



Work programme

2011–2015

Program
Mental Health – PSYKISK HELSE

Research Programme on Mental Health 2011–2015

Work Programme

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The Research Council of Norway
P.O.Box 2700 St. Hanshaugen
N-0131 OSLO
Telephone: +47 22 03 70 00
Telefax: +47 22 03 70 01
bibliotek@rcn.no
www.rcn.no/english

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Research Programme on Mental Health

1. Summary

There is a need to intensify Norwegian research on mental health. Knowledge about causal relationships, prevention and treatment is lacking in several areas. The primary objective of the Research Programme on Mental Health (PSYKISKHELSE) is to generate knowledge that is relevant to promoting the mental health of the population. Research activities will be concentrated in specific thematic priority areas during this programme period.

These thematic priority areas encompass research on mental health in relation to children and adolescents and to immigration, as well as research on treatment of mental health disorders, including research on comorbid substance abuse and mental health disorders. In each of these areas, it will be important to promote an interdisciplinary approach and national and international cooperation. Projects included in the programme's portfolio must adequately incorporate gender perspectives and employ a user perspective with emphasis on patients' and relatives' own knowledge and experience.

Funding under the programme will primarily be channelled via investigator-driven projects, but the programme board may also decide to initiate projects in specific areas where a need for research has been identified. Conferences and other dissemination activities within the scope of the programme will also be organised.

2. Background

2.1 Strategic perspectives

Mental health disorders make up a large part of the illness panorama in Norway and cost Norwegian society some NOK 60-70 billion annually (direct and indirect costs included). One-third of the adult population will fulfil the diagnostic criteria for at least one mental health disorder each year, while approximately 50 per cent will suffer from mental illness in the course of their lifetime. Among children and adolescents, 7-8 per cent suffer from mental health disorders that impair functionality, while up to 20 per cent will experience mental health difficulties with a varying degree of impact on their day-to-day lives. This entails major costs for the individual, relatives and for society at large. Mental health disorders may result in long-term, substantially impaired functionality and a poorer quality of life. Many individuals may end up withdrawing from education, working life and social activities.

Norway is becoming an increasingly multicultural society. Today 10 per cent of the population has an immigrant background, of which the largest proportion (26 per cent) resides in Oslo. The findings of the Oslo Health Study (HUBRO) and the Nord-Trøndelag Health Study (HUNT) clearly show that individuals with a non-Western immigrant background have poorer physical and mental health and use the health services to a greater extent than ethnic Norwegians. Little is known about the transcultural factors that influence the occurrence and course of mental illness. There is a need to learn more about why individuals with an immigrant background often have poorer mental health.

Although knowledge in the field has grown in recent years, there are still gaps to be filled with regard to causal relationships, prevention and treatment of mental health disorders. Continued research in the field is therefore essential to address problems relating to understanding, preventing and treating mental health disorders, including comorbid substance abuse and mental health disorders. It is also vital that Norwegian research in this field maintains the highest possible standards, which will be an area given major focus during this programme period.

The government white paper on research, *Climate for Research*, points out that the national reforms and plans in the field of mental health must be followed up by research targeting the municipal health and care services. This poses a challenge as the municipalities, unlike the regional health authorities, do not have a legal obligation to conduct research, and they have less research expertise and fewer resources. In line with the Coordination Reform, the PSYKISKHELSE programme will focus on research topics of relevance to mental health in the municipal health and care services as well as on the provision of integrated, coordinated treatment services.

2.2 Scientific perspectives: Scientific status and research challenges within the field

The conclusions of the major evaluation of research activities in psychology and psychiatry conducted for the Research Council in 2003 remain valid today. The evaluation identified several outstanding research environments, particularly in biological psychology, neuropsychology and biological psychiatry/neuropsychiatry, that are conducting research of high international calibre. Nevertheless, as a whole, research quality in the field is uneven, with many small research groups. The evaluation of the national programme for mental health 2001-2009 also reviewed research activities in psychology and psychiatry. The evaluation pointed out that there had been marked growth in scientific publication during the period, as well as an increase in the number of articles published in prestigious international journals and a rise in international co-authorship of scientific works. Despite these positive developments, Norwegian research in the field overall is cited infrequently in international journals.

