

Boosting mental health in Europe in times of change (RIA)

Subsidy:	€ 7M
Funding rate:	100%
Deadline:	First stage: 1 February 2022
	Second Stage: 6 September 2022
Duration:	No limit; up to 4 years is recommended
Total budget:	€50M

Consortium:

At least three legal entities established in different Member States or Associated Countries.

International collaboration is encouraged. Proposal should involve end-users and/or strategic partners (see below at additional information)

Scope

Against the backdrop of a transforming Europe and in the midst of a global pandemic, the EU is committed to lead the transition to a healthier planet and a new digital world. The health and wellbeing of its citizens is a prerequisite to achieve this aspiration.

On the one hand, extreme weather and environmental disasters have risen dramatically over the last decade. Links between these events and serious mental health problems, including anxiety, depression, post-traumatic disorder and suicide, have been reported. Moreover, several new words such as “eco-anxiety”, “ecoparalysis” and “ecological grief” have been coined to express the acute and/or chronic effects on mental health caused by climate and environmental changes.

On the other hand, digital technologies and the achievement of the Digital Single Market – one of the EU’s key priorities – are transforming our economy, our industries as well as our culture and lifestyle. Digitalisation, including digitally-enabled technologies such as robotics and artificial intelligence, are penetrating much faster into societies than in the past and affect us all. Accordingly, the “Fourth Industrial Revolution” is changing the way we work (e.g. workplaces, working practices and patterns, the workforce and its skills, and how we perceive work) as well as the way

we live. The exponential incorporation of digital technologies in our daily lives has already caused profound changes in the way we communicate and is likely to have significant impact (both positive and negative) on mental health and intellectual/cognitive ability, in particular of the youth. Digital platforms can provide mental health support as well as increase social inclusiveness. However, digital technologies also introduce new risks, such as continuous connectivity, cyberbullying and exposure to inappropriate or fake content.

Accordingly, the proposed research should aim to deliver in all three dimensions listed below, focusing on one or several of the (combined) effects of a transforming Europe highlighted in the "Expected Outcomes".

1. Provide a comprehensive knowledge base of how a transforming Europe can influence mental health in a fast-evolving society, especially in the most vulnerable populations, by consolidating data from relevant sources and/or acquiring new data, and by reviewing existing methodologies.
2. Develop and implement (pilot and/or scale-up) interventions, which promote wellbeing and prevent mental illness to help cope with and mitigate the stress of a changing society, including digitalisation, climate change and/or other factors highlighted in the "Expected Outcomes". The interventions should target relevant settings (e.g. workplaces, schools) and the most vulnerable populations (e.g. children and adolescents, the elderly, people with pre-existing health conditions and co-morbidities and other highrisk groups such as socio-economic disadvantaged groups, migrants, etc.). Integration of care and coordination among different settings from communities to health care is desirable. The effectiveness of the interventions should be evaluated, inter alia, in terms of health outcomes, (comparative) cost-effectiveness, implementation facilitators and barriers. Depending on the aspects covered by the proposed research, desired outputs may include, but are not limited to:
 - Evidence-based guidelines for health care professionals on the promotion of mental wellbeing and prevention of mental illness related to ICT and climate and environment change (including screening methods).
 - Evidenced-based pedagogical practices for education professionals to foster mental health promotion in schools (including higher education) and/or via eLearning.
 - Consultation during school time to educate students (e.g. on coping with change) and to detect early students at risk.
 - Educational material and campaigns targeting the most vulnerable groups, (e.g. children and the elderly), disseminated via the most appropriate and effective media and communication channels, to improve health literacy, skills, attitudes and selfawareness leading to a better (self-)management of wellbeing and/or mental ill health.

- Studies on occupational mental health in the workplace, in particular in small and medium-sized enterprises, e.g.: i) understanding the impact of a 24-hour digital economy on workers' well-being, also in terms of managerial control mechanisms, work-life balance and privacy and developing/piloting new methods to protect and support workers' well-being in this respect; ii) designing information and training campaigns for workers to integrate the already visible impacts of digitalization induced changes into the professional risk assessment processes; iii) developing return-to-work programmes, also exploring innovative collaboration between mental health services, (life-long) education, and employment sectors. This will ensure appropriate support to better integrate individuals affected by mental ill health in the workforce and the society.
3. Inform policy-makers and regulators on: i) the prevalence and burden of mental ill health related to a transforming European society (e.g. digital technologies, climate change, etc); and/or ii) the effects of a transforming European society (e.g. digitalisation, climate change and transition to "green jobs") on occupational mental health; and/or iii) the (comparative) cost-effectiveness of public mental health interventions/policy choices.

Research should be multidisciplinary, including medical sciences, social sciences, the humanities, and the arts, if relevant. It is important to consider aspects such as (associated) behavioural patterns, stigma and novel social dynamics as well as different socioeconomic, cultural and geographical contexts. In all instances, sex and gender-related issues must be taken into account. All data should be disaggregated by sex, age and other relevant variables, such as by measures of socioeconomic status (i.e. take into account the socioeconomic gradient in mental health).

Expected Outcome

This topic aims at supporting activities that are enabling or contributing

to one or several impacts of destination 1 "Staying healthy in a rapidly changing society". To that end, proposals under this topic should aim for delivering results that are directed, tailored towards and contributing to all of the following expected outcomes:

- Health care professionals, national/regional public authorities and other relevant actors in key settings (e.g. schools, workplaces, etc.):
 - Have access to and apply evidence-based, innovative, cost-effective/cost-neutral, large-scale, comprehensive strategies and interventions for the promotion of mental health and the prevention of mental ill health, targeting the most vulnerable populations;

- Adopt clinical guidelines, best practices, implementation strategies and policy recommendations (as applicable to them) to mitigate the mental health burden and help cope with the (combined) effects of a transforming Europe (e.g. the socioeconomic consequences of the COVID-19 pandemic, climate change, environmental degradation, energy transition, demographic and migration factors, digitalisation, and exponential technological advancements);
- The scientific community together with the public authorities anticipate new and emerging risks to mental health associated with a transforming Europe, contributing to better and inclusive public mental health preparedness.
- Citizens have access to and make use of new tools and services to take informed decisions about their wellbeing and mental health care needs (including for selfmanagement and self-care).
- Citizens feel less stigmatised and marginalised due to their mental ill health.

Additional Information:

International collaboration is encouraged.

Proposals should involve end-users (including civil society organisations) and/or strategic partners in the design and during the course of the project. Possible end-users and strategic partners could include local or regional authorities, community services, employers, schools/universities, cultural institutions, insurance companies, civil society organisations, communities, among others. Proposals should adopt a patient-centred approach that empowers patients, promotes a culture of dialogue and openness between health professionals, patients and their families, and unleashes the potential of social innovation.

All projects funded under this topic are strongly encouraged to participate in networking and joint activities, as appropriate. These networking and joint activities could, for example, involve the participation in joint workshops, the exchange of knowledge, the development and adoption of best practices, or joint communication activities. This could also involve networking and joint activities with projects funded under other clusters and pillars of Horizon Europe, or other EU programmes, as appropriate. Therefore, proposals are expected to include a budget for the attendance to regular joint meetings and may consider to cover the costs of any other potential joint activities without the prerequisite to detail concrete joint activities at this stage. The details of these joint activities will be defined during the grant agreement preparation phase. In this regard, the Commission may take on the role of facilitator for networking and exchanges, including with relevant stakeholders, if appropriate.