

Supporting Mental Health for People with Arthritis Research Consortium: Call for applications

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Summary

Consortium funding aims to bring different groups together to work with integrated thought and ambition. Creating a community of shared expertise, to deliver a cohesive series of research packages that work towards unlocking a problem area at pace.

This sixth research consortium investment is focused on mental health and aims to support improvements in the holistic management of growing and living well with arthritis, from childhood into adulthood and through later life, including end-of-life care.

In summary this funding call will support:

- Implementation of existing evidence-based mental health solutions for people with arthritis in new settings alongside or outside the NHS,
- Development of novel interventions where current interventions are insufficient or not adaptable, to be designed to be delivered within relevant settings,
- Pharmacological and psychological interventions, with an emphasis on the interaction between them.

Areas of focus include, but are not restricted to, supporting mental health for people with arthritis such as:

- Underserved communities particularly in rural and coastal areas,
- Children and young people with chronic pain,
- Women experiencing the menopause.

In addition, we encourage careful consideration of the application of digital wearables and remote interventions. This call will not support the development of data collection apps.

Funding is available for up to 60 months duration and up to £3M in value. One award is available. If your proposal is suitable for co-funding with another funder, please email us as early as possible, at awards@arthritis-uk.org as we may be able to facilitate such partnerships.

Submit applications to this one-stage process through our [Grant Management System](#). The application deadline is **16:00 Wednesday 9 September 2026**.

Submission of a **Notice of Intention to Apply** is required to enable reviewer selection. Please email a summary of the proposal (500 words) and a list of anticipated Consortium members by **16:00 on Wednesday 29 July 2026**. For further information contact awards@arthritis-uk.org.

Context

Mental health services are under huge pressure across the UK; there is patchy access to support due to high mental health practitioner vacancy rates. There is also a noted lack of specialist paediatric services meaning that children are often treated in adult services.

Targeted investment into the effective management of mental health for people with arthritis is long overdue. There is evidence of under-treatment across both pharmacotherapy and psychological therapies. There is uncertainty amongst healthcare professionals and patients in terms of at what point and by what approach the mental health of someone with arthritis should be assessed and managed. Our online survey of nearly eight thousand adults in the UK living with arthritis told us that arthritis impacts peoples' wider physical and mental health, their relationships and family, and their ability to be independent. Younger adults (18-44 years) report worse mental health struggles because of their condition and the least understanding from others around their condition ([Left Waiting, Left Behind report, Arthritis UK](#)).

Our [State of MSK Health report](#) shows the number of people with arthritis whose mental health is impacted: 1 in 4 men (23.7%) and 1 in 3 women (36.55) with rheumatoid arthritis develop depression within 5 years of diagnosis. 1 in 5 people (20%) with osteoarthritis experience symptoms of depression and anxiety. Depression is 4 times more common among people in persistent pain compared to those without pain.

Mental health disorders occurring in adolescence and early adulthood can persist over time into adulthood and impact disease outcomes and physical function. The importance of early effective support at the point of diagnosis and ongoing integrated mental health management, is reflected in the recent review 'Mental health needs of children and young people with arthritis' ([Livermore, Arthritis Research and Therapy, 2026.](#))

What we are looking for

All our research investments aim to generate the best possible impact for people with arthritis. Proposed studies should advance the translational pathway towards benefit for people with arthritis.

Consortium funding aims to bring different groups together to work with integrated thought and ambition. Creating a community of shared expertise, to deliver a cohesive series of research packages working toward unlocking a problem area at pace.

For this consortium, we are seeking to convene researchers, commissioners, policy makers, and commercial partners to collaborate and implement mental health solutions for people with arthritis. We are also seeking to bring psychosocial researchers to the mental health and arthritis agenda.

We expect the successful team to work collaboratively with the Arthritis UK Advocacy team to mutual benefit, ensuring that emerging research findings are shared, that opportunities for potential collaboration on policy engagement are discussed, and that ways of meeting the needs of policy engagement are considered through research.

As care shifts from hospital to community settings, we are seeking to support a research consortium equipped to work on solutions that work alongside or outside the NHS, including

social prescribing, paid-for providers and community-based support. A primary aim is to see implementation of existing evidence-based interventions in new settings; there is scope for novel solutions where current interventions are insufficient or not adaptable to community contexts.

