

GRANT AGREEMENT no. 282586

ROAMER: A road-map for mental health research in Europe

COORDINATION AND SUPPORT ACTION

Objective THEME [HEALTH.2011.3.3-4]

Deliverable reference number and title: D 2.1 Guidelines to harmonise the project

Due date of deliverable: Month 5

Actual submission date: May 31st 2013

Start date of project: October 1st 2011

Duration: 36 months

Organisation name of the lead contractor for this deliverable: P5 MUMC (Maastricht University Medical Centre)

FINAL APPROVAL

WORK-PACKAGE LEADER **P5 MUMC** **Prof. Jim van Os**

AUTHORS

P5 MUMC Prof. Jim van Os, Dr. Rebecca Kuepper
CO1 CIBERSAM-PSSJD Dr. Josep Maria Haro, Dr. Carla Obradors

AUTHORISATION

PROJECT OFFICER **EUROPEAN COMMISSION** Dr. Caroline Attard

Project co-funded by the European Commission within the Seventh Framework Programme (2007-2013)		
Dissemination Level (<i>Please choose</i>)		
PU	Public	X
PP	Restricted to other programme participants (including the Commission Services)	
RE	Restricted to a group specified by the consortium (including the Commission Services)	
CO	Confidential, only for members of the consortium (including the Commission Services)	

HISTORY RECORD

ISSUE	DATE	PAGE	NOTES
1	16/11/11	All	CO1 CIBERSAM and P5 MUMC: Presentation of the first draft of the methodology during the Kick-off meeting (KOM)
2	30/11/11	All	CO1 CIBERSAM: Preparation and release of the general methodology of ROAMER based on comments of partners during the KOM
3	19/12/11	All	P5 MUMC: Release of vers.1 of the D2.1
4	22/12/11	All	CO1 CIBERSAM: revision and comments on vers. 1 of the D2.1
5	02/02/12	All	P5 MUMC and CO1 CIBERSAM: Preparation of vers.2
6	24/02/12	All	P5 MUMC: preparation and release of vers.3
7	07/03/12	All	CO1 CIBERSAM: revision of vers. 3, preparation and release of vers. 4
8	08/03/12	All	CO1 CIBERSAM: release of vers. 5
9	08/03/12 -03/05/13	All	CO1 CIBERSAM, P5 MUMC, ROAMER Consortium: Refinement (fine-tuning) of the whole methodology
10	03/05/13 – 24/05/13	All	ROAMER consortium: Last revision and approval
11	31/05/2013	All	CO1 CIBERSAM: Submission of the D2.1 to the EC

APPROVAL

WORK-PACKAGE LEADER	Jim van Os
PROJECT COORDINATOR	Josep M. Haro

Table of contents

1. Definitions of key concepts	5
2. Abbreviations	7
3. Introduction	8
4. Guidelines to harmonise the project	8
4.1. Aim of the deliverable D 2.1 ('Guidelines to harmonize the project')	9
4.2. Scope of the project	9
4.3. The general work plan of the ROAMER project	10
4.3.1. The structure in work-packages	10
4.3.2. The phases of the project	12
Phase 1. Kick-off (Month 1 - 5).....	12
Phase 2. State of the art (Month 6 - 15).....	13
Phase 3. Gaps and advances needed (Month 16 - 24).....	14
Phase 4. Prioritisation (Month 24 - 30)	15
Phase 5. Translation into roadmaps (Month 31 - 36).....	16
5. Common methodological approaches	17
5.1. Systematic mapping of the literature	17
5.1.1. Aim.....	17
5.1.2. Method... ..	17
5.1.3. Expected output.....	22
5.2. Electronic surveys and questionnaires	22
5.2.1. General aim.....	22
5.2.2. Methodology	23
5.2.2.1. The survey for stakeholders.....	23
5.2.2.2. The survey for researchers.....	24
Stage 1 - Survey for researchers.....	24
Stage 2 - Survey on the prioritisation of advances needed in Mental health research in Europe	25
5.2.3. Expected output.....	26
5.3. Programme of ROAMER project meetings	26
5.3.1. Kick off meeting	28
5.3.2. Scientific workshops	28
5.3.2.1. Objective inclusion/exclusion criteria to select scientific experts	30
5.3.3. Policy workshop.....	30
5.3.4. Meetings with the advisory boards and the council	31
5.3.4.1. Objective inclusion/exclusion criteria for members of the Scientific Advisory Board	32
5.3.4.2. Objective inclusion/exclusion criteria for members of the Stakeholder Advisory Board	32
5.3.4.3. Objective inclusion/exclusion criteria for members of the Government and Funding Institution Council.....	32
5.3.5. Executive Board Meetings	33
5.3.6. Consensus meetings	34
5.4. The Roadmap on Mental Health Research	34

6. Objective indicators to set priorities of research.....	35
7. Objective indicators to assess high quality, promotion and integration to treatments of research.....	36
8. Quality indicators to assess the adherence to the established methodology.....	38
9. Bibliographical References.....	39
10. Publications resulting from the work described (if applicable)	39
ANNEXES.....	40
Annex I - Data to be collected in the systematic literature review (Common database)	40
Annex II - Common search strategy (Pubmed)	46
Annex III - Common search strategy (PsycInfo)	48
Annex IV - Survey for stakeholders - Research priorities.....	51
Annex V - Survey for researchers - First questionnaire	52
Annex VI - Agenda of the Kick-off meeting.....	60
Annex VII - Example of the agenda of the first scientific workshop	62

1. Definitions of key concepts

In the framework of the ROAMER project, there are several key concepts that should be clearly defined from the very beginning. The list of key concepts and their definitions are detailed below:

Area of knowledge

The areas of knowledge are the different dimensions or fields of study within a specific discipline or research theme that are defined in order to facilitate the search, collection, and understanding of all the information to finally integrate it into a whole.

In the framework of the ROAMER project, the mental health research has been divided into six major areas of knowledge: biomedicine, psychological processes and treatments, public health, social and economic aspects, well-being, and infrastructures, capacity building and funding programmes. These areas will be subdivided in turn into subareas in order to comprehensively cover all mental health and well-being and avoid overlaps.

Common methodology

The common methodology is a coordination mechanism that guarantees comparability, consistency and coherence of results. In the framework of the ROAMER project, this methodology incorporates both the processes required to develop the specific area roadmaps as well as the consensus-creating mechanisms. Indeed, this methodology also has to set the indicators and criteria which are to be adopted to measure, evaluate and prioritise research problems and initiatives.

Consensus

The consensus is a group decision-making process that seeks the consent, not necessarily the agreement, of participants and the resolution of objections. A consensus process should be collaborative, cooperative, inclusive and participatory to shape the proposal into a decision that meets the concerns of all group members as much as possible and to attempt to help everyone get what they need. In a consensus decision-making process, all participants should afford, as much as possible, an equal input into the process, having the opportunity to present and amend proposals, and should finally strive to reach the best possible decision for the group and all of its members, rather than competing for personal preferences.

Electronic surveys

The electronic surveys (e-surveys) are questionnaires that will be disseminated by publishing them on the ROAMER website, or by email to identified groups using commercial software (i.e., Webropol). The e-surveys will be an important instrument to foster and facilitate the participation of European research groups and institutions not directly participating in scientific workshops, thus allowing their contribution to define the map of research groups across Europe and to analyse the state-of-the-art, gaps and advances, and main priorities in all areas of Mental Health research. The e-surveys will be also used to explore the views of representatives of the different categories of stakeholders in the various European countries on the mental health needs and mental health services and modalities of care.

Executive Board

The Executive Board (EB) is comprised of the coordinator of the project and one representative per partner (14 in total), including all WP leaders (in case a partner leads more than one WP).

Expert scientists

Expert scientists will be a group of relevant scientists in one specific area of knowledge within Mental Health research (i.e., biomedicine, psychological processes and treatments, public health, social and economic aspects, well-being, and infrastructures, capacity building and funding programmes), who are not necessarily members of partners but that will join one WP team. Therefore, they will participate in scientific workshops, these being decisive in the state-of-the-art review, the gap analysis, the advances that are needed and the prioritisation of the actions and thus aiding successful realisation of the roadmap. The list of scientific experts in each WP will be completed during the state-of-the-art review to widely represent areas, disciplines and regions and will be transparently accepted by the Executive Board. Special care will be devoted to providing balanced gender distribution and representation of new member states. The inclusion/exclusion criteria used for the selection of scientific experts is detailed in section 5.3.2.1.

Government and Funding Institutions council

The Government and Funding Institutions council will assess the participation of government, policy makers and funding institutions in the ROAMER project, having direct contact with the EB and working in close collaboration with WP3 leaders (i.e., assessing the state-of-the-art of current research policies and funding programmes in mental health and the analysis of gaps and advances required to achieve a desired situation). The council will be of great relevance in facilitating the implementation of the roadmap results and achieving better coordination in funding programmes and policies. See section 5.3.4 for more information concerning the objective inclusion/exclusion criteria used to select the members of the council.

Mental Health

Mental health is the degree of complete physical, mental and social well-being, and not merely the absence of disease, in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO, 2007; <http://www.who.int/features/qa/62/en/index.html#>).

Mental Disorder

Mental disorders comprise a broad range of problems, with different symptoms, which are generally characterised by some combination of abnormal thoughts, emotions, behaviour and relationships with others (WHO, http://www.who.int/topics/mental_disorders/en/index.html).

A “mental disorder” is a clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability or with a significant increased risk of suffering, and which reflects a psychological or biological dysfunction in the individual. No definition adequately specifies precise boundaries for the concept of 'mental disorder', since different situations call for different definitions. There is no assumption that each category of mental disorder is a completely discrete entity with absolute boundaries dividing it from other mental disorders or from no mental disorder (American Psychiatric Association, 1980, 1994, 2000).

Policy workshops

The Policy workshops will be face-to-face meetings that will take place during the last phases of the ROAMER project (i.e., phases on Setting priorities and on the definition of the Final Roadmap). They will have the assistance of a group of Policy makers from the European Commission or any European-country, with the coordinator and project manager of ROAMER, and WP leaders and their main postdoctoral researchers. Policy Workshops will be devoted to discussing the information gathered in the previous phases to gather the feedback of Policy makers about the proposed priorities in order to finally establish action plans.

Roadmap for Mental Health research in Europe

The Roadmap for Mental Health research in Europe will be a detailed plan to guide progress toward the promotion and integration of mental health and well-being research in Europe, based on a common methodology and a conceptual framework that covers the full spectrum of biological, psychological, epidemiological, public health, social and economic aspects of mental health and well-being. In the context of the ROAMER project, this roadmap will be the outcome of a coordination effort involving roadmaps specifically designed for the major research areas of mental health and well-being, including infrastructures, capacity building and funding programmes.

Scientific Advisory Board

The Scientific Advisory Board (SAB) is comprised of excellent researchers from different disciplines and from local and national institutes in and outside Europe, who have been successful in integrating research in research centres and networks in mental health, have created cooperation between and within disciplines, have acquired funding and stimulated scientific output. They will provide regular advice to the ROAMER consortium on the content of the proposals, quality of the deliverables, ethical issues, general philosophy and direction of the project, corrective measures in the content of the work if necessary and the dissemination and exploitation of project results. Nonetheless, the SAB does not have formal decision-making power within the project. See section 5.3.4 for more information concerning the objective inclusion/exclusion criteria used to select the members of the SAB.

Scientific workshop

The scientific workshops are face-to-face meetings which join 20-30 scientific experts in one area of knowledge within mental health research and comprising one specific WP along with the project manager and at least one member of each WP of the project. The scientific workshops are devoted to discussing and defining either the state-of-the-art, gaps and advances, or the main priorities in the specific area of knowledge based on their expertise.

Stakeholders

The term is used to describe all groups of people or institutions with interests in mental health and well-being research due to either political, financial, professional or personal reasons (i.e., European or national associations of professionals related to mental health, Users or Families, Pharmaceutical companies and ICT; academic institutions, donors and governments, and non-governmental organisations active in the mental health field at the European level and in individual European countries).

Stakeholder Groups have an important role in the development of ROAMER by providing the Advisory Boards and the Work Package teams with expert knowledge and necessary input from their field of expertise, and by acting as information brokers on integrated mental health research in Europe (i.e., participating in surveys), and thus being part of the ROAMER promotion and dissemination activities.

Stakeholder Advisory Board

The Stakeholder Advisory Board (Stakeholder AB) is comprised of a limited number of very representative stakeholders including Users and Carers, Professional Organisations, representatives of European Projects, academic institutions, donors, governments and pharmaceutical companies. See section 5.3.4 for more information concerning the objective inclusion/exclusion criteria used to select the members of the Stakeholder AB.

Systematic review

The Systematic review is a method used for the large-scale and cross-disciplinary mapping of the literature on a specific area of knowledge avoiding the need for costly primary research and providing a transparent selection of information. To this end, the systematic review uses an agreed protocol comprehensive enough to identify all relevant literature but precise enough to minimise the amount of spurious references retrieved. The agreed protocol for the systematic review of literature used in the ROAMER project is detailed in section 5.1.

Well-being

Well-being is the state or condition of being well; welfare; happiness; prosperity.

There are two complementary conceptualisations of well-being suggested by Daniel Kahneman:

1. the experience of well-being, as typically captured by measures of positive effect, pleasure and happiness, and their opposites; negative effect, misery or distress.
2. "evaluative" approach captures judgments of overall life satisfaction or fulfilment in selected domains such as autonomy, personal growth and achievement of goals in life.

Well-being reflects individuals' perception and evaluation of their own lives in terms of their affective states, and psychological and social functioning (Keyes and Lopez, 2002).

Work package leader

The Work package leader (*WP leader*) is a member of the consortium of partners of the ROAMER project that coordinates and is responsible for all meetings and activities that are organised within the framework of their WP, and also takes a seat on the Executive Board (EB) on behalf of the WP team members.

Work Package Teams

The Work Package Teams (WP Teams) are groups of 20-30 expert scientists in one specific area within mental health and well-being research which are responsible for effective and efficient implementation of the work associated with this area. Expert scientists are renowned researchers who are active in that area (see inclusion/exclusion criteria for their selection in section 5.3.2.1) who could be part of the consortium partners or from other institutions.

The WP Teams participate in:

- Monitoring the progress of the activities towards the specific deliverables and objectives of the work package, based on the defined milestones and means of verification;
- Advising on minor alterations in work-package related activities and associated budgets. These alterations may not have any impact beyond the boundaries of the work package itself;
- Periodic progress reporting to the EB, including suggestions for corrective measures in case of contingencies, delays and/or disputes that necessitate changes in the consortium, the EC contract and/or changes in the Consortium Agreement;

2. Abbreviations

AB	Advisory board
D	Deliverable
EC	European Commission
KOM	kick-off meeting
SAB	Scientific Advisory Board
WP	Work-package

3. Introduction

The ROAMER project, funded by the European Commission Framework Programme 7 (FP7), seeks to meet the essential need for a coordinated and comprehensive approach to the promotion and integration of research in mental health and well-being in Europe. This goal will be achieved by means of an effective and widely accepted Roadmap for the next 10-15 years, with distinct components dedicated to mental disorders, mental health and well-being. Indeed, the Roadmap will be built upon existing state-of-the-art of mental health research and aimed at priority setting across Europe and the rest of the world, focusing on high quality scientific research and taking into account the priorities set out in the European Parliament Resolution, namely "prevention, early detection, intervention and treatment of mental disorders".

The Roadmap should specifically include the following issues:

- a strategy for the identification of scientific needs and priorities in research into mental health, mental disorders and well-being;
- an infrastructure strategy that identifies existing collaborative structures that are used to facilitate and coordinate mental health research, as well as funding strategies, including private-public alliances and appropriate mechanisms for coordinating research and research implementation requirements imposed by governments, the academic community and the private sector.
- a mechanism for identifying gaps in basic and applied knowledge of mental health and well-being in Europe;
- and the development of tools for the cross-sectional and eventually prospective (continuous) evaluation of research needs and prioritisation strategies.

To achieve the main goal, ROAMER should accomplish the following objectives:

- To develop an accurate picture of the state-of-art of mental health and well-being research in Europe;
- To analyse gaps and salient advances so as to establish research priorities and infrastructure and capacity requirements for mental health and well-being research in Europe in the short, mid- and long-term and as applicable across the life time;
- The wide involvement of Europe's leading scientists in the mental health field in a collective endeavour to prioritise mental health and well-being research;
- Full engagement with key non-academic stakeholders in mental health and well-being research, including funders, policy makers, professionals, and end users and their carers and families;
- To help to close the gap between science and society;
- To inform the public about the importance of mental health and well-being research and launch the definitive roadmap.

The project is expected to have an impact on:

- Increasing high quality mental health and well-being research by developing and implementing standardised performance indicators and inclusion criteria;
- Promoting that research across Europe by developing a comprehensive, consensus-based roadmap;
- Integrating research results into treatment programmes and public health initiatives of promotion and prevention, not only among disciplines, but also across geographical regions and the life-course.

Research findings will ultimately be translated into improvements and innovations in mental health care delivery and into strategies to improve the mental health and well-being of the population.

4. Guidelines to harmonise the project

The "ROAdmap for Mental health Research" (ROAMER) project is being carried out by European scientists and will combine a neutral, fact-based methodology with extensive stakeholder involvement. ROAMER will form liaisons with all relevant stakeholders (including researchers, mental health professionals, policy-makers, and end users and their carers and families) so as to maximise the translation of its results into policies, instruments, infrastructures, initiatives and innovations. This will be achieved through frequent stakeholder meetings and the establishment of a renowned Scientific Advisory Board (SAB), a Stakeholder Advisory Board (Stakeholder AB) and a Government and Funding Institution Council.

