A Road Map for Mental Health Research in Europe
Developing mental health and well-being research priorities for Europe

Josep Maria Haro Abad
Coordinator of ROAMER

Til Wykes
ROAMER writing package lead

Grant Agreement no. 282586
Coordinated and comprehensive ROADMAP IN MENTAL HEALTH AND WELLBEING RESEARCH to promote and integrate the biological, clinical, social and public health aspects

3 year project that started in Oct 2011, ends end of March 2014
The ROAMER project
What we have done

Analysis of State of the Art
Detection of Gaps and Advances

Criteria for priorities:
1. Efficacy/effectiveness
2. Impact/deliverability/economic benefits
3. Answerability/feasibility
4. European research strength

Biomedical research and neurosciences
Psychological therapies and treatments
Social and economic aspects
Public mental health
Well-being
Clinical research and integration (developmental and geographical)
Infrastructures, funding and capacity building

About 270 people in multidisciplinary work groups
Surveys with 108 national stakeholder associations
Scientific Advisory Board
Stakeholder Advisory Board
Funding Institutions Council

INTEGRATION

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Scope

Includes mental and behavioural disorders (ICD-10):
- Schizophrenia and other non-affective psychosis
- Mood (affective) disorders, such as Depression, bipolar disorder
- Neurotic, stress-related and somatoform disorders; such as Generalized anxiety or panic disorders
- Childhood behavioural and developmental disorders, such as autism or ADHD
- Personality disorders
- Intellectual disability
- Alcohol and substance use disorders
- Unespecified mental disorders

Except for organic mental disorders, such as:
- Alzheimer's disease and other dementias

Same classification as used in the Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010; Whiteford, Harvey A et al. The Lancet, Volume 382, Issue 9904, 1575-1586
Participation in ROAMER

A Roadmap for Mental Health Research in Europe

Stakeholder groups:

- >600 researchers
- >250 associations
- 30 policy makers and funders
- 9 industries

Other participants:

3% from abroad (USA, Australia, Canada)
Stakeholder Advisory Board

- Global Alliance of Mental Illness Advocacy Networks - Europe (GAMIAN-Europe)
- EuroHealthNet
- European Psychiatric Association (EPA)
- European Brain Council (EBC)
- European Federation of Assoc. of Families of People with Mental Illness (EUFAMI)
- European Federation of Psychologists’ Associations (EFPA)
- European Health Management Association (EHMA)
- European Joint Action for Mental Health and well-being
- European Public Health Alliance (EPHA)
- European Public Health Association (EUPHA)
- European Society for Child and Adolescent Psychiatry (ESCAP)
- Federation of European Neuroscience Societies (FENS)
- Union Européenne des Médecins Spécialistes (UEMS) - Section of Psychiatry
- WONCA World Working Party on Mental Health
- World Health Organization (WHO) – European Office for Mental Health
- Mental Health Europe (MHE)
- European Social Network (ESN)
- European Council of Neuropsychopharmacology (ECNP)
- International Union for Health Promotion and Education
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<thead>
<tr>
<th>Member</th>
<th>Area of knowledge</th>
<th>Country</th>
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<tbody>
<tr>
<td>Jean Addington</td>
<td>Young adults and adolescents. Psychosis &amp; Schizophrenia</td>
<td>Canada</td>
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<tr>
<td>Peter Allebeck</td>
<td>Public Health</td>
<td>Sweden</td>
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<td>Gerrit Glas</td>
<td>Mental Health and Philosophy</td>
<td>Netherlands</td>
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<tr>
<td>Guy Goodwin</td>
<td>Mood disorders</td>
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<tr>
<td>Rachel Jenkins</td>
<td>Mental Health Policy</td>
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<tr>
<td>John Kane</td>
<td>Pharmacotherapy, organization network clinical research (RAISE)</td>
<td>USA</td>
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<td>Ron Kessler</td>
<td>Epidemiology</td>
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<td>Martin Knapp</td>
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<td>David Kupfer</td>
<td>Nosology</td>
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<td>Stefan Leucht</td>
<td>Statistics meta-analyses, psychopharmacol., clinical trials, Cochrane library</td>
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<td>Don Linszen</td>
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<td>Oscar Marin</td>
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<td>Emily Simonoff</td>
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<td>Claudia Stein</td>
<td>Research evidence for health policy, well-being</td>
<td>EU</td>
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<tr>
<td>Gabriela Stoppe</td>
<td>Old age psychiatry</td>
<td>Switzerland</td>
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Systematic Literature Mapping

