



Brussels, 24 October 2016

COST 101/16

DECISION

Subject: **Memorandum of Understanding for the implementation of the COST Action “European Network on Individualized Psychotherapy Treatment of Young People with Mental Disorders” (TREATME) CA16102**

The COST Member Countries and/or the COST Cooperating State will find attached the Memorandum of Understanding for the COST Action European Network on Individualized Psychotherapy Treatment of Young People with Mental Disorders approved by the Committee of Senior Officials through written procedure on 24 October 2016.



COST is supported by
the EU Framework Programme
Horizon 2020

COST Association, International not-for-profit
organisation/Association internationale sans but lucratif
Register of legal Entities Brussels: 0829090573

COST Association
Avenue Louise 149 | 1050 Brussels, Belgium
t: +32 (0)2 533 3800 | f: +32 (0)2 533 3890
office@cost.eu | www.cost.eu

MEMORANDUM OF UNDERSTANDING

For the implementation of a COST Action designated as

COST Action CA16102
EUROPEAN NETWORK ON INDIVIDUALIZED PSYCHOTHERAPY TREATMENT OF YOUNG PEOPLE WITH MENTAL DISORDERS (TREATME)

The COST Member Countries and/or the COST Cooperating State, accepting the present Memorandum of Understanding (MoU) wish to undertake joint activities of mutual interest and declare their common intention to participate in the COST Action (the Action), referred to above and described in the Technical Annex of this MoU.

The Action will be carried out in accordance with the set of COST Implementation Rules approved by the Committee of Senior Officials (CSO), or any new document amending or replacing them:

- a. "Rules for Participation in and Implementation of COST Activities" (COST 132/14);
- b. "COST Action Proposal Submission, Evaluation, Selection and Approval" (COST 133/14);
- c. "COST Action Management, Monitoring and Final Assessment" (COST 134/14);
- d. "COST International Cooperation and Specific Organisations Participation" (COST 135/14).

The main aim and objective of the Action is to There is a scattered knowledge on individualized psychotherapy for young people. This is connected with lack of understanding between different therapeutic schools, lack of sufficient assessment tools and adequate study designs. Existing research groups across COST countries lack visibility so that many researchers are not aware of their presence.. This will be achieved through the specific objectives detailed in the Technical Annex.

The economic dimension of the activities carried out under the Action has been estimated, on the basis of information available during the planning of the Action, at EUR 56 million in 2016.

The MoU will enter into force once at least five (5) COST Member Countries and/or COST Cooperating State have accepted it, and the corresponding Management Committee Members have been appointed, as described in the CSO Decision COST 134/14.

The COST Action will start from the date of the first Management Committee meeting and shall be implemented for a period of four (4) years, unless an extension is approved by the CSO following the procedure described in the CSO Decision COST 134/14.

OVERVIEW
Summary

The main aim of the Action TREATME is to establish a sustainable European multidisciplinary researcher network focusing on individualized psychotherapy for young people with mental disorders.

50% of lifetime mental health disorders start by the age of 14, and the number increases to 75% by the age of 24. Mental disorders in youth are associated with direct and indirect costs including personal distress, costs to family and friends, high healthcare costs, barriers to employment and job performance, poverty and economic deprivation and social exclusion.

The “Roadmap for Mental Health Research in Europe” concludes on the need for coordinated and multidisciplinary efforts to improve knowledge on individualized psychological treatment for young people. Psychotherapy works for the most frequent mental disorders such as anxiety and depression. Different psychotherapy modalities work on average equally well. However, little is known about how different treatment modalities work (the mechanisms of change/mediators) and for whom (specific markers/moderators). Thus, empirically informed individualized treatment cannot be delivered.

The Action reviews the state of the art and identifies putative specific markers and mechanisms of change in different psychotherapy modalities, as well as suitable psychotherapy process and treatment measures, and study designs. Research capacity increases by supporting a high proportion of ECIs and especially female and ITC researchers. Shared knowledge is disseminated to policy makers and stakeholders.

The network promotes collaborative funding applications and meets societal challenges connected to mental health. TREATME paves the way for the matching of mental health research to the needs of young people in Europe.

Areas of Expertise Relevant for the Action <ul style="list-style-type: none"> ● Clinical medicine: Psychiatry ● Psychology: Clinical Psychology ● Sociology: Work and professions ● Psychology: Developmental psychology ● Sociology: Gender and sexuality studies 	Keywords <ul style="list-style-type: none"> ● Psychotherapy for young people ● Individualized treatment ● Mechanisms ● Moderators ● Process - outcome studies
--	---

Specific Objectives

To achieve the main objective described in this MoU, the following specific objectives shall be accomplished:

Research Coordination

- Exchange and disseminate specific knowledge about important factors that will improve outcome in different youth psychotherapy modes.
- Exchange and disseminate specific knowledge about how to best design psychotherapy studies that can increase knowledge about what works for whom and how in youth psychotherapy.
- Facilitate effective co-ordination and harmonization of research in psychotherapy for young people by: 1) Identifying putative specific markers, mechanisms of change and adequate assessment tools in psychotherapy research for young persons, 2) achieve

consensus on core measures, and 3) provide advice on adequate study designs.

- Establish sustainable synergies among European research projects on how to do research on personalized youth psychotherapy and disseminate results: a) encourage network members to develop collaborative funding applications, b) continue the liaison established among psychotherapy researchers after the duration of the Action, c) maintain the planned Action website.
- Support a high proportion of Early Career Investigators (ECIs) and especially female and Target Country researchers (ITCs) the COST Action: Ensure that ECIs and TCI participation is maintained during the life of the action and fully represented in the whole range of the Action's activities including Action leadership.

Capacity Building

- Develop a critical mass of researchers across COST countries on youth psychotherapy.
- Support even genders balance among the participants in the activities in the Network and encourage researchers from ITC to participate.
- Mentoring and guidance will be offered to new researchers. ECIs and ITC researchers will gain experience of project leadership by fully participating in MC, WG meetings and plenary sessions.
- STSMs will be organized to support ECIs and ITC researchers to interact with and learn from more experienced researchers.
- TSs offer training in theoretical and methodological techniques in quantitative and qualitative data analysis.



