



QUESTIONS AND ANSWERS

Request for Proposal (RFP): Understanding mental health science research: collaborations and early careers

#	Supplier Question	Wellcome response
1	In your RfP you mention that your WP1 target audience are mental health scientists (including lived experience experts). In this case what do you refer to as lived experience experts? Individuals with lived experience of anxiety, depression and/or psychosis (or other mental health conditions) regardless of their professional career or mental health scientists which have lived experience of these conditions; or individuals who have lived experience of being mental health scientists at different stages of their career.	“Lived experience experts” in this case refers to individuals with lived experience of anxiety, depression and/or psychosis (or other mental health conditions) regardless of their professional career.
2	For WP2 you mention that you expect to capture experiences in a variety of geographic settings, including in but not limited to the UK, Europe and Africa. Are there any specific geographical locations more relevant to your needs than others? Would North, Central and South America or Asia be not considered? What is more important for you to have geographical representation or ethnic diversity regardless of geographical location?	We are open for the supplier to suggest additional locations to be considered, as long as the situation in the UK, Europe and Africa is captured as well. The ethnic diversity of each geographic location should be represented adequately in respondents. We would prefer fewer geographic locations captured in a representative sample, if forced to choose.
3	Are the focus groups expected to take place online or face-to-face?	No preference, provided the output provides us with sufficient volume and depth of material.



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4	Are there any specific countries that are of strategic interest to Wellcome and that should be prioritised for this project? The proposal mentions UK, Europe and Africa as example geographic settings.	We are interested in understanding the situation of early career researchers in the UK, Europe and Africa. We are open for the supplier to suggest which countries to target specifically. This could be based on the experience and network of the supplier as well as strategic considerations to achieve a good depth and breadth of insights.
5	To help us refine our approach and methodology, do you have a budget range for this project?	We are not setting a specific budget externally at this point, but value for money is a consideration in our evaluation of proposals.
6	Will the chosen supplier engage with the same team at Wellcome for both work packages?	A single team will engage with our supplier.
7	Is Wellcome able to provide any concrete non-financial incentives to those joining the focus groups (e.g., early notification/access to upcoming programmes, opportunity to learn about Wellcome's funding opportunities)?	In the interests of fairness, we cannot offer this.
8	Can we include select individuals in both sets of focus groups if they have experience and opinions relevant to both collaborations and early careers?	Yes.
9	Will Wellcome be able to facilitate access to existing grantee networks (e.g., Wellcome Early Career Awards grantees)?	As appropriate we will be able to offer access.
10	The RfP says that the work package 1 that is on <i>Collaborations</i> is focused on the ways in which mental health scientists (including lived experience experts) in	We use the terms "neuroscience" and "clinical mental health science" in the broadest sense, which includes these disciplines. However, we are specifically interested in research



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	<p>the fields of neuroscience and clinical mental health science approach collaborations with each other.</p> <p>Do we need to restrict inclusion of perspectives only to scientists in neuroscience and clinical mental health science or can we go broader? For instance, suicide research is an area that has seen quite good levels of collaborations, but this has been impossible without contribution of public health scientists, data scientists, or economists, for instance. We would like to be inclusive in terms of disciplines and so interested to hear Wellcome's thoughts.</p>	<p>pertaining to Wellcome's focus areas of early intervention in anxiety, depression, and psychosis.</p>
11	<p>The reports are aimed at writing for Wellcome. Will public dissemination of the project findings be part of this 5-month project? e.g. writing blog posts about the findings, role of LEEs in the process, making podcasts with focus group participants to reflect on the findings, etc.</p>	<p>This report would be primarily aimed at Wellcome, however we will be happy to consider plans for further dissemination.</p>
12	<p>Are you seeking a single supplier for both work packages?</p>	<p>Yes.</p>
13	<p>Should the RFP include referencing, and if so, will this be included in the word count?</p>	<p>References should be included as appropriate – and will not be included as part of the word count.</p>



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14	Will suppliers be required to travel to present to the Mental Health Strategic Programmed Team at Wellcome?	No, we would be happy with a virtual presentation.
15	At the conclusion of the contract, will it be possible to publish the outcomes of the project in a scientific journal?	See 11.
16	Will funding for activities to support the dissemination of project findings be considered (e.g., conference travel, article processing fees)?	No.
17	Will Wellcome provide feedback on the protocol, and if so, within what timeframe?	Yes, we will provide feedback and agree on timeline with chosen supplier.
18	Is there scope to negotiate project timeframes? Research involving surveys and interviews will require ethics approval, which may delay recruitment and data collection activities.	There is limited scope based on balancing timelines with internal projects. Please state in your application if this risk needs to be taken into consideration.
19	Do you have a specific definition of a mental health sciences researcher? Or guidance on what kind of titles and qualifications we should specifically be looking at?	Anyone doing research pertinent to Wellcome's areas of research (early intervention in anxiety, depression and psychosis). See also answer to 10.
20	Do you have any specific geographies of interest? We'd definitely be more confident about recruiting in the UK than around the world - how would you feel about a skew to the UK?	We are interested in understanding the situation of early career researchers in the UK, Europe and Africa. We are open for the supplier to suggest which countries to target specifically. This could be based on the experience and network of the supplier