Public Mental Health

Geographic distribution of publications (weighted by GDP)

Period: 2007-2011

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Randomized Clinical Trials

Geographic distribution of RCT-related publications (weighted by GDP)

Period: 2007-2011

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## National funding for MH research

National public and non-profit funding for mental health research *in euros for year 2011*

<table>
<thead>
<tr>
<th>Country</th>
<th>Total amount allocated for mental health research (M€)</th>
<th>% of health research budget allocated to mental health</th>
<th>Funding per capita for mental health research (€ / inhabitant)</th>
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<tr>
<td>Spain</td>
<td>16.8</td>
<td>5.6</td>
<td>0.4</td>
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<td>Finland</td>
<td>10.2</td>
<td>9.7</td>
<td>1.9</td>
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<tr>
<td>France</td>
<td>84.8</td>
<td>4.1</td>
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<td>UK</td>
<td>95.3</td>
<td>7.0</td>
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**GDP per capita in 2011**
- Spain: $31,118
- Finland: $48,695
- France: $42,578
- United Kingdom: $38,927
Establishing Research Priorities

1) Expert opinion / subjective methods
2) Valuing the burden of disease
3) Valuing the impact on patient clinical status / quality of life
4) Valuing the economic impact
5) Combination of criteria (including feasibility)
Years lived with disability (YLD)

EU and EFTA YLDs by cause and age 2010

Mental disorders
11.8% of total DALY’s

17.0% cardiovascular
17.7% cancer

Global Burden of Disease, 2010
For each €1 invested by the taxpayer or charity donor in cardiovascular disease and mental health research, a stream of benefits is produced equivalent to earning €0.39 and €0.37 respectively per year in perpetuity.
High economic cost of mental disorders in Europe:

Direct + Indirect Costs = €692.5 billion

(excluding dementia and comorbidity)

Perspective on Costs

- Total cost of Fukushima disaster
- Cost of Greek bailout to date
- Cost of all brain disorders (excluding dementia) in EU PER YEAR

Sources:
http://www.reuters.com/article/2014/10/15/markets-bonds-euro-idUSL6N0SA3IH20141015

European Funding for MH Research

Funding strategies: FP7’s investments

- **Health**
  - €197.5 Million
  - 4.9% MH specific projects
  - 0.7% MH partially related projects
  - 0.8% No MH-related projects

- **Ideas**
  - €55.8 Million
  - 4.9% MH specific projects
  - 0.7% MH partially related projects
  - 0.8% No MH-related projects

- **People**
  - €24.6 Million
  - 4.9% MH specific projects
  - 0.7% MH partially related projects
  - 0.8% No MH-related projects

Mental disorders
11.8% of total DALY’s
17.0% cardiovascular
17.7% cancer
Mental health research (specific) FP7 Funding per country (Million €)
There should be more research into preventative measures, resilience factors, and buffer interventions for positive mental health and well-being, as part of a wider focus on positive mental health and resilience, as part of a wider focus on positive mental health and well-being.

- Timely research is needed on different aspects of the impact of current and past economic shocks (e.g. booms, recessions) on mental health and well-being. Do they lead to any positive impacts on mental health and well-being as well as negative impacts? What factors cushion individuals from the most adverse impacts of crises?

- To perform and sustain long-term prospective cohort studies to investigate the determinants of mental health and well-being and to study risk and protective factors for mental disorders and suicidal behavior.

- Increase evidence of population well-being interventions impairing mental health outcomes.

- Establish evidence on the impact and cost-effectiveness of clinical interventions to improve or sustain and promote subjective well-being.

