The EU Contribution to Mental Health Policy and Transfer of Best Practices in Mental Health at EU Member States Level

ROAMER and Horizon 2020: Priorities in Clinical Mental Health Research

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Faculty Disclosure

	No, nothing to disclose
x	Yes, please specify:

Company Name	*Honoraria/ Expenses*	*Consulting/ Advisory Board*	*Funded Research*	*Royalties/ Patent*	*Stock Options*	*Ownership/ Equity Position*	*Employee*	*Other (please specify)*
Roche		X						
Lundbeck		X						
Eli Lilly and Co.			X					
Otsuka		X						

OBJECTIVE

Coordinated and comprehensive

ROADMAP

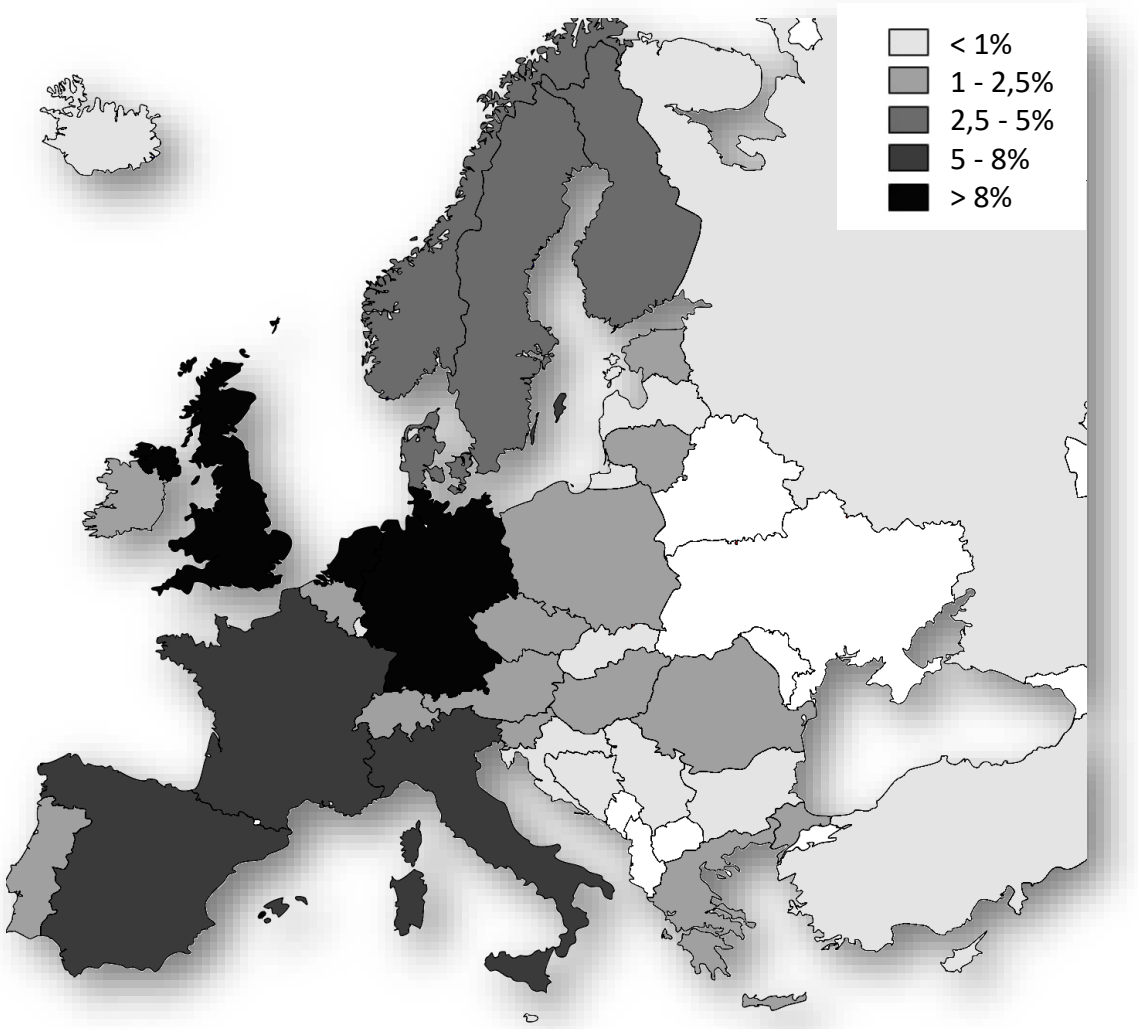
IN MENTAL HEALTH AND WELLBEING RESEARCH

to promote and integrate

the biological, clinical, social and public health aspects

Funding from 2011 - 2014

Participation in ROAMER



Stakeholder groups:

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

Other participants:

3% Europe (in general)
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 Council of Neuropsychopharmacology (ECNP)**
- **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 Psychiatric Association (EPA)**
- **European Public Health Alliance (EPHA)**
- **European Public Health Association (EUPHA)**
- ***European Social Network (ESN)***
- **European Society for Child and Adolescent Psychiatry (ESCAP)**
- **Federation of European Neuroscience Societies (FENS)**
- **Mental Health Europe (MHE)**
- **Union Européenne des Médecins Spécialistes (UEMS) - Section of Psychiatry**
- **WONCA World Working Party on Mental Health**

- ROAMER national stakeholders' survey - Top research priorities for...

