

Request for Proposals (RFP) for an evidence synthesis programme in mental health research

1. RFP Background & Objectives

Mental health problems accounted for 125 million (95% UI 93.0–163) global disability-adjusted life years in 2019, equivalent to 4.9% (3.9–6.1) of DALYs. The largest contributors to this total were the broad spectrum of conditions encompassed by anxiety, depression, and psychosis.¹ However, there has been frustratingly slow progress in developing the ability to predict which treatment will work for whom, and in introducing novel pharmacological and non-pharmacological therapies that make a substantial difference in practice. The mental health research field is siloed and disjointed. It is difficult for researchers and funders to obtain a structured view of the research literature in a way that allows them to focus on the research questions most likely to advance the field towards personalised, new, and better treatments. While valuable literature reviews and research prioritisation exercises attempting to unify and focus research efforts have been done in the past, their utility has often been limited by a lack of a systematic analysis of the literature, their static nature (being infrequently, or never updated), or both.

The innovative use of scientific literature to catalyse medical research has been the subject of increasing interest in recent years. Synthesis of existing evidence has been proposed as a way to reduce waste and improve efficiency in medical research.² Moreover, so-called living (ie, regularly updated) reviews have been credited with accelerating progress in the understanding of, and new treatments for, COVID-19.³ Living evidence synthesis may be suitable to address other pressing and complex global challenges with developing evidence bases, such as mental health problems.

Wellcome is commissioning a programme of living evidence syntheses and research priority setting from a single Supplier to inform both its own mental health work and the wider field of mental health science, with a focus on the strategic areas we have identified. We hope that this programme will accelerate the discovery of personalised and effective new treatments for individuals experiencing **early-stage anxiety, depression, or psychosis**. We wish the initial contract to run for a period of **three years**.

¹ https://www.healthdata.org/results/gbd_summaries/2019/mental-disorders-level-2-cause

² [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62229-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62229-1/fulltext)

³ <https://www.nature.com/articles/d41586-021-03690-1>

The production of regularly updated systematic reviews, as well as priority research recommendations based on these reviews, will allow both Wellcome and the research field in general to identify the most promising areas for focus and investment of time, money, and effort.

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Living evidence syntheses will support opportunities for **breakthroughs in early-stage depression, anxiety, and psychosis** by **synthesising scientific findings from foundational science, early translational studies, or late translational trials in relation to:**

- a) **Diagnostic, prognostic, and predictive tools**
- b) **Pharmacological treatments**
- c) **Non-pharmacological treatments** (these can range from self-care to healthcare, community provision to structural change)

One way in which these areas may be broken down into separate reviews is summarised in the figure below.

	FOUNDATIONAL (BASIC SCIENCE)	EARLY TRANSLATIONAL	LATE TRANSLATIONAL	
DIAGNOSTIC, PROGNOSTIC, & PREDICTIVE TOOLS	✓	✓	✓	<p>FOUNDATIONAL: Identification of novel approaches to mental health problems</p> <ul style="list-style-type: none"> • Focuses on understanding underlying biological, social and behavioural mechanisms • Defining biomarkers and targets for therapeutic development • May include animal or human models (but not interventions with human participants) • Examples include neuroscientific studies, studies using existing large data sets, GWAS studies <p>EARLY TRANSLATIONAL: Moving foundational discovery into interventions and providing clinical insights</p> <ul style="list-style-type: none"> • Focuses on translational application of new methods for personalising treatment and novel therapies • Takes place in highly controlled research settings • Involves proof-of-concept studies; includes phase 1 (or equivalent) clinical trials for pharma interventions <p>LATE TRANSLATIONAL: Health application</p> <ul style="list-style-type: none"> • Yields preliminary knowledge about the efficacy of interventions • Includes phase 2 trials (or equivalent)
PHARMACOLOGICAL INTERVENTIONS	✓	✓	✓	
NON- PHARMACOLOGICAL INTERVENTIONS	✓	Early and late translational ✓		

Figure: Example of category breakdown for systematic reviews. In this case, for pragmatic reasons translational phases of non-pharmacological interventions are combined.

Using this example format, the work of evidence synthesis would be divided by our Supplier into eight categories for each of anxiety, depression, and psychosis (ie, 24 categories in total). The outputs would therefore be **24 separate living reviews**, published in full and made freely available on a new web platform with adherence to the principles of open science. Shorter publications arising from this review process may appear as open access papers in journals (with appropriate arrangements with host journals to avoid infringing guidelines on dual publication). However, we are particularly interested in innovative approaches to dissemination that, while recognising the role and importance that established journals have in the mental health science community, are not primarily focused on traditional publication routes.

