**WORKSHOP**

**Horizon Europe Proposal Writing**

**Welcome to this workshop!**

The aim of this workshop is to practice the first steps of developing a project proposal under Horizon Europe. In cooperation with your group mates, you will go through a total of five steps:

* Analysing a work programme topic;
* Defining sound project objectives;
* Identifying appropriate methodologies and conceiving a work plan with deliverables;
* Showing the pathway to impact;
* Defining appropriate dissemination, exploitation and communication strategies.

Some of the tasks you will see in this document will be done individually with a joint reflection online and some exercises will have to be solved in groups enabling open discussions on the topic with your colleagues. The workshop will be extended by short presentations by the trainers as well as interactive discussions and Q&A sessions.

The exercise starts with the description of a Horizon Europe – Cluster 1 Work Programme topic **HORIZON-HLTH-2022-STAYHLTH-01-01-two-stage: Boosting mental health in Europe in times of change** in response to which you would like to submit a proposal focusing on the effects of ecological disasters (e.g. earthquakes, wildfires, floods) on the mental health of local communities.

Please proceed to the next page to read the work programme topic and go through the exercises.

Good luck!

**Step 1: Call analysis**

Read carefully the CL1 work programme topic HORIZON-HLTH-2022-STAYHLTH-01-01-two-stage and identify the information that can be extracted from this text, which would be useful for the proposal:

* What **needs/challenges** should the proposals respond to?
* What are the **objectives**?
* What **activities** should be planned?
* Are there any hints on the **methods** to use/integrate/consider?
* What **outputs** should be delivered/generated?
* What kind of **partners** should be included?
* Are there any specific **actors/stakeholders** that should be engaged or targeted?
* Are there any **cross-cutting priorities** that should be taken into account?

We will use the colour codes below when identifying the above elements. Please read the text and underline the elements above. Try to answer the main question: What should this project be about? What does the European Commission want us to address?

**COLOUR CODES**

iiiiiiiii Needs and challenges that need addressing

iiiiiiiii Objectives to be achieved

iiiiiiiii Activities to be carried out (work plan and methodology/ies)

iiiiiiiii Outputs

iiiiiiiii Cross-cutting priorities

iiiiiiiii Target groups and stakeholders

Please also reflect on the following questions:

1. How many proposals could be funded under this topic?

7. See the “Specific conditions” box as well as the call conditions in the work programme.

1. Could you identify any similar projects funded under H2020/HE?

Go to cordis.europa.eu, click “PROJECTS & RESULTS”, search, then narrow down to Projects and H2020+HE: <https://cordis.europa.eu/search?q=contenttype%3D%27project%27%20AND%20(programme%2Fcode%3D%27H2020%27)%20AND%20(%27mental%20health%27)&p=1&num=10&srt=Relevance:decreasing> (Relevant projects: [MINDMAP](https://cordis.europa.eu/project/id/667661), [MENTUPP](https://cordis.europa.eu/project/id/848137), [EMPOWER](https://cordis.europa.eu/project/id/848180), [MindBot](https://cordis.europa.eu/project/id/847926), etc.)

1. Should your project cover the whole EU?

Research should be EU and worldwide (e.g. best practices, data, etc.), but the project’s applied/on-site/demo activities should be on selected locations. Rationale of the selection needs to be explained and justified.

1. What would be an ideal consortium composition for this proposal?

As an RIA, the project should be typically led by a university / research institution. Several disciplines (health, environment, disaster response, risk management, SSH) should be represented by additional universities or research institutions. Public bodies (e.g. hospitals / health administrations) could be involved for demo activities as well as for policy-making/uptake. CSOs / stakeholder/umbrella organisations should be involved for co-creation and to represent interest of the relevant groups, incl. citizens. In terms of geographical coverage, a balanced representation should be ensured, but the case studies should be selected methodologically. Private entities (e.g. SMEs) would also be useful – should be considered in a bottom-up way. International cooperation should be ensured by engaging a partner (uni/res.) from a relevant country.

**HORIZON-HLTH-2022-STAYHLTH-01-01-two-stage: Boosting mental health in Europe in times of change**

**Destination** – Staying healthy in a rapidly changing society

**Call** – Staying Healthy (Two stage 2022) (Opening: 6 October 2021; Deadlines: 1 February 2022, 6 September 2022)

|  |
| --- |
| **Specific conditions** |
| *Expected EU**contribution per**project* | The Commission estimates that an EU contribution of around EUR 7.00 million would allow these outcomes to be addressed appropriately. Nonetheless, this does not preclude submission and selection of a proposal requesting different amounts. |
| *Indicative budget* | The total indicative budget for the topic is EUR 50.00 million. |
| *Type of Action* | Research and Innovation Actions |

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 socio-economic 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 self-management and self-care).
* Citizens feel less stigmatised and marginalised due to their mental ill health.

