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# Webinar Report

## *Breaking Barriers: Tackling Mental Health Stigma Through E-Inclusion*

**07 October 2025 // 11:00 AM - 12:30 CET**
***Held via Zoom Webinar (University of Copenhagen)***

**Hosted by:**
RECONNECTED Project (https://reconnected-project.eu/)

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**Co-organised by:**
Advance (www.advancementalhealth.ku.dk)
ASP-Belong (www.augmentedsocialplay.com)
BootStrap (www.internetandme.eu)
IMPROVA (www.improva-project.eu)
RECONNECTED (www.reconnected-project.eu)
SMILE (www.horizonsmile.eu)
MENTBEST (https://mentbest.com/)

**Key Statistics:**
110 registrations
76 unique viewer

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Webinar Series #5 Webinar Report

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*Important Note: The following two opening speeches have been transcribed using NoteChatGPT. There may have been inconsistencies and errors during the process. If you wish to use any of these quotes, please consult with the recording and seek approval from the panellist/s / moderator/guest speaker before publishing any written material/s (e.g., news and feature articles).*

## Welcome & Programme Overview

**Prof. Dr. Annet Kleiboer**
***Vrije Universiteit Amsterdam (RECONNECTED)***

*Hello everyone. Good morning and welcome to the fifth webinar in our Mental Health Dialogue Series, which focuses on how to tackle mental health stigma through new digital technology. My name is Annet Kleiboer and I'm the Principal Investigator of the Reconnected project and a Professor in Clinical Psychology at the Vrije Universiteit in Amsterdam in the Netherlands and I'll be moderating this session today. We talk about stigma. We probably all know that Mental Health Stigma is important. However, Mental Health Stigma is also complex, and it has many layers, and I hope we can discuss some of these today.*

*When we talk about Mental Health Stigma, what we mean is the negative attitudes, stereotypes, and unfair treatment that people with mental health challenges face from society. These harmful views can make others feel left out, ashamed or seen as dangerous or not normal. When people believe these negative ideas about themselves, we talk about self-stigma, which is also a problem. This may make people feel embarrassed or afraid to ask for help because they worry others will judge them or think they are weak. Since long, digital tools for Mental Health such as online platforms or apps have been introduced as a way to reduce stigma by offering more privacy, flexibility and control. And often they include parts on normalization of problems. They allow people to seek support without fear of being seen or judged. But are these tools really living up to these expectations? Do they reach the people who feel most stigmatized? And are there unintended consequences to relying on digital solutions such as missed opportunities for human connection or isolation?*

*These are some of the questions we will explore together today. Mental Health stigma is not a simple problem. There's not a quick fix. It really requires honest conversations, discussions, and thoughtful strategies. Now, we're happy to have you join us today for this important discussion organized by the seven Horizon Europe projects under the European Commission's call Boosting Mental Health in Times of Change. These seven projects Advance, Smile, Mentbest, Reconnected,*

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*Improva, BootStrap and ASP belong are all powered by the European Health and Digital Executive Agency HADEA.*

*The Mental Health Dialogue series is a space where researchers, practitioners, policy makers, and end users come together to discuss the latest trends, challenges and advancements in mental health care. As we've already seen that in the previous sessions. In today's edition, we will explore how digital mental health solutions can challenge stigma among vulnerable populations in Europe. We talk about strategies to reduce stigma, but also about the boundaries of being inclusive. These are key questions that will guide our discussions today. How is stigma relevant to the different projects? What strategies are used to decrease stigma in the projects? And what problems, if any, see the project with e-inclusion?*

*The webinar format is ideal for this discussion as we will not have formal presentations with PowerPoint. Instead, we will engage in dynamic and interactive discussions. Ask provocative questions will be posed to our steam panellists and to all the participants, and we encourage your engagement. You can all contribute and share your insights and inquiries using the chat or Q&A in the Zoom. With that, let me give you a brief overview of our program for today.*

*In a minute, we will start the webinar with an opening speech by Thanasis Rogdakis. Following that, we will have the lightning talks where each project will explain how they tackle stigma and ensure to increase inclusiveness. This will be followed by a moderated discussion during which we will focus on the challenges identified by each project, and we will then open the floor to Q&A session where we will address your questions. So please post them, if you have them. Finally, we will conclude with a closing message announcing the series and providing the global registration link for our Mental Health Dialogue Series. With that, let's start. I'm pleased to invite our first speaker, Thanasis Rogdakis, to deliver the opening speech. Thanasis has a research background in neuroscience and currently works as a project officer for the European Health and Digital Executive agency HADEA that I also just mentioned. Thanasis, the floor is yours.*