Psychiatrists	
Quality of mental health services	53.3%
Early detection and management of mental disorders	53.3%
New medications for mental disorders	46.7%
Increasing access to available treatments	40.0%
Prevention of mental disorders	36.7%

Users and carers	
Quality of mental health services	43.5%
New psychological interventions for mental disorders	39.1%
Stigma and discrimination	39.1%
Rehabilitation and social inclusion	39.1%
Health and well-being of carers	39.1%

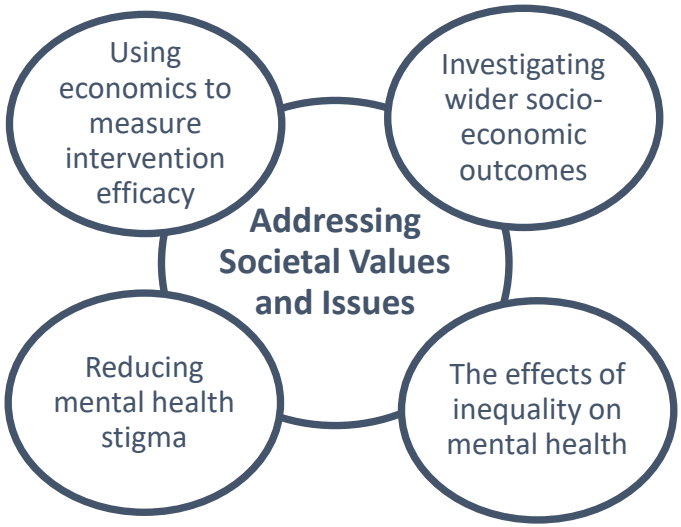
Other mental health professionals	
Early detection and management of mental disorders	60.0%
Prevention of mental disorders	53.3%
Quality of mental health services	43.3%
Rehabilitation and social inclusion	33.3%
New psychological interventions for mental disorders	30.0%
Increasing access to available treatments	30.0%
Mental health and well-being in the general population	30.0%

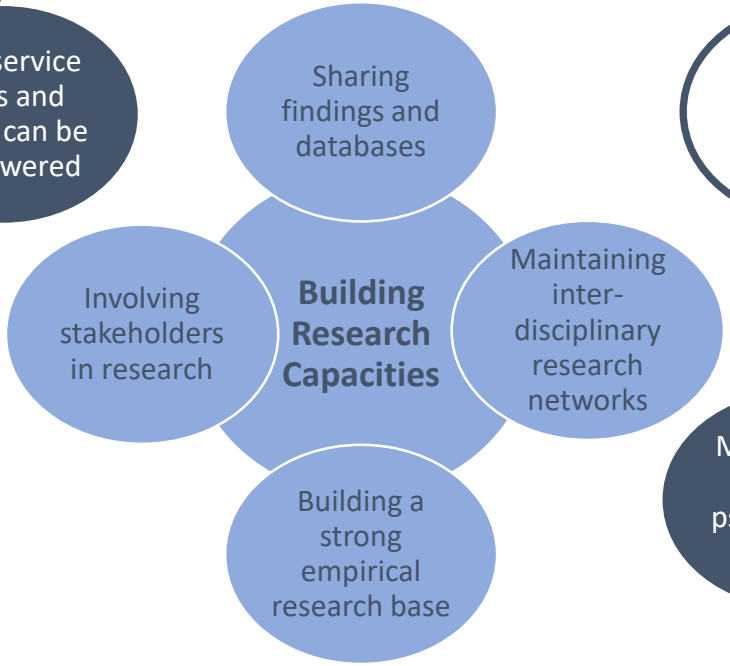
Psychiatric trainees	
Early detection and management of mental disorders	60.0%
New medications for mental disorders	50.0%
Prevention of mental disorders	45.0%
Neuroimaging of mental disorders	40.0%
Stigma and discrimination	35.0%
Rehabilitation and social inclusion	35.0%

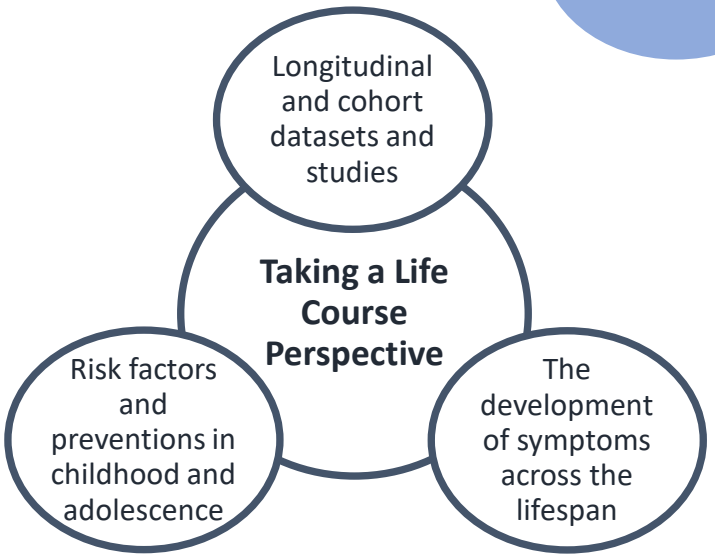
High Level Priorities

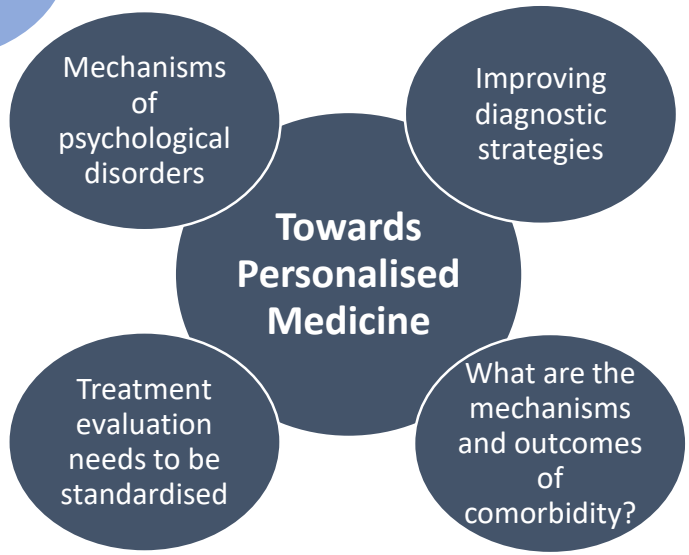
1. Research into **mental disorder prevention, mental health promotion** and other interventions in **children and adolescents**
2. Focus on the **aetiology, development and causal mechanisms** of mental health symptoms, syndromes and well-being across the lifespan (including older populations)
3. Developing and maintaining international and interdisciplinary **research networks and shared databases**
4. **Developing and implementing effective and safe interventions** using new scientific and technological advances
5. **Empowering service users and carers** in decisions about mental health care, including stakeholders in research, and reducing stigma
6. **Health systems research** that addresses quality of care and takes account of **socio-cultural and socio-economic contexts** and approaches

