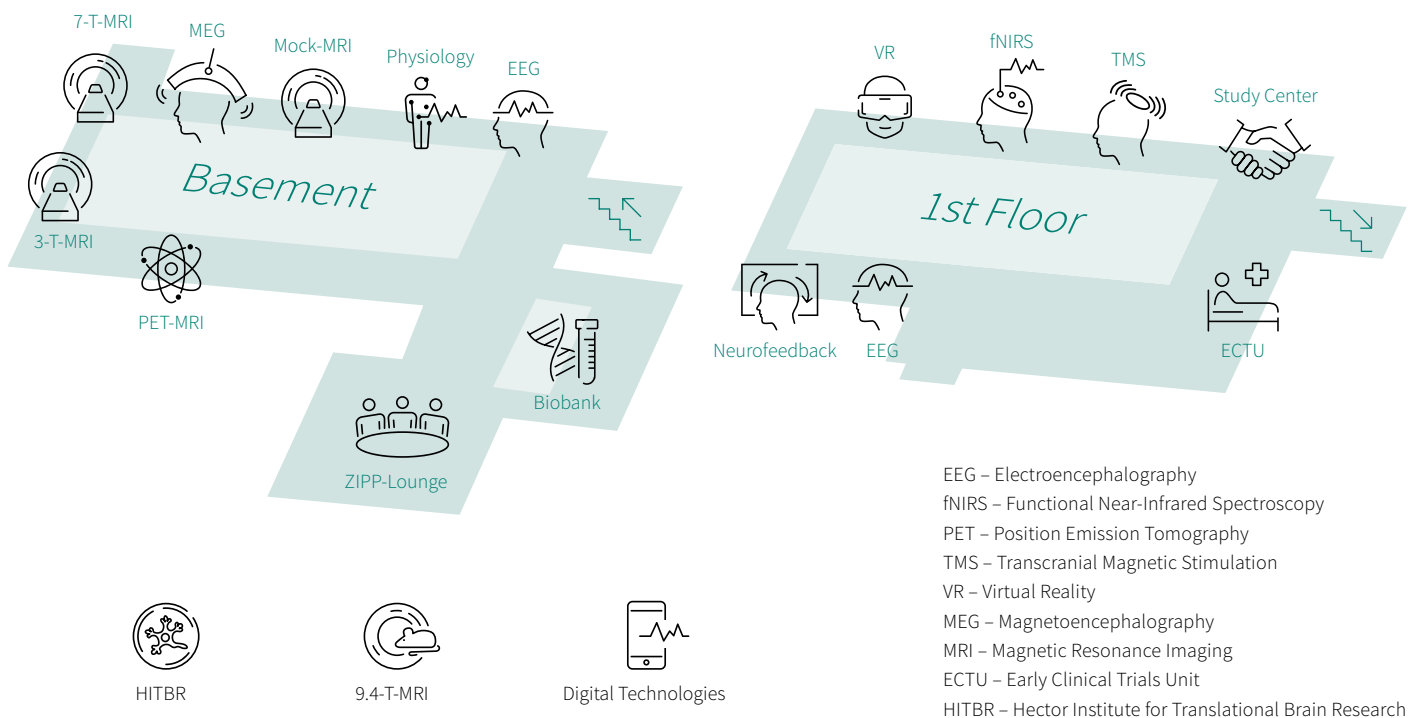
The biobank integrated into ZIPP collects and stores biomaterials using the latest methods. It is needed to investigate the biological causes of mental illnesses.

The EEG and peripheral physiology laboratories are equipped with state-of-the-art technology that is used for behavioral experiments in various projects. The facilities include a sensory testing

laboratory (Sensory Lab), a state-of-the-art eye-tracking system, and two EEG cabins for adults for parallel operation, including overnight measurements (polysomnography). The family-friendly children's and youth area is equipped for electrophysiological measurements as well as biofeedback and neurofeedback training. All of the laboratories offer mobile options for transferring examinations and training into everyday life.

The laboratory for non-invasive brain stimulation (NIBS) uses transcranial magnetic stimulation (TMS), transcranial direct current stimulation (tDCS), and transcranial alternating current stimulation (tACS), which differ in how they work. NIBS can also be combined with other neurophysiological techniques such as electroencephalography (EEG), magnetoencephalography (MEG), functional near-infrared spectroscopy (fNIRS), or MRI. Such combinations provide valuable information about causal interactions between brain regions. The laboratory also has a multi-channel fNIRS device for recording brain activity (NIRScout), which can also be used for mobile measurements at the patient's bedside. >

## THE ZIPP RESEARCH TECHNOLOGIES



› The virtual reality laboratory utilizes various technologies for designing and presenting virtual worlds – from optical motion capture and the CAVE screen projection system to virtual reality glasses, data gloves, and other accessories. The laboratory researches virtual realities (VR) as an intervention tool in psychotherapy and uses them to study various behavior patterns and modes of perception, for example in addiction disorders and social interaction difficulties.

The intensity of use of the magnetoencephalography (MEG) unit continues to increase. In addition to ongoing research, further studies are planned with the aim of finding biomarkers for psychiatric

disorders in adults and children based on networks of different brain areas. The technical equipment in the MEG laboratory is state-of-the-art in areas such as eye tracking, simultaneous brain stimulation, and sensory stimulation, enabling a wide variety of examinations. The purchase of a mirror allows various experimental paradigms to be carried out in a lying position for sleep studies. In collaboration with the VR laboratory and the EEG laboratory, experiments are being developed and conducted to research navigation and spatial memory in virtual environments.

The Early Clinical Trials Unit (ECTU) for early experimental psychopharmacologi-

cal studies is conducting a study with the psychedelic lysergic acid diethylamide (LSD) for generalized anxiety disorder. A study with psilocybin for depression that has responded incompletely to treatment with a classic antidepressant is in preparation. In addition, a compassionate use program with psilocybin for treatment-resistant depression, approved in July 2025, is being initiated. Randomized clinical trials are also being conducted to generate evidence, such as a study on maintenance electroconvulsive therapy for schizophrenia.

In all ZIPP units, the teams work according to the latest findings in data protection, ethics, and quality standards. —

# CORE FACILITY BIOSTATISTICS

*Head: PD Dr. Moritz Berger*

The Core Facility both provides guidance in clinical research projects and develops new biostatistical methods.



**PD Dr. Moritz Berger**

Head of the Core Facility Biostatistics

In March 2025, PD Dr. Moritz Berger took over as head of the Core Facility. Moritz Berger is a statistician and graduated from the University of Bonn with a degree in Medical Biometrics. His predecessor was Prof. Dr. Stefan Wellek, who ran Biostatistics, which used to be a department, from 1994 onwards.

The biostatistics team advises researchers from all clinical and experimental disciplines at the CIMH on planning research projects, statistical modeling issues, and evaluating the data collected. Support is also provided for externally funded projects in epidemiology and clinical therapy research.

In biostatistical method research, the team works on the development and implementation of new, advanced methods through its own statistical research. The main areas of focus are:

- Parametric, semi-parametric, and mixed regression models
- Tree-based methods (trees and random forests)
- Variable selection for high-dimensional data
- Discrete event time analysis
- Modeling of ordinal data

Another goal that is linked to this is to use the methods developed to examine the diverse questions in the field of psychopharmaceutical and psychotherapy research at the CIMH and thus demonstrate their benefit. —

# CORE FACILITY TRANSGENIC MODELS

Head: Prof. Dr. Dusan Bartsch

Transgenic models are animals modified by the use of genetic engineering techniques. They are of central importance in basic research.



