



Fostering an inclusive and impact-orientated Mental Health science field:

Request for Proposals (RFP) to deliver an audience insight analysis, a landscape review and a scoping of design solution ideas

1. Background & Objectives

Wellcome is a politically and financially independent charitable foundation. We improve health for everyone by funding research, leading policy, and advocacy campaigns, and building global partnerships. In 2020, Wellcome announced our new 30-year strategy. We fund discovery research into life, health, and wellbeing, and we support research to find solutions to three health challenges: mental health, infectious disease, and climate change.

Mental health problems are holding people back in all parts of the world and are set to become the largest burden of disease by 2030, with anxiety, depression, and psychosis being the largest contributors. To address this challenge, we need a step-change in understanding these conditions and their early intervention. This requires a more cohesive, inclusive, and impact-orientated mental health science field that is carrying out research with much-needed new perspectives and more integrated approaches.

What there is of the current mental health community is fragmented. This means that disciplines are often siloed, and research approaches can take conflicting, rather than complementary positions. Yet it is new and different research approaches, which incorporate both cross-disciplinary working and the knowledge and expertise of disciplines not traditionally involved, that will achieve step-changes in understanding mental health and intervening effectively.

Wellcome is aiming to help foster the mental health science field by 1. Helping researchers pursue new perspectives and approaches, 2. Supporting the integration of biological-psychological-social mental health research agendas, and 3. Creating a collectively identifying, excited Mental Health Science community.

This project will deliver the insight we need to understand the issues researchers are facing and what initiatives currently exist that aim to develop the mental health science field – before designing solutions that build on any existing efforts. We are open to the format of these solutions (which may span websites, apps, newsletters, relevant social media platforms, physical spaces, events, conferences, peer reviewed journals, survivor and service user zines, blogs and more).

The insight will enable an evidence-led approach that identifies the highest impact opportunities for us to design a relevant, tailored, and impactful influencing & engagement solution that helps to integrate research agendas and encourage cohesion and collaboration across typically diverging perspectives.

Initially, the users of the insight from this project will be those working on the Mental Health strategic programme at Wellcome and members of a community group that will be convened as part of this project to help cocreate solution ideas. Once completed, we would also like to



make the insight publicly available as we believe this information will be an important and useful resource for others working across Mental Health Science.

2. Specification

Our overall research outcome for this project is to understand the Mental Health Science Community better so that we can co-create a solution that delivers collective direction and fosters amicable debate in the field. The project and RFP have four parts. Suppliers can apply for all four parts of the project, one or more parts of the project, or apply in combination with other Suppliers:

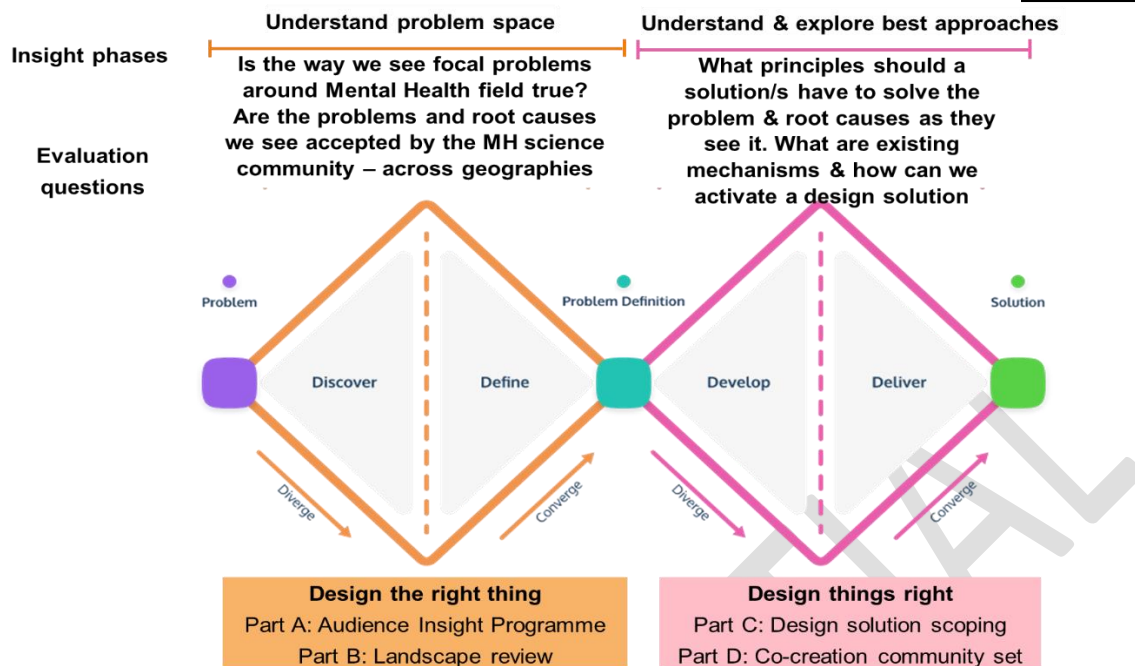
Part A: To deliver an audience insight analysis to better understand the perspectives of current and potential Mental Health researchers and Lived Experience experts (**see section 2.4 for further detail**) in 9 countries which are United Kingdom, Germany, the Netherlands, Australia, United States, Kenya, South Africa, Nigeria, and India.

