Priority Setting in Mental Health Research in Chile.

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Introduction

Mental disorders are one of the principal causes of global disease burden. In 2010, they were responsible for 185 million disability-adjusted life years globally (7.6% of the total), the majority of them coming from developing countries (Murray et al., 2012). The disease burden of mental disorders in the last 20 years has increased reaching near to 37%, especially in those countries (Whiteford et al., 2013). In the case of Chile, mental disorders are particularly relevant, given that they cause approximately 18% of the national burden of disease, leading the groups of studied conditions (Minsal, 2008).

Scientific knowledge is a fundamental tool for making informed health decisions, for decreasing burden of disease, and achieving universal coverage. This is especially important in a context of limited resources (WHO, 2013).

In 2009, the total investment in health investigation reached US\$240 billion, 90% of which was carried out in high-income countries and, at least in the publication of clinical trials, focused on health problems relevant for those countries (Rottingen et al., 2013). Furthermore, a report of the Commission on Health Research for Development from 1990 for the first time presented the concept of the 10/90 gap, a well-known indicator of disparity, which states that only a small proportion of investment in health research is spent on diseases affecting low- and middle-income countries (CHRD, 1990).

Similarly in the mental health area, 95% of publications come from high-income countries, and less than 1% from low-income countries, a tendency that has remained stable in the last few decades (Saxena et al., 2006).

In light of this scenario, influential international entities dedicated to public health are calling for more research, identifying it as a component of national health systems (Alliance, 2007; Alliance 2009; WHO 2007). Similarly, these groups emphasize the importance of aligning investigation with knowledge gaps in each country, in order to move research from the academic world toward public health programs close to the demand and provision of health services (WHO, 2013; Lancet Group 2007).

This aligning process reaches special importance in the field of mental health, where the determinant factors are more contexts depending than in other health problems (Lancet Group, 2007).

To achieve the aforementioned, we need procedures to identify and then prioritize the knowledge gaps present in health decision-making (Rudan et al., 2008). Such exercises have been developed at global, regional, and country levels (OMS 2008).

To date, few low- and middle-income countries have developed their own practices of priority setting for health research (Tomlinson et al., 2011; Reveiz et al., 2013). In the countries, which have done, these processes often present methodological limitations, as well as scarce linkage with health public policy decision-making (Tomlinson et al., 2011; Tugwell et al., 2006).

Chile does not have an established periodical process to identify and prioritize health research needs. Consequently, a prioritization process specifically for mental health is also

needed. The purpose of this publication is to document the first research prioritization exercise in Chile specifically addressing mental health. Under the management of the Ministry of Health, it is foreseen as an ongoing process, eventually replicable in other countries.

Methodology

The selection of research priorities was performed in two stages. The first one developed four strategies to identify knowledge gaps: document analysis, interviews, focus groups, as well as an online consultation. The second stage considered the elaboration and later application of prioritization criteria for raking each knowledge gap (i.e. research question).

Document Analysis

The first analyzed document was a chapter from the National Health Strategy (NHS) to Meet Health Objectives for the Decade 2011-2020 (Minsal 2011), related to the reduction of disability associated to mental disorders. The knowledge gaps identified were presented and agreed upon by a team of professionals from the Department of Mental Health of the Ministry of Health (DMH, n = 7 people).

The second group of documents corresponded to the Clinical Practice Guidelines (CPG), which were elaborated by the DMH and updated during the development of this process. They were Depression in Adults, Depression in Adolescents, Bipolar Disorder, and Harmful Alcohol and Drug Use in Adolescents. On them the knowledge gaps relevant for the formulation of recommendations, were identified.

Interviews and Focus Groups

Semi-structured interviews were carried out with 6 key informants from the Ministry of Health, selected by his/her hierarchy and participation level in mental health decision-making process: Heads of the Divisions of Health Planning, Disease Prevention and Control, Primary Care, and Mental Health, along with the Coordinator of the Unit of Mental Health Care Networks, and a consultant for the DMH.

To capture the knowledge gaps identified by groups outside the Ministry of Health, three focus groups were held: one with representatives from groups of mental health service users, the second with members of the National Commission for the Protection of Persons with Mental Disorders (NCPPMD), and the last, with clinical services staff members.

Two facilitators were present in the individual and the group interviews—one directly guided the discussion, while the other recorded the participants' information and the main points addressed in the interviews. Each interview was recorded to back-up the collected information. For both types of interviews, the guide considered three phases: 1. An awareness exercise, adapted to each individual or group; 2. The proposal of significant knowledge gaps, related to mental health decision-making; and 3. Identification of prioritization criteria. Each individual interview lasted between 20 and 60 minutes, approximately, and the focus groups, which were attended by 3 to 10 informants, tended to last between 2 and 3 hours.

Online Consultation

A fourth strategy used to gather information on knowledge gaps was conducted through an online platform, specifically designed for this purpose. An invitation to participate was extended via email, explaining the purpose of the consultation and providing a link to the platform. The invitation was sent to a list of 63 academics, previously identified by the DMH. Then they were asked to disseminate the invitation to their colleagues and other potentially interested individuals.

Access to the platform required the participants' identification and institutional affiliation, and then they were asked to formulate a research question, using a pre-established format, and categorize their question in one of the following areas: (1) Basic Sciences, (2) Natural History of Disease/Epidemiology/Risk Factors/Social Determinants, (3) Evaluation of Interventions (Effectiveness, Cost-effectiveness, etc.), (4) Evaluation of Health Systems and/or Programs, and (5) Evaluation of Intersectoral Public Policies.