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## Opening Speech

**Athanasios Rogdakis**
***European Health and Digital Executive Agency (HaDEA)***

*Thank you, Annet. Good morning everyone. I'm very happy to open this webinar on behalf of HADEA and welcome you all to the Fifth Mental Health Dialogues part of a collaborative series that brings together projects funded under the same call. These webinars are a testament to how initiatives supported by the European Commission and HADEA create not only knowledge but also vibrant communities of practice. These initiatives are about fostering conditions in which*

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*your projects can reach one another, exchange lessons, build synergies, and push forward knowledge. You have all seized the opportunity to collaborate, and we fully support your efforts to bridge across projects and disciplines towards shared goals. Today's session touches on a particularly important theme. How digital mental health solutions can help reduce stigma, especially among vulnerable populations, and it is both timely and deeply meaningful. Stigma is often the invisible barrier. It prevents people from seeking help in the first place, encourages shame, isolates communities, and reinforces cycles of disadvantage. For populations already marginalized, whether by socioeconomic conditions, cultural or linguistic barriers or intersecting vulnerabilities, the burden of stigma is compounded. Your work, designing platforms, apps, tools, and inclusive mental health interventions can help to deliver services. It can allow people who have felt the silence to connect, to speak, to find community, and to see that mental health care belongs to them. But this is not easy because you're touching lives that are sensitive and fragile. This work must rest on the highest standards of ethics, privacy, and safety. We must anticipate unintended harm, bias, exclusion or misuse. And therefore, we must build transparency, explainability, and accountability, especially when AI or algorithmic components are involved. We have recently seen in the news the case where the conversational AI was allegedly implicated in the suicide of a teenager. This shows how crucial it is for us to demand transparency, predictability, and explainability from the technologies we develop and deploy. These safeguards are foundational if we are to build trust and truly serve those who need these tools the most. I want to thank each one of you for your dedication and collaboration. By joining forces across project boundaries and across Europe, you're not only advancing the frontier of digital mental health, but also shaping a culture of solidarity, inclusion, and shared responsibility. And your work embodies the core values that underpin mental health awareness efforts.*

*Let me also note this year's World Mental Health Day which is around the corner on the 10th of October 2025 and themed Access to Services Mental Health in Catastrophes and Emergencies. It reminds us that crises, whether humanitarian, environmental, or health-related, exacerbate vulnerabilities and mental health needs, making inclusion and service risks more urgent than ever. In that spirit, the focus of our discussion today is deeply aligned with broader global priorities to ensure that in times of disruption, no one is left behind. I hope today's seminar is rich, challenging, and truthful fruitful. May it spark new ideas, cross project connections, and strengthen resolutions?. I wish you all a very productive session and much success in your collaborations going forward.*

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## Summary of Lightning Talks

*The panellists picked one of the following questions. How does your project tackle stigma? How does your project ensure to increase inclusiveness?*

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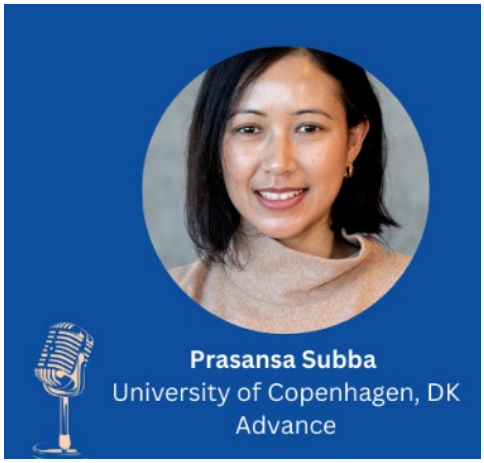


Prasansa Subba is a postdoctoral fellow for ADVANCE at the Global Health Section, University of Copenhagen. She did her PhD on Public Mental Health from the University of Liverpool, UK, MPhil in Public Mental Health from the University of Cape Town, South Africa, and MA in Social Sciences from Tribhuvan University, Nepal. She holds a decade-long experience working in mental health as a researcher and a development worker in different non-governmental organisations in Nepal. Recently, her interest has been focusing more on understanding the complexity of social determinants and its interplay on mental health.

The ADVANCE project is a multi-country initiative across seven European countries focused on mental health promotion and prevention throughout the life course. The project works with vulnerable populations, including youth experiencing climate anxiety, migrant population, people facing social adversity, and older adults in Switzerland.

**Key Points:**

- Language matters: framing interventions around well-being, self-care, and learning decreases stigma and increases engagement more than “mental health problems.”
- Technology alone cannot solve stigma — stigma reflects broader structural processes of exclusion.
- Intersectional inequalities (income, education, race, geography, language) shape stigma and mental health.
- The project puts equity at its core using the PROGRESS-Plus framework.
- Future trials will assess how equity factors interact with stigma and implementation strategies.