ROAMER will reflect a multi-disciplinary perspective, based on the consensus among key stakeholders, using a methodologically sound, pragmatic, and multi-disciplinary approach.

The approach is methodologically sound as it is grounded in **objective consensus indicators and inclusion criteria** for a common methodology across the key mental health and well-being research areas. The approach is pragmatic

insofar it relies on the proven value of related roadmaps (for example FUTURAGE) and capitalises on best practices and examples of successful research programmes that may serve as proven examples to fill gaps. Finally, the approach is comprehensive as it includes the relevant aspects of mental health and well-being research across the geographical, disciplinary and professional dimensions, and over the life-course level.

The overall aim of the ROAMER project is a single, integrated Roadmap of mental health and well-being research, recognising the diversity but also unexplored synergies of mental health research. However, ROAMER will proceed by dividing mental health and well-being research into its major dimensions (i.e., **biomedicine, psychological processes and treatments, public health, social and economic aspects, well-being, and infrastructures, capacity building and funding programmes**) thus reflecting a broad approach. These dimensions will be addressed in parallel by using a common methodology to guarantee comparability, complementarities and coordination.

The common methodology has been defined and fine-tuned through consensus of the ROAMER consortium during the first phase of the project and includes all the processes required both to develop area-specific roadmaps and to establish criteria to measure, evaluate, and prioritise research problems and initiatives. It will be continuously reviewed and thus adapted to the specific needs of each group and for each phase of the project, as ROAMER covers a wide range of different aspects of mental health research in Europe, each requiring an individual methodological emphasis.

Specifically, the P5 MUMC will lead the task of agreement on, and continuous fine-tuning of, shared methodologies across WPs to gather information on activities, gaps and advances/solutions. The methodology will be fine-tuned in collaboration with the institutions coordinating FUTURAGE, DIAMAP and similar initiatives in NIMH. The scientific coordination manager from P1 CIBERSAM will attend all meetings organised in all WPs, and will act as a facilitator and safeguard the implementation of the common methodology.

4.1. Aim of the deliverable D 2.1 ('Guidelines to harmonise the project')

The main goal of the deliverable D 2.1 is to provide the guidelines to harmonise the project, namely, to define the coordination methodologies to be implemented across all the areas of mental health and well-being research that will form part of the Roadmap, always taking into account the perspectives of steps across the life course and the different disciplines involved to overcome the non-integrated state of mental health research in Europe.

The common methodology itself is a coordination mechanism that guarantees comparability, consistency and coherence of results. This methodology incorporates both the processes required to develop the specific area roadmaps as well as the consensus-creating mechanisms. Moreover, it has to set the indicators and criteria which are to be adopted to measure, evaluate and prioritise research problems and initiatives.

The specific aims of this document are the following:

- to define the scope of the ROAMER project
- to describe the general work plan
- to define the tools used in each step
- to define objective criteria for the selection of scientific experts for the scientific WPs and the Scientific Advisory Board
- to describe the methodology to assess the state-of-the-art, and the approaches to be used for the mapping of the current activities in Mental Health and Well-being research in Europe, both at local and national levels (i.e., systematic literature mapping, survey consultations, etc.)
- to provide measurable and objective indicators of gaps and advances in mental health research in Europe, taking into account the geographic, life course and interdisciplinary perspectives
- to define the standardised and harmonised inclusion criteria and a set of measurable, objective indicators to set priorities for Mental Health and well-being research in Europe
- to define EU-objective indicators to distinguish high quality research approaches

4.2. Scope of the project

The scope of the ROAMER project has been defined by consensus in terms of geographic, diagnostic and life-span points of view during the first phase of the project.

Geographic dimension

From the geographic point of view, it has been agreed to analyse all European countries (i.e., EU-27 countries, EU Candidate countries and/or other European countries) either for the mapping of research groups and publications or for the setting of priorities in research.

Furthermore, ROAMER aims to do an exhaustive study on the funding for mental health research in a given year. In order to have a deeper, more complete picture, this study will be performed as an individualised approach only for a subset of EU-countries (i.e., Spain, Germany, UK, Netherlands, France and Estonia), although general information on funding will also be collected from other European countries.

Diagnostic dimension

From the diagnostic point of view, ROAMER will cover mental health research either in general terms or with regard to any of those mental disorders described in the DSM-IV and the ICD-10, which are listed below:

- Schizophrenia and Non-affective Psychosis
- Bipolar Disorders
- Depressive Disorders
- Anxiety disorders
- Trauma- and Stress-Related Disorders
- Somatoform Disorders
- Somatic Symptom Disorders
- Dissociative Disorders
- Personality Disorders
- Elimination Disorders
- Substance Use and Addictive Disorders
- Autism and Other Neurodevelopmental Disorders
- Mental Retardation
- Eating Disorders
- Sexual Dysfunctions
- Disruptive, Impulse Control, and Conduct Disorders

The ROAMER consortium will try to avoid the duplication of efforts in those disorders that have already been the focus of study of other European roadmaps or similar initiatives (e.g., ALICE RAP for substance-abuse disorders; FUTURAGE for degenerative disorders) as the related information could be obtained from them.

Gender aspects

The ROAMER initiative will take gender differences into account.

Life-course dimension

The ROAMER initiative will adopt a life-course approach that is cognisant both of the trajectories of mental disorders across a person's life span, increasing severity and levels of comorbidity, and the mental health problems associated with different age groups. Therefore, all age groups will be taken into account (i.e., children, adolescents, adults and the elderly) although, again, the ROAMER consortium will take advantage of the results of similar initiatives that have focused their efforts on an specific age group (e.g. FUTURAGE has analysed aging aspects).

Ethnic groups

The ROAMER initiative will analyse mental health issues in the entire European population and will not distinguish between ethnic groups.

4.3. The general work plan of the ROAMER project

4.3.1. The structure in work-packages

The ROAMER project is divided into eleven independent but inter-related work-packages (see figure 1).

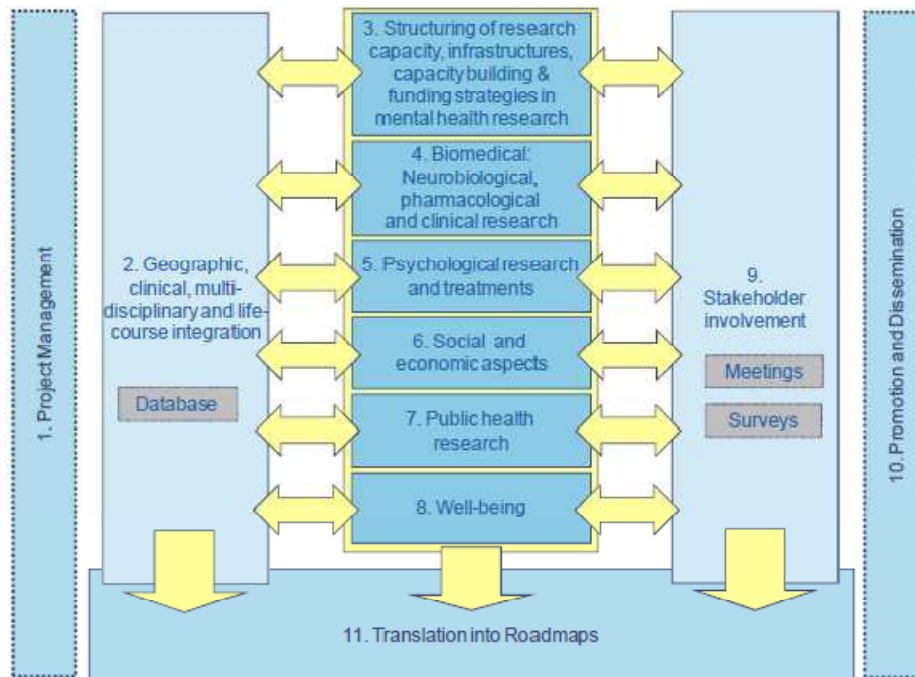


Figure 1. Work plan strategy with tasks subdivided into 11 work packages.

The core of the project consists of six scientific work-packages (WP) comprised of groups of experts from any European country selected according to several objective criteria (see section 5.3.2.1 for more details). Each WP will analyse one of the key areas of Mental Health Research:

- Research infrastructures and funding
- Biomedical
- Psychological
- Socio-economic
- Public health
- Well-being

Each area of knowledge will be addressed in parallel by following a common methodology that comprises several general steps:

- Examination of the current **State-of-the-art**
- Identification of **gaps**
- Prioritisation of **advances** to address those gaps

The general approach in each field will be expert panel-based and will take advantage of several activities such as survey consultations, systematic literature mapping, scientific workshops, and consecutive consensus meetings.

It has been suggested that each scientific WP appoint one postdoctoral researcher to be responsible for the day-to-day tasks of the project. To ensure that they are following the same rules, and to avoid the unnecessary duplication of efforts and the overlapping of tasks across various WPs, it has been established by consensus that there will be at least one or two members (preferably the postdoctoral researcher and/or the leader) representing each WP in all workshops.

The outputs of each scientific WP will be integrated into a geographic, multidisciplinary and life-course approach (see figure 1) reviewed by the Scientific Advisory Board (SAB), the Stakeholder AB and the Government and Funding Institution Council, discussed in several Policy Workshops and finally agreed on by consensus and translated into Roadmaps.

Therefore, along with the six scientific WPs, ROAMER counts with other WP that carry on the following essential tasks (see figure 1):

- **project management**
- **geographic, clinical, multidisciplinary and life-course integration** of the information
- coordination of the **stakeholder involvement**
- **dissemination and promotion** of the results

- the final translation of the outputs into **Roadmaps**

4.3.2. The phases of the project

The ROAMER approach will be divided into several phases (see figure 2):

- Phase 1. Kick off
- Phase 2. State-of-the-art
- Phase 3. Gaps and advances
- Phase 4. Prioritisation
- Phase 5. Translation into roadmaps

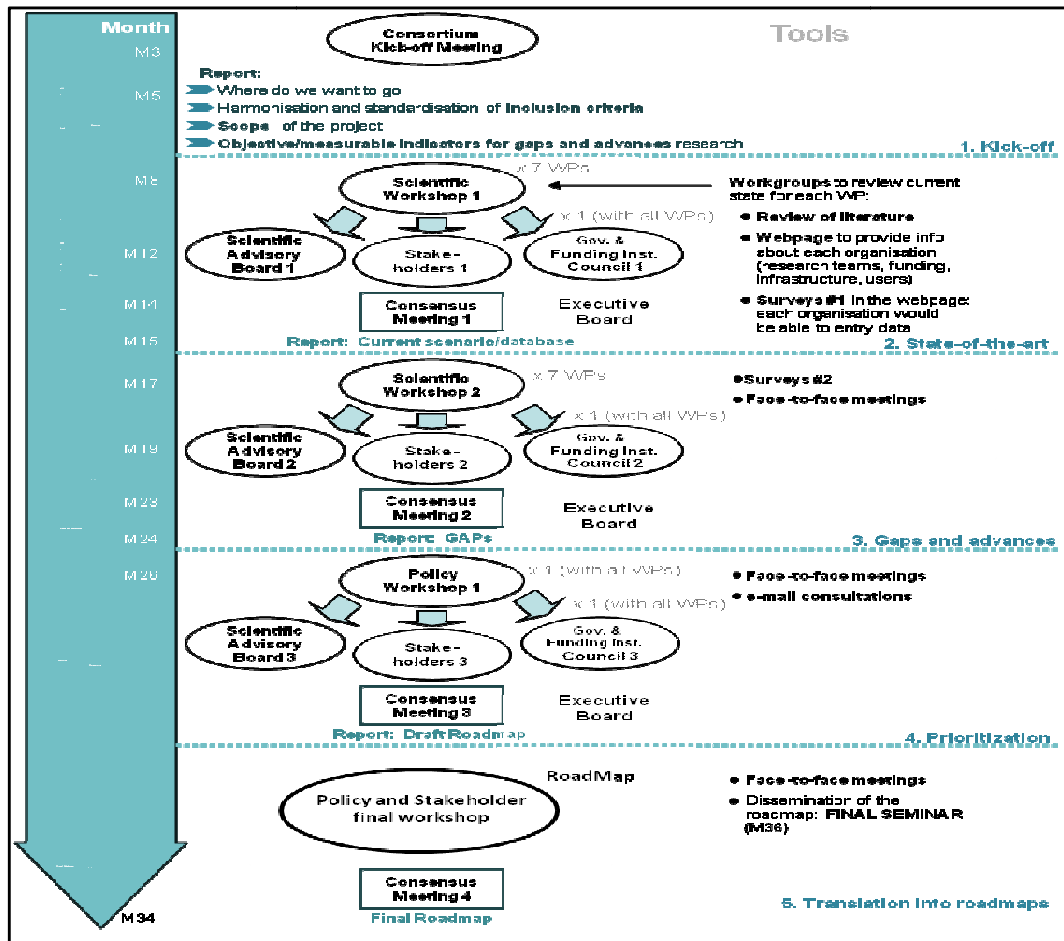


Figure 2. Diagram of the phases of the ROAMER approach. The image shows the main tools and activities used in each phase of the project, along with the output reports.

Phase 1. Kick-off (Month 1 - 5)

General objective

The kick-off phase is devoted to defining and fine-tuning the common methodology of ROAMER (including the use of comprehensive EU-wide performance indicators to assess the current state of the art, gaps and advances), and the desired situation (scoping and objectives).

Methodological approaches

- Kick-off meeting**

The kick-off meeting is a face-to-face meeting that aims to discuss and define the common terms, the fundamental definitions, the overarching methodology (including inclusion/exclusion criteria to select the

members of the scientific WPs, the Scientific AB and the Stakeholder AB, and the government and funding institution council), and the scope of the ROAMER project.

To facilitate the agreement and the establishment of the methodological bases, this meeting was attended by the core members of the ROAMER project (i.e., representatives of partner institutions, WP leaders and postdocs). It was decided to delay the meeting with other stakeholders, when they could be provided with a document to review.

See section 5.3.1 for more methodological details.

- **Definition of areas of knowledge** within mental health and well-being research, and transparent and comprehensive proposals by **scientific experts** relevant within each field by each scientific WP, according to the objective inclusion/exclusion criteria approved by consensus (see section 5.3.2.1).

Each WP leader presents their proposal to the Executive Board, which provides the feedback and, eventually, the approval of the definition of the area of knowledge and the list of experts.

- **Executive Board meetings**

In this phase of the project, several executive board meetings take place (see methodological details in section 5.3.5), either as teleconferences or face-to-face meetings, with the aim of discussing and eventually approving the methodology and the lists of renowned scientists proposed by each WP leader to form the scientific WPs, the Scientific AB, the stakeholder representatives for the Stakeholder AB, and the government and funding institution council.

Expected output

All the information agreed by consensus during the kick-off phase with regard to the common methodology and the scope of the project has been translated into the current **deliverable D2.1** [**'Guidelines to harmonise the project'**].

In addition, a detailed **plan of communication** has been designed to spread information either internally or externally (see **deliverable D10.1**, already submitted to the EC).

Phase 2. State of the art (Month 6 - 15)

General objective

The second phase of the ROAMER project aims to do a comprehensive analysis of the current scenario (the 'state of the art') of mental health research in Europe in order to accumulate information to confidently establish a baseline that includes, in particular, specific advances that lead to new and productive lines of research. The state of the art will be the basis for the gap and advance analysis phase.

Methodological approaches

- **Systematic mapping of the literature for each area of knowledge**

All scientific WPs will undertake a thorough mapping of the relevant literature within their area of knowledge at a pan-European level (see section 5.1 for more details).

- **Survey consultations**

During the phase on the analysis of the state of the art of mental health research in Europe, two surveys will be administered, each one targeting one specific group of respondents; either researchers or stakeholders.

- **The survey for stakeholders**

The aim of this survey is to examine the point of view of several types of stakeholders (i.e., associations of professionals, academics, and users and carers active in the mental health and well-being field in individual European Union countries) on research priorities.

See section 5.2.2.1 for methodological information.

- **The survey for researchers - Stage 1**

The survey for researchers will be developed in two stages. Stage 1 will be addressed during the state-of-the-art phase, whereas stage 2 will be developed during the phase on the prioritisation of advances needed in research.

This first stage will target only experts invited to join the scientific WPs, and aims to take advantage of their deep knowledge of their specific field to collect a broad list of ideas regarding the state-of-the-art (i.e., advances during the last 10 years and the main gaps in knowledge) and future challenges for mental health and well-being research to define a second version of the survey; a simpler one with multiple-choice questions which are easier to complete. Moreover, these results will provide the first comprehensive basis for scientific discussion in the workshops.

The specific methodological information is described in section 5.2.2.2.

- **Scientific workshops**

During the state-of-the-art phase, there will be one scientific workshop per area of knowledge (i.e., per scientific WP), comprised of transparently selected experts in the field that will aim to discuss and define the state-of-the-art of European research in that area, including major contributions in the last decade, analysis of the survey consultation results, and detection of gaps in current knowledge.

After all these workshops, the WP2 will integrate the findings according to four criteria: i) geographical, ii) life-course, iii) clinical/disorder, and iv) multidisciplinary.

The general methodology of the scientific workshops is explained in section 5.3.2.

- **First round of meetings with the Advisory Boards**

After the scientific workshops, there will be the first round of consecutive meetings with the scientific AB and the stakeholder AB. The purpose will be to obtain feedback from all the relative parties with regard to the methodology of the project and the first results (i.e., outputs from the scientific workshops).

The general methodology of these meetings is explained in section 5.3.4.