Research is needed into…

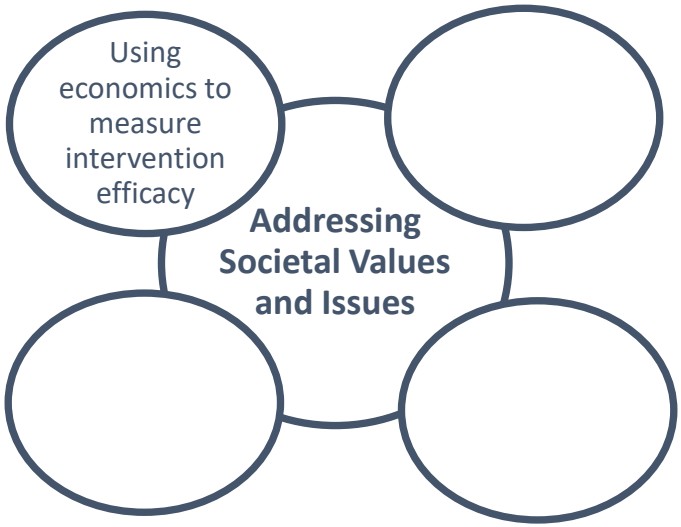


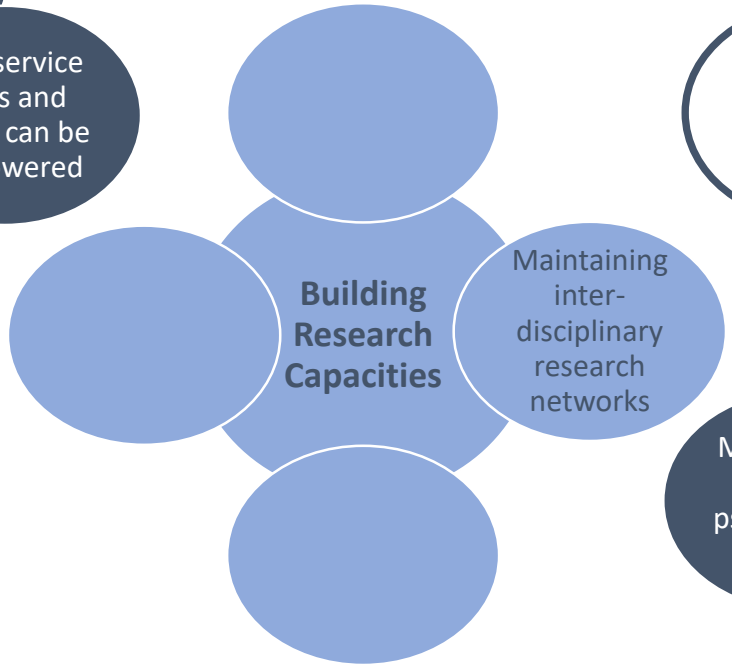


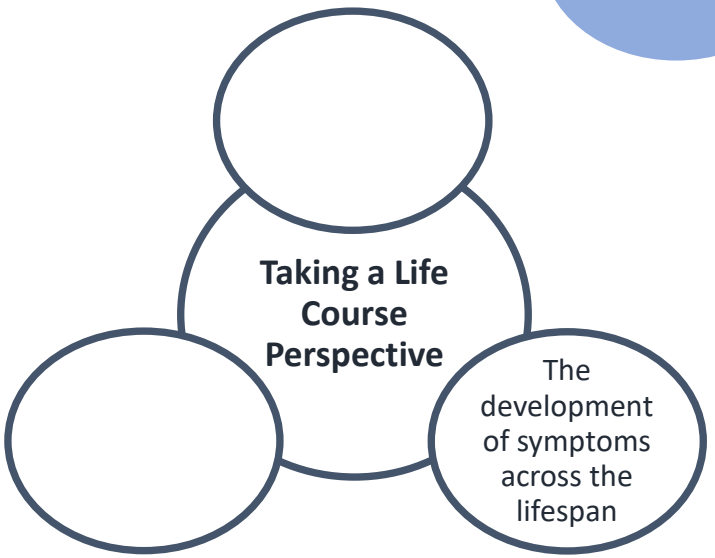


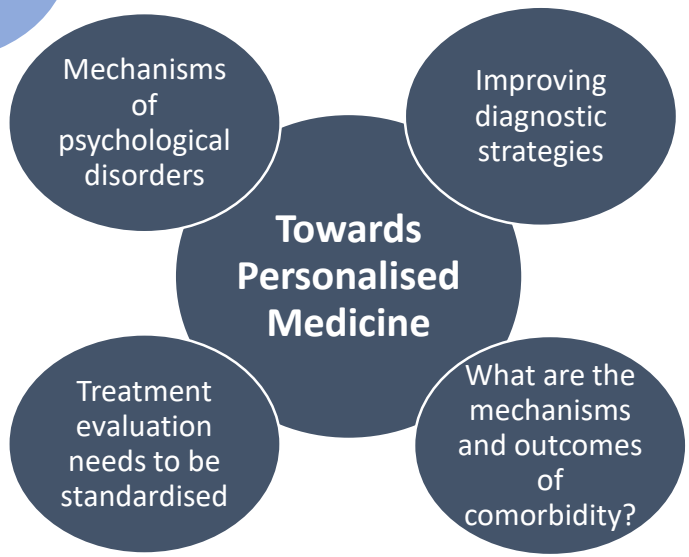


Research is needed into…









Reserch on mental health over the life course

Ljubljana, Slovenia, November 28th 2018

- Omics data generation
- Personalized approach
- Cost-effective interventions
- Implementation research
- Long term outcomes
- Co-morbidity
- Integrated care
- Prevention and early detection
- Continuation funding

European Neuropsychopharmacology (2017) 27, 892–899

www.elsevier.com/locate/euroneuro

National funding for mental health research in Finland, France, Spain and the United Kingdom

Jean-Baptiste Hazo[a,b,c,*], Coralie Gandré[a,b,c], Marion Leboyer[c,d,e,f], Carla Obradors-Tarragó[g,h,i], Stefano Belli[j], David McDaid[k], A-La Park[k], Maria Victoria Maliandi[g,h], Kristian Wahlbeck[l], Til Wykes[n], Jim van Os[o,p], Josep Maria Haro[g,h,i,m], Karine Chevreul[a,b], ROAMER consortium

