

# **Priorities in Mental Health Research**

**European Brain Council (EBC) views in  
accordance to the ROAMER findings**

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# Most important issues to be addressed in Mental Health Research

1. Research and Intervention in **specific mental disorders**. Main example: **depression**.
  - high indirect costs; tripling the health costs of a medical condition when associated to it.
  - highest cause of death for mental disorders among people below 45 years (suicide and lethality due to comorbid medical conditions ).
2. Development of shared **database** and of european research **networks** (fighting fragmentation)
3. Revision of **clinical trials** regulation and of the list of outcome measures (which are not relevant)

# EBC activities according to the priorities identified

1. a) EBC can **coordinate studies** and data collection for depressive disorders linked to mental, neurological and vascular diseases (*parkinson, brain tumors, alzheimer, stroke etc..*)  
b) EBC can create attention towards **decision makers** (*cost of non recognition and of non treatment, consequences of presentism and absenteism, negative cycle linked to stigma*)
2. Through **National Brain Councils** EBC can coordinate the activity of different research networks and help creating big data storage
3. a) EBC can stimulate the organization of **conferences and summits** (with EMA for ex.) to re-design clinical trials;  
b) EBC can bring together **patients representatives** and representatives from agencies.

# Barriers to Mental Health Research (and to the three points previously raised)

Point 1 (*specific mental conditions*). **IGNORANCE** (OR DENIAL?): mental disorders are not recognized just as « valid » disorders as any physical condition/disorder (underlying brain mechanisms have to be clearly explicated)

Point 2 (*investing in research networks and database*).

**UNDER-ESTIMATION**: very few realize how enormous are the indirect costs associated with mental disorders and how great can be the return to investment.

Point 3. (*relaunching clinical trials*). **PESSIMISM** (OR NEGATIVISM?). Therapeutic « nihilism » is still predominant (despite focused therapeutic interventions being extremely efficient!)

# Role of patients in research

1. Patients priorities have to be known for any precise condition (patients priorities **can differ** from researchers priorities)
2. Interventions have to be tailored taking into account these priorities
3. The information provided by patients has to be **integrated** in the design of outcome **measures.**

# Most striking findings in ROAMER

1. Having an approach of mental disorders as *developmental disorders* (consequences: childhood and adolescence are high risk periods, early interventions are crucial, family-based techniques have to be developed, etc..)
2. Assessing and comparing the *efficiency of health care systems* on well being for orienting the funding of new research and services (role of patients organizations)
3. Pleading for an increase in the number and quality of *international and interdisciplinary networks and database.*

# What is wished from EU authorities

- General statement
  1. To clearly recognize that **not investing enough** in mental health research will have dramatic consequences (currently 1/3 of health budget is spent on CNS disorders)
  2. To work in close collaboration with **stakeholders and expert pannels**
  3. To support **awareness campaigns** (with positive messages)
- Practical issues
  1. To provide a better definition of the main **goals and scopes for horizon 2020** (treatment gaps, risk and protective factors, role of the environment etc..)
  2. To support **prospective studies** in the population
  3. To help **using different data sources** which are too disseminated