The meeting with the Government and Funding Institution Council that was initially planned for this stage will be moved to the next phase because it is not considered appropriate to meet with policy makers and funding agencies until the advances needed for research have been defined by scientists and other stakeholders. Only then will they be in the position to discuss prioritisation and propose action plans.

- **Consensus meeting**

At the end of the state-of-the-art phase, the Executive Board will meet in a consensus meeting to review and discuss the results obtained on the state-of-the-art of each area of knowledge, taking into account the comments of the Scientific AB, the stakeholder AB, and the government and funding institution council to finally integrate all the information into one single official report (D11.1) that will be submitted to the EC.

The information on the methodological approach of these meetings is described in section 5.3.6.

Expected output of the state-of-the-art phase

The expected output of the state-of-the-art phase will be the **D11.1 General Report on the State of the art in Mental Health and Well-being research in Europe** that will be submitted to the European Commission.

Phase 3. Gaps and advances needed (Month 16 - 24)

General objective

The aim of this phase is to evaluate the state of the art of research in the area and the definition of desired future research scenarios to compare them and identify the gaps and advances needed in mental health and well-being research in Europe. Therefore, this phase should consist of the gap analysis and the proposal of research advances and strategies - including infrastructure and funding arrangements - to overcome them. The gap analysis will highlight potential best practices and the advances that are required and that can be addressed across Europe.

Methodological approaches

- **Second scientific workshops**

During this phase of the project, a second round of scientific workshops (one per area of knowledge), with the same group of researchers in each WP, will be held with the aim of identifying the gaps in their key area research on mental health and well-being in Europe and the advances needed to address these gaps over the next 10-15 years based on previous results and considering the suggestions of the scientific AB, the stakeholder AB, and the government and funding institutions council, and the inputs from the surveys.

The general methodology of the scientific workshops is explained in section 5.3.2.

Again, the WP2 will integrate the findings of all scientific workshops according to four criteria: i) geographical, ii) life-course, iii) clinical/disorder, and iv) multidisciplinary.

- **Second round of meetings with the Advisory Boards and first meeting with the Government and Funding Institution Council**

After the scientific workshops of all scientific WPs, there will be the second round of consecutive meetings with the scientific AB and the stakeholder AB, and the first meeting with the government and funding institution council. Their purpose will be to obtain the feedback of all the relative parties with regard to the gaps and advances discussed for each area.

The general methodology of those meetings is explained in section 5.3.4.

- **Consensus meeting**

At the end of the gaps and advances phase, the Executive Board will hold a consensus meeting to review and discuss the results obtained on the gaps and advances in each area of knowledge, taking into account the comments of all relevant parties, to finally integrate all the information into one single official report (D11.2) that will be submitted to the EC.

Information on the methodological approach of these meetings is described in section 5.3.6.

Expected output of the gaps and advances phase

The expected output of the gaps and advances phase will be the **D11.2 General Report on Gaps and Advances in Mental Health and Well-being research in Europe** that will be submitted to the European Commission. In addition, a list of grand challenges/priorities will be generated.

Phase 4. Prioritisation (Month 24 - 30)

General objective

The objective of this phase is to prioritise advances needed in research to deal with the current gaps and propose novel solutions using pre-established criteria common to all areas. This will be the basis for the drafting and review of the six distinct roadmaps.

Methodological approaches

- **Survey consultation for researchers (stage 2)**

The aim of this second round of survey consultation is to receive inputs from a broad list of European researchers within mental health and well-being fields that cannot directly participate in the scientific workshops for logistical reasons. They will rate the advances needed as defined in previous phases by all WPs.

The detailed methodological approach is described in section 5.2.2.2.

- **Policy workshop**

At this phase of the project, the workshop will bring together researchers and representatives of policy makers. The main objectives of the workshop will be to prioritise the list of advances needed in mental health research and to establish action plans based on the results of the scientific results and the rating obtained in the survey consultation.

The general methodology of the policy workshops is explained in section 5.3.3.

- **Third round of meetings with the Advisory Boards and the Government and Funding Institution Council**

After the policy workshop, the scientific AB, the stakeholder AB, and the government and funding institution council will meet with the Executive Board in consecutive face-to-face meetings to discuss and provide their feedback on the research priorities proposed.

The general methodology of these meetings is explained in section 5.3.4.

- **Consensus meeting**

The main goal of this consensus meeting is to review the results in research priorities, taking into account the comments of the Scientific AB, the stakeholder AB, and the government and funding institution council, and to generate one single official report (D11.3) that will be submitted to the EC, and the draft of the roadmaps (more methodological details in section 5.3.6).

Expected output of the prioritisation phase

The output of this phase will be the **D11.3 General Report on gaps, advances, and research priorities in Mental Health and Well-being research in Europe**.

Phase 5. Translation into roadmaps (Month 31 - 36)

General objective

This final stage will aim to coordinate all previous efforts to create the final roadmap. The information collected during the entire process will be translated into roadmaps covering infrastructures, capacity-building and funding strategies for the scientific areas relevant to mental health and well-being: biomedical, psychological, social, economic and public health. Geographical, interdisciplinary, developmental, gender and age perspectives will be taken into account.

Methodological approaches

This phase consists of a coordinated and iterative process in which all stakeholders, from researchers to policy makers, users, professionals, networks, carers and funding organizations will contribute to the development of an overall Roadmap for Mental Health and Well-being research.

- **Last consensus meeting**

The last Consensus meeting will be held to define the unified and final roadmap based on the comments of all groups of stakeholders. The roadmaps will be reviewed and eventually a final proposal will be approved by the Executive Board and written by the WP11 responsible for the integration and the translation of all the information into roadmaps. The output of the last consensus meeting is the **final roadmap for the promotion and integration of mental health and well-being research in Europe (D11.4)**.

- **Final seminar:**

The Roadmap will be presented to the European Commission and to the general audience in a final seminar expected for September, 2014 where the ROAMER consortium will also show the final dissemination plan.

Expected output of the translation into roadmaps phase

The expected output of the final phase of the ROAMER project is the translation of the Roadmap into evidence-informed actions and innovations guided by a set of recommendations that ROAMER will produce specifically, and practically, for improving, promoting and integrating mental health and well-being research in Europe. These recommendations will be organised around the research areas described in detail in the individual roadmaps, the infrastructures that need to be developed and policies and funding programmes that will be required. This will be produced at a European level, taking into account the capacities of the European Union and European Union countries and their relative competitiveness with respect to other regions of the world.

The common methodological approaches comprising each phase, along with the objective criteria approved by consensus and used in each step, are described in detail in section 5.

5. Common methodological approaches

5.1. Systematic mapping of the literature

5.1.1. Aim

The first phase of the ROAMER project is devoted to analysing the state-of-the art of mental health research in Europe. The initial step will be to analyse what has been studied in Europe with respect to mental health research during recent years and where. To this end, ROAMER will take advantage of systematic multidisciplinary literature mapping to report on the main publications in peer-reviewed journals for each area of knowledge within mental health research (i.e., biomedicine, psychological processes and treatments, public health, social and economic aspects, and well-being) over the last five years in Europe.

A common approach has been defined based on the protocol described in Curran et al., 2007 and adapted to the research field of interest (see figure 4), which has been approved by consensus. All scientific WPs should follow this common methodology, although it will be continuously fine-tuned and adapted to each field.

5.1.2. Method

The general scheme of the common strategy for the systematic literature mapping is shown in figure 4.

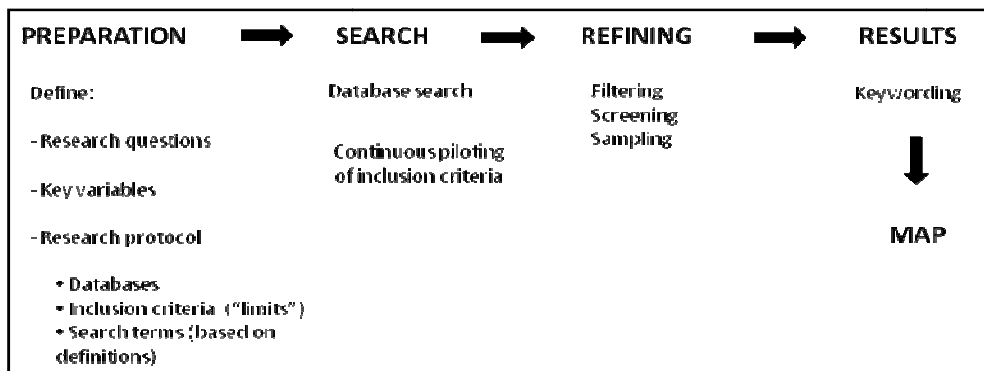


Figure 4. Scheme of the methodology of the Systematic review to map the literature

All the steps of the approach are described in detail below:

A. Preparation

Each WP will focus on the mapping of publications of one specific area of knowledge within mental health research. Therefore, the search strategy will address the intersection between one dimension or area of knowledge with Mental Health.

A1) Define the research questions of interest

Primary question:

For example:

- What is the current state of research in Europe in the area of Mental Health and Well-being?

Secondary questions:

- What is the nature of this evidence? Is it qualitative or quantitative?
- In which countries is this research done?
- What are the main topics?

A2) Define the key variables

It is necessary to have broad, functional and unambiguous definitions in order to avoid inadvertently missing relevant evidence, to generate a search strategy, and to ensure consistency of concepts and replicability.

The objective is a comprehensive coverage so overlap is preferable to gaps.

Mental health (based on Curran et al., 2007; and on the list kindly provided by P3 Fondamental)

Mental and behavioural disorders due to psychoactive substance use

- Mental and behavioural disorders due to use of alcohol
- Mental and behavioural disorders due to use of opioids
- Mental and behavioural disorders due to use of cannabinoids
- Mental and behavioural disorders due to use of sedatives or hypnotics
- Mental and behavioural disorders due to use of cocaine
- Mental and behavioural disorders due to use of other stimulants, including caffeine
- Mental and behavioural disorders due to use of hallucinogens
- Mental and behavioural disorders due to use of tobacco
- Mental and behavioural disorders due to use of volatile solvents
- Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances

Schizophrenia, schizotypal and delusional disorders

- Schizophrenia
- Schizotypal disorder
- Persistent delusional disorders
- Acute and transient psychotic disorders
- Induced delusional disorder
- Schizoaffective disorders
- Other nonorganic psychotic disorders
- Unspecified nonorganic psychosis

Mood [affective] disorders

- Manic episode
- Bipolar affective disorder
- Depressive episode
- Recurrent depressive disorder
- Persistent mood [affective] disorders
- Other mood [affective] disorders

Neurotic, stress-related and somatoform disorders

- Phobic anxiety disorders
- Other anxiety disorders
- Obsessive-compulsive disorder
- Reaction to severe stress, and adjustment disorders
- Dissociative [conversion] disorders
- Somatoform disorders
- Conversion disorder
- Hypochondriasis
- Body dysmorphic disorder
- Pain disorder
- Other neurotic disorders

Behavioural syndromes associated with physiological disturbances and physical factors

- Eating disorders
- Nonorganic sleep disorders
- Sexual dysfunction, not caused by organic disorder or disease
- Mental and behavioural disorders associated with the puerperium, not elsewhere classified
- Psychological and behavioural factors associated with disorders or diseases classified elsewhere
- Abuse of non-dependence-producing substances
- Unspecified behavioural syndromes associated with physiological disturbances and physical factors

Disorders of adult personality and behaviour

- Specific personality disorders
- Mixed and other personality disorders
- Enduring personality changes, not attributable to brain damage and disease
- Habit and impulse disorders
- Gender identity disorders
- Disorders of sexual preference
- Psychological and behavioural disorders associated with sexual development and orientation
- Other disorders of adult personality and behaviour
- Unspecified disorder of adult personality and behaviour

Disorders of psychological development

- Pervasive developmental disorders

Behavioural and emotional disorders with onset usually occurring in childhood and adolescence

- Hyperkinetic disorders
- Conduct disorders
- Mixed disorders of conduct and emotions
- Emotional disorders with onset specific to childhood
- Disorders of social functioning with onset specific to childhood and adolescence
- Tic disorders
- Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence

Unspecified mental disorder

Symptoms and signs involving emotional state

Anorexia

General terms

- Mental confusion
- Mental disability
- Mental capacity
- Psychiatry
- Psychology
- Mental health
- Psychiatric medical co-morbidity

Define the other key variable (specific for the area of knowledge of each WP)
(e.g., "Well-being")

Each work-package should define its own terms and send the list to the coordinator for revision.

A3) Specify inclusion criteria

- Academic, peer-reviewed papers (except in cases where the WP leader considers that other types of publications should also be included because of their relevant information)
- Published during the last 5 years (2007-2011)
- Only publications in the database including an abstract should be selected
- The abstract should be written in the English language (except in cases where the WP leader considers that other national publications should also be included because of their relevant information)
- The study should be set in any of the European countries (EU-27 countries, EU Candidate countries and/or other European countries)
- The corresponding author should be from any of the European countries (EU-27 countries, EU Candidate countries and/or other European countries). If the corresponding author is not specified, the reference author will be the first one.
- Search terms should appear in the title/abstract

B. Search

B1) Specify search terms

Search terms are based on the definitions of the key variables.

The challenge is to include as many terms as possible so as not to miss any relevant findings, while not formulating an impossibly large search.

The specific search strategy slightly differs when using Pubmed or the PsycInfo databases (for more information about the search strategies used for both databases, see annexes II and III respectively).

However, the general procedure is specified below:

1. Limit the search at least for the inclusion criteria mentioned above (each database has specific tools to do it).
2. Introduce the search terms in the advanced search tool as described below:

*(Search terms for "Mental health") [only within the title/abstract] **common for all WPs***

AND

*(Search terms for the "specific area of knowledge") [only within title/abstract] **specific for each WP***

AND

(Search terms for included countries or nationalities of the subjects of the study) [only within title/abstract]

OR *(Search terms for included countries of authors) [only within the affiliation] **common for all WPs***

The syntaxes for the common general terms (i.e., "mental health" and "countries or nationalities of authors or of the subjects of study") have been defined by consensus and checked for Pubmed (Annex II) and PsycInfo (Annex III) searches. They must be used by all work-packages of ROAMER in order to have comparable results in all areas of knowledge.

B2) Specify search strategy

The search strategy should be comprehensive enough to identify all relevant literature but precise enough to minimise the amount of spurious references retrieved.

Use at least the databases listed below:

- Pubmed (see the common search strategy to be used in Pubmed in Annex II)
- PsycInfo (see the common search strategy to be used in PsycInfo in Annex III)

Use the "advanced search" tool and the "limits" option whenever possible to comply with inclusion/exclusion criteria.

C. Refining

C1) Filtering

Only publications of the database including the abstracts should be selected.

C2) Review

In case of more than 3,000 selected references, **random sampling** can be performed to reduce the number of references reviewed.

All decisions are based on abstract, keywords and titles only.

The publications reviewed should be screened according to clear objective inclusion/exclusion_criteria, which have been approved by consensus. These criteria are listed in section A3 (page 19).

Each work-package should add its own inclusion/exclusion criteria to the above list in order to adapt the refinement strategy to each area.

A number of revisions should be made to the inclusion/exclusion criteria by pairs of researchers, be piloted, and some conventions adopted when necessary.

C3) Coding process

It is necessary to code each reference as either included or excluded, with a secondary code reporting the reason for rejection.

Included papers should be coded using a simple coding system and then entered into a SPSS database to run simple correlations. To facilitate the revision of the database, the variables and their different values are described in Annex I.

The aim of the mapping is to characterise the references, not to look at the evidence itself.

Codes are assigned to characterise each reference, covering several dimensions (all that apply; see Annex I for more details on the coding and the information to be collected).

- Practical details of the study
 - Reviewer (the person who is doing the systematic reviewing)
 - Reference Manager ID
 - PsycInfo ID
 - Medline ID
 - First author
 - Corresponding author
 - Country of the corresponding author
 - City of the corresponding author
 - Centre: Hospital, University, Research Centre, other (mark all that apply)
 - Specify the centre
 - Title of the article
 - Keywords
 - Year
 - Journal
 - Excluded
 - Reason for exclusion
 - Country of the subjects of the sample of study (only if applicable)
 - Age of individuals in the study: children, adolescents, children and adolescents, adults, elderly (mark all that apply), more than one, etc.
 - Gender: male, female, both (mark all that apply)
 - Type and sub-type of study (based on the Health Research Classification System of the UK Clinical Research Collaboration, 2009):
 - Underpinning Research
 - Normal biological development and functioning
 - Psychological and socioeconomic processes
 - Chemical and physical sciences
 - Methodologies and measurements
 - Resources and infrastructure (underpinning)
 - Aetiology
 - Biological and endogenous factors
 - Factors relating to physical environment
 - Psychological, social and economic factors
 - Surveillance and distribution
 - Research design and methodologies (aetiology)
 - Resources and infrastructure (aetiology)
 - Prevention of Disease and Conditions, and Promotion of Well-Being
 - Primary prevention interventions to modify behaviour or promote well-being
 - Interventions to alter physical and biological environmental risks
 - Nutrition and chemoprevention
 - Vaccines
 - Resources and infrastructure (prevention)
 - Detection, Screening and Diagnosis
 - Discovery and preclinical testing of markers and technologies
 - Evaluation of markers and technologies
 - Influences and impact
 - Population screening

- Resources and infrastructure (detection)
- Development of Treatments and Therapeutic Interventions
 - Pharmaceuticals
 - Cellular and gene therapies
 - Medical devices
 - Surgery
 - Radiotherapy
 - Psychological and behavioural
 - Physical
 - Complementary
 - Resources and infrastructure (development of treatments)
- Evaluation of Treatments and Therapeutic Interventions
 - Pharmaceuticals
 - Cellular and gene therapies
 - Medical devices
 - Surgery
 - Radiotherapy
 - Psychological and behavioural
 - Physical
 - Complementary
 - Resources and infrastructure (evaluation of treatments)
- Management of Diseases and Conditions
 - Individual care needs
 - End of life care
 - Management and decision making
 - Resources and infrastructure (disease management)
- Health and Social Care Services Research
 - Organisation and delivery of services
 - Health and welfare economics
 - Policy, ethics and research governance
 - Research design and methodologies
 - Resources and infrastructure (health services)
- "Mental health" content (Research concern)
- Content related to the second key variable (Research area)

D. Results-mapping

The map describes each included paper by assigning a range of keywords that characterise content, setting, date of publication and methodological approach. By storing information in this fashion it becomes possible to undertake additional analysis, for instance, allowing a researcher to identify those topics that are well-researched and others that are not (Gough and Elbourne, 2002)

The maps should be tables of correlations or graphics (i.e. "year of the study" versus "mental health disorder"; "country of the study" versus "type of study", etc.).

