



**Superior
Health Council**

**RESEARCH IN MENTAL HEALTH:
BRIDGING THE KNOWLEDGE GAP**

**AUGUST 2022
SHC № 9667**



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Federal Public Service Health, Food Chain Safety
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**ADVISORY REPORT OF THE SUPERIOR HEALTH COUNCIL
no. 9667**

**Research in mental health:
Bridging the knowledge gap**

This report aims at providing authorities with specific recommendations on research in mental health.

This version was validated by the Board on
the 3rd of August 2022¹

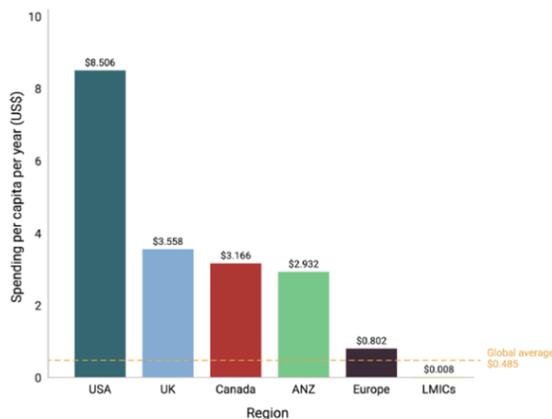
I INTRODUCTION AND ISSUE

Mental health problems are prevalent. The World Health Organisation (WHO) states that 1 in 8 individuals worldwide lives with a mental health disorder (Institute of Health Metrics and Evaluation, 2022), and these numbers have risen significantly during the COVID-19 Pandemic (WHO, 2022). For Belgium, these numbers are even higher with 1 in 4 people reporting mental health problems, and 1 in 3 in Belgium being predicted to suffer from a mental health disorder during their lifetime (Kessler et al., 2007). Furthermore, mental health problems typically develop early in life, with 75% of these problems developing before the age of 24 (Kessler et al., 2007). Next to being prevalent, mental health problems also have an enormous societal impact. Worldwide, mental health disorders are in the top of leading causes for years lived with disability (GBD, 2019). This is also the case in Belgium, with a recent report of Sciensano showing that 2 of the 5 diseases contributing most to burden of disease, are mental health problems (depression and substance abuse) (Renard et al., 2022). Finally, mental health problems are closely interconnected with many aspects of life. Mental health problems increase the risk for school drop-out (Hjorth et al., 2016), are a major cause of work absenteeism and incapacity to work (Leka & Jain, 2017), are closely related to poverty (Knifton & Inglis, 2020), decrease life expectancy with 15 to 20 years (Nordentoft et al., 2013), mostly due to somatic disorders (Walker et al., 2015), and increase social isolation, especially in young people (Hards et al., 2022), which may have been one of the driving factors for the excessive effect of COVID-19 related measures on the mental health of young people (Loades et al., 2020). Furthermore, social integration in Belgium has decreased over the last 20 years for people with severe mental illness (Smith et al., 2022). All these aspects contribute to the large indirect costs of mental health on society. In 2015, the indirect costs of mental health problems on the labour market represented 2.30% of Belgium's gross domestic product (GDB), the highest percentage of the countries members of the Organisation for Economic Co-operation and Development (OECD, 2018).

¹ The Council reserves the right to make minor typographical amendments to this document at any time. On the other hand, amendments that alter its content are automatically included in an erratum. In this case, a new version of the advisory report is issued.

Yet, despite the detrimental impact of mental health problems on the person, their family, and the wider society, mental health **research** is less developed and underfinanced compared to research into somatic disorders. In November 2020, the International Alliance of Mental Health Research Funders published the report 'The Inequities of Mental Health Research', substantiating this claim. Europe spends significantly less on mental health research compared to other developed regions (fig 1).

Figure 1. Global investments in mental health research by region (Woelbert et al., 2020)



Furthermore, mental health research is worldwide underfunded compared to somatic disorders (fig 2). This is problematic given the large burden of disease of mental health disorders (fig 3).