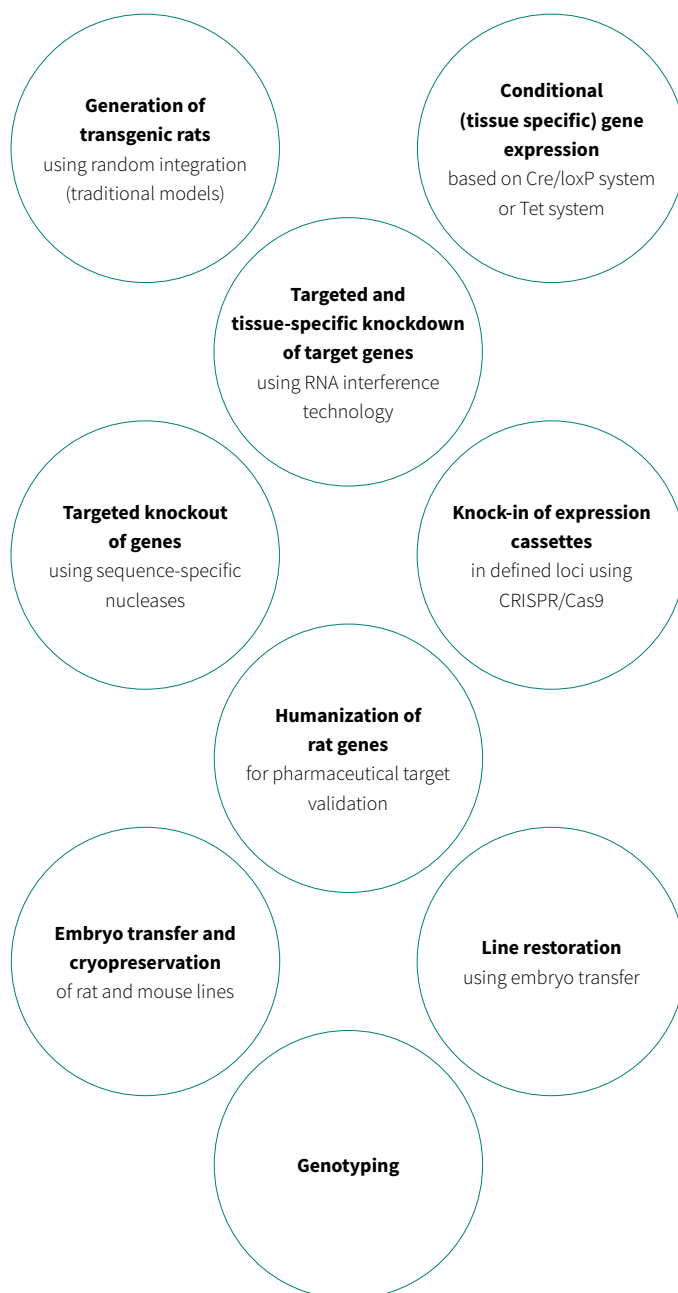
**Prof. Dr. Dusan Bartsch**

Head of the

Core Facility Transgenic Models

The Core Facility focuses on the development, production, characterization, and care of genetically modified rodents. They are used in preclinical studies to identify new target molecules that play a role in disorders such as schizophrenia, depression, Parkinson's disease, and dementia as well as in addictive disorders. The focus is on rat models which offer better reliability and predictive relevance for complex human disorders compared to mice. —

## TECHNOLOGIES APPLIED



# CORE FACILITY ANIMAL LABORATORY

Head: Dr. Anne Stephanie Mallien

The animal laboratory is a core facility for animal research at the CIMH. Rats and mice are bred and cared for here. Great importance is attached to animal welfare and the careful, respectful handling of the animals.



**Dr. Anne Stephanie Mallien**  
Head of the  
Core Facility Animal Laboratory

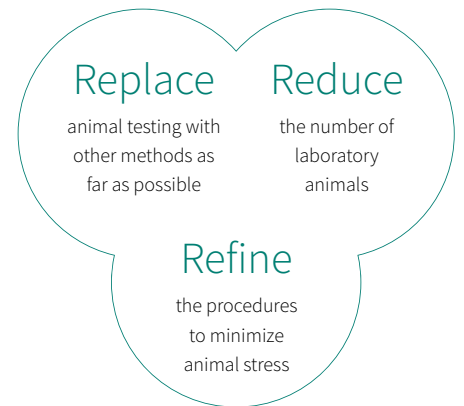
Animal research is an essential basis of identifying neurobiological mechanisms to better understand mental health problems and develop new drug therapies. The biology and the development of a neurological disorder in humans, mice and rats are similar. Many psychotropic drugs that are used clinically today for various mental disorders were developed with the help of animal experiments. According to the present expertise, it is not possible to

completely replace animal experiments in the field of biological psychiatry by alternative methods.

The animal research projects at the CIMH serve basic research as well as translational research and contribute to the prevention, detection, and treatment of mental health problems. Primarily, learning and behavioral investigations are conducted to understand how the brain works and how diseases affect it. Some of the insights gained lead directly to clinical studies or new forms of treatment, e.g. in the therapy of severe depressive episodes. Other mental disorders the researchers are working on include anxiety disorders, schizophrenia, dementia, and addictive disorders.

The animal laboratory and the animal research projects are subject to permanent control by the licensing and supervisory authorities (Regional Council of Karlsruhe,

## THE 3RS-PRINCIPLE



City of Mannheim). National and international guidelines, laws, and husbandry standards are strictly observed and implemented. All animal research projects are thoroughly reviewed with regard to ethical and scientific justifiability as well as in terms of the recognized 3Rs principle.

The CIMH strives to keep the number of experiments on animals and the stress within the framework of the experiments as low as possible. Therefore, one of the research goals is to assess and minimize stress using innovative approaches in the field of laboratory animal science. The animal welfare officers and the animal welfare committee are also involved in projects such as improving housing conditions and rehoming rodents to private individuals.

The animal laboratory upholds the principles of a “culture of care”, which includes the well-being of employees in the context of their work with animals, so that physical and psychological stress at work is minimized. This promotes a caring, compassionate, and empathetic approach, thereby also enhancing animal welfare. —

# DEPARTMENT OF PSYCHIATRY AND PSYCHOTHERAPY

Head: Prof. Dr. Andreas Meyer-Lindenberg

The research activities are grouped into three overlapping theme clusters:

- Etiology and progression of mental disorders over the course of life – from childhood to old age.
- The inherent ability of individual nerve cells or entire brain regions to change their characteristics depending on their use (neuronal plasticity).
- The development and evaluation of treatment methods on the molecular level, in animal models, and in human studies.

