QUESTIONS AND ANSWERS

Request for Proposal (RFP): for landscaping common definitions in mental health science

#	Supplier Question	Wellcome response
1.	**Budget** Can you confirm that VAT can be charged for this contract? Are you able to give an indication of the budget Is there an estimated or proposed budget for this project? We understand the desire to not stifle innovation through provision of a budget limit, but is there a general range we should aim to be within?	VAT will be charged on the contract and will be clarified during contract negotiation with the awarded supplier. We are not setting a specific budget externally at this point, but value for money is a consideration in our evaluation of proposals.
2.	**Lived Experience** Can you provide the complete detail for the last row on Page 6 (Lived Experience) as the sentence is currently unfinished? The Detail in the Lived Experience row of the Evaluation Criteria appears to be incomplete. Could you please provide the missing text?	Many apologies for this oversight. The full detail should read: Do they adequately consider LE involvement in both the running of the project and within the landscaping/literature itself? With regards to terminology:

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	How does Wellcome Trust distinguish between and define: 'lived experience experts'; 'lived experience advisors'; and 'people with lived experience of mental health challenges'? Would you consider mental health practitioners as a part of the lived experience group? The stakeholders mentioned in the RFP include researchers, lived experience experts, Wellcome staff and lived experience advisers. • Why were these stakeholders chosen specifically? • What is the difference between lived experience experts vs lived experience advisers?	We understand lived experience as a unique form of knowledge, insight, and expertise, that comes from having experience of mental health challenges. When we refer to 'lived experience experts' or 'people with lived experience' in relation to our programme, we are referring to people who identify as having experienced anxiety, depression or psychosis broadly defined, either in the past or currently. People with lived experience do not need to have been diagnosed by professionals or have accessed formal mental health services. We are committed to the meaningful involvement of lived experience experts in the direction and decision making of the mental health team; the projects and research that we fund; and in the field of mental health science. To this end, we have an international team of lived experience advisors and consultants who are involved in shaping the work we do and fund, including this RfP. Within this RfP, we have used 'people with experience of MH challenges' to refer to anyone who has experienced poor MH. LE Experts refers to people with experience of MH challenges AND also have other experiences or expertise that enable them to offer advice on project priorities or strategy. Within Wellcome we refer to our LE experts as advisors, and that is where this term comes from.

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		We would not consider MH practitioners as a part of the lived experience group, unless they themselves had experienced MH challenges.
3.	We want to understand the bigger picture of this piece of research, where does it fit specifically within the Wellcome Mental Health Mission?	This project sits within the Field Building team in Wellcome's Mental Health strategic programme. We hope it will ultimately improve coherence in mental health research.
4.	We noted that the RFP is global. Can you share which regions or countries are a priority?	We do not have a particular priority region.
5.	Do you expect the ultimate beneficiaries of the common definitions project to be solely English-speaking? Or to encompass multiple languages?	We would hope ultimately that this would be a global effort and therefore span multiple languages.
6.	We are curious to hear more about the specific stakeholders you would like to involve. Are you interested in understanding the definitions landscape of solely mental health researchers, or would we have scope to look beyond this group, for example into mental health (and generalised health) practitioners, patients, and mental health charity/ advocacy groups?	We have suggested potential stakeholders, and a supplier is welcome to suggest more in their proposal.
7.	In terms of recruiting participants, do you have an available network of mental health researchers or practitioners for us to connect with?	We are happy to advise, but stakeholder recruitment is primarily the responsibility of the supplier.
8.	Do you have an idea of how many stakeholders you would like to involve?	This is at the suppliers' discretion.
9.	If possible, please could you share some context behind how you arrived at this list of terms?	These are some terms to highlight the type of term we are interested in – where it is used to describe a particular

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		population characteristic, but often defined in different ways.
10.	We would like to confirm whether the statement 'we are open to revision of the list and to the addition of further terms (up to a total of 15)…' means that you would be willing for us to add up to 15 more terms, or whether it means that you are happy for us to revise and add to the given list, so long as the total number of terms researched does not surpass 15.	We would rather a narrower, more in depth focus than a longer list. If anything, we would prefer a list of 5 comprehensively covered than 15 that are only lightly touched upon. We would require no more than 15 in total, but we are open to our suggestions being replaced if a supplier believes other terms are more appropriate or more pressing.
11.	How far would you like us to take the recommendations? For example, would you like us to propose a list of ideas for potential solutions, or to conceptualise these solutions in detail?	This is at the suppliers' discretion.
12.	Is report dissemination a part of this RFP? If so, who would be key audiences?	We have not specified a dissemination plan as part of this RfP.
13.	Is the Wellcome team running this RFP all based in London?	Yes
14.	Structure of proposal: Would you like us to use the questions you outlined as the structure of our proposal? Or can we create our own structure and answer the questions within it?	Please answer each question within the word count given.
15.	The RfP mentions that the list of terms is open to revision and to the addition of further terms (up to a total of 15). Could the supplier add 15 terms over and above the 11 that are identified in the RfP or does the supplier have the opportunity to	See answer 10.

