



Request for Proposal for an insight analysis into ONE promising approach for preventing or addressing mental health problems in the workplace, based on inferences drawn from the available evidence or theoretical frameworks

Wellcome is working to tackle some of the world's biggest health challenges and as part of our mission, we are looking to understand more about what works, for whom, in what context and why, when it comes to mental health. One context where we have been considering these questions is the workplace and in 2020, Wellcome funded ten global research teams to review the evidence behind a single promising approach for preventing anxiety and/or depression in the workplace, with a focus on younger workers.

Building on this work, 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 promising approach for preventing or addressing mental health problems in the workplace.** The commission will be undertaken between October 2021 and March 2022 and the maximum cost permissible for each review is £45,000 (exclusive of VAT).

When conducting work, Suppliers must:

- review the evidence in relation to their chosen promising approach across a range of research literatures;
- hypothesise and draw inferences based on this review; and
- involve and work collaboratively with people with lived experience of mental health problems in the workplace throughout the course of the project.

Key deadlines:

- Expression of interest deadline: 12:00 BST on Monday 28 June
- RFP Response (full proposal) deadline: 17:00 BST on Friday 20 August

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1. RFP Background and Objectives

The Wellcome Trust 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, climate and health, and infectious diseases.

Mental health problems are holding back people of all ages, in all parts of the world. They are predicted to be the main cause of global mortality and morbidity by 2030. While some treatments work for some people, some of the time, we urgently need to find better approaches that can help more people globally.

Wellcome is bringing together expertise across science, innovation and society to speed up research to understand mental health better, and to develop treatments and approaches that are more effective and personalised. As part of this, we are committed to making sure that people with lived experience work in partnership with us to shape the work we do and the work we fund. For further information on Wellcome's approach to mental health, we encourage all prospective Suppliers to read about our work on [our website](#).

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

One context where we have been considering these questions is in the workplace. Anxiety and depression are [estimated to cost the global economy over \\$1 trillion every year](#) in lost productivity. In recent years businesses all over the world have been looking for ways to support the mental health of their staff and prior to Covid-19, the [corporate wellness market was predicted to be worth \\$66 billion](#) by 2022. However, despite growing interest and investment in workplace mental health initiatives, we still have a lot to learn about what works.

We currently know very little about which approaches are most effective or whether certain approaches work better for some people or in some contexts. It is also important to recognise, and consider the effectiveness of, the range of policies that employers can put in place that may positively impact on the mental health of their staff, including those addressing systemic issues, such as pay, culture or workload. And to remember that any approach to workplace mental health a business chooses to implement exists within a wider workplace context and culture that is likely to impact on how successful it can be. We need to consider all these factors when thinking about what works.

Covid-19 has added an urgency of focus and provided a ripe moment for new thinking on workplace mental health, focused on understanding which approaches are making a difference. While we cannot forget the millions of people who have lost employment due to Covid-19, or who are struggling to find work, the pandemic has also caused significant disruption for those in work. This has led to even more employers prioritising the question of how to most effectively support the mental health of their staff, making it more important than ever for businesses and scientists to come together to try to answer this question.



1.1 Workplace Mental Health Commission 2020

To begin to understand the science behind workplace mental health approaches, in 2020 Wellcome launched its first Workplace Mental Health Commission. The commission supported ten global research teams to review the evidence behind a single promising approach for preventing or addressing anxiety and/or depression in the workplace, with a focus on younger workers (aged 14 – 24).

The approaches covered in the first commission were:

- 1) Breaking up excessive sitting with light activity
- 2) Buddying at onboarding
- 3) Employee autonomy
- 4) Flexible working policies
- 5) Financial wellbeing interventions
- 6) Group psychological first aid for humanitarian workers and volunteers
- 7) Mental health peer support
- 8) Mindfulness interventions for hospitality and tourism workers in low- and middle-income countries
- 9) Social support interventions for healthcare workers
- 10) Workforce involvement and peer support networks in low- and middle-income countries

To summarise their findings, each team produced a detailed report aimed at business leaders and policy-makers, a one-page summary for a Chief Executive audience, a video and an infographic. Each team also delivered a five-minute presentation to businesses as part of a webinar series jointly hosted by Wellcome and the World Economic Forum. You can read a summary of the findings from this commission on [our website](#) and we encourage all prospective Suppliers to read our summary report before applying.

Alongside the commission, Wellcome has continued to engage with a range of international organisations and networks committed to using research and evidence to advance workplace mental health. These include:

- the [World Economic Forum](#) who have been working with Wellcome to share the findings from the first mental health commission directly with WEF members and to begin a dialogue with businesses about taking a more scientific approach to workplace mental health.
- the [World Health Organization](#) who are producing guidelines on workplace mental health, with funding from Wellcome. The guidelines will be based on systematic reviews of the current evidence and will be published in early 2022.
- [What Works Wellbeing](#) who are an independent collaborating centre that develops, and shares, robust and accessible global wellbeing evidence to improve wellbeing and decision making that is used by governments, organisations, and civil society.
- a range of business coalitions and networks who we are engaging with to share the findings from our research and to gather insights from the business community - including the [Global Business Collaboration for Better Mental Health](#), [One Mind at Work](#), and the [Global Chief Medical and Health Officer Network](#).