These categories were adapted from similar prioritization processes (Rudan et al., 2008). The research questions included in the present study correspond to those received during the first 15 weeks the online platform was operational.

Formulation of Questions and Categorization

All of the knowledge gaps and research questions were reviewed and adapted to a standard format, which included: exposed population, intervention or exposition, comparison, and result or outcome. The questions were categorized according to source and area, using the same categories as the online platform.

Prioritization

The questions were ranked using the criteria identified during the interviews and focus groups, namely: (1) extent of the knowledge gap, (2) size of the objective population, (3) magnitude of the potential benefit, (4) vulnerability of the objective population (other than from the mental health condition), (5) urgency for policy making in reaching the gap, and (6) applicability.

Each criterion was divided into a three-point scale, using definitions presented in table 1 of the online appendix. The questions were scored by a team made up of a DMH professional and two consultants—an epidemiologist with mental health experience and a psychiatrist with public policy training.

The final score of each research question was calculated by summing the scores of the criteria, which received equal weight. Since the nature of some of the research questions prevented the use of all criteria (e.g. questions of prevalence), the final scores were standardized from 0 to 100, where a higher value signifies greater priority.

Ethical Aspects

This study did not involve human subject interventions. Informed consent was obtained before carrying out and recording the interviews and focus groups. Electronic records of the interviews and focus groups were eliminated once their content was extracted. An

abbreviated report of the results was sent to each participant. Figure 1 shows a general outline of the study.

Results

In total, 54 people (47% women) participated in the data collection process, and 155 knowledge gaps were identified.

Table 1 presents the distribution of questions according to the research area category and source. The majority of the questions (44%) were concentrated in the category Evaluation of Systems and/or Health Programs, and no questions were identified in the area of Basic Sciences. The online platform provided the greatest number of research questions (30%). The groups comprised of mental health service users and members of the NCPPMD provided 10% of the research questions.

Content from the CPGs was used to formulate questions largely related to the validation of screening and follow-up instruments for mental health conditions, categorized as Evaluation of Interventions.

The category Evaluation of Intersectoral Public Policies contained only 11% of the research questions, which came primarily from key informants of the Ministry of Health and the online consultation.

Table 2 in the text, shows the 13 questions with the highest scores, indicating the category and sources, while table 2 of the online appendix has all of the questions (155). Most of the questions with the highest prioritization scores were in the category Evaluation of Systems and/or Health Programs, and they were principally identified within the National Health Strategy (NHS) content or by key Ministry of Health key informants.

Discussion

Currently in Chile and other low- and middle-income countries, there is no clear and operative link between health research and public policy decision-making. In this context, the present study represents an important step forward. Through a systematic, transparent, and participatory process, we have identified and prioritized 155 knowledge gaps relevant to health policy decision-making, which, for the first time in Chile, focused specifically on mental health topics.

Other research groups around the world have carried out similar prioritization exercises in mental health. Tomlinson et al. applied the methodology of the Child and Nutrition Research Initiative (CHNRI) and identified 55 mental health research questions. Unlike our study, their questions were proposed only by experts (n=39, 74% psychiatrists), some of whom also assigned the scores. The prioritization criteria were taken from the CHNRI's methodology (answerability, effectiveness, deliverability, equity and potential impact on burden of mental disorders) and were weighted by 43 people with diverse backgrounds (Tomlinson et al., 2009).

In 2007, the Lancet Global Mental Health Group also reported the results of a prioritization exercise, using a similar methodology. The Lancet exercise was conducted globally and focused on four groups of mental health conditions (i.e. common mental disorders, alcohol-use and other substance-abuse disorders, child and adolescent mental disorders, and psychotic disorders; Lancet Global Group 2007).

Within Latin America, in 2010, the Brazilian Ministry of Health called for a mental health research prioritization study, using the CHNRI methodology. In the study, 28 experts from different fields identified 111 knowledge gaps. Similarly to the other studies, some members of the work group also prioritized 35 research questions (Gregorio et al 2012).

In Chile, there has been one other experience prioritizing knowledge gaps, although it was not specific to mental health. The process included 34 individuals from various departments of the Ministry of Health and universities, who identified 11 major areas relevant to research. There was, however, no mention of the use of explicit prioritization criteria (Armas et al. 2010).

Regarding to quality of studies, in low- and middle-income countries, research prioritization studies show high heterogeneity and few relevant actors—due in part to weak identification of stakeholders—as well as to lack of governmental leadership and no ongoing review of the prioritization process (Tomlinson et al., 2011).

This situation also describes what has been observed in Latin America. Reveiz et al. explored a variety of sources, including official sites of governmental agencies, and identified 18 countries in the region with prioritization exercises. The authors indicate that there is little description of the context, or of the methodologies used. Furthermore, although 13 countries have documents that establish national health research priorities, only 6 provide specific research questions (Reveiz et al., 2013).