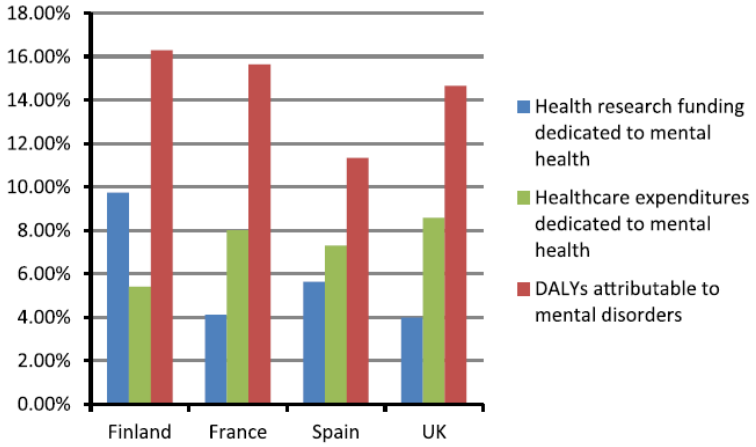


Fig. 1 Comparison of the share of health research funding allocated to mental health, the share of healthcare expenditures in mental health, and the share of DALYs attributable to mental disorders by country.

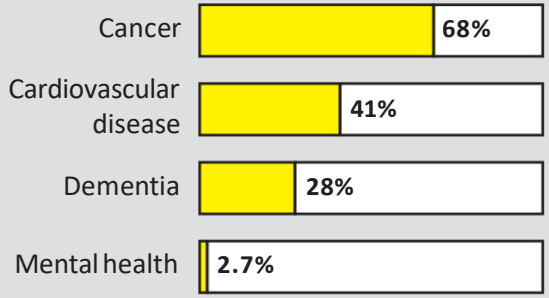
MQ

Transforming mental health through research

2014	2015	2016	2017
£131.5 million	£117.9 million	£130.6 million	£117.1 million

Just £9 is spent on research per year, for each person affected by mental illness.

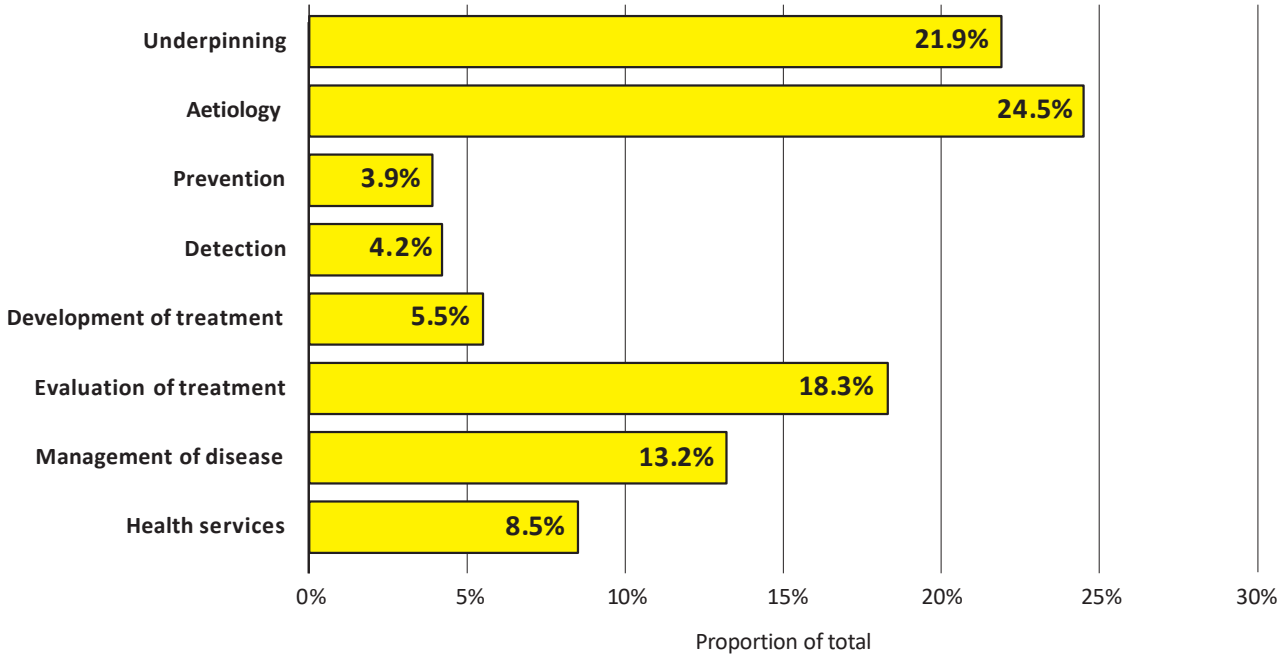
Public donations as a percentage of research funding



MQ

Transforming mental health through research

Distribution of funding over the different types of research using HRCS Research Activity Codes[g]



How to establish 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)

