

**Request for Proposals (RFP)**  
**for an insight analysis into ONE “Active Ingredient”**  
**underpinning interventions for youth depression**  
**and/or anxiety**  
**(Active Ingredients 2021)**



Wellcome’s Mental Health Priority Area is aiming to find the next generation of treatments and approaches for anxiety and depression in young people (aged 14-24) worldwide. We want to understand what works, for whom, in what contexts and why, by identifying and reviewing the “Active Ingredients” underpinning successful interventions. By Active Ingredients, we mean those aspects of any intervention most likely to be contributing to making the difference in preventing, treating, or managing ongoing mental health difficulties.

Building on [prior work](#) funded by the Priority Area, this **Request for Proposals (RFP) seeks to commission up to 20 teams to undertake a review and interpretation of the evidence (“insight analysis”) into ONE Active Ingredient not included in the reviews of the 26 ingredients commissioned in 2020.** The maximum cost permissible for each review is £45,000 (exclusive of VAT).

**When conducting the work, Suppliers must:**

- review the evidence in relation to their chosen Active Ingredient across a range of research literatures,
- hypothesise and draw inferences based on this review, and
- involve and work collaboratively with young people with lived experience of anxiety and/or depression throughout the course of the project.

**Key dates**

- Webinar introducing the commission: 12:30-14:00 GMT on Tuesday 9 February 2021
- Expressions of Interest deadline: 12:00 GMT Monday 8 March 2021
- RFP Response (full proposal) deadline: 17:00 BST on Friday 30 April 2021

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## 1. RFP Background

The Wellcome Trust (the 'Trust', 'Wellcome') supports science to solve urgent health challenges facing everyone. It supports discovery research into life, health and wellbeing, and is taking on three worldwide health challenges: mental health, global heating and infectious diseases.

The Mental Health Priority Area (MHPA) was set up in 2019 with the vision of a world in which no one is held back by mental health problems. It aims to transform how we understand, fund, prevent and treat anxiety and depression in young people (aged 14-24) worldwide. The MHPA is committed to making sure that young people with lived experience of anxiety and depression work in partnership with us to shape the work we do and are meaningfully involved in the work we fund. For further information on the MHPA, we encourage all prospective Suppliers to read [our strategy](#) in detail.

Our strategy recognises the need to move away from only focusing on understanding the causes of anxiety and depression, to gaining a better understanding of what works to reduce symptoms. Specifically: what works, for whom, in what contexts, and why?

That is why the MHPA is interested in identifying and promoting the “Active Ingredients” that are helpful to young people in the prevention and intervention of anxiety and depression. By Active Ingredients, we mean those aspects of any intervention most likely to be contributing to making the difference in preventing, treating, or managing ongoing mental health difficulties. For some, an Active Ingredient might be training to improve emotional regulation or practicing relaxation techniques; for others, it could be about reduced exposure to family conflict or having access to more financial resources. It is likely that different people, in different global contexts, will need a range of Active Ingredients in different combinations, but as a starting point, we want to learn more about the efficacy of individual ingredients, and we want to focus on those with the greatest likelihood of the most impact for the most people globally.

In thinking about Active Ingredients, we sometimes find it helpful to use a cooking analogy. We can think about the ingredients in our kitchen store cupboard or fridge in much the same way as the ingredients in our mental health store cupboard. Some of these, for example, might be found in a typical medicine cabinet (e.g. antidepressants), others might involve different ways of thinking (e.g. reducing repetitive negative thoughts), some might be about things we can do as individuals (e.g. exercise), whilst others may require government action (e.g. urban access to green spaces). People may have particular ingredients that they prefer, and these may change with time and circumstance. Some people may have access to a wider range of ingredients than others. We've worked on visually representing this cooking analogy with creative agency Flying Object, and suggest that prospective Suppliers take a look at the resulting presentation [here](#).

### **1.1 Active Ingredients considered in 2020**

In June 2020, the MHPA launched its first Active Ingredients commission, supporting 30 research teams from 12 countries to review the existing evidence on the one Active Ingredient (26 in total) they considered to be a “best bet” for preventing and treating anxiety and depression in 14-24-year-olds, worldwide. Throughout their review, each team was expected to work collaboratively with young people with lived experience of anxiety and/or depression. Examples of how the teams involved young people with lived experience are in Appendix 1.



The [Active Ingredients we commissioned](#) are included in the table below and encompass a broad range of ingredients, spanning the biological, cognitive, relational and societal.

Active ingredients proposed as 'best bets' for young people aged 14-24 worldwide			
	FOR DEPRESSION AND ANXIETY	FOR DEPRESSION ONLY	FOR ANXIETY ONLY
FOR PREVENTION OF PROBLEMS ONCE ARISEN AND INTERVENTION ONCE ARISEN	<ul style="list-style-type: none"> <li>Better able to shift perspective</li> <li>Better stress response via relaxation</li> <li>Developing more helpful thinking patterns</li> <li>Helpful use of mental imagery</li> <li>Improved management of emotions</li> <li>Improved problem solving</li> <li>Increased self-compassion</li> <li>Increased sense of mattering</li> <li>Increased social connection</li> <li>Increased engagement with positive activities</li> <li>Learning to be more hopeful</li> <li>Reduced loneliness</li> <li>Reduced perfectionism</li> <li>Reduced repetitive negative thinking</li> </ul>	<ul style="list-style-type: none"> <li>Better sleep and body clocks</li> <li>Improving social relationships</li> <li>Increased financial resources via cash transfer</li> <li>Reducing levels of inflammation in the body</li> </ul>	<ul style="list-style-type: none"> <li>Reduced avoidance of feared things</li> </ul>
FOR PREVENTION ONLY	<ul style="list-style-type: none"> <li>Better urban access to green space</li> <li>Increased neighbourhood cohesion</li> </ul>		
FOR INTERVENTION ONLY	<ul style="list-style-type: none"> <li>Engagement with theatre or the arts</li> <li>Use of antidepressants</li> </ul>	<ul style="list-style-type: none"> <li>Improved view of self</li> <li>More bodily movement</li> </ul>	<ul style="list-style-type: none"> <li>Better gut microbiome function</li> </ul>

To summarise their findings, each team produced an academic report, lay summary, video and infographic. We have teamed up with the [Mental Elf](#) to communicate the findings via [blogs](#), [podcasts](#) and [videos](#). For further details on our approach to Active Ingredients, see [this LinkedIn article](#) by Professor Miranda Wolpert introducing the 30 teams we commissioned in 2020, as well as [this more recent article](#) sharing some selected findings.

