



INQUIRY INTO INTERDISCIPLINARY MENTAL HEALTH RESEARCH

Lessons from eight case studies

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CONTENTS

Executive summary	3
Introduction	7
The report process	9
Rapid review of literature	16
What the case studies told us	20
Conclusions	32
Recommendations	34
References	36
Appendix 1: Research methods	38
Appendix 2: Details on searches	40
Appendix 3: Case study links	42
Appendix 4: Case study interviews	43
Appendix 5: Interview questions	45

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EXECUTIVE SUMMARY

PURPOSE OF THE REPORT

National Institute for Health and Care Research (NIHR) asked Centre for Mental Health to carry out a rapid review of interdisciplinary research practices in mental health, both in the UK and further afield. Interdisciplinary research is that which integrates and synthesises knowledge from different disciplines into a unified whole. Such an approach is arguably essential when addressing complex mental health problems that span multiple domains. One of our central motivations in carrying out this review was to understand how lived experience can be integrated into interdisciplinary research, what effects this has on the research, and what challenges and opportunities it brings. We acknowledge that real power differences exist between academic researchers and people with lived experience, and this report recognises the genuine efforts made by the researchers in our case studies to involve people meaningfully rather than tokenistically. The focus of the eight projects was wide and often ambitious. Examples included:



BIRES funded by UK Research and Innovation (UKRI). A cross-cultural investigation of young people's body image, integrating social science, anthropology, and graphic storytelling to understand pressures shaping young people's embodied identities across diverse communities.



ATTUNE funded by the Medical Research Council (MRC), with additional support from UKRI and Arts Council England. A multidisciplinary programme investigating how adverse childhood experiences shape mental health, codesigning creative, youth-centred digital tools and community-led interventions to support resilience and meaningful change.



Hearing the Voice funded by Wellcome. A Durham-based, multidisciplinary project exploring voice-hearing experiences and meanings, combining humanities, cognitive science, and lived experience insight to transform understanding and challenge stigma.

This report includes a short literature review, addressing questions such as the terminology that relates to work involving multiple disciplines, as well as the institutional landscape for interdisciplinary research in mental health in the UK. In addition, at the centre of the report are a set of eight case studies. When choosing these examples, the authors have sought to highlight projects involving disciplines that have not traditionally worked together, or which have not traditionally been funded within mental health research, but which may offer valuable insights and innovative solutions. Moreover, all the case studies contain significant contributions from people with lived experience, whose role in research is increasingly being understood as a disciplinary specialism in its own right.

It is worth noting that interdisciplinary research can be understood as a progression from multidisciplinary working. Many funded research teams already bring together a range of expertise across disciplines, including people with lived experience. The move towards interdisciplinary research represents a deepening of that integration, in which knowledge from different fields is actively synthesised rather than simply placed side by side.

The purpose of this report is in part to clarify what is meant by interdisciplinary research in mental health, as well as to understand its advantages and challenges, and to investigate the barriers and enablers for conducting such research. We also provide examples from which all relevant parties – commissioners, experienced and new researchers, and research participants – can learn about the potential, possibilities, and pitfalls of this rapidly emerging field.

Interdisciplinary – denotes an approach that draws on knowledge from different disciplines and synthesises this knowledge into a coordinated and coherent whole.

Multidisciplinary – denotes an approach that draws on knowledge from different disciplines but stays within their boundaries.

Transdisciplinary – denotes an approach that draws on knowledge from different disciplines and employs a common perspective that 'transcends' those that are standard in the disciplines.



KEY FINDINGS

The case studies show the value of interdisciplinary research, and the teams we spoke to were committed to it. Our findings also show a field shaped by real barriers. Researchers work to bridge those barriers by building links across disciplines and sharing methods, and the sections that follow set out both what helps and what gets in the way.

Confused and inconsistent use of terminology makes interdisciplinary research hard to find and hard to track across the literature. The evidence suggests that interdisciplinary research in its most integrative forms may still be rare, though the field is growing. Among the projects we looked at, psychology was the discipline most often involved in leading interdisciplinary work in mental health. With only eight case studies these patterns are illustrative rather than field-wide facts, and the evidence is suggestive rather than conclusive.

The motivations for pursuing interdisciplinary research in mental health are substantial. Researchers are driven by the pursuit of knowledge, and in particular by the desire to tackle problems that have proved resistant to more traditional approaches. The potential for research to have genuine impact on people's lives is also a powerful incentive.

The barriers are equally substantial. Disciplines can operate like separate communities, each with its own language, methods and norms, and this makes genuine integration difficult. Institutional structures compound the problem: different funding models, publishing conventions, perceived hierarchies between fields, and gatekeeping behaviour all work against collaboration. Individual researchers can also be a limiting factor, whether because of their unfamiliarity with other approaches or resistance to ways of working that fall outside their training.

There are, however, real enablers. Good communication and collaboration tools help teams build a shared language and a common sense of purpose. Creative methods are worth particular attention here, as they can bridge disciplinary divides in ways that more conventional approaches cannot.

Time is another essential ingredient; interdisciplinary research typically demands more of it than single-discipline research, and the set-up phase alone can be lengthy. This has direct implications for funders, which we address in the section on funding and interdisciplinary research. Strong leadership matters too, since it is easy to lose strategic focus when working across disciplines in an open-ended process. Projects also tend to require more administrative support than conventional research, and dedicated resource for project management is often underestimated. Finally, training helps. When academic researchers, professional partners and experts by experience all have access to relevant knowledge and skills, the playing field becomes more level and collaboration becomes more genuine.

On lived experience, the picture has changed considerably. Including people with lived experience in mental health research has become the norm rather than the exception, though this shift has not been without cost, and the historic harms done by research to people with mental health problems must be acknowledged. A useful way to think about lived experience is as a specific form of disciplinary expertise in its own right, and many of the enablers described above apply as much to its inclusion as to any other discipline.

Coproduction represents a step beyond patient and public involvement. It means rethinking how knowledge is generated and who has authority over it. People with lived experience may need support to retain their agency within research processes and to bring their full abilities to the work, rather than being placed in roles that serve institutional interests at the expense of their own. Creative methods are again worth highlighting, as they can help overcome cultural barriers and make the inclusion of lived experience more meaningful.

On funding, three concerns stand out. Interdisciplinary research often addresses areas that have been neglected by research, and funders can be reluctant to back work where there are no established pathways or precedents. Evaluation processes can be rigid, and many funders are not well set up to assess proposals that draw on lived experience data or non-standard methods. The time and flexibility needed at the start of an interdisciplinary research project are consistently underestimated. These issues are explored in more depth in the section on funding for interdisciplinary research later in this report.



Genuine coproduction means involving people not only in consultation but in shaping questions, designing methods, interpreting findings, and sharing outcomes. This is distinct from patient and public involvement (PPI) arrangements in which people with lived experience are brought in at a late stage or only to validate decisions already made. Genuine coproduction strengthens inclusivity, ensures research is meaningful to those it affects, and produces outcomes with greater impact and legitimacy.



RECOMMENDATIONS FOR FUNDERS

Drawing on what we found, this report sets out options that funders may wish to consider. Many funders already support and embed coproduction, and the suggestions below are offered as ways to build on that work.

1. Emphasise coproduction within involvement requirements.
2. Consider dedicated funding for interdisciplinary mental health research.
3. Offer seed funding to help interdisciplinary working take root.
4. Reflect the time that interdisciplinary projects take to develop.
5. Review how proposals are assessed.
6. Invest in skills and shared resources.

See recommendations section for further details.

RECOMMENDATIONS FOR RESEARCH LEADERS

These suggestions are offered to those who lead interdisciplinary research.

1. Work to lower the barriers to interdisciplinary research.
2. Strengthen communication and shared understanding.
3. Give creative methods a central place.



INTRODUCTION

RATIONALE

Interdisciplinary research involves bringing together experts from different fields to address important questions. In mental health sciences and the humanities, this can include scientists, psychologists, medics, philosophers, historians and numerous others, as well as, crucially, people with lived experience of mental health problems. These groups – and the individuals within them – see the world differently, which can make their collaborations both enriching and challenging. A central motivation for this report was to understand how lived experience can be integrated into interdisciplinary research: what difference it makes to the research, what opportunities it opens up, and what challenges it brings. This includes an honest acknowledgement that power is rarely equal between academic researchers and people with lived experience. We recognise and respect the efforts made by the researchers in our case studies to address this imbalance and to involve people with lived experience as genuine partners rather than as an afterthought.

Mental health research and practice are already a multidisciplinary endeavour, each discipline retaining and contributing specific skills and knowledge, but without an interdisciplinary approach, we deny much of the 'totality' of human beings.

Many researchers believe that working in an interdisciplinary manner offers significant benefits. Different fields can share ideas that complement each other to create new insights. For example, a scientist studying brain function might collaborate with a historian exploring how mental health was understood in the past. These shared approaches, while not without their difficulties, often lead to more comprehensive solutions, better treatments, and a deeper understanding.

However, there are obvious challenges when integrating disciplines. Academic fields and sub-fields can operate like separate communities, each with its own methods and priorities. These traditions can make it difficult to find common ground, and there may be reluctance to adapt to another discipline's way of working. Resistance to sharing credit or recognising the value of other perspectives can also hinder progress. Tackling these issues requires open-mindedness and the effort to step beyond familiar ways of thinking.

As we will demonstrate, it can be difficult to estimate the prevalence of interdisciplinary research in mental health, and it is possible that it remains relatively rare. As we describe later in this report, the digital search approaches that we deployed to find case studies yielded limited results. This scarcity is why we complemented the digital search with a snowballing approach, focusing on reaching out to key figures directly in order to identify research.



People with lived experience of mental health problems also play an essential role in this process. Their insights, as suggested by our findings, help researchers connect theoretical ideas with real-world challenges. By including their voices, research teams can design solutions that are not only practical but also informed by real-life experience.

Our research highlights that making interdisciplinary work effective depends on building trust and shared purpose. Teams must respect different viewpoints and methodologies while working towards common goals. Open dialogue, collaborative learning and systems thinking can help establish these connections, all of which takes time. By recognising the value of diverse perspectives, interdisciplinary research teams have the potential to answer complex questions, take major strides, and make a meaningful difference in mental health research and care.