The goal is to connect these three research clusters with clinical practice to better understand and treat mental disorders. The model is being further developed together with the other medical and research departments of the CIMH as well as with renowned research institutions in the region and a wide range of national and international cooperation partners. —



**Prof. Dr. Andreas Meyer-Lindenberg**

Medical Director of the Department of Psychiatry and Psychotherapy

## RESEARCH GROUPS IN THE DEPARTMENT

- **Emmy-Noether Group Translational Bioinformatics in Psychiatry**  
Head: Prof. Emanuel Schwarz, Ph.D.
- **ADHD in Adulthood**  
Head: Prof. Dr. Esther Sobanski
- **Developmental Biology of Psychiatric Disorders**  
Head: PD Dr. Wolfgang Kelsch
- **Experimental Medicine**  
Head: Prof. Dr. Dr. Hannelore Ehrenreich
- **Brain Stimulation**  
Head: Prof. Dr. Alexander Sartorius
- **Clinical Neurosciences of Motor Behavior**  
Head: Prof. Dr. Dusan Hirjak
- **Complex Systems in Psychiatry**  
Head: Dr. Urs Braun
- **mHealth-Methods in Psychiatry**  
Head: Prof. Dr. Ulrich Ebner-Priemer
- **Molecular Schizophrenia Research**  
Head: Prof. Dr. Mathias Zink
- **Neuropsychiatric Sleep Disorders**  
Head: Dr. Claudia Schilling,  
Prof. Dr. Michael Schredl
- **Physiology of Neuronal Networks**  
Head: PD Dr. Georg Köhr
- **Psychiatric Epidemiology and Demographic Change**  
Head: Prof. Dr. Siegfried Weyerer
- **Animal Models in Psychiatry**  
Head: Prof. Dr. Peter Gass
- **Stress-Related Disorders**  
Head: Prof. Dr. Michael Deuschle
- **Systems Neuroscience in Psychiatry (SNiP)**  
Head: Prof. Dr. Dr. Heike Tost,  
PD Dr. Jamila Andoh, Mirjam Melzer
- **Transcultural Psychiatry**  
Head: Dr. Suna Su Aksay,  
Dr. Alexander Moldavski
- **Translational Research in Psychosis**  
Head: Prof. Dr. F. Markus Leweke
- **Translational Imaging**  
Head: Prof. Dr. Alexander Sartorius,  
Dr. Wolfgang Weber-Fahr
- **Behavioral Physiology in Psychiatry**  
Head: Dr. Florian Bähner
- **Mental Health Services Research**  
Head: Dr. Andreas Hoell
- **Forensic Psychiatry**  
Head: Prof. Dr. Harald Dreßing
- **Sleep Research / Sleep Laboratory**  
Head: Prof. Dr. Michael Schredl,  
Dr. Claudia Schilling

### Projects



### Publications



# DEPARTMENT OF CHILD AND ADOLESCENT PSYCHIATRY AND PSYCHOTHERAPY

Head: Prof. Dr. Dr. Tobias Banaschewski

The aim of the research department is to gain a better understanding of mental illness and to develop explanatory models for its development and persistence. A particular focus is placed on the experiences of young people and the stresses they face in the context of individual risk and resilience structures – especially against the backdrop of social and individual crisis experiences. Specific and overarching environmental factors that influence mental health are investigated in order to derive effective (preventive) measures.

The effects of these factors on the functioning and structure of the brain are analyzed and modeled using modern neurobiological methods and by combining a wide variety of data sources, including electronic diaries, sensor data, biological markers, questionnaire data, and epidemiological and clinical cohorts. This involves the use of normative modeling, which highlights deviations in individual development trajectories compared to a healthy reference group, thereby enabling a more nuanced understanding of pathological processes.

One focus is on common psychiatric disorders in children and adolescents, such as attention deficit/hyperactivity disorder (ADHD), social behavior disorders (SBD), and autism spectrum

disorders (ASD). The findings are incorporated into the development of age-appropriate, innovative, and personalized therapeutic approaches – both pharmacological and non-pharmacological. The aim is to develop and evaluate effective and safe treatment strategies that meet the individual needs of patients.

A key project is the new Public Child Mental Health (PCMH) Competence Center in cooperation with the Clinic for Child and Adolescent Psychiatry/Psychotherapy at Ulm University Hospital (Prof. Dr. Jörg M. Fegert). It is dedicated to improving psychosocial care for children and adolescents with a focus on prevention and aims to strengthen the interconnection between research, care, and education.

Furthermore, the team is involved in developing evidence- and consensus-based S3 guidelines on ADHD in children, adolescents, and adults.

The department has national and international networks, including the European Network for Hyperkinetic Disorders (Eunethydis), the Donders Institute for Brain, Cognition and Behavior, the Institute of Psychiatry, Psychology & Neuroscience at King's College London, and other research institutions within the framework of EU-funded projects. —



**Prof. Dr. Dr. Tobias Banaschewski**

Medical Director of the Department of Child and Adolescent Psychiatry and Psychotherapy

## RESEARCH GROUPS IN THE DEPARTMENT

- **Attention Deficit/Hyperactivity Disorder (ADHD) in Childhood and Adolescence**  
Head: PD Dr. Alexander Häge, Dr. Anna Kaiser, Prof. Dr. Sarah Hohmann
- **Autism**  
Head: Dr. Sarah Baumeister (bis 2025)
- **Clinical Neuroscience of Mood Disorders**  
Head: Prof. Dr. Argyris Stringaris (bis 2025), Prof. Dr. Dr. Tobias Banaschewski
- **Developmental Neuroscience in Psychiatry**  
Head: Prof. Dr. Nathalie Holz
- **Developmental Clinical Neurophysiology**  
Head: Prof. Dr. Daniel Brandeis, Dr. Sarah Baumeister (until 2025)
- **Pediatric Psychopharmacology**  
Head: PD Dr. Alexander Häge, Dr. Konstantin Mechler

### Projects



### Publications



# DEPARTMENT OF PSYCHOSOMATIC MEDICINE AND PSYCHOTHERAPY

*Head: Prof. Dr. Christian Schmahl*

Research focusses on the psychopathology of stress- and trauma-related disorders – in particular Borderline Personality Disorder and Post-traumatic Stress Disorder – as well as psychotherapeutic interventions derived from it.



**Prof. Dr. Christian Schmahl**

Medical Director of the Department of  
Psychosomatic Medicine and Psychotherapy

The goal is a better understanding of disturbed emotion regulation and social interaction as well the influence of stress on cognitive processes. For this, methods of experimental psychopathology are used, for example, modelling psychopathology in behavioral experiments and investigate them with neuroimaging, peripheral physiology and neurochemical methods.

One example is the study of the mechanism of non-suicidal self-injury, which focuses on research into pain processing and emotion regulation using tissue damage. This better understanding of pathomechanisms helps to develop new psychotherapeutic interventions such as neurofeedback based on real-time MRI. A further focus of the research is the investigation of the effect of psychotherapy with neurobiological methods, for example, by examining neural correlates of emotion regulation before and after psychotherapy. —

## RESEARCH GROUPS IN THE DEPARTMENT

- Emotion Regulation and Social Cognition  
*Head: Prof. Dr. Inga Niedtfeld*
- Experimental Psychopathology  
*Head: Prof. Dr. Christian Schmahl*
- Personality Pathology and Interpersonal Processes  
*Head: Dr. Johanna Hepp*
- Psychobiology of Selfregulation  
*Head: Dr. Christian Paret*
- Psychotherapy Research for Trauma-associated Disorders  
*Head: PD Dr. Nikolaus Kleindienst*
- Social Learning and Person Perception (SLP)  
*Head: PD Dr. Florian Bublatzky*

### Projects



### Publications



# DEPARTMENT OF ADDICTIVE BEHAVIOR AND ADDICTION MEDICINE

*Head: Prof. Dr. Falk Kiefer*

The research activities focus on neurobiological and psychosocial factors that are significant to the development of dependence diseases (alcohol, nicotine, pharmaceuticals, illegal drugs, pathological gambling, and internet gambling) and to coping with these.