THE GLOBAL BURDEN OF DISEASE: GENERATING EVIDENCE, GUIDING POLICY

2019

INSTITUTE FOR HEATLH METRICS AND EVALUATION UNIVERSITY OF WASHINGTON

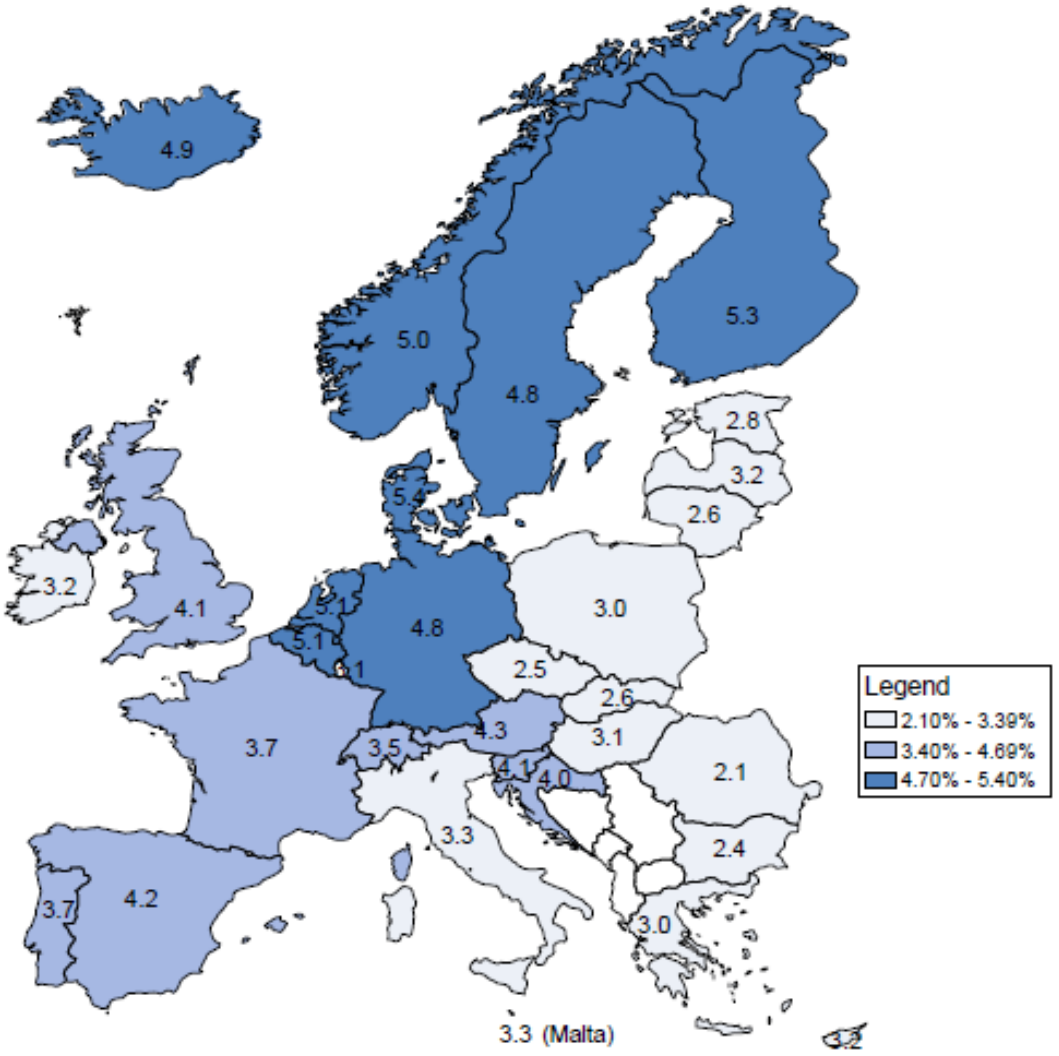
Mental and behavioral disorders are the **primary drivers of disability worldwide** and caused over 1.2 billion years of disability.

DALYS for mental and behavioural disorders increased

~~**from 1990 to 2010 by 37%**~~

from 1990 to 2017 by 49%

The new edition of *Health at a Glance: Europe* highlights the high costs of mental health problems



The total direct and indirect costs of mental health account for **more than 4% of GDP across EU countries**, ranging from 2% to over 5%

Source: *OECD estimates based on Eurostat Database and other data sources.*

Scaling-up treatment of depression and anxiety: a global return on investment analysis

Dan Chisholm, Kim Sweeny, Peter Sheehan, Bruce Rasmussen, Filip Smit, Pim Cuijpers, Shekhar Saxena

Summary

Background Depression and anxiety disorders are highly prevalent and disabling disorders, which result not only in an enormous amount of human misery and lost health, but also lost economic output. Here we propose a global investment case for a scaled-up response to the public health and economic burden of depression and anxiety disorders.

Methods In this global return on investment analysis, we used the mental health module of the OneHealth tool to calculate treatment costs and health outcomes in 36 countries between 2016 and 2030. We assumed a linear increase in treatment coverage. We factored in a modest improvement of 5% in both the ability to work and productivity at work as a result of treatment, subsequently mapped to the prevailing rates of labour participation and gross domestic product (GDP) per worker in each country.

Findings The net present value of investment needed over the period 2016–30 to substantially scale up effective treatment coverage for depression and anxiety disorders is estimated to be US$147 billion. The expected returns to this investment are also substantial. In terms of health impact, scaled-up treatment leads to 43 million extra years of healthy life over the scale-up period. Placing an economic value on these healthy life-years produces a net present value of $310 billion. As well as these intrinsic benefits associated with improved health, scaled-up treatment of common mental disorders also leads to large economic productivity gains (a net present value of $230 billion for scaled-up depression treatment and $169 billion for anxiety disorders). Across country income groups, resulting benefit to cost ratios amount to 2·3–3·0 to 1 when economic benefits only are considered, and 3·3–5·7 to 1 when the value of health returns is also included.

Interpretation Return on investment analysis of the kind reported here can contribute strongly to a balanced investment case for enhanced action to address the large and growing burden of common mental disorders worldwide.

Funding Grand Challenges Canada

Valuing impact on patient status and economic return

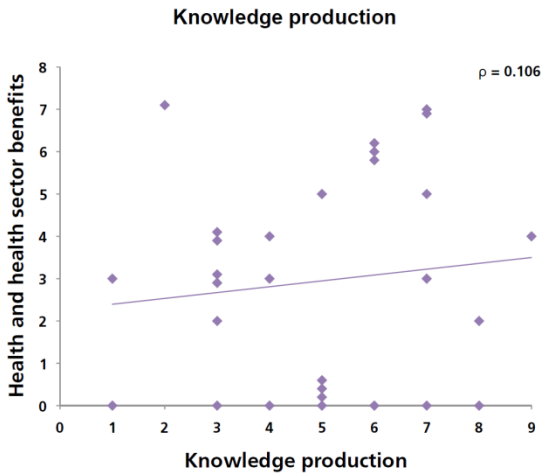
RAND CORPORATION

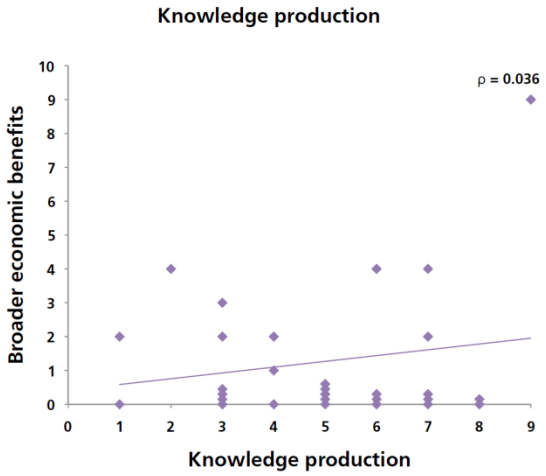
Project Retrosight

Understanding the returns from cardiovascular and stroke research

Medical Research: What's it worth?