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]](https://ec.europa.eu/info/funding-tenders/opportunities/portal/#fn1).

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”.8 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 high-risk 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 self-awareness 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 digitalisation-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). 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.

Cross-cutting Priorities:

[International Cooperation](https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/opportunities/topic-search;statusCodes=31094501,31094502,31094503;programCcm2Id=43108390;crossCuttingPriorityCode=EC-WORLD;sortQuery=sortStatus;orderBy=asc)

[Social Innovation](https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/opportunities/topic-search;statusCodes=31094501,31094502,31094503;programCcm2Id=43108390;crossCuttingPriorityCode=SocInnov;sortQuery=sortStatus;orderBy=asc)

[Socio-economic science and humanities](https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/opportunities/topic-search;statusCodes=31094501,31094502,31094503;programCcm2Id=43108390;crossCuttingPriorityCode=SSH;sortQuery=sortStatus;orderBy=asc)

[EOSC and FAIR data](https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/opportunities/topic-search;statusCodes=31094501,31094502,31094503;programCcm2Id=43108390;crossCuttingPriorityCode=EoscAndFairData;sortQuery=sortStatus;orderBy=asc)

[[1]](https://ec.europa.eu/info/funding-tenders/opportunities/portal/#r1)For instance, the socio-economic consequences of the COVID-19 pandemic, climate change, environmental degradation, energy transition, demographic and migration factors, digitalisation, and exponential technological advancements.

**Step 2: Objectives**

Based on the call analysis in Step 1 above and considering the project idea, please define three specific objectives. The objectives should be measurable, verifiable and realistic.

* Establish a comprehensive knowledge base of how ecological disasters can influence mental health in local communities, in particular of vulnerable populations
* Provide local communities affected by ecological disasters with effective tools and services to take informed decisions about their wellbeing and mental health care needs
* Promote mental wellbeing and prevention of mental illness of local communities affected by ecological disasters
* Inform policymakers and regulators on the prevalence and burden of mental ill health related to ecological disasters and on the comparative cost-effectiveness of public mental health interventions/policy choices

**Step 3: Methodology and work plan**

Using the call text and based on the specific objectives, please identify what methodologies should be employed, what activities should be planned and what outputs (results, including deliverables) should be produced. Accordingly, please complete the list of work packages (WP) and the list of deliverables below.

**Methodologies:**

* Literature review
* Data analysis
* Piloting / case studies
* Assessments (effectiveness, cost-effectiveness, socio-economic, behavioural)
* End-user/stakeholder involvement/empowerment, co-design, co-creation, social innovation

Activities:

* consolidating data from relevant sources and/or acquiring new data, and by reviewing existing methodologies
* Develop and implement (pilot and/or scale-up) interventions, which promote wellbeing and prevent mental illness
* Integration of care and coordination among different settings from communities to health care
* effectiveness of the interventions should be evaluated, inter alia, in terms of health outcomes, (comparative) cost-effectiveness, implementation facilitators and barriers
* disseminated via the most appropriate and effective media and communication channels
* 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
* networking and joint activities

**Table 3.1a: List of work packages**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Work package No** | **Work Package Title** | **Lead Participant No** | **Lead Participant Short Name** | **Person-Months** | **Start Month** | **End month** |
| 1 | Project Management and Coordination | 1 | GEO | 20 | 1 | 36 |
| 2 | Baseline Assessment and Mapping | 2 | UNI | 24 | 1 | 9 |
| 3 | Development of Interventions, Strategies and Tools | 4 | HEALTH | 48.5 | 6 | 18 |
| 4 | Piloting of Interventions | 5 | PUB | 89 | 18 | 30 |
| 5 | Monitoring and Evaluation | 7 | SSH | 32 | 15 | 32 |
| 6 | Dissemination and Exploitation | 9 | EM | 34 | 1 | 36 |
|  |  |  |  | Total person- months **247.5** |  |  |

**Table 3.1c: List of Deliverables**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Deliverable (number)** | **Deliverable name** | **Work package No.** | **Type**[[1]](#footnote-2) | **Dissemination level**[[2]](#footnote-3) | **Delivery date** |
| D1.1 | Project Management Toolbox | 1 | OTHER | SEN | M1 |
| D1.2 | Data Management Plan | 1 | DMP | SEN | M6 |
| D2.1 | Database of ecological disasters with an impact on mental health in Europe | 2 | R | PU | M6 |
| D2.2 | Repository of methodologies for the assessment of risks caused by transformations | 2 | R | PU | M9 |
| D3.1 | Citizens’ decision support toolset for wellbeing and prevention of mental illness  | 3 | OTHER | PU | M15 |
| D3.2 | Compendium of interventions for local communities | 3 | R | PU | M18 |
| D4.1 | Local piloting strategies | 4 | R | PU | M20 |
| D4.2 | Report on the implementation of the pilot interventions | 4 | R | PU | M30 |
| D5.1 | Monitoring and Evaluation Methodology | 5 | R | PU | M18 |
| D5.2 | Report on the cost-effectiveness of interventions | 5 | R | PU | M32 |
| D6.1 | Dissemination, Communication and Exploitation Plan | 6 | R | PU | M3 |
| D6.2 | Report on the networking and joint activities | 6 | R | PU | M18, 36 |