1.2 Objectives for Workplace Mental Health Commission 2021

There are many more approaches that were not covered in our first commission that employers may use to support the mental health of their staff. **That is why we are launching a second Request for Proposal exercise to commission up to 20 research teams to undertake an insight analysis into other individual approaches for preventing and/or addressing mental health problems in the workplace.**

Building on the learning from the 2020 commission, through this second commission we aim to:

- a) **Understand the evidence behind further approaches for supporting mental health in the workplace.**
- b) **Learn more about the evidence of the effectiveness of approaches for supporting workers in low- and middle-income countries** and ensure greater Supplier representation from researchers based in these countries. Our ambition is to fund a minimum of five projects from Suppliers where the Lead and Lead's organisation are based in [low- and middle-income countries](#).
- c) **Learn more about the evidence of the effectiveness of approaches for supporting those who may be under-represented and/or experiencing inequalities or discrimination in the workplace.**
- d) **Enhance the research by requiring research teams to involve people with lived experience of mental health problems in the workplace in the design, delivery and dissemination of their reviews.**

As with the 2020 commission, we are inviting Suppliers to **nominate ONE approach** they hypothesise to be effective in preventing and/or addressing mental health problems in the workplace.

We are interested in **mental health problems that prevent people from continuing to pursue their regular daily activities as they normally would for two weeks or longer**. Therefore, approaches that address every day emotional responses of low mood or anxiety that are part of life's ups and downs are out of scope. Wellcome is particularly interested in **research related to anxiety, depression and psychosis** as these are current focus areas in our work on mental health. Suppliers are welcome to provide their own definition of mental health problems for their proposal as long as it can be fitted within the broader approach above. Some Suppliers may choose to take a diagnostic framework, some may not.

We are interested in **a broad range of approaches spanning from individual employee interventions to management and leadership interventions to organisational policy changes**. We recognise that a mixture of approaches may be most effective in workplaces, but our request is for Suppliers to focus on ONE specific approach that they regard as amongst the most promising. Further examples of approaches are provided in Section 2.1 on page 6.

The research should consider **what works for whom, in what context, taking as broad and as global a perspective as possible**, including in both low and high resource settings.



Suppliers have the option to **propose a more specific focus** to their research proposals, including focusing on a specific geographical context, workforce or marginalised group within the workforce. Further details are set out in Section 2 below.

For this commission **we are not asking Suppliers to focus specifically on younger workers** so the research can focus on workers of all ages. However, we are still interested to understand what the evidence shows about any differences in the effectiveness of interventions for employees of different ages.

Overall, the research we commission in 2021, combined with the findings from the 2020 Workplace Mental Health Commission, is intended to build our understanding of the existing evidence base behind a range of workplace mental health approaches, including how they apply in different contexts and for different people. We are not intending to use this evidence to suggest to employers which approaches are better than others, but rather to identify how much is known about different approaches and where there are gaps in the evidence. This will help to inform future calls for primary research, involving researchers and businesses.

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 produce a review of the evidence and allied materials (as detailed below) that answers the following question:

“Based on inferences that you can draw from the available evidence and theoretical frameworks, what is the likely or proven impact of what works, for who, in what context, for the chosen promising approach for preventing or addressing mental health problems in the workplace?”

Suppliers **must involve and work collaboratively with people with lived experience of mental health problems in the workplace throughout their project**. Further guidance is provided in Section 2.3 on page 8 and in Appendix 1.

Suppliers **may choose to have a more specific focus to their project** and we are open to Suppliers focussing their projects on one of the areas set out below. In most cases, we would like projects to apply to a category encompassing at least 10 million people worldwide, although we will consider smaller populations where there is a strong case to do so.

- a) **Geographical context:** Suppliers may choose to focus on how an approach works in a particular geographical context. As highlighted in the objectives for the commission, we are particularly interested in understanding more about the effectiveness and applicability of approaches for supporting workers in low- and middle-income countries.



- b) **Workforce:** Suppliers may choose to focus on a type of workforce, such as those working in specific industries, a particular population within the workforce, those working in the informal economy, low-paid workers or those with insecure contracts.
- c) **People who may be marginalised within the workforce:** linked to the above, Suppliers may also choose to focus on a specific population within the workforce who may be marginalised. By marginalised, we mean:
- a. People who are **underrepresented** within particular workforces. This could be due to factors such as sexuality, gender, geography, race or ethnicity or indigenous status, religion, migration status (including refugees) or disability.
 - b. People who may **experience inequalities or discrimination** within the workforce linked to factors such as sexuality, gender, geography, race or ethnicity or indigenous status, religion, migration status (including refugees) or disability.