Figure 2 Global investments in mental health research compared to other diseases (Woelbert et al., 2020)

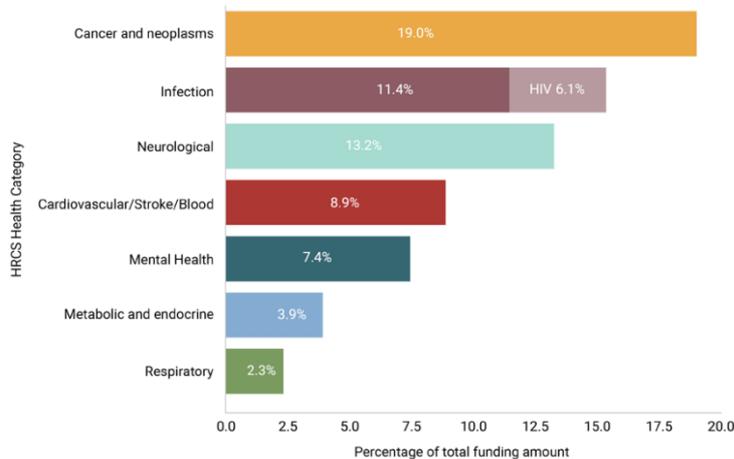
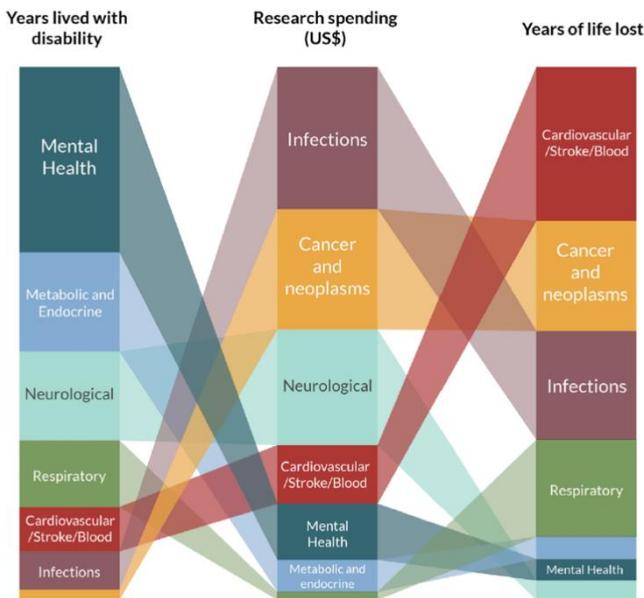
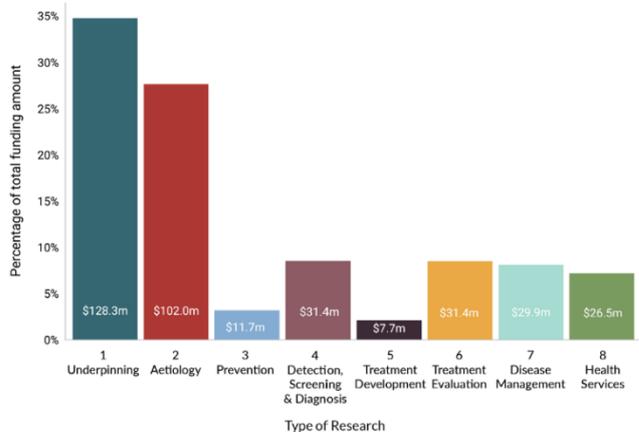


Figure 3. Research funding in Europe for selected fields, compared to burden of disease (Woelbert et al., 2020)



Furthermore, the mental health research that is funded mostly pertains to fundamental, etiological research, with much less investment in research on prevention, detection, screening and diagnosis, treatment development and evaluation, disease management or health services (figure 4).

Figure 4. Distribution of Annual Mental Health Research Funding in Europe by Research Area (Woelbert et al., 2020)



Finally, the majority of the funding goes to research in adults, whereas the majority of problems develop before the age of 24.

This lack of resources became even more apparent during the COVID-19 pandemic. There was and still is a **lack of data** on the prevalence of mental health problems in the population, on the need for care and the provision of care (from primary care to highly specialized care). This situation occurs in a complex multidisciplinary care system, due in part to the spread of competencies across various entities in the country. Furthermore, similar to the situation world-wide as just described, there is a **lack of high-quality research** at the level of basic research into the biological, psychological and societal processes, as well as at the level of research into the innovation of care and implementation of innovative care in routine mental health care. During the COVID-19 pandemic, [the Belgian Mental Health Paper Repository](#) was