HOW WE DID THE RESEARCH

Our research started with a literature review designed to define interdisciplinary mental health research in the UK and further afield, which helped to refine the research objectives. We then proceeded to locate a group of eight case studies. This involved defining the criteria for the selection in conjunction with advisors; mapping the potential disciplines to be included; addressing the question of inclusivity of participants in research; searching in relevant databases and building a network of contacts to gather recommendations; and finally synthesising the findings and selecting the case studies. After this we conducted interviews with case study researchers, defining the criteria and format for interviews, conducting the interviews, and synthesising the interview data. We then drafted the report.

Our method provides a structured approach for studying barriers and enablers for interdisciplinary research in mental health. The rapid review of literature offers an understanding of current knowledge and identifies gaps needing further investigation. Interviews and correspondence with national and international experts contributed various perspectives and informed the findings. The resulting case studies encompass practical examples and highlight key lessons. Combined, these methods have aimed to bring depth and practical relevance to the research. An outline of the research methods and limitations is outlined below and included in Appendix 1.



THE REPORT PROCESS

LITERATURE SEARCH

We did a search for literature across ten databases (see Appendix 2). In addition, we explored references in texts and bibliographies. We also looked at Working Knowledge, an online library of texts designed as a handbook for interdisciplinary research which was signposted by researchers from several of the case studies. Working Knowledge was generated by Hearing the Voice, the project organised by the Institute of Medical Humanities, Durham University, that forms one of the case studies in this report.

Working Knowledge includes papers on many aspects of interdisciplinary research, including facilitating collaborations between artists and academics (Johnstone, 2021); running regular project meetings (Robson *et al.*, 2015); running an experimental design workshop (FERNYHOUGH, 2015); the role of the creative facilitator (Robson and Woods, 2016) and the role of the project coordinator (Patton, 2015)

Working Knowledge

Interdisciplinary research: intermittently theorised, frequently funded, increasingly valorised. But how is it actually done?

Working Knowledge is a collection of short, accessible and user-friendly resources dedicated to the practical ins and outs of interdisciplinary research within and outside the field of mental health. Covering everything from managing a research project's social media presence to conducting experimental design 'hackathons', the website provides essential information for anyone considering funding or embarking on interdisciplinary research.

www.workingknowledge.webspace.durham.ac.uk



RESEARCH OBJECTIVES

We developed a set of research objectives for the report, drawing both on our initial conversations with NIHR as well as the literature review. These objectives were:

- ① Define key terms relevant to research work involving multiple disciplines
- ① Identify a broad range of disciplines across natural sciences, formal sciences, social sciences, applied sciences, and humanities that can contribute to interdisciplinary research in mental health

- ⊙ Assemble a group of eight case studies designed to explore and showcase current interdisciplinary research in mental health, and from which learning can be derived for commissioners, researchers and research participants
- ⊙ Understand, emphasise and support the role that lived experience, and people from diverse backgrounds, can play within interdisciplinary research in mental health. This included understanding the effects of lived experience integration on the research itself, exploring the challenges and opportunities it brings, and acknowledging the power differentials that can arise between researchers and people with lived experience.

CASE STUDY CRITERIA

We developed criteria for case study selection:

- ⊙ **Type of research:** interdisciplinary
- ⊙ **Domain of research:** mental health
- ⊙ **Time period:** either current or no more than five years since project conclusion
- ⊙ **Number of disciplines:** three or more
- ⊙ **Range of disciplines:** we prioritised projects which had a significant spread of disciplines, stretching between at least two of these academic fields: social sciences (including psychology, psychiatry, anthropology, sociology); applied sciences (including medicine, law, education, software design); natural sciences (including neuroscience); formal sciences (including data science); and humanities (including art, literature, history, philosophy, performing arts)
- ⊙ **Lived experience component:** projects in which people with lived experience of the mental health issues that the research addresses are involved in some form of coproduction as co-researchers or advisors, rather than simply as research participants.

It should be noted that the criteria on research domain was stretched for one case study, Shame and Medicine. The latter project was not conceived as mental health research, but we have included it as a case study because we believe it has high relevance to the field of mental health.

In addition, we had some secondary criteria, which were preferable but not essential:

- ⊙ Projects that are multi-site
- ⊙ Projects that are multinational
- ⊙ Projects in which the collaboration is between disciplines that do not traditionally work together
- ⊙ Projects involving disciplines that have not commonly been engaged with by NIHR
- ⊙ Projects that reflect approaches that research may take in the future.

We decided that a minority of the case studies could consist of a programme of research or a network of researchers, rather than a singular research project. It can be instructive to consider how singular projects may emerge from looser networks – and hence reflecting these stages of development may be useful when demonstrating the value of interdisciplinary research to people who are less familiar with it.

CASE STUDY SEARCH

We wrote a protocol for digital searches and the digital search strategy combined terms in three main categories:

- ⊙ Mental health
- ⊙ Lived experience involvement
- ⊙ Interdisciplinary collaboration.

See Appendix 2 for further detail on the case study searches.

The search was impeded by the confusion that reigns over how 'multidisciplinary', 'interdisciplinary' and 'transdisciplinary' are used (for the definitions we use in this report see page 16). In particular, people often refer to what they call an 'interdisciplinary' team of researchers, when by our definition it would be called a 'multidisciplinary' team. In addition, 'transdisciplinary' is also sometimes used where our definition would suggest that 'interdisciplinary' would be correct – although as the former term is not in such common usage, this does not create such extensive confusion.

Moreover, while over a hundred papers were located through the digital search, further investigation revealed that few of the research projects in question met our criteria for case studies. We suspect that the confusion of terminology may make interdisciplinary research – in mental health and other fields – less discoverable through digital search. In addition, our requirement that projects had a significant lived experience component undoubtedly narrowed the field. However, we suspect that the relative paucity of projects may reflect other factors, notably that: interdisciplinary research in mental health may still be relatively unusual; getting research of this type funded may be relatively difficult; and getting research of this type published may be relatively difficult, making such research as does exist less discoverable.

At this point we decided to switch the focus of the search to snowballing but also conducted some additional searches. The new search, conducted across ten selected databases resulted in a collection of over 2,000 references. See Appendix 2 for details of search terms and the databases used. Screening this database for potential case studies would have been a task beyond the time allocated for this report. Nevertheless, this database could be used in a subsequent piece of work.

Since our digital searches produced limited results, we subsequently adopted a snowballing approach, reaching out to specialists outside the team and asking them to recommend projects. This produced more than fifty further candidate projects. The exercise included:

- ⊙ Prof Kamaldeep Bhui (Professor of Psychiatry and Hon. Consultant Psychiatrist, University of Oxford)
- ⊙ Dr Niall Boyce (Head of Field Building, Wellcome)
- ⊙ Prof Matthew Broome (Professor of Psychiatry and Youth Mental Health, Director of the Institute for Mental Health, University of Birmingham)
- ⊙ Prof Cathy Creswell (Professor of Developmental Clinical Psychology, University of Oxford)
- ⊙ James Downs (expert by experience and independent researcher, Cardiff)
- ⊙ Prof Peter Jones (Director of Clinical Research and Emeritus Professor, University of Cambridge)
- ⊙ Dr Vanessa Pinfold (Research Director, McPin Foundation)
- ⊙ Prof Alexandra Pitman (Professor of Psychiatry, UCL)
- ⊙ Prof Essi Viding (Professor of Developmental Psychopathology, UCL, and leads on the Mental Health and Wellbeing theme in the UCL Grand Challenges funding scheme).



CASE STUDY SELECTION

This review uses a qualitative, purposive design. We chose information rich cases that let us learn in depth about interdisciplinary mental health research that involves people with lived experience. This is a different aim from a survey, which seeks a statistically representative sample. Our claim is one of analytic generalisation, where well-chosen cases help us build and test ideas, rather than a claim that the eight cases are representative of the wider field.

The eight were chosen in three steps: criterion sampling against the primary criteria above; maximum variation sampling, so the set spans a range of geography, focus, age group, methods, lead discipline and funder; and ranking and agreement by the team with advisors. We did not keep a formal count of how many candidates met every criterion, since a full screen of the widened set of over two thousand records was beyond the rapid review timetable.

Willingness to take part in an interview was a practical condition of inclusion, since the case studies rested on interview data. This shaped which eligible projects became case studies.

Some brief points about the range of these projects:

- ⊙ Most projects were based in the UK but one has international leadership (GALENOS); while three are engaged in international research (BIRES, Connecting Climate Minds, GALENOS)
- ⊙ Five projects have a focus on interventions (ATTUNE, BIRES, BFRBs, GALENOS, SloMo); while three are socio-cultural in emphasis (Connecting Climate Minds, Hearing the Voice, Shame and Medicine)
- ⊙ The social sciences are the most represented field overall, including psychology (six), psychiatry (three) and anthropology (three). Commonly represented disciplines from other scientific fields include data science (three), neuroscience / cognitive neuroscience (three) and software development (three). See Figure 2 for a word cloud of disciplines. Readers should note that with eight case studies the findings are illustrative rather than statistically representative. The patterns described here reflect the projects selected and should not be taken as definitive conclusions about the broader field
- ⊙ Four projects have an emphasis on children or young people (ATTUNE, BIRES, BFRBs, Connecting Climate Minds)
- ⊙ Three projects deploy creative methods (ATTUNE, BIRES, Hearing the Voice)
- ⊙ Two projects have an emphasis on app-based digital interventions (ATTUNE, SloMo)
- ⊙ Five projects have been funded by Wellcome (Connecting Climate Minds, GALENOS, Hearing the Voice, Shame and Medicine, SloMo); two by UKRI (ATTUNE, BIRES); two by MRC (ATTUNE, SloMo); one by NIHR (SloMo).

INTERVIEWS

Once the shortlist of case studies was confirmed we organised semi-structured interviews with case study participants. A group of interviewees was established for each case study, with an average of four participants. In total, 32 people were interviewed across the eight case studies (interviewees, the large majority of whom gave consent to be named, are listed in Appendix 4). This group was usually negotiated with one or more of the principal investigators of the research project in question.



The plan for each group was that it would demonstrate a range of voices from the project, usually with one person who could speak to project origins and leadership, two or more people representing different academic or professional disciplines, and one person who could speak to the lived experience component (usually themselves an expert by experience).

A standard set of sixteen questions was developed for these interviews (see Appendix 5).

