Priorities for mental health research in Europe: a survey among national stakeholders' associations within the ROAMER project

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Within the ROAMER project, funded by the European Commission, a survey was conducted with national associations/organizations of psychiatrists, other mental health professionals, users and/or carers, and psychiatric trainees in the 27 countries of the European Union, aiming to explore their views about priorities for mental health research in Europe. One hundred and eight associations/organizations returned the questionnaire. The five most frequently selected research priorities were early detection and management of mental disorders, quality of mental health services, prevention of mental disorders, rehabilitation and social inclusion, and new medications for mental disorders. All these areas, except the last one, were among the top ten research priorities according to all categories of stakeholders, along with stigma and discrimination. These results seem to support the recent argument that some rebalancing in favor of psychosocial and health service studies may be needed in psychiatric research.

Key words: Mental health research, stakeholders, Europe, ROAMER project

(World Psychiatry 2013;12:165–170)

A general principle repeatedly affirmed in recent years in the health care field (e.g., 1,2) is that research agendas should reflect the needs and values of the people who use and pay for health services as well as those of the professionals who work in those services. This is unlikely to be achieved without directly involving representatives of both categories of stakeholders in the development of those agendas.

This general principle seems to be particularly relevant in the field of mental health, where different views of the various groups of interest have been reported concerning several issues, such as the target of mental health services (in particular, thresholds for diagnosis and intervention), the expected outcomes of the interventions, and the research priorities to be pursued (e.g., 3,4).

Within the frame of ROAMER ("A Roadmap for Mental Health Research in Europe") (5) – a project funded by the European Commission and designed to develop a comprehensive, consensus-based roadmap to promote and integrate mental health research in Europe – a workpackage has been established to "implement a formal consultation process of various categories of stakeholders about priority areas for mental health research at the national and European level, and about the most appropriate modalities for their involvement in that research".

The first initiative within this workpackage has been to conduct a survey with national associations/organizations of psychiatrists, other mental health professionals, users and/or carers, and psychiatric trainees in the 27 countries of the European Union, aiming to explore their views about priorities for mental health research in Europe, and the importance and the level of development in their country of various mental health research areas.

METHODS

A list of national associations/organizations of psychiatrists, other mental health professionals, users and/or carers, and psychiatric trainees active in the countries of the European Union was built up with the participation of the leaders of the ROAMER project. The associations/organizations whose e-mail address was not available, or which could not be contacted because messages bounced back, were deleted from the list. A total of 154 associations/organizations were contacted.

The survey was conducted by e-mail using a very simple questionnaire, developed with the participation of ROAMER leaders and made available in 14 languages (English, Czech, Dutch, French, German, Greek, Hungarian, Italian, Polish, Portuguese, Romanian, Slovenian, Spanish and Swedish). The questionnaire asked participants to identify the five priorities for mental health research in Europe from a list of research areas, and to rate on a six-point scale the importance and the level of development in their country of each research area. Respondents were allowed to suggest other priorities not included in the list. Each association/organization was asked to provide its collective feedback, rather than that of any individual officer or member.

One hundred and eight associations/organizations (listed in Annex 1) returned the questionnaire. These included 31 associations of psychiatrists out of 34 contacted (91.2%), 32 associations of other mental health professionals out of 52 contacted (61.5%), 23 organizations of users and/or carers out of 44 contacted (52.3%), and 22 associations of psychiatric trainees out of 24 contacted (91.7%). Organizations representing only users, only carers, and both users and carers were included in the same category, due to the small sample size.

Table 1 Priorities for mental health research in Europe according to national associations/organizations of stakeholders