We recognise that those who may be marginalised within the workplace will vary significantly by context and we are inviting Suppliers to propose specific populations based on their research and knowledge of different contexts.

The choice of methodology for 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 hypothesising. We are very aware that direct evidence of approaches to workplace mental health is still at an early stage and this was emphasised through our 2020 commission. Therefore, we encourage suppliers to consider **submitting proposals that can draw on diverse areas of research, or data they themselves hold, in order to infer lessons that may be applied in a specified workplace context.**

For more details on what we mean by ‘insight analysis’ and guidance on methodology, please see the definitions in Appendix 2.

2.1 What’s in and out of scope?

Suppliers can consider any approach they hypothesise to be effective in preventing and/or addressing mental health problems in a variety of workplace contexts worldwide. We are interested in any policies and practices that employers may put in place that can positively impact on the mental health of their staff, regardless of whether this approach is typically considered a mental health initiative.

The approach may be relevant at one or more of the following intervention periods:

- Prevention – approaches that stop employees developing mental health problems
- Treatment – approaches that help employees with mental health problems to recover
- Stopping relapse – approaches that help employees who have recovered from mental health problems not to develop these again
- Ongoing management – approaches that help employees who have ongoing and/or chronic mental health problems to not be held back by their mental health.



Examples of the types of approaches we are interested in are provided in the table below, created by [What Works Wellbeing](#). Please note, this list is not exhaustive and Suppliers are welcome to propose other approaches not detailed below.

Theme	Constituent concept	Some selected approaches - it is at this level that the proposal needs to be specified. These are not intended as exhaustive lists, rather to illustrate possibilities.
Health	Healthy activities and recovery	e.g. Provision of exercise classes, provision of nutritious food
	Mental health and support	e.g. Training employees to support others, mindfulness training, stress management training programmes
Security	Work conditions	e.g. Fair employment, flexible working, provision of support whilst off with mental health problems and on return to work
	Financial security	e.g. Permanent contracts, workplace financial advice, hardship funds
Environment	Physical and systems	e.g. Length and/or method of commute, quality of facilities in workplace, air quality, lighting
	Culture	e.g. Fairness of workplace procedures, openness to discussing mental health, mental health policies widely understood and effectively implemented
Relationships	Line manager	e.g. Quality of relationship with manager, manager's expertise in supporting mental health problems
	Others at work	e.g. Quality of relationship with colleagues, social groups, mental health support
Purpose	Engagement	e.g. Job satisfaction, volunteering opportunities
	Job quality	e.g. Opportunities for career development, workload management, autonomy

What's out of scope?

- 1) Apart from analysis of existing datasets already held by the applicant organisation, and already immediately accessible to the lead applicant, we will not fund primary research.
- 2) We will not commission research into specific branded workplace mental health products or programmes.

We are also unlikely to commission research into the approaches covered in the 2020 Workplace Mental Health Commission. However, we will consider projects which propose to review the evidence behind one of the approaches covered in the 2020 commission, where the proposal is focussed on a more specific geographical context, workforce or marginalised group within the workforce.



2.2 Requested deliverables

All selected suppliers will need to answer the key question, by producing the following three deliverables by **17:00 GMT on Monday 21 March 2022**.

- 1) A 4,500 word insight analysis report, aimed at a business leader and policy-maker audience.
- 2) A one page lay narrative summary of your insight analysis for a Chief Executive Audience.
- 3) A presentation slide deck summarising your insight analysis for a business audience. This presentation should be a maximum of 5 minutes and include only three content slides.

Further guidance on the content, style and format of each deliverable will be provided to all selected Suppliers once contracts have been awarded.

In addition to the above deliverables created by Suppliers, Wellcome may also commission a designer to develop short videos and infographics to summarise project findings. Suppliers will be involved in this process to ensure that any creative products accurately represent the research findings.

2.3 Involving people with lived experience

Wellcome has committed to putting people with lived experience at the heart of policy and practice in our work on mental health. Therefore, in this commission, we are asking Suppliers to **develop a methodology that involves people with lived experience of mental health problems in the workplace in a meaningful way throughout the course of their project.**

We understand lived experience as the intentional use of the knowledge, insight and expertise gained from the experience of living with mental health challenges. We anticipate that those involved will bring their lived experience of mental health problems in the workplace to contribute additional insights and perspectives to the design and delivery of the research. Research teams focusing on specific geographies, workforces, or those who may be marginalised should ensure there is representation from those groups.

Meaningful involvement includes, but is not limited to:

- involving people with lived experience of mental health problems at multiple stages throughout the review process, including design, delivery and dissemination
- compensating or paying people for their time.