TECHNICAL ANNEX

European Network on Individualized Psychotherapy Treatment of Young People with Mental Disorders (TREATME)

1. S&T EXCELLENCE

1.1. Challenge

1.1.1. Description of the Challenge (Main Aim)

The main aim of the Action is to establish a sustainable, multidisciplinary, network of researchers focusing on individualized psychotherapy for young people with mental disorders. The purpose of the network is to integrate the European research community focusing on adolescents and young adults (age 14 to 30), who are in the transitional phase between childhood and adult life, and to connect and leverage current and future national research investments, in order to help address the major societal challenge of mental health and well-being in the young.

Adolescents and young adults are a particularly important and vulnerable group with distinct mental health needs. Mental health problems, such as anxiety and depression, are estimated to affect 30% of youth worldwide, while research shows that 1 out of 10 young people suffers from mental health problems that are severe enough to cause impairment in their function at home, school, and the community at large. 50% of lifetime diagnosable mental health disorders start by the age of 14, and this number increases to 75% by the age of 24. Ignoring youth's mental health needs can result in long-lasting adverse developmental outcomes for the individual and the society, including psychiatric problems in adulthood, impaired social functioning and participation in the workforce, as well as, poorer general health outcomes.

The developmental period of adolescence and young adulthood constitutes a critical window of opportunity for mental health treatment interventions. The needs differ from the treatment needs in adults. In the age range from 14 to 30 the youngest are still living with parents/carers. Including carers, school teachers and others is crucial for treatment outcome. Those in the late twenties, on the other hand, are at cross roads where they need to make numerous choices, and cope with commitment to a profession, finding partner/raising family, financial issues, and their own family of origin. Therapy has to be targeted and help to launch them into adult life.

Psychotherapy is effective, efficient, cost-effective and gives a lasting effect in a way that is not possible with psychopharmacological treatment alone. There is a wealth of psychotherapy treatment modalities that are currently being used and researched, with more than 550 youth psychotherapy models. There is strong evidence on the general effectiveness of psychotherapy for treating mental health disorders in adolescents and young adults. Various psychotherapy modalities (e.g. Psychodynamic psychotherapy, PDT; Cognitive behavioural therapy, CBT) have, shown on average, equally good treatment outcomes. However, it is well known in clinical research and practice that not all treatment forms will be effective in treating each individual. Up to half of the patients may not recover, one in five drops out of treatment (even more in adolescents than in adult patients) and roughly a tenth get worse. Also, two patients in the same treatment may be getting better (or not) for two different reasons.

Therapeutic outcome is influenced by specific markers/moderators (e.g. gender, diagnoses, patient characteristics, genes, cultural aspects, etc.). Furthermore, all treatment modalities do not work in the same way. There might be different mechanisms of change/mediators, (e.g. self-reflection, learning compensatory skills, changing automatic thoughts, etc.) associated with each different treatment modality. It is necessary to improve the effectiveness of different modes of youth



psychotherapy for different individuals. Moreover, as stated in the final “Roadmap for Mental Health Research in Europe” (ROAMER; March 2015), there is a need to understand why some individuals do not respond to treatment.

Critically, we currently lack the basic knowledge on which treatments work for whom and how. For society and in particular mental health care, to help young people suffering from mental health disorders, researchers have to reveal what kind of treatment and what treatment techniques work best for different young people and how the various psychotherapy modes work to promote the best possible treatment effect (outcome) for each patient. This knowledge would allow us to systematically choose psychotherapy treatment modes that would achieve the best possible treatment outcome for each specific young individual.

It has, however, proved difficult to find ways to examine what kind of patients (i.e. Specific markers/moderators) would profit most from different psychotherapy modes and understanding the mechanisms of change (i.e. mediators) behind the treatment effects. The challenges are connected with lack of shared theoretical frameworks and understanding between different therapeutic schools, lack of sufficient assessment tools and adequate study design; qualitative, quantitative and combinations of the two. Therefore, identifying which psychological treatment is more likely to work for each individual young person (i.e. identify specific treatment markers), and revealing the distinct mechanisms of change (i.e. mediators) for each treatment mode, are constitute two of the main challenges in research on psychotherapy. There is also a lack of sufficient assessment tools and agreement on study designs. The research is often fragmented and of inconsistent quality and there is a lack of process-outcome research and long-term follow-up studies.

There are various research groups across COST Countries working at a national level on the issue of individualized psychotherapy for treating mental disorders in adolescents and young adults. Europe is the most productive continent in child psychiatric academic research. Research resources for mental health in many countries are, however, relatively modest. There is a lack of research units and transversal infrastructures (shared databases, cohorts, technical platforms, etc.). Furthermore, existing entities and infrastructures suffer from a lack of visibility so that many researchers are not aware of their presence.

Europe lacks even the most basic prerequisites for an evidence-based mental health research policy in this field (ROAMER). Moreover, diverse health care systems in different countries imply that research requires coordination in order to ensure that the resulting knowledge can be readily implemented across COST Countries and sectors. This COST Action aims at magnifying the impact of the currently separate and un-coordinated European research efforts on individualized psychotherapy treatments of mental health disorders in the young. TREATME brings research groups together in order to exchange knowledge, collectively determine the current state-of-the-art, identify gaps and needs in current research, develop research guidelines, and collaborate on current and future projects. The activities in the Action will help avoid duplication and waste of resources. TREATME facilitates research collaboration and paves the way for consortiums and common databases (e.g. follow-up data, brain imaging, genes) across COST Countries.

The research network TREATME enables researchers across Europe to address challenges faced by the field as a whole in an efficient and systematic way. In particular, the main challenge for researchers in the field of psychotherapy treatment for young people is how to design and conduct high quality studies, including the assessment of psychotherapy processes, treatment outcomes, and the mechanisms of change involved. Therefore, according to ROAMER, researchers should identify relevant, and developmentally specific treatment markers and putative mechanisms of change of evidence-based psychotherapy treatments. Such knowledge will have important implications for the allocation of resources and organization of mental health care across COST countries.

Investing in advancing this research will address the mental health burden in Europe to a significant degree, improve quality of life during youth and beyond, and reduce treatment costs. Personalized psychotherapy treatment will help young citizens struggling with mental health

problems to successfully pass the critical transition from childhood into adulthood, enhancing their chances of living satisfying lives, and improving their social functioning and their ability to find and keep employment, while shielding them from experiencing isolation and stigmatization.