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		as well as strategic considerations to achieve a good depth and breadth of insights.
21	Are there any particular institutions you want to make sure are covered in the sample?	No, but we would want to review your proposed list.
22	Do you have relationships we could use for recruitment, specifically for getting the survey out to people?	Yes, we can share through usual channels.
23	Would you be looking to achieve a minimum sample of any particular size for the quant survey in work package 2?	We would seek a representative sample; we leave it to the supplier to suggest and determine minimum sample
24	How would you feel about us recruiting on a best efforts basis, rather than achieving a set number of survey completes or groups? Whilst we'd be hopeful of achieving the number of groups set out in the brief, and a robust survey sample, we have some concerns about <i>guaranteeing</i> this	We would need to see the specific proposal, but generally speaking, we require sufficient quantity and quality of data to fulfil the requirement of the RFP.
25	WP1 Collaborations. What accommodations/ resources can WELLCOME deploy/ introduce to assist an applicant, who despite being committed, self-taught, and passionate regarding this topic, inclusive, will actually struggle somewhat when it comes to presenting any ongoing and summary findings in the stipulated format? The reason for this question is not simply to enquire about readily available services, but more to understand if there an avenue to ensure the best possible outcomes are achieved.	Please let us know what specific accommodations you would require.



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26	WP 1 Collaborations. There are a number of questions being asked within the theory itself, all of which are more specific and detailed. I appreciate they are not directly related to the workings of the exercise itself, though if you were to get a chance, please feel free to have a read of them, see if you can shine any light on them – they may give you an introduction and a better understanding into this way of thinking.	No answer.
27	The brief states focus groups, are you envisaging that these would be in-person groups or virtual (online groups)?	The focus groups can be either online or in-person, provided the output provides us with sufficient volume and depth of material.
28	The brief states focus groups, it would be good to understand reasons for this, and are you open to alternative approaches?	We are interested in focus groups, but if there are additional methods you would like to use please include in the proposal.
29	For work package 2 it mentions “UK, Europe, Africa” – are there any particular countries in Europe and Africa that are priorities for you?	See 20.
30	Is the focus for this study Wellcome-funded researchers or Wellcome-funded researchers and the wider MH researcher field?	Wellcome-funded researchers and the wider MH researcher field.
31	Will the successful agency be able to use Wellcome’s database of MH researchers for recruitment for either the qual or survey?	See 22.



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32	<p>Which are the focus geographies for the study? Do these geographies differ on the basis of the following:</p> <ol style="list-style-type: none"> 1. The quantitative survey that needs to be conducted. Is it expected that the group discussions happen in a few select geographies and the survey covers a few regions? 2. Do both the work packages need to take place in the same geographies? 3. Is there a preference for local research partners in the selected geographies? 	See 4.
33	What is the anticipated scope of the quantitative survey?	See 23.
34	Depending on the geographies, is there guidance on the nature of conducting the interview? Whether they be in-person or online.	See 27.
35	Can we explore other methods of research, like dyads or in-depth interviews? Consequently, is there a cap on the number of total participants to be covered in the study?	See 28. There is no cap on the total number of participants.
36	Is there any guidance on the demographic profile of early career scientists? How would you define early career - early in this career or early in their career? Is there any defined age range that is being targeted?	“Early career researchers” is broadly defined as completing a masters, a PhD or an equivalent higher research degree or at least four years' equivalent research experience. The important factor is that these individuals are early in a career in the MH science field; there is no defined age range.