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Alžběta Šašinková has a background in psychology. Her work is dedicated to exploring the cognitive and social dimensions of extended realities (XR). She thrives on constructing evidence-based approaches for XR interventions, particularly in education and psychology contexts. She is passionate about uncovering insights into how people feel, behave, and process information within virtual environments. In the ASPbelong consortium, she is an administrative coordinator towards EU and coordinates the Czech part of a clinical trial evaluating their program called Lina.

ASPBelong uses *extended reality (XR* - virtual and augmented reality) to foster psychological well-being among *young teenagers* (ages 12–13) in the Czech Republic, Portugal, and the UK. The program supports youth in both socially disadvantaged and general school settings through creative, arts-based approaches.

**Key Points:**

- Youth vulnerability: High rates of depression and anxiety (40% of 9th graders in CZ) make adolescents a priority group.
- Arts-based approach: Combines storytelling, creativity, and technology to reduce stigma and engage youth emotionally.
- Avoiding labels: Intentionally avoids diagnostic language (e.g., “depression,” “anxiety”) and focuses on *subjective experience* and *self-expression.*
- Challenges of inclusion: Technology can both enable and limit inclusion, accessibility, and digital literacy vary widely.
- Diversity awareness: Adapts activities to social and educational needs of different classrooms and communities.

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mental health support among young people across Europe. It emphasises peer involvement, language framing, and inclusive digital ecosystems.

**Key Highlights & Lessons:**

- E-inclusion ≠ de-stigmatisation: Access doesn't automatically mean reduced stigma; shame can persist even in digital spaces.
- Language framing: Focus on well-being, resilience, and emotional regulation rather than pathology.
- Co-production: co-create tools and interventions as ambassadors and experts by experience with young people increases trust and usability. Tackles stigma by involving youth directly in decision-making and design.

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Dr. Hanna Reich serves as Deputy Scientific Director of the Research Centre of the German Foundation for Depression and Suicide Prevention, specializing in digital interventions for depression, precision psychiatry, and AI-driven mental health research. Her research interests center on personalization and precision approaches in psychiatry, aiming to integrate behavioral, physiological, and neurobiological markers into scalable, technology-based interventions for depression. She plays a leading role in several major international and national projects.

MENTBEST is a European initiative to *protect and strengthen mental health* during times of major change (pandemics, war, economic crises).

**Key Points:**

- Strong focus on inclusiveness, ensuring support reaches everyone, regardless of background.
- Central tool: Mentina, a smart mental health app using AI for personalised, ethical mental health support.
- Supports everyday stress management, not only diagnosed conditions.
- Combines digital tools with community-based support.
- Targets vulnerable groups (youth, migrants, long-term unemployed).
- Aims to build a more inclusive, responsive mental health system.

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Dr. Asmae Doukani is a Postgraduate Researcher on the RECONNECTED project at St Mary's University and a Research Fellow at the London School of Hygiene and Tropical Medicine, UK. Her work spans multiple European Commission–funded programmes, including E-COMPARED, ImplementAll, MENTUPP, and RECONNECTED. A central focus of her research is exploring how digital tools can be leveraged to reduce stigma and improve access to care, particularly for marginalised and underserved communities.

RECONNECTED develops a digital support system to promote resilience and well-being in nine vulnerable populations, including youth, military personnel, migrants, older adults (feeling lonely), and people with low socioeconomic status.

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**Key Points:**

- Focuses on psychoeducation, destigmatisation, resilience, and social participation.
- Addresses mental health gaps for underserved and excluded populations.
- Strong co-production model advisory committees with end users and experts in every country.
- Prioritises cultural adaptation ensuring interventions feel relevant and meaningful in each context.
- Emphasises community engagement and responsive design over one-size-fits-all models.

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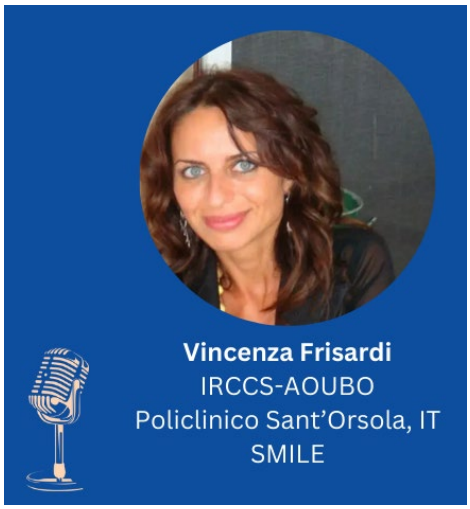


Dr. Vincenza Frisardi is a physician-scientist specializing in geriatrics and gerontology, with expertise in cognitive disorders, dementia, and complex aging care. Based at the Geriatric Unit and Center for Cognitive and Behavioral Disorders, IRCCS-AOUBO, Bologna, she has built an international research profile exploring links between metabolic health, cognition, and neurodegeneration. She serves as Work Package 2 Leader in the HorizonSMILE project, focusing on barriers and drivers for digital adoption in adolescent mental health. Her work bridges geriatrics, neuroscience, and digital health, advocating for lifespan approaches to mental health and prevention.