Our review of these experiences and other reports highlights at least three different methodological approaches to defining research priorities, where the previously mentioned CHNRI method (Rudan et al., 2008) is one of the most widely used. Another approach corresponds to the Combined Approach Matrix (CAM), which, unlike CHNRI and our study, does not follow a standard prioritization process, but rather identifies knowledge gaps through a systematic and comprehensive process of gathering information, using a multi-dimensional matrix (Ghaffar et al., 2009). A third method, proposed by the Council on Health Research and Development (COHRED), includes a series of steps, departing from the evaluation of the initial situation and ending with the processes that assure the utilization of the outcomes by the policy makers. This approach allow the use of the most appropriate methodological approach (including CHNRI and CAM), according to the needs, characteristics, and context of each prioritization exercise (COHRED, 2010).

Comparing our study with the mentioned methodologies, and other existing reports, we should recognize some shortcomings. The first corresponds to the lack of a broader advisory committee to score each knowledge gap. This scoring process could be carried out independently by each member, with time set aside to discuss only the questions with varied scores. We also think that the criteria of used for the assignment the priorities to the three level scales (see Table 1 Annex) could be revised in order to include elements of greater objectivity, similar to the CHNRI methodology (Tomlinson et al 2009). Eventually, a fourth level could be incorporated into the scoring scale, to avoid central tendency bias.

Second, we use the same weight for the five prioritization criteria, while other studies have used participatory strategies to establish different weights for each criterion (Tomlinson et al., 2009). Nevertheless, further exploration of our data revealed that differential weighting of the criteria would not have substantially modified our results.

We did not include the feasibility of the research questions in our prioritization criteria, nor did we consider the ethical aspects of the questions, as has been done in other studies (Rudan et al., 2008; Tomlinson et al., 2009), because those criteria did not emerge during the consultations with key informants or focus groups.

A third limitation corresponds to not carrying out a systematic review of the evidence to determine the level of knowledge, the magnitude of potential benefit, and the size of the population potentially affected, for each research question. We believe that this aspect should be included in future prioritizations, following international recommendations (WHO, 2008; Viergever et al., 2010).

Lastly, our study did not explicitly use a forward looking projections in the time frame to identify knowledge gaps, as recommended by some guidelines (WHO, 2008), although this could have been implicitly underlying in the conversations with participants during the process.

Among the study's strengths, we note that this is the first in Chile to use a structured methodology to identify knowledge gaps, comparable to that used in international literature. We strived to use a methodology transparent in each stage and in the results, as well comprehensive and participatory (WHO, 2008; Viergever et al., 2008). The process included consultations with key informants, in decision-making positions on mental health public policies, along with focus groups with service users and clinicians, and an open web consultation for academics. We also extracted contents from national relevant policy documents as well as from clinical practice guideline updating process. The prioritization criteria were all collected in a participatory manner, using the aforementioned interviews, to identify relevant local criteria (WHO, 2008; Viergever at el. 2010).

According to the literature, prioritizing knowledge gaps should be an ongoing process (WHO, 2008). The source that provided the greatest number of research question was the online platform, so we think that it should being used in continuing basis, maintaining an open access for interested respondents. Moreover, focus groups with users and clinicians should be held on at least a yearly basis, to ensure their continued participation. In addition to being used to disseminate the prioritized knowledge gaps — one of the principles of good practice for this type of process (WHO, 2008) — the online platform will enable knowledge exchange between investigators, who are currently working on priority issues.

Finally, we want to highlight that as a byproduct of this study, the National Commission for Scientific and Technological Research (CONICYT, for its Spanish acronym) held its first Mental Health specific call for research proposals, based on the prioritized knowledge gaps (www.conicyt.cl/fonis/).

We believe that this work represents an important advancement in the alignment of research with the health decision-making process in the country. We hope that this

process can be replicated in other health areas (e.g. non-communicable diseases), as well as in other countries of the region.

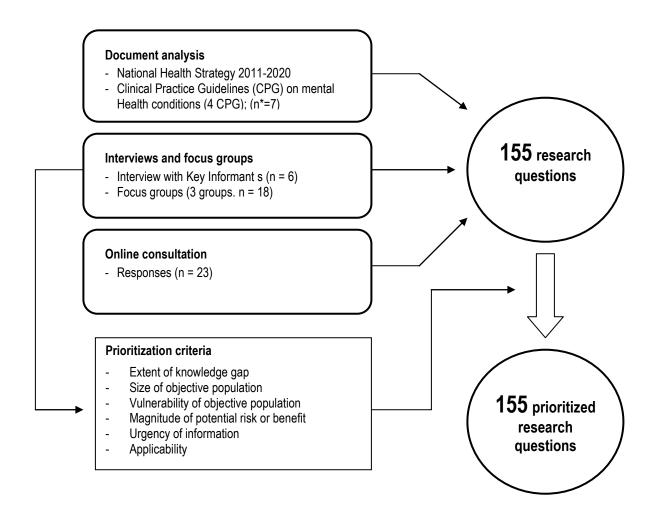
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Figures

Figure 1. Schematic of the process of identification and prioritization of knowledge gaps relevant to sectoral and intersectoral mental health policy decision-making.



^{*} n: indicates the number of people participating

Tables

Table 1. Distribution of identified research questions. by investigation cateory and source.

