

# **Request for Proposals (RFP) for suppliers to review and summarise the current knowledge base for one or more transdiagnostic targets relevant to anxiety, depression and/or psychosis**

## **Up to 10 reviews will be commissioned**

### **1. RFP Background & Objectives**

Mental health problems accounted for 125 million (95% UI 93.0–163) global disability-adjusted life years (DALYs) 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.<sup>1</sup> 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.

Mental health research and treatment are based mainly around diagnostic categories such as depression, anxiety, bipolar disorder, schizophrenia, and schizoaffective disorder, as classified and defined in diagnostic manuals (including DSM and ICD). These diagnoses are constituted of clusters of symptoms. This system has advantages and disadvantages when it comes to identifying useful treatments. Current diagnostic systems can facilitate the conduct of research, such as clinical trials. However, in practice, two individuals may have the same diagnosis and no overlapping symptoms, or conversely a different diagnosis with multiple overlapping symptoms. Symptoms may also change over time both between and within individuals. Furthermore, treatment that is based primarily around a diagnostic category might be insufficiently concentrated on the problems of greatest concern to the individual, such as difficulties with sleep or suicidal ideation.

Recent discussions—such as external consultations carried out by Wellcome Mental Health Challenge Area with experts, including experts by experience—have considered exploring the traits or symptoms that **co-occur across at least two of depression, anxiety and psychosis** as potential targets for intervention. We have used the term ‘transdiagnostic targets’ throughout this RfP. This term refers to targets, or experiences, that are shared across different mental health diagnosis (specifically depression, anxiety and psychosis), and have been prioritised by people with lived experience expertise as ones that impair or negatively impact.

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<sup>1</sup> [https://www.healthdata.org/results/gbd\\_summaries/2019/mental-disorders-level-2-cause](https://www.healthdata.org/results/gbd_summaries/2019/mental-disorders-level-2-cause)

The intention is **not** to replace current diagnostic systems, but rather to supplement their use in research and practice with an additional focus on these **transdiagnostic targets**. For the purposes of this RFP, these transdiagnostic targets should meet all of these 6 criteria:

- Occur within at least two of the broad areas of **anxiety, depression, and psychosis (to a greater or lesser degree)**, and are relevant to **early intervention**
- Be **prioritised** by people with **lived experience** of mental health challenges as impairing to their achievement of their goals in life and therefore something they want addressed
- Be **measurable** with well-used and validated scales
- Be **modifiable** with some evidence of change in the light of one or more current approaches or interventions or natural trajectories
- May share **similar underlying mechanisms**, regardless of diagnosis
- High likelihood that will **improve quality of life** if targeted.

Based on review of the literature and consultation to date our proposed prioritised list of transdiagnostic targets comprises:

- Cognition/concentration/focus/working memory
- Suicidal ideation/attempts
- Mood/emotion regulation (which could include irritability)
- Derealisation/depersonalization
- Self harm
- Worry/rumination
- Voices/perceptual experiences (particularly in conditions other than psychosis)
- Depressed mood (particularly in conditions other than depression)
- Disrupted sense of self
- Sensations of the body's internal state (interoception)

However, we will consider other targets as long as suppliers can demonstrate that they meet all of the above criteria. Please note that sleep disruption is not included in this list as sleep and circadian rhythm has been the focus of a recent funding call.

This approach will potentially increase the yield of research projects by highlighting and facilitating new treatments applicable across a range of diagnoses and revealing research gaps for further exploration. Further downstream, it will allow a pragmatic, patient-centred

clinical approach with treatments aimed at the symptoms that affect function and quality of life, in addition to diagnosis-based strategies.

With this RfP we plan to commission **up to ten suppliers** to each define and investigate knowledge regarding **one** of these transdiagnostic targets and identify the work necessary for their further development within mental health research. We wish to do this through the means of expert literature reviews, and the production of specialist-orientated material (review or position papers), as well as material aimed at non-specialists.

This programme will involve **close working with Wellcome**, with regular reviews of the progress and direction of the literature reviews. We also plan to hold a workshop at the mid-point of the commissions, to allow suppliers to share their learning and progress with each other.

## **2. RFP Specification**

We do not mandate any specific combination of scientific expertise, but Suppliers will be required to combine expertise in clinical and research aspects of mental health science with an efficient and practical approach. Suppliers are welcome to submit proposals for more than one transdiagnostic target, but we request separate applications for each proposed target. Suppliers must demonstrate how their approach would:

1. Meaningfully involve lived experience experts (with lived experience of anxiety, depression, and/or psychosis) as part of their work process
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 with as much rapidity as possible, consistent with a rigorous approach, and within 6 months of contract agreement. We will commission up to 10 suppliers, each up to £50,000 inclusive of VAT; value for money will be one criteria upon which proposals will be rated.

