

Clinnova Brain – From Diagnostic Categories to Functional Stratification of Mental Disorders

Federico Cevoli

Mental disorders present a global economic and public health challenge. According to the WHO, mental disorders have been the leading cause of disability worldwide since 2020. In this context, more than 80 million EU citizens of all ages, up to 18% of the general population, will experience some form of mental disorder in their lifetimes. Indeed, mental disorders, which often begin early in life, currently constitute five of the top ten causes of disability worldwide. In addition to psychosocial suffering, major psychiatric disorders reduce life expectancy from 15 to 20 years, in large part due to somatic comorbidities and suicide. Major mood and psychotic disorders are among the top 25 leading causes of years lost to disability.

Against this backdrop, no single Member State, however well-resourced, can generate the scale, diversity, or statistical power of harmonised, deep-phenotyping data needed to move psychiatry from categorical diagnosis toward biologically grounded, precision-based care. National cohorts, however rigorously designed, remain fragmented by differing recruitment pools, assessment protocols, and data standards, making cross-border comparison and pooled analysis difficult, and leaving critical subgroups, such as treatment-resistant depression or biologically distinct symptom clusters, too rare in any one country to characterise with confidence. This fragmentation slows the translation of research into policy and leaves clinicians without the tools to stratify patients beyond broad diagnostic categories.

Clinnova Brain addresses this gap directly. By establishing a cross-border, regionally-anchored infrastructure spanning Luxembourg, France, and Germany, it harmonises recruitment, phenotyping protocols, and data standards from the outset, pooling clinical, cognitive, biological, and digital phenotyping data at a scale no national effort could achieve alone. This shared infrastructure not only increases statistical power to detect clinically meaningful subgroups, but also builds the interoperable data backbone that future EU-wide precision psychiatry initiatives will depend on, turning three national efforts into a single, cumulative research asset rather than three parallel, siloed ones.

References

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- Mallet J, Pignon B, Kaiser S, Cevoli F. A dimensional approach to negative symptoms in psychiatric disorders. *Med Sci (Paris)*. 2025;41(5):434–442.

Biosketch

Federico CEVOLI, PhD

Programme Coordinator Mental Health, Luxembourg Research Clinic (LRC)

ORCID ID: [0009-0000-2342-1578](https://orcid.org/0009-0000-2342-1578)

CURRENT POSITIONS

Since 2026: Scientific programme coordinator, Clinnova Brain / Mental Health, LRC.

Since 2025: EU grant writer / project manager.

PAST POSITIONS

2019–2025: Lead / Officer, International Clinical Research in Psychiatry, Assistance-Publique-Hôpitaux de Paris (AP-HP); Fondation FondaMental, Créteil, France. Lead scientific clinical implementation and design of multi-country research activities in psychiatry, working across the international network of Precision Psychiatry.

2022–2023: Senior Scientist, Next-Generation Sequencing (NGS), Design Pharmaceuticals Inc., Paris, France. Led NGS-based research activities, applying RNA sequencing approaches to psychiatric/biological research questions.

EDUCATION

2019–2022: PhD Neuroscience, University of Strasbourg.

2018–2019: MSc Experimental Therapeutics, University College London.

OTHER RELEVANT PROFESSIONAL ACTIVITIES AND ACCOMPLISHMENTS

Contributor to the European Roadmap for Precision Psychiatry, defining research priorities for the field across Europe, with associated findings published in JAMA Psychiatry (Cevoli F, et al. Implementing Precision Medicine in Psychiatry, 2026).