developed (Van Hoof et al., 2022), providing an overview of ongoing/existing scientific research assessing mental health indicators in Belgium. This collection of relevant studies across the country showed us the mental health impact of COVID-19 and the associated sanitary measures, including the impact on the most vulnerable groups as well as potential protective factors. The Belgian Mental Health Paper Repository thus provided an excellent example of how such a tool/platform can facilitate exchange of information, can foster collaboration, and can promote integrative and innovative research. Furthermore, mental health research **needs to be translated to public policies**, a specific domain within mental health research. This field remains underdeveloped in Belgium leaving valuable expertise untapped and leading to ad hoc and ineffective policy responses. Consequently, in answering policy questions and societal challenges, the existing expertise is not used in the most efficient way. Indeed, solutions that are co-created with stakeholders (in policy, industry and society at large for instance) including people with lived experiences, are scarce. The complexity of these problems requires focused and interdisciplinary research providing long-term solutions. Many of these issues have been mentioned in several advices “Psychosocial care during the pandemic COVID-19” of the Superior Health Council (SHC 2020, SHC 2021a, SHC 2021b, SHC 2021c, SHC 2021d, SHC 2022).

Within the framework of the Superior Health Council (SHC), the working group on “Research and Mental Health” has therefore been established with the aim to bring together a sufficiently large and multidisciplinary group of experts – including experts from Sciensano, KCE and RIZIV/INAMI – to reflect together on how to best organize, stimulate and foster scientific research and collaboration on mental health research in Belgium in close collaboration with all stakeholders in the field.

II METHODOLOGY

After analysing the request, the Board of the SHC and the Chair of the working group identified the necessary fields of expertise. An ad hoc working group was then set up which included experts in psychology and psychiatry. The experts of this working group provided a general and an ad hoc declaration of interests and the Committee on Deontology assessed the potential risk of conflicts of interest.

This advisory report is based on a review of the scientific literature and on the opinion of the experts.

Once the advisory report was endorsed by the working group, it was submitted to the deans of the faculties of psychology, medicine and public health of Belgian universities, and was presented to the stakeholders of the field (professional associations, mental health sector, research sector) and discussed with them. It was ultimately validated by the Board of the SHC.

Keywords and MeSH descriptor terms²

MeSH terms*	Keywords	Sleutelwoorden	Mots clés	Schlüsselwörter
Research	Research	Onderzoek	Recherche	Forschung
Mental Health	Mental Health	Geestelijke gezondheid	Santé mentale	Psychische Gesundheit

MeSH (Medical Subject Headings) is the NLM (National Library of Medicine) controlled vocabulary thesaurus used for indexing articles for PubMed <http://www.ncbi.nlm.nih.gov/mesh>.

List of abbreviations used

GDB	Gross domestic product
SHC	Superior Health Council
WHO	World Health Organisation

² The Council wishes to clarify that the MeSH terms and keywords are used for referencing purposes as well as to provide an easy definition of the scope of the advisory report. For more information, see the section entitled "methodology".

III CONCLUSION AND RECOMMENDATIONS

The SHC recommends to give priority on the following topics :

1. **To create a platform to enhance accessibility of knowledge and expertise on mental health.**
- We lack a precise overview of existing research. To overcome that problem, we propose to extend the COVID-19 paper repository to a broader paper repository including the following topics:
 - o research on prevalence of mental health problems in general;
 - o research on met and unmet needs in mental health care;
 - o research on access to and use of mental health care, time between first perceived symptoms and help-seeking behavior, waiting lists, outcome, psychotherapeutic processes;
 - o research on relevant processes related to mental health problems;
 - o studies on the effects of other societal risk factors (e.g. climate change, refugees, terrorist attacks) on the occurrence and severity of mental health problems;
 - o research on innovative treatments (including digital interventions);
 - o new emerging populations with mental health problems during COVID-19 (e.g., work-related mental health issues).

The aim of this repository would be multifold. It provides a platform where different stakeholders can find relevant information, as such creating visibility for existing research. It also allows to identify gaps in knowledge and research, thus providing a guiding framework for developing a research agenda in the field of mental health (see point 3).

- We propose also to extend the paper repository with information on data characteristics and -access in order to encourage open science practices in mental health research and contribute to the possibility of integrating data over different studies as well as to widening the scope of existing studies, and extent the repository with information about ongoing studies.

Authors of studies in the paper repository can be asked to indicate whether and how their data can be accessed for further research.

This repository can thus be extended with more details regarding the dataset (without actually containing the data). This information includes clear descriptions of sampling procedures, study population, variables and how people can request access to these data.

