ANNEX 1

ANNEX

to the

COMMISSION DECISION

on the adoption of a financing decision for 2016 for the pilot project "Severe mental disorders and the risk of violence: pathways through care and effective treatment strategies"
ANNEX

Pilot Project “Severe mental disorders and the risk of violence: pathways through care and effective treatment strategies”

1.1. Introduction

On the basis of the objectives given in the budget remarks this work programme contains the actions to be financed and the budget breakdown for year 2016 as follows:

for grants implemented under direct management (1.2): 1.200.000 EUR

1.2. Grants

1.2.1. Severe mental disorders and the risk of violence: pathways through care and effective treatment strategies

LEGAL BASIS


BUDGET LINE

| 17 03 77 23 |

Priorities of the year, objectives pursued and expected results

The objectives of the project are:

To identify factors associated with risk of violence to self and others in patients with severe mental disorders,

To assess tools capable of predicting violence risk, for decision-making,

To evaluate effective treatments in order to assist in the planning of services (clinicians, managers, lawmakers and governments) in the development of preventative and supportive measures,

To compare national variations in pathways into and out of care, including specialized secure services in different countries.

The expected results should provide added European value information to improve the quality of mental health care for population in countries with different health and legal systems.

Description of the activities to be funded under the call for proposals
The risk of violence by patients with severe mental disorders and the perception of such risk is a problem, not only because of the potential for injury and death to patients, staff, relatives and strangers, but also because of the counter-therapeutic effects that both violence and the measures deployed to prevent violence entail.

The stigma of mental illness is intimately linked to the public's fear of violence by the mentally ill. This fear can in turn influence clinicians and even policy makers’ decision-making. Although the risks of violence are small in absolute terms and make a small contribution to societal violence, clarification of rates and trends should help address public myths about the perceived dangerousness of psychiatric patients. In contrast, the risk of self-violence is higher in mentally-ill patients than it is in the general population: it is estimated\(^1\) that more than half of all suicides in European countries are in people with underlying mental disorders. For this reason it is interesting to examine suicide and also suicide attempts in forensic psychiatric patients on release.

The perceived threat of violence results in greater use of coercive measures such as involuntary hospitalization, restraint, seclusion, and enforced medication, which patients and their carers almost unanimously perceive as traumatic and even counter-therapeutic and can, in turn, trigger aggressive responses from patients instead of engagement and cooperation. Furthermore, involuntary admission to secure forensic units after rare but serious acts of violence linked to severe mental disorders can lead to prolonged, costly hospital stay.

Forensic psychiatric services in some European countries are the first and foremost care for those patients with a mental disorder and who pose a risk to others, though who also have increased rates of suicide. New out- and inpatient services for the management of such patients are growing in many but not all European states. New models of treatment for this often marginalized group of patients are developing, including for example outpatient forensic assertive community treatment teams and specialized forensic clinics but also general psychiatric units in general hospitals. However, service design, intervention strategies and legal frameworks for patients at risk of violence, or who have acted violently, vary greatly across Europe. These aspects have never been comparatively evaluated in terms of patient satisfaction, therapeutic effectiveness, risk reduction, recovery and costs: yet such services in some countries consume 20% of resources to care for less than 1% of psychiatric patients. This lack of reliable comparative data has prevented many European countries from benefitting from the innovative strategies developed in those states which have been able to deploy greater resources in innovation and research, and have tested potentially more efficient models of service delivery.

The proposed action will also build on knowledge generated by research projects supported by the Seventh Framework Programme for Research and Technological Development and Horizon 2020 – the EU Framework Programme for Research and Innovation\(^2\).

Different pathways in European countries, different approaches to these patients call for the development of a European project combining a relevant set of representative countries to

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\(^2\) See [http://cordis.europa.eu/]. Examples include:
  - OPSI-Europe ([http://cordis.europa.eu/project/rcn/90959_en.html])
  - AGGRESSOTYPE ([http://cordis.europa.eu/project/rcn/110072_en.html])
  - SEYLE ([http://cordis.europa.eu/project/rcn/90593_en.html]).
develop tools and recommendations for decision-making related to this topic.

Essential eligibility, selection and award criteria

**ADMISSIBILITY, EXCLUSION AND ELIGIBILITY CRITERIA.**

Admissibility criteria

Proposals received after the deadline for submission laid down in the call for proposals will not be considered for funding. Other formal requirements regarding the grant application will be specified in the call for proposals.

Exclusion criteria

Applicants will be excluded from participation in an award procedure if they are in any of the situations of exclusion listed in Articles 106 and 107 of the Financial Regulation.

