

Uk Mental Health Research Funding



MQ
Transforming
mental health

“
A major barrier
in the UK is
that charitable
funding of
mental health
research is
virtually
non-existent.”

Contents

Executive summary.....	02
Introduction	05
Definitions.....	06
The state of the current funding landscape in the UK	07
Spotlight on: Psychological treatments.....	10
Mental health research funding in context	11
Snapshot analysis: Research spend per person affected.....	12
The role of charities in mental health research.....	13
Conclusions and recommendations	13
References	15

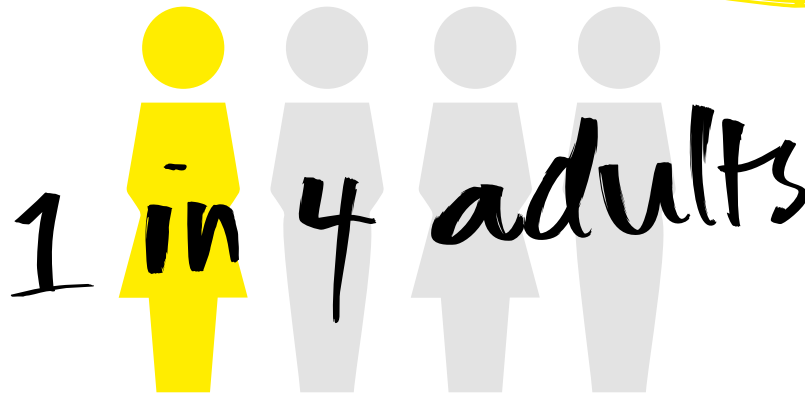
Executive Summary

- **The scale and impact of mental illness on individuals and across society is huge;** 23% of the UK population are affected by mental health problems at some point each year¹ and the economic and social cost of mental illness in England is estimated at £105 billion.²
- Despite the prevalence of mental illness and increasing dialogue from politicians and policymakers about the importance of achieving parity of esteem between mental and physical health, **we still know relatively little about how to prevent, diagnose and treat mental illness.**
- **UK institutions are currently carrying out world-leading research in mental health, however only 5.5% of UK research budget is dedicated to this area.** In comparison, investment in cancer research is nearly four times higher at 19.6%.³ Investment in mental health research has not been adequately prioritised and as a result it is characterised by gaps in knowledge, research, training and care.
- **A major barrier in the UK is that charitable funding of mental health research is virtually non-existent.** For every £1 the government spends on cancer research, the UK general public invests £2.75. For heart and circulatory problems it's £1.35. For mental health research the figure is 0.3p, or a 1/3 of a penny.ⁱ
- **MQ: Transforming Mental Health was established to change this.** Launched in January 2013, we are the new major charity dedicated to mental health research. MQ is committed to raising money to fund exceptional research that will lead to better strategies for diagnosis, treatment and prevention of mental illness.
- As an important first step in fulfilling our ambition we have compiled a comprehensive data set of all major mental health-related research grants funded in the UK between 2008 and 2013. The first of its kind in the UK, the data allows us to develop a **more accurate picture of the current funding landscape and the gaps in our knowledge.** MQ and other research funders can then start to fill these gaps with high quality research and ensure that funding for mental health research is spent effectively.
- This report puts the findings of our new analysis into the context of current data to paint the **most comprehensive picture to date of mental health research funding in the UK.**

Acknowledgements:

MQ would like to acknowledge the work of Dr Anne Kirtley, who carried out MQ's landscape analysis, Helen Haggart and Sarah Shenow for supporting the production of this report, and Professor Matthew Hotopf for his advice.

ⁱ Data on file at MQ – see http://b.3cdn.net/joinmq/e0311bd108bf3a8c2e_3sm6bhwxd.pdf based on an analysis of UK Clinical Research Collaboration (2012), UK Health Research Analysis, 2009/10.



experience a mental illness each year
– nearly 15 million people.

A preliminary analysis of the data base has shown us that:

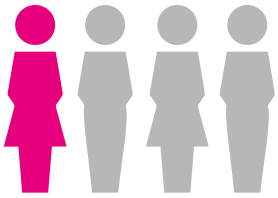
- 85% of funding for mental health research in the UK is provided by just three funders: the Wellcome Trust; the National Institute for Health Research (NIHR); and the Medical Research Council (MRC)
- On average, the UK invests approximately £115 million per year in mental health research
- The vast majority of funding for mental health supports underpinning research.ⁱⁱ Considerably less funding goes directly to the prevention, detection and screening, or the development of treatments for mental illness
- Approximately £9.75 is spent on research per person affected by mental illness - over 100 times less than cancer investments.