**Prof. Dr. Falk Kiefer**

Medical Director of the Department of Addictive Behavior and Addiction Medicine

This also includes the significance of trauma. Modern methods such as functional imaging, eye tracking, virtual reality and confrontation techniques (pharmacological and psychotherapeutic), and innovative strategies from care research are used. Pharmaceutical and psychotherapeutic options to prevent relapses are investigated. Another focus is on issues of prevalence and frequency of substance-related dependencies, especially in high-risk groups.

Within care research, the focus is on the development and evaluation of treatment and support services for parents with addictions and their children. Furthermore, perspectives on quality assurance and further training as well as cost aspects and the use of support services are pointed out.

The focus is in particular on further optimizing and networking the areas of research, care, and further training. The contacts include physicians and therapists in private practice, counselling centers and self-help groups, other inpatient facilities and local initiatives, for example, in primary prevention. —

## RESEARCH GROUPS IN THE DEPARTMENT

### — Integrative Neuroscience of Addictive Behaviors

*Head: Prof. Dr. Bernd Lenz*

### — Neuroenhancement

*Head: Prof. Dr. Dr. Patrick Bach*

### — Neuroimaging of Addictive Behavior

*Head: Prof. Dr. Sabine Vollstädt-Klein*

### — Therapy and Care Research for Addiction Disorders

*Head: Prof. Dr. Anne Koopmann, Dr. Tobias Link*

### — Translational Addiction Research

*Head: Prof. Dr. Karen D Ersche, Prof. Dr. Christian P Müller*

### — Behavioral Addiction

*Head: Prof. Dr. Dr. Patrick Bach*

## Projects



## Publications



# HECTOR INSTITUTE FOR ARTIFICIAL INTELLIGENCE IN PSYCHIATRY (HITKIP)

Head: Prof. Emanuel Schwarz, Ph.D.



**Prof. Emanuel Schwarz, Ph.D.**

Head of the Hector Institute for Artificial Intelligence in Psychiatry

The goal of the Hector Institute for Artificial Intelligence in Psychiatry (HITKIP) is to develop and use innovative treatment methods from the field of Artificial Intelligence (AI) to identify the causes of mental illnesses and thus to contribute to the prevention and better treatment of these disorders.

## RESEARCH GROUPS AT THE INSTITUTE

— Computational Psychiatry

Head: Prof. Dr. Georgia Koppe

— Complex Systems in Psychiatry

Head: Dr. Urs Braun

### Projects



### Publications



Through the integrative analysis of high-dimensional data, biological and environmental factors that impact the risk of disease over a person's life are characterized in order to identify the mechanisms linked to this and determine predictive signatures. These can help to tailor prevention strategies and treatment to individual patients.

The HITKIP is bringing together the development of the latest AI technologies such as linguistic models, biologically-informed machine learning, interpretable machine learning models of dynamic neuronal systems, and progressive approaches for multimodal data integration into a coherent AI strategy that aims to identify diseases and effects relevant to treatment. This research strategy is resolutely translational, with the goal of implementing algorithms into tools that have an essentially positive impact on clinical care.

The HITKIP is made possible by a generous donation from the Hector Foundation II. —

# INSTITUTE FOR PSYCHOPHARMACOLOGY

*Head: Prof. Dr. Rainer Spanagel*

The institute focuses on addiction research, with a particular emphasis on animal experimentation and translational research into alcohol and drug addiction.



**Prof. Dr. Rainer Spanagel**  
Scientific Director of  
the Institute for  
Psychopharmacology

Since addictive behavior is often associated with other psychiatric disorder pictures (particularly anxiety, depression, and ADHD), these comorbidities are also investigated. The team also researches social exclusion, pain, and borderline personality disorders.

Based on preclinical results, there are three objectives:

- The development of new behavioral therapies and pharmacological interventions, such as the use of psychedelics and synthetic oxytocin ligands.
- The clarification of epigenetic and molecular long-term effects of drug abuse over the lifespan.
- The identification of risk factors for addiction and the development of preventative strategies.

The research work includes all key system levels – starting with epigenetic changes, molecular and cellular changes through to functionality changes of large neuronal networks in the context of behavior. The close collaboration with the Clinic of Addictive Behavior and Addiction Medicine at the CIMH, among other things through the Research Group on Translational Addiction Research, enables the preclinical findings to be rapidly checked in a human environment and the fast implementation of the objectives in practice. —

## RESEARCH GROUPS AT THE INSTITUTE

- [Molecular Psychopharmacology](#)  
*Head: Prof. Dr. Wolfgang H Sommer*
- [Neuroanatomy](#)  
*Head: Dr. Anita C Hansson*
- [Physiology of Neuronal Networks](#)  
*Head: PD Dr. Georg Köhr*
- [Translational Psychopharmacology](#)  
*Head: Dr. Marcus Meinhardt*
- [Translational Addiction Research](#)  
*Head: Prof. Dr. Karen D Ersche,  
Prof. Dr. Christian P Müller*
- [Behavioral Pharmacology](#)  
*Head: Dr. Rick Bernardi*

## Projects



## Publications



# DEPARTMENT OF GERIATRIC PSYCHIATRY

*Head: Prof. Dr. Lutz Frölich (until March 31, 2025)*

*Acting Head: Dr. Lucrezia Hausner (from April 1, 2025)*

The focus is on care research and translational therapy research in neurodegenerative dementia (primarily Alzheimer's disease) and other geriatric psychiatric diseases (for example, depression and delirium in elderly patients).



**Prof. Dr. Lutz Frölich**  
Head of the Department  
of Geriatric Psychiatry



**Dr. Lucrezia Hausner**  
Head of the Department  
of Geriatric Psychiatry

This also includes the evaluation of non-pharmacological therapies for dementia and psychotherapy in old age. Part of the research work also involves validating imaging-based biomarkers for neurodegenerative diseases and cerebrospinal fluid- and blood-based biomarkers for dementia.

New treatment concepts in geriatric psychiatry, such as ward-equivalent treatment (StäB) and the infusion clinic for administering amyloid antibody therapy in early-stage Alzheimer's disease are being implemented and scientifically evaluated. This research is primarily being conducted through national and international multicenter cohort studies.

Another focus is the development of new designs and new outcome instruments for clinical studies on dementia. As part of the implementation of scientific findings into medical practice, the team is

working on the development of diagnostic guidelines and treatment guidelines for dementia.

Treatment studies with innovative Alzheimer's drugs are carried out in collaboration with pharmaceutical companies. In addition, research is being conducted on the development of new biomarkers for neurodegenerative diseases via a biomarker platform (more than 2,000 patients: clinical and neuropsychological data, plasma and DNA samples, and cerebrospinal fluid). —

## Projects



## Publications



# DEPARTMENT OF GENETIC EPIDEMIOLOGY IN PSYCHIATRY

*Acting Head: PD Dr. Stephanie Witt*

The research focuses on the search for the molecular mechanisms underlying psychiatric disorders and their link to clinical symptoms and the progression of a given disorder.

The goal is to understand the molecular mechanisms of psychiatric disorders and to derive approaches from this for individually tailored treatment and prevention.

The basis for this is intensively characterized patient cohorts and large population-based studies. The team is collaborating closely with other departments within the CIMH and is involved in national and international consortia.

## MAIN RESEARCH

### INTENSIVELY CHARACTERIZED LONGITUDINAL COHORT STUDIES

The molecular mechanisms of treatment approaches are examined in longitudinal studies with extensive characterization and detailed surveys. The birth cohort (in collaboration with the RG Stress-Related Disorders) that supports children and their parents from the third trimester of pregnancy (current age: approximately 14 years) should be highlighted in particular. Phenotypical features with a focus on the effects of stress and biomaterials from various stages of development are recorded. Molecular genetic analyses enable novel insights into mental development processes.