1.1.2. Relevance and timeliness

Mental disorders are associated with substantial costs including workplace absence, barriers to employment, loss of work productivity, poverty and economic deprivation, costs to family and friends, social exclusion, more somatic disorders and higher mortality. Mental disorders are the largest single contributor to European disease burden and are rather increasing than decreasing. Measured by Disability Adjusted Life Years (DALYs) the contribution is between 11 and 27%. For instance depression can be highly disabling and is ranked third in terms of disease burden as defined by the World Health Organization (WHO, 2014). More than 1 in 3 Europeans directly experience mental health problems in any given year. Different circumstances in different countries as well as individual factors can influence the manifestations and subjective experience of mental disorders and modify the effects of psychological treatment. Some existing and upcoming European societal challenges are:

- The difficult economic situation in some European countries decreases young people’s possibility to find employment, which will cause further mental suffering.
- Young people need to leave their homeland to find employment opportunities. Expatriate young people face specific psychological challenges.
- Cultural differences between European countries.
- Differing gender roles may affect mental suffering among young people.
- The European refugee situation is an upcoming challenge calling on pan-European cooperation to identify solutions to prevent and treat mental health disorders in young people that may also to a large extent be traumatized or experience role reversal (parentification; young adults taking care of their parents after migration) with serious outcomes in terms of mental health, e.g. depression.
- Different organization of mental health care in European countries.

Optimizing treatment methods, service availability, and prevention measures are highly important for dealing with the future challenges associated with mental disorders. Due to their developmental stage, young people are vulnerable but also responsive to treatment. Based on estimated costs of mental disorders and the burdens on individuals and carers, a project on analysing the needs on research on mental health in Europe (ROAMER) has developed a comprehensive and integrated mental health research roadmap. ROAMER focuses on improving the mental health in the population and concludes on the need for coordinated and multidisciplinary efforts among professionals and researchers. ROAMER points to the fact that “Mental disorders place immense burdens on individuals, their families and society”, and that “Funding for mental health research in Europe is much lower than the population impact of these disorders”. After analysing contemporary research activities, the ROAMER process concluded with six high level priorities. The first proposed high-level research priority is research into mental disorder prevention, and mental health promotion and interventions in children, adolescents and young adults. As shown in table 1 the networking objectives, knowledge-sharing, and collaboration activities in TREATME to a considerable extent meets the first high-level priority in ROAMER, as well as the other five recommendations for further mental health research in Europe.

Table 1. High level research priorities in ROAMER and the objects and expected impacts of the present COST Action TREATME

ROAMER 6 high level priorities	COST Action TREATME Objects & Expected impact coinciding with ROAMER
1. Research into mental disorder	Network focusing on interventions for mental health disorders in adolescent and young people:

prevention, mental health promotion and interventions for mental disorders in children, adolescents and young people	Focus on young people's mental health including gender perspectives Develop -age-appropriate research measures and design -preventative focus -improving interventions/psychological treatment Facilitate harmonization and collaborative research in Europe
2. Focus on the development and causal mechanisms of mental health symptoms, syndromes and well-being	Promote research -on the transition from adolescence to adult life - to identify markers (moderators)/stratification of patients helping to bring about intelligently focused treatment (more effective targeting of treatment) -on mechanisms in treatment of mental disorders(mediators) -develop longitudinal customized study design -treatment of comorbidity -personalized care preventing developmental trajectories to poor mental health (factors reducing disability)
3. Developing and maintaining international and interdisciplinary research networks and shared databases	Building a research network promoting standardized large-scale collaborative projects with common research measures, study design, database and terminology. -Including a variety of disciplines in mental health -Education for healthcare professionals/multidisciplinary training programs -Researcher training -Improved understanding of treatments -Translation of research questions from health services to research and vice versa(translational medicine) -Knowledge exchange and promote a knowledge base for development of treatment studies
4. Developing and implementing better interventions for mental health and well-being, using new scientific and technological advances	-Promote research on understanding why some individuals do not respond to treatment by identifying relevant, and potentially developmentally specific, mediating and moderating variables of evidence-based psychotherapies for youths with mental disorders -Focusing on new research approaches mental health promotion, disorder prevention, mental healthcare and social service delivery - Cooperate with educational institutions educating clinicians as well as NGOs.
5. Reducing stigma and empowering service users and carers in decisions about mental health research	-Promote research to improve mental health and well-being in young people and helping young people passing the transitional phase (14-30 years) into adulthood successfully so they can attend the workforce and not experience isolation and stigmatization. -Service user involvement
6. Health and social systems research that addresses quality of mental health care	-Promote research on personalized treatment and develop knowledge on what works for whom and how to deliver individualized treatment and prevent inadequate organizational differences in delivery of national healthcare systems - Designing and evaluating methods to assess outcomes from mental health treatment that can be easily and reliably implemented

TREATME is also related to other global and European policy initiatives focusing on mental health in young people: "The Mental Health GAP Action Program" (WHO, 2012) points at mental disorders affecting every community and age group across all income countries. The WHO Action program and the "EU Joint Action on Mental Health and Wellbeing" aim at improving mental health services globally and in Europe respectively. The present Action is also in accordance with the programme "Youth on the move", which is a comprehensive package of policy initiatives in Europe to reduce high youth unemployment and to increase the youth-employment rate. "Youth on the move" is part of the Europe 2020 strategy. Furthermore, the present COST Action is in accordance with the programme "Investing in children" (2013) recommendations, which state that early intervention and prevention are essential for developing more effective and efficient policies. "Investing in children" devote special attention to young people's mental health problems. Finally, the present COST Action is in line with the Framework Partnership Agreement (FPA) between the COST Association and the European Commission. The Action will contribute to strengthening

Europe's research and innovation capacities. The present COST Action will contribute to the strategic objectives, given its focus on pan-European cooperation in science in a field that is highlighted by the Horizon 2020 strategy.