Priorities for action

Developing this database is just the start. We have made plans to update this resource annually and we are committed to working with researchers, policymakers, service users, and the general public to drive forward the priorities that emerge from this analysis. These priorities include:

- 1. Improving data sharing** - Good research is reliant on access to good quality data and this is especially true of complex areas like mental health. Improved data sharing between government departments and between supporters of mental health research will help researchers overcome this complexity and help continue to build a picture of the current research base in the UK. MQ will be exploring ways to achieve parity in the use of mental health data to improve research.
- 2. Prioritising research in underfunded areas** - In particular, research looking at the prevention of mental ill health, detection screening and diagnosis, and the development of new treatments and interventions. Research into children and young people's mental health also needs to be a priority.
- 3. Sustaining and growing funding for mental health research** - Levels of mental health research need to better reflect the burden of illness and costs to society. Increased funding from the general public is essential to shifting current inequities.
- 4. Informing policymaking and tackling stigma through research** - It is essential that the results of mental health research be used to inform effective policymaking. Championing mental health research can also play an important role in addressing the stigma around mental illness.

ii As outlined in the methodology available here <http://www.joinmq.org/pages/mental-health-research-funding-landscape-report> - these categories are based on the HSCIC research activity codes.⁴



1 IN 4 PEOPLE

experience mental illness each year – nearly 15 million people

UK INVESTS

£115

million
per year
on mental
health
research



MENTAL HEALTH RESEARCH RECEIVES



of total UK health
research spend

Amount spent on
research per person
affected:

CANCER

£1,571

MENTAL ILLNESS

£9.75



The total economic and
social cost of mental health
problems in England is
estimated to be

£105 BILLION.



FOR EVERY £1 SPENT

by Government on
mental health research,
the general public
donates 0.3p. It's
£2.75 for cancer



Introduction

Britain has a long and proud history of success in medical research. The work of James Watson and Francis Crick in unlocking the secrets of DNA, evidence of the link between smoking and lung cancer and the discovery of embryonic stem cells are just a few of the ground-breaking medical discoveries and advances of the last hundred years.

The UK remains one of the world leaders in medical research using its intellectual capital and research capabilities to tackle disease and ill health. Recent evaluations have also highlighted the quality and impact of UK mental health research.⁵ Given this, it is surprising that only a small percentage of UK research (5.5%) is dedicated to mental health research, and when compared to the enormous scale and impact of mental illness, the inequity in current research funding becomes particularly apparent.

Mental illness is one of the most common health problems with one in four adults experiencing a mental illness in any one yearⁱ; an estimated 14.7 million people in 2013.ⁱⁱⁱ

The high prevalence of mental health problems means that the total cost of mental illness – including health and social care costs, lost productivity and human suffering – is staggeringly high at an estimated £105 billion a year.²

However, the overall current picture of mental health research is still one of gaps – gaps in funding, gaps in research programmes, gaps in knowledge, gaps in training and gaps in care – and we urgently need research that will give us better diagnostic, treatment and prevention tools to address this problem.

In the last decade there has been a welcome focus on the scale and burden of mental illness on the UK by health professionals, policymakers and the media, but any focus on tackling mental illness needs to include an acknowledgement of the importance of research and funding to support it.

MQ: Transforming Mental Health (MQ) is a new charity formed to address these gaps and support much-needed research into mental health. To do that successfully, we first need to know what the current funding landscape for mental health research in the UK looks like: what is being spent; in what areas; and by whom. For the first time, MQ is undertaking such a project, beginning with an analysis of research spend. The analysis will be updated annually enabling us to track trends and identify the research and policies needed to close these gaps.

This report provides a short summary of MQ's analysis, which is published in full alongside this report www.joinmq.org/pages/mental-health-research-funding-landscape-report. Its focus is the current state of funding for mental health research in the UK and we make several recommendations based on the findings of the analysis.

“

We urgently need research that will give us better diagnostic, treatment, and prevention tools.