SMILE focuses on low-threshold digital access to promote mental health awareness and early intervention among young people. It encourages self-reflection and emotional literacy while preventing unnecessary pathologisation.

**Key Points:**

- Includes four components: companion app, serious game, open knowledge platform, and decision support system.
- Promotes self-care, engagement, and skill-building.
- Aims to normalise mental health and make access proactive.
- Guided by lifetime approach to mood disorders.
- Co-designed and collaborative, with over 500 stakeholders engaged.
- Currently starting pilot implementations across seven countries.

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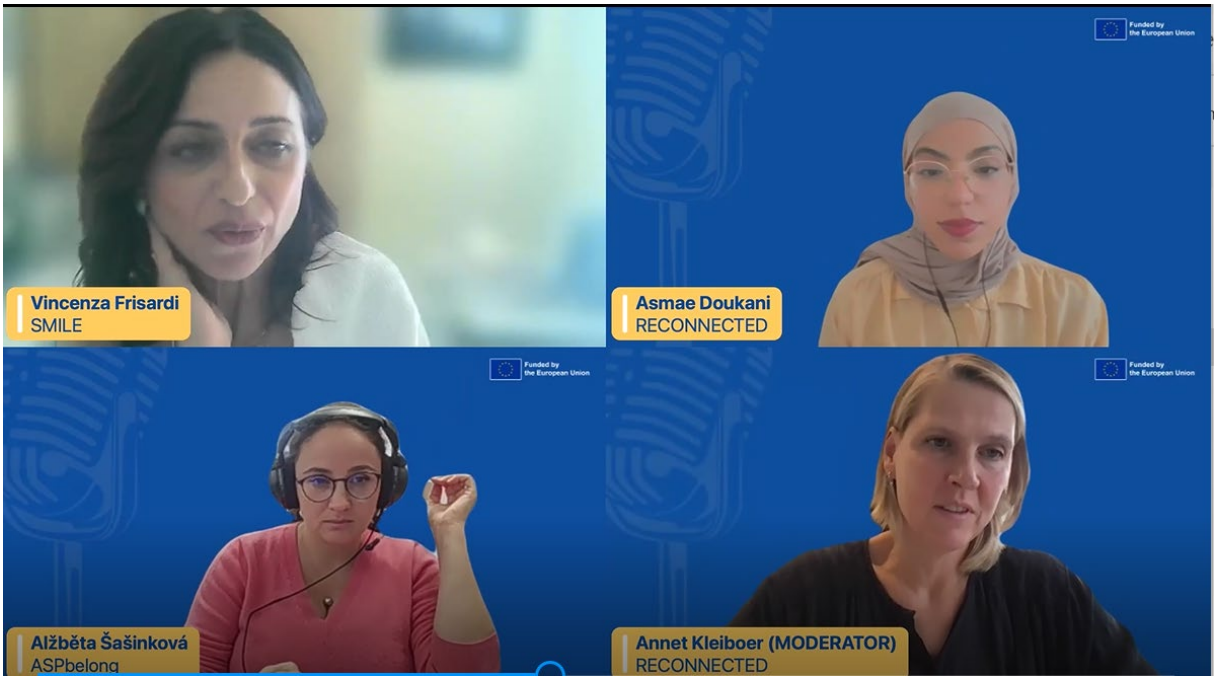
# Summary of the Moderated Discussion

**Moderated by** Prof. Dr. Annet Kleiboer
*Vrjie Universiteit Amsterdam (RECONNECTED)*

## *#Topic 1: Stigma relevance in the project:*

*How is mental health stigma relevant to the vulnerable group in your e-mental health project?*




This question was answered by panellists from SMILE, ASPbelong and RECONNECTED.

Alžběta from the ASPbelong project described how ASPBelong works with young people and teachers to create digital learning environments that reduce stigma through co-creation and creative workshops. By involving adolescents directly in the design process, the team ensures that digital tools "speak their language" and feel safe to use.

*"Technology is a native language for young people. When we speak it with them - not at them - we help normalize their emotions." – Alžběta Šašinková*

Asmae shared how her team within the RECONNECTED project focuses on *migrant communities*, a group often facing digital exclusion and cultural stigma around mental health. By involving these communities in co-design and adapting content culturally and linguistically, RECONNECTED aims to make digital tools accessible, trusted, and relevant.

