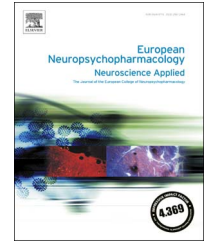




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# National funding for mental health research in Finland, France, Spain and the United Kingdom

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**Abstract**

As part of the ROAMER project, we aimed at revealing the share of health research budgets dedicated to mental health, as well as on the amounts allocated to such research for four European countries. Finland, France, Spain and the United Kingdom national public and non-profit funding allocated to mental health research in 2011 were investigated using, when possible, bottom-up approaches. Specifics of the data collection varied from country to country. The total amount of public and private not for profit mental health research funding for Finland, France, Spain and the UK was €10·2, €84·8, €16·8, and €127·6 million, respectively. Charities accounted for a quarter of the funding in the UK and less than six per cent elsewhere. The share of health research dedicated to mental health ranged from 4·0% in the UK to 9·7% in Finland. When compared to the DALY attributable to mental disorders, Spain, France, Finland, and the UK invested respectively €12·5, €31·2, €39·5, and €48·7 per DALY. Among these European countries, there is an important gap between the level of mental health research funding and the economic and epidemiologic burden of mental disorders.

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## 1. Introduction

Mental disorders are severe illnesses responsible for early mortality, as well as major disabilities, which have negative consequences on social, professional and family life (Hoedeman, 2012; Parks et al., 2006; Wahlbeck et al., 2011). In Europe the epidemiological burden is particularly high: it is estimated that each year 38% of the European population is affected by a mental disorder - without dementia - and in 2012 such disorders represented 12% of the overall disease burden in terms of disability-adjusted life years (DALYs) (WHO, 2013b; Wittchen et al., 2011). Moreover, the situation is expected to worsen over time and depressive disorders are predicted to be the leading cause of morbidity in Europe by 2020 (Directorate General for Health and Consumers, 2004; McCrone et al., 2008). In addition, mental disorders also represent a considerable economic burden, estimated at €700 million in Europe (European Union, Iceland, Norway and Switzerland) in 2010 by Olesen et al. (excluding dementias (F00-F09) and general learning disability (F70-79)), accounting for 4% to 13% of health expenditures (when including dementias) in 17 Western countries in 2004, and representing 4% of the gross national product in countries of the European Union (Directorate general for health and consumers, 2005; Knapp et al., 2009; Olesen et al., 2012).

Despite the sizable burden of mental disorders in Europe, there is ample opportunity to significantly reduce costs and improve treatment through evidence-based interventions, disorder prevention and mental health promotion (Knapp et al., 2011). The development of solutions based on research has been identified as a priority in the mental health field by the World Health Organization and this requires adequate levels of funding for mental health research (WHO, 2013a). Given the substantial social and economic burden that mental health problems pose, it can be argued that European countries are investing insufficiently in this field with significant variations between countries.

In this context, and as part of the European ROAMER project (Haro et al., 2014; Wykes et al., 2015b), our aim was to estimate and compare the level of public and private not-for-profit national funding for mental health research for the year 2011 in four European countries.

## 2. Experimental procedures

### 2.1. General method

Our study was carried out in four of the countries involved in the ROAMER project: Finland, France, Spain and the United Kingdom (UK). National public and non-profit sources of funding allocated to mental health research in 2011 were integrated into this study. Funding from commercial sources were not included as such data can be more difficult to obtain, and often cannot be apportioned between any given countries. Funding for mental health research was therefore defined as funding granted to institutions carrying out such research (core funding) and funding granted to specific projects with a mental health-related topic in their title and/or project summary (project-based grants), either by public funders or by non-profit organizations. The mental health-related topics were defined according to the mental health field covered by the ROAMER project in other parallel studies. Therefore, all mental disorders present in the chapter V of the International Classification of Diseases tenth revision (ICD-10) were included in this study (WHO, 2010), except nicotine addiction, intellectual disability and dementia, but including topics related to self-harm and suicide, as it has been recommended for estimating the true burden of mental disorders (Vigo et al., 2016). We considered research among all age groups including children and adolescents. We excluded grants aimed at academic training, clinical interventions and other health assistance if not associated with research.

Whenever possible, we used a bottom-up method to collect data on funding for mental health research as it is deemed more informative for policy making (Tarricone, 2006). We also collected the total amount of funding dedicated to health research, defined as all research related to any disease or medical specialty including biomedical and clinical research, for each considered funding body in order to determine the share of health research budget allocated to mental health.

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