ⁱⁱⁱ There were an estimated 64.1 million people in the UK in 2013. Given a prevalence of 23%, this equals an estimate of 14.7 people affected by mental illness.¹

Definitions

Mental illness' or 'mental ill health' and 'mental health problems' are terms that are often used to refer to a wide range of mental health conditions. For the purposes of this report we have used the term 'mental illness' and consider it a condition that significantly interferes with an individual's cognitive, behavioural, emotional or social abilities, causing distress. **This report and our funding analysis have not included neurodegenerative disorders such as dementia and Alzheimer's disease.**

Setting the scene

The scale of mental illness

Half of all lifetime cases of diagnosable **mental illness** begin by age 14.⁶

Suicide is the leading cause of death in young men and women.⁷

Depression and anxiety are more common in women than men.¹

1 in 5 aged between 16-24 have an **eating disorder**.¹

The impact of mental illness

Mental illness accounts for almost a quarter of the total burden of disease in the UK.¹

The **life expectancy** of those with severe mental illness is on average 20 years less for men and 15 years less for women, when compared with the population as a whole.⁸

Mental illness is the leading cause of **sickness absence** in the UK, accounting for 70 million sick days a year.⁹

The state of the current funding landscape in the UK

While it is widely acknowledged that mental health research has been an area of underinvestment^{iv} there has been no comprehensive analysis of UK mental health research investments to date. Several useful reports looking at funding of mental health research have been published over the past ten years, for example the *2010 MRC Review of Mental Health Research*^o, but none have been able to provide a complete view^{iv}. New reporting methods are starting to change all that and should help provide a better-developed picture of the funding landscape in the future.

To help address this current knowledge gap, MQ has compiled the most comprehensive data set ever of all mental health-related research grants funded in the UK between 2008-2013. This enables a more complete overview of research spend across all mental health disorders.^v What is more, the data set will be updated on an annual basis, enabling us to track trends and assess outcomes and impact of UK investments.

The first cut of the analysis is available on the MQ website at www.joinmq.org/pages/mental-health-research-funding-landscape-report. The methodology, including how we defined mental health research is also available online. What follows is a short summary of the findings.^{vi}

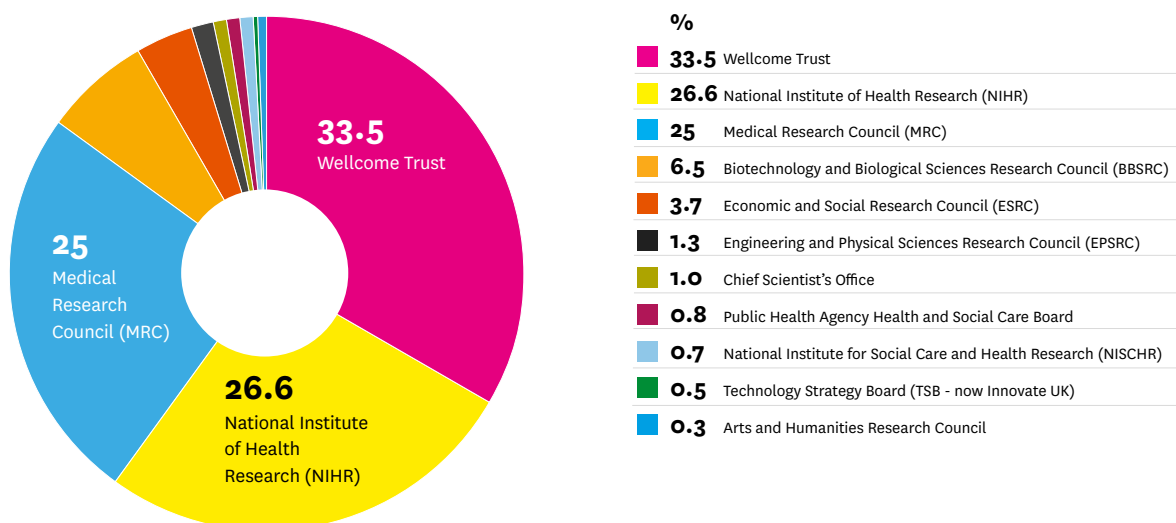
Our data shows that on average, the UK invests approximately £115 million per year in mental health research.

Total spend on mental health research in the UK by year

Year	2008	2009	2010	2011	2012	2013	Total	Yearly average
Spend (£m)	112.8	113.7	120.1	109.7	125.7	110.7	692.7	115.5

There are three major funders of mental health research in the UK: the Wellcome Trust, the National Institute for Health Research (NIHR) and the Medical Research Council (MRC); together they account for 85% of total UK expenditure.