- Check and broaden evidence on the effects of subjective well-being on prevention of mental disorders and recovery.
ROAMER Goals

Public health interventions for promoting mental health and well-being

New, safe and effective treatments and services and social interventions

Reduce burden on society – indirect costs

Reduced treatment costs – direct costs

European level competitiveness

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Levels of Mental Health

Societal level

Family level

Individual level

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WHY European competitive advantage

- Excellent Science in Europe
- Research potential of new and longitudinal data sets
- Stable healthcare systems providing universal care
- Ability to track individuals through healthcare
- Health and welfare systems differ across countries allowing natural experiments
Research is needed into...

**Supporting Mental Health For All**
- Measuring quality across health services and systems
- Prevention, protective factors and resilience
- How service users and carers can be empowered
- Applying safe, innovative and effective interventions
- Finding how access to services can be improved

**Building Research Capacities**
- Involving stakeholders in research
- Building a strong empirical research base
- Sharing findings and databases
- Maintaining interdisciplinary research networks

**Towards Personalised Medicine**
- Treatment evaluation needs to be standardised
- Improving diagnostic strategies
- What are the mechanisms and outcomes of comorbidity?
- Mechanisms of psychological disorders

**Addressing Societal Values and Issues**
- Reducing mental health stigma
- The effects of inequality on mental health
- Investigating wider socio-economic outcomes
- Using economics to measure intervention efficacy

**Taking a Life Course Perspective**
- The development of symptoms across the lifespan
- Longitudinal and cohort datasets and studies
- Risk factors and preventions in childhood and adolescence

**The development of symptoms across the lifespan**
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**The effects of inequality on mental health**
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**Applying safe, innovative and effective interventions**
- Applying safe, innovative and effective interventions
- Finding how access to services can be improved
- Applying safe, innovative and effective interventions

**Building a strong empirical research base**
- Building a strong empirical research base
- Involving stakeholders in research
- Building a strong empirical research base

**Maintaining interdisciplinary research networks**
- Maintaining interdisciplinary research networks
- Involving stakeholders in research
- Maintaining interdisciplinary research networks

**Sharing findings and databases**
- Sharing findings and databases
- Involving stakeholders in research
- Sharing findings and databases
High Level Priorities

1. Research into mental disorder prevention, mental health promotion and other interventions in children, adolescents and young people

2. Focus on the development and causal mechanisms of mental health symptoms, syndromes and well-being across the lifespan (including older populations)

3. Developing and maintaining international and interdisciplinary research networks and shared databases

4. Developing and implementing better interventions using new scientific and technological advances

5. Reducing stigma and empowering service users and carers in decisions about mental health research

6. Health and social systems research that addresses quality of care and takes account of socio-cultural and socio-economic contexts and approaches
High Level Priorities

1. Research into mental disorder prevention, mental health promotion and other interventions in children, adolescents and young people

For example:
• Performing and sustain long-term prospective cohort studies on the determinants of mental health and well-being and to study risk and protective factors for mental disorders

• Developing pharmacological and psychological treatments for children and adolescents
2. Focus on the development and causal mechanisms of mental health symptoms, syndromes and well-being across the lifespan (including older populations)

For example:

- Determining what the social and biological factors underlie risk or resilience factors for mental disorders across the lifespan.
3. Developing and maintaining international and interdisciplinary research networks and shared databases

For example:
Establishing access to European mental health databases across different studies with standardised mental health outcomes
High Level Priorities

For example: **Understanding why some individuals do not respond to treatment** by identifying relevant, and potentially developmentally specific, mediating and moderating variables of evidence-based psychotherapies for youths with mental disorders.