5.1.3. Expected output

The output of the systematic multidisciplinary literature mapping will be the map describing the estimated proportion of publications in Europe with regard to each area of knowledge of mental health research, which will be grouped by content, setting, date of publication, country, type of institution, and methodological approach, among other parameters. These results will be presented as tables of correlations and graphically, and will be included in the D11.1 on the State of the art of mental health and well-being research in Europe, and partially in the general Database (D2.1). Both documents will be submitted to the EC.

5.2. Electronic surveys and questionnaires

5.2.1. General aim

The ROAMER initiative aims to achieve broad participation of European researchers and stakeholders during the entire process. The survey consultation approach allows collection of the inputs from a high number of researchers and representatives of stakeholders across Europe that cannot participate in scientific workshops or meetings for obvious logistical reasons.

5.2.2. Methodology

Two surveys have been developed targeting two different groups of respondents: researchers and other stakeholders.

5.2.2.1. The survey for stakeholders

Aim

The survey for stakeholders is devoted to the examination of the point of view of several types of stakeholders on research priorities within mental health and well-being research and the current level of development in their countries. This consultation will be addressed during the state-of-the-art phase of the project, although it could continue to the next phase if necessary.

Recipients

This survey will be sent to national associations of stakeholders (i.e., professionals, trainees, academics, and users and carers) active in the mental health and well-being field in individual European Union countries. The list of associations will be proposed by the leader of the WP9 (P10 SUN) and approved by consensus by the Executive Board (EB).

Inclusion/exclusion criteria to select respondents

In order to avoid the overflow of information and the unnecessary duplication of efforts between members of the same associations, several inclusion/exclusion criteria have been defined to select the respondents to the surveys.

For the stakeholders' consultation:

- Pre-selected professional associations, organisations of users and carers, and non-governmental organisations which are active in the mental health field in individual EU-countries are invited to participate
- Associations representing subspecialties within psychiatry (e.g., child and adolescent psychiatry, old age psychiatry, forensic psychiatry) or neighbouring specialties (e.g., neurology, public health, social medicine) active in the mental health field at the European level can be invited to participate
- Only one answer per association or institution will be accepted

Delivery

The candidate associations will be invited to participate by means of an official letter, written in their own language, and sent by e-mail. Once they agree to collaborate, the questionnaire and the guidelines will be provided by e-mail.

They will be asked to complete the form either electronically or by hand if they have any technical difficulties.

Method

The first questionnaire for stakeholders will be defined by P10 SUN based on their wide expertise in the field and reviewed and modified by the ROAMER consortium, and finally approved by the Executive Board. It will be short and simple, consisting of a list of research priorities that respondents will have to rate and prioritise. There will be open text boxes for them to suggest further research priorities, and provide comments and ideas. The draft of the questionnaire, in English, can be found in annex IV.

The form and the letter of invitation will be translated into as many official languages of European countries as possible to increase the number of respondents. Each partner will collaborate at least with the translation into their mother tongue while attempting to cover more languages with the help of their collaborators. Translators will be properly acknowledged in the final report of the ROAMER project.

The data will be collected in a SPSS database for statistical analysis.

Expected output

The results of the survey consultation for stakeholders will be presented in the report D11.1 on the state-of-the-art of mental health and well-being research in Europe that will be submitted to the EC at the end of the second phase of the project. They will be eventually published in a peer-reviewed journal.

Other rounds of stakeholder consultations might be carried out during the course of ROAMER in order to evaluate their opinion about the outputs of scientific and policy workshops.

5.2.2.2. The survey for researchers

Aims

The main goal of the survey consultation targeting researchers is to obtain as many inputs as possible from a broad and comprehensive list of researchers active in all fields within mental health and well-being and distributed across all European countries.

The specific aims will be to cover three different areas:

- The **mapping of the most relevant groups and lines of research** within mental health and well-being in Europe;
- The **identification of main funding source(s)** of the individual research units in Europe;
- The collection of data on the point of view of researchers with regard to the **state-of-the-art, gaps and advances, and research priorities in mental health and well-being research**.

The survey for researchers will be developed in two stages that are fully described below:

Stage 1 of the survey for researchers

Aim

The aims of this first round of survey consultations targeting all experts invited to join the scientific WPs are the following:

- The collection of inputs prior to the first scientific workshops to set the basis for discussion of the state-of-the-art in research
- The establishment of the bases for the second round of consultation. Taking advantage of the deep knowledge of experts, the first survey will allow the collection of a broad list of ideas regarding the state-of-the-art, gaps and advances needed, and research priorities in each field of mental health research. This will permit a simpler, better form which is easier to respond to due to its multiple-choice question format while ensuring that it contains the most relevant options (e.g., for the research priorities), thus being more suitable for wide distribution across the general scientific community concerned with mental health research.

Recipients

The first version of the questionnaire will only be sent to WP leaders and scientific experts invited to join the scientific WPs because they will be asked to make a greater effort and will spend a lot of time completing the whole questionnaire. In this way, the list is comprehensive enough geographically, and in terms of expertise within all areas of knowledge of mental health and well-being research.

Inclusion/exclusion criteria to select respondents

The objective criteria used to select the participants at this first stage are the same as for the selection of experts participating in the scientific workshops, and are described in section 5.3.2.1.

Delivery

The possible respondents will be invited to participate by means of an official letter, sent by e-mail from the official account of ROAMER (ROAMER@pssjd.org). Once they agree to collaborate, the questionnaire, the link to an electronic platform, and the guidelines will be provided. They will be asked to complete the form electronically but will be allowed to fill in it by hand if they have technical difficulties.

Methodological information

The first survey will use a wide questionnaire with open questions that cover the three areas listed above, and written only in English (assuming that researchers should be competent in this language). The form (annex V) has been developed by taking advantage of the experience of other similar initiatives and also by profiting from the consultation expertise of several members of the ROAMER consortium (P1 CIBERSAM, P3 Fondamental, P4 INSERM/ECRIN, and P10 SUN). The first draft has been reviewed, modified and finally approved by consensus of all members of the ROAMER consortium.

Collection of data and analysis of responses

The answers to the survey will be collected manually and entered into an excel file. They will be coded for each of the variables and analysed statistically using the SPSS.

For the open questions, inputs will be collected and grouped by category to be coded for the statistical analysis.

Expected output

The preliminary results of this first consultation will be grouped into areas of knowledge and presented at the corresponding first scientific workshops to set the basis for the discussion. The final results of this first stage will be considered in the D11.1 on the State-Of-the-art of mental health and well-being research in Europe.

Stage 2 - Survey on the prioritisation of advances needed in Mental health research in Europe

Aim

The main aim of this second survey is the prioritisation of advances needed in mental health research in Europe, taking into account the opinion of the most relevant researchers in the field of each European country. The survey will also be used to complete the mapping of the most important research groups and identification of the main funding source(s) of the individual research units in Europe.

The selection of respondents

The list of respondents will be very wide for this second round and will include the most relevant researchers in the area of mental health in every European country. Therefore, it will be comprised of:

- All principal investigators of the ROAMER consortium and experts invited to participate in each WP of ROAMER who meet all criteria stipulated in section 5.3.2
- Researchers that have published the most articles in the field during the last 5 years in each EU-country. To identify these individuals, the web of knowledge will be used. The search will be done using the same common search terms defined for the systematic mapping of the literature (see annexes II and III), limited to the corresponding period of time (from 2008 to date) and for each specific country. The top authors according to the hits obtained for each country will be collected. The number of authors that will be invited will depend on the number of hits obtained in each country as detailed below:

Number of hits of the country	Number of invited authors from that country
< 100	5
100 - 1000	10
1,000 – 2,500	25
2,500 – 5,000	50
5,000 – 20,000	100
> 20.000	200

- The list will be complemented with experts suggested by WP leaders and partners to balance it in terms of area of expertise if necessary, and with European experts that have participated in other similar surveys (e.g., NIMH)
- The list of respondents will be reviewed and eventually approved by consensus of all members of the ROAMER consortium.

Content

The consultation covers three areas:

- 1) Identification of current groups and lines of research**
This section will include general questions on the researcher and their research groups (i.e., location, research activity, research concerns, and size of the group)
- 2) Research funding**
This section will seek information on the main sources of current funding (e.g., national government funding agencies, European Commission or Research Council, non-profit organisations and foundations, associations and industry) for mental health and well-being research that the group receives.
- 3) Research priorities**
In this section, respondents will be asked to rate the importance (from 0 to 10) of several priorities for mental health research in Europe, according to several criteria (section 6). The list of priorities will consist of maximum of 15-20 items per area of knowledge that will have been previously defined by consensus in each work-package.

Delivery

The respondents will be invited to participate by means of an official letter, sent by e-mail from the official account of ROAMER (roamer@pssjd.org). They will be informed that all participation will be acknowledged properly. Once they agree collaborate, they will receive a link from Webropol (the commercial software that will be used to fill in the questionnaire online, to collect the data automatically, and to do some of the analyses). A hard copy of the questionnaire may be sent by email upon request. The guidelines governing participation and more information

about the list of advances needed that should be rated (i.e., their justification according to the above-mentioned criteria, illustrative research questions, etc.) will be published in the website of the project (www.roamer-mh.org).

The survey will be launched in June, 2013 and will be open for two months.

Technical information

The form will be written in English, and developed based on improvements made to the previous version following receipt of the inputs of all experts in the WPs.

The questionnaire should be simple and easy to complete, preferably in only 20 minutes, to guarantee a high response rate.

Collection of data and analysis of responses

The Webropol system will be used for the collection of data, which will be directly exported to an Excel file. Data will be statistically analysed using the SPSS.

Expected output

The results will be partially published in the General Database of ROAMER (D2.2), in the General report on Gaps, Advances and Priorities for mental health research in Europe (D11.3), and in a peer-reviewed journal. Of course, those results will be presented to Stakeholders and policy makers, and will be finally reported on in the roadmap.

5.2.3. Expected output

These surveys will be crucial for the analysis of the state-of-the-art of Mental Health Research in Europe, and for the prioritisation of advances needed. The results will be published in official reports submitted to the EC (i.e., D2.2, D11.1, and/or D11.2).

5.3. Programme of ROAMER project meetings

During the course of the ROAMER project, several meetings will be held (see table 1): the kick-off meeting, scientific workshops, meetings with stakeholder and scientific Advisory Boards, and the Government and Funding institution council, and Policy workshops and Consensus meetings.

For all meetings, the Leader group is responsible for preparation, planning and, if necessary, follow-up. These meetings will be attended by a limited number of stakeholder representatives who will be asked to comment on the documents produced by the various WPs and subsequently on the draft of the roadmap.

Table 1. Estimated plan of meetings throughout the project (in chronological order)

Phase and purpose	Meeting	Leading Group	Date
Kick-off	Kick-off meeting	WP1	Nov 2011
State-of-the-art Generation of the deliverable D11.1 on the State-of-the-art of Mental Health Research in Europe.	1st Scientific Workshops	WP2	May 2012
		WP3	
		WP4/5	
		WP6	
		WP7	
		WP8	
	1st Stakeholder AB meeting	WP9	Sept 2012
1st Scientific AB meeting	ScAB		
1st Government and Funding Institution council meeting	WP3 and WP9		
	1st Consensus meeting	EB	Nov 2012
Gaps and Advances Generation of the deliverable D11.2 on Gaps and Advances in Mental Health Research in Europe.	2nd Scientific Workshops	WP2	Feb 2013
		WP3	
		WP4/5	
		WP6	
		WP7	
		WP8	
	2nd Stakeholder AB meeting	WP9	Oct 2013
2nd Scientific AB meeting	ScAB	Oct 2013	
2nd Government and Funding Institution council meeting	WP3 and WP9	June 2013	
	2nd Consensus meeting	EB	Oct 2013
Prioritisation Generation of the deliverable D11.3 on Gaps, Advances and Priorities in Mental Health Research in Europe	1st Policy Workshop (with Policy makers)	EB	Dec 2013
	3rd Consensus meeting (with WPs, Stakeholder AB, Scientific AB, Policy and Funding Institution Council)	EB	Jan 2014
Roadmap Generation of the deliverable D11.4: A Roadmap on Mental Health Research in Europe	4th Consensus meeting	EB	May 2014

5.3.1. Kick off meeting

The Kick-off meeting (KOM) was the first chance to join the ROAMER consortium in person. It was held in Barcelona (Spain) at the very beginning of the project (16 -17th of November, 2011) in order to set the bases for the project as soon as possible (see the agenda of the event in annex VI) .

Attendees invited:

The coordinator of the ROAMER project (chair of the event), the project manager, representatives of all partners, WP leaders and co-leaders, and all appointed postdoctoral researchers from each WP.

Aims

The kick-off meeting was devoted to:

- Introducing the ROAMER project (i.e., objectives, general work plan, deliverables and milestones)
- Presenting other similar approaches (i.e., FUTURAGE and DIAMAP) in order to take advantage of their expertise
- Presenting the management structure of ROAMER
- Informing all partners and WPs on the obligations deriving from the Grant Agreement
- Defining the common key terms
- Establishing the scope of the project by consensus
- Discussing and fine-tuning the overarching common methodology of ROAMER by consensus
- Presenting the first proposal of the scientific expert group and areas of each scientific WP
- Introducing members and functions of other WPs (especially project management and promoting and disseminating tasks)

Methodology

The KOM consisted of a face-to-face meeting where the ROAMER project and the various WPs were introduced, along with other similar approaches that had already been successfully accomplished. The representatives of these other similar initiatives actively participated in the discussions, thus providing guidance and advice at this first stage.

Preliminary versions of the methodology and the scope of the project were defined after several hours of deep scientific discussion.

Each WP leader presented a proposal for the coverage of their area of knowledge, which was discussed with the ROAMER consortium in order to avoid overlapping of efforts among WPs from the outset.

Although it was initially planned to include governments, funding institutions and stakeholder representatives in the KOM (as indicated in the document on the Description of Work), it was finally agreed to organise the meeting with only the core members of the project so as to facilitate the agreement and the establishment of methodological bases. It was decided to delay the meeting with other stakeholders, when they could be provided with a document to review.

Output

The output derived from the kick-off meeting is reported in this document [D2.1 - "Guidelines to harmonise the project"].

This document has been generated based on the discussions of the KOM, and reviewed several times by the ROAMER consortium until its final approval by consensus.

5.3.2. Scientific workshops

There will be two scientific workshops per WP within the first half of the ROAMER project.

Aims

The scientific workshops aim to generate deep scientific discussion between experts in one specific area of knowledge within mental health and well-being research to define the current scenario in this specific field in Europe, to compare it with the desired situation, and to establish the main gaps that should be filled within the next 10 years, and the possible advances that would achieve this goal.

Attendees

The leader of the WP organising the workshop and the respective postdoctoral researcher, the project coordinator, the project manager, at least one member representing each WP (i.e., the WP leader and/or the appointed postdoctoral researcher), and 20-30 scientific experts in the field (see section 5.3.2.1 for more details on the objective criteria to select experts).

Methods

The first scientific workshop will be devoted to analysing the state-of-the-art of the area of knowledge, whereas the second one will focus on the discussion of gaps, advances needed and research priorities.

The discussion between experts should be based on their own expertise and also on previously collected data. Therefore, scientific workshops will be preceded by survey consultations, a systematic literature mapping of recent studies within the field in Europe.

These meetings will be structured in several steps, as described below:

- First scientific workshops (State-of-the-art analysis)
 - The presentation of the ROAMER project, the WPs, and the common methodology (by the CO1 CIBERSAM)
 - Introduction to the area of knowledge (by the WP leader and/or the postdoctoral researcher) and its sub-areas (by pre-selected experts that will act as chairpersons in the forthcoming parallel discussions)
 - Presentation of the results of the first survey consultation and the systematic literature mapping related to that specific field
 - Parallel discussions in separate work-groups that analyse distinct subareas, starting with individual brainstorming (without interruptions). The discussions will address several concepts:
 - Main advances in the subarea during the last 10 years
 - Gaps in knowledge
 - Advances needed and/or research priorities
 - Description of the main ideas and results of each work-group
 - General discussion to organise the inputs and to clearly define the outputs of the workshop

The draft of the agenda of the first scientific workshop of the WP8 on well-being is included as an example in annex VII.