Average UK mental health research spend by funder % (2008-13)



^{iv} The predominant focus for the MRC Review was identifying research opportunities and priorities for improving mental health research and the funding portfolio analysis was only a small part of the report.

^v The review looked at publically available information and therefore does not include any research conducted by industry, which is not available on a national basis.

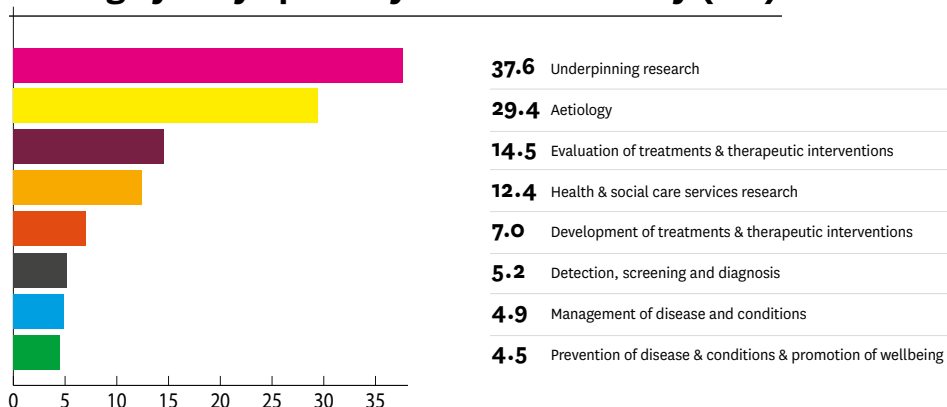
^{vi} Unless otherwise stated, all figures in the following sections of the report are taken from MQ (2015) Preliminary analysis of the UK mental health research funding landscape 2008-2013

“
MQ has compiled the most comprehensive data set ever of mental health-related research grants funded in the UK

The vast majority of funding for mental health supports underpinning research, which is aimed at understanding the biological, psychological and socioeconomic processes, and research that looks at the risk or cause and development of mental ill-health, receiving 33% and 25% of total UK expenditure respectively.

Considerably less funding goes directly to: the prevention of disease and promotion of wellbeing research; detection, screening and diagnosis research; the development of treatments and therapeutic interventions research; and management of disease and conditions for mental illness, all of which receive between 4% and 6% of the total UK expenditure.

Average yearly spend by research activity (£m)



Depression research receives the most funding of all the specific mental health disorders with 7.2% of the total mental health research expenditure. Other top-funded specific mental health topics include psychosis, substance abuse and addiction and schizophrenia, which received 4.9%, 4.8% and 4.4% of the total mental health research expenditure respectively.

Breakdown of average yearly spend on research activity for four of the most common mental health conditions

Condition	Depression	Schizophrenia	Bipolar	Anxiety
Average yearly spend (£m)	8.3	5.1	1.8	1.3
underpinning research	2.71	1.67	0.59	0.43
aetiology	2.12	1.31	0.46	0.33
evaluation of treatments & therapeutic interventions	1.05	0.64	0.23	0.16
health & social care services research	0.90	0.55	0.19	0.14
development of treatments & therapeutic interventions	0.51	0.31	0.11	0.08
detection, screening and diagnosis	0.37	0.23	0.08	0.06
management of disease and conditions	0.35	0.21	0.08	0.05
prevention of disease & conditions & promotion of wellbeing	0.32	0.19	0.07	0.05

Funding for mental health research in the UK has been awarded to nearly 200 different universities, institutes and NHS Trusts across the UK. However, a large proportion of the total funding was concentrated amongst London, Cambridge and Oxford, the “Golden Triangle”. Cardiff, Bristol, Manchester, Newcastle and Edinburgh also received a large proportion of the funding.^{vii}

UK funding has generally been awarded to institutions within the UK. However, mental health research is a global enterprise. The Wellcome Trust, the largest charitable foundation in the UK, has invested a portion of its total mental health research expenditure in projects being conducted in countries across the world, including Nigeria, Kenya, India, USA, the Czech Republic, Hungary and Ireland. While not reported here, some additional investment in developing nations is taking place.^{viii}

Average yearly spend by condition (£)