Research areas	Total sample (N=104)[a], %	Psychiatrists (N=31), %	Other mental health professionals (N=30), %	Users/carers (N=23), %	Trainees (N=20), %
Early detection and management of mental disorders	**52.4**	**53.3**	**60.0**	**34.8**	**60.0**
Quality of mental health services	**43.7**	**53.3**	**43.3**	**43.5**	**30.0**
Prevention of mental disorders	**40.8**	**36.7**	**53.3**	**30.4**	**45.0**
New medications for mental disorders**	**32.0**	**46.7**	10.0	**26.1**	**50.0**
Rehabilitation and social inclusion	**32.0**	**23.3**	**33.3**	**39.1**	**35.0**
Stigma and discrimination	**29.1**	**26.7**	**20.0**	**39.1**	**35.0**
Increasing access to available treatments	**26.2**	**40.0**	**30.0**	17.4	10.0
New psychological interventions for mental disorders*	**23.3**	10.0	**30.0**	**39.1**	15.0
Relationships between mental and physical health	**18.4**	**20.0**	16.7	**21.7**	15.0
Suicide prevention	**18.4**	**20.0**	16.7	17.4	**20.0**
Environmental risk/protective factors for mental disorders	17.5	16.7	**26.7**	4.3	**20.0**
Social and economic impact of mental disorders	16.5	**20.0**	**23.3**	8.7	10.0
Mental health and well-being in the general population	15.5	6.7	**30.0**	13.0	10.0
Users' perception of illness and treatment impact*	15.5	6.7	10.0	**34.8**	15.0
Health and well-being of carers**	14.6	6.7	10.0	**39.1**	5.0
Epidemiology of mental disorders	12.6	13.3	10.0	17.4	10.0
Improving adherence to available treatments	11.7	**23.3**	3.3	13.0	5.0
Resilience and mental health	10.7	10.0	16.7	13.0	0
Neuroimaging of mental disorders***	9.7	3.3	3.3	0	**40.0**
Molecular bases of mental disorders	9.7	13.3	6.7	0	**20.0**
Clinical characterization of mental disorders*	8.7	**20.0**	0	4.3	10.0
Genetic risk/protective factors for mental disorders	7.8	13.3	3.3	4.3	10.0
Cognitive dysfunction in mental disorders and its neural bases*	6.8	0	10.0	0	**20.0**
Mental health consequences of trauma	1.9	3.3	3.3	0	0
Culture and mental health	1.9	0	6.7	0	0
Animal models of mental disorders	1.0	3.3	0	0	0

[a]Four associations/organizations did not compile the relevant section of the questionnaire

Bold prints identify the top 10 priorities for each group

Significant differences among groups: *p<0.05; **p<0.01; ***p<0.0001

Data were analyzed by descriptive statistics. Differences among the four categories of stakeholders were tested using χ^2 and analysis of variance (ANOVA), as appropriate.

RESULTS

The priorities for mental health research in Europe identified by the associations organizations are reported in Table 1. Considering the whole sample, the five most frequently selected research priorities were early detection and management of mental disorders, quality of mental health services, prevention of mental disorders, rehabilitation and social inclusion, and new medications for mental disorders. All these areas, except the last one, were among the top ten research priorities according to all categories of stakeholders, along with stigma and discrimination.

Only organizations of psychiatric trainees identified some biological research areas (i.e., neuroimaging of mental disorders, molecular bases of mental disorders, and cognitive dysfunction in mental disorders and its neural bases) among the top ten research priorities. Research on new psychological interventions for mental disorders was selected among the top ten priorities by non-psychiatrist mental health professionals and users/carers, but not by psychiatrists and psychiatric trainees. Only non-psychiatrist mental health professionals regarded research on mental health and well-being in the general population as a top ten priority. Users' perception of illness and treatment impact, and health and well-being of carers were among the top ten research priorities only for users/carers, whereas improving adherence to available treatments was prioritized only by psychiatrists.

Table 2 Importance of the research areas according to national associations/organizations of stakeholders