- Second scientific workshops (Gaps and advances analysis)
 - Presentation of the results on the State-of-the-art of Mental Health research in Europe already reviewed and commented on by Advisory Boards and collected in the deliverable D11.1.
 - Presentation of the new results of the WP (e.g., some WPs will perform Delphi processes).
 - Parallel discussions about gaps, advances needed, and the main priorities for research in that specific area, after individual brainstorming (without interruptions).
 - Sharing of the main ideas of each workgroup, discussion with the whole WP
 - Listing of the most important 20 advances needed in that specific research area with a perspective of 15 years by consensus
 - Justification of each advance proposed according to the common objective criteria set for prioritisation (see section 6 for more details)

In all workshops, it should be considered that the findings will have to be integrated by the WP2 according to four criteria: i) geographical, ii) life-course, iii) clinical/disorder, and iv) multidisciplinary. Thus, the WPs should try to cover these dimensions.

There will be several rapporteurs taking notes of the main ideas, discussions, and conclusions in each parallel discussion throughout the event. A tape recorder will be used when possible to store all the information.

Expected output

The WP leader and the postdoctoral researcher will prepare the interim report with a detailed description of the area of knowledge, previous results, and the main conclusions of the workshop. This report should be sent to CO1 CIBERSAM within the next 30 days for revision.

The report should contain several sections as listed below:

- Introduction. Contents of the area of knowledge. Relevance.
- Definition of the area of knowledge and subareas
- Objectives of the report
- Experts
- Description of the meeting and its agenda
- Literature review: methods and summary
- Survey contents and results
- State-of-the-art (i.e., main advances during the last 10 years)
- Gaps, Advances and Priorities

- Expected results
- Bibliography (if applicable)
- Other comments and suggestions (e.g., proposal of research priorities)

5.3.2.1. Objective inclusion/exclusion criteria to select scientific experts

The list of objective inclusion/exclusion criteria for scientific experts of WPs is indicated below:

- Each WP should consist of a list of around 20-30 scientific experts
- Each scientific expert can only participate in one specific WP, thus avoiding overlapping of experts in different work groups
- The candidate should have proven expertise in the area of knowledge of the WP (e.g., demonstrated by the number of publications in the specific research field and their impact on the scientific community)
- H-value > 10, as an indicator of the relevance/excellence of the scientific career of the expert (except in WPs where the leader considers that the number of publications in peer-reviewed journals and citations is not a good indicator of the excellence of the candidate in the field)
- At least one expert of the WP should be from the Eastern Europe, as an indicator of geographic representation
- Neither men nor women should exceed 80% of participants in any WP, as an indicator of gender representation
- The list of experts should also include young scientists that can contribute with an innovative point of view
- Candidates should accept the personal invitation to participate in the WP workshops and cannot delegate their function
- WPs should avoid inviting scientists with any conflict of interest with respect to the field of research

5.3.3. Policy workshop

There will be only one policy workshop at the beginning of the phase 4 (Prioritisation of research).

In the description of work, a second policy workshop was planned for the last phase (Translation into Roadmaps) but on reflection it was considered unnecessary to have an independent meeting with policy makers since they could meet with all groups of stakeholders in the last consensus meeting.

Aims

The aims of the Policy workshop are the following:

- to discuss with Policy makers the list of gaps and advances and to highlight the list of priorities for each area of knowledge within Mental Health Research defined in previous phases
- to launch action plans based on the information gathered in the previous phases for mental health and well-being research which will be added to the drafts of the roadmaps.

Attendees

WP leaders and postdoctoral researchers, the coordinator, the project manager, and policy makers of any EU-country.

Objective criteria to select representatives of policy-makers

During the kick-off phase, the EB agreed, by consensus, several objective criteria to select the representatives of policy makers that will participate in Policy Workshops. These inclusion/exclusion criteria are listed below:

- a maximum of twenty policy-makers from any of the EU-countries
- a maximum of one representative per EU-country
- Geographic representation (at least one representative of Eastern EU-countries)
- Representation of the European Commission (EC) with at least one member

Methods

The policy workshop will last for two days.

The discussion between policy makers should be based on their own expertise and also on previously collected data that will be properly presented.

The workshop will be divided into several steps as described below:

- First round of Policy workshops (one per WP)

- The presentation of the ROAMER project, WPs, and the common methodology (by the CO1 CIBERSAM)
- Presentation of the results obtained from the survey consultations and the systematic literature mapping, and from the previous phases (i.e., the D11.2 on Gaps and Advances in Mental Health research in Europe, already submitted to the EC)
- Discussion on the list of advances needed and the rating of priorities for research (i.e., the results of the second survey)
- Proposal of action plans after individual brainstorming. Policy-makers need to assess the extent to which research findings from one Member State are applicable to others.
- Agreement on the main conclusions.

Expected output

The output will be a review of previous reports, including the main conclusions of the workshop and the description of action plans proposed.

The report should contain several sections as listed below:

- Introduction.
- Objectives of the report
- Description of the workgroup
- Description of the meeting and its agenda.
- Review/comments on the State-of-the-art
- Review/comments on Gaps, Advances needed and Priorities
- Proposal of action plans and justification
- Expected results
- Bibliography (if applicable)
- Other comments and suggestions (e.g., proposal of priorities for research)

5.3.4. Meetings with the advisory boards and the council

Aim

After each round of Scientific or Policy Workshops, all results obtained will be collected and presented to the SAB, the Stakeholder AB, and/or the Government and Funding Institution Council in consecutive independent meetings. They will review, comment and complete the information gathered on the State-of-the-art, Gaps and advances, Research Priorities, or Action Plans in mental health research in Europe.

During the last phase of the project, there will be a final consensus meeting bringing all these groups together in one single meeting to review the proposal of the roadmap.

Attendees

The EB (i.e., the coordinator, the project manager, representatives of partner institutions, and WP leaders), postdoctoral researchers, and the members of the Stakeholder AB, the Scientific AB, or the Government and Funding Institution Council.

Methods

The discussion between the members of the ABs or the Government and Funding Institution Council should be based on their own expertise, but also on previously collected data that will be appropriately presented.

All meetings with the SAB, the Stakeholder AB, or the Government and Funding Institution council will take place after the scientific or policy workshops, will last one day or two consecutive days, and will follow the same structure, which is described below:

- The presentation of the ROAMER project, the WPs, and the common methodology (by the CO1 CIBERSAM)
- Introduction to the responsibilities and the roles of the group within the ROAMER project
- Presentation of the results obtained in the previous round of Scientific or Policy workshops and from the survey consultations concerning the State-of-the-art, gaps and advances, priorities, or action plans for each area of Mental health Research in Europe
- Parallel discussions about the State-of-the-art, gaps and advances needed, priorities, and/or action plans for Mental health Research in Europe
- General discussion to organise all the inputs and definition of the results of the workshop

Expected output

During the next 30 days, the coordinator and the project manager will circulate the minutes of those meetings, which will be commented on by all participants. Those documents will be used by all WP leaders to review their

interim reports and will be taken into account by the WP11 when translating the results into the official reports and into the roadmap.

5.3.4.1. Objective inclusion/exclusion criteria for members of the Scientific Advisory Board

The list of candidates should be proposed by the SAB leader and finally approved by the EB through a transparent and comprehensive process (i.e., avoidance of conflicts of interests, geographical and multidisciplinary representativeness, individual expertise as indicated by the H-index and representativeness in terms of gender balance).

The list of objective inclusion/exclusion criteria for scientific experts of SAB is indicated below:

- The ROAMER Scientific Advisory Board (SAB) should consist of a group of around 10/15 renowned scientific experts
- The members should be excellent researchers who have been successful in integrating research in national and/or international research centres and networks in mental health, created cooperation between and within disciplines, acquired funding and produced and stimulated scientific output
- The members should come either from European countries or from abroad, and should be widely distributed geographically
- The list of members of the SAB should cover all the various disciplines and dimensions of Mental Health research
- The members of the SAB will not participate as experts in any WP
- The members of the SAB should not be actively working in pharmaceutical companies in order to avoid conflict of interests (these candidates should participate within the Stakeholder Advisory Board)

5.3.4.2. Objective inclusion/exclusion criteria for members of the Stakeholder Advisory Board

The inclusion/exclusion criteria that should be used to select all members of the Stakeholder Advisory Board (AB) are listed below:

- The Stakeholder AB should consist of a group of around 10 representatives of mental health professional associations, academic institutions, and organisations of users and carers active at the European level
- A maximum of one representative per association will be invited

The leader of the WP9 (P9 SUN) should present an initial proposal based on the above criteria, which should be approved by consensus by members of the EB.

5.3.4.3. Objective inclusion/exclusion criteria for members of the Government and Funding Institution Council

The Government and Funding Institutions Council will be created to assess the participation of government, policy makers and funding institutions, working in close collaboration with WP3 leaders, to assess the state of the art of current research policies and funding programmes in mental health and the analysis of gaps and advances required to achieve a desired outcome. Therefore, the council will facilitate the implementation of the roadmap results and the coordination of funding programmes and policies across Europe.

The list of inclusion/exclusion criteria is detailed below:

- The Government and Funding Institution Council will consist of around 50 representatives from governments, donors, and funding institutions of any of the EU-countries (i.e., representatives of national contact points, national funding agencies, SANCO, and national ministries)
- A maximum of three members per country will participate
- At least one member should come from Eastern Europe to maintain geographic representation

5.3.5. Executive Board Meetings

Aims

The EB will meet at least once every six months, preceding the contractual reporting obligations to the EC, either in face-to-face meetings or by teleconference. The initial plan for EB meetings and teleconferences, along with their aims, is shown in Table 2. However, extraordinary meetings can be convened at any time, following a written request by any member of the EB to the Coordinator.

Attendees

The Executive Board (EB) consists of the coordinator of the project and at least one representative per partner (14 in total), including all WP leaders. The Coordinator chairs the EB and, as such, is responsible for leading the EB meetings, conducting them and being the primary interlocutor on behalf of the participants of ROAMER for all formal written and verbal communication with the EC.

Table 2 Initial plan of EB meetings and teleconferences throughout the project

Meeting	Date	Main objectives
KOM and 1st EB meeting face-to-face	Nov. 2011	<ul style="list-style-type: none"> • Management issues • Fine-tuning of the common methodology
EB teleconference (I)	Feb-Mar 2012	<ul style="list-style-type: none"> • Approval of D10.1 (dissemination plan) and webpage • Establishment of the survey consultation approach • Establishment of the methodology and approval of the deliverable D2.1 • Planning of First Scientific Workshops
2nd EB meeting - Face-to-face (within the 1st Consensus meeting)	Nov. 2012	<ul style="list-style-type: none"> • Approval of the State-of-the-Art report (D11.1) and presentation of the Database (D2.2) • First proposal of scientific publications • Discuss the first Official Report for the EC
EB teleconference (II)	March-April 2013	<ul style="list-style-type: none"> • Planning of 2nd Stakeholder and Scientific AB meetings after 2nd Scientific Workshops • Approval of the 1st Official Report to be delivered to the EC
3rd EB meeting - Face-to-face (within the 2nd Consensus meeting)	Sept. 2013	<ul style="list-style-type: none"> • Approval of D11.2: Gaps and Advances • Planning of the 1st and 2nd Policy Workshops
EB teleconference (V)	Feb. 2014	<ul style="list-style-type: none"> • Gaps, Advances and Priorities report (D11.3) • Baselines of the final roadmap
4th EB meeting - Face-to-face (within the 4th Consensus meeting)	May 2014	<ul style="list-style-type: none"> • Final roadmap (D11.4) and Final Dissemination Plan (D10.3) • 2nd Official Report to be delivered to the EC • Final publishable summary report (results, conclusions and socio-economic impact) • Report on wider societal implications (gender equality actions, ethical issues, efforts to involve other actors and spread awareness as well as the plan for the use and dissemination of foreground).

Methods

The agenda of EB meetings will vary depending on the issues to be discussed. The EB teleconferences will last around 2 hours, whereas EB face-to-face meetings will be part of the Consensus meetings and will last half a day. The general structure will be an introductory part, a discussion, and agreement by consensus on the main conclusions.

Expected output

The output of EB meetings will consist of the minutes of the event with the main conclusions, which will be circulated to the whole consortium, and the release of all official documents or reports to the EC (see table 1).

5.3.6. Consensus meetings

At the end of each phase of the ROAMER project (i.e., State-of-the-art, Gaps and Advances, Priorities, and Roadmap) there will be a consensus meeting.

Aim

The aim of the consensus meetings will be to define by consensus the main results and conclusions to be reported to the EC in deliverables D11.1 on the State-of-the-art, D11.2 on Gaps and Advances, D11.3 on Priorities of Research, or D11.4 on the Roadmap on Mental Health Research in Europe.

Attendees

During the first phases of the project, the consensus meetings will only be attended by members of the ROAMER consortium whereas, at the last phase, the consensus meeting will include all groups of stakeholders involved in the ROAMER project: the EB, postdoctoral researchers, the Stakeholder AB, the SAB, the Government and Funding Institution Council, and Policy makers.

Methods

The consensus meetings will last one day. The agenda will be structured in a presentation of the draft of the deliverable, the discussion, and the collection of comments/suggestions from all relevant parties and the agreement on several conclusions by consensus.

Expected output

The output of each consensus meeting will consist of the minutes of the event and the specific deliverable to be submitted to the EC in each phase, which will be written by the WP11 in collaboration with the CO1 CIBERSAM.

5.4. The Roadmap on Mental Health Research

Aim

The last phase of the ROAMER project consists of the development and the writing process of the Roadmap in Mental Health research in Europe for the next 10-15 years.

Method

The writing process of the Roadmap will include the following steps:

1. Each scientific WP will provide an interim report on their main conclusions after all phases of the project, commenting on action plans proposed by policy makers, which will be devoted to deal with the main gaps in the field, according to the proposed priorities of research
2. The WP11 will write a draft of the general Roadmap for Mental Health Research in Europe by integrating all the information from each WP and taking into account geographic, disorder, and life-span perspectives, and including the main priorities of research and the action plans to address them.
3. The draft will be reviewed by all relevant parties: EB, policy makers, Advisory Boards, and the Government and Funding Institution Council at the last consensus meeting.
4. The WP11 will write a revised version of the roadmap based on all comments/suggestions
5. The EB will approve, by consensus, the final Roadmap for Mental Health research in Europe.

Output

The Roadmap will include the strategy for the identification of scientific needs and priorities in research into mental health, mental disorders and well-being; the infrastructure strategy that will identify collaborative structures used to facilitate and coordinate mental health research, as well as funding strategies and appropriate mechanisms for coordinating research and research implementation requirements imposed by governments, the academic community and the private sector. It will also present a mechanism for the identification of gaps in basic and applied knowledge of mental health and well-being in Europe and the development of tools for the cross-sectional and eventually prospective evaluation of research needs and prioritisation strategies. Furthermore, the Roadmap will describe standardised performance indicators and inclusion criteria to identify and filter out low quality research to contribute to a net increase in high quality mental health research (see the following section).

6. Objective indicators to set priorities of research

These objective indicators have been defined during the kick-off phase (based on Tomlinson et al., 2009; Fleurence and Torgerson, 2004; and Fleurence 2007), will be fine-tuned during the entire course of the project, and finally described in the Roadmap for Mental health research in Europe.

Prioritisation of advances needed in research in ROAMER will be performed across all the WPs. From advances produced by each WP, a single list will be created and this is the list which will be prioritised. Each WP will be asked to produce 10-20 advances.

Legitimacy and fairness are the fundamental principles that underlie effective priority setting processes. At the core, priority setting involves adjudicating between a wide range of values, some of which conflict, including: benefit, evidence, cost, efficiency, equity, equality, benefit to the economy, severity of disease, prevalence of disease, solidarity, and protection of the vulnerable among others. Since the specific value drivers for health research prioritisation may vary depending upon the geographic context, these prioritisation decisions will therefore be made at the European level.

The Elements of Legitimate Priority Setting refer to the moral authority of decision-makers. Fairness refers to the moral acceptability of the decision-making process. To achieve a legitimate and fair priority setting, our process will include:

1. Stakeholder involvement – involving the widest range of context-specific stakeholders will ensure consideration of the widest range of relevant values. It is especially relevant to involve service users and carers.
2. Publicity – the decision-making process should be clearly stated and decisions and the reasons for decisions should be broadly publicised.
3. Review/Appeals – there should be a mechanism for reviewing decisions based on the input of stakeholders, and there should be a mechanism for dispute resolution.
4. Leadership – leaders are responsible for ensuring compliance with the first three elements, and are responsible for monitoring, evaluating, and improving decision-making.

Our method will be based on objectivity, transparency, validity, and as it will be described in detail, it will be possible to replicate it.

For the prioritisation process to be completed, we plan to include a follow-up of commitments and outcomes.

The prioritisation process will be divided into the following phases:

1. Create a systematic list of research advances needed (i.e., challenges).

The research prioritisation should integrate the views from different WPs.

The proposed structure of the integrated list is:

- Understanding the disorders and their impact.
- Developing health interventions (promotion, prevention, treatment, rehabilitation)
- Improving the implementation and efficiency of health interventions.

For each advance, a brief description will be provided, with some sentences to illustrate the rating of the prioritisation criteria (see below).

2. Rating of listed research options by seven criteria:

The participants in the prioritisation process (researchers, professionals, service users, other stakeholders) will rate each of the listed advances against the following criteria:

- a. Likelihood that the advance can be achieved in Europe (lead to new knowledge, enabling development or planning of an intervention).

Examples of questions to rate these criteria:

- Based on the existing research capacity and the size of the gap between the current level of knowledge and the proposed end-points, studies can be designed to answer the research question derived from the suggested advance in order to reach those end-points.
- The study to answer the proposed research question will obtain ethical approval without major concerns

- b. Likelihood that the advance results in an effective intervention to diminish the appearance of disease or its consequences, or to solve a specific problem.