We expect to see an emphasis on holistic management encompassing the bidirectional relationships between physical symptoms, such as chronic pain and fatigue, and poor mental health. Research to support the mental health of children and young people with chronic pain, and women experiencing the menopause, are areas of particular interest. Exploration of both pharmacotherapy and psychological therapies are within scope, with an emphasis on holistic management and the interaction between these treatment types.

We expect solutions to be sustainable and to support under-represented populations, across diverse cultural and geographical settings including rural and coastal communities.

We will not explicitly support workplace health, though employment can form part of a broader programme of work.

We will not support development of data collection apps, and encourage careful consideration of the application of digital wearable and remote interventions. We expect to see any work on innovative digital solutions demonstrating measurable impact and not exacerbating digital inequality.

Expected outcomes

- Deliver changes in the approach to, and management of, mental health for people with arthritis.
- Develop a holistic management approach to growing well and living well with arthritis, from childhood into adulthood and through life stages such as the menopause.
- Develop approaches that account for the complex interaction of mental health with the other symptoms of arthritis, including pain and fatigue.
- Deliver solutions, that are accessible and appropriate for community, primary care and other settings, by working alongside policy makers, commissioners and/or commercial partners.
- Reduce health inequalities for those in receipt of the approach(es), particularly under-served communities in rural and coastal areas.
- Have demonstrable impact within three to five years, testing and piloting outputs from the earliest point, rather than seeking to deliver long-term studies with delayed outcomes. Evaluation should be built in from the outset.

Research we fund

Arthritis UK is the largest dedicated funder of arthritis research globally. We fund research driven by the needs of people with arthritis and with the greatest potential to improve the quality of their lives. Our research ambition is to accelerate the pace and precision of research that benefits people living with arthritis.

We have extended the lifespan of our [research strategy](#) from spring 2026 to spring 2028, to align our organisational and research strategies. Our organisational strategy is to focus on

arthritis, which means that we will continue to fund research that focuses on the most prevalent and impactful arthritis conditions in our existing priority areas; early detection and prevention, targeted treatments, living well, and people and partnerships.

We aim to maintain a research award portfolio that will bring most benefit and impact for people with arthritis. We fund research that covers the causes, consequences and effects of the most prevalent arthritis conditions, and those that have the highest impact on people. We will also support those conditions most frequently associated with arthritis.

If you have any questions about the scope of this call or would like to discuss the eligibility of your proposal please email awards@arthritis-uk.org.

Requirements

Purpose and Nature of an Arthritis UK Research Consortium

Consortium funding:

- is **primarily to perform research**.
- is about **bringing different people and groups together** to work with integrated thought and ambition to **unlock a problem area at pace** - creating a community of shared expertise and knowledge to deliver a cohesive planned series of defined packages of research to achieve the aims.
- is not expected to bring together wholly new networks but rather to build on existing networks and expertise, bringing in appropriate new partners and collaborations to address the challenges that have arisen from progress in the area.
- is not for network development to bring people together to then seek funding to do research.
- is not 'enabling' or 'infrastructure' funding e.g. to deliver a series of pump-priming projects or a PhD training network, nor to deliver a large clinical trial or be particularly supplemental to other awards.
- Can support a short (under 6 months) establishment phase, this should be included in the Consortium plan/Gantt. The Consortium should not spend more than 6 months setting up the core research components, and not more than 1 year in starting research in all workstreams.

A proportion of Consortium funding can be allocated to support the core facilitatory resources required for the research delivery, i.e. the directly allocated core operational costs sometimes referred to as infrastructure but not larger research infrastructures (such as buildings, major data collections / sample resources / equipment / services / training programmes).

A Consortium may be small or larger in relation to the numbers of partners, depending on, and justified by, the design of the research programme. There is no defined minimum or maximum number of Consortium members, it's about bringing the best people together. We are not expecting single site applications. When allocating consortium roles in larger teams please consider whether individuals should be co-applicants or collaborators based on guidance available on our website: [Applying for an award | Arthritis UK](#).

We encourage representation of health and social care service delivery, local authorities, policy expertise and technology transfer capabilities as appropriate in consideration of the next dissemination/ implementation steps around the Consortium outputs.