Catagony/Course	Document analysis		Inte	Interviews and focus groups			Online	Total
Category/Source	NHS*	CPG**	Key Informant s	Users	NCPPMD†	Directors of Clinical Services	consultation	Total
Basic Sciences	0	0	0	0	0	0	0	0
Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	7	0	8	0	0	8	6	29
Evaluation of Interventions (Effectiveness. Costeffectiveness. etc.)	3	8	8	4	2	6	10	41
Evaluation of systems and/or Health Programs	8	0	20	3	4	8	25	68
Evaluation of Intersectoral Public Policies	4	0	5	2	0	1	5	17
Total	22	8	41	9	6	23	46	155

^{• *}NHS: National Health Strategy to meet mental health objectives; ** CPG: Clinical Practice Guidelines; † NCPPMD: National Commission for the Protection of Persons with a Mental Disorider.

Table 2. Prioritized research questions for decision-making on sectoral and intersectoral public policies related to mental health, with the highest scores

Question	Source	Category	Score
What are the determining factors of the variability of the performance of human resources in primary health care in the detection and management of people with mental disorders?	Key Informant	Evaluation of System and/or Health Program	83.3
What are the determining factors of the variability of the comprehensive mental health care program, between primary care centers?	NHS	Evaluation of System and/or Health Program	83.3
What are the determining factors of the unchanging and unequal geographic distribution of specialized mental health human resources?	Users	Evaluation of System and/or Health Program	75.0
What is the effective coverage of interventions to manage mental disorders in affected individuals?	NHS	Evaluation of System and/or Health Program	70.0
What is the variability of the performance of the psychologists in the comprehensive mental health care program in primary care?	NHS	Evaluation of System and/or Health Program	70.0
What is the prevalence of mental disorders in minority populations (ethnic, immigrants, homeless)?	NHS	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	70.0
What are the determining factors of the performance of the mental health services of the different levels of care?	Key Informant	Evaluation of System and/or Health Program	66.7
What is the effectiveness of the community model of mental health care, compared to the traditional care model in the general population?	NHS	Evaluation of System and/or Health Program	66.7
What are the determining factors of the performance of the community model in different mental health care facilities?	NHS	Evaluation of System and/or Health Program	66.7
What are the determining factors of compliance to the Clinical Practice Guidelines (CPG) of schizophrenia, depression, and harmful alcohol and drug use?	NHS	Evaluation of System and/or Health Program	66,7
What is the cost-effectiveness ratio of the psychosocial activities in municipal, educational, and work settings in the general population?	Key Informant	Evaluation of Interventions	66.7
What is the incremental cost-effectiveness ratio of evidence-based interventions to prevent adolescent suicide?	Online Consultation	Evaluation of Interventions	66.7
What are the transgenerational factors associated with intrafamilial child sexual abuse?	Directors of Clinical Services	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	66.7

Table 2. Prioritized research questions for decision-making on sectoral and intersectoral public policies related to mental health, with the highest scores

Question	Source	Category	Score
What are the determining factors of the variability in the performance of primary health care human resources in the detection and management of mental disorders?	Key Informant	Evaluation of System and/or Health Program	83.3
What are the determining factors of the variability in the comprehensive mental health care program, between primary care centers?	NHS	Evaluation of System and/or Health Program	83.3
What are the determining factors of the unchanging and unequal geographic distribution of specialized mental health human resources?	Users	Evaluation of System and/or Health Program	75.0
What is the effective coverage of interventions designed to manage mental disorders in affected individuals?	NHS	Evaluation of System and/or Health Program	70.0
What is the variability of the performance of the psychologists in the comprehensive mental health care program in primary care?	NHS	Evaluation of System and/or Health Program	70.0
What is the prevalence of mental disorders in minority populations (ethnic groups, immigrants, homeless individuals)?	NHS	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	70.0
What factors determine the performance of mental health facilities in the different levels of care?	Key Informant	Evaluation of System and/or Health Program	66.7
What is the effectiveness of the community model of mental health care, compared to the traditional care model in the general population?	NHS	Evaluation of System and/or Health Program	66.7
What factors influence the performance of the community model in different mental health care facilities?	NHS	Evaluation of System and/or Health Program	66.7
What are the determining factors of compliance to the Clinical Practice Guidelines (CPG) of schizophrenia, depression, and harmful alcohol and drug use?	NHS	Evaluation of System and/or Health Program	66,7
What is the cost-effectiveness ratio of the psychosocial activities in municipal, educational, and work settings in the general population?	Key Informant	Evaluation of Interventions	66.7
What is the incremental cost-effectiveness ratio of evidence-based interventions to prevent adolescent suicide?	Online Consultation	Evaluation of Interventions	66.7
What are the transgenerational factors associated with intrafamilial child sexual abuse?	Directors of Clinical Services	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	66.7

Table 1 Annex. Prioritization Criteria and Rankings

Extent of Knowledge Gap

- It is assumed that there is practically no information on the topic or related topics that would allow a sufficient approximation to the response of the research question in the local context.
- It is assumed that there is partial information on the topic or related topics that would allow a sufficient approximation to the response of the research question in the local context.
- It is assumed that there is abundant information on the topic or related topics that would allow a sufficient approximation to the response the research question in the local context.

Size of population directly benefiting from knowledge

- 1 The response to the question will directly benefit the entire population or almost the entire population
- The response to the question will directly benefit a large part of the population, but not the entire population.
- 3 The response to the question will directly benefit a small portion of the population.

Vulnerability of population directly benefiting from knowledge

- 1 The response will directly benefit a clearly vulnerable section of the population.
- 2 The response will directly benefit a section of the population, with certain vulnerability.
- 3 The response will not directly benefit any vulnerable section of the population.

