

## White Paper: Input for the Upcoming European Health Program

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*“Given sufficient investment, research could address the European mental health burden, especially through research on preventing disorders in young or at-risk populations, and on promoting positive mental health in the general population.”* (ROAMER - Roadmap for Mental Health Research in Europe) [http://www.roamer-mh.org/index.php?page=2\\_5](http://www.roamer-mh.org/index.php?page=2_5)

### Who are the authors?

This white paper is authored by TREATme, the European Network on Individualized Psychotherapy Treatment of Young People with Mental Disorders (COST action CA16102). The network consists of youth psychotherapy experts and includes researchers and clinicians from 29 countries. For more info see the Appendix 1: “What is TREATme?”, Appendix 2: Members of the Action, or visit:

[www.treat-me.eu](http://www.treat-me.eu)

[http://www.cost.eu/COST\\_Actions/ca/CA16102](http://www.cost.eu/COST_Actions/ca/CA16102)

The WP is also supported by Red Proem, An interdisciplinary network that targets early diagnosis and promotion of emotional health and well-being in the young.

<http://redproem.es/en/home/>

## What is our goal?

Our network's goal is to reduce suffering and productivity loss among young people in Europe by (i) preventing young people from developing mental disorders and (ii) restoring mental health in young people suffering from mental disorders.

## How can we achieve this goal?

This goal can be achieved through a joint European effort to bridge the gap between psychotherapy research and everyday clinical practices in the prevention and treatment of mental disorders in youth. Research shows that a range of psychotherapy modalities work on average equally well. However, there is an urgent need for stratification methods that will enable the clinician to apply the optimal modality for each individual patient. In other words, we need to answer the question: **what works for whom?** We call for a coordinated joint European effort to address this urgent question by providing **funding opportunities for large-scale applied clinical research on individualized youth psychotherapy.**

## Why is it important?

Embarking on this joint effort can reduce the current European burden of high and increasing direct and indirect costs associated with poor mental health. Adolescence is a critical period in physical and social development, and a period of vulnerability for mental health. It therefore presents a unique window of opportunity for promoting mental health. Effective prevention and intervention in youth mental health significantly promotes adult mental health and parenting quality in the next generation.

## The present White Paper includes:

1. Description of current urgent need for funding research on age-appropriate individualized (personalized) youth psychotherapy
2. Proposed solution meeting European challenges pointed out by the ROAMER.

## 1. Description of Current Need:

### a. The critical window of youth for mental health

Adolescence and young adulthood is a critical period in a person's life, involving development that is comparable only to the first few months of life. It is also a period of heightened vulnerability for mental health. Specifically, 50% of lifetime mental health disorders start by the age of 14, and this number increases to 75% by the age of 24. Suicide, often associated with depression - one of the most common mental disorders - is the third-leading cause of death during adolescence and the leading cause of years lost to disability. It is not surprising that mental disorders in youth are associated with significant direct and indirect costs to the individual and the society, including personal distress, financial and psychological costs to family and friends, high healthcare costs, barriers to employment and job performance, economic deprivation and social exclusion.

The developmental period of adolescence and young adulthood constitutes a critical window of mental health vulnerability and also of opportunity for mental health prevention and treatment interventions. This is especially critical for Europe since a growing number of young Europeans suffer from the most common mental disorders such as depression and anxiety among other mental disorders.

### b. Need for Personalized Psychotherapy

Psychotherapy works for the most frequent mental disorders, yet different psychotherapeutic modalities work on average equally well. Very little is known about **how** different treatment modalities work (the mechanisms of change/mediators) and **for whom** (specific markers/moderators). Stratification tools that could help clinicians deliver psychotherapy treatment tailored to the individual's specific needs are lacking. For this reason, empirically informed personalized treatment cannot be delivered since clinicians have no empirically validated way of deciding **which treatment is more likely to work for a specific individual**. This results in **decreased effectiveness and inefficient allocation of treatment resources that greatly increase healthcare costs**.

The "Roadmap for Mental Health Research in Europe" concludes on the need for coordinated and multidisciplinary efforts to improve knowledge on personalized psychological treatment for young people across Europe. There is an urgent need for developing patient stratification tools since such tools will help the translation of research into clinical practice and promote precision medicine by guiding personalized psychotherapy treatment for young people. However, **funding for projects that will create and implement personalized psychotherapy for adolescents and young adults across Europe is extremely scarce**.