The grant proposals submitted to the programme during the previous programme period (2006-2010) indicate that research groups are still mostly small, and have a limited degree of involvement in national and international research cooperation. National cooperation on mental health research must be enhanced to ensure that treatment and intervention studies have a sufficiently broad selection of subjects for study. During the previous programme period many good projects were rejected because the samples for study were so small that it would have affected the scientific validity of the findings. Multicentre projects and multiregional cooperation should be encouraged. There are also still relatively few post-doctoral positions in the field of mental health research, making the recruitment period too short. Projects with a strong recruitment component should therefore be encouraged as well. The programme will continue to give high priority to grant proposals for Personal Post-doctoral Fellowships and Researcher Projects that incorporate a post-doctoral fellowship.

3. Objectives of the programme

Primary objective

The primary objective of the PSYKISKHELSE programme is to generate relevant knowledge about causal relationships, prevention and treatment with the aim of promoting mental health.

The programme will generate knowledge about:

- biological, psychological, social and transcultural risk and protective factors as well as causal mechanisms in the development of mental health disorders, including comorbid substance abuse and mental health disorders;
- measures that promote good mental health and reduce risk factors and the occurrence of mental illness;
- measures that improve mental health in the short and the long term as well as boost functionality levels and quality of life.

Secondary objectives

The programme will:

- launch high-calibre projects in all of the thematic priority areas;
- increase the number of projects with active international partners in cooperation;
- increase the number of post-doctoral positions;
- launch one high-risk project in the course of the programme period;
- help projects to increase publication in the leading journals in the field;
- facilitate the transfer of research-based knowledge to clinical practice.

Research structure

The programme will enhance research quality by promoting:

- Interdisciplinary research. Greater understanding of mental health must be based on collaboration between researchers in a variety of fields, including biology, clinical medicine/psychiatry, psychology and social science.
- Research that establishes a user perspective with emphasis on patients' and relatives' own knowledge and experience as well as on coping.
- Research that incorporates national and international cooperation. There is a need to increase internationalisation as well as to develop multiregional and national collaborative projects and researcher networks that include researchers in both the primary and specialist health care services.

4. Priority research tasks

4.1 Research on the mental health of children and adolescents

The mental health of children and adolescents is a high-priority area. There is political and scientific consensus regarding the need for effective, easily accessible mental health services for children and adolescents as well as the importance of preventive measures and early interventions. In 2003 the Government drew up a strategic plan for safeguarding the mental health of children and adolescents. Substantial resources have been allocated within the framework of the national programme for mental health to improve mental health services for children and adolescents in both the municipal and specialist health care services. The

Coordination Reform states that efforts to strengthen municipal mental health services for children and adolescents will be continued.

However, despite such initiatives, there is still a lack of research-based knowledge, which may make it more difficult to identify a problem in an individual child (diagnosis), understand the problem (etiology and course), and implement effective treatment. Only limited areas of clinical practice are research-based. There are also factors in childhood and adolescence that are of major significance for the development of mental health disorders later in life.

There is a need for more knowledge about the interplay between biological vulnerability, environmental factors and mental health. Genetics, gene-environment interactions, development of brain structure and function, somatic health, attachment experiences, psychosocial conditions in childhood, and life events influence the development of mental health disorders and should be studied in relation to one another.

Longitudinal studies may provide a better understanding of how mental health problems develop and evolve over time (from birth to young adulthood) as well as identify factors of potential significance for this development. The effect of treatment measures must be documented in both the municipal and specialist health care services. Research activities must incorporate a user perspective, and it is necessary to examine how to implement user participation for optimal effect in mental health-related efforts. In addition, more research should be conducted on children as relatives, as there is currently little knowledge in this area.