### 1.2 Active Ingredients not considered in the 2020 commission

The Active Ingredients identified from our 2020 commission were not intended to represent an exhaustive list of potentially effective Active Ingredients, and indeed, there are clear gaps in what was commissioned. **That is why we are now launching a second Request for Proposals, to commission up to 20 research teams to review additional Active Ingredients they deem to be 'best bets' for tackling youth anxiety and depression worldwide.**

To better understand these gaps, we commissioned two research teams to explore the views of young people, clinicians, researchers and advocates internationally (in Australia, Brazil, India, Kenya, Pakistan, Portugal, South Africa, Turkey and the UK). Individuals were asked to reflect on the 26 Active Ingredients initially commissioned, and on any additional ingredients they felt were important. We also conducted a short survey asking the general public about their views and sought views from our strategic advisory board and from our independent expert bank. Across these different sources, the following were highlighted as not covered in the earlier commission and viewed as potentially important in terms of possible impact on the most people globally:



- Developing healthy and nurturing family relationships (e.g. improving communication, reducing parental conflict, supporting intergenerational connections)
- Engaging in advocacy or otherwise contributing to social or systemic change
- Feeling safe (e.g. in your physical environment and/or interpersonal relationships)
- Fostering a sense of purpose (e.g. finding meaning in life, having something to live for, feeling useful through work or other activities)
- Goal setting
- Having agency and autonomy (e.g. taking responsibility, being independent from family, having control over own life choices)
- Non-invasive brain stimulation (e.g. rTMS)
- Non-SSRI pharmaceutical interventions
- Peer support and mentorship
- Prevention and protection from abuse and trauma (e.g. bullying, parental maltreatment)
- Psychoeducation (increased awareness and understanding of mental health)
- Reducing discrimination (e.g. on the basis of race, disability, neurodiversity, LGBTQI+)
- Reducing income inequality (e.g. access to social welfare and basic necessities like food, shelter and clothing)
- Religion and spirituality (e.g. turning to faith, seeking help from religious leaders, practicing religious beliefs)
- Supporting development of identity (e.g. cultural, spiritual, sexual, gender identity)

The list of potential Active Ingredients included above is presented alphabetically and not in any order of priority. It is also by no means a comprehensive list of all potential Active Ingredients, nor is it intended to suggest what ingredients we deem most important. We have included this list to stimulate your thinking and to illustrate the diversity of possibilities – not to create a prescribed pick list. We are open to and interested in receiving proposals covering the Active Ingredient *you* deem to be the most promising for addressing youth anxiety and depression globally.

Ultimately, our key aim is to identify the Active Ingredients that are most likely to help the most young people in the most contexts, globally, and that we have not already commissioned to review.

### **What Active Ingredients are in scope?**

Proposed Active Ingredients must:

- Be framed primarily in terms of its ability to prevent, intervene, stop relapse or support ongoing management, and not in relation to causal mechanisms. While a brief discussion of causality may be appropriate, an application is unlikely to be successful if most of the evidence base for a proposed ingredient refers mainly to causality.
- Reflect an approach that can directly target current 14-24-year-olds. Out of scope are Active Ingredients underpinning interventions targeted at younger age groups that may have repercussions once those individuals grow up. For example, methods to reduce parental conflict during the teenage years would be in scope, but parental training programmes in the early years would be out of scope.



## 2. RFP Objectives and Specifications

### 2.1 RFP objectives

Building on prior work funded by the MHPA, **this Request for Proposals (RFP) seeks to commission up to 20 teams to undertake a review and interpretation of the evidence (“insight analysis”) into ONE Active Ingredient not included in the reviews of the 26 ingredients commissioned in 2020.**

The **ONE** proposed Active Ingredient must be hypothesised to be effective in addressing youth anxiety and depression in 14-24-year-olds – doing so by preventing, treating, stopping relapse and/or managing ongoing difficulties.

Suppliers may select *any* Active Ingredient from the full range of possible approaches and beyond those listed on page 4. Suppliers must not however select an Active Ingredient we have previously commissioned (see section 1.1., on pages 2-3).

Overall, we hope that this second commission will add to our learning from the 2020 commission by:

1. Suggesting additional potential Active Ingredients not already reviewed in 2020
2. Ensuring greater supplier representation from low- and middle-income countries. Our intention is to fund a minimum of five projects from Suppliers based in low- and middle-income countries. By this, we mean that the Lead and the Lead’s organisation (with which the contract will be signed) must be based in a [low- and middle-income country](#).
3. Encouraging further career stage and discipline diversity – we particularly welcome applications from early career researchers and from disciplines not typically associated with mental health science (e.g. beyond psychology, psychiatry and neuroscience).

Alongside the findings from the work commissioned in 2020, the work we commission in 2021 will help us to continue building a knowledge base around Active Ingredients that we know work, for the most young people, in the most contexts, globally. It will underpin Wellcome’s work on finding the next generation of treatments and approaches for youth anxiety and depression and may help inform future calls for primary research in this area.

### 2.2 RFP specification

This section sets out the specification of deliverables for this RFP exercise. Suppliers should use this section to fully understand Wellcome’s requirements and to inform their response.

**The Supplier is asked to review the evidence on ONE Active Ingredient proposed to help address anxiety and/or depression in 14-24-year-olds worldwide, answering the following question:**

***“Drawing inferences from the current evidence: in which ways, in which contexts and for whom does the chosen Active Ingredient appear to work, and why; and in which ways in which contexts and for whom does it appear not to work, and why?”***

**The Supplier must involve and work collaboratively with young people with lived experience of anxiety and/or depression** in their project, to review the evidence for their ONE chosen Active Ingredient (see Appendix 1 for further information).



The Active Ingredient must be hypothesised by the Suppliers to be likely to help 14-24-year olds in a variety of contexts worldwide<sup>1</sup> and in relation to one or more of the following intervention periods<sup>2</sup>:

- Prevention
- Intervention
- Stopping relapse
- Ongoing management

Please note: the majority of research projects we funded in 2020 fell under the ‘prevention’ and/or ‘intervention’ category, therefore, we would particularly welcome proposals of relevance to the other two categories (‘stopping relapse’ and ‘ongoing management’).

### **Requested deliverables**

All selected Suppliers will need to answer the key question included above, producing the following **five deliverables** by **17:00 GMT on Monday 15 November 2021**:

1. A 4,500-word insight analysis<sup>3</sup> report, formatted as an academic paper
2. A one-page abstract summarising your insight analysis for a non-specialist audience
3. A one-page infographic summarising your insight analysis report and its implications
4. A two-minute video<sup>4</sup> explaining what Active Ingredient you chose, what you found in your review, and what it might mean for young people with anxiety and/or depression
5. A presentation slide deck of up to 15 minutes aimed at summarising your insight analysis to a mental health scientist (broadly defined).

The exact specification for the content, style and format of each deliverable will be provided to all selected Suppliers once contracts have been awarded.

When conducting the work, Suppliers must:

- Review the evidence in relation to their chosen Active Ingredient across a range of research literatures,
- hypothesise and draw inferences based on this review, and
- involve and work collaboratively with young people with lived experience of anxiety and/or depression throughout the course of the project.

Although the choice of methodology is up to the Supplier, we are looking for Suppliers to propose methodologies that combine rigour with opportunity for creative inference and hypothesising. In addition, Suppliers must develop a methodology that involves young people with lived experience of anxiety and/or depression in a meaningful way throughout the course of their project. Meaningful involvement includes but is not limited to:

- involving young people with lived experience of anxiety and/or depression at multiple stages throughout the review process, including design, delivery and dissemination
- compensating or paying young people for their time.

For more details on what we mean by an ‘insight analysis’, see Appendix 2. Examples of how some of the researchers we funded in 2020 involved young people in their Active Ingredients’ reviews are provided in Appendix 1.