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37	How would you define mental health scientists? Any guidance on their background, areas of expertise, and so on?	See 19.
38	Do both the work packages run in parallel?	We have no preference, as long as the total work is completed within the specified time period.
39	Within work package 2, in order to uncover the challenges in recruiting early career scientists, is there guidance on the profile of the recruiters? Can the experts from Work Package 1 become the participants for Work Package 2, specifically from a recruiter perspective?	One work package can inform the other; please outline your plans for this in the full proposal.
40	Will Wellcome Trust support the recruitment for both work packages?	See 22.
41	When you refer to 'lived experience experts' and 'people with lived experience', can this be both researchers who have experienced mental health challenges personally, and/or researchers working in mental health work?	Yes, see 1.
42	In the spirit of not being siloed, should we deliver these two work packages at the same time in one report, or two separate reports but timelines overlapping? Or do you want the work packages to be delivered separately, one after the other?	Two separate reports but timelines overlapping.
43	In the spirit of collaboration, how involved will the Wellcome team like to be, attend groups, working sessions etc.?	The Wellcome team will arrange regular meetings with the supplier.
44	Is there scope for Wellcome teams to travel to these focus groups and attend in person?	If this is necessary to the project, it is possible. Please set out the case for this if it is your preference.



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45	<p>Work package 1: Collaborations Questions</p> <p>How would you further define ‘mental health scientists in the field of neuroscience and clinical mental health?’ Please could you provide examples of job titles?</p>	See 10.
46	<p>Work package 1: Collaborations Questions</p> <p>How would you define lived experience experts? Please could you provide examples of job titles?</p>	See 1.
47	<p>Work package 1: Collaborations Questions</p> <p>Are we limited to the specific mental health issues listed e.g. anxiety, depression, and psychosis or can we go broader than that? What about the relationship between physical and mental health issues? This leads is to think that the definition of mental health scientists could be broadened?</p>	This is the area of focus for this part of Wellcome’s mental health work, so the project should stay within this scope.
48	<p>Work package 1: Collaborations Questions</p> <p>Are there any specific markets we must cover, you say “global” but also for Early Careers you mention UK, Europe & Africa – is this the same, if so, what and how many countries in Europe & Africa are a must?</p>	We are open for the supplier to suggest which countries to target specifically. This could be based on the experience and network of the supplier as well as strategic considerations to achieve a good depth and breadth of insights.
49	<p>Work package 1: Collaborations Questions</p> <p>Is there an opportunity to expand beyond focus groups, to include for example a pre task and or desk research of existing tools & platforms?</p>	We are interested in a survey and focus groups, but if there are additional methods you would like to use please include in the proposal.



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50	<p>Work package 1: Collaborations Questions</p> <p>Recommendations for collaboration: what do you do already, do you have a set way of collaborating or are you open for us to define this?</p>	We are open for the supplier to suggest recommendations for collaboration.
51	<p>Work package 2: Early Careers Questions</p> <p>Markets wise, in Europe and Africa are there specific countries we must cover? Does this mean three countries in total across those three markets, or would you like to cover more than three markets?</p>	See 48
52	<p>Work package 2: Early Careers Questions</p> <p>How would you define early careers – e.g., under 5 years' experience?</p> <p>The RFP states that you are “happy with a range of various career stages” – so we can go beyond early careers to speak to people with more experience? Or is this a range within “early careers”?</p> <p>Do you have existing networks that we can use for recruitment of e.g. mental health scientists?</p>	See 36. We would be interested in the experiences of a broad range of mental health scientists at a variety of career stages, though with early career scientists at their core. See 22.
53	<p>Work package 2: Early Careers Questions</p> <p>“What mental health specific challenges exist for an early career researcher?” – does this mean for them personally, or the people they are researching?</p>	The challenges in the mental health field that early career researchers face.
54	<p>Work package 2: Early Careers Questions</p>	Yes.



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	Should we also speak to recruiters or senior teams who are involved in hiring, so we can get their perspective on the barriers to recruiting and retaining early career researchers in mental health science?	
55	Work package 2: Early Careers Questions Survey – do you have a minimum number of people you would like to each?	See 23.
56	Work package 2: Early Careers Questions Would you be open to an online community over a survey?	We are interested in a survey and focus groups, but if there are additional methods you would like to use please include in the proposal.
57	In addition to sources, repositories, and resources available in the public domain, that the supplier will identify for conducting the required research, will the supplier be able to get access to any pre-existing Wellcome Trust-collated repository of early career researchers and collaborations within mental health science?	See 9.
58	Are the suppliers expected to conduct the final presentation in-person or online? If it is in-person, do we budget for the travel in our proposal?	The presentation can be either online or in-person.
59	Does Wellcome expect the supplier to incentivise participants for engagement in both work packages and for survey participation as well as focus groups discussions?	Yes.