Research-related priorities:

- *Time course studies* focusing on the development of mental health disorders in a long-term perspective. Studies that examine both biological and psychosocial aspects will be given high priority. Biological aspects include genetics, brain function and somatic health, while psychosocial aspects include relationship perspectives, lifestyle and life events.
- *Treatment studies* focusing on identifying which measures are the most effective in clinical practice. Studies should cover treatment of the most common disorders among children and adolescents, such as anxiety disorders, depression, behavioural problems, ADHD and comorbid somatic and mental health disorders. More knowledge is still needed about severe mental disorders such as autism spectrum disorders, early onset psychosis and bipolar disorder.

4.2 Research on transcultural factors and mental health

Norway is becoming an increasingly multicultural society. Most individuals with an immigrant background in Norway are actual immigrants; a smaller number are born in Norway of immigrant parents. The findings of Norwegian health studies clearly show that individuals with a non-Western immigrant background have poorer physical and mental health and use the health services to a greater extent than ethnic Norwegians. Relatively speaking, second-generation immigrants born in the host country have poorer mental health than first-generation immigrants born in their country of origin.

Multicultural factors have major ramifications for the health services, in part because of the differences between the practitioner culture and patients' cultural identities and in part because different cultural and interpretative reference frameworks are of significance in

connection with mental illness. More knowledge is needed about how these factors affect the development and treatment of mental health disorders.

Transcultural factors may have an impact on the occurrence and course of mental illness. There is a need for more knowledge about how such factors may influence the development and expression of mental illness, patients' experience of their own illness and stigma, their coping skills and their relationship to the mental health services, as well as the efficacy of treatments.

Research activities must focus on users' knowledge, experience and perspectives, and incorporate user participation.

Research-related priorities:

- Studies of factors that influence the development and character of mental health disorders in groups with an immigrant background.
- Studies of how patients with an immigrant background are treated in the mental health services, the understanding health professionals possess of transcultural factors and the ramifications this has for treatment results.

4.3 Treatment research

Mental health disorders entail major costs for the individual, relatives and for society at large. Common mental health disorders, such as schizophrenia, bipolar disorder, personality disorders, anxiety and depression, lead many individuals to withdraw from education, working life and social activities.

The national programme for mental health has resulted in a strengthening of health services and other measures for individuals suffering from mental health disorders. The evaluation of the programme concluded that more research on the treatment of these disorders is needed. In keeping with the national programme for mental health and the Coordination Reform, effort will be made to provide more of the measures targeting individuals with mental health disorders outside of or in cooperation with the specialist health care services. Such measures include early interventions, user-driven measures, low-threshold services and help to self-help programmes. There is a need here for research-based knowledge about the efficacy of the various measures and the factors that promote improvement, for example in patients suffering from anxiety or depression.

On the whole, there is a clear need to strengthen the scope and quality of research on the treatment of mental health disorders, including comorbid substance abuse and mental health disorders, in both the municipal and specialist health care services (cf. the government white paper on research). More knowledge about factors that promote and maintain improvement in mental health in all of these areas is needed. Research on factors for treatment of mental health disorders extends across psychological, social and biological models. Projects that incorporate several explanatory models and examine the interplay between factors from various models are encouraged. Much of the research conducted in this area involves narrow groups of study, making it difficult to detect small to moderate effects of interventions and treatment measures. Priority will be given to multiregional, national and international multicentre studies with a broader selection of groups for study. Priority will also be given to projects studying treatment programmes and other interventions implemented within the

framework of the primary health care services. Data collected by the project must be registered in the relevant registries and project findings must be published.

Research-related priorities:

- Studies of the effects of treatment measures, including use of compulsory admission and treatment and other interventions in treating mental health disorders. Priority will be given to multicentre studies with an adequate selection of subjects for study.
- Studies of effective factors for various treatment and prevention measures, in both the municipal and specialist health care services.