<b>1. Literature review</b>
A literature review formatted as an academic article. It is likely to be of up to 4500/5000 words and 150 references, but if insufficient material is available, a personal review or position paper will be considered. Reviews should be supplied to Wellcome in Word and PDF formats, of a publishable standard, and any resulting publication must be made in accordance with Wellcome’s policy on open access.
<b>2. Infographic summary</b>
A one-page infographic summary of the literature review, supplied as a high-res image file and PDF. This infographic must be a concise and accurate reflection of the literature review, and suitable for dissemination on social media.
<b>3. Lay narrative summary</b>
A one-page (500 word) summary of the literature review that accurately summarises its content in a form that is accessible to non-specialists. This is to be supplied as a Word file and PDF.
<b>4. Video summary</b>
A video of up to 2 minutes in length, in MP4 format, suitable for upload to YouTube and/or Vimeo, explaining the literature review and its findings in an engaging, accurate, and concise manner suitable for a non-specialist audience.
<b>5. Presentation slide deck</b>
A 15-minute slide presentation using PowerPoint, suitable for use internally at Wellcome, or at external meetings and conferences. While this presentation will be aimed primarily at a research and clinical audience, it should be written with the needs of a non-specialist audience in mind (for example, explaining technical terms when necessary).
<b>6. Mid point report and presentation</b>
A one-page summary of progress to date and a 10-minute slide presentation using PowerPoint, to share with the other suppliers during a mid-point workshop.

### 3. Response Format

We are carrying out this procurement in two stages; an intention to submit stage followed by full proposals.

**Intention to Submit stage:** We invite potential Suppliers to respond to this contract opportunity by completing the questions within this [Intent to Submit Form](#)

If you are choosing to focus on a transdiagnostic target on our suggested list, please fill out your details and which target you are choosing. Every Intention to Submit form that chooses one of our suggested targets will automatically be eligible to submit a full application.

If, however, you wish to apply with a different target, please also fill out Question 7. We will review these responses only and inform those suppliers whether we wish to receive a full application.

Please also include any questions you have. These will be collated, and the answers given to all suppliers who are submitting a full proposal.

**Full proposals stage:** All suppliers submitting a proposal based on our suggested list can move straight to this stage after submitting their Intention to Submit. Suppliers submitting a different transdiagnostic target: we will review your Intention to Submit form and inform you whether we would like you to submit a full proposal.

For those Suppliers making a full proposal please send us the following:

- Why do you believe your chosen topic is a transdiagnostic target worthy of investigation in this way? How does it meet the 6 criteria listed in the RfP? (800 words)
- How will you involve lived experience experts in this work? (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? (150 words)
- A timeline/Gantt chart setting out the sequence of work.

Assessment Criteria	Weighting
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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	17th November 2022
2	Submission of intention to submit, including questions, via MS form	Supplier	8th Dec 2022
3	Advice to Suppliers as to whether they have been invited to submit a full proposal (off-list transdiagnostic targets only) and return Q&A to all Suppliers (collated response to all Suppliers at the same time)	WT	15th Dec 2022
4	Submission of RFP Response	Supplier	23 <sup>rd</sup> Jan 2023
5	RFP Evaluation Period	WT	Jan/Feb 2023
6	Notification of Contract Award	WT	Feb 2023
7	Contract Negotiation	WT & Supplier	March 2023
8	Intended Contract Start Date	WT & Supplier	April 2023
9	Contract End Date	WT & Supplier	October 2023

#### 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 or discipline. 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.

## **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 3 above.

### **Supplier Q&A**

Suppliers are provided the opportunity to submit any questions they have about the exercise with their intent to submit. 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 [Intent to Submit 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

Due to the volume of commissions expected from this RFP, Wellcome is not able to enter into negotiations with Suppliers over amendments to our standard terms and conditions. Please only submit a proposal if you know you can or have confirmed that your host organisation can agree to these conditions, which can be found below.

In particular please note Wellcome's position regarding ownership of Intellectual Property generated under these commissions, which we will not be deviating from here. Although as set out in the deliverables, Wellcome is open to supporting open access publication of the literature review generated under this commission, and will grant the Supplier any necessary licences to facilitate this at a later date.

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 intention to submit stage. We will 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](http://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 Suzi Gage, Research Lead in Field Building at Wellcome Mental Health.

Successful Suppliers will be required to meet virtually (via a conference call) as part of our initiative to develop an international mental health science community, in order to share progress and learning. The meeting will be conducted in English.

### **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](mailto:RFP@wellcome.org)