Research Category	Average yearly amount awarded (£m)	Percentage of average UK mental health research expenditure
Brain function (In relation to mental health) -Includes research on the brain in 'healthy' conditions	39.0	33.7
Psychiatric population & services studies -Includes research on mental health services -Includes research on mental health that was not relevant to a specific disorder	20.7	18.0
Brain dysfunction (In relation to mental health) -Includes research on altered brain function and general mental health research but is not related to a specific disorder	12.9	11.2
Depression	8.3	7.2
Psychosis	5.7	4.9
Substance abuse and addiction	5.6	4.8
Schizophrenia	5.1	4.4
Other mental health conditions	2.7	2.3
Autism	2.0	1.7
Learning disabilities	1.9	1.6
Bipolar disorder	1.8	1.6
Anxiety	1.3	1.1
Personality disorders	0.9	0.8
Attention Deficit Hyperactive Disorder (ADHD)	0.8	0.7
Affective / mood disorders	0.7	0.6
Obsessive Compulsive Disorder (OCD)	0.5	0.4
Eating disorders	0.5	0.4
Post-Traumatic Stress Disorder (PTSD)	0.4	0.3
Phobias	0.3	0.3
General Anxiety Disorder (GAD)	0.1	0.1
Co-morbid somatic disorders	2.2	1.9
Co-morbid neurodegenerative disorders	1.5	1.3
Co-morbid neurological disorders	0.7	0.6

vii The recent evaluation of UK health research (the Research Excellence Framework) highlighted the strength of UK mental health research, with the country boasting some of the world's-leading institutions, outputs and impact.

viii There has been considerable global mental health research investment from the Department for International Development, which is not covered in this analysis. This includes the six year £6 million Programme for Improving Mental health care (PRIME) which started in May 2011.

“Funding for mental health research in the UK has been awarded to nearly 200 different universities, institutes and NHS Trusts across the UK.”

“

On average only 11.3% of mental health research spend is on psychological treatments research in the UK each year.

Spotlight on: *Psychological treatments*

Psychological treatments are recommended by National Institute for Health and Care Excellence as effective treatments for many mental health disorders and they have also been shown to represent excellent value for money.¹¹ For example, the total cost of adult talking therapies to the NHS (IAPT) was estimated to be £402 million between 2011/12 and 2014/15, and generated total public sector savings of £417 million in that same timeframe.¹² The net public sector savings between 2011/12 and 2016/17 of £302 million represents a public sector saving of £1.75 for every £1 spent.

Yet we know that psychological treatments don't work for everyone. There is ample room for improvement – they could be more effective and reach more people. Despite this, and the significant savings to the public purse of psychological treatments, MQ's analysis found that on average only 11.3% of mental health research spend is on psychological treatments research in the UK each year. The majority of this funding is awarded to studies evaluating existing psychological treatments. Relatively little has been spent on using psychological treatments to prevent mental health conditions and for the promotion of good mental health.

This analysis and the methodology behind it is available in more detail at www.joinmq.org/pages/mental-health-research-funding-landscape-report.

Breakdown of the overall expenditure on mental health related psychological treatments research in the UK between 2008 and 2013 by amount awarded and percent of total expenditure for different types of psychological treatments research.

Psychological Treatment	Amount Awarded (£ millions)	% Total Psychological Treatments Research Spend
Cognitive Behavioural Therapy	21.54	27.55
Other Interventions	14.82	18.96
Psychosocial Treatments in General	11.33	14.49
Support for Therapists & Carers	6.51	8.33
Group/Family Therapy	4.80	6.15
Mechanisms of Psychological Treatments	3.49	4.46
Behavioural Activation	2.43	3.11
Psychoeducation	2.28	2.92
Mindfulness	2.12	2.71
Behavioural Therapy	1.88	2.41
Cognitive Therapy	1.76	2.25
Psychodynamic Therapy	1.53	1.96
Problem Solving Therapy	1.31	1.68
Arts Therapy	1.28	1.63
Counselling	0.39	0.50
Cognitive Remediation Therapy	0.25	0.32
Acceptance & Commitment Therapy	0.22	0.29
Exposure Therapy	0.22	0.28
Total	78.17	100

Mental health research funding in context

The lack of research into mental health relative to the burden of the disease has been widely acknowledged. An analysis by David Kingdon in 2006 highlighted the difference between research funding and burden of disease (determined by disability-adjusted life years) and concluded that funding for mental health research, along with respiratory and gastrointestinal research, lags significantly behind other disorder-based research.¹³ More recently the UK Clinical Research Collaboration (UKCRC) found that mental health research accounted for 5.5% of the UK health research budget, compared to 19.6% on cancer research, 10.8% of infection and 7.2% on cardiovascular research.³ However, it is worth noting that since the publication of these findings, some research funders are taking steps to address the gap between their level of mental health research spend and the burden of disease.