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<sup>1</sup> Must be relevant to at least 10 million 14-24-year-olds worldwide.

<sup>2</sup> For more details and definitions on these intervention periods, see Appendix 2.

<sup>3</sup> For further details on what we mean by “insight analysis”, see Appendix 2.

<sup>4</sup> To view exemplar videos from teams commissioned in 2020, click [this link](#)



Please note: we are NOT seeking primary research – this is out of scope. When we refer to involving young people with lived experience, we mean involving them as co-researchers or advisors rather than as research participants.

### **2.3 Who is eligible to apply?**

We encourage applications from anywhere in the world, provided the Supplier can accept work that is contracted from the UK. This does not mean that the Supplier needs to form a team with someone who is based in the UK. We welcome applications from diverse geographies and especially from teams based in low- and middle-income countries.

Applications can be made by individuals (either self-employed or contracting via a current employer) or small teams (a team of more than three would need to be robustly justified). Please note: where the proposal is made on behalf of a team, we will form a contractual relationship with only the Lead who will be responsible for delivery of the outputs on behalf of the whole team.

Suppliers can come from any sector (e.g. universities, NGOs/charities, commercial companies) or discipline. We encourage applications from a wide range of mental health science disciplines, so long as at least one member of the team has a relevant background (PhD or equivalent) in an area of mental health science. By mental health science we mean any discipline that uses evidence in rigorous and transparent ways, whether based on observation or experimentation, that can help us find answers to the best way to create a world in which no one is held back by mental health problems. This could include psychiatry, psychology and neuroscience, but also disciplines within the humanities, social sciences and computer sciences (e.g., anthropology, sociology, geography, law, political science, economics, informatics), among others.

We strongly encourage applications from teams involving early career researchers. Moreover, if it is known that an early career researcher (e.g. PhD student, postdoc) will carry out the bulk of the work, they should be named on the proposal as Lead. We will consider the expertise and experience of the team as a whole, so teams will not be disadvantaged if the Lead is an early career researcher.

We are looking for Suppliers who can critically consider and synthesise findings from across diverse research communities in order to develop new or reinforce existing hypotheses which they are able to convey in a clear and concise way to non-specialists.

We are thus looking for evidence of sufficient background expertise combined with the potential for creative thought, together with skills to present information in an accessible way. Those working on this commission must have enough IT and other support available within their current work context to undertake the work, including ongoing access to relevant journal databases.

Please note that whilst all final outputs must be produced in English, the substantive work and literature reviewed can be in other languages. However, the Supplier must translate the final outputs into English prior to submission and must have sufficient English to communicate with Wellcome and the wider network using English.



### **Approach to selection**

We are looking to commission a wide range of high-quality proposals to reflect a diversity of Active Ingredients, methodological approaches, disciplines and geographies. We will be taking these factors into consideration when we make our decisions, choosing from all those who meet our quality standards as laid out in the RFP.

### **Support throughout the application process**

We will be running two free webinars with an open Q&A before the full proposal is due (for more details, see the RFP timetable on page 9 below).

The first webinar will be facilitated by the Mental Elf from **12:30-14:00 GMT on Tuesday 9 February**. It will be available to anyone who is interested in this commission or in the work of the MHPA more generally. During the webinar we will: (i) introduce the “Active Ingredients” concept, (ii) discuss different ways of doing mental health research, including a focus on involving young people with lived experience, (iii) feature presentations from teams commissioned in 2020, (iv) announce the 2021 commission, and (v) allow time for Q&A. To register for the event, click [here](#).

The second webinar will take place in March/April (exact date TBC) and will only be available for shortlisted Suppliers ahead of the full proposal submission. The webinar will cover what we are looking for in a successful application. We will provide more information on when and how to attend the event on Monday 22 March, when we inform shortlisted Suppliers that they have been invited to submit a full proposal.

## **2.4 Governance**

Successful Suppliers will report to Dr Inês Pote (Research Adviser, MHPA) on a day-to-day basis and will ultimately be accountable to Dr Catherine Sebastian (Evidence Lead, MHPA).

Successful Suppliers will be required to virtually meet with each other in small groups (via conference calls) as part of further developing our international network, to share learning and approaches. There will be at least three mandatory meetings throughout the course of the project, with each lasting around 1.5 hours (for more details, see the RFP timetable below). These meetings will be coordinated by Wellcome and will be conducted in English.

Wellcome will need to own the intellectual property created in this commission and may wish to make the final outputs public itself (in whole or in part), either on its website or other media, and in doing so may apply a Creative Commons (CC-BY) licence to the outputs. Subject to Wellcome using the deliverables for its own purposes first, we are keen that the final outputs reach as wide an audience as possible. For more details on intellectual property, Suppliers submitting proposals as a registered company, see the [contract terms](#) under section 9; Individuals submitting proposals as a sole trader, see [contract terms](#) under section 8).

Provided the final outputs are of publishable standard, Wellcome will encourage and work with Suppliers to publish the final outputs in suitable peer reviewed academic journals. Any such publication should be in line with Wellcome’s [statement](#) on Open Access.





### 3. RFP Timetable

The timelines for this RFP exercise, including deadlines for Suppliers, are detailed below. Please note that all times listed are in GMT/BST (i.e., UK time).

#	Activity	Responsibility	Target Date in 2021 (please note: these may be subject to change)
1	Request for Proposals (RFP) issued to Suppliers	Wellcome Trust	Monday 1 February
2	Webinar introducing the Active Ingredients commission to all prospective Suppliers (to register for the event, click <a href="#">here</a> )	Wellcome Trust	12:30-14:00 GMT on Tuesday 9 February
3	Submission of Supplier Q&A to Wellcome via email	Supplier	17:00 GMT on Friday 12 February
4	Publication of responses to Supplier Q&As on our website	Wellcome Trust	17:00 GMT on Friday 19 February
5	Submission of Expression of Interest and Supplier Q&A via an online form (click <a href="#">here</a> to access the form or use the link on our website)	Supplier	12:00 GMT on Monday 8 March
6	Inform Suppliers whether they have been invited to submit a full proposal	Wellcome Trust	17:00 GMT on Monday 22 March
7	Provide shortlisted Suppliers with responses to Q&As via email	Wellcome Trust	17:00 GMT on Monday 29 March
8	Webinar for shortlisted Suppliers ahead of the full proposal submission	Wellcome Trust	March/April TBC
9	Submission of the full proposal via email	Supplier	17:00 BST on Friday 30 April
10	RFP Evaluation Period	Wellcome Trust	Monday 3 May to Friday 21 May
11	Notification of shortlisted Suppliers with clarifying questions sent via email	Wellcome Trust	17:00 BST on Monday 24 May
12	Submission of response to clarifying questions via email	Supplier	17:00 BST on Thursday 27 May
13	Notification of Contract Award to successful Suppliers via email	Wellcome Trust	Week commencing 31 May
14	Contract finalisation and signing	Wellcome Trust & Supplier	Week commencing Monday 31 May to Friday 18 June
15	Proposed contract start date	Wellcome Trust & Supplier	Monday 21 June
16	Mandatory workshop on involving young people with lived experience in your project	Wellcome Trust & Supplier	Week commencing 5 July
17	First check in (brief written update and group conference call)	Wellcome Trust & Supplier	Week commencing 26 July
18	Second check in (brief written update and group conference call)	Wellcome Trust & Supplier	Week commencing 6 September
19	Draft report and video script due	Supplier	17:00 BST on Monday 4 October (at the latest)
20	Response to draft report and video script, including phone calls as relevant	Wellcome Trust	Week commencing 18 October
21	Final deliverables due, with any requested amendments addressed	Supplier	17:00 GMT on Monday 15 November
22	Presentations to Wellcome	Supplier	TBC
23	Proposed contract end date	Wellcome Trust & Supplier	Friday 3 December



#### 4. Response Format

The following headers support the timetable by providing further detail of the key steps.

