gets specific psychopathological mechanisms (e.g., neuroticism) shared across a defined class of disorders[2].

The unified protocol for transdiagnostic treatment of emotional disorders (UP) is an emotion focused cognitive-behavioral intervention consisting of five "core" modules or components based on cognitive behavior therapy (CBT) elements of proven effectiveness that target negative emotionality and aversive reactions to emotions when they occur. These modules are preceded by an introductory session that reviews the patient's presenting symptoms and provides a therapeutic rationale, a module on motivational enhancement, and a module focusing on psychoeducation about emotions. A final module consists of relapse prevention[5].

As the treatment proceeds, the domains of thoughts, physical sensations, and behaviors are each explored in detail, focusing specifically on elucidating dysfunctional emotion regulation strategies that the patient has developed over time within each of these domains, and teaching patients more adaptive emotion regulation skills.

The UP has accrued substantial support for its efficacy in the treatment of anxiety and depression. In fact, a recent systematic review and meta-analysis examined 15 studies with a total of 1,244 participants and found large effect sizes across studies for symptoms of anxiety and depression when UP was delivered in both individual and group format[6].

Following two small open trials and an initial randomized controlled trial comparing the UP to a waitlist control condition, our group conducted a large randomized controlled equivalence trial (N=223) comparing the efficacy of the UP to established single-disorder protocols (SDPs) and a waitlist control condition. The UP was equally effective as SDPs in reducing symptom severity ratings across disorders, as well as decreasing symptoms of anxiety and depression, both at the end of treatment and at 6-month follow-up[7]. In addition, the UP condition exhibited lower rates of attrition over the course of the study.

Meanwhile, other researchers have examined the efficacy of the UP in both individual and group contexts globally, including countries in South America, Asia and Europe. In general, these studies have also found the UP to be efficacious in the treatment of emotional disorders. While all humans experience emotions, culture can impact the messages one receives about the experience and expression of emotions, and the relevance of emotion regulation. Given that the majority of research has been conducted in Europe and the US to date, further research in other global contexts is warranted.

As with any CBT, cultural competence is critical when using the UP. A promising recent pilot study conducted in Japan with the UP found significant reductions in symptoms of anxiety and depression that were large in magnitude[8]. The authors did not find any difference in emotion suppression from pre- to post-treatment, which they state is consistent with existing literature showing a lack of association between suppression and psychopathology in Japan, and may represent an important cultural difference to consider when delivering the UP. In another example, the UP has been adapted to fit the uniquely broad spectrum of cultures, education levels and backgrounds of victims of Colombia's armed conflict[9].

The UP has been translated into numerous languages, including Chinese, Dutch, German, Japanese, Korean and Spanish. An Internet-delivered version of the protocol has recently been developed.

In summary, the UP provides a transdiagnostic psychological treatment that targets shared underlying mechanisms of all emotional disorders, thereby offering a single treatment that can be used across the most common clinical presentations. This treatment is equally effective as gold-standard SDPs, but may confer additional benefits with regard to efficiency, dropout, and training therapists.

Given the unmet global demand for mental health care, combined with the lack of clinicians trained in evidence-based treatments, we believe that transdiagnostic treatments are the future of mental health care, and represent one approach to increasing access to evidence-based care and impacting global mental health.

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Can we help more?

Before you read this essay, you need the benefit of informed consent. Reading it could make you anxious, somewhat uncomfortable, and perhaps a bit provoked – in the sense of activating your intellect and triggering your social conscience. If acceptable, please read on.

If possible, ask someone to read this piece to you. Settle in to a relaxed, seated, upright position. If comfortable for you, close your eyes. Clear your mind. Focus on your breath… breathe in and out… breathe deeply. Settle down and get ready to imagine something important to the fields of medicine, psychiatry, be-

havioral and public health.

