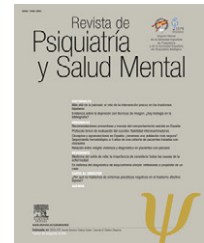




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EDITORIAL

Mental Health Research in Spain: A bit more than green shoots[☆]

Investigación en salud mental en España: algo más que brotes verdes

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In the current economic situation, having an area of our work sending out signs of strength and hopefulness is to be appreciated. Spanish psychiatry has acquired, for the first time in its history, a fundamental role in international psychiatry. It has done so, not through specific names, but rather thanks to the collaborative spirit of numerous research groups that have decided to unite their efforts. The fact that, in the year 2012, it is accepted as completely natural for the greatest part of mental health publications in this country to come from collaborations among different groups was something quite unthinkable just a few years ago—and it is something that should fill us all with pride.¹ The fact that, in addition, the product of such collaboration is translational work published in the best national and international journals, patents and clinical guidelines should be the motive for even greater elation. Never before has the presence of articles by Spanish authors or of Spanish speakers at the best congresses and conferences in our extensive area of knowledge been so frequent. Left behind us are the favouritisms that so damaged the history of psychiatry in this country. The participation of Spanish groups leading European projects or preparing the road map for mental health research for

the European Commission stands as examples of our growing strength.²

In the times in which it has fallen to us to live, words such as competitiveness and innovation have taken on a relevance that they did not have some few years ago. It is not enough just to research; the research we carry out should translate into tangible products that make research efficient. In our environment, the meaning that these words encompass is key to the process by which whatever we research in original knowledge is transformed into improvements in clinical practice and, consequently, in the mental health of our society and its citizens. If this also involves not only patents and intellectual property, but also changes in clinical activity that might in the long run, in the context of quality and humanised work, generate an economic return—lower the cost without compromising the result—we then have our feet on the correct path.

In the current situation, public–private collaboration is highly important for advancement in cross-border research. Public–private pairing is the most efficient way to convert ideas into patents and obtain a return on the research performed. That is how it has been understood in other countries, which have increased their budgetary spending on research in an economic crisis, convinced that is the only way to generate wealth in the medium term. The percent of dependence on national public funding is a good criterion of a centre's or of a research group's capability and quality. An example we can give is that the Networked Centre for Biomedical Research in Mental

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Health (CIBERSAM, its Spanish acronym, www.cibersam.es) has signed with 25 private companies since its creation. This consortium alone has generated 4 patents, participated in 42 clinical trials and prepared 22 clinical guidelines. These figures should give our politicians pause when it comes to cutting back on research spending.

The components of innovation, transmission and transfer (both of products as well as of processes)—as is the case of the new therapeutic targets—should be oriented towards not only the search for molecules with new mechanisms of action, but also towards the search for diagnosis, detection, assessment and prognostic techniques, for non-drug therapy approaches and for medical imaging technology. It is unnecessary to remember that many of the results from our research have to do with more efficient therapeutic strategies (drug treatments, psychotherapeutic interventions) with preventative strategies (detecting cases at risk, intervening to prevent or delay the appearance of mental disorders in individuals at risk, and preventing comorbidity or the appearance of secondary pathologies in individuals that already have a mental disorder). Implementing these results in clinical practice can undoubtedly lower healthcare spending through a more efficient, test-based psychiatry that our research provides us. That is the way to be more competitive; wasting public money on care centred on the interests of mental health professionals is not the way, it is investing in what has shown itself to be cost-efficient and therefore sustainable in public healthcare that is of high quality.

We have decided to dedicate our professional life to the world of mental illnesses, paradigm of complex illnesses by definition. It is impossible to find a single cause, treatment or pathogenic mechanism that serves all the different people who suffer from a complex illness. That is why we always have to live with the doubt that we will never reach an ultimate cause that can explain the immense wealth of varying forms of expressions of our most valued organ. We have to be prepared to bear the anguish of our growing knowledge of our lack of knowledge. To do so, we should arm ourselves with the best tools that are available and that lighten the load of knowing that it is impossible to discover everything that is relevant for mental health or illness. Working shoulder to shoulder with experts in epidemiology, genetics, biochemistry, neurobiology, psychology, sociology and neuroimaging will increase our chances of success. That is why it is impossible to conceive mental health research that is not multidisciplinary. A recent article in this journal gave a magisterial indication that only by shortening the distance separating the research focuses of social sciences and natural sciences can we advance in knowledge of mental disorders.³ Whether young pre-clinical researchers dedicate the rest of their lives to investigating illnesses of the brain or whether they dedicate themselves to other illnesses is going to depend partially on if they view our field as attractive, with possibilities; it is also going to depend on if we are capable of transmitting not only the great need for research in our discipline, but also the fact that these young researchers are going to have platforms that will help them on their way. One of the strongest assets of CIBER-SAM is that it includes pre-clinical research groups. We have to continue working to make collaboration with these groups

even greater and to attract talent to our area of knowledge.

If we wish to perform quality research, we have to look to Europe. In a situation favourable for Spanish psychiatry, in which we have become more international and are present in all of the important forums of discussion and decision involving research in mental health, we cannot let the opportunity to take advantage of it pass us by. I am convinced that our return from research can be improved even more in the form of participation and coordination by our groups in projects funded by the European Union. At the doors of Horizon 2020, mental health research in our country has both much to offer to our European colleagues and much to say about investment priorities in this field. Our psychiatry's leading role in research in Europe is evidenced by the Spanish coordination of the road map being written for the European Commission on what the research in this field should be during the next 10 years (www.roamer-mh.org).

One aspect that is clearly subject to improvement is training researchers of promise. In the preparation of specialists, there are significant deficiencies in research training in the medical career and in the speciality. A specific need not currently covered is that of a master's degree in mental health research. CIBERSAM is presently awaiting evaluation by ANECA [the Spanish national agency for quality assessment and accreditation] to create this master's programme. We are convinced that it will, with the participation of 5 of the best universities in the country, make it possible for future leaders in mental health research in Spain to approach quality research.

Not all of the quality research is found in the mental health CIBER, not at all. There are excellent groups in other CIBERs and RETICs [cooperative thematic health research networks] dedicated directly or indirectly to mental health research and also other groups that do not belong to these stable collaborative research structures. If we really want to have a great centre of excellence in research in mental health in this country, we have to integrate the best research groups in this field in the different pathologies. This centre must be dynamic and flexible, and adapt itself to the temporal changes with entry and exit of groups based on their results. A similarity to the majority of the existing stable research structures in Spain or to the governmental or university model of research should be avoided for the most part. It makes no sense to have, outside that structure, groups of greater scientific excellence than those that are within it, just because they were better at some moment or other. A closed or unidirectional system has no place in the current times. There is no system more inefficient than one that lets the individuals who enter an institution remain there independently of their efforts, capability and results. That should become part of our history.

We must be able to convert the current economic situation into an opportunity, something that is right at hand thanks to the talent accumulated over the last decade of mental health research in our country. The success achieved should encourage us to continue on the same path, without becoming lax, with the spirit of improvement. That is the only way that it will be possible for us to look back some

day and feel proud of what all of us were achieving as a group.

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