Vincenza explained how SMILE empowers young people to use gamified self-assessment and wellbeing tools. Framing the content around wellbeing rather than "mental illness" reduces internalized stigma and encourages early engagement.

*"We normalise everyday distress but we must avoid trivializing serious symptoms." – Vincenza Frisardi*

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### *#Question 1 from the audience*

*An audience member raised the issue of provider-level stigma, particularly in primary care, and asked how digital interventions can address these challenges, including structural barriers such as institutional policies and the burden on patients of having to retell their stories across different levels of care.*

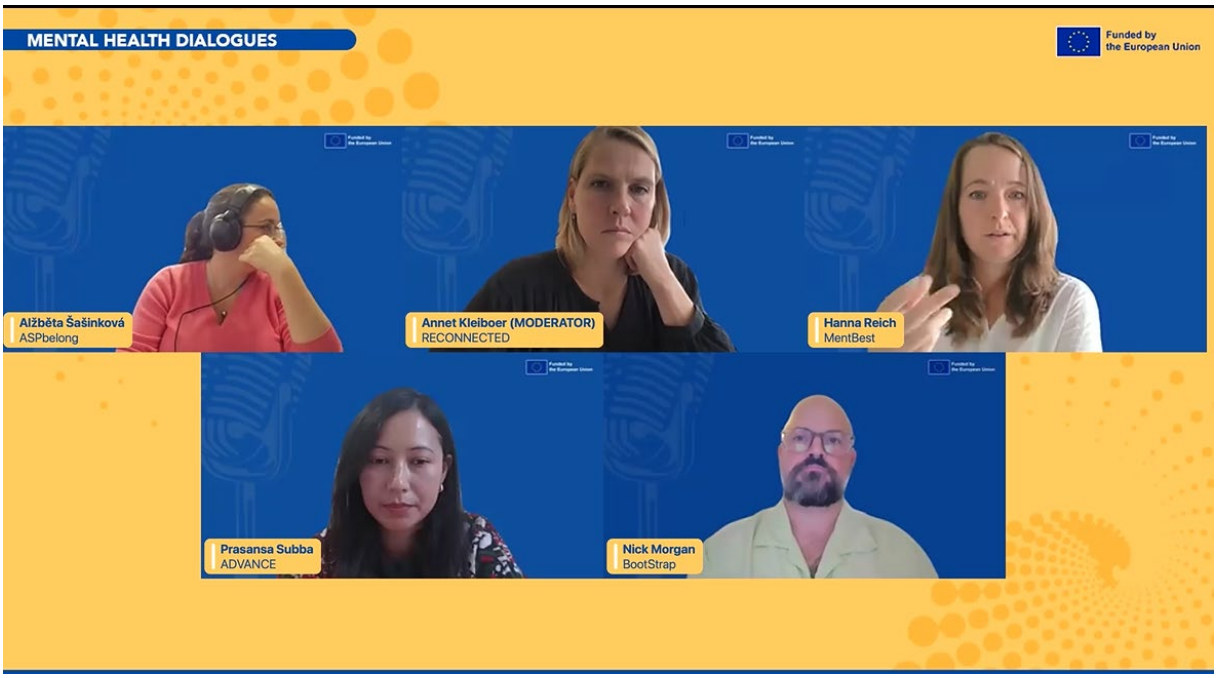
The panellists noted that tackling such institutional stigma requires multi-level stakeholder involvement and stronger evidence-based approaches to convince policymakers and practitioners to adopt digital tools confidently. Increasing awareness and education about digital mental health was seen as essential to overcoming resistance and ensuring sustainability.

They also highlighted structural barriers in schools, where teachers may not consider informing pupils about mental health to be part of their role. Building trust with educational institutions, providing practical, low-burden tools, and embedding mental health awareness into everyday school activities were discussed as important steps.

Projects working with non-clinical populations emphasised the need to normalise conversations about mental health from an early age, reducing discomfort and stigma around the topic in the long term. Ensuring inclusiveness so that disadvantaged or special-needs schools are not left out was also seen as a key challenge to address.

### *#Topic 2: Digital tools to address mental health stigma*

*Can e-inclusion help to decrease the problems associated with mental health stigma within our vulnerable group(s)? And how?*




This question was answered by panellists from ASPBelong, ADVANCE, BOOTSTRAP and Mentbest.

Hanna from MentBest emphasised that inclusive digital access can increase participation but warned

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that digital inclusion must be matched with ethical design and data transparency to maintain trust. She highlighted the need for explainable AI and clear communication around data use to avoid new forms of exclusion.

Prasansa described how ADVANCE uses blended interventions self-paced online modules combined with weekly human check-ins.