For further guidance on involving people with lived experience in the research, you can find tips from Wellcome's lived experience advisors and examples of how people with lived experience were involved in our previous Active Ingredients Commission in Appendix 1.



2.4 Eligibility, approach to selection and application support

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**. 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.
- 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 therefore 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.

Finally, please note that while 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 approaches for supporting workplace mental health, methodological approaches, disciplines and geographies. We are particularly interested in commissioning research focussed on approaches for supporting workers in low- and middle-income countries and research focussed on people who may be marginalised within the workforce. 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.

- The first webinar will be facilitated by Mental Elf from **12:30 - 14:00 BST on Thursday 17 June**. It will be available to anyone interested in applying for this commission or anyone interested in Wellcome's work on workplace mental health more generally. During the webinar we will i) share learning from the first workplace mental health commission, including reflections from some of the research teams commission in 2020 ii) discuss ideas and best practice for involving people with lived experience in mental health research and iii) provide an opportunity for potential Suppliers to ask questions about the commission. [Find further details and register for the event on Eventbrite](#). A recording will also be available afterwards on Wellcome's website.
- The second webinar will take place in July (exact date tbc) and will only be available for shortlisted Suppliers, ahead of full proposal submission. The webinar will cover what we are looking for in a successful application. We will provide more information about when and how to attend the event when we inform shortlisted suppliers that they have been invited to submit a full proposal.

2.5 Governance

Successful Suppliers will report to Rhea Newman (Policy and Advocacy Adviser, Mental Health) on a day-to-day basis and will ultimately be accountable to Beck Smith (Policy and Advocacy Lead, Mental Health).

Successful Suppliers will be required to virtually meet with each other in small groups (via conference calls) as part of further developing our mental health researcher network, to share learning and approaches. There will be two mandatory meetings throughout the course of the project, with each lasting around 1.5 hours. These meetings will be coordinated by Wellcome and will be conducted in English.



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 (please note: these may be subject to change)
1	RFP issue to Suppliers	Wellcome Trust	Wednesday 19 May 2021
2	Submission of Supplier Q&A to Wellcome via email	Supplier	17:00 BST on Friday 4 June 2021
3	Publication of responses to Supplier Q&As on our website	Wellcome Trust	17:00 BST on Friday 11 June 2021
4	Webinar introducing the Workplace Mental Health commission to all prospective Suppliers (register for the event here)	Wellcome Trust	12:30 – 14:00 BST on Thursday 17 June
5	Submission of Expression of Interest and Supplier Q&A via an online form (click here to access the form)	Supplier	12:00 BST on Monday 28 June 2021
6	Inform Suppliers whether they have been invited to submit a full proposal	Wellcome Trust	17:00 BST on Monday 12 July 2021
7	Provide shortlisted Suppliers with responses to Q&As via email	Wellcome Trust	17:00 BST on Monday 19 July 2021
8	Webinar for shortlisted suppliers ahead of full submission	Wellcome Trust	July 2021 – date tbc
9	Submission of full proposal via email	Supplier	17:00 BST on Friday 20 August 2021
10	RFP Evaluation Period	Wellcome Trust	Monday 23 August to Friday 17 September 2021
11	Notification of shortlisted Suppliers with clarifying questions sent via email	Wellcome Trust	17:00 BST on Monday 20 September 2021
12	Submission of response to clarifying questions via email	Supplier	17:00 BST on Monday 27 September 2021
13	Notification of Contract Award to successful Suppliers via email	Wellcome Trust	Week commencing Monday 27 September 2021
14	Contract finalisation and signing	Wellcome Trust & Supplier	Week commencing Monday 27 September to Friday 15 October 2021
15	Proposed contract start date	Wellcome Trust & Supplier	Monday 18 October 2021
16	Mandatory workshop to share learning from the first commission and on involving people with lived experience in your project	Wellcome Trust & Supplier	Week commencing 1 November 2021 (date tbc)
17	Midway check in (brief written update and group conference call)	Wellcome Trust & Supplier	Week commencing 10 Jan 2022 (date tbc)



19	Draft report due	Supplier	17:00 GMT Monday 7 February 2022
20	Response to draft report, including phone calls as relevant	Wellcome Trust	Week commencing 21 Feb 2022
21	Final report and presentation due	Supplier	17:00 GMT Monday 21 March 2022
22	Proposed contract end date	Wellcome Trust & Supplier	Friday 22 April 2022

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 BST on Monday 28 June 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
Section 1: Supplier information	
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 low- and middle-income country ?
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"> • Working as an individual • Working as a team
9	If working as a small team, please provide details of up to two team members
Section 2: Your review	
10	A clear definition of the ONE promising approach you are proposing to review (max 50 words)
11	Please provide one or two specific examples of what this intervention might look like in a workplace context (max 50 words)
12	If your proposal is focused on a specific geography, workforce or people who may be marginalised within the workforce, please provide details (max 50 words)
13	An explanation of why you think your promising approach and specific focus area(s) are important (max 100 words).



