Correspondence

Progress and atrocity: the dual psychiatric legacy of Vienna's Steinhof Hospital

Vienna was the world capital of psychoanalysis in the early 1900s, stimulating a burgeoning interest in the mind. Yet, these intellectual movements would be supplanted by state-sponsored repression after Nazi Germany's annexation of Austria in 1938 (the Anschluss). Vienna's Steinhof Hospital for psychiatric patients encapsulated these conflicting paradigms, providing a venue first for enlightened aspirations and subsequently for physician-assisted atrocities. As Vienna hosts the 2023 World Congress of Psychiatry, we wish to highlight Steinhof's poignant legacy, which should serve to reinforce the importance of compassion and human rights in contemporary care.

Founded in 1907, Steinhof represented psychiatric ideals circulating around *fin de siècle* Vienna and beyond.[1] The hospital was predicated on modernist plans following consultations between the architect Otto Wagner (1841–1918) and other stakeholders.[1] Wagner's schemes promoted symbiotic connections between mental health and architecture, challenging conventional prison-like settings; notably, only 50 years before Steinhof's foundation, patients were routinely held in chains in Vienna's Narrenturm (mad tower).[2]

Wagner sought to create conducive therapeutic environments by combining functionality with aesthetics. To that end, Steinhof's pavilions comprised light, open spaces, supplemented by an Art Nouveau style that even extended to the window bars.[2] Steinhof's location atop hills overlooking Vienna was intended to promote well-being and healing, as were its formal gardens.[2,3] Further, the complex contained a theatre and a church specifically designed for psychiatric patients; today, the latter remains as a striking example of Catholic Art Nouveau. In the ensuing years, Steinhof received acclaim from visiting physicians for these progressive features.[1]

However, post-Anschluss, Steinhof was implicated in the Nazi's T4 programme, a campaign of involuntary euthanasia for individuals with mental and physical disabilities (*lebensunwertes Leben* – 'life unworthy of life'). This resulted in the transportation of approximately 3000 Steinhof patients to killing centres in 1940. Thereafter, Steinhof housed children with mental health disorders in an institution named Am Spiegelgrund.[2] Here, psychiatrists would provide evaluations involving measures of physical and mental health and socioeconomic factors, somewhat prefiguring the comprehensive nature of contemporary functional capacity assessments. During this process, those children considered to be *lebensunwertes Leben* per Nazi ideology were euthanised.[5]

Harrowingly, over 750 child patients were murdered in Am Spiegelgrund. Others suffered fatal consequences from inhumane experimental procedures, including pneumoencephalographies, electroshock therapy and forced overdoses.[4,5] Death certificates were fabricated, and families would be requested to pay for their child's 'care'.[4] Nazi defeat saw Am Spiegelgrund's closure and punitive measures enacted for several psychiatrists complicit in the atrocities.[5] Yet, according to Neugebauer and Stacher, one of Am

Fig. 1 Art Nouveau theatre and Spiegelgrund memorial. 2007. Muesse. Reproduced under a CC-BY license.

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Spiegelgrund's directors, Heinrich Gross (1915–2005), continued to study victims' brains long after this, even obtaining funding grants.[5] Equally, many psychiatrists who conducted assessments would also continue practising post-war. Only in the 21st century were the children's remains buried and a memorial established (Fig. 1).

In modern contexts, we encourage psychiatrists and others to visit Steinhof and consider how a symbol of progressive approaches became a venue for physician-assisted abuses; given global authoritarian trends, such reflections may be increasingly resonant. For us, Steinhof's dual legacy offers a timely reminder of lessons from psychiatric history, reinforcing the necessity of professional and ethical principles underpinned by morality, dignity and human rights.

Alexander Smith, Department of Forensic Psychiatry, University of Bern, Bern, Switzerland, Email: alexander.smith@unibe.ch; **Robert Van Voren**, Vytautas Magnus University, Kaunas, Lithuania; **Michael Liebrenz**, Department of Forensic Psychiatry, University of Bern, Bern, Switzerland

Declaration of interest

None

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RE: Do no harm: can school mental health interventions cause iatrogenic harm?

Do good: minimising risk of harm in school-based interventions

This thoughtful and thought-provoking article emphasises potential iatrogenic harm for some students caused by school mental health interventions, particularly universal ones, which should be avoided.[1] Although we agree, the advantages of school-based universal interventions for addressing the global shortage of specialised mental health caregivers should be considered. Most youths with mental illness do not receive treatment, especially in low- and middle-income countries, where only 5% of randomised controlled trials of youth psychotherapy have been conducted.[2] Group-based interventions in convenient, low-stigma settings (e.g. schools) are a cost-effective way to reach the millions of adolescents with mental health concerns. We herein discuss how their harm may be minimised and propose directions for future research.

One likely mechanism of iatrogenic harm, mentioned by the authors, is students becoming more aware of existing symptoms without receiving sufficient information to gauge the severity of and address these symptoms. Isolated psychoeducational interventions increase awareness without providing necessary coping skills, posing a particular risk. Similarly, brief mindfulness or cognitive change interventions may inadvertently communicate unhelpful messages such as 'Just stop feeling bad' or 'Just think positively'. To mitigate iatrogenic harm, interventions that identify symptoms or diagnoses should offer related skill-building and help youths formulate helpful and problem-solving thoughts. In fact, several interventions offer skills to improve mental health in adolescents without explicitly raising awareness of psychiatric symptoms or disorders; examples include Amaka Amasanyufu in Uganda[3] and Shamiri in Kenya.[4]

The article notes that a small percentage of students may deteriorate as a result of discussing negative feelings with peers in group settings. This is certainly possible, as is the opposite: students may benefit from hearing their peers' positive thoughts or relating to their peers' struggles. It is likely that both are true, and qualitative research may help clarify the nature and frequency of helpful and harmful comments by peers and facilitators, informing effective structuring and leadership of groups.

Regarding universal interventions, our own school-based research on universal interventions for Kenyan adolescents revealed clinically reliable worsening in 12.42% of participants for depression and 11.78% for anxiety symptoms from pre- to post-intervention (Venturo-Conerly et al[5] and unpublished data). Interestingly, these rates are comparatively lower than estimates seen in previous research on clinical populations. This suggests that universal interventions may not consistently be more harmful than interventions for populations with elevated symptoms, especially when considering statistical artefacts such as floor effects.[6] In addition, data collection and scoring and identifying those who meet clinical criteria are major logistical hurdles, particularly in settings with few electronic devices or unreliable internet.

The article cautions that school-based mental health interventions are not inherently better than nothing. However, the risk of iatrogenic harm is not unique to school-based mental health interventions – virtually no intervention universally produces good outcomes and never causes adverse effects. To do the greatest good, we must