##### **Expression of Interest**

All potential Suppliers are asked to submit a short Expression of Interest via [this online form](#) by **12:00 GMT on Monday 8 March 2021**.

The online Expression of Interest form asks that you respond to the following key questions, **using no more than the allocated word limits where relevant:**

#	Question
<b>Section 1: Supplier Information</b>	
1	Name of Lead Applicant
2	Email address of Lead Applicant
3	In which country is the Lead Applicant based? Are the Lead and the Lead's organisation based in a <a href="#">low- and middle-income country</a> ?
4	Job title of Lead Applicant
5	Discipline / field of work of Lead Applicant
6	Organisation / institution of Lead Applicant
7	Please select the option which best describes the sector of your organisation / institution (e.g. academic, clinical provision, charity / NGO, self-employed)
8	Please select from the options below whether you will be: <ul style="list-style-type: none"> <li>• working as an individual</li> <li>• working in a small team</li> </ul>
9	If working as a small team provide the details of up to two team members
<b>Section 2: Active Ingredient</b>	
10	A clear definition of the ONE Active Ingredient you are proposing to review ( <b>max 50 words</b> )
11	An explanation of why you think this ingredient is important, giving practical examples where appropriate ( <b>max 100 words</b> )
12	Reference and link to a review paper of key relevance to your proposal
13	Please select from the options below the category of your proposed Active Ingredient (multiple options can be selected, if appropriate): <ul style="list-style-type: none"> <li>• Cognitive / emotional</li> <li>• Social relationships</li> <li>• Biological</li> <li>• Societal</li> <li>• Other (please specify)</li> </ul>
14	Time point(s) for intervention suggested as the focus for this proposal (multiple options can be selected, if appropriate): <ul style="list-style-type: none"> <li>• Treatment</li> <li>• Prevention</li> <li>• Stopping relapse</li> <li>• Managing ongoing difficulties</li> </ul>
15	What mental health problem will the focus of your proposal be on? <ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Depression</li> <li>• Both</li> </ul>
16	Please provide your definition of anxiety and/or depression ( <b>max 50 words</b> )



17	Please give a brief description of how you intend to involve young people with lived experience of anxiety and/or depression in this work ( <b>max 100 words</b> )
18	Please let us know if you have any clarifying questions about the RFP exercise
<b>Section 3: Additional Information</b>	
19	Please provide a conflict of interest statement, outlining any potential conflicts that you or your team members might have with Wellcome or any individual(s) on the evaluation panel (see RFP document, page 16)
20	Please confirm you (or a representative from your institution) have read the relevant contractual agreement, including its Terms and Conditions, and that it is acceptable to you and your institution in its current form (see RFP document, page 14)
21	How did you hear about this Commission?

We will shortlist Suppliers by **17:00 GMT on Monday 22 March**.

Expressions of Interest will be judged on the strength of argument for why the proposed Active Ingredient is important, including whether it is sufficiently distinct from those commissioned in 2020. We will also consider plans for the inclusion of young people with lived experience in the review process. Gaining geographical and subject matter diversity will also be taken into account when choosing those to invite for full proposal.

Please note:

- Submitting an Expression of Interest is a compulsory requirement of this RFP exercise, as we will only be accepting full proposals from Suppliers that we have shortlisted on the basis of their Expression of Interest.
- The Active Ingredient proposed within section 2 of the Expression of Interest form will be binding – i.e., Suppliers cannot propose ONE Active Ingredient at the Expression of Interest phase, be selected to submit a full proposal, and then propose to review an entirely different Active Ingredient in their full proposal.
- You can only be a Lead on one proposal; however, you can be a team member on more than one proposal.
- Team Leads involved in the 2020 Active Ingredients commission may not apply as a team Lead but may apply as a team member.
- Individuals who were part of a team in the 2020 Active Ingredients commission, but not a team Lead, can apply as a team member or Lead.
- Example Expressions of Interest can be found in Appendix 3, to help you understand what we are looking for at this stage.
- We are looking to commission a diverse set of Active Ingredients, proposed by Suppliers from a wide range of disciplines and geographies. We particularly encourage applications from early career researchers, researchers in low- and middle-income countries and those who have not been commissioned by Wellcome previously.
- Information collated from these Expressions of Interest may be shared as part of aggregate information about the Active Ingredients suggested, as well as the types of professionals and geographies represented. Personal details will not be shared.

### **Supplier Q&A**

Suppliers will have two opportunities to ask questions. Before submitting these, please review Appendix 4 where we have addressed some frequently asked questions.

#### **First opportunity**

If your query is urgent and needs to be answered before the Expression of Interest deadline, you can contact us at [activeingredients@wellcome.org](mailto:activeingredients@wellcome.org) by 17:00 GMT on **Friday 12 February**. All questions will be collated and answered by an FAQ response or other



material. This will be posted on [our website](#) by **17:00 GMT on Friday 19 February**. Please note that we are unable to answer individual queries.

### Second opportunity

If you have any queries about the full proposal, please submit questions by **12:00 GMT on Monday 8 March** via the Expression of Interest form. All questions will be collated and answered by an FAQ response or other material, which will be sent via email to all shortlisted Suppliers by **17:00 GMT on Monday 29 March**.

### RFP Proposal

Suppliers are required to submit proposals which respond to the following sections.

#### Information Governance

Suppliers are asked to complete the [TPSRA2](#) assessment before the RFP full proposal submission deadline (on **17:00 BST on Friday 30 April**) for Wellcome to assess how you handle data.

#### RFP Questions

This section requests responses from Suppliers to specific questions in relation to this RFP exercise.

**Please note: Suppliers may submit a full proposal *upon invitation only*. Wellcome will invite submissions based on the initial Expression of Interest.**

Full proposals of no **more than 1,500 words** must be submitted in PDF format by email to [activeingredients@wellcome.org](mailto:activeingredients@wellcome.org) by **17:00 BST on Friday 30 April** using the RFP Response Template, available [here](#) as a separate download on our website. Please do not submit additional appendices, except those requested (e.g. Excel sheet of proposed costs, letter of institutional support). Responses that exceed the word count will not be reviewed.