The questions were designed to gather insights on the collaborative process, including both the benefits it yielded and the challenges faced. The questions were sent to interviewees in advance, along with a consent form. No monetary incentives were offered for participation. The interviews were conducted on Microsoft Teams, took approximately ninety minutes each, and were moderated. The interviews were recorded and automatically transcribed and the transcriptions were then reviewed using thematic analysis, with themes identified inductively from the data.

Figure 1: Table of case studies

Case study	Mental health focus	Disciplines	Geographical range	UK affiliations
ATTUNE	Adverse childhood experiences	Psychiatry Psychology Social work Sociology Youth work Epidemiology Psychotherapy Software development Data science Games design Performing arts Visual arts	UK	Primary institution: University of Oxford Additional institutions: Falmouth, Kent, Leeds, QMUL, KCL, UCL, Greenwich Primary funder: MRC Additional funders: UK Research and Innovation; Arts Council England
BIRES	Adolescent body image	Anthropology Psychology Social science Education science Graphic design Anthropology Psychiatry Psychology Dermatology Evolutionary science Neuroscience	UK Caribbean	Primary institution: Durham University Primary funder: UK Research and Innovation
Body-focused repetitive behaviours	Body-focused repetitive behaviours	Anthropology Psychiatry Psychology Dermatology Evolutionary science Neuroscience	UK	Primary institution: University of Oxford

Case study	Mental health focus	Disciplines	Geographical range	UK affiliations
Connecting Climate Minds	Various	Psychiatry Psychology Social science Public health Public policy Software development Climate science Geography Neuroscience Data science Graphic design User experience design	UK Global	Primary institution: Imperial College London Primary funder: Wellcome
GALENOS / Circadian disruption	Anxiety, depression and psychosis	Medical science Animal biology Data science	UK Global	Primary institution: University of Oxford Additional institution: MQ Primary funder: Wellcome
Hearing the Voice	Voice-hearing	Anthropology Psychology Cognitive neuroscience Linguistics History Literary studies Medical humanities Philosophy Theology	UK	Primary institution: Durham University Primary funder: Wellcome
Shame and Medicine	Shame and mental health	Sociology Cultural studies Philosophy	UK	Primary institutions: Exeter; Birmingham Primary funder: Wellcome
SloMo	Psychosis	Psychology CBT Software development Animation Human-centred design Illustration	UK	Primary institution: King's College London Additional institutions: RCA, London; NHS Foundation Trusts (various) Primary funders: National Institute for Health and Care Research, Medical Research Council; Wellcome Additional funder: Maudsley Charity



RAPID REVIEW OF LITERATURE

A NOTE ON TERMINOLOGY

Teamwork involving multiple disciplines has been increasingly emphasised in health research, services, education and policy (Choi and Pak, 2006). Interdisciplinary research responds to the multifaceted nature of complex problems, and the human psyche is a supreme example of a complex system that needs to be studied in its totality rather than as a set of distinct parts (Bhaskar *et al.*, 2017). However, the terminology surrounding teamwork involving multiple disciplines can be complex, and having shared definitions is an important foundation.

One of the first significant attempts to codify this area, at a conference in 1970, classified interactions of disciplines into categories of multi-, pluri-, inter-, and transdisciplinarity (Klein, 2017). All of these labels, and others, have been in use since this period, resulting in a proliferation of jargon. One author, Harvey Graff, argues that this “name game” has generated more confusion than clarity, asserting that:



“The endless typologies, classifications, and hierarchies of multi-, inter-, and transdisciplinarity are not helpful” (Graff, 2015).

For the purposes of this report the authors have chosen to use the term ‘interdisciplinary’, as it is a word that is commonly used to describe an integrative approach to working with knowledge from different disciplines, and can also be used to describe a wide range of the research that adopts this integrative approach. It is worth stating clearly at this point that in our definition of interdisciplinary research, the integration of lived experience is not optional or supplementary. From the outset, this review was shaped by a desire to understand how the knowledge and perspectives of people with lived experience of mental health challenges can be woven into interdisciplinary research, how doing so changes and strengthens the research, and what it asks of the researchers who take it seriously. It is defined below, along with the terms ‘multidisciplinary’ and ‘transdisciplinary’, for the purposes of distinction (Klein, 2017).

- ⊙ **Interdisciplinary** – denotes an approach that draws on knowledge from different disciplines and synthesises this knowledge into a coordinated and coherent whole. The characteristic operations associated with interdisciplinary working include the interaction or integration of different disciplines
- ⊙ **Multidisciplinary** – denotes an approach that draws on knowledge from different disciplines but stays within their boundaries. For example, a clinical team will often include a variety of specialists operating in a multidisciplinary environment. The characteristic operations associated with multidisciplinary working include the juxtaposition or coordination of different disciplines. (It may also be noted that the term ‘interdisciplinary’ is sometimes used where ‘multidisciplinary’ would be more appropriate).

- ◎ **Transdisciplinary** – denotes an approach that draws on knowledge from different disciplines and employs a common perspective that 'transcends' those that are standard in the disciplines. An example of this would be the integration of the natural, social and health sciences in a humanities context. The transdisciplinary could arguably be described as a subset of interdisciplinary work, as it also adopts an integrative approach to knowledge from different disciplines but in a particular institutional context. (It may also be noted that the term 'transdisciplinary' is sometimes used where 'interdisciplinary' would be more appropriate.)

INTERDISCIPLINARY RESEARCH IN MENTAL HEALTH

The field of mental health research is already multidisciplinary, as there are a large variety of models for the healthy mind and for mental illness. The most dominant models are from psychology and psychiatry, but there are also models from neuroscience, from the environmental and social sciences and from other fields such as survivor knowledge. In addition, there are few definitive biological tests for mental illness, while there is considerable dispute about both diagnostic categories and pharmacological treatments. Together this means that the disciplines involved in mental health care represent diverse and diverging opinions, while the field is also subject to interrogation by experts from other disciplines which may offer a model for the healthy mind, but which do not themselves offer frameworks for care. However, the collaboration between such divergent disciplines, and the creation of holistic knowledge, is one potential outcome of interdisciplinary research (Bhui *et al.*, 2025).

Looking beyond the different disciplinary models for mental health, there are also a variety of social, institutional and personal challenges that are relevant to the mental health sector, in the UK and beyond, some of which interdisciplinary working may help to address. It is well established that the environment has an important impact on mental health, including notable factors such as poverty, unemployment and housing instability, racism and other forms of structural injustice, as well as social isolation and poor kinship ties. In the UK there are also many challenges to the capacity of services, which are often insufficient to meet demand and need. Finally, these services can still be difficult to negotiate, especially for people with more complex needs, who may find it challenging to locate and receive appropriate care.

Interdisciplinary approaches may offer a partial response to some of these challenges. One significant area of exploration, for instance, is the benefit that can come from the collaboration of the medical and social sciences with the arts, recognising the strong evidence for the role of the arts in expressing more of the totality of human experience, but also in promoting mental health across the lifespan (Fancourt and Finn, 2019). Researchers have argued, for instance, that arts practitioners may be able to expand the mental health support available to young people, working in community-sensitive ways and in concert with health professionals (Orkin *et al.*, 2021). Notably, interdisciplinary collaborations employing arts-based research practices are increasingly utilised to engage with the lived experience of trauma. For example, traumatic experiences can affect people in ways that are not easily verbalised, and which may hinder them from seeking help. In this situation, non-verbal, multi-sensory, arts-based practices may help promote access to, participation in and benefits from research (Warran *et al.*, 2022; Williams *et al.*, 2023).

The growth of interdisciplinary working between the arts and sciences in treatment settings is also reflected by its growth in academia. One important development in the higher education context in the UK is the growth of the medical humanities, particularly since the turn of the century. This is an interdisciplinary field that recentres health in its broader social, cultural, and historical context. It draws on diverse disciplines such as literature, art, creative writing, drama, music, philosophy, anthropology and history to explore, analyse and critique the contexts of illness and health (Whitehead and Woods, 2016).

Researchers working in the medical humanities can be found in different groupings at Durham University, Lancaster University, Kent University, King's College London and many other institutes of higher education. A number of the case studies in this report are associated with these researchers.

However, there are other growth areas in interdisciplinary research in mental health. A notable one is the collaboration between medical and social scientists and technologists, especially in the development of digital aids for mental wellbeing (Kuhn *et al.*, 2024). These collaborations move beyond traditional clinical interventions to integrate behavioural insights and social determinants with technological innovation. This requires nuanced understanding of user contexts, ethical considerations and cultural adaptability. It also raises questions about equity and access, as digital solutions risk widening disparities if not codesigned with diverse populations, risking the latter's exclusion. Moreover, such collaborations can face structural barriers, including misaligned incentives and differing epistemologies.

It may also be noted that the growth of interdisciplinary research in the UK reflects trends and changes in the funding landscape. One very significant funder is Wellcome, a global charitable foundation based in the UK. For example, Wellcome and MQ Mental Health Research have worked together to support a series of transdisciplinary research grants. As may be seen from the table of case studies (Figure 1), other significant funders in the UK include NIHR, UKRI and MRC.

THE ROLE OF LIVED EXPERIENCE

In recent years there has been increasing emphasis on coproduction within research. This involves traditional researchers working with people with lived experience of the issues being researched, emphasising the importance of power sharing to promote inclusive research practices, valuing and respecting knowledge from different sources, and relationship building. This framework is now replacing an earlier one, known as patient and public involvement (PPI), which was associated with health research in the UK in the 1990s onwards, and which promoted the more modest notion of the 'involvement' of those with lived experience (Wilson *et al.*, 2015). NIHR has been central to driving this shift. Its requirements around patient and public involvement have become more demanding over time, and its funding guidance now sets a clear expectation that lived experience perspectives are embedded throughout the research process rather than added at the end. This has raised the bar for what counts as acceptable practice and has helped move the field from involvement towards genuine partnership.

Coproduction extends beyond the involvement of patients to a rethinking of how knowledge itself is generated and legitimised (Downs, 2025). However, conventional research methods do not serve all groups equally well, and may disadvantage those with lived experience – including, notably, the most marginalised and disadvantaged groups, as well as those who find verbal and cognitive tasks demanding. Experts by experience may need support to retain agency and to employ their abilities and strengths, rather than be exposed to approaches that are – however well intentioned – potentially 'extractive' (research that fails to represent or uplift its subjects but instead serves the interests of academia and the knowledge-exchange industry).

