

# Global Learning Network on Mental Health

---

This briefing paper provides a high-level summary of a global learning network pilot funded by Wellcome Trust and delivered by Social Finance.

The pilot explored whether a global, multidisciplinary Learning Network model could unlock greater value from qualitative longitudinal mental health data, with a focus on anxiety, depression, and psychosis. This paper highlights what was delivered, key lessons from implementation, and what it means for future networks and mental health research infrastructure.



## Why qualitative longitudinal mental health data matters

Mental health conditions such as anxiety, depression, and psychosis are not static. They unfold over time, shaped by life events, relationships, services, culture, and structural factors. Examples of qualitative longitudinal data include repeated interviews, clinical notes and unstructured health records, or patient-reported experiences such as voice recordings. This type of data offers a unique window into these lived trajectories, capturing change, continuity, and context in ways that quantitative data alone cannot.

Despite this potential, qualitative longitudinal mental health data remain underused. Barriers include:

- ethical and governance constraints on data reuse
- variation in consent and documentation practices
- limited methodological robustness and consistency in analytical approaches
- technical challenges in working with open-text data across contexts

Addressing these global challenges requires collaboration across disciplines, geographies, and lived experience.

## What is the Learning Network model?

The Learning Network was designed as a collaborative and applied learning model. Its purpose was to bring together diverse expertise to tackle shared, systemic challenges in working with qualitative longitudinal mental health data.

The pilot convened researchers, clinicians, data holders, governance experts, and people with lived experience from high-, middle-, and low-income country contexts to work with real datasets and real-world constraints. Work was organised around three Focus Areas:

1. **Focus Area 1: Advancing methodological guidance on qualitative longitudinal mental health data.** Developing practical solutions for testing and improving data integrity in qualitative longitudinal research such as handling missing data, integrating multimodal data types or applying data ethics best practice.
2. **Focus Area 2: Adapting methods for working with qualitative longitudinal data across contexts.** Developing standardised research methods for analysing qualitative longitudinal mental health data in anxiety, depression and psychosis across diverse cultural and geographic contexts.
3. **Focus Area 3: Advanced technical and analytical approaches for working with qualitative longitudinal data.** Applying techniques such as Natural Language Processing (NLP) to improve the analysis of qualitative longitudinal data in anxiety, depression and psychosis.

The six month pilot brought together three multidisciplinary teams, each awarded £40,000 to address one of the Focus Areas and produce a tangible output. To support their work, the Learning Network ran a series of structured online sessions designed to facilitate knowledge sharing and collaboration across Focus Areas and geographies. The network was further supported by the involvement of Global Learning Ambassadors (GLAs) from diverse regional, disciplinary, and lived experience backgrounds, who provided strategic guidance and ongoing feedback to help teams progress effectively.

### What did the pilot deliver?

All three Focus Areas produced tangible, shareable outputs grounded in applied work on qualitative longitudinal datasets. These included:

- practical methodological tools and guidance
- recommendations for secondary qualitative analysis
- technical prototypes exploring computational approaches to qualitative data

Importantly, these outputs were developed alongside lived-experience contributors, ensuring ethical and contextual considerations were embedded rather than treated as an afterthought.

Alongside developing key insights and resources to unlock the potential of qualitative data, the pilot has demonstrated that a Learning Network model can move beyond discussion to generate concrete resources that advance the field.

# The Wellcome Learning Network model

The pilot convened researchers, clinicians, data holders, governance experts, and people with lived experience from high-, middle-, and low-income country contexts. Work was organised around three Focus Areas.

Multi-disciplinary  
global teams



Defined Focus Areas



Regular structured  
support sessions



Tangible outputs



## FOCUS AREA 2

Adapting methods for working with  
qualitative longitudinal data across  
contexts

Douglas Hospital Research Centre and  
McGill University, Canada

## FOCUS AREA 1

Advancing methodological  
guidance on qualitative  
longitudinal mental health data

IIPH-Hyderabad, India

Forr Data, UK

Child Mind institute, USA

## FOCUS AREA 3

Advanced technical and analytical  
approaches for working with  
qualitative longitudinal data

Keio University, Japan

## FOCUS AREA 1:

### **Advancing methodological guidance on qualitative longitudinal mental health data.**

**Lead:** IIPH-Hyderabad, India;  
**Co-Leads:** Forr Data, UK and  
Child Mind Institute, USA

The team developed a Human-Centred Metadata Canvas (OSF: <https://doi.org/10.17605/OSF.IO/EJDK8>) – a guidance tool designed to support the capture and sharing of contextual information relating to qualitative longitudinal mental health data, to better inform data users and the insights they can draw. This Canvas goes beyond traditional technical metadata by prompting data managers to capture the social, ethical, personal, and situational factors that shape how data are collected and opportunities for their reuse. The tool is particularly relevant for open-text mental health datasets, where study context, participant characteristics, and research approaches can strongly influence how individuals with lived experience share sensitive and personal information. The development process included co-creation with a global group of experts across qualitative, longitudinal, and mental health research, and pilot-testing using a real-world dataset.