5. International cooperation

Many of the key topics and challenges in Norwegian research are the focus of research activity in other countries as well. International research collaboration and the flow of knowledge across national borders are essential, especially if we are to find viable solutions to global challenges. International cooperation is vital for improving quality and enhancing capacity in Norwegian research, and Norwegian researchers should both benefit from and contribute to international knowledge sharing. The Norwegian research community must also seek to attract the very best researchers and position itself at the international forefront in selected research areas.

The measures to be implemented by the programme board to promote international research cooperation within the programme's sphere of responsibility are firmly rooted in two fundamental documents: the government white paper on research, *Climate for Research*, 2009-2013, and the Research Council of Norway's Strategy on International Cooperation 2010-2015. The programme board is responsible for implementing strategic activities to boost international research cooperation within relevant priority areas of the programme. To this end the programme board will:

- allocate funding for research stays abroad for Norwegian researchers and stays at Norwegian institutions for guest researchers, and give priority to projects that incorporate these measures;
- encourage Norwegian researchers to establish contacts with researchers abroad and researcher networks, and to initiate collaboration on projects and grant proposals under relevant Nordic, European or other international programmes or schemes;
- based on the letter of intent between the Research Council and the National Institutes of Health (NIH), encourage Norwegian researchers to collaborate with US research groups and take advantage of the opportunities offered by the NIH system;
- promote international research cooperation that makes use of joint European infrastructure;
- ensure that information about the programme and projects under the programme is available in English;
- assess relevant forms of international cooperation at the programme level.

6. Communication and dissemination activities

Project findings are expected to be presented in recognised scientific fora and published in international scientific journals. In addition to the research community, the target groups for research findings are politicians, social welfare and public health administrators, social workers, health professionals, patients, users and the public at large. The programme addresses issues that are closely linked to social and health policy concerns and the need for dissemination of information is great.

Dissemination of findings from the programme's research projects to health policy and other relevant players will be given priority. The programme will facilitate relevant dissemination activities by organising seminars and conferences and encouraging active use of the programme's webpages. The programme will also help to create meeting-places for researchers, such as researcher conferences, etc. The programme will assess relevant communication, information and dissemination measures on an annual basis.

The programme's webpages <http://www.forskningsradet.no/psykiskhelse> are a key tool in the programme's communication and dissemination activities, and will be updated on a regular basis with news, information about the programme's objectives and sphere of responsibility, contacts, projects and funding announcements.

7. Budget

The programme spans a five-year period from 2011 to 2015. The Ministry of Health and Care Services is the main source of funding for the programme. The programme's budget for 2011 is NOK 35.5 million. The size of the budget will determine which activities may be launched. Efforts will be made to ensure that the projects awarded funding receive realistic allocations and thus benefit from satisfactory working conditions with a view to achieving high-quality results. At the same time, this must be balanced against the need to ensure adequate scientific breadth within the programme.

8. Coordination with other related instruments at the Research Council

The PSYKISKHELSE programme shares an interface with several health science research programmes and other R&D activities at the Research Council. The most closely related are:

- *The Research Programme on Public Health (FOLKEHELSE)* allocates funding for research of significance for primary prevention and health-promotion activities as well as for research on measures. This also applies to mental health disorders.
- *The Research Programme on Health and Care Services (HELSEOMSORG)* encompasses research on services at all levels, from prevention to treatment and rehabilitation. This also applies to mental health disorders.
- *The Programme on Alcohol and Drug Research (RUSMIDDEL)* encompasses the entire field of alcohol and drug research, while the PSYKISKHELSE programme addresses the interface between mental health disorders and substance abuse. In general, the main focus of the research project will determine which programme it falls under; i.e. projects on mental illness will fall under the scope of the PSYKISKHELSE programme, while projects dealing with alcohol and drug-related problems will fall under the RUSMIDDEL programme.