Funding for cancer research has also been increasing over the last decade: there has been an increase in total spend on cancer research in the UK of 62% in real terms between 2002 and 2011,¹⁴ whereas spend on mental health has been relatively consistent over the last six years.

There are a number of possible reasons for why mental health research has not received the funding it deserves:

- Mental health is an extremely complex area, covering a wide range of conditions with multiple risk factors and influences
- Mental health research covers an unusually wide range of scientific disciplines including psychology, psychiatry, neuroscience and social sciences
- Mental health conditions often occur alongside other diseases and conditions (both mental and physical)
- Lack of access to clinical data for research purposes, for example on diagnosis, health service delivery, and outcomes. (Again, we can contrast this with the significant amounts of clinical data collected and available for analysis about incidences of cancer, cancer waiting times, cancer outcomes and types of treatment.)
- A lack of available funding opportunities makes it difficult to attract talented researchers into the field of mental health research¹⁵
- Stigma over mental health problems is also thought to be a contributing factor, as people are sometimes reluctant to reveal their condition and seek treatment

“

Lack of access to clinical data for research purposes is a key challenge

^{ix} Data on file at MQ – see http://b.3cdn.net/joinmq/e0311bd108bf3a8c2e_3sm6bhwxd.pdf based on an analysis of UK Clinical Research Collaboration (2012), UK Health Research Analysis, 2009/10.

“

If we are to achieve parity of esteem for mental health relative to physical health, research must be an integral part of the equation.

Snapshot analysis: Research spend per person affected

We wanted to get a better sense of how our analysis compares to other active areas of charity-supported research.

The most readily accessible comparative data comes from the field of cancer through the work of the National Cancer Intelligence Network (NCIN). The NCIN's most recent research analysis was conducted on cancer research that took place in 2011. Using their estimates of cancer research spend and the number of people receiving cancer treatments, we calculated the amount of money spent on cancer research per cancer patient treated.

In contrast, access to this kind of data for mental health is a work in progress. Currently, the best available data on the number of people affected by mental illness is the 12-month prevalence estimates given in the 2007 Adult Psychiatric Morbidity Survey.^{1, 16}

For best comparison to the 2011 cancer research figures, we calculated the prevalence of mental illness in the 2011 UK adult population¹⁷ and compared this to the average yearly spend for each condition.

This is a snapshot analysis. But it gives us an important framework to start to put mental health research spending into context. We hope to build upon this analysis in our future work in the area.

Top-line estimate

- Spend on cancer research was £521 million in the UK in 2011¹⁴, which equates approximately £1,571 per cancer patient
- Spend on mental health research is £115 million on average. This equates to approximately £9.75 per adult with mental illness.

By mental health condition

- Spend on **anxiety** research was £1.7 million on average, or £0.21 per adult
- Spend on **autism** research was £2 million on average, or £3.98 per adult
- Spend on **depression** research £9 million on average, or £1.55 per adult
- Spend on **eating disorder** research was £0.5 million on average, or £0.15 per adult
- Spend on **OCD** research was £0.5 million on average, or £0.89 per adult
- Spend on **psychosis** research (including bipolar and schizophrenia research) was on average £12.6million, or £61.39 per adult.

The role of charities in mental health research

Medical research charities play an important role in the UK funding landscape, funding over 1/3 of all publicly funded medical research in the UK.¹⁸ Mental health research accounts for just 3.1% of charity-funded research in the UK, compared to over 30% for cancer, 13.5% for infection and 7.6% for cardiovascular research.¹⁸

Mental health research is an area of particular interest to the public, with half of adults saying they are interested in this area of medical research.¹⁹ Public sector investment in mental health research has been shown to provide an exceptional rate of return to the UK economy.²⁰ The return on public sector investment in mental health research was calculated at around 37%, which means that for every £1 spent on mental health research by the taxpayer and charities, it produces returns of around 37p to the UK every year.