Examples of questions to rate these criteria:

- Based on the best existing evidence and knowledge, would the intervention developed or improved through the proposed research be efficacious?
- Based on the best existing evidence and knowledge, would the intervention that would be developed or improved through the proposed research be effective?

- c. Likelihood that the advance could be provided to Europeans and have an impact on society (i.e., to decrease disease burden*, to improve wellbeing, or to produce economic benefits).

*The maximum potential to reduce disease burden should be assessed taking into account the overall burden of that disease in the population and the fraction of that burden that would be avoided.

Examples of questions to rate these criteria:

- Can the advance, if necessary, be translated into an intervention that can be delivered (design of the intervention itself, infrastructure required, attitudes and beliefs of users)?
- Is it feasible to extend the advance to Europe, taking into account the resources available?
- Would the intervention cause societal change?
- Would the advance provide economic benefits?

- d. Relative competitiveness of Europe with respect to other regions to achieve and implement the advance.

Examples of questions to rate these criteria:

- Does Europe have the resources to achieve and implement the advance?
- Will the advance improve Europe-wide development?
- Do we have any European specific issues to better answer the question? (e.g., a coherent set of health services)

- 3. Compute final “research priority score” (0–100%) as the weighted mean of the intermediate scores to rank the advances** (Decide how to calculate the combined score)

The European element must have the highest weighting so that it will be doubled and each of the other sections rate as their mean

- 4. Describe the overall combined scoring with the key issues that most people want at the top, and the prioritisation results for each group of raters** (researchers, professionals, service users, policy makers, other stakeholders)

- 5. Disseminate the prioritisation process and results for public knowledge and comments**

- 6. Publication of the results**

Advocate for the implementation of identified priorities, and evaluate and improve the process based on feedback.

7. Objective indicators to assess high quality, promotion and integration to treatments of research

The ROAMER initiative will contribute to a net increase in high quality mental health research by developing and implementing standardised performance indicators and inclusion criteria to set research priorities and to identify and select high quality research, and its promotion and integration into treatments. These EU-wide objective criteria and indicators have been defined during the kick-off phase of the project by consensus among the EB (based on Tomlinson et al., 2009; Fleurence and Torgerson, 2004; and Fleurence 2007; see table 3), will be fine-tuned during the entire course of the project and finally described in the Roadmap for Mental health research in Europe.

Table 3 EU-wide objective indicators to assess high quality, promotion and integration to treatment.

Criterion	Description	Objective indicator (methods)
Answerability	Likelihood that research would lead to new knowledge, enabling development or planning of an intervention	<ul style="list-style-type: none"> - The research question is well framed and end-points are well defined - The study can be designed to answer the research question and to reach the proposed end-points of the research, based on the level of existing research capacity and the size of the gap between the current level of knowledge and the proposed end-points

		<ul style="list-style-type: none"> - The study that should answer the proposed research question will obtain with high probability the ethical approval without major concerns
Value of information	<p>Cost-effectiveness analysis (expressing the value of research in terms of resources or health benefits forgone)</p> <p>The adoption decision should be based on the expected (mean) cost-effectiveness of the technology given existing information</p>	<ul style="list-style-type: none"> - The cost of research should be lower than the expected value of information (i.e., the net health benefits we would gain if taking the decision under conditions of certainty) - The expected cost of uncertainty is the loss of additional benefits that would have been provided by the more cost-effective technology (i.e., the net health benefits we lose because our decision is taken under conditions of uncertainty)
Efficacy and effectiveness	likelihood that the intervention resulting from proposed research would be effective	<ul style="list-style-type: none"> - Cost-effectiveness models of treatments - Incremental net benefits - Based on the best existing evidence and knowledge (that should be of high quality), the intervention that would be developed or improved through the proposed research will be efficacious and/or effective
Deliverability and affordability	Assessment of deliverability, affordability and sustainability of the intervention resulting from proposed research	<ul style="list-style-type: none"> - The end-points of the research will be deliverable within the context of interest, taking into account the level of difficulty with intervention delivery from the perspective of the intervention itself (e.g., design, standardisability, safety), the infrastructure required (e.g., human resources, health facilities, communication and transport infrastructure) and users of the intervention (e.g., need for change of attitudes or beliefs, supervision, existing demand) - The end-points of the research will be affordable within the context of interest, taking into account the resources available to implement the intervention - The end-points of the research would be sustainable within the context of interest, taking into account government capacity and partnership requirements (e.g., adequacy of government regulation, monitoring and enforcement; governmental intersectoral coordination, partnership with civil society and external donor agencies; favourable political climate to achieve high coverage).
Impact on clinical practice	To rank clinical procedures as candidates for research, assuming that there exists an appropriate level of use of the procedure	(index dependent on the real level of use compared to the appropriate level of use (proxied by the average use) and the number of patients affected is constructed to rank the procedures)
Maximum potential for disease burden reduction	To score competing options fairly, their maximum potential to reduce disease burden should be assessed as their potential impact fraction under an ideal scenario; that is, when the exposure to targeted disease risk is decreased to 0% or coverage of proposed intervention is increased to 100% (regardless of how realistic that scenario is at the moment – that aspect will be captured by other dimensions of the priority setting process, such as deliverability, affordability and sustainability).	<p>Maximum potential to reduce disease burden should be assessed from the results of conducted intervention trials; if no such trials have been undertaken, then it should be assessed as for non-existing interventions.</p> <p>Taking into account the results of conducted intervention trials (i.e., existing interventions) or, for the new interventions, the proportion of avertable burden under an ideal scenario (i.e., potential interventions), the successful reaching of research end-points will have a capacity to:</p> <ul style="list-style-type: none"> - remove 5% of disease burden or more - remove 10% of disease burden or more - remove 15% of disease burden or more
Valuing the burden of disease		<p>Assuming that the burden of the disease rankings can be translated into the need for research (but the number of people affected by a disease or condition will influence the measurement of the value of research, the correspondence between the burden of disease and need for research cannot be automatically assumed. For example, a disease may have a high burden but there may be little uncertainty surrounding the decision to adopt a treatment because there may be no existing alternative technologies for the disease in question)</p> <p>'Payback' - QALY of 'payback' assessments</p> <p>Incremental net benefits</p>
Impact of equity in population	assessment of the impact of proposed health research on equity	<ul style="list-style-type: none"> - Would you say that the present distribution of the disease burden affects mainly the underprivileged in the population? - Would you say that either mainly the underprivileged or all segments of the society equally would be the most likely to benefit from the results of the proposed research after its implementation? - Would you say that the proposed research has the overall potential to improve equity in disease burden distribution in the long term (e.g., 10 years)?

8. Quality indicators to assess adherence to the established methodology

The ROAMER consortium has defined by consensus several objective quality indicators to assess and transparently demonstrate the adherence of the consortium as a whole to the established methodology during all phases of the ROAMER project.

Table 3 Quality indicators to assess adherence to the established methodology.

Area	Quality indicator	Threshold
Presentation of the list of areas and experts for each WP	% WP with a completed list of areas/experts before the first scientific workshop	> 60%
Submission of deliverables	% deliverables submitted to the EC on time (maximum delay of 15 days)	> 60%
Achievement of milestones	% of milestones achieved on time (maximum delay of one month)	> 60%
Attendance of scientific experts in scientific workshops	% of scientific workshops with more than 70% of attendance of scientific experts (versus those invited)	> 60%
Transversal communication among WP in scientific workshops	% of scientific workshops with at least a 70% of participation representing all other WPs (i.e., at least the 70% of all other WPs send at least one member in representation)	> 60%
Consideration of feedback from Stakeholder AB, SAB, and Government and Funding Institution Council in the second scientific workshops	% of comments/suggestions of SAB, Stakeholder AB, and Government and Funding Institution council on the outputs from the first scientific workshops that are discussed during the second workshop	> 60%
Submission of interim reports of workshops to the coordinator	% of interim reports submitted after each workshop within the next 30 days	> 60%
Response rate of surveys	% of respondents versus the number of invited	> 60%
Participation in EB meetings	% of EB meetings with more than 70% attendance	> 60%
Dissemination of the ROAMER initiative by WPs	% of WP that have contributed to at least 2 external meetings or congresses on behalf of the ROAMER project	> 60%
Publication of the results of ROAMER in peer-reviewed journals by WP	% of WP that have participated in at least one publication on behalf of ROAMER each year	> 60%
Geographic representation	% of workshops and meetings with at least one member of one country from Eastern Europe	> 60%
Gender representation	% of workshops and meetings with at least 20% of women or men	> 60%

9. Bibliographical References

American Psychiatric Association Diagnostic and statistical manual of mental disorders, ed. 3. American Psychiatric Association, Washington DC, 1980.

American Psychiatric Association (1994). DSM-IV diagnostic and statistical manual of mental disorders, 4th edn. American Psychiatric Association, Washington, DC.

Curran, C., Burchardt, T., Knapp, M., McDaid, D., & Li, B. (2007). Challenges in multidisciplinary systematic reviewing: A study on social exclusion and mental health policy. *Social Policy and Administration*, 41(3), 289.

Keyes, C. L. M., & Lopez, S. J. (2002). Toward a science of mental health: Positive directions in diagnosis and interventions. In C. R. Snyder, & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 45-62). New York, NY: Oxford University Press.

UK Clinical Research Collaboration: Health Research Classification System London: Clinical Research Collaboration; 2009.

Rudan I, Gibson JL, Ameratunga S, et al.; Child Health and Nutrition Research Initiative. Setting priorities in global child health research investments: guidelines for implementation of CHNRI method. *Croat Med J*. 2008;49:720-33.

Rudan I, Kapiriri L, Tomlinson M, Balliet M, Cohen B, Chopra M. Evidence-based priority setting for health care and research: tools to support policy in maternal, neonatal, and child health in Africa. *PLoS Med*. 2010;7:e1000308

Sahakian BJ, Malloch G, Kennard C; Mental Health Review Group. A UK strategy for mental health and wellbeing. *Lancet*. 2010;375:1854-5

Tomlinson M, Swartz L, Officer A, Chan KY, Rudan I, Saxena S. Research priorities for health of people with disabilities: an expert opinion exercise. *Lancet*. 2009;374:1857-62.

Tomlinson M, Rudan I, Saxena S, Swartz L, Tsai AC, Patel V. Setting priorities for global mental health research. *Bull World Health Organ*. 2009;87:438-46

WHO. Priority setting methodologies in health research. WHO: Geneva, 2008

10. Publications resulting from the work described (if applicable)

n.a.

ANNEXES

Annex I - Data to be collected in the Systematic literature review (Common database)

List of data to be collected for the systematic multidisciplinary literature review. The table contains the variables that should be analysed and that comprise the common database.

Information about the variables		
n°	Variable	Tag
1	Reviewer	Name of the reviewer
2	Ref_man_code	Reference Manager ID
3	DOI	PsycInfo ID
4	PMID	Medline ID
5	First_author	none
6	Country_corresponding	Country of the corresponding author
7	City_corresponding	City of the corresponding author
8	Centre	Centre of the corresponding author
9	Specify_center	Specify center of research
10	Title	none
11	Keywords	none
12	Year	Publication year
13	Journal	Journal name
14	Excluded	Is the article excluded?
15	Reason_excluded	Reason why the article is excluded
16	Specify_reason	Specify reason of exclusion (only if other)
17	Country_sample	Country of the sample
18	Includes_sample_from_outside_Europe	Includes sample from another country outside Europe?
19	Age_group_sample	Age of subjects
20	Gender_sample	Gender of subjects
21	Type_of_study	Area of study
22	Subtype_of_study	Type of study inside each area
23	Mental_health_content	"Mental health" content
24	Other_disorder	Specify other disorder
25	Second_key_concept_content	Specific for WP

Each WP should define the values for this variable

	variables with numeric values predefined (see next tab)
	nominal variables (without numeric values)

List of values for the data to be collected for the systematic multidisciplinary literature review. The table contains the values for each variable to be used for the coding process.

Variable number	Name of the variable / Tag for each value	Value
1	Name of the reviewer	
	Tag	Value
	reviewer 1	1
	reviewer 2	2
6	Country of the corresponding author	Scale
	Tag	Value
	Albania	1
	Andorra	2
	Armenia	3
	Austria	4
	Azerbaijan	5
	Belarus	6
	Belgium	7
	Bosnia and Herzegovina	8
	Bulgaria	9
	Croatia	10
	Cyprus	11
	Czech Republic	12
	Denmark	13
	Estonia	14
	Finland	15
	Former Yugoslav Republic of Macedonia	16
	France	17
	Georgia	18
	Germany	19
	Greece	20
	Hungary	21
	Iceland	22
	Ireland	23
	Italy	24
	Latvia	25
	Liechtenstein	26
	Lithuania	27
	Luxembourg	28
	Malta	29
	Moldova	30
	Monaco	31
	Montenegro	32
	Netherlands (Holland)	33
	Norway	34
	Poland	35
	Portugal	36
	Romania	37
	Russia	38
	San Marino	39
	Serbia	40
Slovakia	41	

Slovenia	42
Spain	43
Sweden	44
Switzerland	45
Turkey	46
Ukraine	47
United Kingdom	48
Vatican City State	49
Other (outside Europe)	50
8 Centre of the corresponding author	Scale
Tag	Value
Hospital	1
University	2
Research Centre	3
Other	4
14 Is the article excluded?	Nominal
Tag	Value
Yes, excluded	1
No, included	2
15 Reason why the article is excluded	Nominal
Tag	Value
Not an academic peer-reviewed paper	1
Not published in 2007-2011	2
Not in English	3
Corresponding author from out of the European Union	4
Study Not set in the European Union	5
Not abstract available	6
Other	7
17 Country of the sample	Scale
Albania	1
Andorra	2
Armenia	3
Austria	4
Azerbaijan	5
Belarus	6
Belgium	7
Bosnia and Herzegovina	8
Bulgaria	9
Croatia	10
Cyprus	11
Czech Republic	12
Denmark	13
Estonia	14
Finland	15
Former Yugoslav Republic of Macedonia	16
France	17
Georgia	18
Germany	19

Greece	20
Hungary	21
Iceland	22
Ireland	23
Italy	24
Latvia	25
Liechtenstein	26
Lithuania	27
Luxembourg	28
Malta	29
Moldova	30
Monaco	31
Montenegro	32
Netherlands (Holland)	33
Norway	34
Poland	35
Portugal	36
Romania	37
Russia	38
San Marino	39
Serbia	40
Slovakia	41
Slovenia	42
Spain	43
Sweden	44
Switzerland	45
Turkey	46
Ukraine	47
United Kingdom	48
Vatican City State	49
Several EU-countries	50
Several european coutries (not only EU-27 countries)	51
Unspecified	88
18 Includes sample from another country outside Europe?	Scale
Tag	Value
Yes	1
No	2
19 Age of subjects	Scale
Tag	Value
Children	1
Adolescents	2
Adults	3
Elderly	4
children and adolescents	5
more than one age group (other than children and adolescents)	6
Unspecified	88
20 Gender of subjects	Scale
Tag	Value
Male	1
Female	2
Both	3
Unspecified	88
21 type of study	Scale

(UR) Underpinning research	1
(AE) Aetiology	2
(PD) Prevention of disease and condition, and promotion of well-being	3
(DS) Detection, screening and diagnosis	4
(DT) Development of treatments and therapeutic interventions	5
(ET) Evaluation of treatments and therapeutic interventions	6
(MD) Management of diseases and conditions	7
(HS) Health and social care services research	8
Unspecified	88
22 Subtype of study	Scale
Tag	Value
(UR) Normal biological development and functioning	11
(UR) Psychological and socioeconomic processes	12
(UR) Chemical and physical sciences	13
(UR) Methodologies and measurements	14
(UR) Resources and infrastructure (underpinning)	15
(AE) Biological and endogenous factors	21
(AE) Factors relating to physical environment	22
(AE) Psychological, social and economic factors	23
(AE) Surveillance and distribution	24
(AE) Research design and methodologies (aetiology)	25
(AE) Resources and infrastructure (aetiology)	26
(PD) Primary prevention interventions to modify behaviours or promote well-being	31
(PD) Interventions to alter physical and biological environmental risks	32
(PD) Nutrition and chemoprevention	33
(PD) Vaccines	34
(PD) Resources and infrastructure (prevention)	35
(DS) Discovery and preclinical testing of markers and technologies	41
(DS) Evaluation of markers and technologies	42
(DS) Influences and impact	43
(DS) Population screening	44
(DS) Resources and infrastructure (detection)	45
(DT) Pharmaceuticals	51
(DT) Cellular and gene therapies	52
(DT) Medical devices	53
(DT) Surgery	54
(DT) Radiotherapy	55
(DT) Psychological and behavioural	56
(DT) Physical	57
(DT) Complementary	58
(DT) Resources and infrastructure (development of treatments)	59
(ET) Pharmaceuticals	61
(ET) Cellular and gene therapies	62
(ET) Medical devices	63
(ET) Surgery	64
(ET) Radiotherapy	65
(ET) Psychological and behavioural	66
(ET) Physical	67
(ET) Complementary	68
(ET) Resources and infrastructure (evaluation of treatments)	69
(MD) Individual care needs	71
(MD) End of life care	72
(MD) Management and decision making	73