- *Research on gambling addiction* has previously been divided between the PSYKISKHELSE programme and the FOLKEHELSE programme, but will now fall under the RUSMIDDEL programme.
- *The Research Programme on Clinical Research (KLINISKFORSKNING)* has the following primary objective: to enhance the knowledge base for preventive measures, diagnostic methods, and treatment and rehabilitation measures through clinical trials. No thematic limitations have been stipulated in the field of clinical research under the programme. Thus, there may be areas of overlap between the PSYKISKHELSE programme and the KLINISKFORSKNING programme with regard to intervention studies in the field of mental health.
- *The Research Programme on Welfare, Working Life and Migration (VAM)* and *the Programme on Sickness Absence Research and Exclusion from Working Life (SYKEFRAVAER)* deal with different aspects of the welfare society. The SYKEFRAVAER programme addresses the interaction between various diseases and sickness absence, health-related social insurance schemes, the workplace, the working environment and health in the workplace, and sickness absence and exclusion as a social and an individual process. This also applies to mental health disorders.
- The funding scheme for *Independent Basic Research Projects in Medicine, Health Sciences and Biology (FRIMEDBIO)* provides support to thematically independent projects in the field of mental health research.

9. Organisation

9.1. Programme board

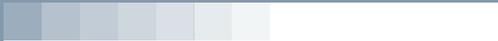
The programme board was appointed by the Research Board of the Division for Science. After the restructuring of the Research Council, and as of 1 January 2011, the programme is administered under the auspices of the Division for Society and Health. The programme board acts on behalf of the Research Council. The programme board is responsible for ensuring that the programme achieves its stipulated objectives and is implemented as efficiently as possible within the framework approved by the division research board. The tasks of the programme board are primarily strategic in nature, and the programme board reports to the division research board via the Director of the Department for Health and the Executive Director of the division. The Research Council administration is responsible for the day-to-day operation of the programme.

9.2 Smaller task forces

The programme board may delegate certain tasks, such as special assignments from the Research Council or the public administration, to a smaller task force comprised of programme board members. These task forces will report to the programme board.

10. Key documents

- Report No. 25 (1996-1997) to the Storting: *Åpenhet og helhet. Om psykiske lidelser og tjenestetilbudene* (“Openness and Wholeness: Mental Health Disorders and Mental Health Services”) (Norwegian only)
- Report No. 63 (1997-1998) to the Storting: *Opptrappingsplanen for psykisk helse 1999-2006* (“National Programme for Mental Health 1999-2006”) (Norwegian only)
- Report No. 30 (2008-2009) to the Storting: *Climate for Research*
- Strategy of the Research Council of Norway: *In the Vanguard of Research, 2009*
- Report No. 47 (2008-2009) to the Storting: *The Coordination Reform: Proper Treatment – at the Right Place and Right Time*
- The Research Council of Norway’s Strategy on International Cooperation 2010-2015
- Report 2009:8, Norwegian Institute of Public Health: *Psykiske lidelser i Norge: Et folkehelseperspektiv* (“Mental Health Disorders in Norway: A Public Health Perspective”) (Norwegian only)
- *Evaluering av Opptrappingsplanen for psykisk helse 2001-2009* (“Evaluation of the National Programme for Mental Health 2001-2009”), the Research Council of Norway, 2009 (Norwegian only)
- *Sammen om psykisk helse*, Regjeringens strategiplan for barn og unges psykiske helse (“Working Together for Mental Health, the Government’s Strategic Plan for Safeguarding the Mental Health of Children and Adolescents”), the Ministry of Health and Care Services (Norwegian only)
- Evaluation of clinical, epidemiological, public health, health-related and psychological research in Norway, the Research Council of Norway, 2004
- The Oslo Health Study (HUBRO) and the Nord-Trøndelag Health Study (HUNT)
- Stoltenbergutvalget ”Rapport om narkotika” 2010 (“The Report of the Stoltenberg Committee on Narcotics”, 2010) (Norwegian only):
http://www.regjeringen.no/upload/HOD/RappOmNarkotika_nettsversjon.pdf



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The Research Council of Norway

P.O. Box 2700 St. Hanshaugen
NO-0131 Oslo

Telephone: +47 22 03 70 00

Telefax: +47 22 03 70 01

post@rcn.no

www.rcn.no

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