**PD Dr. Stephanie Witt**

Acting Head of the Department of Genetic Epidemiology in Psychiatry

### GENOMICS OF LARGE SAMPLES

In the field of borderline personality disorder, the department has carried out the largest Genome-Wide Association Study (GWAS) in the world. The Personality Disorders Genomics Group and the International Borderline Genomics Consortium were also launched. The department is also involved in the assessment of data from the NAKO health study.

### BIostatistics AND BIOinformatics

The latest statistical methods are used to assess the high dimensional molecular and phenotypical data, including single-marker and multi-marker analyses and procedures for creating genome-wide risk profiles.

### INTEGRATIVE MULTIOMICS ANALYSES

The researchers combine genome, epigenome, transcriptome, and proteome data (increasingly even at a single cell level) into integrative analyses to link molecular mechanisms to clinical phenotypes and disease progressions. The goal is to identify new therapeutic target structures and develop biomarkers for personalized medicine.

### RESEARCH BASIS

#### BIOBANK AND SINGLE CELL LAB

The research is based on a comprehensive collection of biomaterial. Cooperation with the ZIPP biobank ensures the high quality and standardization of the samples (blood, saliva, brain tissue, plasma, serum, hair, stools, urine). The department has contributed significantly to the development of the Single Cell Lab in the Preclinical Core Facility.

### ETHICS

In light of the sensitive ethical implications of the work, the department engages actively in the scientific discussion of ethical questions. The aim is to handle genetic data responsibly in the psychiatric context. —

#### Projects



#### Publications



# HECTOR INSTITUTE FOR TRANSLATIONAL BRAIN RESEARCH

Head: Prof. Dr. Philipp Koch



**Prof. Dr. Philipp Koch**  
Head of the Hector Institute for  
Translational Brain Research

The institute focuses on using stem cell technology to decipher molecular processes underlying psychiatric disorders.

Human neurons and glial cells generated by induced pluripotent stem cells (iPS cells) serve as models. These iPS cells are collected in advance from blood cells and carry the complex genetic information of each individual patient.

The researchers are investigating how in vitro generated neurons, 3-dimensional brain organoids, and neuronal networks display changes that can be placed in a causal context with psychiatric disorders. To this end, detailed morphological studies of neurons and glial cells and synaptic connections are carried out at different stages of the formation of such networks. In addition, the team is investigating functional and molecular parameters to gain insights into possible neural network dysfunction in patients. The aim is to identify new molecular targets suitable for the drug therapy of psychiatric disorders.

The Hector Institute for Translational Brain Research (HITBR) was founded in 2018 as a joint project between the CIMH, the German Cancer Research Center (DKFZ), and the Hector Foundation II. The Hector Foundation II continues to support the institute's research work to this day. —

## RESEARCH GROUP IN THE DEPARTMENT

— Developmental Brain Pathologies

Head: Dr. Julia Ladewig

**Projects**



**Publications**



# DEPARTMENT OF CLINICAL PSYCHOLOGY

Head: Prof. Dr. Peter Kirsch

The scientists dedicate themselves to researching the causes, different characteristics, and the effective psychotherapeutic treatment of mental disorders using empirical methods.



**Prof. Dr. Peter Kirsch**

Head of the Department of Clinical Psychology

The basis for this task is an understanding of mental disorders and their underlying biological and in particular neurobiological processes that is as comprehensive as possible. The focuses are social, affective, and cognitive information processing and the modulation of these by risk and resilience factors for mental illnesses.

In addition, possibilities for improving therapeutic effects through neuromodulatory methods such as neurofeedback or neurostimulation and by influencing memory consolidation during sleep are being examined. Recently, the department has also been addressing socially relevant issues such as the emergence of conspiracy theories and their relationship to mental disorders.

The department also runs a psychotherapeutic university outpatient clinic for research and teaching and is involved in the management of the Center for Psychological Psychotherapy (CPP) in Mannheim. —

## RESEARCH GROUPS IN THE DEPARTMENT

### — Biological Psychology

Head:

*PD Dr. Martin Fungisai Gerchen*

### — Experimental Psychology

Head: *Prof. Dr. Stefanie Lis*

### — Psychology and Neurobiology of Sleep and Memory

Head: *PD Dr. Gordon Feld*

## Projects



## Publications



# DEPARTMENT OF MOLECULAR NEUROIMAGING

Head: Prof. Dr. Gerhard Gründer

The department investigates both long-established and novel therapeutic approaches for psychiatric disorders and their mechanisms of action.

The aim is to characterize pharmacological and non-pharmacological therapies, sometimes in combination, in healthy subjects and in patients with psychiatric disorders, and to evaluate their short- and long-term effects. Modern imaging techniques, in particular positron emission tomography (PET) and functional magnetic resonance imaging (fMRI), are also used, which can be carried out simultaneously on a modern PET/MR tomograph.

The study of pro-psychotherapeutic and psychedelic drugs such as MDMA and psilocybin in various psychiatric disorders is of great importance. Between 2021 and 2024, a clinical study on the efficacy and safety of psilocybin in treatment-resistant depression was conducted at the CIMH and at the Charité in Berlin as a second site. The results of the EPIsoDE study, in which 144 patients participated, will be published in 2025.

A new clinical trial using a psychedelic drug (5-MeO-DMT) to treat treatment-resistant depression was completed in the summer of 2025, and two more are in preparation (psilocybin for depression; LSD for generalized anxiety disorder).

In July 2025, the Federal Institute for Drugs and Medical Devices (BfArM) approved a



**Prof. Dr. Gerhard Gründer**  
Head of the Department  
of Molecular Neuroimaging

compassionate use program for psilocybin in treatment-resistant depression. The patients affected are being treated at the Early Clinical Trials Unit (ECTU) of the ZIPP.

Founded in 2024, the START outpatient clinic (START: late effects, tapering, discontinuation, and reevaluation of therapy with psychotropic drugs) supports people in discontinuing psychotropic drugs. This includes medical consultations, social-medical and psychoeducational counseling, pharmacological tapering of medication, and psychotherapeutic treatment. In addition, the long-term consequences of psychopharmacotherapy are scientifically analyzed.

The work also focuses on medicinal product safety and Therapeutic Drug Monitoring (TDM). The aim is to improve the response to treatment with medications in routine clinical care through real personalization. TDM and pharmacogenetic testing already make this possible today. —

## Projects



## Publications



# DEPARTMENT OF NEUROIMAGING

Head: Prof. Dr. Gabriele Ende

Magnetic resonance imaging (MRI) is an important method when it comes to driving forward the development of effective treatments for mental illnesses.



**Prof. Dr. Gabriele Ende**

Head of the Department of Neuroimaging

Special techniques enable brain activity to be made visible, metabolic processes in the brain to be examined, and changes in the brain structure to be identified. A latest generation 7-T Human MRI scanner (Terra.X, Siemens Healthineers), two 3-T PrismaFit MRIs, one 3-T Biograph (PET-MR), and a 9.4-T small animal scanner are available. To be able to perform simultaneous measurements on two or in the future three 3-T MRIs at the same time, new hardware for hyperscanning experiments has been developed and implemented. This enables interaction between the study participants who are each in one of the MRI machines.