Despite public interest in mental health and a healthy rate of return on public investment, general public funding of mental health research is virtually non-existent. For every £1 the government spends on cancer research, the general public invests £2.75. For heart and circulatory problems it's £1.35. For mental health research the figure is 0.3p, or 1/3 of a penny.^x

The absence of a specific fundraising charity for mental health research could help explain why funding for mental health research falls so far behind those diseases with a similar level of burden, such as cancer and cardiovascular disease. As the new major fundraising charity for mental health research, MQ aims to raise money to fund exceptional research that will better prevent, diagnose and treat mental health problems.

Conclusion and recommendations

The lack of investment in mental health research relative to the burden of mental illness has been widely acknowledged over the last decade, yet spend on mental health research has remained relatively consistent during that time; rhetoric about the importance of investment in mental health research has not translated into actual increased spend. If we are to achieve parity of esteem for mental health relative to physical health, and reduce the impact of mental illness on society, research must be an integral part of the equation.²¹

MQ conducted an analysis of the UK mental health research funding landscape as an important first step in building the UK's knowledge base on mental health research. The first analysis to look specifically at the UK, it complements on-going work by research funders to better understand the nature and impact of mental health research. The data that has been collected as part of this study will be updated by MQ on an annual basis and developed further, enabling us to track trends, and assess outcomes and impact of UK investments.

It will take a concerted and combined effort from a number of agents, including government, research funders, charities, patients and the public to identify and address the gaps in our knowledge and redress the balance of funding.

“

For every £1 spent on mental health research by the taxpayer and charities, it produces returns of around 37p to the UK every year

x Data on file at MQ – see http://b.3cdn.net/joinmq/ea0311bd108bf3a8c2e_3sm6bhwxd.pdf based on an analysis of UK Clinical Research Collaboration (2012), UK Health Research Analysis, 2009/10.

Conclusion and recommendations

The following actions are needed to help support real advances in mental health research:

1. Improve data sharing

Good research is reliant on access to good quality data and mental health is a complex area. Data sharing between government departments can help researchers understand the complexities of mental health, such as the relationship between mental and physical health. Better data and information sharing between supporters of mental health research will also help continue to build a picture of the current research base in the UK, to review funding patterns and identify areas of need.

2. Prioritise research in underfunded areas

Research funders should use this kind of analysis and information to help identify and prioritise research in underfunded areas, in particular, research looking at the prevention of mental ill health, detection screening and diagnosis, and the development of new treatments and interventions. The UK Alliance of Mental Health Research Funders, of which MQ is a member, has called for priority to be given to research that will make the biggest difference to people's lives, in particular children's mental health.²²

3. Sustain and grow funding for mental health research

The NIHR and MRC make up over 50% of support for mental health research in the UK, and have been major drivers of mental health research as well as translating research into effective treatments. It is important to sustain their investment level and to work to ensure that overall funding of mental health research reflects the burden of mental illness in the UK. MQ and others in the charity sector will have a key role in broadening the support base and increasing charitable spend. However, it will take decades to achieve this and it will need to take place alongside sustained prioritisation of mental health research by government, national agencies, and the general public.

4. Inform policymaking and addressing stigma with research

As further research into the causes prevention and treatment of mental illness becomes available it is essential that the results be used to inform effective policymaking. Mental illness is still surrounded by stigma and discrimination; nine out of ten people with mental health problems report the negative impact of stigma and discrimination on their lives.²³ Stigma around mental illness can prevent those affected from seeking treatment, and is another likely cause of a lack of charitable support for mental health research. Championing funding for mental health research can help address the stigma around mental illness; as seen in the areas of HIV and cancer and encourage vital public donations.