Estimating the economic benefits from medical research in the UK





For each pound invested by the taxpayer or charity donor in cardiovascular disease and mental health research, a stream of benefits is produced equivalent to earning 39 pence and 37 pence respectively each year 'in perpetuity'.

Wednesday, March 20, 2019

Bench-to-bedside: NIMH research leads to brexanolone, first-ever drug specifically for postpartum depression

The U. S. Food and Drug Administration (FDA) has approved brexanolone, an analog of the endogenous human hormone allopregnanolone and the first drug specifically designed to treat postpartum depression.

FDA approval represents the final phase of a bench-to-bedside journey for this drug — a journey that began in the NIMH Intramural Research Program (IRP).

In the 1980s, NIMH IRP researchers discovered that metabolites (products formed when the body breaks down or "metabolizes" other substances) of the steroid hormones progesterone and deoxycorticosterone bound to and acted upon receptors for gamma-aminobutyric acid (GABA)

Brexanolone injection in post-partum depression: two multicentre, double-blind, randomised, placebo-controlled, phase 3 trials

Samantha Meltzer-Brody, Helen Colquhoun, Robert Riesenberg, C Neill Epperson, Kristina M Deligiannidis, David R Rubinow, Haihong Li, Abdul J Sankoh, Christine Clemson, Amy Schacterle, Jeffrey Jonas, Stephen Kanes

HORIZON EUROPE (2021 – 2027)

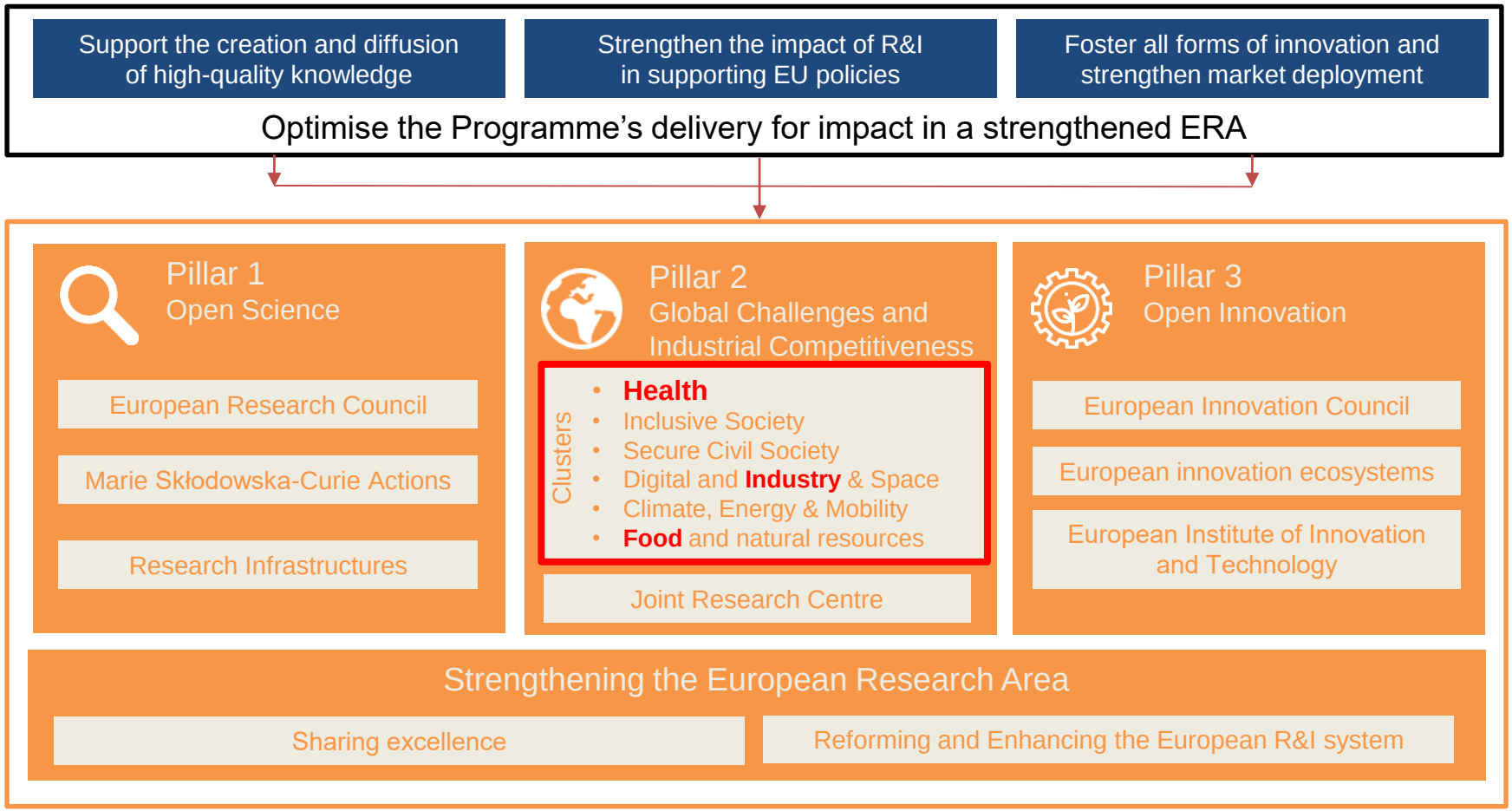
HORIZON 2020 THREE PILLARS

❑ **Spreading excellence**

❑ **Science for & with Society**

Horizon Europe: evolution not revolution…

Specific objectives of the Programme



Clusters in 'Global Challenges and Industrial Competitiveness'