	(MD) Resources and infrastructure (disease management)	74
	(HS) Organisation and delivery of services	81
	(HS) Health and welfare economics	82
	(HS) Policy, ethics and research governance	83
	(HS) Research design and methodologies	84
	(HS) Resources and infrastructure (health services)	85
	Unspecified	88
23	"Mental health" content	Scale
	Tag	Value
	Schizophrenia and non-affective psychosis	1
	Bipolar disorders	2
	Depressive disorders	3
	Anxiety disorders	4
	Trauma- and Stressor-Related Disorders	5
	Somatoform disorders	6
	Somatic Symptom Disorders	7
	Dementia	8
	Dissociative Disorders	9
	Personality Disorders	10
	Elimination Disorders	11
	Substance Use and Addictive Disorders	12
	Autism and other neurodevelopmental disorders	13
	Mental retardation	14
	Neurocognitive Disorders	15
	Eating Disorders	16
	Sexual Dysfunctions	17
	Disruptive, Impulse Control, and Conduct Disorders	18
	Unspecified mental disorder	19
	Other disorders, please indicate	20
	Mental state	21
	Mental confusion	22
	Mental disability	23
	Mental capacity	24
	Mental Health	25
	More than one disorder	26
	mental psychiatric comorbidity	27
	Unspecified	88

Annex II - Common search strategy (Pubmed)

Limits:

- **Publication date: 01/01/2007 - 31/12/2011**
- **With abstract**
- **Abstract in English language**

Syntaxes:

1. Mental health --- Limited in the title/abstract

(("drug abuse" OR "drug addict" OR "drug addicts" OR "drug addiction" OR "drug addicted" OR "drug dependent*" OR "drug dependence*" OR "drug withdrawal" OR "drug abuse") OR

("addictive disease*" OR "addictive disorder*") OR

("alcoholic patient*" OR "alcoholic subject*" OR alcoholism OR "alcohol dependent*" OR "alcohol dependence*" OR "fetal alcohol*" OR "prenatal alcohol*" OR "chronic ethanol*" OR "chronic* alcohol*" OR "alcohol withdrawal" OR "ethanol withdrawal") OR

("caffeine dependent*" OR "caffeine dependence" OR "caffeine addiction" OR (caffeine AND addict*) OR "caffeine withdrawal") OR

((cocaine OR heroin OR cannabis OR mdma OR ecstasy OR morphine*) AND (abuse OR depend* OR dependent* OR dependence* OR addict* OR addicts OR addicted OR addiction* OR withdrawal)) OR methadone) OR

(addiction OR addictive OR "substance abuse" OR "withdrawal syndrome" OR psychoactive*) OR

((schizophrenia OR schizophrenic) OR Schizotyp* OR ((Delusional OR paranoid) AND disorder*) OR hallucination* OR Psychotic OR Schizoaffective OR psychosis) OR

((manic OR bipolar OR mood) AND disorder*) OR (depressive AND (disorder* OR episode*)) OR "depressive symptom*" OR hypomania OR mania* OR ((major OR psychotic OR disorder*) AND depression) OR "suicide attempt*" OR suicidal* OR cyclothymia OR Dysthymia) OR

((anxiety OR panic OR "Obsessive-compulsive" OR adjustment OR conversion OR dissociative OR Somatoform OR Somatisation OR neurotic) AND disorder*) OR ("hypochondriasis*" OR "body dysmorphic disorder*" OR "pain disorder*") OR agoraphobia OR "social phobia*" OR "Post-traumatic stress" OR "stress disorder*") OR

("Eating disorder*" OR "Anorexia nervosa" OR "Bulimia nervosa" OR "sleep disturbance" OR (sexual AND (disorder* OR dysfunction)) OR ((postnatal OR postpartum) AND depression) OR ((antidepressant* OR laxative* OR analgesic* OR psychotropic* OR vitamin* OR steroids OR hormone*) AND abuse)) OR

((insomnia OR sleepiness OR "sleep disturbance") NOT (apnea OR "side effect*" OR parkinson* OR alzheimer OR neurodegenerat* OR cancer OR obesity OR obese*)) OR (hypersomnia NOT narcolepsy) OR ((sleep OR night) AND terror*) OR nightmare*) OR

((disorder* AND (personality OR identity OR impulse* OR impulsiv*)) OR asocial OR antisocial OR psychopathic OR anxious OR narcissi* OR "Pathological gambling" OR pyromania* OR Trichotillomania OR Psychosexual OR ("Munchhausen syndrome")) OR

("Pervasive developmental disorder*" OR autism OR autist* OR "Rett* syndrome" OR "Asperger* syndrome") OR

((Hyperkinetic OR Conduct OR Emotional OR tic) AND disorder*) OR (anxiety AND (separation OR phobic OR social)) OR (hyperactivity AND (disorder* OR syndrome)) OR "Tourette syndrome" OR "Tourette's syndrome") OR

((Mental AND (disorder* OR illness OR health)) OR "psychological distress" OR "psychiatric disorder ") OR

(Nervousness OR "nervous tension" OR Irritability) OR

anorexia OR

(neurosis OR neuroses OR psychoses) OR ("mental confusion*") OR ("mental disability*") OR ("mental capacity*") OR ((psychiatric OR mental) AND (comorbidity OR comorbid)) OR psychiatry OR psychology)

AND

2. 2nd key term syntaxes (specific for area of knowledge) ---- Limited in title/abstract

(

Each WP should define this syntaxes, which will be specific per area of knowledge

)

AND

((

3. Geographic limitation (countries and nationalities) --- Limited in the title/abstract

(

("European Union" OR Europe* OR "EU-27" OR "European country" OR "European countries") OR (Austria OR Belgium OR Bulgaria OR Cyprus OR "Czech Republic" OR Denmark OR Estonia OR Finland OR France OR Germany OR Greece OR Hungary OR Ireland OR Italy OR Latvia OR Lithuania OR Luxembourg OR Malta OR Netherlands OR Holland OR Poland OR Portugal OR Romania OR Slovak* OR Slovenia OR Spain OR Sweden OR "United Kingdom" OR England OR Wales OR Scotland OR "Great Britain") OR (Croatia OR "Former Yugoslav Republic of Macedonia" OR Macedonia OR Iceland OR Montenegro OR Turkey) OR Albania OR Andorra OR Armenia OR Azerbaijan OR Belarus OR "Bosnia and Herzegovina" OR Bosnia OR Georgia OR Liechtenstein OR Moldova OR Monaco OR Norway OR Russia OR "San Marino" OR Serbia OR Switzerland OR Ukraine OR (Vatican AND (City OR State)) OR

(European* OR Austrian* OR Belgian* OR Bulgarian* OR Cypriot* OR Czech* OR Danish* OR Estonian* OR Finish* OR French* OR German* OR Greek* OR Hungarian* OR Irish* OR Italian* OR Latvian* OR Lithuanian* OR Luxembourg* OR Maltese* OR Dutch* OR Hollander* OR Netherlander* OR Polish* OR Portuguese* OR Romanian* OR Slovak* OR Slovenian* OR Spanish* OR Swedish* OR English* OR Scottish* OR Britannic* OR British* OR Welsh* OR Croatian* OR Macedonian* OR Icelandic* OR Turkish* OR Albanese* OR Andorran* OR Armenian* OR Azerbaijani* OR Belarusian* OR Bosnian* OR Georgian* OR Liechtenstein OR Moldavian* OR Monaco OR Nordic* OR Russian* OR Serbian* OR Swiss* OR Ukrainian* OR Vatican*)

)

OR

(

4. Geographic limitation (countries) --- Limited in the affiliation

("European Union" OR Europe* OR "European Commission") OR (Austria OR Belgium OR Bulgaria OR Cyprus OR "Czech Republic" OR Denmark OR Estonia OR Finland OR France OR Germany OR Greece OR Hungary OR Ireland OR Italy OR Latvia OR Lithuania OR Luxembourg OR Malta OR Netherlands OR Holland OR Poland OR Portugal OR Romania OR Slovak* OR Slovenia OR Spain OR Sweden OR "United Kingdom" OR England OR Wales OR Scotland OR "Great Britain") OR (Croatia OR "Former Yugoslav Republic of Macedonia" OR Macedonia OR Iceland OR Montenegro OR Turkey) OR Albania OR Andorra OR Armenia OR Azerbaijan OR Belarus OR "Bosnia and Herzegovina" OR Bosnia OR Georgia OR Liechtenstein OR Moldova OR Monaco OR Norway OR Russia OR "San Marino" OR Serbia OR Switzerland OR Ukraine OR (Vatican AND (City OR State)))

))

Annex III - Common search strategy (PsycInfo)

Limits:

Click in:

- **Publication date: 2007-2011**
- **Language: English**
- **Abstract in English language**
- **Peer reviewed**

(Search terms for "Mental health") [title of the document] OR (Search terms for "Mental health") [abstract] AND (Search terms for the second key variable) [title of the document] OR (Search terms for the second key variable) [abstract] AND (Search terms for included countries) [all fields]

Syntaxes:

(

1. **Mental health --- Limited in the title**

("drug abuse" OR "drug addict" OR "drug addicts" OR "drug addiction" OR "drug addicted" OR "drug dependent*" OR "drug dependence*" OR "drug withdrawal" OR "drug abuse") OR

("addictive disease*" OR "addictive disorder*") OR

("alcoholic patient*" OR "alcoholic subject*" OR alcoholism OR "alcohol dependent*" OR "alcohol dependence*" OR "fetal alcohol*" OR "prenatal alcohol*" OR "chronic ethanol*" OR "chronic* alcohol*" OR "alcohol withdrawal" OR "ethanol withdrawal") OR

("caffeine dependent*" OR "caffeine dependence" OR "caffeine addiction" OR (caffeine AND addict*) OR "caffeine withdrawal") OR

((cocaine OR heroin OR cannabis OR mdma OR ecstasy OR morphine*) AND (abuse OR depend* OR dependent* OR dependence* OR addict* OR addicts OR addicted OR addiction* OR withdrawal)) OR methadone) OR

(addiction OR addictive OR "substance abuse" OR "withdrawal syndrome" OR psychoactive*) OR

((schizophrenia OR schizophrenic) OR Schizotyp* OR ((Delusional OR paranoid) AND disorder*) OR hallucination* OR Psychotic OR Schizoaffective OR psychosis) OR

((manic OR bipolar OR mood) AND disorder*) OR (depressive AND (disorder* OR episode*)) OR "depressive symptom*" OR hypomania OR mania* OR ((major OR psychotic OR disorder*) AND depression) OR "suicide attempt*" OR suicidal* OR cyclothymia OR Dysthymia) OR

((anxiety OR panic OR "Obsessive-compulsive" OR adjustment OR conversion OR dissociative OR Somatoform OR Somatisation OR neurotic) AND disorder*) OR ("hypochondriasis*" OR "body dysmorphic disorder*" OR "pain disorder*") OR agoraphobia OR "social phobia*" OR "Post-traumatic stress" OR "stress disorder*") OR

("Eating disorder*" OR "Anorexia nervosa" OR "Bulimia nervosa" OR "sleep disturbance" OR (sexual AND (disorder* OR dysfunction)) OR ((postnatal OR postpartum) AND depression) OR ((antidepressant* OR laxative* OR analgesic* OR psychotropic* OR vitamin* OR steroids OR hormone*) AND abuse)) OR

((insomnia OR sleepiness OR "sleep disturbance") NOT (apnea OR "side effect*" OR parkinson* OR alzheimer OR neurodegenerat* OR cancer OR obesity OR obese*)) OR (hypersomnia NOT narcolepsy) OR ((sleep OR night) AND terror*) OR nightmare*) OR

((disorder* AND (personality OR identity OR impulse* OR impulsive* OR impulsivity)) OR asocial OR antisocial OR psychopathic OR anxious OR narcissi* OR "Pathological gambling" OR pyromania* OR Trichotillomania OR Psychosexual OR ("Munchhausen syndrome")) OR

("Pervasive developmental disorder*" OR autism OR autistic* OR "Rett* syndrome" OR "Asperger* syndrome") OR

((Hyperkinetic OR Conduct OR Emotional OR tic) AND disorder*) OR (anxiety AND (separation OR phobic OR social)) OR (hyperactivity AND (disorder* OR syndrome)) OR "Tourette syndrome" OR "Tourette's syndrome") OR

((Mental AND (disorder* OR illness OR health)) OR "psychological distress" OR "psychiatric disorder ") OR

(Nervousness OR "nervous tension" OR Irritability) OR

anorexia OR

(neurosis OR neuroses OR psychoses) OR (("mental confusion*") OR ("mental disability*") OR ("mental capacity*") OR ((psychiatric OR mental) AND (comorbidity OR comorbid)) OR psychiatry OR psychology)

OR

2. Mental health --- Limited in the abstract

("drug abuse" OR "drug addict" OR "drug addicts" OR "drug addiction" OR "drug addicted" OR "drug dependent*" OR "drug dependence*" OR "drug withdrawal" OR "drug abuse") OR

("addictive disease*" OR "addictive disorder*") OR

("alcoholic patient*" OR "alcoholic subject*" OR alcoholism OR "alcohol dependent*" OR "alcohol dependence*" OR "fetal alcohol*" OR "prenatal alcohol*" OR "chronic ethanol*" OR "chronic* alcohol*" OR "alcohol withdrawal" OR "ethanol withdrawal") OR

("caffeine dependent*" OR "caffeine dependence" OR "caffeine addiction" OR (caffeine AND addict*) OR "caffeine withdrawal") OR

((cocaine OR heroin OR cannabis OR mdma OR ecstasy OR morphine*) AND (abuse OR depend* OR dependent* OR dependence* OR addict* OR addicts OR addicted OR addiction* OR withdrawal)) OR methadone) OR

(addiction OR addictive OR "substance abuse" OR "withdrawal syndrome" OR psychoactive*) OR

((schizophrenia OR schizophrenic) OR Schizotyp* OR ((Delusional OR paranoid) AND disorder*) OR hallucination* OR Psychotic OR Schizoaffective OR psychosis) OR

((manic OR bipolar OR mood) AND disorder*) OR (depressive AND (disorder* OR episode*)) OR "depressive symptom*" OR hypomania OR mania* OR ((major OR psychotic OR disorder*) AND depression) OR "suicide attempt*" OR suicidal* OR cyclothymia OR Dysthymia) OR

((anxiety OR panic OR "Obsessive-compulsive" OR adjustment OR conversion OR dissociative OR Somatoform OR Somatisation OR neurotic) AND disorder*) OR ("hypochondriasis*" OR "body dysmorphic disorder*" OR "pain disorder*") OR agoraphobia OR "social phobia*" OR "Post-traumatic stress" OR "stress disorder*") OR

("Eating disorder*" OR "Anorexia nervosa" OR "Bulimia nervosa" OR "sleep disturbance" OR (sexual AND (disorder* OR dysfunction)) OR ((postnatal OR postpartum) AND depression) OR ((antidepressant* OR laxative* OR analgesic* OR psychotropic* OR vitamin* OR steroids OR hormone*) AND abuse)) OR

((insomnia OR sleepiness OR "sleep disturbance") NOT (apnea OR "side effect*" OR parkinson* OR alzheimer OR neurodegenerat* OR cancer OR obesity OR obese*)) OR (hypersomnia NOT narcolepsy) OR ((sleep OR night) AND terror*) OR nightmare*) OR

((disorder* AND (personality OR identity OR impulse* OR impulsive* OR impulsivity)) OR asocial OR antisocial OR psychopathic OR anxious OR narcissi* OR "Pathological gambling" OR pyromania* OR Trichotillomania OR Psychosexual OR ("Munchhausen syndrome")) OR

("Pervasive developmental disorder*" OR autism OR autistic* OR "Rett* syndrome" OR "Asperger* syndrome") OR

((Hyperkinetic OR Conduct OR Emotional OR tic) AND disorder*) OR (anxiety AND (separation OR phobic OR social)) OR (hyperactivity AND (disorder* OR syndrome)) OR "Tourette syndrome" OR "Tourette's syndrome") OR

((Mental AND (disorder* OR illness OR health)) OR "psychological distress" OR "psychiatric disorder ") OR

(Nervousness OR "nervous tension" OR Irritability) OR

anorexia OR

(neurosis OR neuroses OR psychoses) OR (("mental confusion*") OR ("mental disability*") OR ("mental capacity*") OR ((psychiatric OR mental) AND (comorbidity OR comorbid)) OR psychiatry OR psychology)

)

AND

(

3. 2nd key term syntaxes ---- Limited in title

(

Each WP should define this syntaxes, which will be specific per area of knowledge.

)

OR

(

4. 2nd key term syntaxes ---- Limited in abstract

(

Each WP should define this syntaxes, which will be specific per area of knowledge.