1.2. Objectives

1.2.1. Research Coordination Objectives

TREATME arises from nationally funded research groups and will bring together researchers, clinicians, non-governmental organizations (NGO), and policy makers. The aims are to exchange and disseminate specific knowledge about important factors that will improve outcome in different youth psychotherapy modes, as well as about how to best design psychotherapy studies that can increase knowledge about what works for whom and how in youth psychotherapy. The COST Action is a pan-European multidisciplinary network with participants from Europe and beyond, focusing on an urgent topic in psychotherapy research. The COST Action will promote coordinated and collaborative research activities and funding applications on personalized treatment for young people with mental health problems in Europe. This will be achieved by the following partial task objectives during the course of the Action:

1.2.1.1. Share scientific knowledge on treatment and research methods in psychotherapy for young persons: The Action will increase scientific knowledge across Europe on psychotherapy with young persons, the need for psychotherapy research and more specific knowledge on personalized treatment in different COST Countries with different treatments in use and differing mental health care systems. The members of the Action will propose adapted research study designs in order to facilitate effective co-ordination and harmonization of research in psychotherapy for young people by: 1) Identifying putative specific markers, mechanisms of change and adequate assessment tools in psychotherapy research for young persons, 2) achieve consensus on core measures, and 3) provide advice on adequate study designs. This will promote collaborative research among members of the Action Network.

1.2.1.2. Promote the sustainability of the network beyond the life of the Action: The Action will establish sustainable synergies among European research projects on how to do research on personalized treatment for adolescents and young adults and disseminate results in the following ways: a) encourage network members to develop collaborative funding applications, for example from the European research program Horizon 2020, b) continue the liaison established among psychotherapy researchers after the duration of the Action, c) maintain the planned Action website as a sustained open resource for researchers, clinicians and policy makers. These objects are specific, and will be possible to measure because the goals are concrete and visible.

1.2.1.3. Support a high proportion of ECIs and especially female and ITC researchers in the COST Action: Early Careers Investigators (ECIs), female and Inclusiveness Target Countries (ITCs) researchers will be encouraged by Action members to participate in Training Schools (TSs) and Short Term Scientific Missions (STSMs). This objective will be conducted through the Website, conferences, local workshops, and by research and private institutions. The training and mentoring of an emerging group of ECIs will be a measurable outcome of this objective.

1.2.2. Capacity-building Objectives

Through the STSMs, Working Groups (WGs), Website, and TSs in TREATME, care will be taken to encourage an even gender balance among the participants in the activities in the Network. Researchers from ITC will be encouraged to participate. To develop a critical mass of researchers and to encourage the participation of ECIs and ITC researchers, the following initiatives will be implemented; a) The WGs will provide a structured environment within which mentoring and guidance will be offered to new researchers. ECIs and ITC researchers will gain experience of project leadership by fully participating in MC, WG meetings and plenary sessions; b) one (first

year of the Action) and two (year 2-4) STSMs will be organized to support ECIs and ITC researchers to interact with and learn from more experienced researchers; c) TSs offer training in theoretical and methodological techniques in quantitative and qualitative data analysis. ECIs will be encouraged to present at conferences and local workshops.

Progress towards each Objective will be assessed consecutively in concrete terms at each meeting in the Management Committee (MC), WGs, TSs, Annual meetings and on international conferences during the life of the Action.

1.3. Progress beyond the state-of-the-art and Innovation Potential

1.3.1. Description of the state-of-the-art

Clinicians and researchers seem to agree that psychotherapy is helpful for the most common mental disorders (e.g. anxiety and depression). Different treatment modalities work on average equally well. Individualized medicine is rapidly emerging as a state-of-the-art approach to diagnostics and therapeutics and is beginning to revolutionize our health care systems, promising better treatment for all. However, this is not the case in treatment for mental health disorders in young people. A large number of psychotherapy modalities have been described for instance in child- and adolescent psychotherapy. There is a robust knowledge that psychotherapy is helpful for young people. There also is a huge amount of theories on how and for whom therapies help. However, existing research results only to a little extent support these theories. Thus, it is not known what kind of treatment is best for the individual person. The goals defined in European policy on individualized treatment can hardly be reached.

There is a lack of research examining for whom and under what circumstances different therapies may be most efficacious and a lack of process-outcome research that examines the key theoretical mechanisms of action of specific youth psychotherapy. There even is a lack of sufficient age appropriate assessment tools and study designs to measure the theoretically assumed putative specific markers of the effects of therapy for the individual as well as change mechanisms. Thus, there is a need for process-outcome studies, and the current research challenges are:

What patient characteristics (specific markers/moderators; e.g. gender, age, culture) interfere with effects (outcomes) in youth therapy?

Through which change mechanisms (mediators) do various psychotherapy modes work to promote the best possible treatment effects for each young person?

How to measure the putative specific markers and change mechanisms? What age specific measures exist and what is missing or needs further development and validation?

What kind of study designs and statistical methods will help researchers to find more answers to the question: What kind of treatment or specific techniques work best for each young person?

1.3.2. Progress beyond the state-of-the-art

Understanding more about individual specific markers and change processes in youth psychotherapy will increase the ability to further develop psychological treatments and make them more effective. Developing guidelines for stepped and individualized care, will improve treatment for the needs of each specific patient. TREATME develops an agreement on helpful study designs combining different research methods (qualitative and quantitative) promoting research on personalized treatments for young people with mental disorders. The Action will likewise address the complementing benefits of different approaches (e.g., experimental and naturalistic), settings (e.g., laboratory and clinical practice), and levels of analysis (e.g., genetics, neural networks, and behavioural factors). In addition, understanding how psychological change occurs in adolescence and young adulthood has important implications for several fields - e.g., parenting and education. TREATME will provide a more integrated understanding of how psychological change occurs through psychotherapy. The Network will proceed beyond the state-of the-art by collaborating to:

Suggest putative specific markers of treatment effects

Suggest on putative mechanisms of change in treatment

Develop guidelines on specific assessment tools
Develop guidelines on adequate study designs
Disseminate knowledge and promote lasting expertise and infrastructure for future research

1.3.3. Innovation in tackling the challenge

The Action aims to pave the way to synergies by joint collaboration in the network on applications with European-funded research projects (consortia), thus enhancing the networking potential. A weakly funded, important research field (ROAMER) will be strengthened by forming this COST Action of researcher network across Europe.