Moreover, academic researchers may need to develop skills to work with people with lived experience who take on research roles, including in the areas of communication, argumentation and consensus-building (Bhui *et al.*, 2025). It is worth noting here that people with lived experience are not necessarily trained researchers before they become involved in research, though this does not reduce the value of their expertise. Equally, some researchers bring their own lived experience to the work. Both groups bring distinct and complementary knowledge.



One means for facilitating the coproduction of knowledge, and addressing some of the issues described above, is the deployment of creative methods, also known as creative facilitation. Creative methods in research refer to approaches that involve arts-based and experimental practices to explore and understand a topic, bringing together people from diverse backgrounds to collaborate, form meaningful connections and experiment with different methodologies (Institute for Medical Humanities, n.d.). Creative methods can help facilitate coproduction of knowledge in potentially transformative ways, due to their ability to:

1. Offer alternative ways of collecting and evidencing data which, in turn, generate new questions and new methods attuned to mental health complexities
2. Communicate individual experiences in ways that convey their affective and relational qualities (emotional, sensory, tacit)
3. Shift the relations between research participants and researchers through process-based co-discovery
4. Produce new knowledge that is accessible to diverse audiences, different disciplines and communities of practice, potentially contributing to changes in clinical and public understanding.

(Bhui *et al.*, 2025)



WHAT THE CASE STUDIES TOLD US

INCENTIVES FOR INTERDISCIPLINARY RESEARCH

The most powerful motivation to employ interdisciplinary research in the field of mental health is the pursuit of knowledge, especially in the investigation of complex problems which might involve a range of factors across different domains, and which may therefore have been resistant to scholarship that comes from a more singular perspective. Linked to this is the potential for interdisciplinary research to produce more appropriate and sensitive research methods, which in turn can lead to better health and wellbeing outcomes for those affected by mental health conditions.

Case study: GALENOS/ circadian disruption

Mental health focus: Anxiety, depression and psychosis

Project dates: 2024 to date

Range of disciplines:

- ⊙ Applied sciences (clinical practice)
- ⊙ Natural sciences (animal biology)
- ⊙ Formal sciences (data science).

One of the case studies in this report has been initiated by GALENOS, an international programme founded in 2023 and supported by Wellcome, with leaders in the UK, Europe, South Africa, Japan and Australia. One objective of GALENOS is to be a 'living evidence resource' for early phase research in mental health, a continuously updated catalogue of high-quality scientific literature on urgent topics. However, GALENOS also operates through coproduction with experts by experience who work alongside professionals and researchers to design, deliver and evaluate interdisciplinary research across different regions and cultures.

The GALENOS activity on which we focus in this report is a project which began in 2024 and explores circadian disruption and its relation to anxiety, depression and psychosis. As James Downs, an independent researcher and expert by experience who has been involved in this project, says, "From my perspective, what is particularly novel is the bringing together of animal and human studies with people with lived experience in evidence synthesis. It's unusual to have biologists, clinical academics and people with lived experience in the same room!"

The circadian disruption project also displays one of the characteristic methods of GALENOS, which is triangulation – the use of multiple datasets, methods, theories and/or investigators to address a research question. As Prof Malcolm MacLeod, a neurologist involved in the project, elaborates:



"I think our findings have greater validity and - importantly - greater generalisability because they're drawn from multiple domains... People worry a lot about silos and research, but GALENOS is an example of an approach that really breaks down those silos."

Those real-world problems that are particularly complex are sometimes known as ‘wicked’ problems. This term, which originated in planning, denotes a problem that is particularly resistant to resolution – perhaps because of changing or competing requirements, or complex social interdependency.

Case study:
Connecting Climate Minds

Mental health focus: Various

Primary institution: Imperial College London

Project dates: 2023-2024

Range of disciplines:

- ⊙ Social sciences (psychiatry, psychology, social science)
- ⊙ Applied sciences (public health, public policy, software development)
- ⊙ Natural sciences (climate science, geography, neuroscience)
- ⊙ Formal sciences (data science).

Climate change is a paradigmatic wicked problem, and is a topic addressed in one of the case studies – Connecting Climate Minds. This explores the interconnections between climate change and mental health, building inclusive ‘communities of practice’ and a shared vision through research and action agendas. The project, which ran from 2023 to 2024 and was commissioned by Wellcome, was organised by the Climate Cares Centre at Imperial College London’s Institute of Global Health Innovation, alongside international partners that included the Red Cross Red Crescent Climate Centre.

The impacts of climate change on mental health can manifest in multiple ways, from emergency rooms seeing more people with mental distress during heatwaves, to farmers dying by suicide after years of drought, and climate scientists and activists experiencing existential despair. Research in climate change and mental health is increasing but the field remains disconnected, and Connecting

Climate Minds sought to address this by fostering and linking community networks around the world. Of all the case studies under consideration this is the most global, with its communities of practice spread across the seven Sustainable Development Goal regions as defined by the United Nations. The project worked with researchers with backgrounds in neuroscience, psychology, climate science, big data, social science, medicine, public health and policy research, as well as involving people with lived experience at every stage.

As Dr Emma Lawrance, who led Connecting Climate Minds, told us,



“Fundamentally climate and mental health is an interdisciplinary field. Many different disciplines have to come together if you want to understand the nexus of climate and mental health. One example is how heat affects mental health. You could look at that from a physiological perspective; a psychiatric perspective; a pharmacological perspective, because it interacts with the medications people take; you can look at it from an urban design perspective, and how the built environment is affecting people's exposure to heat; you can look at it from a social science perspective.”

Another incentive for pursuing interdisciplinary research in mental health is the potential impact of the research. It may be noted that several of the case studies are operating in areas that are under-researched, which can sometimes mean that the work has outsized potential for impact. One example of the latter is a project concerning body-focused repetitive behaviours (BFRBs).

Case study: Body-focused repetitive behaviours

Mental health focus: Body-focused repetitive behaviours

Primary institution: University of Oxford

Project dates: n/a

Range of disciplines:

- ⊙ Social sciences (anthropology, psychiatry, psychology)
- ⊙ Applied sciences (dermatology)
- ⊙ Natural sciences (evolutionary science, neuroscience).

Body-focused repetitive behaviours are the collective name for problematic picking, pulling or biting of skin, hair or nails. All people do these things to some extent, in part because they are normal primate grooming behaviours, but some people experience ongoing, powerful urges that make it very difficult to stop, resulting in both physical damage and psychological distress.

Body-focused repetitive behaviours can blight lives but they are both stigmatised and under-recognised, and there is often little or no understanding or support available. They share features with anxiety, self-harm, trauma, OCD and addiction, but also sometimes occur in the absence of any other condition. Much more research is needed to understand the mechanisms of and develop interventions for body-focused repetitive behaviours and this is the purpose of an emergent network of researchers that has been instigated by Prof Clare Mackay.

Prof Mackay has had trichotillomania (hair pulling) since she was twelve years old. Therefore, like a considerable number of the researchers in this and the other case studies, she has lived experience of the subject she is researching.

Prof Mackay recounts that much of the material on body-focused repetitive behaviours "is written by psychologists and psychiatrists who have a particular lens through which they view these behaviours. I don't mean that they're all the same, I just mean that in terms of discipline, it's very 'uni-disciplinary.' And what I found was a lack of creativity, a real lack of insight..." adding:



"This set of disorders or behaviours [...] involves a whole range of aspects of what it is to be human. There is no single discipline that could possibly cover the understanding and management of these behaviours".

The network that Prof Mackay is helping instigate includes experts by experience as well as psychologists, psychiatrists, anthropologists, neuroscientists, data scientists, skin scientists, evolutionary scientists and behavioural scientists.

In September 2024, in collaboration with BFRB UK and Ireland, the network held the first Oxford BFRB Conference. Many of the collaborations are still at an early stage, but the scope for interdisciplinary research is high – such as with professionals from the hair and beauty industry. Prof Mackay believes that the latter may have an important role to play in reducing the distress of living with body-focused repetitive behaviours and has been collaborating with the National Hair and Beauty Federation to raise awareness and reduce stigma. This is research with a potential for huge impact among the community of those affected.

BARRIERS TO INTERDISCIPLINARY RESEARCH

The barriers to interdisciplinary research in mental health include disciplinary boundaries. The intention of bringing disciplines into dialogue is one thing, but it may not take account of the boundaries that can come about due to different disciplinary language and approaches. These boundaries may not be so obvious if the collaboration is between disciplines that come from the same academic field, such as a collaboration between different disciplines within the social sciences. However, overcoming boundaries may be more challenging if the disciplines are drawn, for instance, from both the sciences and humanities.

Case study: ATTUNE

Mental health focus: Adverse childhood experiences

Primary institution: University of Oxford

Project dates: 2021-2025

Range of disciplines:

- ⊙ Social sciences (psychiatry, psychology, social work, sociology, youth work)
- ⊙ Applied sciences (epidemiology, psychotherapy, software development)
- ⊙ Formal sciences (data science)
- ⊙ Humanities (games design, performing arts, visual arts).

One of the case studies which bridges the sciences and humanities is ATTUNE. This is a project exploring young people's mental health following adverse childhood experiences (ACEs). Several of the case studies in this report deploy creative methods, notably when working with experts by experience, but ATTUNE has participatory, arts-based approaches at its centre, as well as looking at their potential for prevention and care.

It explored the lived experience of young people with ACEs through formats that include animation, drama, music, photography, film, performance, drawing, painting and collage.

The project, which ran from 2021 to 2025, was a collaboration between the Universities of Oxford, Falmouth, Kent and Leeds as well as a number in London. Its primary funder was the MRC although it also received financial backing from UKRI and Arts Council England.

Prof Nicola Shaughnessy, a Professor of Performance at the University of Kent, and a Co-Investigator of ATTUNE, points out that

there can be questions of disciplinary hierarchy and gatekeeping with interdisciplinary research. As she puts it, there can be an assumption in some parts of the wider research community that the arts are "in the service of the science, that there's already a hierarchy there. And that can mean that some of our approaches are treated with scepticism or criticism." Shaughnessy also points out that effective interdisciplinary research involves negotiating different disciplinary norms, such as definitions of evidence or rigour – or publishing pathways:



"Some disciplines value different kinds of publications and others don't. And so that means as an arts researcher, the gold standard for us is a monograph... when I'm applying for promotion, I'm asked how many single-author books I've got. So, it's a radically different model to the multi-authored journal articles that are the bread and butter of an MRC grant, for example."

