**Project Title: UNITE: UN**derstanding **I**ndustrys **T**houghts and **E**xperiences of research partnerships: an exploratory investigation

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**Introduction:**

Mental health disorders present a growing global public health challenge, driving demand for more effective treatments, interventions, and policies [1, 2] . Addressing the complex biological, psychological, and societal aspects of mental health increasingly requires collaboration between academia and industry [3]. Yet, establishing sustainable partnerships remains difficult.

In the UK, industry-funded trials once brought significant financial benefits to the NHS, but patient recruitment has halved in recent years, costing the system an estimated £360 million [4, 5]. Stronger industry-academic collaborations could accelerate progress in treatment development, digital health, and public health strategies. Emerging technologies—such as AI, big data, and precision medicine—offer new opportunities for joint innovation, combining industry’s technological and commercial strengths with academia’s scientific expertise.

However, differing goals often create tension. Academia values long-term inquiry, open data, and publication, while industry prioritises speed, scalability, and intellectual property [6, 7]. These contrasting priorities can lead to mistrust and hinder collaboration.

Although interest in understanding the barriers and enablers of such partnerships is growing, research specific to UK mental health collaborations is limited [6, 8, 9]. One recent study called for clearer guidance to support ethical, transparent, and inclusive partnerships, but offered few actionable strategies [10].

There is an urgent need to improve basic principles of engagement between partner groups. Addressing this is congruent with the Mental Health Mission to; increase research capacity and capability and provide clinical trial infrastructure that enables innovators to test and trial products, increase the NHS use of cutting-edge treatments, and facilitate the pipeline of new interventions.

**Objectives:**

The UNITE project aimed to explore the needs of mental health industry when developing academic partnerships to evaluate their products in clinical trials. Three objectives were proposed:

1. ***Understand industry’s perspectives of industry-academic partnerships (IAP) in clinical trial design/delivery -*** including motivations and goals ofengaging with researchers and PPI, their expectations and actual experiences in the collaborative process, their perceived benefits and risks of conducting clinical trials in IAPs.
2. ***Identify barriers to IAPs which impact on effective trial design/delivery* -** including logistical challenges (e.g. time/resource), regulatory and technical (e.g. data sharing), or knowledge (e.g. unfamiliarity with trial design) barriers that may exist. We will also explore communication (e.g., use of language), relationship building (e.g., trust and respect), and role clarity (e.g. responsibilities).
3. ***Identify solutions and create principles of engagement*** - determine unmet needs and areas requiring additional support. Gather suggestions from industry partners on principles of engagement and how to improve collaboration. Understand the willingness and plans of industry partners to engage in future collaborations and identify future priorities.

**Progress:**

The UNITE project has completed to time and target. All study objectives have been completed. In brief we reflect upon the progress/learning from the three objectives proposed:

1. *Understand industry’s perspectives of industry-academic partnerships (IAP) in clinical trial design/delivery:*

Overall, industry valued academic partnerships, particularly for the credibility, rigour, scientific knowledge and access to PPI that they provide. However, significant barriers to engagement were noted, particularly around the financial costs of collaboration with academics, and the differences in timescales for delivery.

1. *Identify barriers to IAPs which impact on effective trial design/delivery:*

Key issues affecting trial delivery included:

* Poor collaborative relationships between partners, specifically having to deal with large academic teams who are not responsible for providing the direct action. There was a preference to liaise with one/two key individuals who were actioning tasks, even if they are more junior team members.
* Lack of flexibility to shift priorities from academic partners and the deliberative pace in which academia functions.
* Structural barriers with university’s including high over heads, and disputes/complications relating intellectual property were seen as negatively impacting collaborative research.

1. *Identify solutions and create principles of engagement:*

Through informed discussions in a workshop with Patient and Public members, and representatives for academia and industry, these themes were explored and solution discussed. This led to the development of 14 actionable strategies. These strategies formed the Principles of Industry-Academic Partnerships (PIP) guidance. The strategies are categorised under Project Initiation, Defining the Scope and Agreements, Project Execution, and Promoting Sustainability.

We have successfully incorporated Patient and Public Involvement (PPI) throughout all stages of the UNITE study. This has included co-developing survey items and focus group questions, active participation in the workshop, and meaningful contributions to the outputs detailed below. In particular, Woodcock and Monar have made direct and substantial contributions and are listed as authors on all outputs.

**Outputs:**

Five main outputs have been developed from the UNITE study:

1. Principles of Industry-Academic Partnerships (PIP) guidance – comprising 14 strategies to support collaborative research in mental health.
2. An infographic summarising the PIP guidance, to act as aid memoire during meetings/time pressured situations. This is currently under review by our expert group and PPI members.
3. A videoscribe summary of the UNITE study findings and the PIP guidance. This is currently under review by our expert group and PPI members.
4. A manuscript in preparation for submission for peer-review by the end of April 2025. The manuscript will be submitted to Journal of Medical Internet Research (JMIR) Mental Health.
5. A presentation at the TMRP event in April.

**Future plans**

* Liaise with Tech Transfer and Research and Knowledge Exchange (RKE) groups to raise awareness of the guidance and identify how it can best be implemented to support research groups, across career stages, as they embark upon research collaborations with industry partners.
* Share findings with the Mental Health Mission to understand next steps
* Seek support for pilot projects applying the guidance in real-world collaborative research initiatives to test its feasibility and effectiveness and collect feedback from users to identify strengths, challenges, and areas for refinement.
* Explore the need to expand (or create add-on’s) to the guidance which focus more specifically on collaborations between industry-academia with PPI and NHS healthcare professionals who may be involved in designing/delivering an intervention.

**Key references**

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