Imagine that you suffer from a potentially fatal, often chronic, mostly recurrent disease that affects your health, interpersonal relationships, job, finances, and overall well-being, including your ability to identify, think through, and solve problems. Picture several of your family members and friends also suffering with this disease. Realize that 322 million people worldwide live with this disease[1]. Grasp that this illness is the most significant contributor to non-fatal loss of health worldwide[1]. Appreciate that annually the disease results in 50 million years of living with disability and contributes to 788 thousand deaths[1].

Envision that you engage in a treatment for three to four months with about a 50% chance of improving your symptoms and your functioning[2]. Imagine that, if this treatment worked well for you, the chance that your symptoms would recur is significantly reduced, compared to the alternative treatment most often prescribed to adults with your symptoms[3]. Note that, in fact, if most of your symptoms are absent (i.e., remitted) for the final six of the 12 to 14 weeks of therapy, then you are not likely to experience a recurrence for about a year[4].

Is this a treatment that you would seek and want readily available for others (like you) throughout your local community? If you fund research, would you want to understand the parameters of this treatment? If you work in the scientific industry, would you want to know how to "assay" this treatment, learn how to package it? If you are the lead executive of a university technology transfer office, would you be interested in working with a knowledgeable researcher on products with the potential to disseminate this resource? If you are chairperson of the board of a start-up company, would you be seeking investors to brand, market and disseminate this treatment based on what people will really use? If you run a health system, would you want to assure that this treatment was accessible to all your providers and patients? If you are responsible for educating the next generations of clinical providers, would you assure that your graduates could provide this therapy at an optimal level with the ability to personalize it for each individual in need? If you work in global health, would you be looking for technologies to improve access for such treatment?

What is this disease? What is this therapy? The disease is major depressive disorder. The depression-specific treatment is cognitive-behavioral therapy (CBT). With your eyes closed, continue to breathe in and out, with repetition, as your visualization may become clearer, perhaps more embellished and full now that you have a context for your images.

Appreciate that most depressed adults, especially those who are female or young, prefer psychotherapy to antidepressant medications[5]. Despite their preference, most adults instead receive prescriptions for those medications[6]. Not surprisingly, less than half of adults adhere to these prescriptions[6]. Even fewer adults seek any treatment for depression[7]. Those who prefer psychotherapy often have difficulty overcoming practical and perceived barriers to accessing CBT and other evidence-based psychotherapies[7].

As you continue to breathe deeply, understand that, currently, the mechanisms through which CBT achieves reductions in depressive symptoms and depressive relapse, and (perhaps) recurrence are not well understood. Consider that one possible mechanism is the extent to which patients comprehend and use the compensatory skills that they learn in therapy[8]. So, in order to achieve the full effect of CBT you will need to: have the critical skills presented, understand these skills, and use them whenever your mood becomes dysregulated and/or you have a significant problem or re-emergence of the symptoms comprising major depressive disorder.

Realize that there are several related forms of CBT that have been shown to prevent relapse after antidepressants or CBT in combination or alone reduce symptoms[9]. Picture, in your mind's eye, that high quality CBT can be readily available to any person with or at risk for major depressive disorder and related syndromes. How many depressive episodes would be prevented? In doing so, how much human suffering would be alleviated? How much money would health systems and taxpayers save? Would suicides and other deaths be prevented alongside depressive relapse and recurrence, as well as the associated disease burden to families?

What would happen if psychiatry, psychology, and related disciplines propelled a world-wide vision to recognize what is known today about psychological treatments that prevent depressive relapse, and ensure that the public (including patients, providers, and public health systems) could benefit? Picture a global vision to create new knowledge about mechanisms, parameters and dissemination that matches what is known and can be learned about effective psychological intervention to prevent first onset, relapse and recurrence using the approach that the people affected want. What if there is also access to such benefits? Suppose that we, as a field, have not only such a vision but, most importantly, also have the will to carry it forward. What are the next critical steps?

Count backward in your mind from five to one. Open your eyes. Return to your daily work, perhaps more alert, open, and committed to new opportunities.

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