



Request for proposals (RFP) to provide qualitative and quantitative insights from selected groups and geographies into our work on the 'active ingredients' of interventions that work

1. Summary

The [Mental Health Priority Area](#) is aiming to find the next generation of approaches for anxiety and depression in young people 14-24 worldwide. We want to understand what works for who by identifying the 'active ingredients' of successful prevention and intervention approaches. By active ingredients we mean those aspects of any intervention most likely to be contributing to making the difference to preventing, treating, or managing on-going mental health difficulties.

This is a significant shift in how mental health research is done. To achieve such radical change, we need to centre new voices and ideas from across the mental health science community to lead the way in shaping this innovative new approach.

We seek a supplier (or suppliers) to report on qualitative and/or quantitative insights from a range of groups and global locations by January 2021.

The insights to be provided must answer the following four key questions:

1. In terms of the current list of 26 active ingredients:
 - a. How can we categorise and combine them into a shorter list?
 - b. How should we describe and explain the active ingredients approach?
2. What are the main gaps in the current list of 26 active ingredients and which of these should we prioritise in our next funding round in 2021 (bearing in mind our wish ultimately to end up with a more condensed list, e.g. less than 10, of only the most promising)?
3. What are the main mediating and contextual factors, particularly those that are important to young people with lived experience, that affect approaches to tackle anxiety and depression (e.g. autonomy)?
4. How do you see the different active ingredients interacting, if at all?

As minimum, the reporting outputs **must include the views of:**

- Young people with lived experience of anxiety and/or depression who want to contribute to mental health science and who may be youth leaders/advocates. Our target age range is young people aged 14-24 but we are prepared to be flexible as we appreciate that gaining access to those in the younger age range can be challenging.



- Researchers (those studying for their PhD onwards) from a broad range of disciplines from across mental health science including psychology, psychiatry, neuroscience, humanities, economics, ethics, and social sciences.

Additionally, it may include insights from:

- Mental health research funders
- Mental health policymakers
- Mental health practitioners (e.g. clinicians and therapists, as well as lived experience practitioners and peer support workers).
- Those who are minoritised due to, for example, race, gender identity or sexual orientation.

These insights **must be gathered from the following countries** as a minimum:

- UK
- South Africa
- India

Suppliers may propose to gain insights from additional low or middle income countries within the allocated budget, to be agreed during contracting with the successful supplier.

This Request for Proposals (RFP) is split into two lots. A supplier may apply for one or both of these lots:

- Lot one: Engagement and *qualitative* insights
- Lot two: Representative *quantitative* insights

This call is part of our wider strategy to understand the active ingredients that underpin effective intervention and prevention for anxiety or depression in young people aged 14-24 globally.

Further information on our strategy can be found on our [website](#) and [this article](#). For details on our approach to active ingredients, see this [LinkedIn article by Professor Wolpert](#) and [this edition of the Lancet Psychiatry podcast](#).



2. Current active ingredients being considered

We have recently funded 30 global research teams to review the evidence for the 26 active ingredients shown in the table below:

Active Ingredients proposed as “best bets” for young people aged 14-24 worldwide			
Proposed: as potentially relevant for both preventing problems arising and intervening once arisen	for depression and anxiety 1. Better able to shift perspective 2. Better stress response via relaxation 3. Developing more helpful thinking patterns 4. Helpful use of mental imagery 5. Improved management of emotions 6. Improved problem solving 7. Increased self-compassion 8. Increased sense of mattering 9. Increased social connection 10. Increasing engagement with positive activities 11. Learning to be more hopeful 12. Reduced loneliness 13. Reduced perfectionism 14. Reduced repetitive negative thinking	solely for depression 15. Better sleep and body clocks 16. Improving social relationships 17. Increased financial resources via cash transfer 18. Reducing levels of inflammation in the body	solely for anxiety 19. Reduced avoidance of feared things
as solely relevant for prevention	20. Better urban access to green space 21. Increased neighbourhood cohesion		
as solely relevant for intervention post-problems arising	22. Engagement with theatre or the arts 23. Use of anti-depressants	24. Improved view of self 25. More bodily movement	26. Better gut microbiome function

Shaping the next round of funding to identify active ingredients in 2021

The active ingredients above identified from our first round of funding do not represent an exhaustive list. We recognise there are gaps in the active ingredients currently being explored. Before releasing a second RFP on active ingredients in 2021, we are keen to learn where the most important gaps lie.

