ICMJE DISCLOSURE FORM

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Date: 2. februar 2021

Your name: Pia Jeppesen

Manuscript title: Nye transdiagnostiske tilgange til forebyggelse og behandling af psykiske sygdomme i

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	**Specifications/Comments (e.g., if payments were made to you or to your institution)**
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☒ **None**	

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Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		Trygfonden	Mind My Mind update
		Novo Nordisk Fonden	MAP projektet
		DFF	MAP projektet

3	Royalties or licenses	☒ **None**	

4	Consulting fees	☐ **None**	
		Trygfondens rådgivende forskningsudvalg	Rådgivning om forskningsstrategi

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Region Midt	Videreuddannelsen for specialister I BUP

6	Payment for expert testimony	☐ **None**	
		Trygfonden	Vurdering af fondsansøgninger

7	Support for attending meetings and/or travel	☒ **None**	

8	Patents planned, issued or pending	☒ **None**	

9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None**	
		SIF ved SDU	Infant Health Study (unpaid)

10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
		Advisory Boards, all unpaid	Several research groups: Copenhagen Child Cohort 2000 (CCC2000), OPUS Young, Mind My Mind.

11	Stock or stock options	☒ **None**	

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	

13	Other financial or non-financial interests	☒ **None**	

Please place an "X" next to the following statement to indicate your agreement:

☒ **I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

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Please save/export the filled in **form as PDF** before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date: 1. maj 2025

Your name: Julie Nordgaard Frederiksen

Manuscript title:

Manuscript number (if known):

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Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
			Pågående forskningsgrant fra Novo Nordisk Fonden

3	Royalties or licenses	☒ **None**	

4	Consulting fees	☒ **None**	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Marts 2025	Honorar for præsentation for Orion Pharma (10.000 kr)
		2023	3 x 1 times honorar for præsentationer for Lundback-Otsuka Pharma (22500 kr)

6	Payment for expert testimony	☒ **None**	

7	Support for attending meetings and/or travel	☒ **None**	

8	Patents planned, issued or pending	☒ **None**	

9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	

10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

11	Stock or stock options	☒ **None**	

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	

13	Other financial or non-financial interests	☒ **None**	

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