

Call for proposals

Joining Forces: Psychiatry &
Neurology

2026-2027

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1. Mission of the Brain Foundation

The Brain Foundation is dedicated to ensuring healthy brains for everyone. For over 30 years, the foundation has connected different brain disorders, recognizing that insights gained from one condition can benefit many others. To achieve this, we collaborate with scientists, healthcare professionals, experts, patients, and the public. Together, we develop solutions to keep brains healthy, treat brain disorders more effectively, and help individuals with brain conditions participate fully in society.

2. Problem definition

In the Netherlands, one in four people is affected by a brain disorder, including nearly 2.5 million individuals living with a mental health condition¹. In addition, psychiatric symptoms and disorders frequently co-occur with neurological brain disorders. These conditions often have a profound impact on daily functioning, quality of life, and participation in society. Despite their prevalence and impact, our understanding of the biological, psychological, and social mechanisms underlying the development and persistence of psychiatric symptoms remains limited. It is also unclear how these factors interact and contribute to disease trajectories. As a result, we still do not fully understand why some people with a brain disorder develop psychiatric symptoms, why these symptoms persist or worsen in others, or which mechanisms offer the most promising targets for intervention.

Although psychiatric symptoms are common among people with neurological brain disorders, neurological and psychiatric conditions are still often studied from separate scientific and clinical perspectives. Closer collaboration between these disciplines could provide important insights into the mechanisms underlying psychiatric symptoms in neurological disorders and help identify new opportunities for treatment.

Examples of psychiatric symptoms associated with neurological brain disorders include:

- In addition to the characteristic motor symptoms of Huntington's disease, individuals may experience a wide range of psychiatric symptoms, including depression, anxiety, and psychosis. It is estimated that approximately 38% of people with Huntington's disease experience depressive symptoms².
- Migraine has been associated with various psychiatric disorders. For example, people with migraine are more than 2.5 times as likely to develop depression compared with individuals without migraine. Anxiety disorders are also two to five times more common among people living with migraine³.

3. Aim of the call for proposals

This funding call aims to advance our understanding of the biological, psychological, and social processes that contribute to the development and persistence of psychiatric symptoms and disorders in people with neurological brain disorders. By improving our understanding of these underlying mechanisms, new targets for intervention can be identified and validated, ultimately

¹ Source: <https://www.vzinfo.nl/hersenaandoeningen>

² Source: Zadegan, S. A., Ramirez, F., Park, J. W., Rocha, N. P., Furr Stimming, E., & Teixeira, A. L. (2025). Frequency of depression in Huntington's disease: A systematic review and meta-analysis. *Journal of Huntington's disease*, 14(1), 43-58.

³ Source: Minen, M. T., Begasse De Dhaem, O., Kroon Van Diest, A., Powers, S., Schwedt, T. J., Lipton, R., & Silbersweig, D. (2016). Migraine and its psychiatric comorbidities. *Journal of Neurology, Neurosurgery & Psychiatry*, 87(7), 741-749.

supporting the development of more effective treatments and recovery strategies. The call therefore encourages research that links mechanistic insights to the development, refinement, or evidence base of therapeutic interventions.

The funding call promotes multidisciplinary research that brings together expertise from psychiatry, neurology, and other relevant disciplines. In addition, the knowledge generated may contribute to a broader understanding of psychiatric disorders both within and beyond the context of neurological brain disorders, thereby creating wider impact across the field of psychiatry.

The funding call seeks to support research that:

- advances our understanding of the biological, psychological, or social factors that contribute to the development and persistence of psychiatric symptoms and disorders;
- identifies and validates targets for intervention, while explicitly linking insights into underlying mechanisms to clinical application;
- fosters integration between psychiatry and the broader field of neurological brain disorders;
- generates transdiagnostic insights that are relevant across multiple psychiatric and/or neurological disorders, with a particular focus on the complex interplay between biological, psychological, and social mechanisms.

4. Requirements

4.1. *Needs-driven research*

The funding application should be aligned with the needs of the target group. Applicants are expected to involve the target group in the development of the project idea and later in the preparation of the full proposal. This may include advising on and contributing to decisions regarding the relevance of research questions, study design, and the burden placed on research participants. Involvement of the target group throughout the project is encouraged, for example through participation in the project team or users' committee. The target population includes lay experts, such as (former) patients, family members and other informal caregivers, and representatives of patient organizations (see "11.1. Project idea").