Case study: Hearing the Voice

Mental health focus: Voice-hearing

Primary institution: Durham University

Project dates: 2012-2022

Range of disciplines:

- ⊙ Social sciences (anthropology, psychology)
- ⊙ Natural sciences (cognitive neuroscience)
- ⊙ Formal sciences (linguistics)
- ⊙ Humanities (history, literary studies, medical humanities, philosophy, theology).

Another case study that has involved collaboration between the humanities and sciences is Hearing the Voice. This project explores voice hearing, a phenomenon that affects up to one in ten people. These experiences can be highly stigmatised and are sometimes hidden, yet it is now increasingly recognised that voice hearing is not a mere symptom of pathology but an important aspect of many people's lives. It can be distressing and upsetting, but also positive and meaningful.

This project, funded by Wellcome from 2012 to 2022, was supported by the Institute for Medical Humanities and the Institute of Advanced Study at Durham University. Its multiple strands generated a variety of research outputs, including an international exhibition as well as a highly developed website, Understanding Voices, for people who hear voices, their families and health professionals.

Hearing the Voice was an interdisciplinary research project that brought together academics from anthropology, cognitive neuroscience, history, linguistics, literary studies, medical humanities, philosophy, theology and psychology together with clinicians, artists, activists and experts by experience.

The Director and Principal Investigator of the project was Prof Charles Fernyhough, who was one of a number of interviewees who pointed out how disciplinary barriers can affect the career advancement for researchers involved in interdisciplinary research, and hence may disincentivise working in this way.

As Prof Fernyhough pointed out, several postdoctoral researchers have been engaged with Hearing the Voice, and "They're here because they want to have an exciting interdisciplinary adventure, but their CVs need to look good when they go back out into the world, and a lot of the time that is about disciplinary work. I remember having this mantra, 'excellent interdisciplinary work alongside excellent disciplinary work!'"

Questions of interdisciplinary boundaries also shade into questions of institutional boundaries, since institutions themselves may foster siloed disciplinary working. As Prof Ben Alderson-Day, one of the Lead Researchers for Hearing the Voice, points out, this can be a problem for generating legacy, because once the initial interdisciplinary research project has occurred there may be limited incentives within the university to build on it:



"because ultimately - whether it's getting a job, getting promoted, getting a grant, or translating your work into the outside world - all those things still come back to single disciplines. Many of these things don't tend to have much of a legacy because the rest of the system isn't set up to do that. And there's this constant communicating job to be done about what was it you were trying to do with that project or what difference did it make."



ENABLERS OF INTERDISCIPLINARY RESEARCH

Principle among the enablers of interdisciplinary research are those tools of communication and collaboration that enable cross-team working, helping build common language and common purpose. Many of the interviewees stressed the importance of developing a shared language and vocabulary, and the time required for this operation. As Prof Fernyhough said of Hearing the Voice, “the first year or so felt like us learning to speak each other's language, getting on the same page, learning vocabulary in each other's disciplines. And I don't think that can be underestimated: the time it takes to figure out a level playing field.”

Case study: **Shame and Medicine**

Mental health focus: Shame and medicine

Primary institution: University of Birmingham and University of Exeter

Project dates: 2020-2026

Range of disciplines:

- ⊙ Social Sciences (Sociology)
- ⊙ Humanities (Cultural Studies, Philosophy).

Another of the case studies is Shame and Medicine, which explores the role of shame in various aspects of health and medicine, including clinical practice, patient experience and medical student education.

For instance, shame has been associated with treatment avoidance among patients, can negatively impact medical education, and can influence how health care practitioners cope with adversity.

Despite its prevalence within medicine and health care, our understanding of shame and its impacts is incomplete. The project, which started in 2020 and runs until 2026, is based at the University of Exeter and the University of Birmingham, in collaboration with a clinical partner at Children's Health

Ireland. It has engaged an interdisciplinary team of researchers to investigate the philosophy and cultural representation of shame in medicine, while also doing empirical studies looking at shame experiences in current health care practices and professional culture. Patients and other people with lived experience have been involved in the set-up, design and delivery of the research.

The interviewees from Shame and Medicine described two programme strands that they have used to further communication and shared understanding. One is a reading group, which Prof Luna Dolezal, Principal Investigator of the project, described as “very multidisciplinary, reading comics and sociology papers and medical research and philosophy”. The other is what they call Memo Meetings, face-to-face days held every six weeks during term time, where different disciplinary perspectives were brought to a topic, “as a way to integrate different disciplinary vocabularies and perspectives and frameworks, so that the analysis of the data wasn't just a social sciences thing, but actually took into account visual culture and philosophy and bioethics, and all the other perspectives we were bringing.”

Hearing the Voice also employed regular meetings and workshops as a means of aligning different disciplinary languages and ways of working. One programme that the researchers initiated was Voice Club, which operated every two weeks during term time and in which, as Prof Fernyhough said, they were “drawing on techniques from creative facilitation to engender conversations across disciplines, across sectors, with people who have lived experience”, in order to “flatten hierarchies of knowledge and get away from the standard 'let's do a research talk and then let's ask lots of questions' approach.” As mentioned earlier, creative methods (also known as creative facilitation) are also a feature of other case studies such as ATTUNE.

One observation made by several interviewees was that there are few established frameworks they discovered that could enable interdisciplinary communication and collaboration. As Prof Fernyhough from Hearing the Voice asserted, received frameworks for interdisciplinary research “certainly fed in at various points, but we had to figure this out for ourselves.” Nevertheless, some pre-existing frameworks were mentioned by the interviewees. One example is the Delphi method or technique, a set of tools for communication and collaboration, originally developed to help panels of experts produce forecasts, or to reach consensus and develop professional guidelines. Delphi has been widely used for business forecasting but has also been employed in many health-related fields, including clinical medicine, public health and research.

Several interviewees mentioned the responsibility that they felt to share frameworks for communication and collaboration once they had developed and tested them. Prof Angela Woods, the Co-Director of Hearing the Voice, asserted that one outcome of this decade-long project has been the championing of its methods:



“there are now people who are taking those skills and techniques into a whole range of different interdisciplinary research contexts, health practice domains, local authorities.”

One of the outputs of Hearing the Voice is Working Knowledge, a website with resources for interdisciplinary research, and which was signposted by several of the researchers from the other case studies (see page 9).

Case study:

BIRES (Building body image resilience in populations undergoing rapid economic development)

Mental health focus: adolescent body image

Primary institution: Durham University

Project dates: 2024-2029

Range of disciplines:

- ⊙ Applied Sciences (Dermatology)
- ⊙ Natural Science (Evolutionary Science, Neuroscience)
- ⊙ Social Sciences (Anthropology, Education, Psychiatry, Psychology).

Another of the case studies under consideration is BIRES, which stands for ‘building body image resilience in populations undergoing rapid economic development.’ This is a project initiated by researchers from Durham University in 2024, with additional university partners in Nicaragua and Colombia. Body appearance dissatisfaction has adverse impacts on psychological wellbeing and health behaviours, including increased risk of depression, lower self-efficacy, reduced physical activity, greater risk of engaging in unhealthy methods of weight-control, and reduced school engagement among young people.

Appearance dissatisfaction is a rapidly globalising problem, but intervention development has been based on Western populations’ needs. In contrast, BIRES is codeveloping interventions across low- and middle-income populations, aiming to create the first transcultural framework for body

image intervention. It is using large-scale, educational intervention studies with adolescents and their parents, together with indigenous participatory research methods with whole communities. The project has a focus on the Caribbean but also a wider international relevance and potential for impact.

When it comes to creating alignment in communication and collaboration, BIRES has additional challenges because of the international, multilingual and cross-cultural nature of the project.

As Prof Lynda Boothroyd, Principal Investigator of BIRES, told us, “the most important thing is to continue to have communication and listen to each other's perspectives or points of view, and come to consensus at each step... I think it's really helpful to maintain as much of a flat hierarchy as possible amongst ourselves because that way everyone feels able to contribute... It's an iterative process, trying to slowly align each other's ways of understanding.”

Dr Fabienne Andres, a clinician who is leading on the schools' project for BIRES, added:



“everything about interdisciplinarity, as well as everything about cross-cultural research, rests on the concept of inter-cultural dialogue – because disciplines are cultures as well.”

One factor that many of the researchers mentioned is time – interdisciplinary research often entails more groundwork, requires more flexibility, benefits from permission to fail, is slower in producing outcomes and ultimately just needs more time. As Prof Mackay from the body-focused repetitive behaviours network put it, “There are massive barriers to starting something completely new... You need time to stare at the wall and be comfortable with not knowing so that you can be more creative with your thinking – the hamster wheel of academia is a major barrier to this sort of work.” Moreover, she asserts, “It's really important to have time to form the relationships and to be able to take on board knowledge from a different sphere. It takes time to build relationships. It takes time to assimilate the knowledge. In the current climate it is difficult for people to take this time – a time when they're not expected to be writing grants and papers – to form those new networks.”

Others pointed out the need to recognise the importance of a pilot phase when doing interdisciplinary research, or a phase for what Prof Shaughnessy, from ATTUNE, called ‘serious play’ – adopting a term from the gaming world. Moreover, several researchers pointed out that this approach to time implies a different understanding of funding. As Dr Katharine Smith, a clinician involved in the circadian disruption project at GALENOS, put it, interdisciplinary research “does involve a lot of planning, time and therefore money. In funding calls I think it has to be recognised that if you're going to work in this truly multidisciplinary way, it has to be planned out realistically in advance, and some contingency included for changing plans during the process.”

Several of the researchers involved in the case studies pointed out the importance of good leadership for interdisciplinary research, and of leadership's role in maintaining strategic overview. As Dr Lawrance from Connecting Climate Minds put it:



“Consider what you're working towards, because it can be really easy to get bogged down – especially when you're bringing different disciplines together, different terminologies, different lexicons and weaving epistemologies – to lose focus on what your goal is.”

Moreover, others recommended deploying different disciplinary frameworks in strategic ways. As Dr Gill Westgate, a consultant in hair and skin science who is part of the body-focused repetitive behaviours network put it, “you don't need all the disciplines all the time along the whole journey of the project. You might want to think about mapping who you need and at what time along the way... it's good to resist the temptation to have a wider community just for the sake of having a wider community, because that takes time that you don't have.”