In human research, the department is collaborating with various areas at the CIMH, for example in the Collaborative Research Center/TRR 379 Neuropsychobiology of Aggression. In the Modulation of aggression by acute threat project, 7-T MR spectroscopy and functional MRI are being used. The effects of long COVID on brain metabolism are being investigated in collaboration with the long COVID outpatient clinic on the 7-T MRI. Whole-brain proton and phosphorous MR spectroscopy and a functional MRI examination during a cognitive task are being used.

Building on the Postgraduate School 2350, the work is examining the extent to which changes in the volume and functioning of the brain following traumatic experiences

during childhood can be modulated and decreased by physical fitness. As part of the SysMedSUDs consortium, an MR imaging project was carried out to achieve a better understanding of common and different pathomechanisms in people with substance use disorders.

As the study site and MRI location for the NAKO health study, the department was able to carry out further research into the link between sport and brain structure with 2,400 structural data sets and physical activity tasks.

The modernized equipment of the 9.4-T small animal scanner means imaging procedures can be carried out on the brains of conscious mice, thereby providing insights into biochemical processes using spectroscopic imaging. This is used, for example, in the determination of metabolic rates in those with an alcohol dependence. For the Collaborative Research Center 1158 From Nociception to Chronic Pain, the structural changes in the brain caused by chronic pain and the cellular principles of this were examined. Data for a longitudinal study on the effects of a ketogenic diet on the function/structure and metabolism of the brain was also collected as part of a translational project funded by the Swiss National Science Foundation. Since the end of 2024, the effects of the anti-addictive hallucinogen ibogaine on brain structure

and function have been measured in the post-dependent model.

In addition to the measurements on anesthetized animals, a new focus in collaboration with the RG Developmental Biology of Psychiatric Disorders is on the use of complicated functional paradigms to achieve enhanced learning and social hierarchy in conscious, trained animals. The RG Translational Imaging has been involved in multiple TRR 379 projects since mid-2024.

The further development and establishment of innovative evaluation concepts for multimodal imaging is also a cross-species focus within the department. —

## RESEARCH GROUP IN THE DEPARTMENT

### — Translational Imaging

Head: Dr. Wolfgang Weber-Fahr,  
Prof. Dr. Alexander Sartorius

#### Projects



#### Publications



# DEPARTMENT OF NEUROPEPTIDE RESEARCH IN PSYCHIATRY

Head: Prof. Dr. Valery Grinevich

In its research work, the department focuses on the analyses of the mechanisms of the effect of neuropeptides in the brain.



**Prof. Dr. Valery Grinevich**

Head of the Department of Neuropeptide Research in Psychiatry

The effects of neuropeptides within various regions of the brain that control stress and anxiety reactions and maternal and social behavior are being investigated. The researchers are focusing primarily on oxytocin, also known as the love hormone or the bonding hormone. The goal of the studies is to better understand the oxytocin system's contribution to the pathophysiology of mental illnesses and thereby optimize the treatment. The focus is currently on three research projects that are each being carried out by transnational teams with the involvement of the CIMH.

Since January 2025, research has been carried out as to how oxytocin release in various pain-related regions of the brain affects socioemotional states and chronic pain as part of an EU grant ERANET-Neuron. This is being carried out together with cooperation partners from France, Israel, Norway, Poland, and Hungary. Using highly developed behavioral tests on rats, the reciprocal effects of chronic pain and social behavior and how these are impacted by

oxytocin are being researched. In the human part of the project, the relationship between genetic variants of the oxytocin receptor signaling and the perception of pain are being investigated. This research aims to discover the role of the oxytocin system in the brain in the modulation of chronic pain and its impact on the interaction between chronic pain and social interactions. The results will pave the way for new pharmacological and behavioral therapy treatments targeting the oxytocin system and may alleviate both chronic pain and the associated psychological symptoms.

In the research OxytoCINspace (funded by the European Research Council through the ERC Synergy Grant), scientists from Germany, France, and Israel are looking at how the sense of space, social hierarchies, and territorial borders is anchored in the brain. The researchers assume that this process is controlled by the oxytocin system.

In a research project by the German-Israeli Project Collaboration (DIP) funded by the German Research Foundation (DFG), scientists are investigating neuronal and molecular changes as a result of social isolation and loneliness. The neuropeptide oxytocin is critical at the interface between social isolation and social connection. Researchers expect that the oxytocin

system in the brain is the reason for the positive effects of social contact. This would indicate that contact is particularly important in the endogenous release of oxytocin to alleviate the effects of loneliness and social isolation. The results could help to create new treatment approaches. —

## RESEARCH GROUPS IN THE DEPARTMENT

- **Neurobiology of Maternal Care**  
Head: Dr. Eduard Maier
- **Neurobiology of Positive Emotions**  
Head: Dr. Shimpei Ishiyama

### Projects



### Publications



# DEPARTMENT OF PUBLIC MENTAL HEALTH

Head: Prof. Dr. Ulrich Reininghaus



**Prof. Dr. Ulrich Reininghaus**

Head of the Department of Public Mental Health

The researchers work on the foundations and the transfer of knowledge from social epidemiology to mental health care.

The primary objective is to promote resilience and public mental health. The aim is to follow a translational, transdiagnostic, interdisciplinary research strategy in this respect.

The work focuses on the development, evaluation, and implementation of new digital, adaptive interventions (mHealth apps) that are tailored to the everyday needs and social contexts of users. With the help of digital technologies, psychiatric and psychotherapeutic treatments are to be individualized and integrated into everyday life. One example of this is the IMMERSE project – Implementing Mobile Mental Health Recording Strategy for Europe. IMMERSE develops digital mobile methods to tailor psychiatric care to individual patients and involve them in decision-making and treatment processes.

The department also investigates the possible causes of psychiatric disorders (etiology models) and transdiagnostic dimensions of psychopathology in high-risk populations and severe mental illnesses. The Mannheim Incidence and Cohort Study (MAKO), launched in 2024, will examine the Mannheim population over a period of two years to determine which living conditions are associated with satisfaction and resilience, but also with stress, early signs of mental illness, and inequalities in access to care. The results will contribute to a better understanding of health risks, improved planning of prevention and treatment services, and the development of new, more individualized therapies. —

## RESEARCH GROUPS IN THE DEPARTMENT

– Ecological Translation in Public Mental Health Provision

Head: Prof. Dr. Ulrich Reininghaus

– Outcome Assessment and Health Economics

Head: Dr. Jan Böhnke

– Precision Digital Mental Health

Head: Dr. Christian Rauschenberg

– Psychiatric and Mental Health Nursing

Head: Dr. Stefan Scheydt

– Translation of Evidence-based Innovations in Public Mental Health

Head: Dr. Anita Schick

### Projects



### Publications



# DEPARTMENT OF THEORETICAL NEUROSCIENCE

Head: Prof. Dr. Daniel Durstewitz

The department pursues three major lines of research:

## THEORETICAL AND SCIENTIFIC MACHINE LEARNING

The team is working on models and training algorithms for Dynamical System Reconstruction (DSR) and time series analysis and on the theoretical and mathematical principles of these. The most important instrument is the theory of dynamic systems, a mathematical framework to analyze each natural or technical process developed in time and space. The reconstruction of dynamical systems means deep learning algorithms that derive a generative model of dynamic processes or equations that underly the data observed. The aim is to automate the scientific discovery process by deriving models directly and automatically from observed time series and other data sources. This class of models is called Neural Flow Operators (NFOs) as the idea behind them is the convergence on the flow operator of the underlying dynamical system.