Clusters	Areas of intervention	
Health	* Health throughout the life course	* Environmental and social health determinants
	* Non-communicable and rare diseases	* Infectious diseases
	* Tools, technologies and digital solutions for health and care	* Health care systems
Inclusive Societies	* Democracy	* Cultural heritage
	* Social and economic transformations	
Secure Societies	* Disaster-resilient societies	
	* Protection and Security	* Cybersecurity
Digital and Industry	* Manufacturing technologies	* Key digital technologies
	* Advanced materials	* Artificial intelligence and robotics
	* Next generation internet	* Advanced computing and Big Data
	* Circular industries	* Low carbon and clean industry
	* Space	
Climate, Energy and Mobility	* Climate science and solutions	* Energy supply
	* Energy systems and grids	* Buildings and industrial facilities in energy transition
	* Communities and cities	* Clean transport and mobility
	* Industrial competitiveness in transport	* Energy storage
	* Smart mobility	
Food and Natural Resources	* Environmental observation	* Biodiversity and natural capital
	* Agriculture, forestry and rural areas	* Sea and oceans
	* Food systems	* Bio-based innovation systems
	* Circular systems	

Cluster: six main areas of interven

Health throughout the Life Course

Environmental and Social Health Determinants

Non-communicable and Rare Diseases

Infectious diseases

Tools, Technologies and Digital Solutions for Health and Care

Health Care Systems

European Commission

R&I Missions

R&I Missions

Connecting to citizens: Missions will relate EU's research and innovation to society and citizens' needs, with strong visibility and impact

A mission will consist of a portfolio of actions intended to achieve **a bold and inspirational as well as measurable goal** within a set timeframe, with impact for science and technology, society and citizens that goes beyond individual actions.

Horizon Europe proposal defines mission characteristics and criteria

Specific missions will be **co-designed with Member States, stakeholders and citizens** and programmed within the Global Challenges and Industrial Competitiveness pillar (drawing on inputs from other pillars)

Areas for Missions starting in 2021…

Area 1: Adaptation to Climate Change, including Societal Transformation Mission
Area 2: Cancer Mission
Area 3: Healthy Oceans, Seas, Coastal and Inland Waters Mission
Area 4: Climate-Neutral and Smart Cities Mission
Area 5: Soil Health and Food

How to influence?

Q4-2018 → → Q1-2019 Q2-2019 → → Q4-2019 Q1-2020…

Draft WPs-2020

Formal Approval & Adoption WPs- 2020

Approval of HE proposal by EP & Council

Strategic programming HE parts

Opening calls WP- 2020

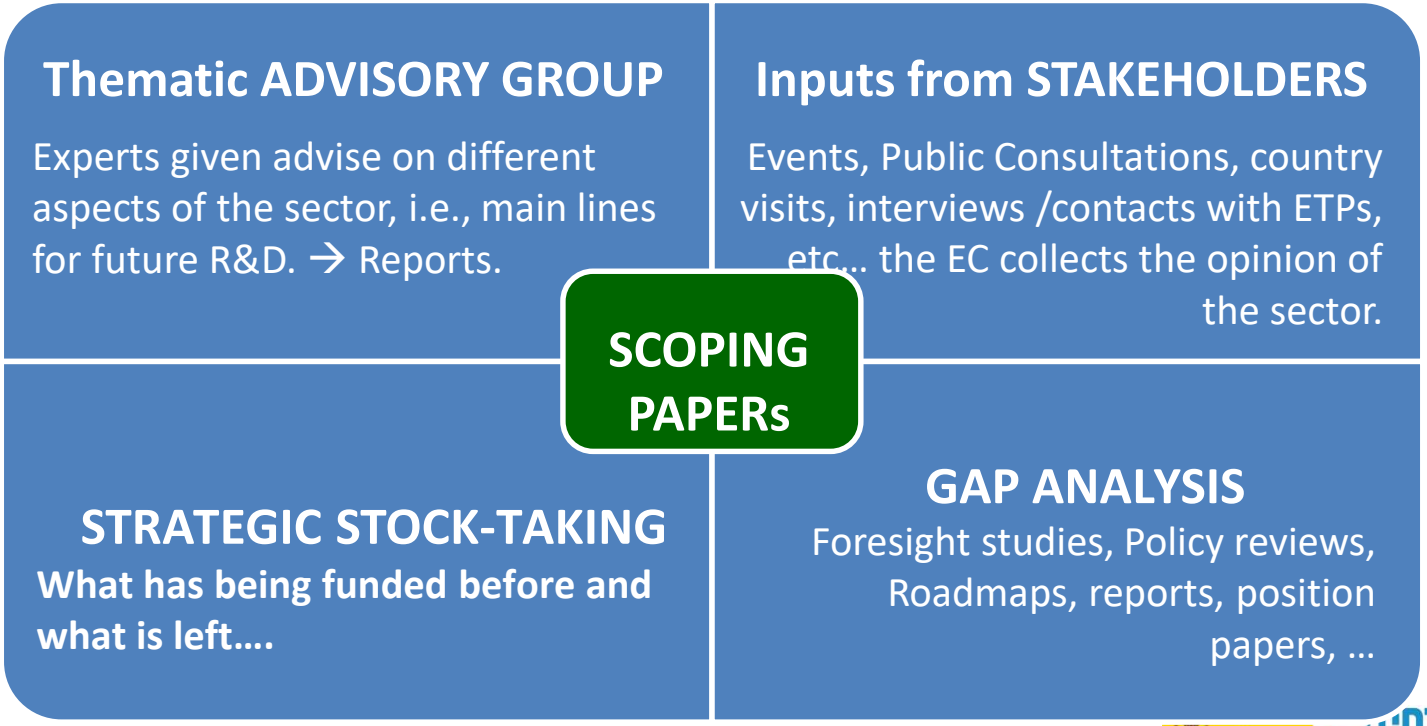
Draft 1st calls HE elaboration

So, who gives inputs for the WPs … or initiatives?