#	Question	Max
1	The ONE Active Ingredient you are proposing to review and the time point(s) for intervention suggested as the focus for this proposal, including a clear definition and the reason for your choice. We would be particularly interested in understanding how your proposed ingredient would add to the list of Active Ingredients commissioned by Wellcome in 2020.	250 words
2	Definition of anxiety and/or depression (or subcategory) being used	100 words
3	Proposed methodology to review and draw inferences from the evidence in relation to your ONE Active Ingredient, including: <ul style="list-style-type: none"><li>• a timeline</li><li>• a clear description of how you intend to involve young people with lived experience of anxiety and/or depression in the design and delivery of this project.</li></ul> Please also outline how you propose to: <ul style="list-style-type: none"><li>• review the evidence in relation to your chosen Active Ingredient across a range of research literatures</li><li>• hypothesise and draw inferences based on this review</li><li>• present the results in ways that are clear and accessible to non-specialists.</li></ul> We are also particularly interested in proposals that clearly articulate why their work will be novel and what gap in the evidence base it will fill.	650 words



4	Details of the Supplier(s), including their expertise, role within this project, and track record. Where possible, please give examples of similar work you have undertaken, either individually or as a team. A team of more than three people would need to be robustly justified.	350 words
5	Please complete the embedded form, which asks about each Supplier's education and employment history and indicators of esteem, including publications, conference proceedings, patents, prizes and grants. Please note that there is no word count for this, although we would encourage brevity. Please list no more than two entries each for education and employment. Employment should include your current position and one other relevant position (not necessarily the most recent). Education should include your two most relevant qualifications. Please list no more than five indicators of esteem.	-
6	Please describe the ways you and your organisation drive diversity and inclusion. Where possible, highlight how you have ensured that your own team, including the youth advisors you involve in your work, is diverse and inclusive.	150 words
7	Please append a cost proposal in Excel format which is annotated to include full details and justifies the proposed costs in pounds sterling (provide conversion rates where appropriate). You can include all costs deemed necessary to undertake this work, including any justifiable expense towards the production of your review and accompanying deliverables. This should, for example, include details of the hourly rate and number of hours to be contributed by each member of the team, plus any proposed ad hoc consultancy fees or additional costs to produce some of the more creative deliverables like the video and infographic. Any costs related to this work are in scope, including institutional overheads. The maximum cost permissible is £45,000 exclusive of VAT. Please bear in mind Wellcome's policy on <a href="#">open access</a> when considering budgeting for publication costs.	-
8	Please give the names and contact details of two referees who can comment on the Suppliers' past work, and whom Wellcome can contact as part of this RFP process, should you be shortlisted. <ul style="list-style-type: none"> <li>Note: When providing the referees, please include a contact name, organisation, relationship to the Lead applicant (e.g. former employer, colleague in the field), email address and telephone number (including country code). Please see the <a href="#">Wellcome Privacy Statement</a> for more on our commitment to safeguarding personal information in accordance with data protection law.</li> </ul>	-
9	Please append a letter of institutional support in PDF format from the Lead's organisation, including the name and contact details of the individual who will be acting as the signatory on any contract (if awarded).	-

Based on these responses, we will shortlist Suppliers and invite them to respond to clarifying questions sent via email (please see the timetable on page 9 for further details). We will use the assessment criteria below to make this selection.

RFP Assessment Criteria	Weighting
Rationale for choice of Active Ingredient and strength of proposed methodology to addressing the key research question	40%
Strength of proposed plans for including young people with lived experience	20 %
Evidence of expertise, relevant skill set and track record	25%
Justification and value for money, including suitability of the budget in relation to the proposal	15%



### **Clarifying Questions**

Upon reviewing full proposals, we will shortlist Suppliers and invite those who were successful to respond to brief clarifying questions, sent via email to individual Suppliers by **17:00 BST on Monday 24 May**. Shortlisted Suppliers will then have 72 hours to respond to these clarifying questions, submitting their written responses via email by **17:00 BST on Thursday 27 May**.

## **5. Contractual Agreement**

The documents listed below represent the draft contractual agreements which will be used with the successful Supplier from this RFP exercise.

- Suppliers submitting proposals as a registered company will be contracted using this [document](#).
- Individuals submitting proposals as a sole trader (not registered) will be contracted using this [document](#).
- Individuals submitting proposals through their own personal services company please highlight this to the Wellcome contact immediately (see point 8 below).

For this RFP exercise we are neither requesting contract feedback nor are we open to negotiating or amending the Terms and Conditions with successful Suppliers. All interested Suppliers must review the relevant contract prior to submitting an Expression of Interest. All Suppliers must confirm that they have read the relevant contract and that it is acceptable to them in its current form when submitting their Expression of Interest.

## **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.org](http://wellcome.org).

## **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 Request for Proposal 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

Please note that we are unable to answer individual queries. Suppliers will, however, have two opportunities to ask questions. For further details, see Supplier Q&A on page 11.

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

**Name:** Inês Pote

**Role:** Research Adviser, Mental Health Priority Area

**Email:** [activeingredients@wellcome.org](mailto:activeingredients@wellcome.org)

## 16. Wellcome Evaluation Panel

The evaluation panel for this RFP exercise will consist of the following individuals:

**Catherine Sebastian** – Evidence Lead, MHPA, Wellcome

**Kate Martin** – Lived Experience and Engagement Lead, MHPA, Wellcome

**Inês Pote** – Research Adviser, MHPA, Wellcome

**Pri Perera** – Researcher, Public Engagement, Wellcome

**Shomari Lewis-Wilson** – Grants Adviser, Neuroscience and Mental Health, Wellcome

**Luis Tojo** – Senior Grants Adviser, Neuroscience and Mental Health, Wellcome

**Grace Gatera** – Lived Experience Consultant





## Appendix 1: Examples of involving young people with lived experience

In 2020 the Mental Health Priority Area commissioned 30 teams to review the evidence for 26 Active Ingredients. Each team was expected to involve young people with lived experience of anxiety and/or depression in their review.

We have collated some examples of how the review teams involved young people with lived experiences at different stages of the review process, from the initial design through to dissemination. The examples are included in the table below. Please note:

- These examples are not exhaustive and there were other ways young people with lived experiences contributed to the Active Ingredient reviews.
- These examples are collated from multiple teams to show some of the different ways the teams worked with young people with lived experience at different stages of the review process (they are not a description of the activity of one team)
- These are offered as examples only. We expect prospective Suppliers to propose an approach to involving young people with lived experience that best suits their project.

### Examples from the research teams commissioned in 2020

The Active Ingredient review teams used a variety of methods to involve young people with lived experience in their reviews. For example, some employed young people with lived experience within the core team as co-investigators or through advisory groups, whilst others ran workshops or online discussions. Teams with young people as co-investigators said it was also useful to have a wider group of young people who are able to provide input with more flexibility and less commitment.

Many of the review teams we commissioned said that working with young people with lived experience was an incredibly rewarding and exciting part of the project, which had a transformative effect on their research. They stressed the value of integrating young people into their team and its processes, ensuring that their expert advice carried the same weight as that of other researchers or professionals. Some also highlighted that the involvement of young people with lived experience brought significant additional expertise, perspective and insight that the research teams would have otherwise lacked, including, for example, highlighting possible gaps in the literature and evidence base.