14	Please set out how you will define mental health problems for your review? If possible, please state what consideration you will give to anxiety, depression and/or psychosis which are a key focus of Wellcome's strategy (max 100 words)
15	Please select from the options below the time point(s) for intervention suggested as the focus for this proposal (pick all that apply): <ul style="list-style-type: none">• Treatment• Prevention• Stopping relapse• Ongoing management
16	Reference and link to a review paper of key relevance to your proposal
17	Please give a brief description of how you intend to involve people with lived experience of mental health problems in the workplace in this work (max 100 words)
Section 3: Additional information and questions	
18	Please let us know if you have any clarifying questions about the RFP exercise
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 20)
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 17)
21	How did you hear about this commission?

We will shortlist suppliers by **17:00 BST on Monday 12 July**.

Expressions of interest will be judged on the strength of the argument for why the promising approach and focus areas are important, including whether the overall project is distinct from those commissioned in 2020. We will also consider plans for the inclusion of people with lived experience and how the proposed definition of mental health aligns with our definition and focus areas at Wellcome. We will also take into account geographical and subject matter diversity and will prioritise research focussed on low- and middle-income countries and people who are marginalised within the workforce.

Please note:

- Submitting an Expression of Interest is a compulsory requirement of this RFP exercise. We will only be accepting full proposals from Suppliers that we have shortlisted based on their Expression of Interest.
- The approach proposed within section 2 of the Expression of Interest form is binding – i.e. Suppliers cannot propose one approach at the Expression of Interest stage, be selected to submit a full proposal, and then propose to review something different.
- 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 Workplace Mental Health 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 Workplace Mental Health commission, but not a team Lead, can apply as a team member or Lead.



- We are looking to commission a diverse set of approaches, 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 collected from these Expressions of Interest may be shared as part of aggregate information about the Workplace Mental Health approaches suggested, as well as the types of professionals and geographies represented. Personal details will not be shared.

Supplier Q&A

Suppliers will have two formal opportunities to ask questions, as set out below. These are in addition to the two webinars we are hosting for prospective applicants set out in Section 2.4 on page 10.

Before submitting questions, we encourage suppliers to read Appendix 3, where we have provided answers to some frequently asked questions.

First opportunity:

If your query needs to be answered before the Expression of Interest deadline, you can contact us at workplacementalhealth@wellcome.org by **17:00 BST on Friday 4 June**. Questions will be collated and answered by an FAQ response or other material. This will be posted on [Wellcome's website](#) by **17:00 BST on Friday 11 June**. Please note, we may not be able to answer all individual queries.

Second opportunity:

If you have queries about the full proposal, please submit questions by **12:00 BST on Monday 28 June** 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 BST on Monday 19 July**.

RFP Proposal

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

RFP Questions

This section requests responses from Suppliers 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 workplacementalhealth@wellcome.org by **17:00 BST on Friday 20 August** 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 words
1	The ONE promising approach you are proposing to review and any specific focus for your research proposal, including clear definitions and the reason for your choice. We would be particularly interested in understanding how your proposal will be of interest to employers globally.	250 words
2	Definition of mental health problems being used	100 words
3	Proposed methodology to review and draw inferences from the evidence in relation to your proposed approach, including: <ul style="list-style-type: none"> • A timeline • A clear description of how you intend to involve people with lived experience of mental health problems in the workplace in the design and delivery of this project. <p>Please also outline:</p> <ul style="list-style-type: none"> • How you propose to review the evidence in relation to your chosen approach across a range of research literatures • Whether you plan to use any existing datasets as part of your review • How you propose to hypothesise and draw inferences based on this review, including initial plans for how you plan to overcome any limitations in the evidence specific to workplaces • Your initial plans for how to present the results in ways that are clear and accessible to business leaders and policy-makers 	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.	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 there is no word count for this, although we encourage brevity. In particular: <ul style="list-style-type: none"> • 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 lived experience advisors, is diverse and inclusive.	150 words

7	<p>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).</p> <ul style="list-style-type: none"> 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 team member, plus any proposed ad hoc consultancy fees. Any costs related to this work are in scope, including institutional overheads and costs for remunerating lived experience advisors. Please bear in mind Wellcome's policy on open access when considering budgeting for publication costs. The maximum cost permissible is £45,000 exclusive of VAT. 	-
8	<p>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.</p> <p>Note: When providing referees, please include a contact name, organisation, relationship to the Lead applicant, email address and telephone number (including country code). Please see the Wellcome Privacy Statement for more on our commitment to safeguarding personal information in accordance with data protection law.</p>	-
9	<p>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)</p>	-

Based on these responses, we will shortlist Suppliers and invite them to respond to clarifying questions sent via email. We will use the assessment criteria below to make this selection.