ECIs will receive important knowledge and establish potentially lasting contacts for future collaboration. National studies on psychotherapy for young people in COST Countries will be better connected and comparable. TREATME may also facilitate multi-centre studies comprising larger samples, increasing statistical power as well as possibilities for subgroup analyses. More clinically relevant and methodologically sound research will form a more coherent base of knowledge. Future collaborative research initiated from the TREATME network will contribute to the evidence base. Ultimately, this may enable more individualized treatment for young people suffering from mental health problems to prevent impaired social functioning and increase the likelihood that they will effectively participate in the workforce. Consequently, the Action will help solve many of the challenges stated through analyses of the needs on research on mental health in Europe.

1.4. Added value of networking

1.4.1. In relation to the Challenge

More high quality research is urgently required to solve Europe's challenges on mental health disorders in young people. TREATME provides an important, unique, and well-coordinated initial platform for strengthened collaboration in the field. The Action brings together researchers, clinicians, public policy officials, clinical training institutions, and patient organizations (NGOs) concerned about the scattered knowledge for individualized psychological treatment of young people. TREATME will facilitate evidence-based decision-making on the issue of mental well-being and inclusion of young people in the workforce and in social life. Dissemination of results from the network may help policy makers to allocate resources and design appropriate treatment strategies for young people suffering from mental disorders. Through the activities in the Action and in collaboration with WG5, participants will be helped to identify the most appropriate method of implementation of knowledge and guidelines in each participant country. Thus, the Action will help harmonize participants' national networks due to differences in the state-of-the-art, and national priorities.

1.4.2. In relation to existing efforts at European and/or international level

It has proved difficult to raise money for research on psychological treatment in Europe (ROAMER). The Action will initiate sustainable research networks that will collaborate on applications for research funding (e.g. national and European funding) and promote collaborative research on psychotherapy for young people. Common assessment tools and interconnecting study designs will ease comparison of research results. This will constitute a more coherent evidence base on individualized youth psychotherapy. TREATME is in accordance with the road map for research on mental disorders (ROAMER).

2. IMPACT

2.1. Expected Impact

2.1.1. Short-term and long-term scientific, technological, and/or socioeconomic impacts

The present Action has the potential to contribute to significant benefits for young people in Europe struggling with mental health problems. The Action will result in multiple innovations; e.g. provide innovative tools for therapeutic practice, innovative tools for research, new guidelines for psychotherapy research, and new guidelines for treatment. Also an increase in collaborative applications for funding research on youth psychotherapy at the national and European levels is expected. The intrinsic mission of TREATME is to benefit society by strengthening the evidence base for youth psychotherapy and meet the European effort on alleviating mental suffering in young people (ROAMER). Thus, TREATME will pave the way for individualized treatment for young people in the transitional phase between childhood and adulthood, reducing the risk of being left behind and not attending the work-force and adult social life. The Action will create new knowledge and enable scientists, practitioners and health authorities make knowledge-based decisions on individualized psychotherapy treatment for young people with mental disorders.

The scientific impacts are:

- TREATME establishes a sustainable network of European scientists in research on psychotherapy for young people and provides the added value of transnational collaboration.
- The Action agrees on study designs on youth psychotherapy research, which will promote the conduct of studies with comparable design and comparable assessment tools.
- Enhanced research on differing treatment modes will pave the way for individualized treatment.
- ECIs and other researchers will increase their knowledge and skills through participation in the Action's activities, increasing their appreciation and greater knowledge of up-to-date research methods in the field.
- TREATME paves the way for unlocking the putative mechanisms of the different treatment modes as well as the putative individual factors (specific markers) influencing the effects of youth therapy.
- Further collaborative research projects and further enhancement of knowledge within the field will be encouraged.

Socioeconomic benefits will accrue through:

- The COST Action will help the exchange and dissemination of knowledge on the effects and mechanisms of psychotherapy in young people. This will help clinicians implement appropriate individualized evidence based clinical practice for young people.
- Knowledge on what works for whom and how will foster improvements in mental health, and reductions in health risk behaviours
- This action will actively facilitate interaction between clinicians, scientists and policy-makers on the issue of mental health in the young.
- Substantial cost savings in relation to joint research activities across Europe.
- The COST Action will help increase the capacity for research and a greater knowledge and awareness amongst policy makers on the need for research and individualized treatment.
- Policy makers will be better able to optimize allocation of resources.
- More cost-effective, individualized targeted treatment.
- Less suffering for young individuals and their relatives.
- Less stigmatisation when the treatment is more targeted.
- More young people will more easily find employment.
- Reduced danger of developing other mental disorders when getting personalized targeted treatment.

2.2. Measures to Maximise Impact

2.2.1. Plan for involving the most relevant stakeholders

Representatives from the most relevant stakeholders, i.e. the research and practitioner communities, psychotherapy training institutions, policy makers, and members of the public affected by mental health disorders, have been consulted in the development of this Action. All

representatives are willing to be involved in the Action on an on-going basis. TREATME has different sets of end-users/stakeholders:

- Interdisciplinary researchers with interests in youth psychotherapy participate in all activities in the Action.
- Practitioner communities in mental health with young people participate on exchange of knowledge in WG 1,2, and 5 and in Local Workshops and on International Conferences.
- Young mental health services users participate in WG 1,2 and 5, and will be invited to Local Workshops and International Conferences.
- Psychotherapy training institutions participate in WG 1,2, and 5 and in Local Workshops, and International Conferences.

Policymakers, healthcare and research funders will be invited to the Local Workshops and International conferences.

2.2.2. Dissemination and/or Exploitation Plan

TREATME intends to reach a broad audience in terms of geographical location across Europe, near neighbour countries (NNCs) and international partner countries (IPCs). The Action will reach out to researchers, clinicians, psychotherapy training institutions, NGOs, policy makers at sector level, national decision makers, private institutions, and the general public.

Three main methods will be used for dissemination: 1) electronic communication, 2) publications, and 3) face-to-face contact.

1) Electronic communication:

- a) WG 5 is responsible for the setting up and maintenance of a designated website, and running social media as well as to initiate and coordinate media contact. The website will be a major source of communication and dissemination of information both among Action members and the public outside the Action. The website will store all the outputs and activities of this Action and these will be publically available. Password protection will be used to protect work in progress. WGs will produce state-of-the-art papers, summaries, and recommendations on assessment tools, putative specific treatment markers and mechanisms of change, and study designs, which will be communicated at the website. Along with other social media the website will be used to invite potential stakeholders to take part in WGs, local workshops, stakeholder conferences, international meetings and TSs.
- b) E-mail, E-groups, video- and tele-conferencing, and Skype will be used to enable on-going communication between Action members.
- c) Media communication and public announcements will be made by Action members in order to increase public attention and debate. Social media including Facebook, blogs, Twitter and LinkedIn will be used to maximise debate and dissemination of knowledge and results. WG5 will have an important role in coordinating media contact.