Research areas	Total sample (N=107)[a], m (SD)	Psychiatrists (N=30), m (SD)	Other mental health professionals (N=32), m (SD)	Users/carers (N=23), m (SD)	Trainees (N=22), m (SD)
Quality of mental health services*	4.5 (0.7)	4.6 (0.7)	4.5 (0.6)	4.8 (0.4)	4.1 (0.9)
Suicide prevention	4.5 (0.8)	4.6 (0.7)	4.4 (0.7)	4.4 (1.2)	4.5 (0.7)
Early detection and management of mental disorders*	4.4 (1.0)	4.5 (0.6)	4.4 (0.7)	4.0 (1.6)	4.5 (0.7)
Rehabilitation and social inclusion	4.4 (0.9)	4.3 (0.8)	4.3 (0.9)	4.6 (1.1)	4.3 (0.9)
Prevention of mental disorders	4.3 (1.0)	4.5 (0.7)	4.4 (0.8)	4.1 (1.5)	4.2 (0.9)
Increasing access to available treatments*	4.2 (0.9)	4.5 (0.7)	4.3 (0.8)	4.1 (1.1)	3.9 (0.9)
Stigma and discrimination	4.2 (0.9)	4.2 (1.0)	4.0 (0.8)	4.5 (0.9)	4.2 (0.8)
Social and economic impact of mental disorders	4.2 (0.9)	4.1 (1.0)	4.2 (0.8)	4.5 (1.0)	3.9 (0.8)
Relationships between mental and physical health	4.2 (0.8)	4.4 (0.7)	4.1 (0.9)	4.5 (0.7)	4.0 (1.0)
Users' perception of illness and treatment impact*	4.1 (1.0)	4.0 (0.9)	4.1 (0.9)	4.5 (1.2)	3.9 (0.9)
New psychological interventions for mental disorders**	4.1 (0.9)	3.8 (0.8)	4.2 (0.8)	4.6 (0.7)	3.8 (1.1)
Mental health and well-being in the general population	4.0 (1.2)	4.1 (0.9)	4.3 (1.1)	4.0 (1.5)	3.6 (1.1)
Environmental risk/protective factors for mental disorders	4.0 (1.0)	4.0 (1.0)	4.1 (0.8)	4.1 (1.0)	3.7 (1.0)
Health and well-being of carers***	4.0 (1.0)	3.8 (1.1)	4.1 (0.9)	4.6 (0.8)	3.4 (1.1)
New medications for mental disorders	3.9 (1.2)	4.3 (1.0)	3.5 (1.3)	3.8 (1.3)	3.9 (0.9)
Improving adherence to available treatments	3.9 (1.0)	4.2 (0.9)	3.7 (0.8)	3.6 (1.3)	4.0 (0.8)
Epidemiology of mental disorders	3.8 (1.0)	3.9 (0.8)	3.8 (1.1)	3.8 (1.1)	3.6 (0.8)
Clinical characterization of mental disorders****	3.7 (1.2)	4.3 (0.8)	3.4 (1.0)	3.1 (1.7)	4.1 (0.7)
Cognitive dysfunction in mental disorders and its neural bases	3.7 (1.1)	3.7 (0.9)	3.6 (1.1)	3.6 (1.4)	3.9 (1.0)
Resilience and mental health	3.6 (1.1)	3.7 (1.0)	3.8 (1.0)	3.8 (1.4)	3.1 (1.1)
Mental health consequences of trauma	3.6 (1.0)	3.7 (0.9)	3.7 (0.7)	3.4 (1.5)	3.6 (0.8)
Culture and mental health	3.5 (1.0)	3.4 (0.9)	3.5 (1.0)	3.9 (1.2)	3.2 (1.1)
Genetic risk/protective factors for mental disorders	3.4 (1.1)	3.6 (1.1)	3.3 (1.0)	3.3 (1.3)	3.1 (0.9)
Neuroimaging of mental disorders	3.3 (1.2)	3.5 (1.1)	3.1 (1.1)	2.9 (1.5)	3.8 (1.1)
Molecular bases of mental disorders	3.2 (1.2)	3.5 (1.1)	3.0 (1.2)	2.9 (1.5)	3.7 (0.9)
Animal models of mental disorders	2.6 (1.4)	2.8 (1.4)	2.3 (1.3)	2.3 (1.7)	2.9 (1.1)

[a]One association did not compile the relevant section of the questionnaire. The importance of research areas was rated on a six-point scale (from 0 – not important at all, to 5 – very important)

Significant differences among groups: *p<0.05; **p<0.01; ***p<0.001; ****p<0.0001

The importance of the research areas as rated by the associations/organizations is reported in Table 2. The top five in terms of perceived importance were quality of mental health services, suicide prevention, early detection and management of mental disorders, rehabilitation and social inclusion, and prevention of mental disorders.

The level of development of research areas in the respective countries according to the opinion of the participating associations/organizations is reported in Table 3. The fields identified as the most developed were clinical characterization of mental disorders, suicide prevention, new medications for mental disorders, increasing access to available treatments, early detection and management of mental disorders, quality of mental health services, and relationships between mental and physical health. On the other hand, molecular bases of mental disorders, environmental risk/protective factors for mental disorders, resilience and mental health, prevention of mental disorders, health and well-being of carers, culture and mental health, and animal models of mental disorders were reported as the least developed.