RFP Assessment Criteria	Weighting
<p>Rationale for choice of proposed approach and focus areas and strength of proposed methodology for addressing the key research question.</p> <p>Particular consideration will be given to:</p> <ul style="list-style-type: none"> Geographical diversity, including whether the research team are based in, or if the research includes a focus on workers in, low- and middle-income countries Whether the research will consider people who may be marginalised within the workforce Evidence of how the Supplier plans to address the limitations in the current evidence on workplace mental health, including bringing in inferences from other areas 	50%
<p>Strength of proposed plans for including people with lived experience</p>	15%
<p>Evidence of expertise, relevant skill set and track record</p>	25%
<p>Justification and value for money, including suitability of budget in relation to the proposal</p>	10%



Clarifying questions:

Upon reviewing full proposals, we will shortlist Suppliers and invite those who are successful to respond to brief clarifying questions. These questions will be sent via email to individual Suppliers by **17:00 on Monday 20 September**. Shortlisted Suppliers will then have a week to respond to these clarifying questions, submitting their written responses via email by **17:00 BST on Monday 27 September**. We will then confirm contract awards in the week commencing 27 September.

Information Governance

Suppliers will be asked to complete the [TPSRA2](#) assessment for Wellcome to assess how you handle data, before we confirm any contract awards.

5. Contractual agreement

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.

The documents listed below represent the draft contractual agreements which will be used with successful Suppliers 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 supports science to solve the urgent health challenges facing everyone. We support discovery research into life, health and wellbeing, and we're taking on three worldwide health challenges: mental health, global heating and infectious diseases. Find out more about Wellcome and our work at: 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 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. Disability Confident and Accessibility

Disability Confident

The Wellcome Trust is proud to be a Disability Confident Employer (DC Level 2) and we encourage all our partners and suppliers to do the same. More information about this can be found on the government website [Disability Confident employer scheme and guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/disability-confident-employer-scheme). Disability Confident is creating a movement of change, encouraging employers to think differently about disability and take action to improve how they recruit, retain and develop disabled people.

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 and Evaluation Panel

The single point of contact within this RFP exercise for all communications is as indicated below:

Name: Rhea Newman
Role: Policy and Advocacy Adviser, Mental Health
Email: workplacementalhealth@wellcome.org



The evaluation panel for this RFP exercise is likely to consist of the following individuals, although please note that this may be subject to change.

Beck Smith – Policy and Advocacy Lead, Mental Health, Wellcome

Rhea Newman – Policy and Advocacy Adviser, Mental Health, Wellcome

Monica Dahiya – Graduate Trainee, Wellcome

Charlene Colegate – Portfolio Developer, Humanities and Social Science, Wellcome

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

Kelly McCain – Global Health Lead, World Economic Forum

Aiysha Malik – Technical Officer, Department of Mental Health and Substance Use, World Health Organisation

In addition to the above evaluation panel, a number of Lived Experience Advisors from the Mental Health Challenge Area will be involved in shortlisting expressions of interest and reviewing full proposals.



Appendix 1: Guidance on involving people with lived experience

As stated above, we are asking research teams to involve those with lived experience of mental health problems in the workplace throughout their reviews. Research teams focusing on specific geographies, workforces, or those who may be marginalised as part of their review should ensure there is representation from those groups.

As part of developing this RFP, we asked some of Wellcome's Lived Experience Advisors to write some tips for Suppliers on what meaningful involvement looks like and what to avoid.

What does good look like?

- Ensuring people's experiences with mental health problems in the workplace are central to how the research project is successfully designed, implemented and monitored.
- Acknowledging that the contribution of people with lived experience (PWLE) is not limited to their experience with mental health problems but also includes their professional and personal experiences that can amplify and complement the research project.
- Considering role allocations of a diverse group to different parts of the research project.
- Ensuring PWLE are afforded understanding throughout their participation, as well as a mutually beneficial relationship that reflects their level of contribution, including being compensated for their involvement.
- When engaging PWLE, ensuring adequate notice of projects, preparation time, preparation tools and administrative assistance so that people feel meaningfully supported and included in the process.
- Creating a non-judgmental space or allocating a 'go-to' person to provide ongoing support.
- Having an awareness of personal and professional bias towards the knowledge and experience of PWLE and ensuring throughout the project research is interpreted and developed with lived experience expertise, and with the outcomes and experiences of people who have experienced mental health challenges in mind.

What to avoid?

- Tokenizing PWLE through trivial and late-stage involvement or a lack of clearly defined and meaningful roles. Instead, it is important to place value on PWLE by ensuring they play a part in every stage of research, from design to dissemination; by paying them for their expertise and time; and by ensuring they have decision-making power on par with the rest of the team.
- Reinforcing power dynamics that disenfranchise PWLE. This could happen as a result of stigmatizing attitudes, denying PWLE autonomy in their work or contributions, or suppressing ideas, themes or suggestions they deem important.
- Poor planning or foresight about the possible time and resources that involving PWLE meaningfully may require. This includes planning for support mechanisms, fair payment, and accommodating any needs for flexible timelines and deadlines.
- Creating distress or discomfort by prodding into the mental health histories of PWLE, beyond what they are willing to share. PWLE contribute expertise and knowledge, not personal stories.
- Rigid and traditional research approaches that may not aptly accommodate the inputs of PWLE or may not adapt to any of their unique needs which may arise during the duration of the study.