Research impact

We expect applications to include information on how the research will bring impact and benefit to people with arthritis. We currently assess impact using our framework below, which focuses on seven areas. We anticipate that the Consortium funding model will achieve impact relevant to one or more of the four areas highlighted in bold. More detail around these impact areas can be found in our guidance documents including examples of outcomes relating to each area. The impact areas 'leveraged funding' and 'partnerships' are secondary impact areas for this funding model. The impact area 'capacity building' is not a target for this funding model.

- **Patient and Public Involvement** – the benefit that patients bring to the research itself.
- **New knowledge** – our research has changed what we know about arthritis.
- **Intellectual property, products, and services** – new innovations, treatments or tools which improve patients' lives.
- **Policy and Practice** – our research is influencing how arthritis is treated or managed.
- Partnerships – new networks, partners and collaborations which extend research.
- Leveraged funding – new funding that has been awarded to continue the research we funded.
- Capacity Building – our investments are increasing the human or technical capacity to conduct research.

Theory of change

The application requires presentation of the approach proposed to making progress in tackling the defined area of unmet need. We want to see a definition of the problem and its causes (the research gaps and implementation challenges). We want to see your definition of the progress and changes (outcomes) and resulting benefits (impact) you are seeking to make. This needs to be a realistic scale of change with the time and resources available. We need to see the extent to which the Consortium has considered the range of factors needed to bring about this change and understand the logic by which you believe change will happen, including the assumptions which need to be made at this stage. This theory of change will be an ongoing tool used to help understand the progress of the Consortium throughout its funding, including to develop indicators which support monitoring progress towards the outcomes identified.

Support for how to approach creating your guiding Theory of Change is available via a recorded presentation and individual Theory of Change clinics will be arranged. These will provide information about developing and managing a theory of change delivery framework. Please email researchliaison@arthritis-uk.org for further details.

Pace and Precision - a translational approach

We want research to **rapidly enhance** better-tailored solutions that directly benefit people with arthritis, translating discoveries more quickly and efficiently into practice. Applicants should explain what the next steps will be after completion of the proposed programme of work.

Research Involvement

Applications should involve people with arthritis in the development and design of the outlined work. There should be clear plans for continued collaboration with them in the oversight, delivery and dissemination of the proposed project, this includes discovery research. More information and guidance can be found in our Patient and Public Involvement and Engagement Hub on our website: [support for researchers to involve people with arthritis](#).

Diversity and Inclusion

Our vision is for our research to reflect, and address, the diverse needs of all those living with arthritis. We aim to be open, inclusive and equitable in the support and service we provide to our stakeholders. We are committed to ensuring meaningful inclusive involvement in research and the promotion of equitable access to participation in, and the benefits from research. We are committed to diversity, equity and inclusion in who does research, what research is done, and who benefits from research. We will publish our research EDI plans in 2026.

We expect people with arthritis from a diverse range of backgrounds, cultures and experiences to be partners and participants in our research activities, representing the full life-course of the population. Where a research proposal involves the participation of people with arthritis, we will only fund research that is able to demonstrate appropriate representation and diversity (ethnicity, socioeconomic, gender and age) as relevant to the aims of the proposal.

Research involving animals, cells and tissues should consider sex, genetic and other relevant characteristics. For research using animals use the National Centre for the Replacement, Refinement and Reduction of Animals in Research (NC3Rs) [Experimental Design Assistant](#) to support experimental design.

We will fund health service research that accounts for differences in local environments, noting that specific needs of the four UK nations devolved healthcare and research funding contexts require tailored solutions.

Applicants should design research carefully to ensure that project outputs and impact do not contribute to exacerbation of health inequities. Applications should show that they have deliberately considered the desired impact on health inequities, any risks or possible unintended consequences, and identified any relevant barriers.

Animal Research

We will only fund animal research where there is no viable alternative, that is well designed, ethical and scientifically justified. We are committed to the principles of reduction, replacement and refinement (3Rs) in animal studies. More information and guidance can be found on [Applying for an Award](#).

Collaboration and partnership

We welcome collaborations and partnership with industry and international stakeholders. If your proposal is suitable for co-funding with another funder or you have third party funding, please email awards@arthritis-uk.org as early as possible.

In some areas – such as multiple long-term conditions, rare diseases and collective immune-mediated inflammatory – we particularly welcome partnership approaches.