4.2. *Psychiatric and neurological brain disorders*

- The project should focus on a neurological brain disorder with a primary cause in the brain. Neurological disorders with a primary cause in the spinal cord or peripheral nervous system, and muscle diseases (primarily) fall outside the scope of the Brain Foundation.
- The brain is defined as the part of the central nervous system located within the skull, including the meninges, pituitary gland, and pineal gland. The spinal cord, eyes, and the skull itself are excluded.
- The research must focus on psychiatric symptoms or psychiatric disorders occurring in people with a neurological brain disorder. The psychiatric condition should be studied within the context of the neurological brain disorder.
- The research must generate insights into the mechanisms underlying psychiatric symptoms or disorders in people with a neurological brain disorder.

We advise you to contact us early on if you are not sure whether the disorder on which your project idea is based falls within the scope of the Brain Foundation.

4.3. *The biopsychosocial model*

This funding call focuses on research into the biological, psychological, and social mechanisms that influence psychiatric symptoms and disorders in people with a neurological disorder. The knowledge generated should ideally be relevant beyond a single disorder and may contribute to a better understanding of multiple psychiatric disorders and/or neurological brain disorders. Applicants must clearly describe which mechanism(s) within the biopsychosocial framework are central to the proposed research, explain their relevance, and outline how they will be investigated. Mechanisms are grouped into the following three domains:

Biological mechanisms

Biological mechanisms refer to processes within brain networks, brain cells, or physiological systems that influence behavior, mood, or cognition. Examples of mechanism domains include:

- Network disruption: alterations or impairments in the structure or functioning of brain networks.
- Neuroinflammation: inflammatory processes within the brain.
- Neurotransmitter dysregulation: disturbances in neurotransmitter systems, such as dopamine, serotonin, or GABA.
- Dysregulation of the stress system: alterations in cortisol dynamics and stress responsiveness.
- Sleep: disruptions in sleep architecture or sleep-wake regulation.

Psychological mechanisms

Psychological mechanisms refer to processes related to cognition, behavior, and emotion that influence symptoms, functioning, or quality of life. Examples of mechanism domains include:

- Emotion regulation: difficulties in managing emotional responses.
- Coping and behavioral responses: patterns such as avoidance, passivity, or overcompensation.
- Cognitive dysregulation: impairments in attention, cognitive flexibility, or executive functioning.
- Learning processes: mechanisms related to conditioning, habit formation, and reward processes.
- Basic psychological needs: factors related to autonomy, competence, and relatedness.

Social mechanisms

Social mechanisms refer to contextual factors and processes that influence symptoms, functioning, or quality of life. Examples of mechanism domains include:

- Living conditions and socioeconomic status: socioeconomic factors that shape exposure to stress, access to healthcare, and overall functioning.
- Interpersonal dynamics: interactions with family members, caregivers, and others that may exacerbate or alleviate symptoms.
- Healthcare experiences and treatment history: the influence of previous healthcare encounters and treatments on functioning and disease course.
- Chronic stressors: ongoing demands and stress related to work, financial circumstances, changing social roles, or dependency on others.
- Living with a chronic condition: the impact of disease burden, uncertainty about the future, stigma, changes in daily roles and responsibilities, access to healthcare, and the challenges associated with long-term care.

4.4. *General conditions*

- The proposed research should preferably involve human participants. The research should focus on patients or patient-derived materials, models, data, or systems.
- Where relevant, the research should consider diversity and inclusivity in the study population, including factors such as sex, gender, age, ethnicity, and socioeconomic background. By including different demographic and biological factors in the research, the findings can be translated into treatments and interventions that are broadly applicable and relevant to different groups. If consideration of these factors is not possible or not applicable, this should be clearly explained and justified in the application.
- If animal experiments are part of the grant application, it must be thoroughly substantiated how this aligns with the human situation and contributes to the objectives of this call. This type of research will only be funded if it is a necessary step toward developing a treatment.

4.5. *Multidisciplinary collaboration*

- Multidisciplinary collaboration between relevant disciplines and areas of expertise is a mandatory requirement of this funding call. All disciplines essential to the proposed research must be directly involved in the project, including, at a minimum, expertise related to both the psychiatric symptoms or disorder and the neurological brain disorder.
- Multicenter approach: collaboration between multiple centers is preferred, as this increases the likelihood of implementation and scaling.
- If relevant for the project, parties such as private partners (e.g., bio- and/or medtech companies) and healthcare institutions (e.g., non-academic hospitals, rehabilitation centers, or nursing homes) may also be included.
- International collaborations are permitted; however, overall project leadership must remain with a Dutch institution.
- Co-funding from project partners, in addition to the requested funding from the Brain Foundation, is allowed and should be specified in the application.