This repository can be used to identify important and evidence-based results that will then be disseminated to the wider society and give the possibility to act as a center of reference for relevant disciplines in the field (e.g. general practitioners), the public, the media and policy makers where they can find scientifically founded results related to the mental health field, in a digestible way.

Collaboration can be installed with patients' representatives, the federal network for well-being at work and the permanent working group on mental health within the SHC, amongst others.

2. To improve the quality of data in mental health research

- A lot of data is currently collected. But, they differ in purpose (data collected within clinical care versus data collected as part of scientific research) and vary in quality. Also, there is no consensus regarding key outcomes, process measures and quality indicators. Their development is thus key when setting up new studies.

We recommend therefore :

- o to identify how outcome and process measures have been assessed in existing studies (e.g. the EPCAP study developed by the University of Liège and the KU Leuven, the advice report "[Towards a generic framework for the development of quality indicators in mental health care in Belgium](#)" of the SHC and the report of the KCE "[Performance of the Belgian health system](#)") and practices, as well as in the published papers in the paper repository and use these as a basis to develop a standard for key outcome and process measures. Collaboration should be sought with existing initiatives (e.g. current actions within the new convention for clinical psychologists);
 - o to develop guidelines for data collection both within a clinical and a research context, connected to the identified key outcome and process measures;
 - o and to identify quality indicators for existing studies.
- We propose to investigate whether there is a need for additional data collection.
 - If a need is identified, initiatives should be developed to set up new representative data collection³ and to investigate how large scale collaborations could be set up and facilitated (e.g. there is a new initiative funded by FWO and FNRS to create a nation-wide representative panel – it can be used as an example to set up a data collection specifically aimed at mental health or we can seek out collaboration with this initiative).

3. To develop a research agenda for mental health

Mental health problems are complex in nature and are closely related to many aspects in society. As a result, mental health care is complex as well and is scattered over many disciplines and health care providers. More research is needed, investigating mental health problems in all its facets, including public mental health, epidemiology, societal impacts, psychological and contextual factors, (neuro)biological research as well as intervention and implementation research.

Based on

- 1) the existing research domains in Belgium,
 - 2) gaps in knowledge as identified in the paper repository, and
 - 3) societal and clinical relevance, we recommend:
- to identify a strategy for developing a research agenda for mental health research;
 - and to substantiate this research agenda with a strong rationale for why these topics need to be prioritized.

³ For instance connect with existing population surveys such as the Health survey, to explore how the assessment of mental health can be improved

All relevant stakeholders should be consulted to identify the most relevant topics. In addition, discussions should be initiated with different funding agencies (including FWO/FNRS, universities, King Baudouin Foundation, professionals associations such as Belgian federation of psychologists and psychiatrists, ...) as well as with policy makers to convey the research agenda.

Sources for inspiration:

<https://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/mental-health-and-wellness/>

<https://www.nwo.nl/en/researchprogrammes/gravitation>

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V COMPOSITION OF THE WORKING GROUP

The composition of the Committee and that of the Board as well as the list of experts appointed by Royal Decree are available on the following website: [About us](#).

All experts joined the working group *in a private capacity*. Their general declarations of interests as well as those of the members of the Committee and the Board can be viewed on the SHC website (site: [conflicts of interest](#)).

The following experts were involved in drawing up and endorsing this advisory report. The working group was chaired by **Adélaïde BLAVIER**, **Inez GERMEYS**, **Olivier LUMINET** and **Elke VAN HOOFF**; the scientific secretary was Sylvie GERARD.

BLAVIER Adélaïde	Psychology	ULiège
BRAET Caroline	Psychology	UGent
BRUFFAERTS Ronny	Psychiatry	KULeuven
DENIS Jennifer	Psychology	UMons
DESMET Ann	Psychology	ULB
DEWAELE Alexis	Psychology	UGent
GALDIOLO Sarah	Psychology	UMons
GERMEYS Inez	Psychiatry	KUL
GLOWACZ Fabienne	Psychology	ULiège
LAGUESSE Renaud	Psychology	CRéSaM
LUMINET Olivier	Psychology	UCLouvain
VAN DEN BROECK Kris	Psychology	UAntwerpen
VAN HAL Guido	Sociology	UAntwerpen
VAN HOOFF Elke	Psychology	VUB

The following expert was heard but did not take part in endorsing the advisory report:

LUYTEN Patrick	Psychology	KULeuven
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The following universities endorsed the text of this advisory report :

