



SHORT COMMUNICATION

The new Horizon Europe programme 2021–2028: Should the gap between the burden of mental disorders and the funding of mental health research be filled?



G. Castelpietra^{a,b,g,*}, A. Nicotra^{b,c}, L. Pischiutta^{b,c}, M.R. Gutierrez-Colosía^{d,g},
J.M. Haro^e, L. Salvador-Carulla^{f,g}

^a Primary Care Services Area, Central Health Directorate, Regione Autonoma Friuli Venezia Giulia, Trieste, Italy

^b Department of Medicine (DAME), University of Udine, Udine, Italy

^c Psychiatric Clinic, Integrated University Health Authority, Udine, Italy

^d Department of Psychology, Universidad Loyola, Sevilla, Spain

^e Institut de Recerca Sant Joan de Déu, Sant Boi de Llobregat, Universitat de Barcelona, Barcelona, Spain

^f Centre for Mental Health Research, Research School of Population Health, ANU College of Health and Medicine, Australian National University, Canberra, Australia

^g Asociación Científica Psicost, Universidad Loyola, Sevilla, Spain

Received 7 December 2019; accepted 17 December 2019

Available online 9 January 2020

KEYWORDS

Mental health;
Cost;
Horizon;
Europe

Abstract Given the high burden of mental health disorders, we aimed to assess the extent of funding in Europe addressed to mental health. We observed that the last call of Horizon 2020 addressed only 2.3% of the calls to mental health. Although a greater investment in mental health research and a more equal distribution of funding across European countries has been claimed by European Commission, the actual funding indicates the opposite. Therefore, a better focus on chronic conditions beyond cancer or infectious diseases, including mental health, should be incorporated to the missions of the Horizon Europe programme.

© 2019 Asociación Universitaria de Zaragoza para el Progreso de la Psiquiatría y la Salud Mental. Published by Elsevier España, S.L.U. All rights reserved.

Introduction

According to recent data of the Global Burden of Diseases,¹ major depressive disorder and anxiety were among the highest contributing factors of Years Lived due to Disability (YLDs) in women, while substance use disorders were in

* Corresponding author at: Central Health Directorate, Region Friuli Venezia Giulia, riva Nazario Sauro 8, 34100 Trieste, Italy.

E-mail address: giulio.castelpietra@regione.fvg.it (G. Castelpietra).

men. Moreover, in most of the countries treatment rates for mental disorders are low, albeit their cost burden has been estimated close to 277 billion Euros.²

The World Economic Forum has recently disclosed that many of the United Nations Sustainable Development Goals (SDGs) are intersected and influenced by mental health issues, which are barriers to sustainable development. Therefore, an implementation of mental health policies may help countries to tackle cross-societal issues, which impact on many SDGs. This may consequently improve lives of millions people through interventions requiring investment that increases productivity and gives return on investment, as identified by the World Bank.³

In the European Union (EU) only, 11% of all-cause disability adjusted years, 22% of YLDs and 5% of years of life lost are due to mental disorders and self-harm,⁴ while more than 4% of the GDP expenses (€700 million), are a consequence of mental disorders.⁵ In spite of this fact, mental disorders were not included in the priority group of major chronic diseases in the world: diabetes mellitus, cardiovascular and chronic respiratory diseases, cancer, and stroke.⁶ In addition, the disparity between the burden and the costs attributable to mental disorders is the largest among these major chronic conditions.⁶ Moreover, the current treatment gap ranges between 78% in high-income countries, and 96% in low-income and lower-middle-income countries.⁷

Horizon 2020 (the successor to FP7) has been the EU's largest ever research programme, with nearly €80 billion, running from 2014 to 2020. However, the resources allocated to mental health have been reduced in its last phase.

Our aim was, thus, to analyse to which extent the last call of Horizon 2020 has addressed funding to mental health research and to give advices for future research investments.

Material and methods

We analysed in detail the ‘‘Horizon 2020 - Work Programme 2018–2020 Health, demographic change and wellbeing’’ in order to assess the weight of funding addressed to mental health research on the total number of calls.

Results

We found only two calls on mental health. They included: ‘‘Understanding causative mechanisms in co- and multimorbidities combining mental and non-mental disorders’’ and ‘‘Mental health in the workplace’’. Mental health was mentioned as a secondary aim in other calls such as maternal and child care, or urban care.

These represented a minimum proportion of the total calls, while calls on other subjects, such as infectious diseases and cancer, are much more represented (Table 1).

Discussion

Our findings demonstrated that mental health receives few research investment and political support. This can be due to stigmatization, especially when compared to chronic somatic disorders with lower burden in terms of YLDs, as cancer.⁵

Table 1 Numbers and percentages of calls in ‘‘Horizon 2020 - Work Programme 2018–2020 Health, demographic change and wellbeing’’ related to infectious diseases, cancer and mental health.