5. Exclusion

This funding call specifically aims to advance understanding of the biological, psychological, and social mechanisms that contribute to the development, persistence, or worsening of psychiatric symptoms and disorders in the context of neurological brain disorders. Studies that do not align with this mechanistic focus fall outside the scope of the call. The following types of research are excluded from funding:

- Descriptive or exploratory studies that do not investigate underlying mechanisms.
- Intervention studies that focus exclusively on demonstrating efficacy or effectiveness, without investigating the mechanisms of action underlying the intervention.
- Studies addressing non-neurological somatic comorbidities (e.g. cardiovascular or metabolic diseases).
- Studies focused solely on psychiatric disorders without a clear link with a neurological brain disorder.
- Research conducted within a single discipline (e.g. only psychiatry or neurology) and lacking a multidisciplinary approach.

6. Assessment criteria

6.1. *Relevance*

- Alignment of the research question with the needs of the target population, demonstrated through consultation with at least three individuals with lived experience and/or a relevant research or knowledge agenda developed by the target population
- Contribution to a significant medical and/or societal unmet need
- Application-oriented approach and potential for implementation, with involvement of relevant stakeholders

6.2. *Patient participation and involvement*

- Early and continuous involvement of the target group
- Clearly defined and realistic user groups
- Representativeness and inclusiveness of the patient groups
- Feasibility and acceptable burden for participants, including clear communication

6.3. *Scientific quality*

- Clear, testable hypothesis appropriate for the research stage
- Adequate theoretical and/or empirical justification
- Appropriate study design and methodology
- Well-supported selection of the study population
- Justification of the sample size using a power analysis

6.4. *Feasibility*

- Realistic timeline, milestones, and expected outcomes
- Appropriate expertise within the project team
- Realistic inclusion and exclusion criteria, recruitment rate, and implementation (if applicable)
- Clearly defined outcome measures aligned with the research question
- Clear risk analysis and realistic mitigation strategies

7. Who can apply?

Grants are awarded to knowledge institutions, not to individuals. Applications can be submitted jointly by multiple parties, provided the following conditions are met:

- **Lead applicant:** Must have a permanent position at a knowledge institution, such as a Dutch university, academic hospital, or university of applied sciences and is responsible for the administrative and financial management of the project.
- **Scientific lead:** The lead applicant is also the scientific lead and provides overall scientific direction for the project. This person will be evaluated based on experience, expertise, and the ability to effectively lead a multidisciplinary project throughout the entire project duration.
- **Co-applicants:** Can be employed at knowledge institutions, healthcare institutions, companies, or patient organizations.
- **Number of applications:** One application can be submitted as a lead applicant or co-applicant.
- **Companies:** Can only receive grants for material costs. No profit margins, overhead, or markup percentages will be reimbursed.

- **Previously rejected applications:** Full applications may not be resubmitted. Project ideas that were previously rejected may be resubmitted, provided that the resubmission clearly demonstrates substantial improvements.

8. Budget

A maximum of €500,000 per project can be requested for a project with a duration of 2 to 4 years. The requested budget must be proportionate to the project plans. If there are more fundable project applications than available financial resources, the Brain Foundation may consider, in collaboration with the applicants, organizing fundraising activities to secure additional resources. No guarantees are provided for this.

9. Budgeting

The budget must provide a clear overview and explanation of all project income and expenditure. Costs can be divided into:

- **Personnel:** The grant can be used to fund scientific and support staff.
- **Bench fee:** A maximum of €5,000 for PhD students and senior researchers to cover promotion costs and conference attendance.
- **Materials and consumables:** Only direct material costs will be reimbursed.
- **Ethics review costs (METC/CCD):** For projects requiring approval from a METC or a license from the CCD, up to €3,000 may be included in the budget for the application process.
- **Compensation for research participants and lay experts:** Include appropriate financial compensation in the budget for individuals participating in scientific research and for the involvement of lay in the project.
- **Implementation costs:** Reserve up to 5% of the budget for publishing Open Access, implementation of results, and other required consultations.

9.1. *Personnel*

It is possible to use the grant to hire both scientific and non-scientific staff. This may include support staff, such as technical or support personnel, and healthcare personnel directly involved in executing the study. For personnel costs, the agreement allows reimbursement for the duration of the research to hire researchers and/or support staff. Salary costs for scientific personnel will be calculated based on the 2008 agreement 'Funding of Scientific Research' with the Universities of the Netherlands (UvN), with the ZonMw addendum for UMCs. A distinction is made between UvN institutions (e.g., universities) and UMCNL institutions (e.g., UMCs).