## 2. Proposed Solution:

### a. Funding Personalized Youth Psychotherapy Research

Recognizing this pressing issue the European Cooperation in Science and Technology (COST) funded a 4-year program for the creation of a European Network on Individualized Psychotherapy Treatment of Young People with Mental Disorders (TREATme). After the first full year of this action, the strongest point of agreement across the researchers and clinicians of its 29 participating countries is the **need for funding opportunities to conduct research on personalized youth psychotherapy interventions.**

**We thus call for a coordinated joint European effort to address this urgent need.** Specifically, we suggest, in accordance with ROAMER and the findings of the TREATme COST action (Appendix 3), that the upcoming **Horizon Europe** program addresses the urgent challenge on youth's patient-centred mental health by **creating calls that will enable researchers across Europe to conduct large-scale applied clinical research in youth and family psychotherapy** (including experimental, naturalistic, mixed-methods and participatory designs, quantitative, qualitative, treatment-focused, prevention-focused, process, outcome, etc.).

### b. Suggestion on how Europe can meet the challenges pointed out by ROAMER:

Specifically, calls for projects that incorporate actions to develop and evaluate approaches that reduce mental health difficulties in youth (prevention), and actions to develop and evaluate more effective interventions for youth presenting with a range of mental health difficulties have a large potential to have a significant positive impact on European health and economy. Such projects will prevent substantial direct and indirect costs including healthcare costs, workplace absence, barriers to employment, loss of productivity, economic deprivation, costs to family and friends, and social exclusion. The challenge could be addressed by e.g. calls for Research and Innovation Action projects, or as a part of a broader Mission on mental health (Appendix 3).

## **Appendix 1**

### **What is TREATme?**

The main aim of the TREATme COST action is to create a European multidisciplinary researcher network focusing on stratification tools to individualize psychotherapy for young people with mental disorders in accordance with the 6 high level priorities in ROAMER (see

TREATme reviews the state of the art and identifies putative specific markers and mechanisms of change in different psychotherapy modalities, as well as suitable psychotherapy process and treatment measures and study designs. Research capacity increases by supporting a high proportion of Early Career Investigators and especially female researchers, and researchers from COST Inclusiveness Target Countries. The Action disseminates the shared knowledge to policy makers and stakeholders.

TREATme promotes collaborative funding applications and meets societal challenges connected to mental health. TREATme paves the way for the matching of mental health research to the needs of young people in Europe.

## Appendix 2

ROAMER 6 high level priorities and COST Action TREATme

Objectives Roadmap for Mental Health Research in Europe: [http://www.roamer-mh.org/index.php?page=2\\_5](http://www.roamer-mh.org/index.php?page=2_5)

ROAMER 6 high level priorities	COST Action TREATme Objectives coinciding with ROAMER (excerpt)
1. Research into mental disorder prevention, mental health promotion and interventions for mental disorders in children, adolescents and young people	<i>Network focusing on interventions for mental health disorders in adolescent and young people:</i> Focus on young people's mental health including gender perspectives Develop -preventative focus -improving interventions/psychological treatment Facilitate harmonization and collaborative research in Europe
2. Focus on the development and causal mechanisms of mental health symptoms, syndromes and well-being	<i>Promote research</i> -on the transition from adolescence to adult life -to identify markers(moderators)/stratification of patients helping to bring about intelligently focused treatment(more effective targeting of treatment) -treatment of comorbidity -personalized care preventing developmental trajectories to poor mental health (factors reducing disability)
3. Developing and maintaining international and interdisciplinary research networks and shared databases	Building a research network promoting standardized large-scale collaborative projects with common research measures, study design, data-base and terminology. -Including a variety of disciplines in mental health -Education for healthcare professionals/multidisciplinary training programs -Researcher training -Improved understanding of treatments -Translation of research questions from health services to research and vice versa(translational medicine) -Knowledge exchange and promote a knowledge base for development of treatment studies
4. Developing and implementing better interventions for mental health and well-being, using new scientific and technological advances	-Promote research on 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 -Focusing on new research approaches mental health promotion, disorder prevention, mental healthcare and social service delivery -Cooperate with educational institutions educating clinicians as well as NGOs.
5. Reducing stigma and empowering service users and carers in decisions about mental health research	-Promote research to improve mental health and well-being in young people and helping young people passing the transitional phase (14-30 years) into adulthood successfully so they can attend the workforce and not experience isolation and stigmatization. -Service user involvement
6. Health and social systems research that addresses quality of mental health care	-Promote research on personalized treatment and develop knowledge on what works for whom and how to deliver individualized treatment and prevent inadequate organizational differences in delivery of national healthcare systems -Designing and evaluating methods to assess outcomes from mental health treatment that can be easily and reliably implemented