Part B: To review the existing landscape of the mental health science community to understand what field building efforts and solutions currently exist to help researchers integrate bio-psycho-social mental health research agendas and encourage cohesion across typically diverging perspectives. Further it will review where these are being effective and where they are not. While the scope should be focussed on mental health research, lessons learned from efforts in other research and science sectors facing similar issues can be supplementary.

Part C: To scope design solution ideas which help researchers integrate bio-psycho-social mental health research agendas and encourage cohesion across typically diverging perspectives. These would preferably build on any existing solutions and involve partnership notions where beneficial.

Part D: Setting up a co-creation community (involving current & potential mental health researchers, and Lived Experience experts) to support investigating solution concepts to the problem spaces identified in Part A & B. This would take place concurrently with Part C.

Parts A & B will help us understand the issues, and Parts C & D will help us develop the solutions. We are open on methodologies used and see these parts fitting together as the diagram below:



We envisage the timeframe to be as follows; insight (Part A) and landscape review (Part B) to be delivered by September 2023, the co-creation community (Part D) to be set-up by October 2023 and solutions (Part C) scoped and presented by the end of November 2023.

We are looking for proposals from organisations, separately or as part of a consortium. In the case of two or more suppliers applying separately to deliver a part of this brief, we would select a lead Supplier who has overall responsibility for the Deliverables and allow them to subcontract certain Deliverables to the other suppliers we have selected. We are also open to joint proposals.

Wellcome will be guided by the supplier as to what is a reasonable budget breakdown for the 4 parts of this activity as we do not want limit ambition or innovation.

2.1 Approach

Part A: To deliver an audience insight analysis

The aim of Part A is to enable Wellcome to develop a better understanding of the global Mental Health science community when contributing to a design solution which targets the highest potential opportunities for building a coherent field, integrating research agendas, and encouraging cohesion in debate across the field.

To achieve our overall research outcome, we would like Part A to validate some of the assumptions that we have identified and test them across different geographies. These



assumptions are composed of complex and interrelated issues, from the individual level (e.g., researcher opportunity, time, preference) to structural level (e.g., institutional silos) that contribute to limiting Mental Health science field cohesion.

We are happy for the Suppliers to come to us with their own questions and areas of research that they think will help us with our overall research outcome. Here are some of the research questions that Wellcome would like the Supplier to gather insight from existing and potential Mental Health science community members on:

State of Mental Health science field

1. How does current and potential Mental Health researchers and Lived Experience experts define the Mental Health science field? Do they associate themselves with the Mental Health science field? How do they define the field they are in?
2. What the extent of siloization/division is and where, along different angles: journals, evidence bases, departments and disciplines, research aims
3. Perceived value of Lived Experience within Mental Health research

Motivations for creating a cohesive and inclusive Mental Health science field

1. How to motivate stakeholders to be part of the solution? Do they know/understand the problem as we see it? Do they know they could be part of the solution?
2. How can we take people on a journey to co-create the field?
3. How can we encourage potential contributors of the field and existing actors break the bubble?