Magnitude of individual risk or benefit

- The intervention or factor of the question represents a potentially great benefit or risk for the exposed individuals.
- The intervention or factor of the question represents a potentially medium-sized benefit or risk for the exposed individuals.
- The intervention or factor of the question represents a potentially small benefit or risk for the exposed individuals.

Urgency

- 1 The response to the question is urgently required by health authorities.
- The response to the question is required with moderate urgency by health authorities.
- 3 The response to the question is not urgent for health authorities.

Applicability

- 1 The response to the question is directly applicable to decision-making related to public health policies.
- The response to the question is partially applicable to decision-making related to public health policies, and possible requires translational research.
- The response to the question is not directly applicable to decision-making related to public health policies, and requires more translational research.

Table 2 Appendix. Complete list of prioritized research questions

Question	Source	Category	Score
What are the determining factors of the variability in the comprehensive mental health care program, between primary care centers?	NHS	Evaluation of System and/or Health Program	83.3
What are the determining factors of the variability in the performance of primary health care human resources in the detection and management of mental disorders?	Key Informant	Evaluation of System and/or Health Program	83.3
What are the determining factors of the unchanging and unequal geographic distribution of specialized mental health human resources?	Users	Evaluation of System and/or Health Program	75.0
What is the prevalence of mental disorders in minority populations (ethnic groups, immigrants, homeless individuals)?	NHS	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	70.0
What is the prevalence of mental disorders and psychiatric comorbidity in the general population?	NHS	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	70.0
What is the effective coverage of interventions designed to manage mental disorders in affected individuals?	NHS	Evaluation of System and/or Health Program	70.0
What is the degree of integration (development) of the community model in mental health care facilities?	NCPPMD	Evaluation of System and/or Health Program	70.0
What is the variability of the performance of psychologists that work in the comprehensive mental health care program in primary care centers?	NHS	Evaluation of System and/or Health Program	70.0
What is the provision of mental human resources, according to care level and geographic location?	NHS	Evaluation of System and/or Health Program	70.0
What is the degree of adherence to the CPG recommendations for patients in the GES (universal, guaranteed treatment access) program for the management of schizophrenia, depression, and harmful alcohol and drug use?	NHS	Evaluation of System and/or Health Program	70.0
What are the transgenerational factors associated with intrafamilial child sexual abuse?	Directors of Clinical Services	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	66.7
What is the incremental cost-effectiveness ratio of evidence-based interventions to prevent adolescent suicide?	Online Consultation	Evaluation of Interventions	66.7
Is there bioequivalence between original and generic drugs used to manage depression?	Key Informant	Evaluation of Interventions	66.7
What factors determine the performance of mental health facilities in the different levels of care?	Key Informant	Evaluation of System and/or Health Program	66.7
What are the determining factors of compliance to the Clinical Practice Guidelines (CPG) of schizophrenia, depression, and harmful alcohol and drug use?	NHS	Evaluation of System and/or Health Program	66.7

What is the cost-effectiveness ratio of the psychosocial activities in municipal, educational, and work settings in the general population?	Key Informant	Evaluation of Interventions	66.7
What is the coverage of screening interventions and case management for suicide attempts in the general population?	Key Informant	Evaluation of System and/or Health Program	66.7
What factors influence the performance of the community model in different mental health care facilities?	NHS	Evaluation of System and/or Health Program	66.7
What is the effectiveness of the community model for mental health care, compared to the traditional care model in the general population?	NHS	Evaluation of System and/or Health Program	66.7
What are the financial, administrative, and regulatory opportunities involved in scaling up effective interventions to improve the mental health of individuals using the country's various health facilities?	Key Informant	Evaluation of Intersectoral Public Policies	60.0
What mental health competencies must primary care health professionals have to ensure the effective functioning of the mental health care model?	Key Informant	Evaluation of System and/or Health Program	60.0
What is the variability in the performance of primary care health professionals in the detection and management of mental disorders?	Key Informant	Evaluation of System and/or Health Program	60.0
What is the validity and reliability of instruments used to evaluate the capacity to consent of individuals with a mental disorder?	NCPPMD	Evaluation of Interventions	60.0
What proportion of mental health care facilities comply with the mental health Clinical Practice Guidelines?	Key Informant	Evaluation of System and/or Health Program	60.0
What is the reliability of mental health information that is routinely collected by the DEIS [Department of Health Statistics and Information] (for example, data from the monthly statistical updates on hospital discharges)?	Key Informant	Evaluation of System and/or Health Program	60.0
What is the level of user satisfaction in the general population, with respect to mental health interventions and policies?	NCPPMD	Evaluation of System and/or Health Program	60.0
What is the additional cost for each unit increase in the effective coverage of mental health care?	Key Informant	Evaluation of System and/or Health Program	60.0
What is the additional cost for each unit increase in the mental health care coverage?	Key Informant	Evaluation of System and/or Health Program	60.0
What is the incidence of child sexual abuse?	Directors of Clinical Services	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	60.0
What is the burden and cost of caring for individuals with a mental disorder who should receive health care coverage through their job, in a separate network for workers, but are treated in the public system?	Directors of Clinical Services	Evaluation of System and/or Health Program	60.0
What factors determine the remission of major depressive episodes in patients treated in secondary level health services through the GES program, at 6 months, 1 year, and 2 years?	Online Consultation	Evaluation of System and/or Health Program	58.3
For women who are positively screened for postpartum depression with the EPDS during their postnatal care, what factors are associated with a decrease in symptomatology?	Online Consultation	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	58.3

