

Highlight notice – COVID-19 and mental health

UKRI and NIHR have launched a [rolling call for rapid research proposals](#) that address emerging priorities in response to COVID-19 and have potential to deliver health impacts within 12 months. This highlight notice has been launched under this call.

Background

Mental health research is critical to better understand the impact of the COVID-19 pandemic on psychological, psychiatric and social functioning, and how to effectively mitigate this impact. Extant research, including studies of previous stressful and traumatic events, indicates that the pandemic will likely have negative effects on individual and population mental health. Emerging findings from general population surveys currently being conducted have highlighted concerns about the effects of social isolation on wellbeing for example, and increased levels of anxiety and depression symptoms compared to usual reported levels¹². There is also concern about the effect of the pandemic on particularly vulnerable groups, including frontline health and social care workers. Furthermore, there is evidence that coronavirus infection can cause acute neuropsychiatric syndromes and in the longer term is often followed by high levels of depression, anxiety and PTSD in recovering patients³.

We need research that can rapidly identify those groups – in the population and clinically – that are at greatest risk of adverse outcomes, accurately characterise the nature of their vulnerability and need, and effectively support them in ways that reduces the mental health impacts of the pandemic, reducing psychiatric morbidity and promoting wellbeing.

The Academy of Medical Sciences and MQ: Transforming mental health have already convened a group that has outlined a number of mental health research priorities relevant to COVID-19. The resulting Lancet Psychiatry position paper⁴ presents some key areas of immediate and longer-term priority, across all areas of mental health science from neuroscience to social science.

This highlight notice is to call for research proposals with potential for significant public mental health impact within 12 months and encourage proposals focussing on preventative approaches/interventions. The aim is to reduce the emergence of new, and exacerbation of existing, mental health problems, and to improve outcomes for those whose mental health has already been adversely impacted by the COVID-19 pandemic.

Topic

We welcome research proposals focused on the rapid identification and mitigation of the acute mental health effects of the COVID-19 pandemic. This includes understanding how the measures imposed to reduce the spread of the virus in the UK stand to impact on immediate mental health, and the role of other factors, including but not limited to, SARS-CoV2 infection, stress, stigma, isolation, bereavement and trauma (including trauma following ICU treatment in COVID-19 patients with severe illness). Identifying those psychological, social

¹ Ipsos MORI. Covid-19 and mental wellbeing. 2020. <https://www.ipsos.com/ipsos-mori/en-uk/Covid-19-and-mental-wellbeing>

² Fancourt *et al.* 2020 Covid-19 Social Study <https://www.marchnetwork.org/research>

³ Rogers *et al.* 2020 Psychiatric and neuropsychiatric presentations associated with severe coronavirus infections: a systematic review and meta-analysis with comparison to the COVID-19 pandemic. The Lancet Psychiatry.

⁴ Holmes *et al.* 2020 Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. The Lancet Psychiatry

and biological factors associated with vulnerability and resilience is also critical if we are to intervene effectively and mitigate the short- and medium-term risks of mental ill-health.

Proposals may take a whole population view and examine the impacts on, for example, anxiety, depression, self-harm, suicide, addiction and eating disorders. However, research is particularly encouraged which focuses on groups who may be more vulnerable such as frontline health and social care staff and other groups of key workers, people with existing mental health problems, those who recover from COVID-19, BAME populations and those experiencing social inequality such as lack of employment, housing or existing health inequalities.

Research could include, for example:

- Analysis of existing, or newly collected/linked, representative data sets to understand differential mental health outcomes for certain groups and identification of modifiable risk and protective factors. Outputs will be expected to demonstrate potential for public health impact within 12 months e.g. helping policy makers understand the extent and distribution of need to guide responses or informing the implementation of effective intervention/prevention strategies.
- Identification, development and evaluation of evidence-based interventions (both digital and non-digital) that can be delivered at scale under pandemic conditions to reduce mental health issues and improve health, both adapted and repurposed. This includes interventions and preventative approaches and rapid identification of the best methods that can optimise behaviour change (if appropriate) and help people to manage their mental health.
- Validation of biomarkers that can be used to measure the effects of viral infection and inflammation on the brain and predict therapeutic responses to interventions targeting biological mechanisms of mental health problems in those who recover from COVID-19 (including depression, anxiety, PTSD and neuropsychiatric syndromes).

Applicants should, where possible, take advantage of existing COVID-19 platform studies, cohorts and other longitudinal population studies with prospective mental health measures, data platforms and administrative data. Collaboration across groups, sites and centres is encouraged to enhance representative population coverage (including black and minority ethnic groups) and the range of data available to comprehensively address key questions.

Note that if new data collection is required, either as part of a new or existing study, it must generate important information unavailable elsewhere. It is a requirement that data collected should be analysed within the period of the award to rapidly inform policy and practice needs. However, it is also acceptable for data collected to include evidence valuable for informing understanding of the long-term mental health impacts beyond the lifetime of the grant. All data collected should be deposited for re-use in suitable data archive(s) where feasible.

Ambitious proposals aimed at developing a platform, or establishing consortia, to bring together the expertise of multiple groups, centres and/or disciplines to coordinate and address a number of these priority areas in parallel and accelerate opportunities for impact are welcomed.

Meaningful collaboration with, and involvement of, those affected by the research, including patients, people with lived experience of mental health problems, carers and the public will be imperative to bringing about real-world impacts against these priority areas. Interdisciplinary research is welcomed, where appropriate.

Research needs to be timely, with potential to deliver public health impacts within 12 months, particularly to mitigate poor outcomes for the most vulnerable groups.

The Panel will look across the range of proposals to ensure there is no duplication and may request, where similar work is proposed, that academic groups/institutions join together to capitalise on the expertise and improve the scope and outcomes of the research.

How to apply

This highlight notice will be supported through the joint DHSC/UKRI COVID-19 rapid response initiative rolling call. Details of this call, including eligibility and how to apply, are [available on the MRC and NIHR website](#).

All applications will be reviewed by a group of appropriate subject matter experts. To enable simultaneous consideration of as many relevant applications as possible, applications should be submitted by 9am on 22nd June 2020.

We will aim to notify applicants of outcomes in mid-July.

Any queries should be directed to ccf-nCoV@nihr.ac.uk.

Applicants should not wait for badging from the Urgent Public Health Group before submitting an application for funding.

This highlight notice supports [NIHR's single, national prioritisation process for COVID-19 research](#), to prevent duplication of effort and ensure that the resources and capacity of health and social care systems are not exceeded.

Other funding routes

Where important mental health research addressing COVID-19 has potential to make a significant contribution to the understanding of, and response to, the outbreak **but not** within a 12-month time frame, other routes for funding through UKRI and NIHR programmes are available:

- The [UKRI rolling call](#) is for proposals that need to start now, either for sample/data collection within the pandemic context, or for research to address mental health impacts that will manifest over longer than a 12-month period.
- Standard UKRI Response mode funding support should be sought for applications with potential mental health impacts beyond 18 months
- The NIHR will shortly be inviting applications for research to support system recovery and learning specifically on health outcomes, public health, social care and health service delivery across the UK, informing policies and helping mitigate the impact of subsequent phases and aftermath of COVID-19. Mental health research applications will be in scope and will be expected to measure outcomes within 24 months.

Where important mental health research is focused primarily on an international context, the following funding routes may be more appropriate:

- Proposals addressing and mitigating the mental health impacts of the COVID-19 outbreak in Low and Middle Income Countries should apply to the [GCRF/Newton Fund Agile Response Call](#) and the [Global Effort on COVID-19 \(GECO\) Health Research](#).