2) Publications:

The publications will be disseminated on the website, through Face-book, Twitter, electronic News letters, and in open access journals :

- a) Policy reports and Executive summaries
- b) Scientific reports; meta-analyses and systematic reviews
- c) WG reports
- d) Research guidelines
- e) Research toolkits (specific markers, mechanisms of change, assessment tools, study designs)

3) Face-to-face dissemination:

- a) MC and WG meetings will take place twice per year and will facilitate communication

- among Action members.
- b) The Annual meetings and International conferences will be organised by the MC, WGs, and local Action member Conference hosts to enable Action members to share insights. These conferences will be promoted to international experts, representatives from central health authorities, relevant representation from civil society (e.g. users), psychotherapy training institutions, psychotherapists from different therapy modes, and policy makers to facilitate communication between the partners and forge links between research, policy, and action.
 - c) TSs organized by the MC and local TS hosts in different Action member institutions will be offered in order to strengthen the methodological foundation of research on psychological treatment for young people. Both ECIs, ITC researchers, and more advanced researchers may avail of this training and bring knowledge back to their work.
 - d) STSMs organized by the MC and local hosts in different Action member countries will facilitate the mobility of ECIs and offer them an opportunity to interact with more advanced researchers.
 - e) Local workshops will be set up by WG members to connect the goals and activities of the Action with local stakeholders.

2.3. Potential for Innovation versus Risk Level

2.3.1. Potential for scientific, technological and/or socioeconomic innovation breakthroughs

Taking into account the amount of experienced researchers in Europe in the present research field, it is likely that the Action will manage to identify putative specific markers and change mechanisms as well as corresponding age relevant assessment tools and recommend adequate research designs. The Action TREATME is likely to find answers to difficult research- and collaborative challenges and promote high quality research in a difficult, but important field. The results from the work in the Action will immediately help decision makers (politicians and research funding agencies) to support collaborative research. The risk level is regarded as low since ITCs, high research activity countries, IPC and the COST cooperating State support TREATME. Both ECI and highly experienced researchers participate in the national research groups supporting the Action. These research groups have published internationally acknowledged research of high standard and quality. This represents a strong foundation for a COST Action aiming to pave the way for coordinated European-applications for research funding through for example Horizon 2020.

An increase in collaborative applications for funding on psychotherapy research on youth psychotherapy at the national and European levels will indicate that this objective is being fulfilled. Evidence for this will be provided through continued publications, and efforts to obtain financial support and engagement with the topic. Dissemination of the results is crucial.

3. IMPLEMENTATION

3.1. Description of the Work Plan

3.1.1. Description of Working Groups

The rationale for establishing the five WGs is the need to exchange knowledge and expertise between nationally funded research groups and perform systematic reviews, meta-analyses, and guidelines. This exchange will enable coordination of European efforts in determining which psychotherapy treatments will be most effective for each young individual (in the age range from 14 – 30 years) depending on the person's developmental stage and needs. The exchange of

knowledge will also help reveal the interaction effects between different psychotherapy modes and individual specific markers, as well as, the specific mechanisms of change that are involved in the process of youth therapy. In order for the WGs to best achieve their aims, they will include multi-disciplinary researcher groups, clinicians, psychotherapy training institutions, and representatives from young mental health user organisations.

WG1 and WG2 are closely related and will perform collaborative literature reviews and work closely together. WG3 and WG4 will work closely together and build their work on results from WG1 and WG2. WG5 works closely with MC and WG1-4.

Working Group 1. Specific markers (moderators)

Objectives:

WG1 focuses on the empirical, qualitative and theoretical literature, and describes the-state-of-the-Art on specific markers interacting with psychotherapy for adolescents and young adults. In accordance with ROAMER recommendations, WG1 will share knowledge on age specific markers that influence therapeutic outcome, in order to help develop effective individualized treatment.

Task 1: Exchange knowledge and research experience, and collaborate with clinicians in order to identify possible specific markers influencing therapy outcome.

Task 2: Identify what is missing in the evidence base on specific markers influencing the effects of therapy for young people.

Task 3: Suggest what kind of research on specific markers is needed in order to advance individualized treatment for individuals in this age group.

Deliverables

- Develop systematic reviews and meta-analyses on existing knowledge.
- Identify putative age specific markers; e.g. diagnoses, gender and other patient characteristics, cultural aspects, etc.
- Suggest putative specific markers for treatment of young people that should be further investigated.
- Organize TS on specific markers during the first year of the Action.
- Publish reports from WG meetings.
- Disseminate information through the Action's website on putative age specific markers.
- Together with WG 2 overseen by MC, organize the Action's first International conference.

Working Group 2. Mechanisms of change (mediators)

Objectives:

WG2 focuses on change mechanisms that occur within the patient and are triggered by the events in therapy sessions. In accordance with ROAMER, WG2 will identify putative mechanisms of change in treatment of mental disorders in young people.

Task 1: Exchange knowledge and research experience, and collaborate with clinicians in order to identify putative mechanisms of change in therapy.

Task 2: Identify what is missing in the evidence base on mechanisms of change in therapy.

Task 3: Suggest what kind of research on mechanisms of change is needed in order to advance individualized treatment for individuals in this age group.

Deliverables

- Develop systematic reviews and meta-analyses on existing knowledge.
- Identify putative age specific mechanisms of change in therapy; e.g. self-reflection, changing automatic thoughts, change in attachment patterns, etc.
- Suggest putative mechanisms of change in treatment of young people that should be further investigated.
- Organize TS on mechanisms of change during the first year of the Action.
- Publish reports from WG meetings.
- Disseminate information through the Action's website on putative age specific mechanisms of change in therapy.

- Together with WG 1 overseen by MC, organize the Action's first International conference.

Working Group 3. Age customized process and treatment measures

Objectives:

WG3 focuses on assessing the need for appropriate and validated process and outcome measures for research on specific markers and mechanisms of change in youth psychotherapy. In accordance with ROAMER, WG3 will share knowledge and clinical expertise on age-customized research measures.