As noted above, we encourage an approach that puts **open science** at the heart of this programme. Our supplier will need to take an open data approach that allows both replication of the evidence synthesis process and novel applications of the data; for example, in making an open coded database of literature behind the reviews to available on the web platform for use by others, and ensuring that any code used in the programme's process is freely available.

This programme should also identify **significant and important gaps** in the literature, ie, important areas where research would have substantial impact, but where little or no published evidence exists.

We also welcome **alternative suggestions** as to how the evidence base can be divided up for systematic review—and these reviews produced and disseminated—in order to achieve our aims. We are open to considering different logistical models the supplier may suggest; for example, the programme may take the form of a hub-and-spoke model, with the single Supplier coordinating global teams working on the various components of the programme.

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As a separate part of the programme, the Supplier will also convene expert consultation—including expertise by experience—to identify **emerging priority research questions** on the basis of these evidence syntheses that could accelerate new understanding and novel treatments in mental health science.

For example, potential methods of personalising treatments might be identified which should be accelerated into the phase 1 or 2 trial phase; a particular treatment might be found to have sufficient evidence to move to phase 3 trials; or a previously promising treatment might be found to have too little evidence of efficacy to advise further development. These findings would inform Wellcome Mental Health as it sets its priorities, give guidance to the mental

health research field as a whole, and inform the ongoing evidence synthesis programme in an adaptive manner. The frequency of **review** and **research priority updates** would be determined by the status and demands of each individual area.

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This outline of the programme is based on initial consultation with experts in the fields of mental health research—including experts by experience—and evidence synthesis. Suppliers are encouraged to propose modifications of focus and design (for example, review areas and frequency of updates) that would ensure successful, efficient, and impactful delivery.

This programme will **not** cover systematic reviews, meta-analyses, and implementation guidelines on currently used treatments (for example, comparative effectiveness of antidepressants used in practice), which are largely addressed by other providers such as NICE and Cochrane, although repurposed therapeutics (such as physical health medications) will be considered. Research outside Wellcome Mental Health's current focus on early intervention in depression, anxiety, and psychosis is also out of scope.

This programme will involve **close working with Wellcome** throughout at least the initial three years, with regular reviews of the progress and direction of the programme. We also encourage potential Suppliers to consider the long-term future of this project, in terms of sustaining the individual systematic review and recommendation packages, or adapting and reframing the programme as necessary to best serve the needs of the mental health science community.

2. RFP Specification

Wellcome invites proposals from Suppliers to organise and deliver a living evidence synthesis and research prioritisation programme that will review evidence research relevant to Wellcome's mental health strategy and recommend research priorities on this basis.

This Supplier will be required to combine expertise in evidence synthesis and mental health research with an efficient and practical approach.

We do not mandate any specific combination of scientific expertise, but Suppliers must demonstrate how their approach would:

1. Meaningfully involve people with lived experience of anxiety, depression, and/or psychosis as part of their team and/or at multiple stages of their programme to inform the design, governance and delivery of the programme
2. Have global reach, actively involving low-income and middle-income country research communities
3. Balance the expertise required to produce the technical deliverables with the experience of enabling equitable engagement with diverse groups
4. Build the principles of open science into their process to ensure this programme has the highest possible degree of transparency, trust, and utility for the mental health science community

Below is a list of deliverables that must be developed both swiftly and rigorously. Funding will be for an **initial three years**; however, we do not rule out the potential to fund further work. All deliverables must be developed with the following user groups in mind:

- Researchers needing rapid and robust evidence synthesis to inform their work
- Funders looking to identify key areas of mental health research for investment

Structure, policies, and procedures

1.1: Evidence synthesis team and structure

Set up a sustainable organisational structure for evidence syntheses:

- a. Set up an organisational structure and identify global collaborators to carry out systematic reviews. These teams should be diverse in nature, including individuals from low-income and middle-income countries and people with lived experience
- b. Recruitment as necessary to support the chosen model
- c. Set up an organisational structure for information gathering and analysis, including:
 - i. Infrastructure for literature search and retrieval, such as machine-assisted tools
 - ii. Identify tools to assess literature quality, such as GRADE

1.2: Evidence synthesis policies and procedures

Set out policies for evidence synthesis programme, including:

- a. Decision-making regarding evidence synthesis methods
- b. Dissemination/publication of outputs (including open access strategy)
- c. Frequency of evidence updates in each topic area
- d. Clear, comprehensive, and transparent declaration of interest policy
- e. Core open science principles and how the programme will adhere to them