DISCUSSION

These results seem to support the recent argument (6) that some rebalancing in favour of psychosocial and health

Table 3 Level of development of the research areas in their countries according to national associations/organizations of stakeholders

Research areas	Total sample (N=106)[a], m (SD)	Psychiatrists (N=31), m (SD)	Other mental health professionals (N=32), m (SD)	Users/carers (N=21), m (SD)	Trainees (N=22), m (SD)
Clinical characterization of mental disorders	3.3 (1.0)	3.3 (1.1)	3.2 (1.1)	3.3 (1.3)	3.4 (0.9)
Suicide prevention	3.0 (1.3)	3.2 (1.1)	3.0 (1.2)	2.2 (1.4)	3.4 (1.2)
New medications for mental disorders	3.0 (1.2)	2.7 (1.2)	3.4 (1.1)	2.8 (1.4)	3.1 (1.1)
Increasing access to available treatments	2.8 (1.1)	2.8 (1.2)	2.6 (1.1)	2.8 (1.1)	3.0 (0.8)
Early detection and management of mental disorders	2.8 (1.1)	2.9 (1.1)	2.6 (0.9)	2.6 (1.3)	3.1 (1.1)
Quality of mental health services	2.8 (1.0)	3.0 (1.1)	2.7 (0.9)	2.4 (1.0)	3.1 (0.9)
Relationships between mental and physical health	2.8 (1.0)	2.8 (1.0)	2.9 (0.9)	2.5 (1.1)	2.6 (1.0)
Epidemiology of mental disorders	2.7 (1.4)	2.5 (1.5)	2.2 (1.4)	2.5 (1.6)	2.9 (1.0)
New psychological interventions for mental disorders	2.7 (1.2)	2.9 (1.1)	2.9 (1.2)	2.2 (1.3)	2.4 (1.1)
Cognitive dysfunction in mental disorders and its neural bases	2.7 (1.1)	2.7 (1.1)	2.9 (1.0)	2.2 (1.3)	2.9 (1.1)
Improving adherence to available treatments	2.7 (0.9)	2.7 (1.1)	2.6 (1.0)	2.6 (0.7)	2.6 (0.8)
Neuroimaging of mental disorders	2.6 (1.4)	2.5 (1.4)	2.8 (1.4)	1.9 (1.2)	2.9 (1.4)
Stigma and discrimination	2.6 (1.1)	2.5 (1.2)	2.6 (1.0)	2.6 (1.1)	2.9 (0.9)
Rehabilitation and social inclusion	2.6 (1.1)	2.7 (1.1)	2.7 (0.9)	2.2 (1.3)	2.9 (0.9)
Genetic risk/protective factors for mental disorders	2.5 (1.3)	2.5 (1.3)	2.8 (1.2)	2.2 (1.2)	2.2 (1.3)
Mental health and well-being in the general population	2.5 (1.1)	2.5 (1.1)	2.8 (1.0)	2.0 (1.3)	2.4 (1.1)
Mental health consequences of trauma	2.5 (1.1)	2.3 (1.1)	2.7 (1.2)	2.1 (1.1)	2.7 (1.0)
Users' perception of illness and treatment impact	2.5 (1.0)	2.6 (1.1)	2.4 (1.2)	2.2 (1.0)	2.7 (0.7)
Social and economic impact of mental disorders	2.4 (1.1)	2.4 (1.3)	2.5 (1.0)	2.2 (1.1)	2.3 (1.1)
Molecular bases of mental disorders	2.3 (1.3)	2.0 (1.2)	2.6 (1.5)	1.7 (1.1)	2.6 (1.1)
Environmental risk/protective factors for mental disorders	2.3 (1.2)	2.6 (1.2)	2.5 (1.1)	1.8 (1.1)	2.2 (1.2)
Resilience and mental health	2.3 (1.1)	2.4 (1.2)	2.5 (0.9)	1.7 (1.1)	2.2 (1.0)
Prevention of mental disorders	2.3 (1.1)	2.4 (1.1)	2.5 (1.1)	1.7 (1.2)	2.4 (0.9)
Health and well-being of carers	2.2 (1.0)	2.3 (1.1)	2.2 (1.0)	2.0 (1.0)	2.1 (1.1)
Culture and mental health	2.0 (1.2)	2.1 (1.4)	1.8 (0.9)	2.1 (1.0)	1.9 (1.3)
Animal models of mental disorders	1.8 (1.4)	2.0 (1.4)	1.9 (1.5)	0.7 (0.8)	2.1 (1.3)

[a]Two organizations did not compile the relevant section of the questionnaire. The level of development of research areas was rated on a six-point scale (from 0 – not developed at all, to 5 – very well developed)

service studies may be needed in psychiatric research. In fact, the only research areas included in the top ten priorities by all categories of stakeholders were early detection and management of mental disorders, quality of mental health services, prevention of mental disorders, rehabilitation and social inclusion, and stigma and discrimination. Among the several biological research areas proposed by the questionnaire, only three (i.e., neuroimaging of mental disorders, molecular bases of mental disorders, and cognitive dysfunction in mental disorders and its neural basis) were prioritized, and only by psychiatric trainees. No biological research area was endorsed as a priority by users/carers.