## FOCUS AREA 2:

### **Adapting methods for working with qualitative longitudinal data across contexts.**

**Lead:** Douglas Hospital Research Centre and McGill University, Canada

This pilot project established an integrated framework for secondary analysis of qualitative longitudinal mental health data. Following a rapid review of literature, the team developed a set of consensus-based recommendations for qualitative secondary data analysis, finalised through an adapted Delphi process involving a team of researchers and young people with lived experience across Australia, Canada, India, Nigeria, Singapore, UK and USA. They then created an accompanying toolkit to guide researchers through the process of locating accessible data and conducting secondary analysis (OSF: <https://doi.org/10.17605/OSF.IO/WD67A>). They evaluated the feasibility by testing on three qualitative datasets on early intervention services for psychosis in Canada, India and Singapore.

## FOCUS AREA 3:

### **Advanced technical and analytical approaches for working with qualitative longitudinal data.**

**Lead:** Keio University, Japan

Following a literature review on the applications of Natural Language Processing (NLP) in mental health, the team conducted feasibility testing by exchanging analytical methods across five international datasets from Japan, Denmark, the USA and Vietnam. These experiments demonstrated that direct model transfer across cultures and modalities was largely infeasible due to significant variation in data formats, clinical metrics and cultural differences, highlighting the need for a framework that focused on shared linguistic features and adaptable methodological approaches, rather than a universal model. Building on these insights, the team developed a prototype of the Universal NLP Analysis Pipeline (UNAP; OSF: <https://doi.org/10.17605/OSF.IO/QGWRV>), alongside a set of practical guidelines for enhancing longitudinal psychiatric data analysis.

# Key insights from the pilot

## The learning network model is a powerful approach to tackling complex, systemic problems

The pilot demonstrated that a global, multidisciplinary learning network can address problems that are challenging for any single organisation to tackle. The model provides the opportunity and resources for collaborators from diverse disciplines and geographies to come together and invest in developing open source outputs that benefit a wider community.

## Investing time into scoping key focus areas for each phase helps teams hit the ground running

The pilot highlighted the value of investing in scoping at the outset of each phase, breaking systemic problems down into component parts that can be tackled within the timeframes of the upcoming phase. This provides the opportunity to engage early with a range of multi-disciplinary experts, and to identify enablers or pre-empt potential barriers that could be addressed ahead of bringing on dedicated teams. The resulting 'focus areas' gave teams a clear steer for directed, solution-oriented work.



“

Being part of a global, multi-disciplinary collaborative team to deliver an innovative output as part of a wider learning network has been hugely rewarding. Sharing ideas and perspectives with people with shared goals in a collegiate way is a such a great source of energy. Building connections that will last well beyond this pilot, is a testament to the way that this learning network was curated.

Alex Hutchison, Focus Area 1 Co-lead

Key insights continued.

## Global collaboration drives more contextually grounded approaches

Working across global contexts broadened perspectives and strengthened rigour, as cultural and linguistic diversity revealed nuances that enriched analysis and interpretation, for example FA3 highlighted the risk of 'false universality' when attempting to transfer NLP models across contexts. These differences helped teams refine more adaptable, context-sensitive methods, ultimately producing approaches that are richer, and better grounded in the diversity of real-world mental health experiences.

## The learning network model can champion inclusive ways of working between experts by profession and experts by experience

The pilot highlighted that creating an inclusive environment for all perspectives to feed in leads to higher quality outputs that are grounded in real-world applications. The learning network model can actively support the sustained relational work, trusted environments and time needed to foster these collaborations. Key enablers include phased onboarding for participants to co-create ways of working and a shared language, and providing opportunities for expert guidance and peer support on lived experience involvement.

“ Longitudinal data hold unique power to drive mental health innovation. The Learning Network brought global, multidisciplinary partners together to unlock that potential, and we are exploring ways to solidify the real-world impact of these insights.

Lampros Bisdounis, Technology Manager, Wellcome Trust

## Get in touch



To find out more about the Learning Network get in touch with the team at:

[rosanna.hardwick@socialfinance.org.uk](mailto:rosanna.hardwick@socialfinance.org.uk)