Task 1: Exchange knowledge and research experience, and review the literature in order to identify possible assessment tools for the putative specific markers and mechanisms of change identified in WG1 and WG2.

Task 2: Identify what measures need to be developed and validated for research in youth psychotherapy.

Task 3: Suggest what kind of further research on assessment tools is needed in order to advance individualized treatment for adolescents and young adults.

Deliverables

- Develop systematic reviews and meta-analyses on existing knowledge.
- Identify age specific assessment tools for research in psychotherapy.
- Publish guidelines on the use of appropriate and validated process and outcome treatment measures.
- Organize TS on administrating assessment tools measuring process and outcome in psychotherapy treatment for young people during the third year of the Action.
- Publish reports from WG meetings.
- Disseminate information through the Action's website on youth customized assessment tools.
- Together with WG4 overseen by MC, organize the Action's second International conference (Mid-Action Summit).

Working Group 4. Age customized research designs

Objectives:

WG4 focuses on the need for well-designed process and outcome research that examines the specific markers and mechanisms of change in psychotherapy for young people. In accordance with ROAMER, WG4 will identify age customized research designs, develop guidelines and facilitate collaborative European research.

Task 1: Exchange knowledge and research experience, and review the literature in order to evaluate quantitative and qualitative research designs.

Task 2: Identify what is missing in knowledge on research methods in youth psychotherapy.

Task 3: Suggest appropriate research designs and methods in order to advance the research on individualized treatment for adolescents and young adults.

Deliverables

- Develop systematic reviews and meta-analyses on existing knowledge.
- Develop guidelines on appropriate study designs for investigating the effects of putative specific markers and mechanisms of change in psychotherapy for young people.
- Organize TS on study design, adapted for research on youth psychotherapy during the fourth year of the Action.
- Publish reports from WG meetings.
- Disseminate information on the Action's website on customized study designs.
- Together with WG3 overseen by MC, organize the Action's second International conference (Mid-Action Summit).

Working Group 5. Dissemination of results and communication with stakeholders

Objectives:

WG5 focuses on the dissemination of the Action’s activities and deliverables through the purpose-designed website, social media, and open access journals. The Action’s website and social media serve as the main communication channels between the Action members and all relevant parties (clinicians, training institutions, user organisations, policy makers, national decision makers, private institutions, etc.). In accordance with ROAMER, WG5 overseen by MC, improves understanding of treatments, and performs translation of research questions from health services to research and vice versa (translational medicine).

Deliverables

Please see paragraph 2.2.2. Dissemination and/or Exploitation Plan.

3.1.2. GANTT Diagram

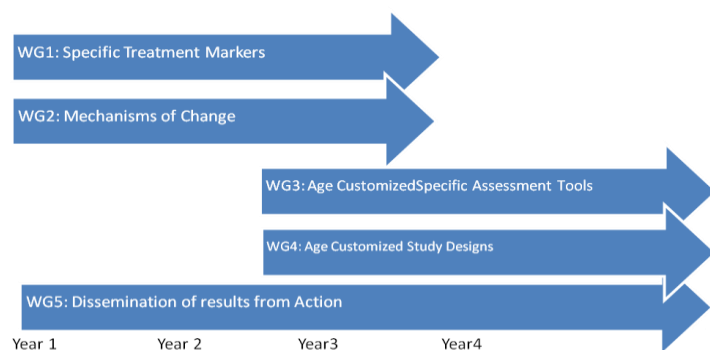
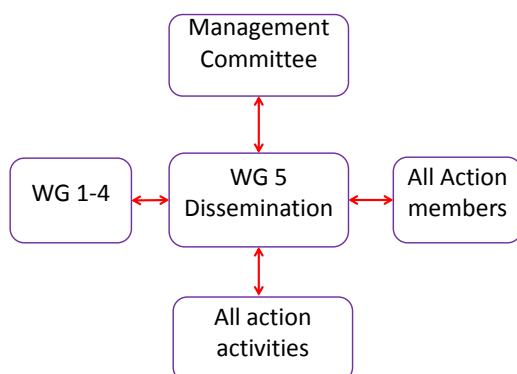
Network Activities	Months 0-6	Months 6-12	Months 12-18	Months 18-24	Month 24-30	Month 30-36	Months 36-42	Months 42-48
MC meeting	XX	XX	XX	XX	XX	XX	XX	XX
Kick-off meeting	X							
WG meeting	1,2&5	1,2&5	1,2,3,4&5	1,2,3,4&5	1,2,3,4&5	3,4&5	3,4&5	3,4&5
Annual meeting		X		X		X		X
International conference			X		(mid-Action Summit)			(Final Summit)
Stakeholder Consultation		X			X		X	
Training Schools		X		X		X		X
Short Term Scientific Missions	1	1	2	2	2	2	2	2
Local Workshops	2	2	2	2	2	2	2	2
Website	*Internal Communication	**Internal and external communication	**	**	**	**	**	**