## APPLICATIONS IN NEUROSCIENCES AND NEURO AI

Methodological tools are used to examine the neuronal code (the language of the brain and neuronal calculations) that underlies the performance of various tasks and behavior. NFO/DSR models can be used to derive dynamical models of the underlying calculation processes from multi-single cell derivations, calcium

imaging, or functional imaging data (fMRI), possibly in combination with behavior. The prefrontal cortex and the interaction between the prefrontal cortex and the hippocampus in the long term memory, when learning and recalling sequences, and in attention processes are of particular interest. These core processes have the potential to inspire improved AI designs. The examination of behavior-focused strategic learning is promising for the development of new AI learning algorithms.

## APPLICATIONS IN MENTAL HEALTH

The researchers are contributing to the development of digital solutions for psychiatry and the prevention of mental illnesses. Using mobile data and information from Ecological Momentary Assessments (EMA), maladaptive behavioral patterns can be identified and tipping points in the direction of behavior of this type can be predicted. This can be used to give people in relevant situations individual feedback or to recommend optimal interventions from a repertoire of coping strategies (Ecological Momentary Interventions, EMI). —



**Prof. Dr. Daniel Durstewitz**

Head of the Department of Theoretical Neuroscience

## Projects



## Publications



# DEPARTMENT OF MOLECULAR AND CELLULAR COGNITION RESEARCH

Head: Prof. Dr. Ana M.M. Oliveira

The scientists are researching the molecular and cellular mechanisms underlying cognitive processes and neuroplastic changes that are linked to psychiatric disorders and age-related cognitive decline.



**Prof. Dr. Ana M.M. Oliveira**

Head of the Department of Molecular and Cellular Cognition Research

Neuroplasticity enables the brain to continually adapt its functional and structural organization to a changing environment. This ability is critical to the survival of the individual, as it enables them to adapt to their environment, and key functions such as learning and memory are based on this. However, the same mechanism can also lead to maladaptive changes, resulting in illnesses. Despite the progress in this field, the molecular mechanisms of neuroplasticity in health and disease are still barely understood. The overarching goal is to close this gap in the knowledge.

The researchers are focusing on examining the mechanisms that control neuroplasticity in connection with the formation and maintenance of memory. If neuroplasticity processes can be influenced in a targeted manner, this promises the development of new therapeutic approaches.

Three main lines of research are being pursued:

- The examination of the molecular and cellular processes that enable memories to be formed and stored.
- The detection of the processes that underlie the cognitive impairments that occur during the aging process.
- The examination of the molecular and cellular principles of protracted functional and morphological changes that are caused by adverse environmental factors (such as trauma, substance consumption, harmful stimuli) and contribute to mental disorders.

The department is working in an interdisciplinary manner and is using behavioral tests, engram tools, chemogenetics, epigenetic and transcriptional analyses, and morphological and electrophysiological approaches. —

## Projects



## Publications



**TO IMPROVE THE LIVES**

of people with mental illness, more than 1,700 people work together at the CIMH in the areas of patient care, research, teaching, training and continuing education, administration, and services.

# ORGANI- ZATION



# THE CIMH AS AN EMPLOYER

## IMPROVING THE LIVES OF OUR PATIENTS TOGETHER

Committed and skilled employees have now been shaping the CIMH for 50 years. They have made the institute what it is today: an important facility in the field of psychiatric research and care, and thus also an extremely versatile and attractive employer.

Due to the rising need in health care and the excellent research that is being carried out, the CIMH has been growing continuously for years. More than 1,700 people are currently working together for mental health in the fields of health care, research, teaching, administration, and services – ten times as many as in 1975, the year the institute was founded.

### OUR GOALS

With our personal growth, we pursue ambitious goals. This includes the service of providing full near-home care for everyone in Mannheim and expanding our top international position in research. We also want to contribute to the establishment of a new type of precision medicine in psychiatry, and to making new treatment approaches available in everyday treatment environments more quickly.

### OUR FUTURE TALENTS

To help us achieve our goals, we are constantly working on making the CIMH even better known as an employer and attracting more

employees. Through the employer campaign *einzigartigWIR* (uniquelyUS) and the nursing recruitment campaign *unbedingtWIR* (absolutelyUS), we continuously present the CIMH to the general public to ensure that talented people are aware of us. Through our participation in the training fair *Jobs for Future* in Mannheim and our job speed dating format, we have been able to bring many new colleagues on board in the past few months.

### OUR EDUCATION AND TRAINING

Education, study, support for the next generation, and further training are also critical for further positive development at the CIMH, and are being continually expanded. Twenty students and apprentices are currently completing their practical training with us. Depending on their field, they are gaining experience in IT, administration, or education. The CIMH is also a sought-after cooperation partner for more than 150 somatic nursing facilities, hospitals, and universities as part of the new generalist training in nursing.

With our diverse educational opportunities, we are promoting the further development of our employees. We offer suitable continuing education and further training for all professional groups in health care. These include further training sessions on Dialectical Behavior Therapy, which plays a key role in many treatment settings. Mentoring programs and training sessions are available for our researchers to support them in their professional development in a targeted manner. We also qualify process coaches across multiple different professions – employees who actively shape changes and sustainably improve processes in day-to-day working life.



### OUR MANAGERS

Leadership culture and leadership behavior are very important to the institute and the development of all employees. This is why we support our managers with extensive further training opportunities. This is geared towards strengthening leadership skills in a practical manner – with detailed knowledge about key leadership topics and specific tools for day-to-day leadership. Our HR business partners are available to the managers as sparring partners and advisors, particularly when it comes to strategic issues.

### OUR HEALTH PROGRAM

The health of our employees is just as important to us as the health of our patients. This is reflected in our health program *Gemeinsam gesund am ZI* (Healthy Together at the CIMH), which offers various services to promote health and wellbeing.

These include measures that contribute to improving physical health, promote networking between colleagues, and support long-term employee retention. The program is supplemented with addiction prevention services and professional help to stop smoking. A key element is also advice for employees who are caring for relatives or are in challenging life situations.

In line with our mission, we attach great importance to the promotion of mental health. Various information and support services are available to assist with all aspects of the handling of psychological stress and crises. Our PUK team (Personal Support in Crises) also offers an initial point of contact in stressful situations. The free Mental Health First Aid (MHFA) courses in which laypeople are trained in assisting other people in mental crises further supplements this support network.

### OUR CONTRIBUTION TO EMPLOYEE SATISFACTION

Employee satisfaction is important to us. We are certain that balance between work and private life is important to ensure employees are satisfied and performing at a high level in their job. We support our colleagues by taking into account individual desires about working hours and work location, and creating reliable working schedules. We also collaborate with various facilities to offer daycare and vacation care places. We also offer our employees attractive additional services such as reduced entrance to cultural events or a subsidy on their public transport tickets.

### OUR EMPLOYEE SURVEY

Our employees like working at the CIMH, as confirmed by the results of the anonymous 2025 employee survey administered by the Munich-based geva Institute. They show that the employees are motivated and view the CIMH as an attractive employer. For example, 71 percent of those surveyed would choose to work at the CIMH again, and 71 percent stated that they were proud to work at the CIMH.