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60	Does Wellcome have any views and policies on providing different amounts of remuneration/ incentives to people from different locations depending on their income level status (LMIC vs HIC) for completing a survey or attending a focus group discussion? We ask this to understand the ethical underpinnings of providing remuneration to participants that is different based on their country's income level status, attempting to offer an amount that is meaningful and relatively in line with what is offered in their context and also comparable across the regions.	This would be open to discussion.
61	Is there an expectation of a minimum number of survey responses that Wellcome hopes for the supplier to reach for work package 2?	See 23.
62	How many participants are you seeking per Work Package?	See 23.
63	Who is responsible for recruitment?	The supplier.
64	Query methodology: Can we supplement with a systematic review to guide the focus groups?	See 49.
65	Are the focus groups participant or geographically specific? For example, each participant group within their own focus group or joint. Participant groups: Neuroscience mental health scientists, clinical mental health scientists, lived experience individuals, early career mental health scientists. With 14 focus groups proposed over the two projects, 6 for Work Package 1	We are open for the supplier to suggest how to arrange focus groups. This could be based on the experience and network of the supplier as well as strategic considerations to achieve a good depth and breadth of insights.



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	and 8 for Work Package 2, what would be the lower limit of focus groups per package?	
66	Can we supplement focus groups with interviews if needed?	See 49.
67	What is the role of people with lived experience in the development (co-designed, co-developed), research team/advisory capacity?	We are open to any methods and roles the team choose, but we are expecting lived experience experts to be involved in the most appropriate ways to inform multiple aspects and stages of the research project. Key for us is that this is not tokenistic, or a tick box exercise and the approaches and roles are appropriate for the research aims and stage of the research.
68	Is there budget for paying lived experience experts? Is there budget to pay for advisory group members?	We are not setting a specific budget externally at this point, but value for money is a consideration in our evaluation of proposals.
69	Regarding collaboration type - is that national only or international collaborations as well?	National and international collaborations.
70	Is Wellcome also looking at the nature of these collaborations (i.e., what they look like) and how they were formed?	Yes.
71	For work package two is the focus here on scientists employed in universities/colleges only or those employed in a research capacity elsewhere? Are we focusing on Australian only early career scientists or globally?	See 19 and 20.
72	Is there any expectation that participants will be reimbursed for their time?	Yes.
73	How much of a focus should the 'recommendations' be in the final reports?	The recommendations are a key priority.
74	Who owns the data at the end of the project?	Wellcome.



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75	Does the opportunity to need be conducted in countries other than where the supplier is located?	See 20.
76	Is it anticipated that participants will be reimbursed for their time?	Yes.
77	Can travel costs be included in the budget?	Yes.
78	Please can you clarify the budget (exclusive of VAT)?	See 68.
79	Will you offer incentive payments for people to participate in the project? Will this be budgeted for separately?	See 68.
80	How many mental health scientists/lived experience experts do you expect to participate in the project?	See 23.
81	Do you have an existing approach and resources to support people with lived experience, or are you expecting a supplier to provide these?	We would expect the supplier to support people with lived experience and would be able to direct the supplier to information and resources for supporting people with lived experience.
82	Are you expecting the focus groups to be held face-to-face or online? We are assuming they are mainly online given the locations included within the project.	See 27.
83	In work package 1 you require a global range of mental health scientists to be engaged. In work package you want scientists from UK, Europe and Africa to be included as a minimum. How many geographical regions are you looking to be represented in the research? What does	We are open for the supplier to suggest which countries to target specifically. This could be based on the experience and network of the supplier as well as strategic considerations to achieve a good depth and breadth of insights.



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	"global range" mean in terms of number and type of geographic locations?	
84	Would Wellcome accept focus groups run and moderated using an online platform rather than in-person focus groups?	See 27.
85	Would Wellcome provide a secure platform to store the data collected during the research activities to help ensure the highest levels of data protection compliance and privacy are implemented?	Wellcome would not provide a platform to store data.
86	Would a joint venture between companies with complementary experience and skills specific to this project be considered?	Yes, this could be considered – one lead organisation could subcontract the second.
87	Will the project be presented, when recruiting participants, as a Wellcome Research project?	It will be presented as funded by Wellcome.
88	Would the agreements and disclaimers required for research participants be provided by Wellcome?	This would be responsibility of supplier.
89	What department at Wellcome is sponsoring this project?	Mental Health
90	Was a successful applicant to suggest putting forward a topic for consideration and discussion, in order to better understand how collaborators both receive and process information but also how they interact, and should this topic raise sufficient interest, what are WELLCOME'S generic requirements with regard to potentially building out an idea and the science involved?	See 49