Examples of involving young people with lived experience from Wellcome's Active Ingredients Commission 2020

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. You can read more about this work on [our website](#).

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 are offered as examples only. We expect prospective Suppliers to propose an approach to involving people with lived experience that best suits their project and aligns with the context being considered as part of the research for this commission.
- 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)

How did the Active Ingredients Teams involve young people with lived experience?

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



Appendix 2: Definitions used in the context of this RFP

Mental health problems:

We are interested in mental health problems that prevent people from continuing to pursue their regular daily activities as they normally would for two weeks or longer.

- **In scope:** any thoughts, feelings and behaviour related to mental health that impair function or hold people back from doing their regular activities for at least two weeks.
- **Out of scope:** every day emotional responses of low mood or anxiety that are part of life's ups and downs, but that do not impact on functioning for a prolonged period.

We are particularly interested in research related **to anxiety, depression and/or psychosis** as these are current focus areas within our work on mental health. These may include the experience of the following:

- Thoughts such as entrenched negative beliefs, intrusive thoughts of terrible things happening, suicidal ideation, attention to negative stimuli, difficulties concentrating, confused and disorganised thoughts, hallucinations (seeing things that other people don't, hearing voices that other people don't)
- Feelings such as a sense of enduring sadness, hopelessness, sudden panic, disabling fear, delusions (fixed, false beliefs that experiences or perceptions show cannot be true but feel real)
- Behaviours such as ongoing trouble sleeping, enduring irritability, persistent avoidance of feared contexts, apathy, emotional withdrawal, incongruous affect, lack of attention to appearance or personal hygiene, poor rapport, reduced verbal and non-verbal communication, lack of spontaneity and flow of conversation.

Suppliers are welcome to provide their own definition of mental health problems for their proposal as long as it can be fitted within the broader approach above. Some Suppliers may choose to take a diagnostic framework, some may not.

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 approach 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 accessibly to non-specialist

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.

As direct evidence of approaches to workplace mental health is still at an early stage, we encourage suppliers to consider submitting proposals that can draw diverse areas of research, or data they themselves hold, in order to infer lessons that may be applied in a specified workplace context.



The methodology might include one or more of the following approaches or something entirely different:

- Narrative review
- Review of peer reviewed literature
- Rapid realist review
- Rapid evidence review
- Review of commissioned reports (grey literature)
- Evidence synthesis
- Critical analysis
- Rigorous mapping
- Systematic mapping
- Review of PhDs
- Review of podcasts
- Review of presentations
- Analysis of existing datasets already held by the applicant organisation and easily accessible to the Lead applicant.

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

Apart from analysis of existing datasets already held by the applicant organisation and already immediately accessible to the Lead applicant, we are **NOT seeking primary research**, as this is out of scope for this commission.

Approach to workplace mental health:

We are looking for Suppliers to review ONE approach to supporting mental health in the workplace. This can include any policy or practice that employers may put in place that have a positive impact on preventing or addressing mental health problems in the workplace. These policies or practices maybe organisation-wide; they may be aimed at leaders or managers within the workplace; or they may be put in place to support individual employees.

We recognise that a mixture of approaches may be required within the workplace, but we are asking Suppliers to only focus on a single approach to allow more detailed consideration of what works, for whom, in what contexts.

People with lived experience:

A person who identifies as having experience of mental health problems. For this commission, we are asking Suppliers to involve people with experience of mental health problems in the workplace. People do not need to have been diagnosed by a professional or accessed formal services or necessarily have accessed support in a workplace context. Where research is focused on a specific geography, workforce or those who may be marginalised within the workforce, Suppliers should ensure these groups are represented.



Appendix 3: Responses to frequently asked questions based on learning from previous commissions

Theme	Question	Answer
Queries related 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 I apply to this commission if I was part of the 2020 commission?	Team Leads involved in the 2020 Workplace Mental Health commission may not apply as a Lead but may apply as a team member. Team members from the 2020 commission can apply as a Lead or team member.
	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 and accept the contract Terms and Conditions.
	Can the application be positioned as a collaboration between researchers from different organisations?	Absolutely. We encourage collaborative applications from across different organisations, including across different sectors. However, please note that Wellcome will form a contractual relationship only with the Lead (or Lead's host organisation), and the Lead will ultimately be responsible for the delivery of outputs on behalf of the whole team.
	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.
	Queries relating to the scope of the commission	Could we compare two or more approaches to supporting mental health at work?
Will you consider research into specific branded products for supporting		No – this is out of scope for this commission. We want to look at general policies and practices that any organisation could put in place, rather than specific branded products.