We have already undertaken some consultation on what may be missing from this list and the following have been highlighted to us:

1. interventions aimed at addressing structural inequalities such as racism or homophobia
2. interventions aimed at addressing parental or other family relationships
3. interventions aimed at changing school or work contexts
4. interventions aimed at addressing abuse or bullying.

In the light of this, we are particularly interested in identifying active ingredients from a wider range of disciplines and those which address structural, social and systemic approaches to addressing anxiety and depression for young people 14-24 worldwide. However we are also interested in other key gaps that may be noted, bearing in mind that we are aiming for a focused list not an ever-expanding one. Our key aim ultimately is to find those active ingredients most likely to help the most young people (14-24) worldwide.

This may involve identifying potential active ingredients where there is a limited or non-existent evidence base which for example, may be due to the historic and current exclusion



of people with lived experience; from research, due to structural racism, or due to a lack of research or underacknowledged research from LMICs, but which are considered to be a strong case for further exploration.

To achieve such radical change and create a new approach to mental health research, we need to centre and amplify new voices, new power dynamics, and new ideas. As such it is critical we centre new voices to lead the way in identifying the active ingredients. This is why this proposal is so vital in ensuring that there is representation from across the field of mental health science, and in particular young people with lived experience and in shaping and directing our next round of funding.

3. RFP details

Focal insight groups, countries and questions

These details can be found in the summary section on pages 1 and 2.

Final reporting outputs

At the end of this commission, the supplier must provide the following final reporting outputs for **each lot**:

- A written report for Wellcome of 30 pages maximum
- A clear set of recommendations for the next round of active ingredients funding in 2021
- A presentation to Wellcome and our Lived Experience Expert Advisors
- Accessible summaries of the findings aimed at young people and members of the mental health science community.

We are happy for the supplier to propose other or alternative outputs to meet our aims.

Budget

Lot one: Engagement and *qualitative* insights - **no more than £85,000**

Lot two: Representative *quantitative* insights - **no more than £150,000**

Please note: value for money is a key criteria in our RFP evaluation process.

Timeline

- Project initiation: September 2020
- Project update meetings: frequency to be agreed
- Final reporting outputs: January 2021



Definitions

Young people with lived experience

A young person (aged 14-24) who identifies as having experienced anxiety and/or depression. They do not need to have been diagnosed by professionals or accessed formal services. We are interested in hearing from young people who have and who have not received access to any form of support for their anxiety and/or depression.

Anxiety and depression

We take anxiety and depression to be loose verbal descriptions of constellations of thoughts, feelings and behaviours that exist on a continuum, and have been classified as entities by historical consensus.

- In scope: any thoughts feelings and behaviour seen as “part of” anxiety and/or depression that impair function/hold people back - by consensus this generally involves several weeks of difficulties.
- Out of scope: every day emotional responses of low mood or anxiety that are part of life.

We start from the assumption that whilst the boundaries and categorisations may be unclear, the thoughts, feelings and behaviours that hold people back in life are all too real. We remain committed to our vision of creating a world in which no one is held back by one or many of the following:

- Thoughts such as entrenched negative beliefs, intrusive thoughts of terrible things happening, suicidal ideation, attention to negative stimuli, difficulties concentrating
- Feelings such as sense of enduring sadness, hopelessness, sudden panic, disabling fear
- Behaviours such as ongoing trouble sleeping, enduring irritability, persistent avoidance of feared contexts.

These may be conceived or experienced differently in different parts of the world and by different populations.

Focal countries

This work must focus on the UK, South Africa and India as a minimum. To note, we have chosen these countries as they align with the current work of the Mental Health Priority Area, such as our global databank. In the future, we will commission work which takes a broader global perspective.

We are asking suppliers to propose additional low or middle income countries to gain insights from, within the allocated budget. We are interested in Rwanda and Kenya, but these are not mandatory and additional countries will be agreed during contracting with the successful supplier.