Clinical Research

Please contact your relevant national service supporting and advising applied health, public health or social care researchers before starting an application:

- England [NIHR Research Support Service](#)
- Scotland: [NHS Research Scotland Research Design Service](#)
- Wales: [Health and Care Research Wales Support and Delivery Service](#)
- UKCRC-registered Clinical Trial Unit: [find a CTU – UKCRC](#)

For this consortium, we are not expecting to support a singular large effectiveness trial. Applicants should explore real world effectiveness testing and other methodologies to enable solution adaption or implementation.

With the current clinical research challenges in the NHS, investigators and sponsors are required to make transparent and realistic assessments of capacity and capability to deliver.

Co-applicants and collaborators at NHS sites are asked to support proposals only if there is a certainty that they can meet recruitment targets and timelines indicated.

It will be taken that institution signatories in the role of Sponsor are wholly satisfied and supportive of the assurances provided upon submission of the application.

Data and sample resources

We encourage researchers to make use of established, pre-existent cohorts, collections, bioresources and registries. When proposing to make use of human tissue, consider carefully whether existing resources meet your needs and justify why any new collection is necessary.

We require those receiving funding to create a tissue collection, provide access to this and register the collection in a publicly accessible directory.

Application of substantive epidemiological methods to key problem areas requires access to large, high quality, well phenotyped cohorts. Although there may be a case for primary data collection, it is considered that the focus should be on using available data sets and the potential to link between them. The prospective establishment of such cohorts within a Consortium will only be considered for support if the impact is to be available in relation to the five-year timeframe. This equally applies to support for enriching established datasets. Consortium funding is not available to distinctly maintain population and patient cohorts and sample collections unless distinctly required to deliver the hypothesis led research being conducted to meet the aims of the challenge.

For clarity, given there is no expected Consortium renewal, intent to sustain a cohort beyond the five-year period requires independent support (a clear, feasible, sustainability plan).

Intellectual Property

Applicants should make careful consideration regarding use of background IP. Use of patents, software, datasets, biological materials, compounds, cell lines or any background IP owned by your institution or other institutions involved and confirm access through the required agreements (Material Transfer Agreements, licenses and permissions).

Applicants should assess fully where the proposed research will create protectable IP: including therapeutics compounds, diagnostics, new methods, new targets, MoA (Mechanism of action), devices, software, algorithms, research tools, datasets or proprietary know-how. Consider anything that produces new IP or provides a competitive advantage. Even negative results or optimisation data can constitute valuable know-how.

Applicants should engage with technology transfer offices prior to submission to discuss new implementation process licensing or commercialisation.

Who can apply

Arthritis UK research awards may only be held in universities, NHS Trusts or recognised academic research institutes in the UK. The lead applicant does not need to have a permanent position, but at least one applicant must have a substantive position at the host (lead) institution.

People with lived experience and international collaborators may be included as co-applicants.

International members bringing expertise or facilities that are not available in the UK are welcomed.

Individuals who are employed by, or whose salary derives from, a commercial organisation are not eligible to lead an Arthritis UK award, they can be included as a co-applicant or a collaborator.

We expect applications to take a collaborative and multidisciplinary approach to answering research questions where appropriate to the proposed research.

The Consortium leadership should adopt a team science approach. However, financial and administrative system limitations require there to be a defined Consortium Lead and administrative point of reference. A Consortium Lead should be someone with appropriate experience, demonstrating the relevant attributes, skills and experience, they do not have to be a person at Professorial or Head of Department level. Individuals are not allowed to Lead more than one Consortium but can be members of multiple Consortia.

Consortium membership, management structures, leadership and approach to decision making and ways of working and communicating should be clearly articulated, demonstrating how the Consortium will operate as a single entity providing additive value.

For further details on who can apply and other roles in the application, for further information see the associated guidance document.

What you can apply for

One award of up to 60 months duration, up to £3M in value is available. **It is not expected to be renewed.**

Costs for salaries, consumables, expenses and small items of essential equipment can be requested.

If necessary, a proportion of Consortia funds (around 10%, ~£300,000) can be marked to support the associated costs of core activities. These must be clearly linked to the research delivery and include Consortium administration/management and patient and public involvement. If such costs are not included as direct costs, then an explanation of where such support will come from should be included.

The purpose of this funding is to fund hypothesis led research that fully realises the benefits of team science and accelerate change in areas of unmet need. It is not to fund training, however, training of key personnel, including small numbers of post graduate researchers, can be included where it is key to the success of the Consortium.