Potential solution or alignment focus areas

1. Which are areas of understanding/ topic/interest/impact enable most alignment?
2. What are small recent progresses if not breakthrough? Where are key opportunities for the future?
3. When and with who do they come together to discuss priorities and reach consensus – helps us to see where the windows of opportunity are i.e. social media role for debate, and other media, or avenues (opportunity and threat)? Who are key people in the field for them who are breaking boundaries?
4. What is Wellcome's role in contributing to this?

Social and cultural context

1. Key demographic information (including age and ethnic backgrounds), and research level
2. What values underlie key aspects of our audiences' lives – including their work, discipline, and social lives?
3. Which emotions motivate them to engage with a design solution?
4. Which messengers do they perceive as warm and/or competent?
5. What are their ideological persuasions? (e.g. left-right, open-closed...) What media do they consume, when and why?



6. What are their hobbies and interests?

Part B: Landscape review of existing Mental Health science field

This part of the research explores what is currently being done to help solve the fragmentation of the Mental Health Science community. It will do this by carrying out a comprehensive review of the MH science field landscape (and other sectors if similar patterns of problems are noticed), looking for existing mechanisms that attempt to develop a cohesive mental health science community. These solutions could be in any form and may span websites, apps, newsletters, relevant social media platforms, physical spaces, events, conferences, peer reviewed journals, survivor and service user zines, blogs and more – to which we often refer to as ‘platforms’ broadly speaking.

The aim of the review is to see what efforts and solutions already exist, how they are helpful in building a cohesive and inclusive science field and, where not, what are they missing, how they can be improved, and how might we build upon them to remedy the diagnosed problem focus, in overcoming a currently fragmented mental health science community. We are also interested in understanding what Wellcome’s role could and should be in this.

Part C: To scope design solution ideas

The aim of Part C is to bring together the insight gained from Part A (the current and prospective mental health science community) and Part B (the current platform landscape) to explore the potential solution space. Solution ideas developed should be evidence-led, aim for the highest impact, preferably involve partnerships, and build on existing efforts rather than platforms from scratch. Our strong preference is to look to build on or develop existing platforms. Only if building on existing efforts is unfeasible or less impactful would we consider developing a new one. Any remaining gaps in the solution space should be identified where longer-term efforts can deliver impactful change, and the pros and cons of the different suggested solution approaches should be assessed. This process should help us consider what Wellcome might uniquely contribute directly to any suggested ways forward. This should place our role in the context of that from other organisations and partners who may well be better positioned to lead on solution efforts.

Part D: Setting up a co-creation community

We see this stage not as part of an insight cycle but a necessary tool to have embedded in the process of fostering an inclusive and cohesive Mental Health science field – which will run concurrently with Part C. This is to ensure we can co-create the right solution to remedy the problems diagnosed during the audience insight stage of this project, and that it is something that would be fit for purpose if pursued further. The co-creation community will involve a diverse group of current and potential mental health researchers and Lived Experience experts. The supplier would manage and lead the engagement with the co-creation group. While we would expect international representation, the precise composition would be determined by highest relevance to the problem focus determined in Part A and B.



2.2 Key audiences and the sample requirements

We will work with the supplier to agree the exact audience profile we want to capture but below are some examples of the sort of groups we are likely to want covered, though these are not necessarily exhaustive. Please note these researchers may be working in academia, in not for profits or in industry and we are interested in research in all these contexts.

Overall Mental Health Science is a broad subject area involving diverse disciplines of which a sense is given in the list below:

Mental Health Science researchers

Psychologists
Psychiatrists
Clinician researchers
Nurse researchers
Pharmaceutical researchers
Chemists
Pharmacologists
Biologists
Neuroscientists
Basic science
Data science
Social science
Lived experience/survivor researchers/experts
Social/Qualitative researchers
Sociologists
Ethicists
Anthropologists
Economists
Geneticists
Physiologists
Computational neuroscientists
Data scientists – AI/ML data scientists
Computer scientists
Developmentalists
Public Health Scientists
Epidemiologists
Other mental health researcher-practitioners

We ask the supplier so to advise us to their approach to capturing each audience group in each country. Some participant recruitment may be possible through Wellcome networks, but we cannot guarantee this and would look to the supplier for most of the recruitment.