4. **Developing and implementing better interventions using new scientific and technological advances**
5. Reducing stigma and empowering service users and carers in decisions about mental health research

For example: Studying the role of stigma in the wider context of inequalities (health inequalities, etc.) and implementing interventions to assess the place of stigma in public services
6. **Health and social systems research** that addresses quality of care and takes account of **socio-cultural** and **socio-economic contexts** and approaches.
1. Research into **mental disorder prevention, mental health promotion** and other interventions in **children, adolescents and young people**

2. Focus on the **development and causal mechanisms** of mental health symptoms, syndromes and well-being across the lifespan (including older populations)

3. Developing and maintaining international and interdisciplinary **research networks and shared databases**

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5. **Reducing stigma and empowering service users and carers** in decisions about mental health research

6. **Health and social systems research** that addresses quality of care and takes account of **socio-cultural and socio-economic contexts** and approaches

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What Can You Do?

The Members of the European Parliament, as representatives of the citizens:

• Have power of control over the Union’s institutions
• May ensure equity in research funding distribution
• Can promote increasing involvement of service users in mental health research projects
As researchers:

• Pursue research informed by the ROAMER research priorities
  • e.g. developmental mechanisms and risk factors, comorbidity, developing new interventions, systems-level research, including societal and wider contextual factors as measures

• Aim to develop and expand interdisciplinary and international research networks

• Pool information with other researchers and institutions
  • Moving towards fully open publications and data

• Build opportunities for direct involvement of service users (and other stakeholders) in research
What Can You Do?

As policymakers:

• Read and disseminate freely available ROAMER materials

• Work with researchers (and stakeholders such as service users) to produce truly evidence-based policy

• Build research into any new mental health policies
  • Work with researchers to devise effective evaluations for policy trials

• Ensure opportunities and funding for new research following the ROAMER priorities

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What Can You Do?

As service users:

• Get involved in research
  • e.g. through organisations like SURE and GAMIAN
• Read and disseminate freely available ROAMER output
• Lobby policymakers to fund research into areas of service user interest
  • e.g. quality of care, systems research, new interventions, comorbidity, stigma
• Approach research institutions and funding bodies with your own research proposals
What Can You Do?

As a funding body:

• Create funding calls based on the ROAMER priority areas

• Create more opportunities for interdisciplinary and international research projects

• Make the direct involvement of service users a requirement of funded mental health research projects

• Build continuations of funding into research
  • So successful projects can immediately continue into implementation

Grant Agreement no. 282586
And all the others involved

Thank you

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EXTRA SLIDES
Mental and behavioral disorders are the **primary drivers of disability worldwide** and caused over 40 million years of disability in 20- to 29-year-olds.

**DALYS for mental and behavioural disorders increased from 1990 to 2010 by 37%**
Abbildung 23: Entwicklung des Fehltagevolumens aufgrund psychischer Erkrankungen im Vergleich mit dem AU-Gesamtvolumen. Indexdarstellung 1997 = 100

- Absence due to mental disorders increases
- Total sick leave stays constant

Quelle: AU-Daten der DAK-Gesundheit 1997-2012
Source: DAK Gesundheit 2013
Therefore best way to combat overall absenteeism and loss of productivity is to specifically target mental disorders.
Disability Benefit Claims

Duration of Employment and Support Allowance Claims

Greatest source of disability spending is due to mental disorders

- Diseases of the Nervous System
- Diseases of the Circulatory or Respiratory System
- Diseases of the Musculoskeletal system and Connective Tissue
- Injury, Poisoning and certain other consequences of external causes

Source: Department of Work and Pensions, 2012

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Therefore best way to reduce expenditure on disability claims is to prevent the development of mental disorders.
Current European Focus

- Innovations making use of ICT
- Ageing and longitudinal development
- Personalising medicine and care
- Early development
- Research on health and care systems


July 2014
Current European Focus

Also identifies over-arching issues in health research:

- Development across the lifespan
- Service user and citizen involvement
- Gender aspects of research
- Transnational collaboration using EU funds
- Evidence-based medicine and implementation science
- Innovation using technological advances
- Interdisciplinarity in research

Advice for 2016/2017
of the Horizon 2020 Advisory Group
for Societal Challenge 1,
“Health, demographic change and wellbeing”