Stage of project	Examples
Project design	<p>Examples of how young people with lived experience were involved in the project design and planning included:</p> <ul style="list-style-type: none"> <li>• Reviewing the study scope and design</li> <li>• Refining and prioritising the research questions</li> <li>• Exploring and agreeing a shared definition and understanding of the chosen active ingredient and discussing its acceptability and utility.</li> </ul>
Defining the review process and reviewing the evidence	<p>Examples of how young people with lived experience were involved in the literature review process included:</p> <ul style="list-style-type: none"> <li>• Reviewing the search protocol, search terms and suggesting additional search terms</li> <li>• Screening the literature, extracting the data and quality assuring</li> <li>• Identifying significant gaps in the literature</li> </ul>

	<ul style="list-style-type: none"> <li>• Discussing how interventions are conducted in studies vs. how they may be experienced in real world contexts</li> <li>• Highlighting diversity and equity issues in the literature (e.g. gender analysis).</li> </ul>
<p>Analysis and evidence synthesis</p>	<p>Examples of how young people with lived experience were involved in evidence synthesis and analysis included:</p> <ul style="list-style-type: none"> <li>• Co-developing the questions for stakeholder engagement with professionals</li> <li>• Planning and co-facilitating engagement with wider groups of young people with lived experiences to inform the analysis</li> <li>• Exploring the preliminary findings from the review and engagement with other young people with lived experience and professionals to inform the evidence synthesis</li> <li>• Discussing and drawing inferences from the evidence and engagement</li> <li>• Checking the credibility of the initial evidence synthesis and suggesting refinements</li> <li>• Exploring the draft Active Ingredient framework with young people and discussing how this reflected their experiences</li> <li>• Identifying future research priorities.</li> </ul>
<p>Reporting and dissemination</p>	<p>Examples of how young people with lived experience were involved in reporting and dissemination included:</p> <ul style="list-style-type: none"> <li>• Contributing to the final report including a sensitivity and accessibility check on language and terminology</li> <li>• Co-developing outputs, including the scripts and development of the video or animation</li> <li>• Identifying the best knowledge dissemination routes and methods</li> <li>• Writing reflective pieces about the project and/or their involvement in the project.</li> </ul>



## Appendix 2: Definitions

Here we include a few definitions of terms used in the context of this RFP.

### **Active Ingredient**

By Active Ingredients, we mean those aspects of any intervention most likely to be contributing to making the difference in preventing, treating, or managing ongoing mental health difficulties.

### **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.

We are happy for the Supplier to provide their own definition of anxiety or depression as the focus for their proposal as long as it can be fitted within the above broader approach that we are taking. Some Suppliers may choose to take a diagnostic framework some may not.

Moreover, Suppliers are free to focus on a particular subgrouping or aspect of anxiety or depression (e.g. social anxiety, major depression, feelings of ongoing sadness as part of depression).

### **Helping 14-24-year olds**

By helping 14-24-year olds, we mean: interventions directly targeted at this age group as currently constituted.

- **Out of scope** are Active Ingredients underpinning interventions targeted at younger age groups that may have repercussions once those people grow up. For example, methods to reduce parental conflict during the teenage years would be in scope, but parental training programmes in the early years would be out of scope.



By “helping” (or “working” for an individual or group) we mean: contributing to a positive outcome as evidenced by some form of demonstrable impact on some relevant aspect of the individual’s life. This can range from symptoms to functioning to subjective states, either currently or in the future. It will be up to the Supplier to specify what they are taking as indications of “helping” or “working” and at what time points.

### **Insight Analysis**

We use the term “insight analysis” to convey that we want you to do a combination of the following:

- review the evidence in relation to your chosen Active Ingredient and across a wide range of research literatures
- hypothesise and draw inferences based on this review
- present the results in ways that are clear and accessible to non-specialists.

The choice of methodology underpinning the insight analysis is up to the Supplier. We are looking for Suppliers to propose methodologies that combine rigour with opportunity for creative inference and consideration of evidence from diverse research areas. This might include one or more of the following approaches or something entirely different:

- Narrative review
- Review of peer reviewed literature
- Review of commissioned reports (“grey” literature”)
- Evidence synthesis
- Critical analysis
- Rigorous mapping
- Systematic mapping
- Review of PhDs
- Review of podcasts
- Review of presentations
- Review based on interviews with leading researchers from different fields
- Review based on interviews with early career researchers from different fields.

We are not necessarily seeking systematic reviews or meta-analyses, though these can be included as part of the approach.

Please note: we are NOT seeking primary research – this is out of scope.

### **Prevention, treatment, stopping relapse, managing ongoing difficulties**

- By “prevention” we mean: stopping 14-24-year olds developing depression or anxiety.
- By “treatment” we mean: helping 14-24-year olds with depression or anxiety to recover.
- By “stopping relapse” we mean: helping 14-24-year olds who have recovered from anxiety or depression to not develop these again.
- By “managing ongoing difficulties” we mean: helping 14-24-year olds who have ongoing (chronic) depression or anxiety to live their best life.

### **Young people with lived experience**

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



### Appendix 3: Examples of Expressions of Interest

Submitting an Expression of Interest is a compulsory requirement of this RFP exercise, as we will only be accepting full proposals from Suppliers that we have shortlisted on the basis of their Expression of Interest.

All prospective Suppliers are asked to submit a short Expression of Interest via [this online form](#) by **12:00 GMT on Monday 8 March 2021**. The online Expression of Interest form asks that you respond to the following key questions, **using no more than the allocated word limits where relevant**.

Please note that the examples included below are for illustrative purposes only and are not intended to provide any steer regarding content.

#### Example 1

#	Question
<b>Section 1: Supplier Information</b>	
1	Name of Lead Applicant: <i>Grace Nagundi</i>
2	Email address of Lead Applicant: <i>g.nagundi@mu.com</i>
3	In which country is the Lead Applicant based? <i>Uganda</i> Are the Lead and the Lead's organisation based in a <a href="#">low- and middle-income country</a> ? <i>Yes</i>
4	Job title of Lead Applicant: <i>PhD Student</i>
5	Discipline / field of work of Lead Applicant: <i>Psychiatry</i>
6	Organisation / institution of Lead Applicant: <i>Makerere University</i>
7	Please select the option which best describes the sector of your organisation / institution: <i>Academic</i>
8	Please select from the options below whether you will be: <ul style="list-style-type: none"> <li>• working as an individual</li> <li>• working in a small team</li> </ul> <i>Small team</i>
9	If working as a small team provide the details of up to two team members <i>Professor Ssalongo Ssegundi, Professor of Psychiatry</i>
<b>Section 2: Active Ingredient</b>	
10	A clear definition of the ONE Active Ingredient you are proposing to review ( <b>max 50 words</b> ): <i>Use of a mentor (4 words)</i>
11	An explanation of why you think this ingredient is important, giving practical examples where appropriate ( <b>max 100 words</b> ): [your explanation here] ( <i>word count</i> )
12	Reference and link to a review paper of key relevance to your proposal: <i>DuBois DL, Portillo N, Rhodes JE, Silverthorn N, Valentine JC. How Effective Are Mentoring Programs for Youth? A Systematic Assessment of the Evidence. Psychological Science in the Public Interest. 2011; 12(2): 57-91. doi:10.1177/1529100611414806.</i> <i>Link: <a href="https://journals.sagepub.com/doi/10.1177/1529100611414806">https://journals.sagepub.com/doi/10.1177/1529100611414806</a></i>
13	Please select from the options below the category of your proposed Active Ingredient (multiple options can be selected, if appropriate): <i>Social relationships</i>
14	Time point(s) for intervention suggested as the focus for this proposal (multiple options can be selected, if appropriate): <i>Treatment and Managing ongoing difficulties</i>
15	What mental health problem will the focus of your proposal be on? <i>Anxiety and Depression</i>