Finally, the complex and intensive nature of interdisciplinary research dictates the kind of support that these projects require. Several researchers mentioned the importance of good project management. As Prof Dolezal, from Shame and Medicine, put it, “Having more time allocated to projects and having a reasonable amount of administrative support allocated to projects, so that you're not overridden with project management tasks. Because it takes time and there's a lot of organising, there's a lot of infrastructural stuff that needs to be in place for the interdisciplinary collaboration to work.”

LIVED EXPERIENCE AND INTERDISCIPLINARY RESEARCH

This section draws on the interviews conducted for this report, in which a dedicated set of questions explored how lived experience had been incorporated in each project, whether people with lived experience had been involved in codesigning the research or disseminating findings, and what challenges had been encountered (see Appendix 5). Many of the researchers stressed that lived experience is integral to their projects, rather than being an 'add on' component.

Another way to express this relationship is to assert, as several of the researchers did, that lived experience should be considered as a specific discipline in and of itself – this is one of the reasons that when in this report we speak of people with lived experience who are involved in research, we have favoured terms such as 'experts by experience' (as opposed to 'lived experience participants'). Throughout this section we also acknowledge the power differences that exist between academic institutions and people with lived experience, and we recognise the real and sometimes difficult work that the teams in our case studies did to address these differences honestly.

Following this logic, all the insights in the preceding section about the enablers of interdisciplinary research – touching on communication and relationships and time – are as relevant to experts by experience as they are to academic researchers. As Dr Lawrance, from Connecting Climate Minds, told us:



"This aspect of the work – experience inclusion and interdisciplinary work – it's vastly underestimated the actual work it takes to do that. Well, you can do it as a tick box exercise, but if you want to do it well and meaningfully, then it's a lot of work. You have to build relationships; you have to build understandings; you have to create these spaces – you have to create frameworks and processes for communication."

Others stressed the importance of including lived experience in all levels of decision-making, as part of coproduction. As Dr Smith from the GALENOS project told us:



"Having lived experience input throughout the process, including in the identification of the topic, I think that's key. In some other research the topic is decided outside and is presented as 'This is what the experts think is important'. But we are doing this to benefit patients and people who are struggling with a variety of different disorders, so having their input right at the beginning – and then throughout the process to keep us on track – is very important and, in my experience, very different from other 'add on' approaches. It's integral."

For many academic or professional researchers, the motivation to include lived experience in this way is given added urgency by their assessment that traditional approaches to mental health research have been failing people affected by mental health problems and who are neurodivergent.

Prof Shaughnessy, from ATTUNE, asserted that autism has not been best served by traditional medical approaches, and added:



"It is very clear both in the provider world and the commissioning world that we are failing children... in my view, the only way we are going to start to meet the needs of young people is to start really understanding their lived experiences."

Prof Fernyhough, from *Hearing the Voice*, put it differently:



"If you're doing research on protons, lived experience is not going to help you very much, but in mental health, you have an extraordinary opportunity to make lived experience of mental health issues absolutely essential to the work you do, in terms of serious involvement and even leadership and research. So that is a fantastic opportunity for people to come together from different backgrounds and positions of expertise to create new knowledge. That's really exciting."

Case study: SloMo

Mental health focus: Psychosis

Primary institution: King's College London

Project dates: 2014 to date

Range of disciplines

- ⊙ Social sciences (psychology)
- ⊙ Applied sciences (cognitive behavioural therapy, software development)
- ⊙ Humanities (animation, human-centred design, illustration).

One of the case studies that sheds light on the question of lived experience inclusion is SloMo, a digitally supported therapy for paranoia in psychosis.

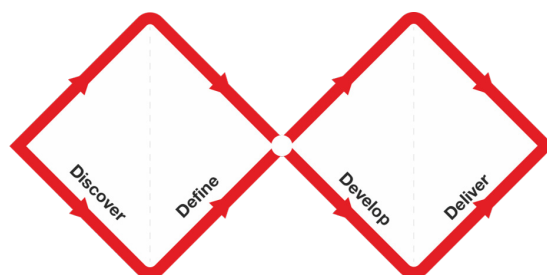
SloMo works by targeting 'fast thinking' habits that fuel worries and supports people to slow them down (SloMo is short for 'Slow down for a Moment'). It consists of an online therapy platform that supports people to notice worries and fast thinking habits and learn how to manage them, while between therapy sessions, the mobile app offers the chance to continue trying out tips and strategies at any time. SloMo uses technology to support visualisation of thinking habits, with users invited to interact with their SloMo 'thought bubbles', altering the latter's speed and size to reflect their state of mind.

SloMo was initiated in 2014 by a team of clinician academics who wished to address some of the challenges faced in using cognitive behavioural therapy (CBT) for psychosis and has been developed by a transdisciplinary team of therapists, trainers, researchers, regulatory consultants and technologists.

The technological component of the project has involved both designers and software developers, most recently Bitjam, who are associated with Keele University. Design partners have included Helen Hamlyn Centre for Design, Royal College of Art, London, who developed the original version of SloMo, as well as the design studio Special Projects, who optimised the original version for implementation. Notably, experts by experience have been involved throughout, from user-testing sessions to research leadership.

One framework that SloMo has used is the Double Diamond, a means of conceiving the codesign process that has been championed by the Design Council in the UK.

Figure 3: Double diamond. Design Council, licensed under a [CC BY 4.0 license](#).



In this model the design journey is expressed as two interlocking diamond shapes, each characterised by phases of divergent and then convergent activity – and in which the divergent phase involves enriching the project through lived experience.

However, as Dr Amy Hardy, the Principal Investigator of SloMo, put it:



"The lived experience involvement has developed over time. Initially when we started... we were focused on having lived experience user-testers and consultants, people trying out the prototypes and giving feedback. That's evolved as we've got more funding. So now we have different levels of lived experience involvement... We've got people who are part of a team, but also people who are a bit more independent and then people who are fully independent. We get the value of people's input from all those different positions."

Amy Grant is an expert by experience who has over a decade of experience on SloMo and who has performed multiple roles within the project. As Grant told us:



"I think for most people when it comes to lived experience, the difficulty is with communicating, feeling safe to communicate. But I haven't had that problem with SloMo. I feel confident enough, that what I'm sharing is relevant and will be listened to, and for me that's validating."

Rai Waddingham, an expert by experience who has been involved with Hearing the Voice, also spoke to this question of safety, and of the need to address the historic legacy of:



"...harms that have been perpetuated by research and researchers on people with psychiatric diagnosis... And that took quite a bit of work, I think to build relationships and to get some collaboration going. But acknowledging some of that, that harm and power difference, was essential."

A final part of the picture is the involvement of money in unequal power dynamics. Notably, how people from marginalised communities, including people with lived experience of mental health problems, those from racialised groups, and others who have historically been excluded from research processes, can be subject to extractive research which fails to represent or uplift them, but which instead serves the interests of academia and the knowledge-exchange industry. As Sacha Wright, from Connecting Climate Minds, asserted:



"A fantastic example of that is how you get paid. So... funders generally pay based on deliverables, and so you get paid after you deliver a piece of work. But then it's hanging over your head: if I don't deliver exactly what they're looking for, then there's a possibility I wouldn't get paid. And that's maybe tenable for big academic institutions, but often, when working with people with lived experience, it's just not a risk that they can take. And it can feel extractive because it seems like: if you don't deliver what somebody else is looking for, then you're not going to be remunerated."

These accounts, from people with direct experience of taking part in research, are a reminder that power differentials in interdisciplinary research are real and persistent. What was equally clear from our interviews, however, was the genuine effort that academic leaders in these case studies made to notice and reduce those differentials. Building safety, acknowledging historical harm, sharing decisions and ensuring fair payment are not easy, and they take time. The researchers who did this work deserve recognition for it.



FUNDING FOR INTERDISCIPLINARY RESEARCH

The question of funding for interdisciplinary research was addressed by many of the researchers that we spoke to. For instance, several interviewees noted the problem of finding funding for research that addresses less-explored issues. This was addressed by the researchers in the body-focused repetitive behaviours network, who pointed to the lack of existing work on body-focused repetitive behaviours.

As Prof Mackay from the network put it, “when I started studying BFRBs, many people said to me you're never going to get funding for that, which is strange because it's an interesting problem that affects lots of people. But it's because it doesn't already attract funding.” As she went on to say, funders need to “be open to ideas that are properly new and not just an iteration on from where things were before.” Or, as Dr Hardy from SloMo put it, “If we don't take risks, we're just going to end up maintaining the status quo”.

Another topic that the interviewees addressed was funding protocols, particularly in the evaluation of applications for funding. As Prof Fernyhough from Hearing the Voice put it, “There's certainly an issue of evaluation. Most funders are not geared up to evaluate interdisciplinary projects properly. There are lots of stories of thoroughly interdisciplinary projects that get turned down because they're only seen by one small sector of academia.” The development of more sophisticated funding protocols for interdisciplinary research was one recommendation, including more realism about the time required to achieve outcomes from interdisciplinary working, and more understanding of how lived experience data may depart from scientific norms.

In addition, interviewees spoke about the need for funding for the exploratory phase for interdisciplinary research, a phase which may be longer for interdisciplinary research than for other types of research. Moreover, they noted the importance of seed funding – of funding to build networks and consortia, to develop new interventions – and the requirement for flexibility to accommodate projects that may evolve. As Prof Polly Waite, from the body-focused repetitive behaviours network said, “So that actually at that early part of the journey when you're just starting to get the data to make the case, and do the groundwork, that actually that could be funded as well as further downstream.”

Finally, some interviewees spoke about the role of funders in building up models of good practice in interdisciplinary research, through showcasing effective work, developing shared resources and promoting training. As Prof Woods from Hearing the Voice put it:



“I think there's a lot that could be done to help build the ecosystem, as well as to enable people who are successful in getting those kinds of awards to work well and in a truly interdisciplinary way.”