Eligibility criteria

Proposals must be submitted by consortia of legal entities (with or without legal personality) established in at least 2 different EU Member States. Actions that have already commenced by the date on which the grant application is registered will be excluded from participation.

**SELECTION CRITERIA**

Only proposals which meet the exclusion and eligibility criteria will be assessed on the basis of the selection criteria. The following selection criteria have to be met:

1. Financial capacity

Applicants must have stable and sufficient sources of funding to maintain their activity throughout the period during which the activity is being carried out and to participate in its co-financing.

The verification of financial capacity will not apply to public bodies and international public organisations.

2. Operational capacity

Applicants must have the professional resources, competences and qualifications required to complete the proposed action.

**AWARD CRITERIA**

Only projects which meet the exclusion and eligibility and selection criteria will be further evaluated on the basis of the following award criteria:

1. Policy and contextual relevance (40 points, threshold: 20 points):

   (a) Project’s contribution to meeting the objectives and priorities defined in the financing decision (8 points);

   (b) Strategic relevance with regard to the EU Health Strategy (COM (2007) 630 final; http://ec.europa.eu/health/ph_overview/strategy/health_strategy_en.htm ) and with regard to expected contribution to existing knowledge and implications for health (8 points);
(c) Added value at EU level in the field of public health (8 points):
— impact on target groups, long-term effect and potential multiplier effect, such as replicable, transferable and sustainable activities,
— contribution to complementarity, synergy and compatibility with relevant EU policies and programmes;
(d) Pertinence of geographical coverage (8 points):
Applicants must ensure that the geographical coverage of the project is commensurate with its objectives, and explain the role of eligible countries as partners and the relevance of project resources or the target populations they represent;
(e) Social, cultural and political context (8 points):
Applicants must explain how the project relates to the situation of the countries or specific areas involved, ensuring the compatibility of envisaged actions with the culture and views of the target groups.

2. Technical quality (30 points, threshold: 15 points):
(a) Evidence base (6 points):
Applicants must include a problem analysis and clearly describe the factors, impact, effectiveness and applicability of the proposed measures;
(b) Content specification (6 points):
Applicants must clearly describe aims and objectives, target groups, including relevant geographical factors, methods, anticipated effects and outcomes;
(c) Innovative nature, technical complementarity and avoidance of duplication of other existing actions at EU level (6 points):
Applicants must clearly identify the progress that is expected to result from the project within a given field in relation to the state of the art and ensure that there will be neither inappropriate duplication nor overlap, whether partial or total, between projects and activities already carried out at EU and international level;
(d) Evaluation strategy (6 points):
Applicants must clearly explain the methods proposed and indicators chosen and their adequacy;
(e) Dissemination strategy (6 points):
Applicants must clearly illustrate the adequacy of the envisaged strategy and methodology to ensure transferability of results and sustainability of dissemination.

3. Management quality and budget (30 points, threshold: 15 points):
(a) Planning and organisation (5 points):
Applicants must clearly describe the activities to be undertaken, timetable and milestones, deliverables, nature and distribution of tasks, and provide a risk analysis;
(b) Organisational capacity (5 points):
Applicants must clearly demonstrate the quality level of the structure of the project by describing its management structure, competence of staff, responsibilities, internal
communication, decision-making, monitoring and supervision.

(c) Quality of partnership (5 points):

Applicants must clearly describe the partnerships envisaged in terms of extensiveness, roles and responsibilities, relationships between the partners, and the synergy and complementarity of partners and network structure;

(d) Communication strategy (5 points):

Applicants must clearly describe the communication strategy in terms of planning, target groups, adequacy of channels used, and visibility of EU co-financing;

(e) Overall and detailed budget, including financial management (10 points, threshold: 5 points):

Applicants must ensure that the budget is relevant, appropriate, balanced and consistent in itself, between partners and in relation to the specific objectives of the project. The budget should be distributed between partners at a minimum reasonable level, avoiding excessive fragmentation.

Applicants must clearly describe financial circuits, responsibilities, reporting procedures and controls.

Any proposal which does not reach all the thresholds will be rejected.

Following the evaluation, a list is drawn up containing proposals reaching all the thresholds and ranked according to the total number of points awarded. Only the highest ranked proposal will be awarded co-financing.

Implementation

Through a call for proposals managed by DG SANTE. Only one grant will be awarded.

Indicative timetable and indicative amount of the call for proposals

<table>
<thead>
<tr>
<th>Reference</th>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Launch of the call for proposals</td>
<td>Second semester 2016</td>
<td>1.200.000 EUR</td>
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</tbody>
</table>

Maximum possible rate of co-financing of the eligible total costs

The maximum rate of EU co-financing is 60%