*"Digital tools alone can't remove stigma. But when paired with empathy and real conversation, they make help-seeking safer and more approachable." – Prasansa Subba*

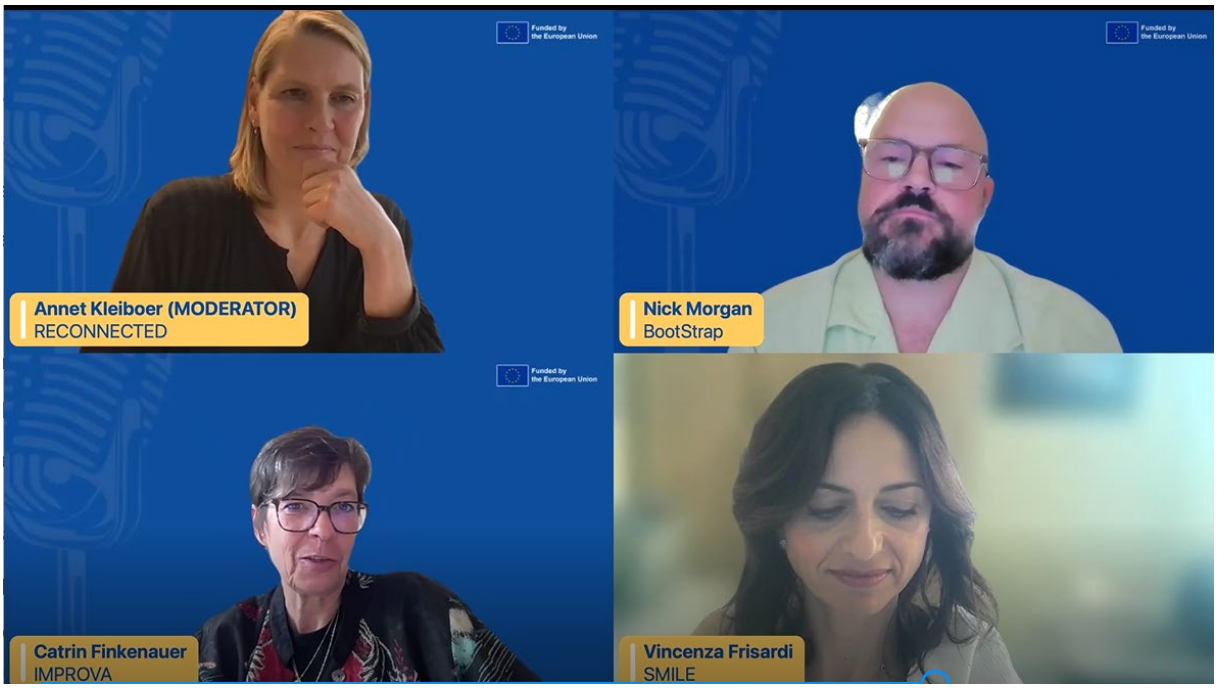
Building on her earlier remarks, Alžběta cautioned that technology can unintentionally create new barriers, for example, for teachers who feel unprepared to discuss difficult emotional topics. Her team now includes training for educators to ensure they feel supported, too.

Nick from BOOTSTRAP offered a candid perspective: access doesn't equal acceptance.

"Young people might use mental health apps in secret because they're still ashamed. Inclusion *improves access — but stigma remains unless we change the language and culture around mental health." – Nick Morgan*

### *#Topic 3: Risks addressing stigma with digital tools*

*Low threshold of accessing e-interventions and normalizing symptoms of mental health may both be strategies to overcome stigma associated with mental health problems and treatment. Is this something that happens in your projects and what may be the benefits and risks associated with that?*




This question was answered by BOOTSTRAP, IMPROVA and SMILE panellists.

Catrin shared that digital tools can encourage early prevention and reach more adolescents but that

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benefits often favor those from higher socioeconomic backgrounds. She warned of the "*rich get richer*" effect, where vulnerable youth may still disengage due to motivation or literacy gaps.

*"Digital care works best when connected to real-life relationships — a hug, a conversation, a teacher who asks how you are." – Catrin Finkenauer*