July 2014

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<th>Initial Meetings</th>
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<td>Development of guidelines</td>
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<td>Agreement upon methodology</td>
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<th>Establishment of Work Packages</th>
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<td>WP2 Infrastructure</td>
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<td>WP3 Funding</td>
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<td>WP8 Well-being</td>
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<th>1st Advisory Boards, Councils and Consensus Meetings</th>
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<td>WP11 Report Writing</td>
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<th>Report on State-of-the-art (11.1)</th>
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<td>List of Priorities</td>
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<th>Draft Roadmap</th>
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<td>View of Roadmap by Stakeholders</td>
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<th>Final Consensus Meeting with all relevant parties</th>
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**FINAL ROADMAP (11.4)**

**ROAMER**
A Roadmap for Mental Health Research in Europe

Project Management via WP1
Dissemination via WP10
Stakeholder Input and Engagement via WP9
EU countries represented across ROAMER work packages:

Austria, Belgium, Croatia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Netherlands, Norway, Poland, Portugal, Romania, Scotland, Serbia, Slovenia, Spain, Sweden, Switzerland, United Kingdom

PLUS pan-European, Australian, North American and Global representatives on advisory boards
Generating Priorities

- Balance between a number of factors:
  - Likelihood of translation within the next ten years
  - Will use EU scientific expertise

- Involvement of scientific experts through production of priorities and in a survey

- Involvement of key stakeholders (who we know don’t necessarily agree)
  - Service users
  - Clinicians
  - Industry
The ROAMER roadmap

Continuous review by the Gov. & Fund. Institution Council, Stakeholder and Scientific Advisory Boards

1. Systematic identification of research advances needed in each area of knowledge (consensus of WP experts)
2. Justification (common criteria*)
3. Integration among areas
4. Prioritisation (Survey)
5. Final Priority list and Roadmap

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Generating Priorities

• Each work package generated a list of research priorities
  – Decided by consensus
  – Justified by work packages according to common criteria

• These were integrated into an over-arching set of priorities by WP11
  – Based on emergent common themes

• Priorities were then reviewed and revised by all work package leaders
List of Priorities

• Final 20 priorities address a number of levels
  – From population and public health, to families, to the individual, to the cellular and molecular level

• All areas of research have equal importance

• They recognise the interdisciplinarity of mental health research

• Depend on the consensus decision-making of individual work packages
• Draft versions of this list of priorities were sent out to:
  – the ROAMER consortium
  – ROAMER Stakeholder Advisory Board
  – ROAMER Scientific Advisory Board

• These priorities were revised by consensus
  – Via correspondence
  – During a two-day conference in November 2013
Prioritisation of Advances

Five main priority areas:

1. Supporting Mental Health for All
2. Responding to Societal Values and Issues
3. Life-course perspectives of mental health problems
4. Research Towards Personalised Medicine
5. Building Research Capacities
Europe 2020

Europe 2020 is the EU’s growth strategy for the coming decade. In a changing world, we want the EU to become a smart, sustainable and inclusive economy. These three mutually reinforcing priorities should help the EU and the Member States deliver high levels of employment, productivity and social cohesion.

Concretely, the Union has set five ambitious objectives - on employment, innovation, education, social inclusion and climate/energy - to be reached by 2020. Each Member State has adopted its own national targets in each of these areas. Concrete actions at EU and national levels underpin the strategy.

José Manuel Barroso
President of the European Commission

Impact

Research and Innovation performance in the EU

Innovation Union progress at country level

Innovation Union is the European Union strategy to create an innovation-friendly environment that makes it easier for great ideas to be turned into products and services that will bring our economy growth and jobs.

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### 2014 ROAMER’s European Survey: 'Priorities for mental health research in Europe'

#### SECTION I. Prioritisation of advances needed in mental health research in Europe

Based on your knowledge and expertise, please rate from 1 (the lowest) to 10 (the highest) the \textit{relevance} and the \textit{feasibility in Europe} of each advance needed in mental health research listed below.

\footnote{Relevance: \textit{likelihood that the advance results in an effective intervention to improve mental health}}

\footnote{Feasibility in Europe: \textit{likelihood that the advance can be achieved in Europe}}

**IMPORTANT**: In case you are participating on behalf of an association/organisation, please make sure to provide your collective view rather than your individual opinion.