What factors determine whether of not an interventions will decrease the disability of individuals with a mental disorder who are treated in mental health care facilities?	NCPPMD	Evaluation of System and/or Health Program	58.3
What are effective interventions that focus on psychosocial determinants in the promotion of child and adolescent mental health?	Directors of Clinical Services	Evaluation of Interventions	58.3
What are the most effective interventions to reduce disability in individuals with a mental disorder?	NCPPMD	Evaluation of Interventions	58.3
What is the validity and reliability of the Conners Test to detect ADHD in children and adolescents, when applied by parents and teachers in Chile?	Development of CPG	Evaluation of Interventions	58.3
What is the cost-benefit ratio of having general practitioners treat individuals with a mental disorder compared with treatment by a specialized mental health physician?	Department of Mental Health	Evaluation of Interventions	58.3
For adolescent law infractions, what is the fraction attributable to the health sector?	Online Consultation	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	58.3
What is the effectiveness of Open Social Networks (use of networks and thematic groups) in the presentation, promotion, and prevention of mental health problems in the general population?	Online Consultation	Evaluation of Intersectoral Public Policies	58.3
What is the effectiveness of intersectoral policies in the resolution of mental health problems and social inclusion, for children and adolescents?	Online Consultation	Evaluation of Intersectoral Public Policies	58.3
What is the effectiveness of interventions focused on reducing the stigmatization of individuals with a mental disorder by the general population?	Users	Evaluation of Intersectoral Public Policies	58.3
What is the effectiveness of interventions to prevent mental disorders in children and adolescents?	Online Consultation	Evaluation of Interventions	58.3
What is the validity and reliability of clinical screening instruments that are applied to individuals treated in the GES program for depression, schizophrenia, and harmful alcohol and drug use?	NHS	Evaluation of Interventions	58.3
What is the effectiveness and cost-effectiveness ratio of educational interventions, which aim to promote mental health in students?	NHS	Evaluation of Intersectoral Public Policies	58.3
What is the effectiveness and cost-effectiveness ratio of interventions in the workplace, which aim to promote mental health in the workforce?	NHS	Evaluation of Intersectoral Public Policies	58.3
What is the effectiveness and cost-effectiveness ratio of interventions in areas of public transportation, which aim to promote mental health in the general population?	NHS	Evaluation of Intersectoral Public Policies	58.3
What is the effectiveness of maternal communication with a history of child sexual abuse to her child in the prevention of transgenerational Child Sexual Abuse?	Directors of Clinical Services	Evaluation of Interventions	58.3
What is the coverage of interventions for family members of people who commit suicide?	Key Informant	Evaluation of System and/or Health Program	58.3

What are the mechanisms that affect the association between mental disorders and physical comorbidity in the general population (in terms of prevention)?	NHS	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	50.0
What factors present in the mental health network hinder the social inclusion of individuals with mental disabilities?	Online Consultation	Evaluation of Intersectoral Public Policies	50.0
What factors facilitate the adequate implementation of new mental health care programs in primary care center?	Key Informant	Evaluation of System and/or Health Program	50.0
What factors are associated with the successful incorporation of the mental health care program in primary care?	Department of Mental Health	Evaluation of System and/or Health Program	50.0
What is the validity and reliability of instruments used to measure the treatment evolution of adolescents between 10 and 14 years of age with depression?	Development of CPG	Evaluation of Interventions	50.0
What is the validity and reliability of instruments used to give a comprehensive evaluation of drug use in adolescents?	Development of CPG	Evaluation of Interventions	50.0
What is the validity and reliability of instruments used to screen for depression in adolescents between 10 and 14 years of age?	Development of CPG	Evaluation of Interventions	50.0
What is the cost-effectiveness ratio of the current treatment programs for harmful alcohol and drug use?	Online Consultation	Evaluation of System and/or Health Program	50.0
What is the cost-effectiveness ratio of interventions that aim to improve treatment adherence of individuals with a mental disorder?	Online Consultation	Evaluation of Interventions	50.0
What is the prevalence of mental disorders and their psychiatric comorbidity in children and adolescents?	NHS	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	50.0
What percentage of individuals with a mental disorder, that are treated in the public system, participate in a scheduled activity (work, schooling, clubs/groups, etc.)?	Key Informant	Evaluation of System and/or Health Program	50.0
What is the effectiveness of interventions that aim to prevent depression in the general population?	Online Consultation	Evaluation of Interventions	50.0
What is the effectiveness of the mental health network's strategies to promote labor inclusion for individuals with a mental disability?	Online Consultation	Evaluation of Intersectoral Public Policies	50.0
What is the effectiveness of social and work inclusion strategies in mental health rehabilitation programs?	Online Consultation	Evaluation of Intersectoral Public Policies	50.0
What impact do intersectoral mental health policies have on the social reinsertion of individuals with mental disorders?	Department of Mental Health	Evaluation of Intersectoral Public Policies	50.0
What is the effectiveness of training primary health care professionals to detect and manage mental disorders?	Key Informant	Evaluation of System and/or Health Program	50.0
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What is the effectiveness of interventions carried out in young populations to improve the mental health of those individuals as adults?	Key Informant	Evaluation of Interventions	50.0
What is the effectiveness of interventions for adolescents with risk behaviors, in terms of improving their short-term mental health?	Key Informant	Evaluation of Interventions	50.0
What is the countrywide effectiveness of pharmacological treatments for Attention Deficit Disorder in the population currently in treatment?	Online Consultation	Evaluation of Interventions	50.0
What is the difference in the performance of COSAM [community mental health centers] and other secondary level care facilities (CESAM), according to administrative unit (Health Service versus Municipality)?	Online Consultation	Evaluation of System and/or Health Program	50.0
What is the gap in human and physical health resource allowance in the community mental health facilities?	NCPPMD	Evaluation of System and/or Health Program	50.0
What is the knowledge gap in primary care health professionals about adequate management of mental disorders?	Key Informant	Evaluation of System and/or Health Program	50.0
To what degree is inter-partner violence detected in patients that consult general practitioners for general morbidity?	Online Consultation	Evaluation of System and/or Health Program	50.0
What is the degree of compliance to the standards of the human rights convention for the treatment of individuals with a mental health disability?	Online Consultation	Evaluation of System and/or Health Program	50.0
What is the most effective model of financial incentive (clinical improvement, population in treatment) in the delivery of mental health care in the various types of facilities?	Key Informant	Evaluation of System and/or Health Program	50.0
What is the impact of mental disorders and their psychiatric comorbidity in the general population (for example, economic)?	NHS	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	50.0
What is the impact of the different work styles used by mental health human resources?	Directors of Clinical Services	Evaluation of System and/or Health Program	50.0
What is the cost of different mental health service offerings?	Key Informant	Evaluation of System and/or Health Program	50.0
How does the deficit and high turnover of primary care physicians affect the effectiveness of the mental health care model?	Online Consultation	Evaluation of System and/or Health Program	50.0
What are the resources, competencies, and performance of mental health intervention teams, at the various levels of the network?	Directors of Clinical Services	Evaluation of System and/or Health Program	50.0
What factors are associated with the involuntary hospitalizations of individuals with a mental disorder?	Directors of Clinical Services	Evaluation of System and/or Health Program	50.0
What are the gaps in child-adolescent mental health promotion activities, focused on psychosocial determinants?	Directors of Clinical Services	Evaluation of Intersectoral Public Policies	50.0