For UvN institutions, the following functions apply: PhD candidate, senior scientific employee, non-scientific employee (senior secondary vocational education), non-scientific employee (university of applied sciences), and non-scientific employee (academic).

- [Salary table Dutch universities 2026](#)

For UMCNL institutions, the following functions apply: PhD candidate, postdoctoral researcher, (medical) researcher, non-scientific staff (vocational education), non-scientific staff (higher professional education), and non-scientific staff (academic).

- [Salary table Dutch UMCs 2026](#)

If more recent salary scales become available, these may be applied.

For the reimbursement of other functions, the actual salary component will be used, provided the necessity for the role in the project is well justified in the project application and supported by referees. Such personnel costs include:

- Actual salary costs per year of the personnel directly involved in the project; specify the salary scale, the level of placement, and the working hours factor, and calculate twelve times the gross monthly salary.
- A 40% surcharge on salary costs to cover additional personnel costs. This includes social security contributions, year-end bonuses, a 13th-month salary, vacation pay, unemployment benefits, sickness risk, advertising and recruitment costs, commuting expenses, parental leave and allowances, other leave costs, training costs, HR support, bonuses, domestic business travel, death benefits, social activities, relocation and installation costs, health insurance allowances, and project termination costs.
- If the placement level of the involved personnel is not yet known, the salary costs will be calculated at the midpoint of the scale. If the level is known, the actual placement will be used.
- In project budgets, an annual salary increase of no more than one step and an inflation adjustment of 2% per year should be assumed. Final accounting will consider actual costs incurred, within the maximum grant amount. Significant deviations due to unpredictable inflation may lead to further consultation.

9.2. Personal bench fee

PhD candidates (based on a four-year appointment) and senior scientific staff (based on a two-year appointment) will receive a personal bench fee of €5,000 for the entire project duration. For shorter appointments, the bench fee will be proportionally allocated. The bench fee is intended for promotion costs and (international) conference attendance. The bench fee is allocated to the project executor but made available through the project leader. The executor is entitled to the bench fee. The use of the bench fee must be agreed upon between the project leader and the executor. For PhD candidates, the bench fee includes printing costs for the dissertation, therefore, no separate reimbursement for these costs can be requested. The bench fee may be used as deemed necessary by the project leader and researcher conducting the project.

9.3. Materials, Equipment, and Consumables (specified)

Material costs are reimbursed according to the amounts awarded in the grant. Only direct material costs, as requested and approved, are reimbursed. Infrastructure costs (housing, office automation) and overhead are not covered. Applications for new equipment purchases are not granted, but usage costs for equipment may be included.

9.4. Ethics review costs by the METC/CCD

For medical scientific research involving human participants, approval from an accredited Medical Research Ethics Committee (METC) is required. For research involving animal experiments, a project license from the Central Authority for Scientific Procedures on Animals (CCD) is required. Relevant questions on this topic are included in the full application form. Applicants are advised to determine at an early stage whether ethics approval or a license is required for their project. According to our grant conditions, a project requiring such approval cannot begin participant or animal inclusion without providing a copy of the approval. For the application of the METC statement or a CCD permit, you can budget up to €3,000 per application, substantiated by applicable rates. Reassessment costs cannot be charged and are at your own expense. Information about the METC can be found at the [Central Committee on Research](#)

Involving Human Subjects (CCMO). Information about project licenses for conducting animal procedures can be found on the website from the CCD.

9.5. *Compensation for research participants and lay experts*

Costs related to both research participants and lay experts may be included in the project budget. These costs are intended to compensate research participants for their time and contribution and to facilitate the involvement of lay experts throughout the project. Examples include:

- Financial compensation for research participants
- Reimbursement of expenses for lay experts contributing to the project
- Travel reimbursement for research participants and lay experts
- Costs associated with the organization of users' committee meetings
- Materials and activities aimed at disseminating research findings to patients, individuals with lived experience, family members and informal caregivers, and the general public

9.6. *Implementation costs (specified)*

Part of the budget must be reserved for the additional requirements we set for project execution (the guideline is a maximum of 5%). These costs must be proportionate and may include:

- Costs for Open Access publications
- Implementation and embedding of results
- Consultations with regulators

9.7. *What is not covered?*

- Salary/costs of applicants with a permanent position at a knowledge institution.
- Overhead costs
- Infrastructure costs
- Purchase of new equipment
- Travel and accommodation expenses for conferences (these costs are covered by the bench fee)
- Training costs

10. Co-financing

Expenses that are not covered by the Brain Foundation's requested budget but are still necessary for the project are listed as 'Other Financing' in the budget. For contributions from co-financiers (in-kind/in cash), you are required to provide written confirmation from the co-financier for the relevant budget item. Co-financing is not mandatory unless the budget requires it.