Clinical characterization of mental disorders was rated as the first or second most developed research area in their countries by all categories of stakeholders, while it was regarded as a top ten research priority only by psychiatrists. This may reflect a general perception that this area has been already pursued sufficiently and does not represent anymore a priority, a perception not shared by most psychiatrists, who are aware and concerned about the limitations of current diagnostic systems and their implications for ordinary clinical practice (see 7).

There was a divide among stakeholders concerning the priority ascribed to research on various mental health interventions. In fact, research on new psychological interventions for mental disorders was selected among the top ten priorities by non-psychiatrist mental health professionals and users/carers, but not by psychiatrists and psychiatric trainees, while research on new medications for mental disorders was prioritized by psychiatrists, users/carers and psychiatric trainees, but not by non-psychiatrist mental health professionals.

Apparently, while users/carers welcome new developments in both psychological and pharmacological interventions, professionals' views diverge in this respect, possibly reflecting different perceptions (or assumptions) about the role and the potential of currently available treatments.

This survey has some methodological limitations, which have to be acknowledged. The associations/organizations were invited to participate upon selection by ROAMER leaders. Although we tried to reach all major national associations/organizations active in the mental health field in the various countries of the European Union, we may have missed some of them. Moreover, we deleted from the list those associations/organizations for which an e-mail address was not available and those that could not be reached because messages bounced back. While this was unavoidable, we may have excluded some active associations/organizations through this procedure. Nevertheless, the survey involved more than one hundred national associations/organizations, with a high response rate, and may be regarded as a first step in the attempt to explore the views of the various categories of stakeholders active in Europe about priorities for mental health research in the continent.

Of course, this is work in progress. The results of this survey are being discussed in several meetings within the ROAMER project, and the views expressed by the various categories of stakeholders are going to be integrated with those of European scientists active in the mental health field, with the aim of building common views and a consensus when possible.

Acknowledgements

The research leading to these results has received funding from the European Union Seventh Framework Program (FP7/2007–2013) under grant agreement no. 282586. The 108 associations which participated in the survey are listed in Annex 1 and hereby gratefully acknowledged. We are grateful to Constantin Soldatos, Vladimir Velinov, Dan Prelipceanu, Kristian Wahlbeck, Anna Forsman, Susanne Knappe, Szilvia Papp, Matthias Brunn, Rebecca Kuepper, Carolina Avila, Marta Hernández, Alicja Szofer-Araya, Janka Lubinova and Lucie Scholl for translating the questionnaire in various languages.

References

1. Oliver S, Clarke-Jones L, Rees R et al. Involving consumers in research and development agenda setting for the NHS: developing an evidence-based approach. Health Technol Assess 2004;8:15.
2. Renfrew MJ, Dyson L, Herbert G et al. Developing evidence-based recommendations in public health – Incorporating the views of practitioners, service users and user representatives. Health Expect 2008;11:3-15.
3. Perkins R. What constitutes success? The relative priority and service users' and clinicians' views of mental health services. Br J Psychiatry 2001;179:9-10.
4. Thornicroft G, Rose D, Huxley P et al. What are the research priorities of mental health service users? J Mental Health 2002;11:1-5.
5. Haro JM, Ayuso-Mateos JL, Bitter I et al. ROAMER: a European roadmap for mental health research. Submitted for publication.
6. Kleinman A. Rebalancing academic psychiatry: why it needs to happen – and soon. Br J Psychiatry 2012;201:421-2.
7. Reed GM, Mendonça Correia J, Esparza P et al. The WPA-WHO global survey of psychiatrists' attitudes towards mental disorders classification. World Psychiatry 2011;10:118-31.