16	Please provide your definition of anxiety and/or depression ( <b>max 50 words</b> ): <i>We are taking the DSM-5 definition of anxiety and depression. Anxiety – excessive and persistent worry that is difficult to control. Depression – five or more symptoms of depression are experienced during the same two-week period, including depressed mood or loss of interest or pleasure (43 words)</i>
17	Please give a brief description of how you intend to involve young people with lived experience of anxiety and/or depression in this work ( <b>max 100 words</b> ): [please see Appendix 1 for examples and include your description here] ( <i>word count</i> )
18	Please let us know if you have any clarifying questions about the RFP exercise: <i>None</i>
<b>Section 3: Additional Information</b>	
19	Please provide a conflict of interest statement, outlining any potential conflicts that you or your team members might have with Wellcome or any individual(s) on the evaluation panel (see RFP document, page 16): <i>No conflicts of interest to declare</i>
20	Please confirm you (or a representative from your institution) have read the relevant contractual agreement, including its Terms and Conditions, and that it is acceptable to you and your institution in its current form (see RfP document, page 14): <i>Yes</i>
21	How did you hear about this Commission? <i>Wellcome Website</i>

## Example 2

#	Question
<b>Section 1: Supplier Information</b>	
1	Name of Lead Applicant: <i>Dr Samiia Evans</i>
2	Email address of Lead Applicant: <i>Sevans@bham.ac.uk</i>
3	In which country is the Lead Applicant based? <i>United Kingdom</i> Are the Lead and the Lead's organisation based in a <a href="#">low- and middle-income country</a> ? <i>No</i>
4	Job title of Lead Applicant: <i>Research Associate</i>
5	Discipline / field of work of Lead Applicant: <i>Humanities and Social Science</i>
6	Organisation / institution of Lead Applicant: <i>University of Birmingham</i>
7	Please select the option which best describes the sector of your organisation / institution: <i>Academic</i>
8	Please select from the options below whether you will be: <ul style="list-style-type: none"> <li>• working as an individual</li> <li>• working in a small team</li> </ul> <i>Small team</i>
9	If working as a small team provide the details of up to two team members: <i>David Jones, PhD candidate</i> <i>Dr. Ilana West, Participation Lead</i>
<b>Section 2: Active Ingredient</b>	
10	A clear definition of the ONE Active Ingredient you are proposing to review ( <b>max 50 words</b> ): <i>Addressing systemic racism (3 words)</i>
11	An explanation of why you think this ingredient is important, giving practical examples where appropriate ( <b>max 100 words</b> ): [your explanation here] ( <i>word count</i> )
12	Reference and link to a review paper of key relevance to your proposal: <i>Priest N, Paradies Y, Trenerry B, Truong M, Karlsen S, Kelly Y. (2013). A systematic review of studies examining the relationship between reported racism and health and wellbeing for children and young people. Soc Sci Med; 95: 115-27. doi: 10.1016/j.socscimed.2012.11.031. Epub 2012 Dec 19. PMID: 23312306. Available at: <a href="https://pubmed.ncbi.nlm.nih.gov/23312306/">https://pubmed.ncbi.nlm.nih.gov/23312306/</a></i>



13	Please select from the options below the category of your proposed Active Ingredient (multiple options can be selected, if appropriate): <i>Societal</i>
14	Time point(s) for intervention suggested as the focus for this proposal (multiple options can be selected, if appropriate): <i>Prevention</i>
15	What mental health problem will the focus of your proposal be on? <i>Depression</i>
16	Please provide your definition of anxiety and/or depression ( <b>max 50 words</b> ): <i>We are using the definition of depression provided by Wellcome (i.e., persistent negative thoughts, feelings of enduring sadness and behaviours such as difficulty sleeping) (24 words)</i>
17	Please give a brief description of how you intend to involve young people with lived experience of anxiety and/or depression in this work ( <b>max 100 words</b> ): [please see Appendix 1 for examples and include your description here] ( <i>word count</i> )
18	Please let us know if you have any clarifying questions about the RFP exercise: <i>Will Wellcome support the dissemination of our research?</i>
<b>Section 3: Additional Information</b>	
19	Please provide a conflict of interest statement, outlining any potential conflicts that you or your team members might have with Wellcome or any individual(s) on the evaluation panel (see RfP document, page 16): <i>A member of the evaluation panel [name] was the PhD supervisor of the Lead Applicant.</i>
20	Please confirm you (or a representative from your institution) have read the relevant contractual agreement, including its Terms and Conditions, and that it is acceptable to you and your institution in its current form (see RfP document, page 14): <i>Yes</i>
21	How did you hear about this Commission? <i>Twitter</i>



## **Appendix 4: Response to queries raised during the first Active Ingredients commission in 2020**

### **Queries relating to the research team**

#### **Can I submit more than one proposal?**

You may be the named Lead on only one proposal but may collaborate on as many proposals as you wish. Each project should have only one Lead (no co-Leads).

#### **Can we include more than three people on the proposal?**

Given the scope of the commission and in order to keep the reviewing process manageable and focused, each team is limited to three named individuals. This includes the Lead. If a known early career researcher (e.g. PhD student, postdoc) will carry out the bulk of the work, we encourage them to be named on the proposal where possible, and as Lead where appropriate. This does not apply to cases where you plan to recruit a new staff member if successful (e.g. RA assistance). You may collaborate with colleagues who are not named on the proposal, and their time may be costed in a consulting capacity.

#### **Is it possible to re-arrange teams to elect a different Lead for the Proposal than is listed on the Expression of Interest?**

Yes, this is permitted. Named individuals may change between the Expression of Interest and Full Proposal stages and may be drawn from different institutions and organisations. For example, you may change who is listed as Lead but keep the team otherwise the same. If you need to change the composition of the team more generally, this is also permitted, as long as the person who was originally named as Lead is still a member of the team.

#### **Can I change the organisation specified from the Expression of Interest?**

Yes, you may, as long as the Lead on the proposal has an affiliation with the named organisation, and the organisation is able to provide a letter of support/accept the contract Terms and Conditions.

#### **What happens if a team member leaves the organisation during the project?**

A team should be as stable as possible, and the Lead should ensure at the proposal stage that all team members have a reasonable expectation of completing the project. If this is not the case, please let us know how you plan to manage any changes to the team.

#### **We would love to offer one of our young advisors/activists the opportunity to be part of the team, as a lived experience expert. However, we would prefer to wait and see if our application is successful, before sharing this opportunity with them. Please can you advise if this would be okay?**

Core teams need to have three or fewer members, so it would be acceptable for a team of two to apply, with a plan to include a third, if successful, as long as this decision is justified in the proposal. If your team already includes three members, we suggest including additional partners as collaborators, consultants or research assistants as appropriate to their role.