Below is an example sample frame as a guide to base costs and capabilities on, although we would be interested in proposed recommendations in developing the sample frame.

Mental Health Science Researchers	
Clinician researchers Neuroscientists	5
Pharmaceutical researchers Chemists Pharmacologists Nurse researchers	5
Psychologists*	5
Psychiatrists*	5
Data scientists Computational neuroscientists Data scientists – AI/ML data scientists Computer scientists	5
Social scientists Social/Qualitative researchers Sociologists Ethicists Anthropologists Economists Developmentalists Public Health Scientists Epidemiologists	5
Basic scientists Biological researchers Geneticists Physiologists	5
Lived experience/survivor researchers	5
COUNTRY TOTAL** *For countries which have a limited number of psychiatrists and psychologists, other mental health practitioners can be recruited, such as nurses and task-sharing practitioners **Broadly equal mix of career stage (early, mid, senior), gender, ethnicity	40

2.3 Project methodology

A detailed methodology for the work is open for suppliers to propose.

We anticipate that the research methodology may include one or more of the following:

- In-depth interviews
- Focus groups
- Picture, video, or written diaries
- Discussion and debate forums



- Surveys including open response options
- Creative feedback

2.4 Geographic coverage

Part A will include insights in 9 countries which are United Kingdom, Germany, Netherlands, Australia, United States, Kenya, South Africa, Nigeria, and India.

It should be noted that the list of countries chosen to be the focus of the analysis does not imply that they will be the exclusive focus of Wellcome's future plans and where the design solution (i.e., a platform) will be implemented.

2.5 Project team requirements

We are looking for a supplier who has a good understanding of distinctive audiences such as researchers as well as a good grasp of global health challenges, preferably with experience in mental health field. We expect the project team to have a track record of delivering actionable insights in a range of methodology types including focus groups and in-depth interviews.

We expect the supplier's team to be diverse in membership, inclusive in practice and have experience of working across a range of global settings, with or alongside minoritized communities. We anticipate it could be an asset if the supplier has in-country partners for the target countries, so please identify these where relevant in the proposal.

Please see further Diversity and Inclusion questions in the RFP questions section.

2.6 Deliverables

We expect the following deliverables in accordance with the following timetable as a minimum. We are open to discuss the format of the deliverables and welcome alternative ways to present the analysis within your proposal.

Deliverable	Deadline
Part A	
1-page status update identifying progress and outlining challenges and concerns, alongside a regular meeting	Fortnightly
Interim findings: report and debrief to the Wellcome team	August 2023
Final findings: A written audience insight analysis report and a digestible, actionable executive summary report	September 2023
Activation of the insights: 4 stakeholder meetings	October 2023
Part B	
1-page update report identifying progress and outlining challenges and concerns	Fortnightly
Interim findings: report and debrief to the Wellcome team	July 2023
Final findings: a written report of existing platforms and mechanisms	August 2023



Activation of the insights: 2 stakeholder meetings	September 2023
Part C	
Ideation sessions with the Wellcome project team	September – October 2023
Solution ideas deck and pros/cons analyses	November 2023
Socialisation of the solutions: 4 stakeholder meetings	December 2023
Part D	
Creation community is set up and recruited	September 2023
Feedback from the community is meaningfully integrated into the Part C ideation and solution scoping	October 2023

We are open about the format of the deliverables, although we would expect the report to answer the key questions and have the following characteristics: digestible, actionable, informative, compelling, robust and shareable. The contents and structure of the reports to be agreed in advance of writing.

3. RFP Timeline

#	Activity	Responsibility	Date
1	RFP issued to Suppliers	Wellcome	28 th February 2023
2	Deadline for expression of interest, non-binding budget estimate, and submission of questions on the RFP to Wellcome contact (Supplier Q&A)	Suppliers	17 th March 2023
3	Return of answers to Supplier Q&A to Suppliers	Wellcome	24 th March 2023
4	Deadline for submission of RFP Response	Suppliers	31 st March 2023
5	RFP Evaluation Period	Wellcome	3 rd to 17 th April 2023
7	Supplier presentations	Suppliers	w/c 24 th April
8	Notification of Contract Award	Wellcome & shortlisted suppliers	w/c 28 th April
9	Contract Negotiation	Wellcome and the Supplier	May
10	Contract Start Date	Wellcome and the Supplier	May

4. Response Format

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



4.1 Expression of Interest

Suppliers are asked to submit a short expression of interest by e-mail to the RFP contact in accordance with the RFP timetable. With this EOI we would like Suppliers to submit a non-binding budget estimate.