#### A. Supporting Mental Health for All

**A1. Research into the quality of mental health services and systems across Europe.**

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Prioritisation - EUROPEAN SURVEY -

Groups of respondents

> 600 European researchers

> 40 European/national associations

9 Industries
(e.g., EFPIA partners on the IMI grants)

- Transparent selection

Persons with mental health problems, families, and carers

Clinicians and other mental health service professionals

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Groups of respondents

> 600 European researchers

> 40 European/national associations

9 Industries
(e.g., EFPIA partners on the IMI grants)

Prioritisation - EUROPEAN SURVEY -

Transparent selection

- Persons with mental health problems, families, and carers
- Clinicians and other mental health service professionals
Systematic identification of research advances needed in each area of knowledge (consensus of WP experts) → Justification (common criteria*) → Integration among areas → Prioritisation (Survey) → Final Priority list and Roadmap

Continuous review by the Gov. & Fund. Institution Council, Stakeholder and Scientific Advisory Boards
Justifying Priorities

• In the final Roadmap, each integrated priority is justified according to common criteria:
  – Efficacy/effectiveness
  – Impact / deliverability / European economic benefits
  – Answerability/feasibility in Europe
  – European Research strengths

• These will be based on the justifications from individual work packages

• Will illustrate how Europe is uniquely well placed to address (and benefit from) the identified priorities
High Level Priorities
High Level Priorities

• All 20 priorities are included in the final ROAMER roadmap

• 6 of these 20 priorities have been highlighted
  – These are practical, targeted and actionable and build on a European legacy of excellent science to tackle societal challenges.

• Resolvable in next 5-10 years as part of coordinated European approaches to improve the mental health of European citizens
High Level Priorities

1) Research into **mental disorder prevention, mental health promotion** and other interventions in **children, adolescents and young adults**

Relevant to:

- Policymakers and funding bodies in health, education, children’s and young people’s services
- Europe 2020 growth strategy objective 4: “*reducing school dropout rates to below 10%, with at least 40% of 30–34-year-olds completing tertiary education*”
- ‘Youth on the Move’ flagship initiative of Europe 2020
High Level Priorities

2) Focus on the development and causal mechanisms of mental health symptoms, syndromes and well-being across the lifespan (including older populations)

Relevant to:

- Policymakers and funding bodies in healthcare, public health, education, employment, ageing
- Demographic change and the ageing European population
- Horizon 2020 Open Data Research Pilot
3) Developing and maintaining international and interdisciplinary **research networks and shared databases**

**Relevant to:**

- Policymakers and funding bodies in health, innovation/industry, higher education
- Pharmaceutical and biochemical industries, and participants in the Innovative Medicine Initiative
- Horizon 2020 Open Data Research Pilot
- ‘Youth on the Move’ flagship initiative of the Europe 2020 growth strategy
4) Developing and implementing better interventions using new scientific and technological advances

Relevant to:

- Policymakers and funding bodies in health, innovation/industry, higher education, technology and communications
- Pharmaceutical and biochemical industries, and participants in the Innovative Medicine Initiative
- ‘Innovation Union’ flagship initiative of the Europe 2020 growth strategy
- ‘A digital agenda for Europe’ flagship initiative of Europe 2020
5) Reducing stigma and empowering service users and carers in decisions about mental health research

Relevant to:

• Policymakers and funding bodies in healthcare, public health, community engagement, employment
• Europe 2020 growth strategy objective 5: “ensuring 20 million fewer people are at risk of poverty or social exclusion”
• ‘European platform against poverty’ flagship initiative of the Europe 2020 growth strategy
6) **Health and social systems research** that addresses quality of care and takes account of socio-cultural and socio-economic contexts and approaches

**Relevant to:**

- Policymakers and funding bodies in healthcare, public health, economic equality, geographic equality
- Europe 2020 growth strategy objective 5: “ensuring 20 million fewer people are at risk of poverty or social exclusion”
- ‘European platform against poverty’ flagship initiative of Europe 2020