Is the enrollment of individuals into GES programs for a mental health pathology in line with the established criteria?	Directors of Clinical Services	Evaluation of System and/or Health Program	50.0
What is the magnitude and type of disability of individuals in treatment for schizophrenia in the health care network?	Directors of Clinical Services	Evaluation of System and/or Health Program	50.0
What infrastructure (capacity/beds in sheltered homes, day hospitals, short-stay hospitals) is available for mental health treatment?	NHS	Evaluation of System and/or Health Program	50.0
What is the adherence of individuals with mental disorders to the various types of therapeutic interventions?	NHS	Evaluation of Interventions	50.0
For individuals with first-episode schizophrenia, what is the effectiveness of early interventions and secondary prevention?	Online Consultation	Evaluation of System and/or Health Program	41.7
What variables determine the effectiveness of rehabilitation programs for individuals with severe mental disorders?	Online Consultation	Evaluation of System and/or Health Program	41.7
Are there better payment mechanisms than the DRG (diagnostic-related group) system or the PAD (payment related to a diagnostic) method of the AUGE program for mental illnesses, according to the international literature and experiences?	Online Consultation	Evaluation of System and/or Health Program	41.7
What are the predictors of work-related mental health problems (in the workforce)?	Key Informant	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	41.7
What are the determinants of violent behavior in individuals with a mental disorder, attributable or not to their condition?	Directors of Clinical Services	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	41.7
What are the (modifiable) risk factors of suicidality in adolescents 15 to 19 years of age?	Online Consultation	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	41.7
What are the mental health human resource competencies related to the respectful treatment of individuals with mental disorders and their families?	Users	Evaluation of System and/or Health Program	41.7
What is the validity, reliability, and applicability of instruments that evaluate disability associated with a mental disorder in population surveys?	NHS	Evaluation of Interventions	41.7
What is the validity and reliability of instruments that detect bipolar disorder in the individuals attending health services?	Development of CPG	Evaluation of Interventions	41.7
What is the cost-effectiveness ratio of interventions (??) designed to prevent neurocognitive deficits of patients with bipolar disorder?	Development of CPG	Evaluation of Interventions	41.7
What is the effectiveness and cost-effectiveness ratio of sectoral mental health policies focused on the social reinsertion of individuals with a mental disorder, in terms of relapses and recurrences?	Department of Mental Health	Evaluation of Interventions	41.7