**Step 4: Expected Outcomes and Impact**

Please select at least two results from the previous step and indicate for each of them:

* The **needs** that the results will respond to;
* **Target groups / users** of the results;
* Which **expected** **outcome(s)** in the work programme topic the results will contribute to.

|  |  |  |  |
| --- | --- | --- | --- |
| Result | Needs | Target group / User | Outcome |
| Repository of methodologies for the assessment of risks caused by transformations  | To better anticipate new and emerging risks. | Academia working on mental healthPublic health authoritiesOther health stakeholders (e.g. private, non-governmental) | 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’ decision support toolset for wellbeing and prevention of mental illness  | To be able to make informed decisions and ensure self-care. | CitizensVulnerable groups | 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 self-management and self-care). |
| Report on the cost-effectiveness of interventions | To be able to make better and more effective plans, multiannual strategies, investment decisions. | Health care professionalsMinistries of healthLocal public health bodiesNational planning authorities (e.g. responsible for national strategies) | 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
 |

* Please also indicate the **impact(s)** the project should contribute to.

**Destination 1 – Staying healthy in a rapidly changing society**

Expected impact in the Strategic plan:

*“citizens of all ages stay healthy and independent in a rapidly changing society thanks to healthier lifestyles and behaviours, healthier diets, healthier environments, improved evidence-based health policies, and more effective solutions for health promotion and disease prevention”*

Proposals for topics under this destination should set out a credible pathway to contributing to staying healthy in a rapidly changing society, and more specifically to one or several of the following impacts:

1. Citizens adopt healthier lifestyles and behaviours, make healthier choices and maintain longer a healthy, independent and active life with a reduced disease burden, including at old ages or in other vulnerable stages of life.
2. Citizens are able and empowered to manage better their own physical and mental health and well-being, monitor their health, and interact with their doctors and health care providers.
3. Citizens´ trust in knowledge-based health interventions and in guidance from health authorities is strengthened, including through improved health literacy (including at young ages), resulting in increased engagement in and adherence to effective strategies for health promotion, diseases prevention and treatment, including increased vaccination rates and patient safety.
4. Health policies and actions for health promotion and disease prevention are knowledge-based, people-centred and thus targeted and tailored to citizens' needs, and designed to reduce health inequalities.

**Step 5: Dissemination, Exploitation and Communication**

For the selected results in the previous step, please indicate the potential exploitation route(s) along with the dissemination and communication tools and channels that can be used to reach the relevant target audiences.

|  |  |  |  |
| --- | --- | --- | --- |
| **Result** | **End-user(s)** | **Exploitation Route** | **D&C Tool and channel** |
| Repository of methodologies for the assessment of risks caused by transformations  | Same as above | Advancement of knowledge (academia)Internal use / policy implementation (public bodies) | Articles in publicationsPresentations / posters / leaflets at conferences |
| Citizens’ decision support toolset for wellbeing and prevention of mental illness  | Same as above | Societal use | Video on YouTube and other social platformsPresentation at local events/workshopsBlog posts on social media and other platforms/media |
| Report on the cost-effectiveness of interventions | Same as above | Evidence-based policy making | Policy briefs at Working group sessionsPresentations at workshopsArticles in policy magazines |

1. R: Document, report (excluding the periodic and final reports)

DEM: Demonstrator, pilot, prototype, plan designs

DEC: Websites, patents filing, press & media actions, videos, etc.

DATA: Data sets, microdata, etc.

DMP: Data management plan

ETHICS: Deliverables related to ethics issues.

SECURITY: Deliverables related to security issues

OTHER: Software, technical diagram, algorithms, models, etc. [↑](#footnote-ref-2)
2. PU – Public, fully open, e.g. web (Deliverables flagged as public will be automatically published in CORDIS project’s page)

SEN – Sensitive, limited under the conditions of the Grant Agreement

Classified R-UE/EU-R – EU RESTRICTED under the Commission Decision No2015/444

Classified C-UE/EU-C – EU CONFIDENTIAL under the Commission Decision No2015/444

Classified S-UE/EU-S – EU SECRET under the Commission Decision No2015/444 [↑](#footnote-ref-3)