### OUR MISSION

Diverse and meaningful tasks make the CIMH an attractive employer. We promote an innovative work environment in which our employees can shape their work and develop personally. Together, we work on our mission of using top-level research and medicine to improve the lives of our patients and make an important contribution to the destigmatization of mental illnesses. —

# ZI SERVICE GMBH

*Management: Anemone Frisch, Marcel Visel*

## **RECEPTION AND SECURITY**

The reception is staffed around the clock and is therefore the first point of contact for patients and visitors to the CIMH. The team also forwards incoming calls and distributes in-house and external mail. In addition, all tasks related to security on the CIMH campus are bundled in this division.

## **CATERING**

The catering team takes care of patients' meals, the cafeteria and conference service. All wards on site and in the external CIMH departments are supplied with food and beverages. In doing so, the employees

continuously exchange ideas with the nursing staff and ward managers. In addition to standard catering, individual patient requests are taken into account and dietary consultations are offered.

The cafeteria offers a variety of food and beverages for breakfast and lunch. Regular special events provide variety. The conference service takes care of catering for internal and external events.

## **CLEANING, LOGISTICS, AND SERVICES**

The cleaning department is responsible for ensuring that the specific hygienic requirements of a hospital are met. The

division management constantly exchanges information with the hygiene specialists and works closely with nursing staff and ward managers. For example, cleaning schedules and procedures are coordinated with ward and treatment processes. The logistics and service department ensures that everything is in its rightful place. The team also maintains the outdoor facilities and thus contributes to the public image of the CIMH. —

# CENTER OF PSYCHOLOGICAL PSYCHOTHERAPY (CPP) MANNHEIM

The CPP Mannheim is a core facility at the CIMH. It primarily serves the purpose of postgraduate scientific and professional training of psychologists so they become psychological psychotherapists and child and adolescent psychotherapists.

The theoretical and outpatient program is developed jointly with the Otto Selz Institute at the University of Mannheim.

The training courses focusing on behavioral therapy impart extensive knowledge, skills, and abilities necessary to apply diagnostics, psychotherapy, and rehabilitative measures to patients with mental disorders. This also includes accompanying treatments for physical illnesses. The training content is based on current scientific findings and takes ethical and professional regulations into account.

The CPP Mannheim is a member of <unith>, the union of university courses for psychotherapy. The aim of the non-profit organization is to ensure high quality and up-to-date training of psychotherapists by closely linking state-approved training in psychotherapy and research in clinical psychology and psychotherapy. —



**Prof. Dr. Josef Bailer**

Overall management and management of the Postgraduate Program in Psychological Psychotherapy



**Prof. Dr. Anne Dyer**

Management of the Postgraduate Program in Child and Adolescent Psychotherapy

# SUPERVISORY BOARD

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*Head of the Department of University Medicine in the Ministry of Science, Research and Arts Baden-Württemberg*

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### **Prof. Dr. Andreas J. Fallgatter**

*President of the Scientific Advisory Board of  
the Foundation, Medical Director of the  
Clinic of Psychiatry and Psychotherapy at  
University Hospital Tübingen (member of the  
Supervisory Board according to Section 10  
Paragraph 2 g of the Foundation Statute)*

### **Anja Simon**

*Commercial Director at the University  
Hospital Freiburg (member of the Superviso-  
ry Board according to Section 10 Paragraph  
2 h of the Foundation Statute)  
Member until June 21, 2024*

### **Prof. Dr. Jennifer Diedler**

*Medical Director and Chair of the Board of  
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(member of the Supervisory Board  
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### **Dr. Natalie Lotzmann**

*Vice President, Chief Medical Officer, Global  
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10 Paragraph 2 h of the Foundation Statute)*

### **Dr. Isabella Wolf**

*Representative of the staff of the CIMH  
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ing to Section 10 Paragraph 2 i of the  
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ees of the CIMH for a period of three years)*

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*Medical Director of the Clinic of Psychiatry and Psychotherapy at the University Hospital Tübingen*

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(Addiction Research)

*Director of the Amsterdam Institute for  
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*Professor of Neuroscience at Utrecht  
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*Director of the Department of Psychiatry  
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*Director of the Institute for Developmental  
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Health and Environment, Neuherberg, and  
the Technical University of Munich*

# PERSONNEL MATTERS

## NEW MEMBER OF THE ADVISORY BOARD

Prof. Dr. Jennifer Diedler was appointed as a new member of CIMH's Supervisory Board in 2025 in accordance with Section 10 Paragraph 2 h of the Foundation Statute. She is Medical Director and Chair of the Board of Directors of Saarland University Hospital. Anja Simon, who served as Commercial Director of the University Medical Center Freiburg until March 2025, left the Supervisory Board in 2024. \_\_

## LUTZ FRÖLICH RETIRES

After 22 years at the CIMH, Prof. Dr. Lutz Frölich retired at the end of March 2025. Since 2003, the renowned clinician and researcher had held the professorship for geriatric psychiatry at the Mannheim Medical Faculty of Heidelberg University and headed the Department of Geriatric Psychiatry at the CIMH. In his role, he shaped the differentiated range of treatments for geriatric psychiatric patients at the Clinic of Psychiatry. These include inpatient and ward-equivalent treatment, the memory clinic, a special clinic for psychotherapy for age-related depression, and services for mentally ill older people in nursing homes. His scientific work focuses on translational therapy research into neurodegenerative dementias such as Alzheimer's disease, in particular biomarker research and the development of new therapeutic methods. \_\_

## STEFAN WELLEK RETIRES

Prof. Dr. Stefan Wellek, head of the Department of Biostatistics, retired in May 2025. He had led the department since 1994 and played a key role in acquiring and evaluating important clinical studies at the CIMH. His scientific achievements have also received international acclaim and recognition. For many years, he worked as an expert in medical statistics at the Federal Institute for Drugs and Medical Devices and has published three monographs on statistical methods for the evaluation of equivalence and non-inferiority studies, as well as numerous papers on specific statistical issues. He is a recipient of the Paul Martini Prize from the German Society for Medical Informatics, Biometry, and Epidemiology and an Elected Member of the International Statistical Institute. \_\_

## NEW PROFESSORS

In 2024, **Prof. Dr. Michèle Wessa** accepted the W3 Hector Professorship for Cancer Survivorship & Psychological Resilience, which was newly established with a grant from the Hector Foundation II to the German Cancer Research Center (DKFZ). The professorship is part of the DKFZ-Hector Cancer Institute at the University Medical Center Mannheim and the Medical Faculty Mannheim (UMM) and is affiliated with the CIMH. Michèle Wessa heads the Department of Neuropsychology and Psychological Resilience Research at the CIMH, succeeding Prof. Dr. Dr. h.c. Dr. h.c. Herta Flor. \_\_

In March 2025, **PD Dr. Moritz Berger** took over as head of the Core Facility Biostatistics. Moritz Berger is a statistician and received his postdoctoral qualification in medical biometrics at the University of Bonn. His scientific work in the field of biostatistical methods research focuses on regression analysis methods, tree-based methods, and discrete event time analysis, among other topics. \_\_

## APPOINTMENTS

**Prof. Dr. Yvonne Grimmer**, senior physician at the Clinic of Child and Adolescent Psychiatry and Psychotherapy, accepted the W2 professorship for Social Medicine and Health Sciences at Darmstadt University of Applied Sciences in 2024. \_\_

## NEW SENIOR PHYSICIANS

### CLINIC OF PSYCHIATRY AND PSYCHOTHERAPY

Dr. Suna Su Aksay  
Dr. Lucrezia Hausner

### CLINIC OF PSYCHOSOMATIC MEDICINE AND PSYCHOTHERAPY

Dr. Verena Geyer



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### **State**

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Zentralinstitut  
für Seelische  
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