

# Relevant Horizon Europe 2026 Cluster Health Calls for Prof. Volpe and Prof. Orsolini Group

Below we outline key 2026 Horizon Europe Cluster Health calls (Work Programme 2026-27) that align with the psychiatry research group's expertise. Each call includes the topic ID, title, call type, opening/deadline, a summary of scope/outcomes, and how the group could contribute.

## **HORIZON-HLTH-2026-01-DISEASE-02: Innovative Interventions to Prevent Harmful Effects of Digital Technologies on Mental Health of Youth (RIA)**

- **Call Type:** Research and Innovation Action (RIA)

**Opening & Deadline:** Opens 10 Feb 2026, deadline 16 Apr 2026 (single-stage call).

- **Relevance & Potential Group Role:** This call directly matches the group's **digital psychiatry and youth mental health** focus. Prof. Volpe's team could contribute as a **core clinical partner** or **WP leader** on intervention development and evaluation. For example, they can lead the design of a **digital phenotyping tool or mental health app** to monitor early warning signs of depression, NSSI, or social withdrawal in adolescents. They have expertise in **Internet/gaming addiction and social media-related psychopathology**, which would be invaluable in crafting interventions that counteract addictive online behaviors. The group could also spearhead a **clinical trial** site recruiting youth with depression or anxiety to test new e-health solutions, ensuring robust clinical validation. With their international collaborators (e.g. Harvard, Japan), they could broaden the project's reach – for instance, comparing youth digital behavior across cultures (feeding into the call's aim for generalizable insights). In a consortium, the team might act as **Digital Mental Health Work Package lead**, responsible for developing the intervention and analyzing mental health outcomes, while also guiding **stakeholder engagement** (youth, families, schools) given their experience in participatory approaches.

## **HORIZON-HLTH-2026-01-STAYHLTH-02: Behavioural Interventions as Primary Prevention for NCDs among Young People (RIA)**

- **Call Type:** Research and Innovation Action (RIA)

**Opening & Deadline:** Opens 10 Feb 2026, deadline 16 Apr 2026 (single-stage call).

- **Relevance & Potential Group Role:** The group's expertise in **youth mental health** and **digital tools** positions them as a valuable partner to integrate mental well-being into NCD prevention. They could take on a role as **Digital Intervention Lead**, designing a scalable mobile app or online platform for youth that delivers behavioral health coaching, psychoeducation, or gamified challenges to promote healthy habits (e.g. managing stress, reducing social isolation, encouraging physical activity). Their background in conditions like depression, loneliness, and *hikikomori* (social withdrawal) means they can ensure that mental and social health are addressed alongside physical health. For example, they might lead a **Work Package on mental health promotion** within a larger project, developing personalized digital content that helps at-risk youth (those feeling isolated or experiencing depressive symptoms) build resilience as part of NCD prevention. As a **clinical partner**, the team can pilot these interventions in their adolescent psychiatry clinics or local schools, contributing real-world data. Moreover, their experience with **international mental health systems** would allow them to compare intervention outcomes across different countries or cultural contexts, which can strengthen the project's applicability. In summary, the group could serve as the **consortium's expert on digital youth engagement**, ensuring the project's prevention strategies effectively target psychological determinants of NCD risk.

## **HORIZON-HLTH-2026-01-DISEASE-09: Multisectoral Approach to Tackle Chronic NCDs Beyond the Health System (GACD) (RIA)**

- **Call Type:** Research and Innovation Action (RIA), Global Alliance for Chronic Diseases (GACD) call

**Opening & Deadline:** Opens 10 Feb 2026, deadline 16 Apr 2026 (single-stage call).

- **Relevance & Potential Group Role:** The Volpe/Orsolini group could play a key role by focusing on **mental health as a chronic NCD** to be addressed in non-clinical settings. For example, they might lead a pilot where a **mental health intervention is embedded in schools or community programs** – aligning with their work on youth depression, social withdrawal, and self-harm prevention outside hospitals. They could act as a **clinical and implementation partner**, bringing their psychiatric expertise to a consortium led perhaps by public health or social science teams. One role could be to lead a **Work Package on digital community-based interventions**: for instance, using a smartphone app or online platform to deliver mental health support in workplaces or universities (leveraging their experience developing digital tools and biomarkers). Their strength in **stakeholder engagement** would be valuable for coordinating across sectors – they have collaborated with educators, patient groups, and policymakers, which is crucial for a multisectoral project. Additionally, because this call encourages global partnerships, the group's connections with international institutions (e.g. in Japan and the US) and knowledge of transcultural psychiatry can help design interventions that are culturally adaptable and facilitate LMIC partnerships. In practical terms, they could contribute by implementing a mental health module within a broader NCD program (for example, adding a depression prevention component to a community diabetes or cardiovascular initiative). By doing so, the team would ensure mental well-being is not overlooked and provide data on mental-health outcomes. **Potential role:** WP leader for mental health integration, responsible for evaluating how a multisector approach (like a school-based mental wellness curriculum or an anti-loneliness community campaign) impacts psychological and physical health outcomes. Their involvement would help the consortium address NCDs in a truly holistic way that includes behavioral and mental health determinants.

## **HORIZON-HLTH-2026-01-CARE-03: Identifying and Addressing Low-Value Care in Health and Care Systems (RIA)**

- **Call Type:** Research and Innovation Action (RIA)

**Opening & Deadline:** Opens 10 Feb 2026, deadline 16 Apr 2026 (single-stage call).

- **Relevance & Potential Group Role:** While this call is broader than mental health, the Volpe/Orsolini group can contribute **domain-specific expertise to identify low-value practices in psychiatry**. For instance, in mental health care there may be outdated treatments, over-prescription of certain medications, or underuse of effective psychosocial interventions – the group could lead an analysis to pinpoint such gaps. They could act as a **clinical case study site**: implementing a quality improvement program in their psychiatric department to reduce an identified low-value practice (e.g. curbing unnecessary benzodiazepine prescriptions in youth, or stopping redundant lab tests for psychiatric inpatients). By doing this, they'd generate data on how cutting low-value care affects patient outcomes and satisfaction in mental health. The team's experience across **different health systems internationally** would allow them to compare what is considered low-value in various contexts, informing more generalizable recommendations. In the consortium, they might spearhead a **Work Package on clinical implementation** – training mental health professionals to adopt new guidelines and measuring the change. For example, Dr. Orsolini could lead training workshops for clinicians on deprescribing habits, given her clinical background, while Prof. Volpe's academic insight can help develop evidence-based indicators of low-value care (perhaps using their research data to define when an intervention is not effective). Their stakeholder engagement skills are also relevant: reducing low-value care often requires **changing clinician and patient mindsets**, so the group could manage patient/community outreach to educate why certain practices (like

excessive use of social media by patients for health advice, or overuse of certain therapies) should be curbed. **Possible roles** for the team include: clinical partners providing real-world test beds for interventions, leaders of a mental health-focused sub-study, and contributors to developing policy guidelines ensuring mental health is represented in the overall framework for high-value care . By participating, the group ensures that mental healthcare is improved alongside other fields, and that any solutions developed by the project are applicable to psychiatric services as well as somatic medicine.