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91	What opportunities lie ahead within WELLCOME following the completion of this particular exercise that facilitates the further development of whatever conclusions and recommendations are reached by a focus group? Effectively, is there a next 'step' exercise available to advance to in order to build on what may have been learned, or indeed uncovered?	This activity will inform further thinking around early career researchers and collaboration within MH at Wellcome.
92	Are you working to a particular definition of 'mental health scientists'? Are any groups out of scope?	See 10
93	Are you expecting a literature review as part of the work?	See 49.
94	Work package 1: You say you want a "a global range" of scientists, what % would you imagine would be UK-based? Do you also want a global range of lived experience experts? Do you have any other segments in mind?	We are open for the supplier to suggest which countries to target specifically. This could be based on the experience and network of the supplier as well as strategic considerations to achieve a good depth and breadth of insights.
95	Work package 2: To confirm, you want this part of the research to engage not just with those in early careers but also those in mid and late career?	Yes.
96	Do you have any contacts that we could use as part of our dissemination of the eSurvey and focus group invitations, or are you expecting the supplier to find them	See 22.



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	all? If so, how many and what segments are covered by any contact data you have?	
97	Are you prepared to enter into dissemination partnerships with other organisations in this space? Do you have such relationships already in place?	See 11.
98	Would you be prepared to accept some top-up interviews for those in difficult time zones eg. Australia?	See 83.
99	Will the reports be public? If so, do you want us to cost for additional design input to your brand guidelines?	See 11.
100	Are you able to forward any accessibility guidelines in relation to the reporting?	If successful at the Presentation stage Wellcome will be happy to share guidance with the supplier as to accessibility requirements.
101	Should we wait to hear from you regarding the EOI before moving forward to prepare the full proposal?	No, this EOI is not a selective stage please submit your proposal in line with the RFP timetable.
102	Is there a minimum sample size for the quantitative research element (online survey)?	See 23.
103	How do you define early-stage scientists? Are there any priority or underrepresented groups you would like to focus on?	See 36.



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104	Can you provide some examples or inclusion or exclusion criteria for "early career space in mental health research"?	See 36.
105	There are a number of geographic settings mentioned in the RFP. Does Wellcome have any priority countries or regions?	See 20.
106	What is the level of support Wellcome can provide to connect the researchers to mental health scientists?	See 22.
107	Should we include compensation for research participants in our financial costing? Does Wellcome have any requirements or guidelines on compensation we should consider?	Yes.
108	Should the focus groups conduct fully offline or any possibility for a hybrid or combination of some online and some offline?	See 3.
109	Newly forming organization: As described above, do you anticipate any concerns in being considered viable prospects for the project?	Wellcome work with a number of different organisations. If you are invited to Presentation stage following successful submission of your Full proposal to Wellcome further diligence checks will be carried out. Please ensure you read the T&Cs stated within the RFP document and that you can agree to these terms.
110	Regions of focus: UK, Europe, and Africa are noted as regions of interest, but not limited. Is there a criteria for determining regions, and parameters for the numbers of focus groups?	See 4.



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111	Lived experience experts: Similar to the prior question, are there parameters for the characteristics of lived experience participants you would like to see involved in the focus groups? Is this a discussion that would ensue during the planning stage?	See 1.
112	Guardrails for funding: In order to scope and price appropriately, are there guidelines or guardrails that you would be able to provide; e.g., zoom-based vs onsite; cross-national focus groups vs several single nations.	We are open for the supplier to suggest which countries to target specifically. This could be based on the experience and network of the supplier as well as strategic considerations to achieve a good depth and breadth of insights.
113	Can the research be conducted in Southeast Asia?	Yes.
114	What are the scope limits of the research? And how long should the research be conducted?	We are open for the supplier to suggest the limits of the research.
115	Is the collaboration limited to healthcare workers, or is there any possibility for multi-disciplinary collaboration? Mental health is a very big issue and involves many parties from various disciplines. In addition to strengthening the network and quality of services provided by healthcare workers/ providers, we should also raise public awareness of the importance of multidisciplinary collaboration.	See 10.
116	What are the obligations of the institution that becomes the funding recipient?	This will be set up as a Contract. Please ensure you understand the T&Cs which are stated in the RFP document
117	Are there any specific limitations or guidelines for data collection methods? Could we develop data collection methods or conduct experiments based on the situation and findings in the field?	See 49.



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118	Is the use of funds for experts and research implementation regulated by a certain percentage?	As this is a fee for service conducted under a Contract the Supplier will be responsible for costing the activity appropriately in order to deliver the required activity.
119	What is the expected outcome of this research? Do you only expect a research report or do you also expect concrete steps to be taken as a form of intervention and application of the research results? In our opinion, the benefits will be more tangible if there are intervention steps to follow up the research result.	See 91.
120	Is it possible to involve cross-country collaboration with professionals and mental health facilities in Southeast Asia? And if so, who should determine the relevant countries for further research collaborations?	Yes. See 20.