Web platform

2.1: Creation and maintenance of web platform

Build and maintain a secure and robust web platform to provide details of the evidence synthesis programme and host outputs and priority research questions. This platform would need to be capable of hosting:

- a. A description of the programme process and details of team members
- b. An open coded database of literature behind the reviews and other material necessary for an open science project
- c. Long-form versions of evidence syntheses
- d. Lists of priority questions and recommendations arising from reviews
- e. Links to any external publications

Living evidence syntheses

3.1: Living evidence syntheses in topics key to Wellcome's mental health strategy

- a. Carry out evidence syntheses in key areas of Wellcome's strategy, liaising closely with Wellcome's Mental Health Field Building team. These are summarised in the figure above, and comprise foundational, early translational, and late translational evidence for: diagnostic, prognostic, and predictive tools; new pharmacological treatments; and new non-pharmacological treatments relevant to depression, anxiety, and psychosis. In the example outline, these comprise 24 strands of work in total
- b. Make evidence syntheses available in full on the evidence synthesis programme's web platform, updated at a frequency appropriate to each topic
- c. Publish material arising from evidence synthesis (for example, shorter-form review papers) open access, possibly in partnership with a specific journal or journals; explore innovative methods of publication that do not involve the traditional journal route

- d. An open coded database of the material retrieved for the evidence syntheses should be made available on the web platform for use by other researchers, in order to:
 - i. Replicate process and findings;
 - ii. Generate new analyses;
 - iii. Facilitate new research projects

Research prioritisation

4.1: Research prioritisation

- a. Assemble expert groups, including experts by experience, to use these evidence syntheses to identify priority research questions that might unlock breakthrough progress in mental health science
- b. Disseminate these priority lists on an online platform and, where appropriate, in the form of journal articles (opinion or policy)
- c. Update these recommendations in line with updated evidence

Dissemination, uptake, and sustainability plan

5.1: Dissemination, uptake, and sustainability plan

Suppliers must be able to demonstrate that they have a plan for how this evidence synthesis programme can be sustained and adapted to serve the needs of Wellcome and the mental health research community following the initial 3 years of funding. This plan must take into account current evidence synthesis and research prioritisation exercises in mental health, as well as the specific needs of key stakeholder groups (ie, researchers and funders).

- a. Set out a clear strategy by which this evidence synthesis programme will be rolled out and publicised as a community resource, with pragmatic plan to promote widespread uptake and use in a rapid and sustainable manner, as well as long-term continuation and funding plans
- b. Produce a plan to evaluate impact, which may include, for example,
 - i. Web visits and downloads
 - ii. Altmetrics, Plum Metrics, and citations for published reviews
 - iii. Funding calls from Wellcome and others citing this evidence synthesis programme

Timeliness is extremely important in this process, but we also want to ensure rigour. We would expect to see some deliverables (eg, structures and policies in place, web platform built, and first reviews initiated) within **six months** of programme initiation; we encourage

Suppliers to advise us how quickly they can produce these deliverables. We will not fund a programme longer than three years in the first instance. It is our expectation that workstreams will run in parallel, and we expect community engagement and key stakeholder input to occur throughout the programme.

3. Response Format

We are carrying out this procurement in two stages; an expressions of interest stage followed by an invitation for full proposals.

Expressions of interest stage: We invite potential Suppliers to respond to this call by completing the questions within this [Expression of Interest Form](#). From these answers we will invite a small number of Suppliers to submit a full proposal.

Invitation for proposals stage: The exact form required for the full proposal will be shared with the selected Suppliers. Below is what we anticipate may be included but we reserve the right to amend or adapt as relevant having reviewed expressions of interest.

For those Suppliers invited to make a full proposal your response is likely to need to include the following:

3. How you would address the requirements as set out in section 2 (**RFP Specification**)?
(200 words on each deliverable – e.g. 1.1, 1.2 etc)
 - Your literature search and synthesis methodology (500 words)
 - How will you involve people with lived experience at multiple stages of this programme (eg, during programme design, literature scanning and data collection, analysis, etc)? (300 words)
 - How would you ensure you reach the milestones set out in your proposed timeline? (400 words)
 - What resources you will use and cost breakdown (400 words)

- Any major risks and how you will address these (please format as a table, no more than 400 words)
- A similar programme you have undertaken in the past including any feedback from end users or other stakeholders in that programme (400 words)
- How do you intend to work with Wellcome in a collaborative way? (400 words)
- A timeline/Gantt chart setting out the sequence of work over three years