	<p>workplace mental health?</p>	
	<p>The last commission focussed on anxiety and depression – is this still a focus?</p>	<p>For this commission, we are inviting researchers to propose research into approaches that may prevent or address a range of different mental health problems in the workplace. Suppliers can propose their own definition of mental health problems, however, please note we are specifically interested in mental health problems which impact on functioning. Read more about our definition of mental health problems in the context of this RFP in Appendix 2.</p> <p>We are still particularly interested in research and evidence that relates to anxiety and depression, as well psychosis, as these are current focus areas within Wellcome’s mental health strategy.</p>
	<p>The last commission focussed on younger workers – is this still a focus?</p>	<p>For this commission, we are not asking researchers to focus specifically on younger workers and researchers can look at the effectiveness of their proposed approach across all ages.</p> <p>However, we are interested in evidence about how the effectiveness of interventions varies across different age workers and would encourage Suppliers to consider this as part of their reviews.</p>
	<p>Should I focus on specific diagnoses or take a more general approach?</p>	<p>It is up to Suppliers whether they want to focus on specific diagnoses or to take a broader approach to looking at mental health problems in the workplace. We are keen to emphasise that we are interested in problems that impact on functioning, rather than a broader notion of wellbeing in the workplace.</p>
	<p>Can I focus on a specific sub-group or geographical area?</p>	<p>Yes, Suppliers are welcome to propose focussing on a specific geographical area, workforce or those who may be marginalised within the workforce. In most cases, we would like projects to apply to a category encompassing at least 10 million people worldwide, although we will consider smaller populations where there is a strong case to do so.</p>
	<p>Who is the intended audience for the outputs from the commission?</p>	<p>We want this research to influence employers’ approach to supporting mental health in the workplace. Therefore, the primary audience is business leaders and we will ask Suppliers to ensure that their output from this commission are suitable for a business leader audience. A secondary audience are policy-makers working on mental health and employment.</p> <p>We will provide further guidance on deliverables at the start of the contract.</p>



Queries relating to methodology	Can we conduct primary research?	<p>Apart from analysis of existing datasets already held by, and immediately accessible to, the Lead applicant organisation, we will not fund primary research. Meta-analysis is within scope, but the Supplier would need to justify the necessity of the approach and confirm that the proposed analysis can be done within the timeframe.</p>
	Some of the projects in 2020 conducted focus groups and engaged with stakeholders as part of their research. Is this allowed?	<p>In this commission, we are asking Suppliers to review the existing evidence behind a single approach for supporting mental health in the workplace and the primary methodology should be review, rather than primary research. Suppliers are welcome to engage with stakeholders to help shape their approach to the research and to validate their findings and this learning can be quoted as part of your outputs. However, this should mainly be used for your information and learning, rather than as primary research and should not form the basis for your recommendations.</p>
	By interviewing and involving people with lived experience would this not be considered primary research?	<p>When we refer to involving people with lived experience, we are not expecting people to be involved as participants or subjects, as in primary research. Rather, we expect that people will be involved as advisors, collaborators or co-researchers and their roles would be contributing advice, knowledge and expertise to the design, governance and delivery of the project. See Appendix 1 for examples of involving people with lived experience in a review from our Active Ingredients commission.</p>
	How can I involve people with lived experience in my work?	<p>We are asking all Suppliers to involve people with lived experience of mental health problems in the workplace throughout their reviews and are flexible as to how this is achieved. For examples, from our previous Active Ingredients Commission 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.</p>
Queries relating to legal, administrative and financial issues	What can be costed in the proposal?	<p>Due to the nature of the deliverables, 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</p>



		<p>colleagues from collaborating organisations), research assistance, admin assistance, software costs and library access (where services are immediately available but require payment). 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.</p>
	<p>Would we be able to include a named individual from an overseas institution? Are there contractual implications?</p>	<p>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).</p>
	<p>Please can you confirm what you are expecting in the letter of institutional support</p>	<p>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.</p>
	<p>If Wellcome Trust owns the intellectual property created in the commission, can we still publish the report on our own website?</p>	<p>Yes, this will be possible, once the deliverables are signed-off by Wellcome. We are keen for the outputs from the research to be shared as widely as possible so will encourage all Suppliers to share their findings, once they are signed off by Wellcome.</p>
	<p>At the conclusion of the contract, will it be possible to publish the outcome review in a scientific journal?</p>	<p>Yes, we are expecting submissions to be of publishable standard, and would strongly encourage submissions to be submitted for publication. Submissions must be in written form in the format described in our guidance notes.</p> <p>Once we have signed off the deliverables and agreed a plan for dissemination, we're keen that the findings reach as wide an audience as possible. We therefore expect any publication to be in line with Wellcome's statement on Open Access.</p>