- **EC → DG-RTD & other thematic DGs**
- **National Delegations** though the Programme Committees
- **Industrial** Stakeholders → **ETPs**, EU associations & federations (p.e., EUCAR, ACARE…), big players (p.e., Microsoft),….
- **Regional** Stakeholders → P.e.: ERRIN, EURADA, and other sectorial such as Nereus (in Space sector), Vanguard Initiative (in advanced manufacturing),…
- Other actors with a role in R&D&Innovation → P.e.: **IGLO**, LERU, EARTO, …
- **Advisory Boards** of each thematics (19 groups) & and some specific Expert Groups of the EC
- Big **parallel iniciatives** to H2020 → P.e.: EIPs, all kind of Public-Private Partnerships (PPPs), **the EIT through the KICs**…

Based on what happened for WP-2018-2020…

- **Up to the moment, BEFORE** the draft workprogramme, the EC generated a previous **documents of vision of each sector and the needs for R&D** which were called **SCOPING PAPERs** (high-vision, NO topics yet).
- So, making parallelism, they strategic programming Scoping Papers (or similar) will be the base for the DRAFT draft work-programmes 1st calls HE…



European Commission

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DHoU - **M. LANGE**

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DHoU -

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TF. ADV EIC OUTREACH
ADVISER -

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DHoU -

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DHoU -

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DHoU -

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DHoU -

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DDG 2 IMPLEMENTATION & SUSTAINABLE DEVELOPMENT GOALS[1]
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DHoU -

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RTD. DDG2.04 MULTILATERAL INITIATIVES
HoU - **A. TYSON**

RTD. DDG2. ADV SUSTAINABLE DEVELOPMENT GOALS
ADVISER -

RTD. DDG3.05 GLOBAL EUROPE
HoU -
DHoU -

RTD. DDG3. ADV CITIZENS
ADVISER -

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F.1 R&I INVESTMENT AGENDAS & BUSINESS INTELLIGENCE
HoU - **D. SCHRÖCKER**

F.2 EXPLOITATION POLICIES & IPR
HoU - **K. HAAVISTO**

F.3 SUSTAINABLE INDUSTRY SYSTEMS
HoU - **J. TIEDJE**
DHoU -

F.4 MATERIALS FOR TOMORROW
HoU - **B. VERACHTERT**
DHoU -

F.5 INDUSTRY 5.0
HoU - **J. COTTA**

RESEARCH & INNOVATION OUTREACH
DIRECTORATE G
K. VANDENBERGHE (act)

G.1 ERA & COUNTRY INTELLIGENCE
HoU - **M. DE CARLI**
DHoU -

G.2 ACADEMIC R&I AND RESEARCH ORGANISATIONS
HoU -

G.3 RESEARCH & INNOVATION INFRASTRUCTURES
HoU -
DHoU -

G.4 OPEN SCIENCE
HoU - **K. GLINOS**
DHoU -

RTD. G. ADV1 ERA, ASSOCIATED COUNTRIES
ADVISER -

RTD. G. ADV2 OPEN ACCESS ENVOY
ADVISER -

INNOVATIVE ADMINISTRATION
DIRECTORATE H
P. FERNANDEZ-CANADAS

H.1 EFFICIENT OFFICE
HoU - **B. TUBBING**
DHoU -

H.2 FINANCE, PUBLIC PROCUREMENT & COMPLIANCE
HoU - **M. ATIENZA MORALES**

H.3 ADMINISTRATION & FINANCE I[2]
HoU - **P. CID**
DHoU -

H.4 ADMINISTRATION & FINANCE II[3]
HoU - **M. BAS SANCHEZ**
DHoU -

H.5 ADMINISTRATION & FINANCE III[4]
HoU - **J. VAN OOST**
DHoU -

Head of unit functions seconded to EXECUTIVE AGENCIES under

DDG 1				DIRECTORATE E	DIRECTORATE G
ERC.A.1 T. PAPAZOGLOU	ERC.A.2 A. LOCKETT	ERC.B.1 M. VANBIERVLIET	ERC.B.2 A. MARTIN HOBDEY	REA.B.3 C. AMTING	REA.B.5 P. VAN DER ZANDT
ERC.B.3	ERC.B.4 M. PENNY	ERC.B.5 A. LIBERATORE	ERC.C.1 N. ATZOULATOU		
ERC.C.2 A. ULCELUSE	ERC.C.3 T. PROST	ERC.C.4 N. CAR (at disposal)	ERC.D.1 D. COSTENS		
	ERC.D.2 B. WASTIN	ERC.D.3 L. MOREAU			

[1] The DDGs provides policy guidance as needed to directors:
DDG1 to Directors A - B - E, **DDG2** to Directors C - D - H, **DDG3** to Directors F - G
[2] **Unit H3** in charge of Directorates A, B, G, TF EIC & Units 02, 03, 05 and experts management
[3] **Unit H4** in charge of Directorates E and D (without RFCS)
[4] **Unit H5** in charge of Directorates C, F and RFCS activity.

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H2020 Call:

Cohorts are invaluable resources to obtain detailed description of individual biological variations in connection with a variety of environmental, pathogenic, occupational, societal, and lifestyle determinants that influence the onset and evolution of diseases. **Europe currently has some of the most valuable population and patient cohorts, including well annotated clinical trial cohorts.** Several large cohorts have also been developed in various parts of the world. **Despite recent efforts to network cohorts, the level of integration need to be escalated in order to optimise the exploitation of these resources, essential to underpin and facilitate the development of stratified and personalised medicine.**

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No. 825884

Global Genomic
Medicine Collaborative

International Cohorts Summit

SYNCHROS

Main objective:

To develope a sustainable strategy for the integration and harmonisation of health cohort initiatives.

STARTED JANUARY 2019

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No. 825884

Objectives

1. **To map the cohort landscape in Europe and large international initiatives.** The mapping will include meta-data on purpose, coverage and measurements used in these studies and any other relevant information with regard to the population under study.

2. **To identify best methods for integrating cohort data in order to enable the harmonisation** of past and future data collection (ex-post and ex-ante harmonisation respectively).

3. To identify **solutions for addressing practical, ethical and legal challenges in integrating data across patient, clinical trial and population cohorts.**

4. **To provide, disseminate and make sustainable recommendations on standards to improve future sample and data collection** and thereby contribute **to define an international strategic agenda for better coordination of cohorts globally.**

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No. 825884

Possible collaboration:

- Joining efforts
- Credibility
- Sustainability
- ….

And all the others involved