CONCLUSIONS

As we have noted in this report, interdisciplinary research may be of huge benefit in the field of mental health. There are a variety of incentives for its use, but the most powerful of these is the pursuit of knowledge – especially in the investigation of complex or even ‘wicked’ problems, which may involve factors from a variety of different domains, and which may have been resistant to more traditional scholarship. The human psyche, for example, is a supreme example of a complex system that needs to be studied in its totality, rather than as a set of distinct parts. Moreover, if interdisciplinary research can achieve breakthroughs in areas of mental health in which more traditional established scholarship has found difficult to engage with fully through any single discipline, then such work has an outsized potential for impact. This includes the potential to develop more appropriate and sensitive research methods, which in turn may lead to better health and wellbeing outcomes for those affected by mental health conditions.

Nevertheless, there are some question marks over the prevalence of interdisciplinary research in mental health, in part because confusion of terminology makes the field opaque. Institutional support for interdisciplinary research in mental health has undoubtedly grown in the UK since the turn of the century, and one notable development in the higher education sector has been the growth of the medical humanities. Another notable area of development, as reflected in the case studies here, has been the involvement of digital technologists within interdisciplinary research, especially in the development of digital aids for mental wellbeing. However, it is possible that interdisciplinary research in mental health – and especially projects that include the meaningful involvement of experts by experience – may still be relatively rare. Moreover, it is notable that psychology appears as a frequently occurring ‘lead’ discipline in this sample, which suggests that initiatives coming from other disciplines may be under-developed.

In addition to confusion of terminology, there are other barriers to the operation of interdisciplinary research in mental health. Chief among these are disciplinary boundaries, created by varying disciplinary vocabularies and approaches. Such boundaries may be less obvious if the collaboration is between disciplines that come from the same academic field – such as different disciplines within the social sciences – but may be more challenging if the disciplines are drawn, for instance, from across the sciences and humanities. In such cases there may be widely differing disciplinary norms, such as definitions of evidence or rigour, as well as problems with hierarchy and gatekeeping. Moreover, institutions can often compound these disciplinary barriers, for example through rigid funding structures or publishing pathways, which can disincentivise researchers from making careers in interdisciplinary research.

There are also a variety of enablers for interdisciplinary research in mental health. Principle among them are those tools of communication and collaboration that enable cross-team working and help build common language and common purpose. Such tools can include, for example, regular meetings and workshops that can be used to align different disciplinary languages and ways of working. Moreover, creative methods – approaches that involve arts-based and experimental practices to explore a topic in a collaborative and interdisciplinary manner – may help to overcome disciplinary barriers and to translate complex mental health experiences into meaningful data.

There are some established frameworks for interdisciplinary research and associated tools, but it should be noted that there is little consensus in this area – and considerable need to develop shared frameworks and tools, such as those offered by Hearing the Voice in its Working Knowledge resource.

In addition to such frameworks and tools, other enablers of interdisciplinary research can be grouped under the heading of project management. Interdisciplinary research is more likely to succeed if given sufficient time, since it often requires more time in the set-up phase, a high level of flexibility throughout, and can be slower to produce outputs than other forms of research. Such factors mean that interdisciplinary research requires effective leadership, since strategic focus can be more difficult to retain in a more prolonged and open process. Moreover, the project management involved may be more demanding than for other kinds of research. There is a role for training to create effective leadership and management of interdisciplinary research, as well as to help researchers, professional partners and experts by experience to achieve a level playing field of knowledge and skills.

Recent decades have seen an increasing emphasis on the inclusion of lived experience within mental health research, and the most recent model is coproduction, in which experts by experience are brought into the heart of the research process, emphasising the importance of power sharing and the flattening of hierarchy. NIHR has played a leading part in making this a requirement rather than a preference, insisting that funded projects embed patient, public and lived experience perspectives in genuine rather than performative ways. In the context of interdisciplinary research, this suggests that lived experience can be usefully understood as disciplinary expertise and that many of the same enablers for interdisciplinary research also apply to lived experience inclusion.

In particular, if interdisciplinary working can promote the inclusion within research of people from marginalised and disadvantaged groups then this has the potential to create significant social impact. The researchers in our case studies worked hard to achieve this, and they were honest about the challenges. Power differentials between academic institutions and people with lived experience are not dissolved simply by good intentions. They require sustained attention, structural changes to how people are paid and supported, and a genuine willingness to share authority. Nevertheless, experts by experience may need support to retain agency and project leaders must take care to avoid approaches that are – however well-intentioned – potentially extractive. Once again, creative methods may be useful when establishing lived experience inclusion.

Finally, the funding of interdisciplinary research in mental health needs special consideration. Interdisciplinary research sometimes addresses under-researched areas, and funders may be reluctant to support these due to lack of established pathways. Funding protocols can be an issue, and funders can sometimes be inflexible in their evaluation requirements for interdisciplinary research funding proposals – around disciplinary norms, for instance, which can lead to issues such as the failure to credit knowledge that comes from lived experience. NIHR's growing insistence that funded projects integrate patient and public involvement, and more recently lived experience perspectives, sets an important standard. Other funders would benefit from following this lead and recognising that meaningful lived experience integration takes time, resource and structural support. Moreover, even when interdisciplinary research is encouraged by funders, they may not have sufficient interdisciplinary experience in their own funding panels to appropriately appraise such applications. One of the most consistent issues, however, is a lack of appreciation of the time and flexibility required to develop interdisciplinary research projects, to establish patterns of communication and collaboration and to achieve real world outcomes.

RECOMMENDATIONS

FOR FUNDERS

Drawing on what we found, this report sets out options that funders may wish to consider. Many funders already support and embed coproduction, and the suggestions below are offered as ways to build on that work.

- 1. Emphasise coproduction within involvement requirements:** Many funders already ask for patient and public involvement, and some are moving towards coproduction. There may be value in continuing that shift, so that lived experience expertise helps shape questions, methods, interpretation and sharing, rather than being sought at a late stage. We recognise this is not simple to deliver, and a gradual move may be more realistic than a single change.
- 2. Consider dedicated funding for interdisciplinary mental health research:** One option would be funding that supports projects bringing together fields such as the arts, humanities and social sciences alongside clinical and biomedical science, with lived experience expertise at the core. Funding of this kind could help a broader and more varied field develop that reflects the complexity of mental health challenges.
- 3. Offer seed funding to help interdisciplinary working take root:** Early, flexible investment can give teams space to form collaborations, test ideas and build networks before larger bids. Our findings suggest that without some early support, promising work can struggle to begin.
- 4. Reflect the time that interdisciplinary projects take to develop:** Interdisciplinary work often needs longer to build trust and to bring different approaches into line. Funders may wish to allow for this in timelines, so that this research is not placed at a disadvantage next to single discipline work.
- 5. Review how proposals are assessed:** Current processes can favour established disciplinary norms, and panels are not always set up to weigh creative or participatory methods or lived experience data. There may be value in widening the expertise on panels and in recognising a broader range of methods. We recognise this is hard to deliver in practice, and we offer it as a direction to work towards rather than a fixed requirement.
- 6. Invest in skills and shared resources:** Support for training, toolkits and shared platforms can make collaboration across disciplines easier, and sharing examples of good practice can help others learn. Investment of this kind could help the field grow.

FOR RESEARCH LEADERS

These suggestions are offered to those who lead interdisciplinary research.

1. **Work to lower the barriers to interdisciplinary research:** Boundaries between disciplines, hierarchy and gatekeeping can limit funding, legacy and careers. Leaders are well placed to open pathways for collaboration and to value contributions at every career stage.
2. **Strengthen communication and shared understanding:** Structured spaces for dialogue, joint authorship and creative methods such as visual mapping, storytelling and participatory workshops can help teams surface assumptions, build trust and reach new insights.
3. **Give creative methods a central place:** Creative methods can open up complex problems in ways that more conventional approaches may not. There may be value in supporting training in these methods and in showing their worth in outputs and in "evaluation".

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APPENDIX ONE: RESEARCH METHODS

SUMMARY OF PROCESS

Conduct literature search

Literature search to define interdisciplinary mental health research, in the UK and further afield.
Locating texts that:

- ⊙ Define key terms that are used to describe teamwork involving multiple disciplines
- ⊙ Discuss using interdisciplinary research to address mental health challenges, and which distil key characteristics, benefits and challenges in designing and delivering this research
- ⊙ Discuss the involvement of people with lived experience in interdisciplinary research
- ⊙ Map the institutional field for interdisciplinary research in the UK.

Define research objectives

- ⊙ Identify a broad range of disciplines across formal sciences, natural sciences, social sciences and humanities that can contribute to interdisciplinary research in mental health, including disciplines not traditionally engaged by NIHR
- ⊙ Address the question of the inclusivity of participants in the projects, including people with lived experience, people from diverse backgrounds and young people
- ⊙ Finalise research objectives once literature search conducted and informed by latter.

Case studies criteria

Define the criteria for the selection, including the following metrics for each case study:

- ⊙ Type of research
- ⊙ Domain of research
- ⊙ Number of disciplines
- ⊙ Range of disciplines
- ⊙ Time period
- ⊙ Lived experience component
- ⊙ Other criteria.



Case study search and selection

- ⊙ Define digital search strategy and protocol
- ⊙ Build a network of contacts to gather additional recommendations
- ⊙ Employ a bibliographic database to which we can export data (Zotero)
- ⊙ Build a data extraction form and make selection.

Conduct interviews

- ⊙ Define criteria and format for interviews
- ⊙ Conduct interviews
- ⊙ Synthesise the interview data.

Write the report

- ⊙ Draft the report
- ⊙ Seek input from NIHR and from advisors
- ⊙ Produce final version.

Limitations, concerns and challenges

- ⊙ Choice of case studies may reflect selection bias, due to role of personal recommendations. Mitigation: A diverse pool of participants was actively sought, including those from underrepresented groups
- ⊙ Case studies may reflect limited contexts, making generalisation challenging. Mitigation: Multiple case studies from varied settings were used to provide a broader perspective
- ⊙ Limited engagement from academics in case studies. Mitigation: Strong communication channels and relationships were built with potential participants early in the project
- ⊙ Limited engagement from people with lived experience in case studies. Mitigation: Strong communication channels and relationships were built with potential participants early in the project.
- ⊙ Using lived experience voices can emphasise personal accounts more than broader theories. Mitigation: these accounts are complemented with theoretical insights to provide context
- ⊙ Ethical problems concerning collection of data. Mitigation: we ensured informed consent, maintained confidentiality and addressed any conflicts of interest.
- ⊙ Data collection challenges. Mitigation: We developed a detailed data collection plan, including backup strategies for potential obstacles, and using multiple data sources and academic research portals to ensure robustness.
- ⊙ Researchers' own views may influence the analysis, leading to partial conclusions. Mitigation: Reflexivity and independent reviews of the analysis by external experts help reduce this possibility.