If you intend to outsource parts of the project, to be undertaken by a third party, please email awards@arthritis-uk.org as early as possible to discuss this with us.

Consortium funding **does not require contributions from host/member organisations** in terms of capacity building resources or posts such as PhDs or salary contributions, though such contributions are very welcome. It is expected that host/member organisations will support Consortium members in terms of laboratory and desk space and access to infrastructure facilities, services and equipment.

For further details on what you can apply for, see the associated guidance document.

How to apply

This is a single stage application process, with a **Notice of Intention to Apply** step for alignment with the Call scope and reviewer selection only.

Notice of intention to apply

Please email a PDF document to awards@arthritis-uk.org that outlines:

- summary of the proposed Consortium in plain English (500 words)
- a list of anticipated Consortium members (name, institution and role)

The deadline for receipt is **16:00 on Wednesday 29 July 2026**. This information will be used to (i) check the alignment with the scope of the Call before you submit your application (ii) enable us to bring together an appropriate panel of experts to assess your application, this will likely include international expertise.

This is not a triage step seeking to sift out applications, there will be no expert review at this stage. No feedback will be provided unless the early scoping appears to be positioning the Consortium away from the aims of the Call. You should not wait for an invitation to submit an application.

Details of additional Consortium members added after submission of the Notice of Intention to Apply should be sent to the office by email immediately.

Application submission

Apply via our [Grant Management System](#). Applicants must carefully read the call document, the application form and the guidance document before starting an application. Please ensure the most appropriate language is used in each section of the form and that the correct sections are completed.

The deadline for the receipt of applications is **16:00 on Wednesday 9 September 2026**.

Submissions after 16:00 will not be accepted. Please allow time for management of appropriate reviewers and signatories to access the grant management system and provide their approvals.

How will applications be assessed

Applications will be reviewed by our Consortium funding panel, which includes people with lived experience of arthritis. All eligible applications will be reviewed and feedback provided. If necessary, a panel triage process may be implemented such that only a proportion of the proposals will advance to provide rebuttal to reviews, as well as to be invited to a final interview stage.

Applications will be reviewed and assessed on the following criteria:

- importance and potential impact
- relevance and scope
- novelty and innovation
- involvement in application development
- involvement plans
- research design, delivery and clarity
- feasibility
- leadership and management
- value for money.

Award management

Reporting - We expect all awards outputs and outcomes to be reported annually during the funded period and for 3-5 years post-completion. Reporting expectations are agreed at the start of the project.

All award holders must also provide an annual expenditure report for monitoring of finances and project progress. A meeting will be held to discuss any budget variance and agree payment for the following year.

Projects that require recruitment of human participants may be required to complete a six monthly progress report to the Progress Review Committee.

Publications - All original peer-reviewed articles published as a result of our funding **must** comply with our open access policies. Award holders should tell us directly about all articles in peer-reviewed literature or disseminated publicly (for example, press releases) as soon as possible and by the time the article has been accepted for publication or dissemination.

More information and guidance can be found on [Managing your award](#).

Intellectual property - Award holders must notify us of **any** potential for, or activities relating to, development of intellectual property and seek our consent before progressing any commercial activity arising from this award.

Award holders can get help on IP management from their local technology transfer or commercialisation offices. Early consultation will help prevent issues that might arise during the course of the project and can identify additional opportunities.

Research Engagement - We are dependent on funds raised from public donations. It is important that you join us in raising the awareness of Arthritis UK. Our current logo and acknowledgement of Arthritis UK’s support should be used on all documents/presentations relating to this award.

Award holders may be invited to meetings with Arthritis UK to discuss their research and/or asked to contribute written summaries.

Timelines

Support for theory of change development	Through May, June and July 2026
Deadline for notice of intent to apply	16:00 Wednesday 29 July 2026
Application form available	Anticipated June 2026
Deadline for applications	16:00 Wednesday 9 September 2026
Invitation to provide a rebuttal to the panel review	Anticipated mid-December 2026
Deadline to provide a rebuttal to the panel review	Anticipated mid-January 2027
Online panel interview	Anticipated January – February 2027
Notification of award	Anticipated March 2027
Project start	From June 2027 at earliest

Contact details

For all enquiries, please email the Awards Office at awards@arthritis-uk.org.