KU Leuven	Faculty of Psychology	Prof. Bea Maes, Dean
KU Leuven	Faculty of Medicine	Prof. Paul Herijgers, Dean
KU Leuven	LUCAS (center for care research)	Prof. Chantal van Audenhove, director
KU Leuven	Research group Psychiatry	Prof. Claes, head
U Antwerpen	Faculty of Medicine and Health Science	Prof. Guy Hubens, Dean
UGent	Faculty of Psychology	Prof. Ann Buysse, Dean
UGent	Faculty of Medicine	Prof. Piet Hoebeke, Dean
VUB	Faculty of Psychology	Prof. Johan Vanderfaeillie, Dean
VUB	Faculty of Medicine	Prof. Dirk Devroey, Dean.
UCLouvain	Faculty of Psychology	Prof. Emmanuelle Zech, Dean
UCLouvain	Faculty of medicine	Prof. Françoise Smets, Dean
UCLouvain	Faculty of Public Health	Prof. William D'Hoore, Dean
ULiege	Faculty of Psychology	Prof. Isabelle Hansez, Dean
ULB	Faculty of Psychology	Prof. Christophe Leys, Dean
UMONS	Faculty of Psychology	Prof. Laurent Lefebvre, Dean

The following firms/associations/etc. were heard:

BOSMANS	Guy	Belgian Association for Psychological Sciences
CATTHOOR	Kirsten	Vlaamse Vereniging voor Psychiatrie
CONSTANT	Eric	Académie de Médecine
DECUMAN	Saskia	RIZIV / INAMI
DELVENNE	Véronique	Académie de Médecine
DEVOS	Martine	Union Professionnelle des Psychologues Cliniciens Francophones
DEVRIESE	Stephan	KCE
FARTHOUAT	Juliane	Fond de la Recherche Scientifique
FRANCOIS	Arthur	RIZIV / INAMI
GISLE	Lydia	Sciensano
KOSTER	Ernst	Vlaamse Vereniging van Klinisch Psychologen
LEMAIRE	Sébastien	Société Scientifique de Médecine Générale
LOWET	Koen	Vlaamse Vereniging van Klinisch Psychologen
LUGEN	Marine	RIZIV / INAMI
MORSINK	Sarah	SPF Santé Publique
PEETERS	Kristien	Fonds Wetenschappelijk Onderzoek
STEFFEN	Morgane	SPF Santé Publique
SMITH	Pierre	Sciensano
SUSSWEIN	Robin	Ligue Bruxelloise pour la santé mentale
WUYTS	Yves	Zorgnet-Icuro

About the Superior Health Council (SHC)

The Superior Health Council is a federal advisory body. Its secretariat is provided by the Federal Public Service Health, Food Chain Safety and Environment. It was founded in 1849 and provides scientific advisory reports on public health issues to the Ministers of Public Health and the Environment, their administration, and a few agencies. These advisory reports are drawn up on request or on the SHC's own initiative. The SHC aims at giving guidance to political decision-makers on public health matters. It does this on the basis of the most recent scientific knowledge.

Apart from its 25-member internal secretariat, the Council draws upon a vast network of over 500 experts (university professors, staff members of scientific institutions, stakeholders in the field, etc.), 300 of whom are appointed experts of the Council by Royal Decree. These experts meet in multidisciplinary working groups in order to write the advisory reports.

As an official body, the Superior Health Council takes the view that it is of key importance to guarantee that the scientific advisory reports it issues are neutral and impartial. In order to do so, it has provided itself with a structure, rules and procedures with which these requirements can be met efficiently at each stage of the coming into being of the advisory reports. The key stages in the latter process are: 1) the preliminary analysis of the request, 2) the appointing of the experts within the working groups, 3) the implementation of the procedures for managing potential conflicts of interest (based on the declaration of interest, the analysis of possible conflicts of interest, and a Committee on Professional Conduct) as well as the final endorsement of the advisory reports by the Board (ultimate decision-making body of the SHC, which consists of 30 members from the pool of appointed experts). This coherent set of procedures aims at allowing the SHC to issue advisory reports that are based on the highest level of scientific expertise available whilst maintaining all possible impartiality.

Once they have been endorsed by the Board, the advisory reports are sent to those who requested them as well as to the Minister of Public Health and are subsequently published on the SHC website (www.shc-belgium.be). Some of them are also communicated to the press and to specific target groups (healthcare professionals, universities, politicians, consumer organisations, etc.).

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