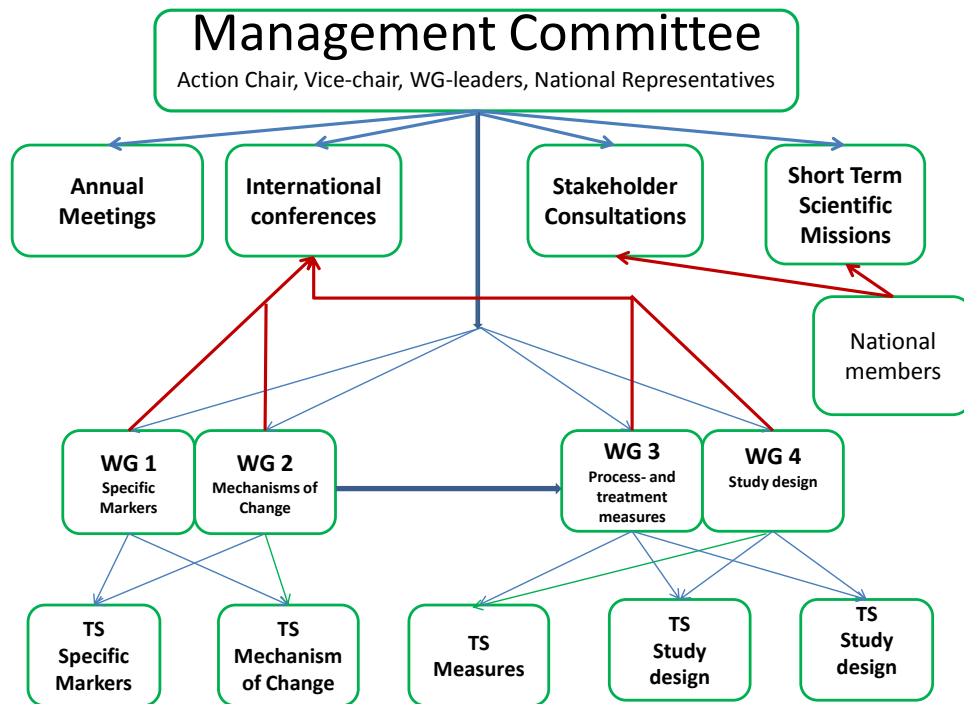
In order to reduce costs and maximise efficiency, the Action plans to organise events simultaneously (e.g. MC and WG meetings, Annual meetings, as well as Stakeholder consultations (SC) and TSs). Meetings are hosted by different member institutions/countries. In addition to the three SC and International conferences scheduled, the MC and WGs, will stay in contact with Stakeholders electronically throughout the Action. This will help secure specific, achievable, relevant and timely solutions to the Actions objectives and to evaluate and measure the progress.

*Internal communication; Communications between Action members

**Internal and external communications

3.1.3. PERT Chart (optional)





3.1.4. Risk and Contingency Plans

Risk	Contingency
Multidisciplinarity not ensured when establishing of Action	The Action involves researchers from different disciplines. Encourage National Coordinators help nomination to a multidisciplinary MC. Ensure multidisciplinarity in WGs
Countries not attending or leaving Action	Seek alternative country representatives; invite more countries to join the Action
Low number of ECIs and senior researchers subscribing	Increase advertisement to ensure age-balance
Not reaching consensus on key topics (e.g. research guidelines)	Use established consensus-finding tools such as the Delphi method; proactively gather input from all stakeholders throughout the Action
Difficulties in involving for example clinicians, training institutions and NGOs	MC and WG5 develop plans to identify relevant collaborators and invite to national and WG-meetings.
Not reaching out f.eks. to politicians, clinicians and NGOs with results.	Involve research support support from communication advisors from participating institutions.
Problems in publication of results	Discuss in all MC- and WG meetings how to disseminate accumulated knowledge and guidelines. WG5 has a special responsibility.
Cost or time overrun	Tougher planning; updating action plan

3.2. Management structures and procedures

The Action TREATME will be carried out in accordance with the set of COST Implementation Rules or in any new document amending or replacing them. At the kick-off meeting the MC members will elect the Action Chair, Vice-chair, and WG leaders. The MC will coordinate and monitor the Action and meet all strategic decisions. The MC meets four times a year (two meetings face-to-face and two electronic/tele meetings). The members of the MC also communicate by phone and email.

The MC is responsible for budget planning and the communication with the COST Administration and monitoring COST procedures. The MC oversees and is responsible for coordinating information from the Action through national and international networks, as well as overseeing the Action's progress in relation to the scientific focus and work plan; the achievement of all milestones, the staging of TSs, programmes for mentoring and STSMs (Year 1-4), and staging of

the Annual meetings (Year 1,2,and 3) and the final Summit (Year 4), Stakeholder consultations, and International conferences. The MC will approve the monitoring reports and approve annual work plans. The MC is responsible for preparing annual reports of the work of the Action, and overseeing the development and maintenance of the Action website.

Members of the WGs will meet face to face twice a year during the life of the Action. The WGs, together with the MC, will be responsible for organizing plenary Annual meetings for all members of the Action, international conferences, and TSs. To minimise travel costs and ease the collaborator work following the meeting of the MC, the WGs will convene parallel sessions. To promote dissemination of updated research strategies, TSs will follow the WGs and Annual meetings.

The Action's website will serve as a central information and dissemination point, during the life of the Action and beyond. The website will include an Action calendar and programme, information relating to the Action's mentoring scheme and programme for TSs and STSMs. Over the course of the Action, the website will be used to publish resources to facilitate collaborative and co-ordinated European research. It will act as an intranet to exchange information amongst participants and an extranet to promote the Action to the wider public as well as disseminate results from the Action TREATME.

3.3. Network as a whole

It will be of urgent importance that the TREATME network includes multi-disciplinary researchers (e.g. from mental health disciplines (psychiatry, clinical psychology), sociology, history, epidemiology, genetics, neuroscience, and statistics), clinical practitioners from public and mental health, psychotherapy training institutes representing differing psychotherapy modes, and users/patient organizations. In general, the network builders and their research groups represent expertise in all necessary aspects to fulfil defined tasks and to reach stated aims. During the life of the Action, gaps in the network will be monitored continuously in WGs reporting to MC. Psychotherapy researchers and research groups in COST member countries have provided internationally acknowledged, distinguished research on the effects of different psychotherapy modes for different mental disorders. Thus, the present Action will build on experience from previous research on differing therapy modes and differing research designs and methods.

The Action brings together researchers from nationally funded research, ITCs, and international partners. TREATME provides age and gender balance; both ECIs and senior researchers will be encouraged to participate in the network activities. Including researchers from ITCs and gender balance is emphasized. Network researchers from both high and less research-intensive countries participate in the activities. The present COST Action is a knowledge-sharing network aimed at exchanging and disseminating knowledge on research methods and individualized treatment in youth psychotherapy between researchers, clinicians, young mental health users, and psychotherapy training institutions. The action emphasizes reaching out to policy makers (European level, National government level, sector level) and research funding agencies.

TREATME will by the provision of meetings and trainings, provide the opportunity to strengthen and expand interdisciplinary collaboration between Action members in COST countries, NNCs, and IPCs, and the COST collaborating state. As a result, the establishment of new contacts is expected. Interactions and scientific knowledge exchanges during workshops, seminars and training schools will facilitate new collaborative networks and research axis. As a consequence of the developed guidelines on specific markers, mechanisms of change, customized assessment tools and research designs, new excellent projects will be developed to advance individualized psychotherapy for young people with mental health problems.