We recognise one individual or organisation may not feel equally able to deliver all strands of this analysis and we are therefore happy to accept expressions of interest from a group of individuals or partner organisations to one or more parts as outlined in the Section 1. We will want one of these individuals or organisations to be identified as the lead contact.

4.2 Supplier Q&A

Prior to the submission of your RFP response, Suppliers are provided the opportunity to submit any questions they have about the exercise and the activity. All questions will be collated, anonymised, answered and returned to all Suppliers who have submitted an expression of interest in the RFP process. Please make sure you ask all questions at this stage. Once Wellcome have responded to all questions If you have any additional questions after this deadline these will not be answered to ensure that this is a fair and equitable process.

4.3 RFP Proposal

Contract Feedback

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

Clause #	Issue	Proposed Solution/Comment

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

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

Individuals submitting proposals through their own personal services company please highlight this to the Wellcome contact immediately (see point 7 below).

Information Governance

6.5 Information Governance

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

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



Suppliers selected to presentation stage will be asked to complete the Third Party Security Risk Assessment (TPSRA2) assessment this will be sent to you before presentation stage which can be found [here](#) for Wellcome to assess how you handle data.

RFP Questions

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

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

1. Description of your understanding of the project's purpose.
2. Explanation of how your research and output design will meet the aims and objectives of this study and the characteristics set out in the deliverables section.
3. Detailed methodology for undertaking the study.
4. Description of anticipated risks and challenges and ways to mitigate them and quality assurance for your work.
5. Details of staff allocated to the project, together with experience of the contractor and staff members in carrying out similar projects and expertise in the thematic area of this study. The project manager / lead contact should be identified.
6. Please consider Wellcome's [Diversity and Inclusion principles](#) and Anti-racism principles, and outline how this is reflected in your proposal. Please share information on your team's diversity, the extent of your collaboration with in-country partners, your global presence, if you have a formal EDI strategy and how you demonstrate a commitment to diversity and inclusion both internally and in in your ways of working and research practice.
7. An outline of the knowledge and experience of the team members who will be conducting the work, including their knowledge and experience of contexts and settings in the countries listed, particularly those located in the Global South.
8. A detailed budget including all costs, expenses and VAT, specifying the cost of particular activities.
9. A timeline for the work, including key milestones and deliverables against each of these.
10. Examples of similar types of work. These could be sent as a separate document/appendix to the proposal.

A proposal for undertaking the work should be no more than 20 slides/pages in total (7 for Part A, 5 for Part B, 5 for Part C, and 3 for Part D). Submitting a proposal of more slides/pages than this will automatically result in the rejection of the proposal.

5. About Wellcome

Wellcome improves health for everyone by funding research, leading policy and advocacy campaigns, and building global partnerships. Collaborative research that involves a diverse range of people from different fields of interest is key to progress in health science – and to achieving our aim of fostering a healthier, happier, world. We're taking on the biggest health challenges facing humanity – climate and health, infectious disease, and mental health – to



find urgent solutions and accelerate preventions. Find out more about Wellcome and our work at: [wellcome.org](https://www.wellcome.org).

6. 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.

7. 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.

8. 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.

9. Funding

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

10. 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.

11. 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.

12. 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/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.

13. Accessibility

Wellcome is committed to ensuring that our RFP exercises are accessible to everyone. If you have a disability or a chronic health condition, we can offer adjustments to the response format e.g., submitting your response in an alternate format. For support during the RFP exercise, contact the Wellcome Contact.

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

14. Diversity & Inclusion

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

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

15. Wellcome Contact Details

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

Name: Secil Erden

Role: Senior Insight Advisor

Email: s.erden@wellcome.org



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