Prof. Dr. Sabine Bährer-Kohler – questions
16 December 2025

1. **In many cultures, a widespread notion persists that in the past (an unspecified "past", that is) people were allegedly psychically stronger in some way and were able to cope with traumatic experiences without developing PTSD symptoms and exhibiting other psychological consequences you describe. Could you comment on that?**

   It's not so easy to answer your question. But I would like to return to your question.
   Which cultures are meant, for example? When speaking about "the past" with a generalization, the first question is which past is meant? Speaking generally about "the past" without knowing the timeframe and circumstances, especially the contributing factors, makes concrete answers difficult.
   The WHO underlined 2025 that "at any one time, a diverse set of individual, family, community and structural factors may combine to protect or undermine mental health." In 2025 the WHO also points out how complex factors are influencing mental health.
   Therefore, it's important to ask:

A. Is there scientific data on this particular timeframe, location, area, or context?
B. Is the focus about mental disorders in general?
C. Is the focus about specific disorders?
D. Is the focus about which phase in the lifespan?
E. Who was physically/mentally stronger in the "past?" What is this based on? Referring for example to years lived or illnesses survived? (WHO 2024)
F. What does that mean- psychological consequences?

   However, I would like to recommend: The readers are certainly familiar with the history of the ICD and the DSM (WHO 2025b). The question remains: how are diagnoses made, what constitutes a diagnosis? What constitutes a disorder PTSD?

   Much easier is it to present current facts: what we know from statistical data is that anxiety disorders and depression are currently the most common mental health diseases worldwide. And mental health disorders are continuously increasing.
   I share the WHO's opinion that "Although most people are resilient, people who are exposed to adverse circumstances – including poverty, violence, disability and inequality – are at higher risk of developing a mental health condition."
   In 2019 alone, approximately 970 million people globally were living with a mental disorder, with anxiety and depression being the most common. The current WHO data (2025) show that more than that 1 billion people worldwide live with a mental disorder, and confirm the data from Liu et al. (2020) that the number of incident cases of depression worldwide increased, representing an increase of 49.86% and confirm for example the data from Wu et al. 2025 that in 2021, the global age-standardised prevalence rate (ASPR), age-standardised incidence rate (ASIR), and age-standardised DALYs rates for anxiety disorders were 18 %, 20.6 %, and 18.2 % higher than in 1990, respectively.
   The latest WHO figures for 2025 also illustrate that "the prevalence of different mental disorders varies with sex, with females being most affected overall. In both males and females, anxiety disorders and depressive disorders are the most common.

2. **Why women consistently show higher rates of anxiety, depression and PTSD symptoms compared to men?**

It is often stated that, that men have "a silence" about mental health symptoms and problems or they don`t like to talk about their mental health, but there are other reasons, scientifically studied, for the higher number among women. Extract:

A. Women are more frequently affected by the multiple burdens of work, relationships, and family- this could be related to overexertion.

B. Women with a history of traumatic experiences, particularly adversity encountered during childhood, show an increased risk of developing depression (Gaine et al. 2025).
C. Depression is often a prevalent mental health problem in postmenopausal women (Li et al. 2024).
D. Genetically determined pronounced vulnerability, hormonal fluctuations related to various aspects of reproductive function, and an undue sensitivity to such hormonal fluctuations in brain systems that mediate depressive states (Noble 2005).

A currrent scientific publication of Bernal Arenas et al. summarize that „addressing these issues requires a comprehensive understanding of biopsychosocial factors, integrating gender-inclusive politics into medical education and clinical practices. Recognizing and mitigating these underlying causes is paramount to reduce gender-based disparities in mental health and promoting better practices to achieve equitable health outcomes."

Personally, I think that much in these areas remains unexplored.

3. You point out that mental health of professionals can be profoundly affected by their work during disasters and catastrophes. In what ways are professionals affected and what can the long-lasting effects of such burden be?

When mental health professionals work in these situations, they often just function.

- They may forget about space, time, and effort, and the high-stress environment in which they operate, additionally characterized by rapid decision-making, long shifts, and limited resources. A workload that is permanently perceived as too high can lead to psychological and physical disturbances.
- What they experience and see remains, with increased workload, and work–life conflict, while individual factors can involve maladaptive coping strategies can lead to psychological and physical disturbances.

Forgetting their own needs for food, rest, or hygiene are just a few examples, but reducing one's own awareness despite warning signs can have significant consequences.

However, it is crucial to be and remain mindful of ourselves. I explain this to my students again and again; on airplanes, passengers receive a short briefing at the beginning, for example, on how to use the oxygen masks. *Put on your own mask first, then help others.* If we are out of breath, metaphorically speaking, then we are out of breath for others. What illnesses can occur?

You are asking for long-lasting effects of such burden: I would categorize it as traumatic stress disorders, may be associated with feelings of weakness, sadness, helplessness, fear and blockage, among others, these were identified as common reactions dealing in mass casualties or disasters. These reactions may also lead to post-traumatic disorder, can turn professionals into "hidden victims" (Rodriguez-Arrastia et al. 2021).

It's important to note that every professional is predisposed differently, even at the specific moment of the event. Many known factors play a role, including personality traits, but professionals should be thoroughly prepared for such moments through, for example, with ongoing professional trainings.

The WHO 2025 illustrates very clearly while some people are remarkably resilient when facing the aftermath of disasters, many face long-term mental health problems.

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