Calls (Total N = 87)	N (%)
Infectious Diseases	13 (14.9%)
Cancer	4 (4.6%)
Mental Health	2 (2.3%)

A greater investment in mental health research and a more equal distribution of funding across European countries has already been claimed.⁵ Further, the Roadmap for Mental Health Research in Europe project, funded under the European Commission's Seventh Framework Programme, developed the mental health research agenda within the perspective of the European Union (EU). It bluntly underscored the under-investment of the field and recommended an urgent increase in resources in mental health research.⁴

In April 2019, the European Commission signed the Horizon Europe programme 2021–2027. This will be the largest research programme in the world, with a budget over €100 billion. The proposal is to incorporate in the programme innovation missions in five areas: ‘‘heavily finance collaborations intended to have a measurable impact in areas relevant to a significant proportion of the EU population’’.⁸ The proposed areas are: climate change; oceans and other waters; smart cities; soil and food, and cancer.

Mental health is under crisis. Among EU, the case of Noa Pothoven in The Netherlands, who stopped eating and drinking till her death at home, and the subsequent debate on access to adequate care in a country with the highest standards of Europe,⁹ is indicative of the size and extent of the problem.

Preventive, therapeutic and rehabilitative interventions on mental health, differentiated in type and intensity, and more research on service provision, are highly required.^{4,5} Assiduous communication between researchers and policy planners is also mandatory to assure that the research agenda is aligned with the necessity of the population and to ensure an immediate impact on policy and practice.¹⁰ In contrast, the huge transformation of health systems with greater competition and change of governance and planning has not been sufficiently tested or monitored. There is, thus, an urgent need of a better monitoring system of health care improvement with adequate tools that may allow comparative effectiveness over time and across countries.

Conclusions

Horizon Europe will be the largest research funding in the world and a major driver for healthcare innovation. While the policy recommendations derived from the previous European Commission strategies, such as ROAMER, recommends a prioritization of funding for mental health research, the actual funding indicates the opposite. A focus on chronic conditions beyond cancer or infectious diseases, including mental health, should be incorporated to the missions of the Horizon Europe programme.

Human and animal rights

No human subjects, nor animals were involved in this study.

Conflict of interest

The authors have no conflict of interest to declare.

Funding

This research received no specific grant from any funding agency, commercial or not-for-profit sectors.

References

- Vos T, Abajobir AA, Abbafati C, Abbas KM, Abate KH, Abd-Allah F, et al. Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet*. 2017;390(10100):1211–59.
- Wittchen HU, Jacobi F, Rehm J, Gustavsson A, Svensson M, Jonsson B, et al. The size and burden of mental disorders and other disorders of the brain in Europe 2010. *Eur Neuropsychopharm*. 2011;21(9):655–79.
- We can't make progress without investing in mental health [press release]. World Economic Forum; 2019 <https://www.weforum.org/agenda/2018/11/why-mental-health-investment-will-help-governments-across-the-sdgs>
- Hazo JB, Brunn M, Wykes T, McDaid D, Dorsey M, Demotes-Mainard J, et al. European mental health research resources: picture and recommendations of the ROAMER project. *Eur Neuropsychopharm*. 2019;29(2):179–94.
- Hazo JB, Gandre C, Leboyer M, Obradors-Tarrago C, Belli S, McDaid D, et al. National funding for mental health research in Finland, France, Spain and the United Kingdom. *Eur Neuropsychopharm*. 2017;27(9):892–9.
- Vigo D, Thornicroft G, Atun R. Estimating the true global burden of mental illness. *Lancet Psychiatry*. 2016;3(2):171–8.
- Thornicroft G, Chatterji S, Evans-Lacko S, Gruber M, Sampson N, Aguilar-Gaxiola S, et al. Undertreatment of people with major depressive disorder in 21 countries. *Br J Psychiatry*. 2017;210(2):119–24.
- Abbott A, Schiermeier Q. How European scientists will spend euro100 billion. *Nature*. 2019;569(7757):472–5.
- Noa Pothoven: not euthanasia — but a fatal run-in with Dutch red tape [press release]. *The Sunday Times*; 2019 <https://www.thetimes.co.uk/article/noa-pothoven-not-euthanasia-but-a-fatal-run-in-with-dutch-red-tape-7f09xdnvs>
- Patel V, Saxena S, Lund C, Thornicroft G, Baingana F, Bolton P, et al. The Lancet Commission on global mental health and sustainable development. *Lancet*. 2018;392(10157):1553–98.