References

- ¹ McManus, S., Meltzer, H., Brugha, T., Bebbington, P., & Jenkins, R. (2007). *Adult psychiatric morbidity in England, 2007 Results of a household survey*. London, UK.
- ² Centre for Mental Health. (2009). *The economic and social costs of mental health problems in 2009/10*, 1–4. London, UK.
- ³ UK Clinical Research Collaboration. (2012). *UK Health Research Analysis 2009/10*. London, UK
- ⁴ UK Clinical Research Collaboration. (2009). *Health Research Classification System*. London, UK. doi:10.1016/0042-207X(66)93599-8
- ⁵ Research Excellence Framework (REF). (2014). *Research Excellence Framework (REF) 2014: The results*. Bristol, UK. Retrieved from <http://www.ref.ac.uk>
- ⁶ Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Üstün, T. B. (2007). Age of onset of mental disorders: a review of recent literature. *Current Opinion in Psychiatry*, 20(4), 359–364. doi:10.1097/YCO.0b013e32816ebc8c
- ⁷ Office for National Statistics. (2013). *Leading Causes of Death in England and Wales 2012*. Retrieved from <http://www.ons.gov.uk/ons/rel/vsob1/mortality-statistics--deaths-registered-in-england-and-wales--series-dr-/2012/info-causes-of-death.html>. Date accessed 27.03.2015
- ⁸ Wahlbeck, K., Westman, J., Nordentoft, M., Gissler, M., & Laursen, T. M. (2011). *Outcomes of Nordic mental health systems: Life expectancy of patients with mental disorders*. *British Journal of Psychiatry*, 199(6), 453–458. doi:10.1192/bjp.bp.110.085100
- ⁹ Sainsbury Centre for Mental Health. (2007). *Mental Health at Work : Developing the business case*. London, UK.
- ¹⁰ Medical Research Council (2010). *Review of Mental Health Research: Report of Strategic Review Group 2010*. London, UK. Retrieved from: <http://www.mrc.ac.uk/news-events/publications/review-of-mental-health-research/>
- ¹¹ See, for example: National Institute for Health and Care Excellence (NICE) (2009). *Guidelines CG90: Depression in adults: The treatment and management of depression in adults*. London, UK.
- ¹² Department of Health (2011) *Impact assessment of the expansion of talking therapies services as set out in the Mental Health Strategy*. London, UK. Retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215787/dh_123997.pdf
- ¹³ Kingdon, D. (2006). Health research funding: Mental health research continues to be underfunded. *BMJ*, 332(7556), 1510–1510. doi:10.1136/bmj.332.7556.1510
- ¹⁴ The National Cancer Research Institute (2013) *Cancer research spend in the UK 2002-2011: An overview of the research funded by NCRI Partners*. London, UK. Retrieved from: <http://www.ncri.org.uk/wp-content/uploads/2013/11/2013-NCRI-cancer-research-spend-UK-2002-2011.pdf>
- ¹⁵ Academy of Medical Sciences, A. (2013). *Strengthening academic psychiatry in the UK*. London, UK. doi:10.1038/npp.2012.253.ISBN
- ¹⁶ Brugha, T. S., McManus, S., Bankart, J., Scott, F., Purdon, S., Smith, J., ... Meltzer, H. (2011). Epidemiology of autism spectrum disorders in adults in the community in England. *Archives of General Psychiatry*, 68(5), 459–465. doi:10.1001/archgenpsychiatry.2011.38
- ¹⁷ Office for National Statistics. (2013). *Table PPO1UK 2011 Census: Usual resident population by single year of age, unrounded estimates, local authorities in the United Kingdom* Data table downloaded from <http://www.ons.gov.uk/ons/rel/census/2011-census/population-estimates-by-single-year-of-age-and-sex-for-local-authorities-in-the-united-kingdom/rft-ppo1uk.xls>. Accessed 31-03-2015
- ¹⁸ Association of Medical Research Charities (2014) *Charities' contribution to UK medical research*, London, UK
- ¹⁹ Wellcome Trust (2013) *Monitor, Wave 2: Tracking public views on science, biomedical research and science education*. London, UK. Retrieved from: http://www.wellcome.ac.uk/stellent/groups/corporatesite/@msh_grants/documents/web_document/wtp053113.pdf
- ²⁰ Health Economics Research Group, Office of Health Economics and RAND Europe (2008) *Medical Research: What's it worth? Estimating the economic benefits from medical research in the UK*. London, UK. Retrieved from: http://www.wellcome.ac.uk/stellent/groups/corporatesite/@sitestudioobjects/documents/web_document/wtx052110.pdf
- ²¹ Royal College of Psychiatrists (2013). *Whole-person care: from rhetoric to reality - Achieving parity between mental and physical health*. London, UK
- ²² Alliance of Mental Health Research Funders. (2014). *General Election 2015 Prioritising Mental Health Research*. London, UK
- ²³ Time to Change (2008) *Stigma Shout: Service user and carer experiences of stigma and discrimination*. Retrieved from: <https://www.time-to-change.org.uk/sites/default/files/Stigma%20Shout.pdf>
Date accessed: 26.03.2015

1-5 Clerkenwell Road,
London, EC1M 5PA

Tel (0)300 030 8100

Email Info@joinmq.org

Twitter @joinMQ

www.joinmq.org

MQ
Transforming
mental health