A condition for co-financing is that the Brain Foundation is the main financier and approves the co-financing. Financiers whose goals conflict with those of the Brain Foundation or who damage the foundation's reputation are excluded. If a grant or other financial contribution for the same activities is requested from other parties, the lead applicant must report this in the project application, including the current status of the assessment of that application(s). If other financial sources are found for the project application at a later stage, the Brain Foundation must be informed as soon as possible, and a revised budget will be discussed.

Note: substantially changing the originally submitted plan and budget or failing to inform the Brain Foundation on time may result in reconsideration of a (provisional) grant award.

11. Procedure

11.1. *Project Idea*

For this grant call, a pre-selection is made using a project idea form for submitting project ideas. In addition to this form, one or both of the following documents must be submitted:

- Knowledge agenda form (NL: formulier kennisagenda): check if there is a relevant knowledge agenda, developed by a patient and/or family caregiver organization, containing research priorities and needs that have been systemically gathered from the people the organization represents. Ensure that your project idea aligns with these priorities and needs.
- Needs-driven advise form (NL: formulier behoeftegedreven advies): if no relevant knowledge agenda exists, consult at least three lived experience experts for advice on needs and relevance to form the basis of the project idea.

These project ideas with attachments are submitted to the review committee, consisting of members of the Advisory Council on Science & Innovation (AWI) and members of the Advisory Council of Lay Experts (AvE). The goal of the project idea step is to select the most relevant, suitable, and promising ideas. Submitted project ideas must meet the established criteria and conditions. Members of the AWI and AvE from the Brain Foundation assess the project ideas on relevance and whether they meet the established conditions for project applications. The applicants with the most promising project ideas will be invited to submit a project application via our digital application system.

11.2. *Project application*

If invited to submit a full project proposal, applicants are requested to ask lived experience experts for advice on feasibility, workload, inclusion criteria, and ethical issues regarding the study's feasibility for participants. Project applications are evaluated by at least two external (international) experts for quality, feasibility, and relevance, and by experts on relevance, feasibility, and usability for the target group. For the lay experts, a lived experience expert form (NL: ervaringsdeskundigenformulier) is filled out in generally understandable Dutch. Based on the comments of the reviewers and the lay experts, the applicant may submit a rebuttal. All comments and the rebuttal will be submitted to the AWI and AvE for advice. During this writing period, the Brain Foundation offers the EATRIS mentoring program.

11.3. *EATRIS mentoring program*

EATRIS is a European non-profit organization that focuses on improving and optimizing the preclinical and early clinical development of medicines, vaccines, and diagnostics, and overcoming barriers to health innovation.

During the project application writing phase, EATRIS organizes digital sessions where grant applicants receive personal advice from experts on which activities should be undertaken in the project to increase the chances that patients will ultimately benefit from the results. This may include legal regulations or intellectual property (IP) strategies.

The EATRIS mentoring program supports researchers in the early identification of potential bottlenecks in the translation to clinical practice, such as regulatory requirements, intellectual property, product development, and implementation in healthcare. By taking these conditions into account during project development, projects become more realistic and feasible. The Brain

Foundation uses this program to strengthen the translational potential of funded research, reduce risks, and maximize the likelihood that promising research outcomes ultimately reach patients.

Participation in the mentoring program is **mandatory**. This advice is provided by the Brain Foundation to research groups to increase the chances that results find their way to patients. This mentoring program is not part of the evaluation process.

11.4. Allocation

Based on the evaluation by external reviewers, lay experts, and the rebuttal, the AWI and AvE will issue a final recommendation to the board of the Brain Foundation. The board will then make a final decision. No appeal is permitted against the outcome in this procedure.

11.5. Timeline

The submission of a project application consists of the following steps:

- **Step 1:** Submission of a project idea

The deadline for submitting a project idea is **Monday 11 January 2027, CET 10:00**. Project ideas can be submitted via aanvraag@hersenstichting.nl. Only project ideas submitted using the template '*Project Idea Form - Joining Forces*' will be considered.

- **Step 2:** (by invitation) Submission of a full application

The deadline for submitting the full application is **Monday 26 April 2027, CET 10:00**. The application must be submitted via our digital application system. All required documents can be found on our [website](#).