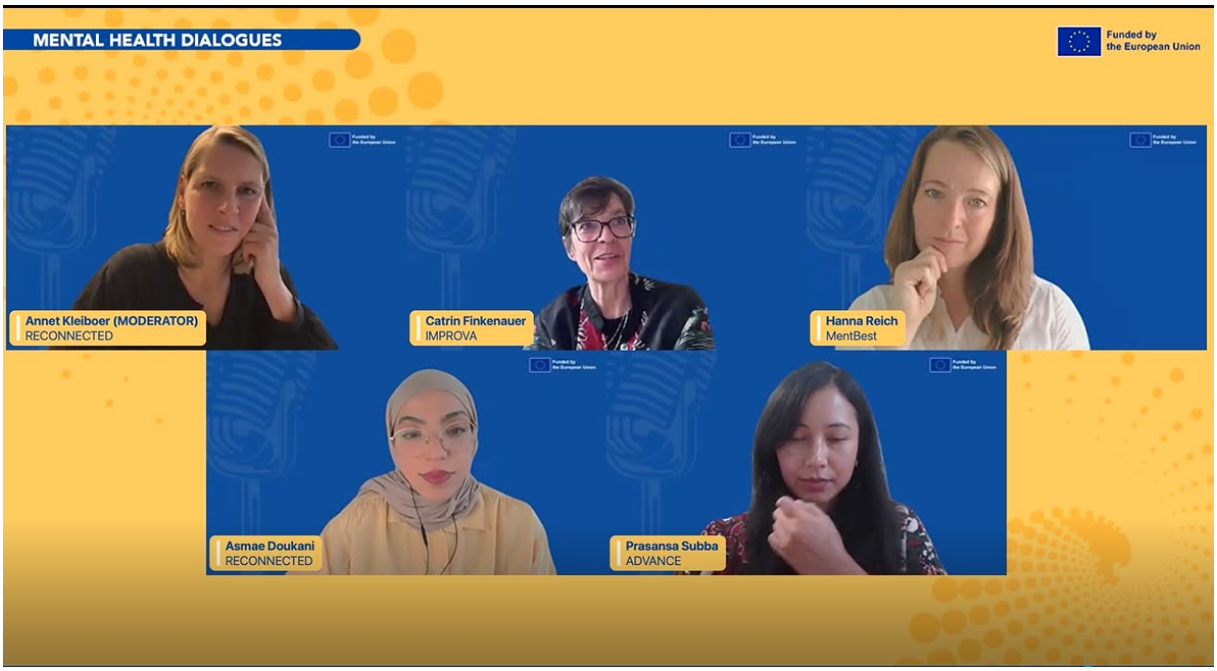
Vincenza expanded on the concept of low-threshold access: Young people can engage privately and safely, but over-normalizing distress risks delaying professional help. SMILE integrates clear referral prompts and transparency about the app's limits to ensure safety.

Nick agreed, adding that e-tools should act as a preventive bridge, not a replacement for therapy.

*"You wouldn't fix a broken leg with an app so we shouldn't expect digital tools to heal deep psychological wounds. They can, however, start important conversations earlier." – Nick Morgan*

### *#Topic 4: Accessibility and inclusion of vulnerable participants*

*In theory, e-interventions are easily accessible and therefore reach many people, but in practice this is not (yet) usually the case. Is it possible to include everyone? Are inclusive interventions possible?*




This question was answered by RECONNECTED, IMPROVA, MENTBEST and ADVANCE panellists.

Asmae highlighted the digital divide, especially among migrant and refugee populations, who may face unstable internet access, language barriers, or lack of ID documentation.

*"Inclusion requires more than online access. It's about cultural relevance, trust, and the ability to connect with others." – Asmae Doukani*

Catrin echoed this point, stressing that digital interventions can complement, but not replace,

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interpersonal support.

Hanna focused on the importance of digital literacy and data protection. Many users, including older adults or teachers, hesitate to use mental health tools due to privacy concerns. Building trust through transparency is key to inclusion.

Prasansa concluded by reminding participants that *access ≠ inclusion*.

*"To be truly inclusive, we must apply a human-centered lens, ask who is left out — and redesign until everyone feels invited." – Prasansa Subba*

## Q&A

*Questions from participants posted in the chat or Q&A section had already been answered during the discussions or via chat. Therefore, there was no time to open another Q&A session.*

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## Poll Results

**Where are you viewing this webinar from?**

| LOCATION | NO. OF RESPONDENTS |
|---|---|
| DENMARK | 3 |
| GERMANY | 4 |
| ITALY | 1 |
| BELGIUM | 1 |
| NETHERLANDS | 3 |
| BRUSSELS | 1 |
| NORWAY | 1 |
| PORTUGAL | 1 |
| SPAIN | 6 |
| CZECH REPUBLIC | 1 |

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| | |
|---|---|
| NEPAL | 1 |
| FRANCE | 1 |
| ROMANIA | 1 |

***Total respondents: 25***

**Round 1. Where do you see stigma as the biggest barrier? (multiple answers possible)**

| | |
|---|---|
| Talking openly about mental health | 27 |
| Access to care | 20 |
| Adherence to treatment | 9 |
| Other | 3 |

***Total respondents: 42***

**Round 2. Which online option would make you feel most comfortable seeking help? (multiple answers possible)**

| | |
|---|---|
| Support forum / community | 18 |
| Video call with a counsellor | 17 |
| Anonymus chat | 16 |
| Self-help app | 10 |