)

))

AND

((

5. Geographic limitation (countries and nationalities) --- limited in the filtering

("European Union" OR Europe* OR "EU-27" OR "European country" OR "European countries" OR (Europe* AND (citizen* OR population OR man OR men OR woman OR women OR children OR adult* OR adolescent OR elderly)) OR (Austria OR Belgium OR Bulgaria OR Cyprus OR "Czech Republic" OR Denmark OR Estonia OR Finland OR France OR Germany OR Greece OR Hungary OR Ireland OR Italy OR Latvia OR Lithuania OR Luxembourg OR Malta OR Netherlands OR Holland OR Poland OR Portugal OR Romania OR Slovak* OR Slovenia OR Spain OR Sweden OR "United Kingdom" OR England OR Wales OR Scotland OR "Great Britain") OR (Croatia OR "Former Yugoslav Republic of Macedonia" OR Macedonia OR Iceland OR Montenegro OR Turkey) OR Albania OR Andorra OR Armenia OR Azerbaijan OR Belarus OR "Bosnia and Herzegovina" OR Bosnia OR Georgia OR Liechtenstein OR Moldova OR Monaco OR Norway OR Russia OR "San Marino" OR Serbia OR Switzerland OR Ukraine OR (Vatican AND (City OR State))) OR

(European* OR Austrian* OR Belgian* OR Bulgarian* OR Cypriot* OR Czech* OR Danish* OR Estonian* OR Finish* OR French* OR German* OR Greek* OR Hungarian* OR Irish* OR Italian* OR Latvian* OR Lithuanian* OR Luxembourg* OR Maltese* OR Dutch* OR Hollander* OR Netherlander* OR Polish* OR Portuguese* OR Romanian* OR Slovak* OR Slovenian* OR Spanish* OR Swedish* OR English* OR Scottish* OR Britannic* OR British* OR Welsh* OR Croatian* OR Macedonian* OR Icelandic* OR Turkish* OR Albanese* OR Andorra* OR Armenian* OR Azerbaijani* OR Belarus* OR Bosnian* OR Georgian* OR Liechtenstein OR Moldavian* OR Monaco OR Nordic* OR Russian* OR Serbian* OR Swiss* OR Ukrainian* OR Vatican*)

))

Annex IV - Survey for stakeholders - Research priorities

PRIORITIES FOR MENTAL HEALTH RESEARCH IN EUROPE

Please rate the importance and the level of development in your country of the research areas listed below (from 0 – not important or not developed at all, to 5 – very important or very well developed). Please also select the five priorities for mental health research in Europe (by ticking the relevant boxes on the first column).

Five priorities	Research areas	How important?	How developed in your country?
	New medications for mental disorders	0 1 2 3 4 5	0 1 2 3 4 5
	New psychological interventions for mental disorders	0 1 2 3 4 5	0 1 2 3 4 5
	Increasing access to available treatments	0 1 2 3 4 5	0 1 2 3 4 5
	Improving adherence to available treatments	0 1 2 3 4 5	0 1 2 3 4 5
	Quality of mental health services	0 1 2 3 4 5	0 1 2 3 4 5
	Early detection and management of mental disorders	0 1 2 3 4 5	0 1 2 3 4 5
	Resilience and mental health	0 1 2 3 4 5	0 1 2 3 4 5
	Stigma and discrimination	0 1 2 3 4 5	0 1 2 3 4 5
	Rehabilitation and social inclusion	0 1 2 3 4 5	0 1 2 3 4 5
	Relationships between mental and physical health	0 1 2 3 4 5	0 1 2 3 4 5
	Mental health and well-being in the general population	0 1 2 3 4 5	0 1 2 3 4 5
	Genetic risk/protective factors for mental disorders	0 1 2 3 4 5	0 1 2 3 4 5
	Environmental risk/protective factors for mental disorders	0 1 2 3 4 5	0 1 2 3 4 5
	Prevention of mental disorders	0 1 2 3 4 5	0 1 2 3 4 5
	Neuroimaging of mental disorders	0 1 2 3 4 5	0 1 2 3 4 5
	Molecular bases of mental disorders	0 1 2 3 4 5	0 1 2 3 4 5
	Animal models of mental disorders	0 1 2 3 4 5	0 1 2 3 4 5
	Cognitive dysfunction in mental disorders and its neural bases	0 1 2 3 4 5	0 1 2 3 4 5
	Social and economic impact of mental disorders	0 1 2 3 4 5	0 1 2 3 4 5
	Clinical characterization of mental disorders	0 1 2 3 4 5	0 1 2 3 4 5
	Users' perception of illness and treatment impact	0 1 2 3 4 5	0 1 2 3 4 5
	Suicide prevention	0 1 2 3 4 5	0 1 2 3 4 5
	Health and well-being of carers	0 1 2 3 4 5	0 1 2 3 4 5
	Epidemiology of mental disorders	0 1 2 3 4 5	0 1 2 3 4 5
	Mental health consequences of trauma	0 1 2 3 4 5	0 1 2 3 4 5
	Culture and mental health	0 1 2 3 4 5	0 1 2 3 4 5
	Other (specify)	0 1 2 3 4 5	0 1 2 3 4 5
	Other (specify)	0 1 2 3 4 5	0 1 2 3 4 5
	Other (specify)	0 1 2 3 4 5	0 1 2 3 4 5
	Other (specify)	0 1 2 3 4 5	0 1 2 3 4 5
	Other (specify)	0 1 2 3 4 5	0 1 2 3 4 5

Comments

.....

.....

.....

Annex V - Survey for researchers - First questionnaire

ROAMER National Consultations Survey

You are invited to respond to the consultation questions below and contribute to the future of mental health and well-being research in Europe.

We kindly ask that **only one investigator per research group** answers the questionnaire below (preferably the head of the group) so as to avoid the unnecessary duplication of efforts.

A Roadmap for Mental Health and Well-being Research in Europe Well-being through 2025

Introduction

ROAMER is a project, funded by the European Commission Seventh Framework Programme (FP7), to develop an effective and widely accepted Roadmap on the promotion and integration of mental health and well-being research in Europe for the next 10 years. It will reflect a consensus among key stakeholders (including researchers, mental health professionals, policy-makers, and end users and their carers and families), using a methodologically sound, pragmatic, and multi-disciplinary approach.

Six key scientific areas have been selected to form the core of ROAMER, reflecting a broad approach and the importance of a multi-disciplinary focus of mental health and well-being. They are:

1. Biomedical: neurobiological, pharmacological and clinical research
2. Psychological research and treatments
3. Social and economic aspects
4. Public health research
5. Well-being
6. Research capacity, infrastructure, capacity-building and funding strategies in mental health research

Each of these themes will be subject to extensive consultation among national and European stakeholders, of which this survey is the first phase (more information at: www.roamer-mh.org).

The survey will be circulated widely among investigators who are conducting mental health and well-being research in Europe.

The consultation covers three areas:

- I. Research priorities
- II. Identification of current groups and lines of research
- III. Research funding

Thank you for answering the questions below; your responses will contribute to the future of mental health and well-being research in Europe.

I. Research priorities

Questions

In answering the following questions, please consider not only current trends, but also those which, in your opinion, might arise in the near future.

Consultation question 1:

Which have been the most important advances in mental health and well-being research in the last 10 years? Please, indicate what you consider the top five advances.

Consultation question 2:

Within each of the following key areas, what are the three main research priorities or gaps in research for the next 10 years?

- A. Biomedical: neurobiological, pharmacological and clinical research

- B. Psychological research and treatments

- C. Social and economic aspects

- D. Public health research

- E. Well-being

Consultation question 3:

Are there any major research priorities in mental health and well-being research outside of these areas? If so, what are they?

Consultation question 4:

Which priorities, in your view, require European-wide collaboration?

Consultation question 5:

What infrastructures are necessary to deliver these priorities at a European level?

Responses

We will publish a non-attributable analysis of responses, as well as a list of all respondents to the consultation survey, on the project website. Respondents will also be acknowledged in the project report.

II. Identification of current groups and lines of research

A) General Information

1. First name(s) of investigator
2. Family name(s) of investigator
3. Email of investigator
4. Highest professional degree*
5. Year obtained
6. Number of EU projects in the areas covered by ROAMER during the past 10 years
7. Funding volume
8. Main topics

Working address details:

9. Institution*
10. Legal Entity (or name) used for grants and contracts
11. Faculty, department or laboratory
12. Street address
13. City *
14. Postcode
15. Country *
16. Telephone number (include country code and prefix)
17. Website of the institution
18. Website of the department/laboratory

*data that will eventually made public

- Please tick the box to be added to the project mailing list

B) Research Infrastructure

B.1) Research activity (you may tick more than one) *

- Clinical research (non-interventional)
- Clinical trials (interventional)
- Basic research
- Epidemiology/public health research
- Health services research
- Psychological Sciences
- Social sciences (including education)
- The activity in my group is solely dedicated to mental health and well-being research
- Also involved in non-research clinical activities (patient care duties)
- Other (please describe; for multiple entries, separate by comma or slash):

B.2) Research location *

- University, teaching hospital
- Public research
- Not-for-profit private research institution or hospital
- Industry
- Other (please describe):

B.3) Research personnel

Please, provide information on **personnel currently working in your group**, regardless of the source of salary (i.e. include institutional and non-institutional).

B.3.1) Research personnel currently working in mental health and/or well-being research in your group (including MD, PhD, MSc, PhD students).

Number

B.3.2) Research support personnel (including laboratory technicians, statisticians, research nurses, secretaries)

Number

B.4) Do members of your group participate in a dedicated mental health research training programme (excluding non-specific programmes, such as Masters in Neuroscience, that do not have a clear focus on mental health)? If so, please specify name and nature of the programme(s) (bachelor, master, etc.) and the name of the university.

B.5) Technical facilities of your institution

- In vitro cell studies
- Animal models
- Computed tomography (CT) scan
- Magnetic resonance imaging (MRI)
- Positron emission tomography (PET)
- Bio-banks
- DNA libraries
- Other(please describe):

B.6) Does your group participate in a research network at a national, European and/or international level? If applicable, please name the network(s).

C) Research concerns * Please select up to three diagnostic groups in total that best describe your current research. Only three keywords per person will be included in the database

- Schizophrenia and Non-affective Psychosis
- Bipolar Disorders
- Depressive Disorders
- Anxiety disorders
- Trauma- and Stress-Related Disorders
- Somatoform Disorders
- Somatic Symptom Disorders
- Dementia
- Dissociative Disorders
- Personality Disorders
- Elimination Disorders
- Substance Use and Addictive Disorders
- Autism and Other Neurodevelopmental Disorders
- Mental Retardation
- Neurocognitive Disorders
- Eating Disorders
- Sexual Dysfunctions
- Disruptive, Impulse Control, and Conduct Disorders
- Mental Health
- Other disorders (please describe):

D 2.1 Guidelines to harmonize the project

D) **Research Areas** * Please **select up to five keywords in total** that best describe your current research. Only five keywords per person will be included in the database

Biomedical

- Animal studies
- Neuroimaging
- Cognition
- Genetics
- Molecular psychiatry
- Psychopharmacology
- Clinical characterisation
- Phenotyping
- Clinical trials
- Regulatory issues
- Other biomedical

Public health research

- Epidemiology of mental disorders
- Mental health promotion
- Prevention
- Rehabilitation
- Mental health services
- Mental health policy analysis
- Other public health research

Well-being

- Well-being in people with mental disorders
- Relationship between mental health and well-being
- Theoretical models of well-being
- Evaluation / measurement of well-being
- Other well-being research

Psychological and treatments

- Vulnerability – stress models, risk factors, and interaction
- Experimental psychology
- Neural underpinnings of higher-order cognitive factors
- Diagnostic methods and approaches
- Mental disorders and mental health problems
- Prevention, treatment and rehabilitation
- Psychological treatments and intervention
- Psychological and behavioural change processes
- Other psychological research

Social and economic aspects

- Social and economic impacts of poor mental health (and positive mental health) across multiple sectors, e.g. employment education, health care, social care, housing, criminal justice
- Mental, health and social care financing
- Modelling work based on results of reviews/workshops
- Systematic reviewing and literature searching skills in social policy, economics and stigma
- Economic evaluation and economic modelling
- M-Health, E-Health and I-Health
- Knowledge of networks (MHEEN, ASPEN, Manchester M Health Innovation Group)
- Socio-economic impact of social inclusion, exclusion and discrimination
- The cost-effectiveness of interventions to tackle/prevent stigma, social exclusion and discrimination
- Understanding of the economics of co-morbidity (multiple mental disorders/ somatic health problems)
- Social welfare systems and impact on mental health – housing, employment, education to work, older people
- Other social and economic research

If none of these keywords is appropriate, please describe briefly your lines of research

D 2.1 Guidelines to harmonize the project

III. Research Funding

The information provided will be kept confidential but is of great importance to our understanding of European mental health and well-being funding.

Please indicate the **main** sources of **current** (active) **funding** (e.g. national government funding agencies, European Commission / Research Council, non-profit organisations / foundations / associations and industry).

The funding we seek information about is:

- for **mental health and well-being research** only
- only the proportion that **your group** receives, if you are the coordinator/member of a collaborative project, consortium, multi-centre trial, etc.

Please, provide for 2010 (or, if not available, for 2011) the total permanent funding that you received. Please name each permanent funding body and give the amount received in 2010 per funding body.

Total permanent funding in 2010

Permanent funding body:	amount in 2010:
Permanent funding body:	amount in 2010:
Permanent funding body:	amount in 2010:
Permanent funding body:	amount in 2010:
Permanent funding body:	amount in 2010:
Permanent funding body:	amount in 2010:

Please, include below the following information for all your current project-based grants.

- 1 Funding body:
Title:
Number of years funded:
Total in Euros for entire period of funding:
Multi-centre-study:
 Yes
 No

Repeat as many times as necessary

D 2.1 Guidelines to harmonize the project

In order we can improve the survey for future consultations, please answer the questions below and rate the questionnaire:

- How much time have you spent in fulfilling the questionnaire?
- Do you consider this survey relevant?

Not relevant 1 2 3 4 5 Very relevant

- How satisfied are you with the form?

Not satisfied 1 2 3 4 5 Very Satisfied

- Do you have any suggestion to improve the questionnaire?

Thank you for completing this survey!

Please return it to as an email attachment to **ROAMER@pssjd.org**

If you have any questions or comments regarding this survey or the information being collected, please contact **ROAMER@pssjd.org**

Annex VI - Agenda of the Kick-off meeting

ROAMER kick off meeting 16th-17th November, 2011

16 November 2011

10:00 - 10:15	Welcome
10:15 - 10:30	Project overview (CIBERSAM) Agenda of the meeting (CIBERSAM)
10:30 - 11:10	DIAMAP. A road map for European diabetes research (Prof. Philippe Halban, EURADIA)
11:10 - 11:50	FUTURAGE. A road map for ageing research (Juliet Craig)
11:50 - 12:10	Coffee break
12:10 - 14:10 Executive Board Meeting 1	
12:10 - 12:40	General work plan of ROAMER (CIBERSAM)
12:40 - 13:10	First steps: Deliverables & Milestones (month 1-6) (CFc)
13:10 - 13:40	WP1 project management (CFc & CIBERSAM) <ul style="list-style-type: none"> • Management structure • Internal meetings
13:40 - 14:10	Obligations deriving from the Grant Agreement (CFc) <ul style="list-style-type: none"> • Periodic Reports • Financial Aspects
14:10 - 15:30	Lunch break
15:30 - 15:45	PriceWaterHouse consultants (CIBERSAM)
15:45 - 18:30	Fine tuning of the ROAMER methodology (CIBERSAM & MUMC)
(17:00 - 17:20 Coffee break)	
18:30 - 19:00	The Scientific Advisory Board of ROAMER (Prof. Don Linszen)
21:00 - 23:30	Social Dinner ("Restaurant Visual")

D 2.1 Guidelines to harmonize the project

17th November 2011

10:00 - 10:40	WP10 Promotion and dissemination (CFc, CIBERSAM & SE) <ul style="list-style-type: none">• Web page• Public communications• Publications
10:40 - 11:10	WP2 Analysis of geographic, clinical, multi-disciplinary and life course integration. Definition of scope and the group (MUMC)
11:10 - 11:40	WP3 Structuring of research capacity, infrastructures, capacity building & funding. Definition of scope and the group (FondaMental)
11:40 - 12:00	Coffee break
12:00 - 12:30	WP4 Biomedical: Neurobiological, pharmacological and clinical research. Definition of scope and the group (KCL)
12:30 - 13:00	WP5 Psychological research and treatments. Definition of scope and the group (TUD)
13:00 - 13:30	WP6 Socio and economic aspects. Definition of scope and the group (LSE)
13:30 - 14:00	WP7 Public Health research. Definition of scope and the group (NHV)
14:00 - 15:00	Lunch break
15:00 - 15:30	WP8 Well-being. Definition of scope and the group (CIBERSAM)
15:30 - 16:00	WP9 Stakeholder involvement. Definition of scope and the group (SUN)
16:00 - 17:00	Wrap-up - Conclusions (CIBERSAM)

Annex VII - Example of the agenda of the first scientific workshop

ROAMER Project. Work Package 8: Well-being. First Scientific Workshop

Day 1:

Time	Subject
9:00 – 9:15	Welcome
9:15 – 9:30	Presentation of the agenda and of purpose of the Workshop
9:30 – 10:00	Presentation of the ROAMER project and its common methodology
10:00 – 10:30	Presentation of the results from the systematic mapping of the literature
10:30 – 11:00	<i>Coffee break</i>
11:00 – 11:30	Presentation of the results obtained from the survey consultation
11:30 – 11:45	Introduction to WP8
11:45 – 13:00	Introduction to each area of knowledge Theoretical models of well-being Evaluation of well-being Relationships between mental health and well-being Well-being in people with mental disorders and carers
13:00 – 14:00	<i>Lunch</i>
14:00 – 17:30	Discussion about the state-of-the-art of each area of knowledge in parallel by the workgroups. Definition of an initial list of the principal gaps and advances in the field over the last 10 years.
21:00	<i>Dinner. Restaurant "Castellana 179". (Paseo de la Castellana, 179).</i>

Day 2:

Time	Subject
9:00 – 10:30	Presentation of the main ideas of each workgroup (20 min. per presentation) Theoretical models of well-being Evaluation of well-being Relationships between mental health and well-being Well-being in people with mental disorders and carers
10:30 - 11:00	<i>Coffee break</i>
11:00 – 13:00	Discussion with the whole WP and agreement on the main conclusions on the state-of-the-art of mental health and well-being
13:00 - 14:00	<i>Lunch</i>
14:00 – 15:00	Discussion with the whole WP and agreement on the main conclusions on the state-of-the-art of mental health and well-being
15:00 – 16:00	Wrap up conclusions. Draft of the interim report
16:00	Adjournment