What is the effectiveness of standard rehabilitation programs versus community-based psychosocial rehabilitation programs for individuals with a mental illness-related disability?	Online Consultation	Evaluation of Interventions	41.7
What is the effectiveness of population-level populations aimed at socially integrating individuals with a severe mental disorder?	Users	Evaluation of Interventions	41.7
What is the effectiveness of ECT as a treatment for individuals with a bipolar disorder?	Development of CPG	Evaluation of Interventions	41.7
What is the effectiveness of interventions that aim to facilitate the use of public transportation by individuals with a severe mental illness, in terms of their overall functioning?	Users	Evaluation of Intersectoral Public Policies	41.7
What is the variability of treatment offered by different mental health professionals for individuals with a mental disorder, and what are the health consequences of this?	Online Consultation	Evaluation of System and/or Health Program	41.7
What is the effectiveness and cost-effectiveness ratio of housing and urban planning interventions designed to promote mental health in the general population?	NHS	Evaluation of Intersectoral Public Policies	41.7
What competencies do mental health professionals need to have in order to improve detection of bipolar disorder?	Development of CPG	Evaluation of Interventions	40.0
What rehabilitations services are offered for individuals with a mental disorder in the public and private health networks?	Key Informant	Evaluation of System and/or Health Program	40.0
What is the level of disability associated with specific mental disorders in the general population?	NHS	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	40.0
What is the incidence of violent acts toward third parties in the general population?	Key Informant	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	40.0
What is the frequency of different work styles among mental health teams?	Directors of Clinical Services	Evaluation of System and/or Health Program	40.0
What is the burden attributable to mental disorders among individuals with a chronic, non-communicable disease?	NHS	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	40.0
What is the level of knowledge and competencies of psychiatrists who complete residencies financed by the public health system, in terms of the programs and practices recommended by the National Mental Health Plan, the Explicit Health Guarantees Program (GES), the Law of Rights and Responsibilities of Patients, the International Conference on the Rights of People with Disability, the Hospital Admission Regulation, the Containment Standards, and other similarly important instruments?	Online Consultation	Evaluation of System and/or Health Program	40.0

Online Consultation	Evaluation of System and/or Health Program	40.0
Key Informant	Evaluation of System and/or Health Program	40.0
Online Consultation	Evaluation of System and/or Health Program	40.0
Online Consultation	Evaluation of System and/or Health Program	40.0
Directors of Clinical Services	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	40.0
Key Informant	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	40.0
Directors of Clinical Services	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	40.0
Department of Mental Health	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	33.3
Users	Evaluation of System and/or Health Program	33.3
Online Consultation	Evaluation of Interventions	33.3
Online Consultation	Evaluation of System and/or Health Program	33.3
Key Informant	Evaluation of Interventions	33.3
Users	Evaluation of Interventions	33.3
Online Consultation	Evaluation of System and/or Health Program	33.3
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Directors of Clinical Services	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	33.3
Directors of Clinical Services	Evaluation of Interventions	33.3
Directors of Clinical Services	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	33.3
Users	Evaluation of Interventions	33.3
Directors of Clinical Services	Evaluation of System and/or Health Program	33.3
Online Consultation	Evaluation of System and/or Health Program	30.0
Online Consultation	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	30.0
Online Consultation	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	30.0
Key Informant	Evaluation of Intersectoral Public Policies	30.0
Key Informant	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	30.0
Key Informant	Evaluation of Intersectoral Public Policies	30.0
Online Consultation	Evaluation of System and/or Health Program	30.0
Online Consultation	Evaluation of System and/or Health Program	30.0
Online Consultation	Evaluation of System and/or Health Program	30.0
Directors of Clinical Services	Evaluation of Interventions	30.0
Online Consultation	Evaluation of System and/or Health Program	25.0
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What factors determine the adherence of individuals with a mental disorder to psychiatric treatment plans?	Online Consultation	Evaluation of System and/or Health Program	25.0
What are the long-term, adverse effects of psychotropic medication use?	Key Informant	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	25.0
What is the best way to finance community-based activities in mental health programs?	Online Consultation	Evaluation of System and/or Health Program	25.0
What is the most cost-effective method to manage the effects of trauma in patients seeking treatment for depression?	Online Consultation	Evaluation of Interventions	25.0
What is the quality of life of individuals with schizophrenia who receive treatment in the comprehensive mental health program (psychotropic medications, psychosocial interventions, etc.) versus that of individuals who receive usual care?	Online Consultation	Evaluation of Interventions	25.0
What impact does the GES depression program have on the incidence and duration of sick leave in the working population?	Department of Mental Health	Evaluation of Interventions	25.0
What is the effectiveness of psychosocial interventions in individuals treated for schizophrenia?	Directors of Clinical Services	Evaluation of Interventions	25.0
What is the impact of treatment on the health-related quality of life (HRQoL) and subjective wellbeing of individuals with a mental disorder?	Directors of Clinical Services	Evaluation of Interventions	25.0
What elements of mental functioning predict the occurrence of violence between individuals, at the population level?	Key Informant	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	20.0
What sources of intersectoral information could be used to inform clinical decision-making?	Key Informant	Evaluation of Intersectoral Public Policies	20.0
What conception of human rights do professionals carrying out mental health interventions have, and how is this expressed in care?	Online Consultation	Evaluation of System and/or Health Program	20.0
What is the frequency of inappropriate use of benzodiazepines and anti-depressants in the general population?	Key Informant	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	20.0
What is the comorbidity of individuals with severe mental disorders?	Online Consultation	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	20.0
What is the profile of the population treated in outpatient psychiatric services (polyclinics of psychiatric and general hospitals, diagnostic and treatment centers [CDT], rural health centers [CRS], COSAM, and CESAM)?	Online Consultation	Evaluation of System and/or Health Program	20.0
What is the cost-effectiveness ratio of GES program interventions for depression?	Online Consultation	Evaluation of Interventions	16.7
How large is the effect that stigma has on treatment adherence, among individuals with severe mental disorders?	Users	Evaluation of Interventions	16.7
What is the prevalence of pervasive developmental disorders in the adult population?	Directors of Clinical Services	Natural History of Disease/Epidemiology/Risk Factors/Social Determinants	10.0