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WEBINAR

Making mental health research truly global: A research prioritisation methodology applied to youth anxiety and depression

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Background: Mental health research is ripe for investment. Globally, only 4% of all research funding between 2015 and 2019 was spent on mental health research. Moreover, while anxiety and depression arise in adolescence, only one-third of investment into mental health research relates to young people, the vast majority of this from HIC, based on assumptions from these countries and scarcely translatable into other contexts. Only 4% of published mental health research originates from LMIC, where most of the world's youth is at. The traditional translational research pathway, from basic research to human studies, to patients, to practice and lastly to wide populations takes around 17 years, and even longer to reach people in LMICs. While increasing the volume of financing is clearly part of the solution, there is a fundamental question about what are the most important areas to direct research for it to have global impact?

Method: The purpose of the presentation is to share the methodology developed by MQ to orient research towards the most needed, impactful and viable areas of research across the care continuum (promotion of mental wellbeing, prevention, detection and treatments), as well as the most appropriate types of research (basic, translational, implementation), with an applied example on youth anxiety and depression globally. This with the aim to help the science community to direct their research efforts to the areas with highest potential.

A conceptual and prioritisation framework was developed integrated eight guiding questions in three key dimensions. The first one is unmet needs, addressing 1.1. Attribution of prevalence, 1.2. Disparity of need and 1.3. Availability of interventions. The second dimension is impact potential, addressing 2.1. Breadth of impact and 2.2. Depth of impact. The third dimension is scale up potential, addressing 3.1. Viability across contexts, 3.2. Public policy relevance, and 3.3. Funding interest. An umbrella review, or systematic review of reviews was conducted to summarise the evidence on youth anxiety and depression in young people (aged 10-25), capturing research on depression, anxiety, or jointly depression and anxiety. The evidence was assessed against each of the 8th dimensions, and identified knowledge gaps and areas of future research. The review was complemented with cross-sectoral stakeholder consultations to further refine and orient decisions.

Result: In youth anxiety and depression, the research prioritisation methodology identified significant discrepancies between the areas of focus of current research, and the areas that are most directly linked with the areas with most unmet needs, impact potential and scalability potential. Promotion of mental wellbeing and preventative approaches were identified as a main priority. However, currently only 7% of global mental health research is focused on prevention, detection-diagnosis receive 5% and treatments receive 17%. This totals to 29% of research focused in the care continuum. In contrast, 56% of research is focused on aetiology

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and underpinning factors. There is wide consensus and causal evidence showing that socio-economically disadvantaged youth, school absentees, people with marginalised gender and sexual identities, and neuro-diverse populations face more risk factors for anxiety and depression, have worst mental health outcomes and face more barriers to access mental health support. However, there is almost no research into selective and indicative preventative approaches targeting these 'at risk groups', and very little evidence on promotional or universal preventative approaches. The types of questions that seem more urgent from a global perspective, and particularly LMIC, are in the realm of implementation science and last steps of translational science, such as cross-cultural validity, cost-effectiveness, and improvement of access to interventions. The methodology was valuable as a robust and agile framework to orient research towards the areas with most potential. Its use was successfully piloted to orient decisions in research for youth anxiety and depression and it is currently being used to prioritise areas of research in suicidality. It has potential to be tailored and replicated in other mental health areas, with the final goal of enabling mechanistically informed strategies that are successful at scale to address global mental health challenges.

Biography

Mariana Bolivar brings 9 years of experience at the intersection between health, development and international cooperation, in modalities North-South, South-South, Multilateral and Public Private Partnerships. Before joining MQ, she co-led a pilot project in Colombia called MASUNO, addressing mental health inequalities and information overload in the pandemic through customer service technology. Completely powered by virtual volunteers, in less than a year MASUNO was consulted by 53,000 people and provided psychological support to 112, while also establishing collaborations with 17 organisations. It was recognised in the map of pandemic innovations of COVID Innovations, the Inter-American Development Bank and OPENIDEO. She previously worked at the BMJ (British Medical Journal Publishing Group) as Project Manager of a $13 million USD program funded by the US Government and implemented in Vietnam, Azerbaijan, Ukraine, Georgia, Jordan and Iraq. This project capitalized on digital learning technologies to improve clinical skills for detection and management of infectious diseases.