

# Mental Health Research Goals 2020-2030

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Supported by:



# Mental Health Research Goals – Introduction

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- The goals form an agenda for mental health research in the UK over the next decade (2020-30).
- They derive from recommendations in the [Framework for Mental Health Research](#) published in Dec 2017, and also build on previous research priority exercises, such as [ROAMER](#).
- The goals have ambitious targets against which progress can be measured. Further work is planned to develop metrics to measure progress.
- Led by the Department of Health & Social Care, the goals have been collectively developed by funders of mental health research, academics and clinicians, and people living with mental health problems.
- Research to support the targets under each goal should be undertaken in partnership with the life-sciences industries, charities, the NHS, voluntary, social and independent health care sectors, together with patients/service users, their families/carers and clinicians.

# Mental Health Research Goals

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Goal 1	Research to halve the number of children and young people experiencing persistent mental health problems.
Goal 2	Research to improve understanding of the links between physical and mental health, and eliminate the mortality gap.
Goal 3	Research to develop new and improved treatments, interventions and support for mental health problems.
Goal 4	Research to improve choice of, and access to, mental health care, treatment and support in hospital and community settings.

# Goal 1: Research to halve the number of children and young people experiencing persistent mental health problems

## Rationale:

- 10% of children and young people have a diagnosable mental health problem.
- Mental health problems in childhood and adolescence bring significant emotional, social, and educational disadvantage.
- 75% of mental health problems in adulthood begin by the age of 24 years.
- Effective early interventions have the potential to reduce later mental health burdens and costs.

## Children & young people

Mental health problems often develop early

**1/10**  
children aged 5-16 have a diagnosable condition



**1/2**  
of all mental health problems are established by the age of 14



**3/4**  
of all mental health problems are established by the age of 24



Source: The five year forward view for mental health, Mental Health Taskforce, 2016



# Goal 1: Research to halve the number of children and young people experiencing persistent mental health problems

**Target 1A** Increase knowledge of the aetiology, development (including risk and protective factors) and progression of mental health problems at key transition points across the life-course.

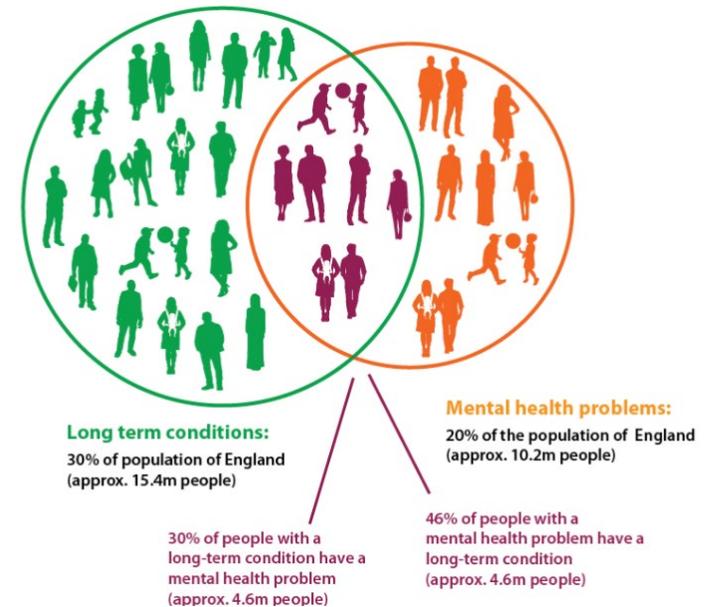
**Target 1B** Increase research on effective mental health promotion, prevention, treatment and support in children and young people in education, community and health, including specialist mental health, settings.

**Target 1C** Increase research on implementation of effective interventions in a range of settings to optimise outcomes. This includes research on service delivery and organisational factors influencing outcomes.

# Goal 2: Research to improve understanding of the links between physical and mental health, and eliminate the mortality gap

## Rationale:

- 46% of people with a mental health problem have a long term physical health condition and 30% of people with a long-term physical health condition have a mental health problem.
- People living with severe mental illness are over three times more likely to have a physical health problem and may die 10–20 years earlier than others in the general population.
- The majority of premature deaths in people with severe mental illness are caused by potentially modifiable health-risk behaviours, such as tobacco smoking, alcohol and addictions, lack of exercise and obesity and social factors such as poverty, homelessness, and unemployment.



[Source: Centre for Mental Health 'Co-morbidities: physical health and mental health problems together, 2015.'](#)

**Goal 2:**  
Research to  
improve  
understanding  
of the links  
between  
physical and  
mental health,  
and eliminate  
the mortality  
gap

**Target 2A** Research to strengthen our understanding of the co-morbidity of both mental and physical health problems. This research should address clusters of health problems, underlying mechanisms and progression, and societal and individual risk and protective factors and in addition the implications for treatment and support.

**Target 2B** Research to improve the efficacy and effectiveness of interventions for prevention and increase maintenance of good physical health for people with mental health problems, or at risk of developing mental health problems. The aim is to reduce morbidity and excess mortality.

# Goal 3: Research to develop new and improved treatments, interventions and support for mental health problems

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## **Rationale:**

- Few successful drug treatments have been produced in the last twenty-five years.
- Better understanding of therapeutic mechanisms for current drug and psychological treatments would aid personalisation of treatment and decrease failures of new treatment trials.
- Closer working with patients, families and practitioners in the development of new approaches, including social interventions, can improve take up and support implementation
- Need rigorous study of mechanisms and impact of new treatments, interventions and support for people with mental health problems.

# Goal 3: Research to develop new and improved treatments, interventions and support for mental health problems

**Target 3A** Research to investigate the mechanisms underlying mental wellbeing, mental health problems and related behaviours through use of markers from basic biological, psychological and social science to understand how to improve treatments, interventions and support.

**Target 3B** Develop and implement new and improved treatments, interventions and support, including medical, social and psychological approaches to increase patient choice and greater personalisation.

**Target 3C** Develop and evaluate effectiveness of digital interventions that complement and supplement face to face interventions for prevention, support and recovery.

# Goal 4: Research to improve choice of, and access to, mental health care, treatment and support in hospital and community settings

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## **Rationale:**

- There has been a failure to reach all the people who need care and to support them to access timely and evidence-based treatment and support.
- Investment in effective mental health promotion, prevention, and early intervention approaches can transform people's lives. Economic studies are needed to assess the avoidable costs to society by providing appropriate prevention and mental health promotion strategies.
- Poverty reduction, family and parenting support, health promotion in schools and universal access to mental health care have all been linked with reducing inequalities in mental health.
- Rigorous evaluations of novel interventions as they are implemented will improve the understanding of how variations in usual care practices affect patient outcomes.

# Goal 4: Research to improve choice of, and access to, mental health care, treatment and support in hospital and community settings

**Target 4A** Research to understand the barriers to help-seeking and service access, and to delivery of mental health services and other support in diverse settings and across different communities, including BAME and LGBT+, to address stigma, discrimination and social exclusion.

**Target 4B** Research to accelerate the implementation of existing best evidence at the population and individual level. In addition, implement evidence on how patient choice and joint decision-making make a difference to outcomes in routine care.

**Target 4C** Increase research to inform strategies for tackling social and health inequalities to improve public mental health.