### **Queries relating to the scope of the commission**

#### **Is it within remit to focus on an aetiological risk factor and not on interventions?**

This is not within the scope of the current commission. There is already a wealth of review material available on aetiological factors and one of the aims of the present commission is to gather information from the field that is specifically focused on Active Ingredients underpinning interventions for youth depression or anxiety.





**Would it be possible to identify Active Ingredients within a specific intervention (e.g. psychotherapy, CBT), or should the research be more generic in nature?**

It is fine to target a specific intervention and use the concept of Active Ingredients to let us know why that intervention is effective. It is also fine to take a proposed Active Ingredient and make the case that it underpins the efficacy of several different interventions. We are happy to learn from Suppliers' input here. We are less interested in very broad conceptions, e.g. 'intervention' or 'prevention'. We think of these as broad 'buckets' in which researchers may wish to situate their Active Ingredient.

**Could we compare two or more Active Ingredients?**

The purpose of this commission is to provide focus, and so comparing two or more Active Ingredients as a key aim would be out of scope. However, it is perfectly acceptable to bring in comparison where appropriate, e.g. 'previous best practice focused on X; however new evidence suggests Y'. It is also acceptable to discuss 'subcomponents' of a proposed Active Ingredient.

**If there are applications in similar research areas, is there scope to collaborate to provide richer insights and reduce replication?**

As outlined in the RFP, successful projects will be offered the opportunity to network and collaborate, but we are unable to facilitate collaborations at the pre-selection stage. If you know of a group who proposed a similar idea, you are welcome to collaborate on the full proposal. However, the proposal would still need to include only three individuals, and the maximum budget would be capped at £45,000 (exclusive of VAT). Please note that we are prepared to fund multiple proposals on similar topics, as different applications may bring different emphases, methodology or scope. Therefore, you are not necessarily at a disadvantage if others submit proposals in the same area.

**If the Active Ingredient is applicable to both prevention and treatment, but in markedly different ways, do you recommend sticking to one, or including two strands to the insight analysis?**

This decision would be up to the Supplier.

**Should I focus on specific diagnoses or take a more general approach?**

It is up to you whether you focus specifically on anxiety or depression or take a more transdiagnostic approach. Focusing on other related diagnoses such as PTSD is out of scope for this commission. However, you may wish to address why a specific Active Ingredient may be particularly effective (or ineffective) in the presence of underlying trauma or co-occurring PTSD symptoms, for example.

**Can I focus on a specific subgroup (e.g. university students or looked-after youth) or geographical area?**

Yes, provided that the emphasis is still on the Active Ingredient, and not on uniquely characterising a specific population. Discussing how an Active Ingredient is relevant for a specific population is in scope, as long as the population includes at least 10 million 14-24-year olds.

**Can evidence from outside the 14-24 age range be included?**

Yes, provided it supports the efficacy of the Active Ingredient, and in turn that the Active Ingredient can be shown to help those within the 14-24 age group. For example, you may wish to cite evidence from children or older adults, or from animal models of anxiety and depression. Conversely you may cite evidence relating to the 14-24 age group but discuss



implications for this age group in the longer term. A range of evidence may be included (observational, experimental, intervention, qualitative).

### **Queries relating to methodology**

#### **Can we conduct primary research?**

Primary research is out of scope for this commission. This means Suppliers should not plan to include new primary data analysis. All data included in the final submission should be published and/or publicly available (this could range from information posted on a personal webpage to any literature in the public domain). Meta-analysis is within scope, but the Supplier would need to justify the necessity of the approach as well as the ability to supply the proposed analysis within the timeframe. Expert commentary may be sought via interviews, e.g. as part of including the voice of young people with lived experience, but formal qualitative or quantitative analysis is out of scope. It is fine to use multiple methods of review, and to use 'non-academic' source material, such as social media posts, as long as these are not being used as primary research.

#### **Will secondary data analysis proposals be accepted? I'm hoping to do a secondary analysis of a longitudinal data.**

This would be out of scope as it would involve new analysis, even if the data already exists. We understand that some may wish to review or summarise data that is not currently published or publicly available; however, this is not within scope for the current commission.

#### **What would you consider to be the difference between 'expert lived experience interviews' which you are permitting, and qualitative research which is out of scope?**

Insights from lived experience can be included as a means of sharing the views of this group. However, this should not involve a research approach (e.g. grounded theory analysis). You may of course review existing qualitative analyses in your report.

#### **How can I involve young people with lived experience of anxiety and/or depression in my work?**

We require young people to be involved in influencing your review at multiple stages and are flexible as to how this is achieved. For examples, please see Appendix 1. Lived experience experts may either be named on the proposal or employed as consultants. In either case they may be eligible for authorship on the final review. The financial plan should include appropriate remuneration for lived experience experts.

### **Queries relating to legal, administrative and financial issues**

#### **What can be costed in the proposal?**

Due to the nature of the deliverables here, this commission will be a contract for services, and not a grant. The payment will be a fixed fee based on the quote you supply with your proposal. You can include all costs deemed necessary to undertake this work, including any justifiable expense towards the production of your review and accompanying deliverables. Illustrative examples include researcher time (whether named on the proposal or to be recruited if successful), consultancy fees (e.g. for lived experience experts, medical writers or colleagues from collaborating organisations), summer research assistance, admin assistance, software costs, library access (where services are immediately available but require payment) and support with video/infographic production. Institutional overheads may also be included in your cost proposal, as long as the overheads are included in the total cost and within the Budget for this exercise.



**Would we be able to include a named individual from an overseas institution? Are there contractual implications?**

Where an application is successful, our intention is to enter into a single contract either with the Lead themselves or the Lead's institution. We encourage applications from anywhere in the world, provided the Supplier's institution can accept work that is contracted from the UK on the terms and conditions supplied with our RFP. Leads should liaise with their host institution and any key third parties in advance of submitting the Full Proposal regarding the feasibility of the proposed financial and contractual arrangements (e.g. whether the host organisation is able to subcontract work to the particular overseas collaborators).

**Please can you confirm what you are expecting in the letter of institutional support**

We appreciate the administrative burden caused by these procedures. We would reassure Suppliers that these letters can be very brief and should simply state that the institution is aware of the proposed project and supports the Lead to conduct the work. There is no need for these letters to provide a reference for the Lead or their work.

**We understand that the Wellcome Trust would own the intellectual property created in the commission. Please can you advise if we would still be able to publish the report on our own website?**

Yes, this will be possible, once deliverables are signed-off by Wellcome.

**At the conclusion of the contract, will it be possible to publish the outcome review in a scientific journal?**

Yes, we are expecting submissions to be of publishable standard, and would strongly encourage submissions to be published. Submissions must be in written form in the format described in our guidance notes. However, you may also include supplementary material in alternative formats, e.g. video, audio. As outlined in the RFP, Wellcome will own the intellectual property created in this commission. Subject to us using the deliverables for our own purposes first, we're keen that it reaches as wide an audience as possible. We therefore expect any publication to be in line with Wellcome's [statement](#) on Open Access.