Other information

We are seeking a supplier who will involve young people aged 14-24 preferably with lived experience in the design of the project. As a minimum, we have a network of advisors with



lived experience who could assist with this if the supplier does not have other ways to achieve this.

We have a network of 30 global research teams who are currently commissioned to produce an insight analyses into the active ingredients. We will be able to connect the supplier with these teams, but the supplier will need to identify other methods of engaging with the right voices.

4. Timetable

#	Activity	Responsibility	Date 2020
1	RFP issue to suppliers	Wellcome Trust (WT)	3 August
2	Questions can be submitted via email	Supplier	Until 7 August
3	Wellcome will aggregate and respond to the questions and send the aggregated answers to all suppliers who have submitted questions	WT	11 August
4	Submission of RFP response	Supplier	12pm BST, 17 August
5	RFP evaluation period	WT	18-21 August
6	Supplier interviews if required	WT & Supplier	24-25 August
7	Notification of contract award	WT	28 August
8	Contract negotiation	WT & Supplier	1-14 September
9	Contract start date	WT & Supplier	W/c 14 September

5. RFP Response Format

The RFP response consists of three parts. Part i. and ii. must be submitted by email to mentalhealth@wellcome.ac.uk. Part iii. must be completed via an online form.

i. Video response

Please prepare a short video of no more than five minutes which tells us why you want to undertake this work and how you will meet our aims. You will be evaluated on the content of the video, not the quality of the filming/production. Please include a link to your video in your response email. If you are applying for both lots, one video covering both lots will suffice.

ii. Written response

Please submit written responses to the following ten points within the maximum word count indicated. Responses that exceed the word count will not be reviewed. Please submit your written response in PDF format attached to your response email.

If you are applying for both lot one and lot two, please submit **separate** written responses for each lot.



1. For each of our four key questions outlined on page 1 of this document, how do you propose to meet our requirements? *(200 words per question/800 words in total)*
2. What is your experience of engaging young people and stakeholders in each country? *(250 words)*
3. In addition to the UK, South Africa and India, which additional lower and middle income countries could you seek insights from? *(100 words)*
4. Please give three examples of similar work you have undertaken. *(250 words)*
5. Describe how you will involve young people in the design and delivery of this project? *(250 words)*
6. Describe what outputs you will produce to meet our requirements. Please highlight if there are any different or additional outputs to those we have listed that you wish to propose. *(150 words)*
7. What safeguarding challenges do you foresee and how will you ensure these are mitigated? What processes do you have in place? *(200 words)*
8. Highlight to us any risks which you foresee with meeting Wellcome's requirements and how you hope to address them. *(200 words)*
9. Please describe the ways you and your organisation drive diversity and inclusion. *(200 words)*
10. Provide your cost proposal based upon the requirements set out within this procurement exercise setting out cost breakdown and rationale for all costs.

iii. TPSRA2 submission

Suppliers must complete the [TPSRA2](#) assessment for Wellcome to assess how you handle data. If you are applying for both lots, you can choose to fill in this form for both lots together or for each lot separately, depending on the best fit for your proposal.

For each lot the assessment criteria are indicated in the table below:

Assessment Criteria	Weighting
Strength of the proposal	45%
Involvement of young people in the project design	15%
Track record and expertise	25%
Value for money	15%

Supplier Q&A

Prior to the submission of your RFP response, suppliers are provided the opportunity to submit any questions they have about the exercise. All questions are to be submitted to the Wellcome contact by e-mail in accordance with the RFP timetable on page 6.



Contract Feedback

This section allows suppliers to provide specific feedback to the contractual agreement which will be used should their proposal be successful. Contract feedback is to be incorporated into your proposal as an annex and in the following format:

Clause #	Issue	Proposed Solution/Comment

Suppliers submitting proposals as a registered company should review this [document](#).

Individuals submitting proposals as a sole trader (not registered) should review this [document](#).

Individuals submitting proposals through their own personal services company please highlight this to the Wellcome contact immediately (see point 8 below).

Information Governance

Wellcome's Processing Activity Register (PAR)

Under [GDPR/Data Protection law](#), Wellcome must keep a record of all personal information it is processing (i.e. collecting, using and sharing). This record will be made available to the Information Commissioner's Office upon request.