***Total respondents: 36***

**Round 3. Do you think talking openly about stress, sadness, or anxiety can make things better or risk making people take problems less seriously? Why?**

| |
|---|
| Yes it does make things better cause talking about it to someone who genuinely cares helps relief the burden and makes you feel lighter and refreshed. |
| I believe this makes things better-especially on the long run. To those that are afraid that this will increase "phantom symptoms" I would say that at least discussion opens up dialoge to tackle this |
| I think it can make things better |
| I believe that from a certain age onwards, and in contexts such as school, sports, or hospitals, there should be opportunities to talk and discuss mental illness and its importance. |
| I think talking openly about stress, sadness, or anxiety can make things better because people can feel accompanied apart from receiving or seeking support and not feeling alone. |

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| |
|---|
| In a social media driven world we see that algorithms provide top notch escapism. Some ´´Mental health support´´ can end up in this system, de-valuing engagement through monetary incentives |
| Common doesn't mean normal. Seeing illness as a normal response to abnormal conditions can reduce stigma without trivializing distress — that's true mental health literacy. |
| Yes, talking helps. Sharing what we feel connects us, brings relief, and helps others understand. It doesn't minimize the issue—it gives it weight. |
| I think we should talk about it more, always highlighting that symptoms are a spectrum and that everybody feels this way sometimes, but that we should pay attention if they occur frequently or severe |
| Yes, definitely. Just taking about stress, sadness, or anxiety can reduce the burden that is held within ourselves. However, our society may not encourage to talk about them freely. |
| It is a double-edged sword: It opens up the space to talk about problems, but there is a lot of negativity on how people are too fragile nowadays, which increases stigma. |
| Yes, I believe that communicating authentically/appropriately what feelings are involved in certain situations, are the only ways of learning about emotional regulation and getting to know each other. |

***Total respondents: 12***

**Round 4. In theory, e-interventions are easily accessible and therefore reach many people, but in practice this is not (yet) usually the case. What could make online support easier for everyone to use?**

| |
|---|
| Use transparent privacy policies to build credibility |
| Creating a user friendly app that ensure mental health checks are performed on a daily basis. |
| exposing clearly the benefits of it, how it works and have some marketing around it to make it known and generalised |
| Making systems more accessible is often difficult, but I believe that facilitating interfaces with AI systems that help resolve doubts or guide users. |
| There are many possibilities, but it is important to establish our ethical barriers. F.e. AI integration (friendly chat bot), game-fying, influencer endorsement, Integration in social media app, etc |
| A key factor that can improve engagement is blending digital tools with human support. Regular check-ins — even once a week — from a mental health professional or trained helper can make a difference. |
| It may be difficult for users to distinguish professional evidence-based digital interventions from not legitimate ones as they are many apps claiming they target wellbeing |
| Normalising it and promoting mental health in general, may help. Through education systems and governments.<br>And perhaps variety in language options, culture adaptations and time flexibilities. |
| - Integrate with the build-in app of the smart phones, such as health app for apple ios and so on.<br>- make it easier to use without wifi/internet reaching people in remote/limited settings. |
| I noticed that if you are not aware of the existence of these interventions and platforms, that it can be difficult to find them in the first place. Better navigation to the page is important. |

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| |
|---|
| integration into schools, and routine care, e.g. allow therapists to give out these interventions |
| creating communities that use digital tools but also meet in person on a regular basis as a step towards more acceptance, e.g. through information events |

***Total respondents: 12***

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## Follow up information

| *Topic* | *Webinar ID* | *Actual Start Time* | *Actual Duration (minutes)* | *# Registrants* | *# Cancelled registrants* | *Unique Viewers* |
|---|---|---|---|---|---|---|
| *Mental Health Dialogues \| Breaking Barriers: Tackling Mental Health Stigma Through E-Inclusion* | *650 8907 3021* | *10/07/2025 10:24:21 AM* | *133* | *110* | *0* | *76* |

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## Dissemination materials

*See annexes*

## Contact Information

For any inquiries of further information regarding this webinar, please reach out to:

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RECONNECTED website: reconnected-project.eu

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## Relevant Links

Mental Health Dialogue Series Registration:
https://ec.europa.eu/eusurvey/runner/JointWebinar2024

Link to press release on RECONNECTED website
https://reconnected-project.eu/reconnected-project-hosts-5th-mental-health-dialogue-tackling-mental-health-stigma-through-e-inclusion/

Links to Sister Projects
https://advancementalhealth.ku.dk/
https://www.horizonsmile.eu/
https://www.improva-project.eu/
https://mentbest.com/
https://reconnected-project.eu/
https://www.internetandme.eu/
https://www.augmentedsocialplay.com/

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# Annexes

## Webinar poster

## Speakers poster

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