

**Better Evidence for Better Mental Health Policy:
Mind the inequalities gap**

PROPOSITIONS

1. Promoting access to care is not sufficient to reduce the mental health gap by income due to inequalities occurring in the mental health treatment pathway and outcomes. (thesis)
2. Cost-sharing is a blunt policy instrument that reduces care consumption disproportionately in detriment of the most vulnerable, widening inequalities during developmentally sensitive phases of the life-course. (thesis)
3. Determining the right amount of formal care that supports individuals with mental disorders to live autonomously in our society remains a challenge to researchers, policy-makers and practitioners. (thesis)
4. Increasing the availability of non-pharmacological treatment options does not necessarily reduce the use of medication to treat common mental disorders. (thesis)
5. Ignoring the continuum that exists between association and causation wastes the potential of many quasi-experimental research findings to inform decision-making. (thesis)
6. Promoting better mental health research, policy and practice requires a better understanding of the dimensional concept of mental health, moving from a binary to a staging approach that reflects its continuum.
7. Mental health care systems at different levels of maturity around the world should learn from global mental health and implement its (adapted) principles and interventions.
8. Research on health inequalities should be better informed by the experiences and preferences of the groups targeted.
9. The progress towards conducting interdisciplinary research with societal impact is slowed down by the old-school Academic ways of functioning.
10. Building bridges between research and policy requires investment and dedicated human resources with expertise and skills not traditionally held by researchers or policy-makers.
11. Would we know the counterfactual, life would not be so fun.