Assessment Criteria	Weighting
How well the proposal meets specification of requirements	45%
Track record and expertise	25%
Strength of proposed plans for including people with lived experience	20%
Value for money	10%

4. RFP Timetable

#	Activity	Responsibility	Date
1	RFP Issue to Suppliers and pre-recorded 15-min webinar	WT	16th June 2022
2	Submission of expression of interest, including questions, via MS form	Supplier	15th July 5pm BST 2022
3	Advice to Suppliers as to whether they have been invited to submit a full proposal and return Q&A to Suppliers (collated response to all shortlisted Suppliers at the same time)	WT	29th July 2022
4	Submission of RFP Response	Supplier	9th September 5pm BST 2022

5	RFP Evaluation Period	WT	12th–30th September 2022
6	Supplier Presentations	WT & Supplier	17th–21st October 2022
7	Notification of Contract Award	WT	October 2022
8	Contract Negotiation	WT & Supplier	October–November 2022
9	Intended Contract Start Date	WT & Supplier	November 2022
10	Contract End Date	WT & Supplier	November 2025

5. Eligibility & Supplier relationship

We encourage applications from anywhere in the world, provided the Supplier can accept work that is contracted from the UK. We are keen to encourage diverse geographical coverage across all global regions.

Suppliers can come from any sector (e.g. universities, NGOs/charities, commercial companies such as data analytics or publishing organisations) or discipline, but at least one member of the team must have a proven track record of conducting high-quality evidence synthesis research. We encourage applications from mental health science researchers and researchers from wider fields with specialist expertise in evidence synthesis.

Applications can be made by individuals (either self-employed or contracting via a current employer) or teams. We are open to collaborative applications where team members provide complementary expertise, but require a lead Supplier with whom to contract directly. We encourage teams to consider recruiting co-researchers with lived experience to their team.

Suppliers must also have sufficient English to communicate with Wellcome and the wider networks of successful Suppliers using English. Please also note that all requested deliverables must be submitted in English. However, an approach to evidence synthesis that can draw on non-English language resources will be welcome.

We want to establish a partnership with the Supplier, working in an iterative way and learning together throughout the 3-year programme what works and does not work. Wellcome will maintain an active relationship with the Supplier, assigning a dedicated member of staff with expertise in the field of mental health to support the work as needed.

6. Response Format

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

Expression of Interest

Suppliers are asked to address questions in their expression of interest detailed in section 2 above.

Supplier Q&A

Suppliers are provided the opportunity to submit any questions they have about the exercise with their expressions of interest. All questions from shortlisted Suppliers will be collated and shared with all Suppliers so please do not include any confidential information. All questions are to be submitted within the [Expression of Interest Form](#) in accordance with the RFP timetable. Please note we cannot enter into any individual correspondence with potential Suppliers during this period and questions from Suppliers not shortlisted will not be answered.

RFP Proposal

Invited Suppliers are required to submit full proposals which respond to the sections detailed in Section 3 above.

Information Governance

Suppliers are asked to complete the [TPSRA2](#) assessment before the RFP submission deadline for Wellcome to assess how you handle data.

Contract Feedback

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

Clause #	Issue	Proposed Solution/Comment

Suppliers submitting proposals who are registered companies should review [this document](#).

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

Individuals submitting proposals through their own personal services company please highlight this to the Wellcome contact immediately (see point 9 below).

RFP Questions

As noted above, all questions should be made at the expression of interest stage. Note we will only answer questions from Suppliers invited to submit a full proposal.

7. 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](https://www.wellcome.org).

8. 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.

9. 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.

10. 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.

11. Funding

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

12. 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.

13. 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.

14. 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.

15. 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.

16. Governance

Successful Suppliers will report to the contract management team on a day-to-day basis which will consist of Olivia Donovan, Procurement Officer, and Niall Boyce, Head of Field Building at Wellcome Mental Health.

Successful Suppliers will be required to meet virtually (via conference calls) as part of our initiative to develop an international mental health science community, in order to share progress and learning. All meetings 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 should see the [contract terms](#) under section 9; Individuals submitting proposals as a sole trader should 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, although we are very interested in innovative forms of dissemination and publishing that do not use the currently established journal format. Any such publication should be in line with Wellcome's [statement](#) on Open Access.

17. Wellcome Contact Details

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

Name: Olivia Donovan

Role: Procurement Officer

Email: RFP@wellcome.org