Annex 1 – Professional associations/organizations participating in the ROAMER stakeholders' survey

Austrian Association for Psychiatry and Psychotherapy, Austrian Psychological Society, Pro Mente Oesterreich - Austrian Federation for Mental Health, Hilfe für Angehörige und Freunde psychisch Erkrankter, Psychiatric Trainees' Section of the Austrian Association of Psychiatry and Psychotherapy (**Austria**); Society of Flemish Neurologists and Psychiatrists, Belgian Association for Psychological Sciences, Flemish Mental Health Association (VVGG), Vlaamse Vereniging Assistenten Psychiatrie (**Belgium**); Bulgarian Psychiatric Association (**Bulgaria**); Cyprus Psychiatric Association, Cyprus Advocacy Group for the Mentally Ill (KIPRO.DI.PS.A) (**Cyprus**); Czech Psychiatric Association, Czech-Moravian Psychological Society, Union of Psychologists Associations in the Czech Republic, KOLUMBUS, Section of Young Psychiatrists of the Czech Psychiatric Association (**Czech Republic**); Danish Psychiatric Association, Danish Psychological Association (**Denmark**); Estonian Psychiatric Association, Estonian Psychologists' Association, Estonian Patient Advocacy Association (EPAA), Young Psychiatrists' Section of the Estonian Psychiatric Association (**Estonia**); Finnish Psychiatric Association, Finnish Psychological Society, Finnish Psychological Association, Finnish Association for Mental Health, National Family Association Promoting Mental Health in Finland (FINFAMI), Young Psychiatrists' Section of the Finnish Psychiatric Association (**Finland**); French Association of Psychiatry, French Psychiatric Information Society, French Association of Psychiatrists in Private Practice, Medical Psychological Society, Ligue Française pour la Santé Mentale, Advocacy France, Association Française Federative des Etudiants en Psychiatrie (**France**); German Association for Psychiatry and Psychotherapy, German Psychological Association, Bundespsychotherapeutenkammer, Wissenschaftlicher Beirat Psychotherapie, Young Psychiatrists' Section of the German Association for Psychiatry and Psychotherapy (**Germany**); Hellenic Psychiatric Association, Hellenic Society of Neurology and Psychiatry, Hellenic Psychological Society, Pan-Hellenic Association of Families for Mental Health, Society for the Rights and Responsibilities of Psychiatric Patients, Hellenic Association of Psychiatric Trainees (**Greece**); Hungarian Psychiatric Association, Hungarian Psychological Association, Pszichiatriai Erdekvedelmi Forum, Young Psychiatrists' Section of the Hungarian

Psychiatric Association (**Hungary**); Psychological Society of Ireland, SHINE – Supporting people affected by mental ill health, Impero (Irish Mental Patients' Educational and Representative Organization), Trainee Committee of the College of Psychiatry of Ireland (**Ireland**); Italian Psychiatric Association, Italian Psychological Society, Italian Society of Psychopathology, UNASAM, IDEA, Early Career Psychiatrists' Committee of the Italian Psychiatric Association (**Italy**); Latvian Psychiatric Association, SKALBES, Young Psychiatrists' Section of the Latvian Psychiatric Association (**Latvia**); Lithuanian Psychiatric Association, Lithuanian Psychological Association, Club13&Co, Young Psychiatrists' Section of the Lithuanian Psychiatric Association (**Lithuania**); Luxembourguese Society of Psychiatry, Neurology and Psychotherapy (**Luxembourg**); Maltese Association of Specialists in Psychiatry, Maltese Psychological Association, Malta Mental Health Association, ANTIDE, Young Psychiatrists' Section of the Maltese Psychiatric Association (**Malta**); Netherlands Psychiatric Association, ANOIKSIS, Netherlands Psychiatric Trainees Association (**The Netherlands**); Polish Psychiatric Association, Coalition for Mental Health of Poland, INTEGRATION, Division of Psychiatric Training of the Polish Psychiatric Association (**Poland**); Portuguese Society of Psychiatry and Mental Health, Portuguese Association for Mental Health, Associaçao Portuguesa de Internos de Psiquiatria (**Portugal**); Romanian Association of Psychiatry and Psychotherapy, Romanian Association of Community Psychiatry, Romanian League for Mental Health, ALIAT ONG, Romanian Association of Residents in Psychiatry (**Romania**); Slovak Psychiatric Association, Slovak League for Mental Health (**Slovak Republic**); Psychiatric Association of Slovenia, Slovenian Psychological Association, Slovenian Association for Mental Health, HUMANA, Psychiatric Trainees of the Psychiatric Association of Slovenia (**Slovenia**); Spanish Society of Psychiatry, Spanish Association of Neuropsychiatry, Young Psychiatrists' Section of the Spanish Psychiatric Association (**Spain**); Swedish Psychiatric Association, National Coalition for Mental Health (NSPH), Swedish Association of Psychiatric Trainees (**Sweden**); Royal College of Psychiatrists, British Psychological Society, RETHINK, Hafal, PENUMBRA, Trainees' Section of the Royal College of Psychiatrists (**UK**).

DOI 10.1002/wps.20052