

What is the ENCP, Precision Psychiatry Roadmap, and the PROMPT project and the PsychSTRATA consortium?

Precision Psychiatry Roadmap, PROMPT, and PsychSTRATA: Three Coordinated Initiatives

The **European College of Neuropsychopharmacology (ECNP)** is coordinating a global initiative to design and implement a Precision Psychiatry Roadmap, following its 2024 New Frontiers Meeting (Kas et al., 2025). The PROMPT project and PsychSTRATA consortium are complementary research programs developing precision medicine algorithms for treatment-resistant psychiatric disorders (Baune, 2025; Baune et al., 2024).

Precision Psychiatry Roadmap (PPR)

The PPR was initiated by an ECNP steering committee with representation from professional organizations, academia, industry, regulatory agencies, and patient organizations to progressively implement a **biology-informed framework** for mental disorders (Kas et al., 2025). The roadmap moves away from traditional symptom-based nosology toward integrating symptomatic, biological, and behavioral information into diagnostic definitions (Kas et al., 2025). Implementation requires global stakeholder alignment, including organizations such as CINP, ACNP, EPA, funders, industry, and regulatory bodies (Kas et al., 2025). The EPA and ECNP have since agreed to join forces in precision psychiatry activities (Arango et al., 2026).

A 2025 PPR meeting in Frankfurt focused on biomarker identification and validation, patient subtyping, and targeted interventions, emphasizing standardization, collaboration, and patient engagement as priorities (Kas et al., 2026).

PROMPT Project

The PROMPT project (PRecision Medicine in PsyTiatric treatment) aims to develop a **precision medicine algorithm** for early detection of non-responder patients with major depressive disorder (MDD) who are prone to developing treatment-resistant depression (TRD) (Baune, 2025). It is organized in two phases: Phase 1 enrolled 300 MDD patients (150 treatment-resistant, 150 responders), and Phase 2 will recruit a new naturalistic cohort of 300 MDD patients to assess the algorithm's predictive capability under real-world conditions (Baune, 2025). Phase 2 also explores shared decision-making in the context of pharmacogenetic testing and evaluates stakeholder perspectives on predictive tools (Baune, 2025). The project represents a proof-of-concept study funded by the German Federal Ministry of Health and ERAPERMED2020 (Baune, 2025; Baune et al., 2024).

PsychSTRATA Consortium

Feature	PsychSTRATA Consortium
Funder	Horizon Europe (Grant No. 101057454) (Baune et al., 2024)
Disorders	Schizophrenia, bipolar disorder, MDD (Baune et al., 2024)
Core goal	Predict treatment resistance risk using transdiagnostic biosignatures (Baune et al., 2024)

Feature PsychSTRATA Consortium

Key output Clinical-omics algorithm + decision-support software (Baune, 2025)

PsychSTRATA addresses a major research gap in precision psychiatry through a **seven-step approach** (Baune, 2025; Baune et al., 2024). Steps 1–2 identify transdiagnostic biosignatures via GWAS and multi-modal omics; Step 3 conducts a randomized controlled trial of early intensified pharmacological treatment; Step 4 develops a combined clinical-omics algorithm for treatment resistance risk; Step 5 implements shared decision-making via a novel mental health board; Steps 6–7 focus on patient empowerment, education, and treatment-decision software (Baune, 2025). The long-term vision is to shift from trial-and-error treatment toward evidence-based, individualized care that accounts for treatment resistance risk early in the treatment process (Baune et al., 2024; Baune, 2025).

Convergence and Complementary Roles

The PPR provides the overarching framework, while PROMPT and PsychSTRATA serve as **operational research programs** within that vision. PROMPT focuses on depression treatment response prediction as a proof-of-concept, whereas PsychSTRATA extends to schizophrenia, bipolar disorder, and MDD with a fully integrated seven-step translational pipeline (Baune, 2025; Baune et al., 2024). Together, these initiatives aim to replace the current trial-and-error paradigm with evidence-based individualized treatment informed by biological, clinical, and digital data (Baune, 2025; Cevoli et al., 2025).

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