If you intend to start collecting personal or business confidential data, you will need to speak to Wellcome's Data Protection Officer and complete an entry in the Processing Activity Register ([PAR](#)) in MetaCompliance.

This is Wellcome's record of data processing activities which meets GDPR article 30 requirements.

Suppliers must complete the [TPSRA2](#) assessment **as part of** the RFP response submission for Wellcome to assess how you handle data.

6. About Wellcome

Wellcome exists to improve health by helping great ideas to thrive. We support researchers, we take on big health challenges, we campaign for better science, and we help everyone get involved with science and health research. We are a politically and financially independent foundation. Find out more about Wellcome and our work: wellcome.ac.uk.

7. Non-Disclosure and Confidentiality

Prospective suppliers should be aware that inappropriate publicity could have a serious effect upon Wellcome's business. The information contained within this document or



subsequently made available to prospective suppliers is deemed confidential and must not be disclosed without the prior written consent of Wellcome unless required by law.

8. Prospective Suppliers Personnel - IR35 and Off Payroll Working Rules

Before the RFP response deadline, prospective suppliers must make the Wellcome Contact aware if they are intending to submit a proposal where the services will be provided by any individuals who are engaged by the prospective supplier via an intermediary i.e.

- where the prospective supplier is an individual contracting through their own personal services company; or
- the prospective supplier is providing individuals engaged through intermediaries, for the purposes of the IR35 off-payroll working rules.

9. Independent Proposal

By submission of a proposal, prospective Suppliers warrant that the prices in the proposal have been arrived at independently, without consultation, communication, agreement or understanding for the purpose of restricting competition, as to any matter relating to such prices, with any other potential supplier or with any competitor.

10. Funding

For the avoidance of doubt, the output of this RFP exercise will be funded as a **Contract** and not as a Grant.

11. Costs Incurred by Prospective Suppliers

It should be noted that this document relates to a Request for Proposal only and not a firm commitment from Wellcome to enter into a contractual agreement. In addition, Wellcome will not be held responsible for any costs associated with the production of a response to this Request for Proposal.

12. Sustainability

Wellcome is committed to procuring sustainable, ethical and responsibly sourced materials, goods and services. This means Wellcome seeks to purchase goods and services that minimise negative and enhance positive impacts on the environment and society locally, regionally and globally. To ensure Wellcome's business is conducted ethically and sustainably, we expect our suppliers, and their supply chains, to adhere to these principles in a responsible manner.

13. Accessibility

Wellcome is committed to ensuring that our RFP exercises are accessible to everyone. If you have a disability or a chronic health condition, we can offer adjustments to the response



format e.g. submitting your response in an alternate format. For support during the RFP exercise, contact the Wellcome Contact.

If, within the proposed outputs of this RFP exercise, specific adjustments are required by you or your team which incur additional cost then outline them clearly within your commercial response. Wellcome is committed to evaluating all proposals fairly and will ensure any proposed adjustment costs sit outside the commercial evaluation.

14. Diversity & Inclusion

Embracing [diversity and inclusion](#) is fundamental to delivering our mission to improve health, and we are committed to cultivating a fair and healthy environment for the people who work here and those we work with. As we learn more about barriers that disadvantage certain groups from progressing in our workplace, we will remove them.

Wellcome takes diversity and inclusion seriously, and we want to partner with suppliers who share our commitment. We may ask you questions related to D&I as part of our RFP processes.

15. Wellcome Contact Details

Wellcome's single point of contact for all communications regarding this RFP is:

Name: Dr Kate Martin
Role: Lived Experience and Engagement Lead
Email: mentalhealth@wellcome.ac.uk

16. Wellcome Evaluation Panel

The evaluation panel for this RFP exercise will consist of:

Dr Kate Martin (Lived Experience and Engagement Lead, Mental Health Priority Area, Wellcome)

Prof. Miranda Wolpert (Head of the MHPA, Wellcome)

Dr Cat Sebastian (Evidence Lead, MHPA, Wellcome)

Grace Gatera (Expert Advisor with Lived Experience)

Haidee Bell (Creative and Partnerships Lead, Public Engagement, Wellcome)

Pri Perera (Researcher, Public Engagement, Wellcome)