## **Appendix 3**

The Cost Action TREATme, includes members from 29 European countries.

1 Prof Randi Ulberg, Action Chair, University of Oslo, Norway

2 Prof Henriette Löffler-Stastka, MC Member, Medical University Vienna, Austria

3 Prof Nurka Pranjić MC Member, Department of Occupational Medicine, Medical School, University of Tuzla, Bosnia and Herzegovina

4 Prof Marija Burgić Radmanović, MC Member, University Clinical Center of the Republic of Srpske, Bosnia and Herzegovina

5 Prof Caroline Braet MC Members, Ghent University, Belgium

6 Dr Nele De Witte MC Members, Thomas More, Belgium

7 Dr Camellia Hancheva MC Member, Sofia University, Bulgaria

8 Dr Stefanie J. Schmidt MC Member, University of Bern, Switzerland

9 Prof Martin Debbané MC Member, University of Geneva, Switzerland

10 CY Dr Yianna Ioannou MC Member, University of Nicosia

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14 Prof Stig Poulsen MC Member, University of Copenhagen, Denmark

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- 23 Prof Dubravka Kocijan Hercigonja MC Member, Poliklinika Kocijan Hercigonja, Croatia
- 24 Prof Gary Donohoe MC Member, NUI Galway, Ireland
- 25 Dr Karin Keydar-cohen MC Member, Ashkelon Academic College, Israel (COST Cooperating State)
- 26 Dr Orya Tishby MC Member, Hebrew University, Israel (COST Cooperating State)
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- 28 Dr Dina Di Giacomo MC Member, University of L'Aquila, Italy
- 29 Dr Rasa Barkauskiene MC Member, Vilnius university, Lithuania
- 30 Prof Silvana Markovska-Simoska MC Member, Macedonian Academy of Sciences and Arts, fYR Macedonia
- 31 Prof Marija Raleva MC Member, University Clinic of Psychiatry, fYR Macedonia
- 32 Dr Andrea Saliba MC Member, Malta
- 33 Dr Nigel Camilleri MC Member, University of Malta, Malta
- 34 Prof Pim Cuijpers MC Member, Vrije Universiteit Amsterdam, Netherlands
- 35 Prof Marcus Huibers MC Member, Vrije Universiteit Amsterdam, Netherlands
- 36 Dr Hanne-Sofie Johnsen Dahl MC Member, Vestfold Hospital Trust, Norway
- 37 Prof Jan Ivar Rossberg MC Member, University of Oslo, Norway
- 38 Dr Marcin Rzesutek MC Member, University of Warsaw, Poland
- 39 Prof Margarida Rangel Henriques MC Member, Faculty of Psychology and Sciences of Education of University of Porto, Portugal
- 40 Prof Catarina Pinheiro Mota MC Member, University of Trás-os-Montes and Alto Douro – UTAD, Portugal
- 41 Dr Ioana Podina MC Member, University of Bucharest, Romania
- 42 Dr Bogdan Tudor Tulbure MC Member, West University of Timisoara, Romania
- 43 Dr Sonja Protic MC Member, Institute of Criminological and Sociological Research, Serbia



- 44 Dr Fredrik Falkenstrom MC Member, Linköping University, Sweden
- 45 Dr Peter Lilliengren MC Member, Stockholm University, Sweden
- 46 Dr Tjasa Stepisnik MC Member, School of Advanced Social Studies, Slovenia
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