APPENDIX TWO: DETAILS ON SEARCHES

Literature review

We did a search for literature in the following databases:

- ⊙ MEDLINE (via PubMed or Ovid) – biomedical and clinical research, including mental health
- ⊙ Scopus – broad coverage across health, social sciences and STEM
- ⊙ Web of Science (Core Collection) – another multidisciplinary database
- ⊙ PsycINFO – psychology, psychiatry and behavioural sciences
- ⊙ CINAHL – nursing and allied health literature, often includes coproduction and patient involvement studies
- ⊙ Google Scholar – broad and inclusive, but less structured for systematic searching.

Case study search

The digital search strategy combined terms in three main categories:

- ⊙ Mental health ("mental health" OR "depression" OR "psychosis" OR "wellbeing")
- ⊙ Lived experience involvement ("coproduction" OR "peer researcher" OR "lived experience" OR "patient involvement" OR "service user involvement")
- ⊙ Interdisciplinary collaboration ("interdisciplinary" OR "cross-disciplinary" OR "collaborative research" OR "transdisciplinary").

We searched for relevant papers in the databases listed above.

Details of the second search:

This exercise was done with much more open search terms, in order to capture a wider range of results. The updated search strategy combined terms in three main categories:

- ⊙ Mental Health ("mental health"[tiab] OR "mental illness"[tiab] OR "mental disorder*"[tiab] OR "psychiatric"[tiab]) AND
- ⊙ Lived experience involvement ("lived experience"[tiab] OR "service user involvement"[tiab] OR "public involvement"[tiab] OR "patient and public involvement"[tiab] OR "PPI"[tiab] OR "coproduction"[tiab] OR "participatory research"[tiab] OR "community-based participatory research"[tiab] OR "CBPR"[tiab] OR "peer researcher"[tiab] OR "expert by experience"[tiab] OR "consumer involvement"[tiab]) AND

- ⊙ Interdisciplinary collaboration ("interdisciplinary"[tiab] OR "transdisciplinary"[tiab] OR "interprofessional"[tiab] OR "team science"[tiab] OR "collaborative research"[tiab] OR "integrative approach"[tiab] OR "mixed methods"[tiab]).

These search terms are an example of the strategy and were a tool for finding papers. They are illustrative rather than exhaustive, and they did not set the scope. Scope was set by the criteria above, so the absence of a term such as anxiety, or of multidisciplinary terms in the core string, did not exclude relevant projects, which could still surface through the broad terms and through snowballing.

This search was conducted across ten selected databases:

- ⊙ ASSIA (Applied Social Sciences Index and Abstracts) – covers social work, sociology, and mental health policy
- ⊙ Sociological Abstracts – sociological theory, including lived experience and interdisciplinary studies
- ⊙ Social Science Citation Index (subset of Web of Science) – focused on social science literature
- ⊙ ProQuest Social Science Database – overlap with other sources but may catch unique items in grey literature or applied research
- ⊙ MLA International Bibliography – useful for mental health studies linked with literature, narrative or language
- ⊙ Philosopher's Index – captures ethical, existential, and conceptual discussions relevant to mental health and experience
- ⊙ Art and Humanities Citation Index (also in Web of Science) – may include relevant studies using arts-based or historical approaches
- ⊙ IEEE Xplore – covers engineering, computing, and technology; useful for digital mental health or data science collaborations
- ⊙ ACM Digital Library – similar to IEEE, but more focused on human-computer interaction and digital research environments
- ⊙ Inspec – covers physics, engineering, computing; includes technical collaborations relevant to neuroscience or modelling.



APPENDIX THREE: CASE STUDY LINKS

ATTUNE

<https://www.attuneproject.com>

<https://www.psych.ox.ac.uk/research/chimes/attune/attune>

BIRES

<https://lgboothroyd.webspace.durham.ac.uk/body-image-interventions-in-rapidly-developing-populations>

Body-focused repetitive behaviours

<https://www.psych.ox.ac.uk/research/translational-neuroimaging-group/investigating-mechanisms-and-developing-interventions-for-body-focused-repetitive-behaviours>

<https://www.bfrbukireland.com>

Connecting Climate Minds

<https://hub.connectingclimateminds.org>

GALENOS

<https://www.galenos.org.uk>

<https://www.galenos.org.uk/blog-news/reflections-on-chairing-pre-triangulation-meeting-circadian-rhythm>

<https://www.galenos.org.uk/blog-news/coproducing-a-model-a-mental-health-science-that-performs-for-all>

Hearing the Voice

<https://hearingthevoice.org>

<https://workingknowledge.webspace.durham.ac.uk>

Shame and Medicine

<https://shameandmedicine.org>

SloMo

<https://www.slomotherapy.co.uk>

<https://researchonline.rca.ac.uk/6196/1/SloMo%20Co-designing%20technology%20to%20improve%20psychological%20therapy%202024.pdf>

APPENDIX FOUR: CASE STUDY INTERVIEWS

ATTUNE

- ⊙ Dr Annette Foster (Autistic and ADHD postdoctoral researcher and educator, University of Kent)
- ⊙ Prof Siobhan Hugh-Jones (Professor of Mental Health Psychology, University of Leeds; Co-I of the project)
- ⊙ Prof Anna Mankee Williams (Professor of Arts and Health, University of Falmouth; Co-I of the project)
- ⊙ Prof Nicola Shaughnessy (Professor of Performance and Academic Co-Director, Institute for the Cultural and Creative Industries, University of Kent; Co-I of the project).

BIRES

- ⊙ Dr Fabienne Andres (Research Associate in the Department of Psychology, Durham University)
- ⊙ Prof Lynda Boothroyd (Professor of Psychology, Durham University; PI of the project)
- ⊙ Dr Ana Maria Chamorro Coneo (Assistant Professor, Universidad del Norte, Colombia)
- ⊙ Dr Tracey Thornborrow (Assistant Professor of Psychology, Durham University).

Body-focused repetitive behaviours

- ⊙ Dr Bridget Bradley (Lecturer in Social Anthropology, University of St Andrews, Chair of BFRB UK and Ireland)
- ⊙ Prof Clare Mackay (Professor of Neuroscience, University of Oxford)
- ⊙ Prof Polly Waite (Associate Professor of Clinical Psychology, University of Oxford)
- ⊙ Dr Gill Westgate (Consultant, hair/skin science and cosmetics industry).

Connecting Climate Minds

- ⊙ Dr Meghan Bailey (Head of Social Protection and Health, Red Cross Red Crescent Climate Centre)
- ⊙ Dr Emma Lawrance (Director, Climate Cares Centre, Institute of Global Health Innovation and Grantham Institute for Climate Change and the Environment, Imperial College London, leader of the project)
- ⊙ Sacha Wright (Research Fellow, Division of Medicine, University College London; part of core team for lived experience component of the project).

GALENOS

- ⊙ James Downs (expert by experience and independent researcher)
- ⊙ Tate Kambeu (Chair of Global Experiential Advisory Board, GALENOS)
- ⊙ Prof Malcolm MacLeod (Professor of Neurology, University of Edinburgh)
- ⊙ Prof Georgia Salanti (Associate Professor of Biostatistics and Epidemiology, University of Bern)
- ⊙ Dr Katharine Smith (Honorary Consultant Psychiatrist and Clinical Lead, NIHR Oxford Health Clinical Research Facility).

Hearing the Voice

- ⊙ Prof Ben Alderson-Day (Professor of Psychology and Co-Director of the Discovery Research Platform for Medical Humanities, Durham University; Associate Director of the project)
- ⊙ Prof Charles Fernyhough (Professor of Psychology, Durham University; Director and PI of the project)
- ⊙ Rai Waddingham (Expert by experience, trainer and consultant; member of Editorial Board for Understanding Voices, one of the project strands)
- ⊙ Prof Angela Woods (Professor of Medical Humanities and Director of the Institute for Medical Humanities, Durham University; Co-Director of the project).

Shame and Medicine

- ⊙ Alex Aylward (expert by experience; member of the project's Advisory Board)
- ⊙ Prof Luna Dolezal (Professor of Philosophy and Medical Humanities, University of Exeter; PI of the project)
- ⊙ Dr Matthew Gibson (Senior Lecturer and Researcher, School of Social Policy, University of Birmingham; Co-I of the project)
- ⊙ Dr Barry Lyons (Consultant in Anaesthesiology, Children's Health Ireland; Core Collaborator of the project).

SloMo

- ⊙ Amy Grant (lived experience researcher; PPI consultant for the project)
- ⊙ Dr Amy Hardy (Reader in Clinical Psychology, King's College London, and Consultant Clinical Psychologist, South London and Maudsley NHS Foundation Trust; PI of the project)
- ⊙ Carl Plant (Managing Director, Bitjam, technology partner for the project).

APPENDIX FIVE: INTERVIEW QUESTIONS

Background

1. Could you briefly describe your research project?
2. Could you briefly describe the disciplines involved in this research?
3. What motivated you to pursue an interdisciplinary approach in this work?

Process / interdisciplinary

4. What methods or frameworks have you used to facilitate interdisciplinary collaboration?
5. How do you manage communication across disciplines, as when terminology or approaches differ?
6. Are there institutional or structural barriers that make interdisciplinary work more difficult?

Process / lived experience

7. How has lived experience been incorporated in this project?
8. Have people with lived experience been involved in co-design of the research, or the dissemination of the findings?
9. Have you encountered any challenges when incorporating lived experience into the interdisciplinary setting?

Outcomes

10. What have been the most significant outcomes of working in an interdisciplinary way?
11. Have you noticed any impact on the quality, relevance or reach of your research?
12. Looking back, is there anything you would have done differently in setting up or managing the collaboration?
13. Is there anything else you would like to share about this research?

Reflections

14. What advice would you give to someone considering an interdisciplinary approach in mental health research?
15. How do you see the role of interdisciplinarity work evolving in mental health research in the future?
16. What could funders do to make interdisciplinary research more achievable or better supported?





INQUIRY INTO INTERDISCIPLINARY MENTAL HEALTH RESEARCH LESSONS FROM EIGHT CASE STUDIES

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