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	add up to four further terms, up to a total of 15, including the already identified terms?	
16.	Is it acceptable for the supplier to remove one or more terms from the 11 identified in the RfP?	Yes – see answer 10.
17.	Would Wellcome be interested in generating consensus on these common definitions within a particular conceptual framework? We ask as this may help us narrow down most relevant stakeholders.	At this stage we are interested to know what consensus/frameworks currently exist. As such, we would suggest not narrowing down to a particular conceptual framework at this stage.
18.	Could the landscaping of terms also include clinical concepts for common mental disorders beyond anxiety, depression, and psychosis? For example, 'relapse', 'recovery', 'comorbidity' are all terms which are also commonly used with addictive disorders.	Within our mental health strategic programme we are particularly interested in depression, anxiety and psychosis (broadly defined). If definitions also apply to other conditions (eg addictive disorders) this is fine, but it is not a focus for us.
19.	What is Wellcome's view about whether the supplier should incentivise participants for engagement in consultation workshops or interviews?	We would expect lived experience experts to be appropriately remunerated for their time. With regards to professionals who may be consulted, this would depend on whether their involvement could be deemed part of an existing role or not. We leave this to the discretion of the supplier.
20.	How has Wellcome identified the terms listed in the RfP? We ask as we were hoping to understand if/how the terms connect with each other.	This is a suggested list that the supplier is free to modify if they desire. The terms are not linked to each other.

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21.	Though I am submitting proposal as an individual, can I include 3-4 project members from prominent mental health organisations?	Yes, albeit Wellcome would usually contract with you as the supplier and specify sub contractors.
22.	Is the primary goal of this RfP developing methodologies or conducting the scoping? In other words, is this RfP about developing a methodology to evaluate the definitions in use as well as creating new consensus definitions -- e.g. a method for determining which definitions are in use, a method for scoping areas of consensus and disagreement and for handling debates between researchers and persons with lived experience, a method for determining global applicability of definitions, and a method for brokering consensus, all of which go into the guidelines report at the end? Or, you are not interested in the methodology and instead want the findings from the scoping of the landscape relevant to common definitions by answering the following questions: What terms require common definitions? Where do common definitions already exist, and how consistently are these used? Somewhere else in the RfP, it is mentioned to assess the feasibility of achieving	The primary goal of this is to undertake scoping. We would expect the supplier to do the scoping, not just design a methodology for doing it. We are not expecting a supplier to develop consensus definitions – but we are interested in understanding the feasibility of doing so, which would be based on the findings of the scoping.

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	such definitions which would be a methodology question hence the question.	
23.	Will suppliers be required to identify the priority clinical concepts requiring a common definition for each of the three areas anxiety, depression, and psychosis individually? Should other mental health areas be considered?	It is our feeling that terms requiring common definitions are likely to be broadly (but not always) consistent across depression, anxiety and psychosis. If some terms identified are specific to only one or two of these conditions, that is fine. Terms pertaining to these conditions are a priority for us and we are less interested in other mental health areas.
24.	Will we be able to coordinate engagement with stakeholders through the Wellcome team, leveraging the foundation's name, webpage, and contact list (e.g., outreach, responding to surveys) to improve response times and increase the level of interest among potential respondents?	We are happy to advise, but stakeholder recruitment is primarily the responsibility of the supplier.
25.	Are there priority countries/regions or populations, i.e., to consider the cultural and social impact on the ways in which terms are understood?	We do not have a particular priority region.
26.	Will traveling for in-person meetings be required? And if so, will expenses be covered by Wellcome?	There will be no need for in-person meetings with Wellcome as part of this project. We are happy to conduct our catch-up meetings with the supplier via (eg) Teams. If you wish to conduct workshops in person, please budget for these when you submit your costings.
27.	What markets are most of interest? While we understand that this is a global effort, it would be	We do not have a particular priority region.

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	best to understand what regions/ languages/ markets are of higher priority.	
28.	What sparked the need for this RFP/project? What type of business decisions may be made using the results?	We have detailed the rationale for this RfP in section 1.2 of the document.
29.	Given the desire for global applicability of the project outputs, we anticipate obtaining regional diversity during the primary research. Are there priority countries where the Wellcome team would prefer stakeholder interviews or workshops be conducted?	We do not have a particular priority region.
30.	Does the team prefer the interim/progress/final reports in PPT, Word, or another format?	This will be agreed as part of the contract negotiation with the selected supplier.
31.	What format/frequency of communications does the team prefer throughout the life of the project?	Once the contract negotiation is completed we request the supplier set up a kick off meeting and regular meetings throughout the project (frequency to be determined) outlining what has been achieved and highlighting where input is required from Wellcome Team/ Project Team. As this is a contract there will be specific deliverables that Wellcome will accept.
32.	For the first phase of the research Do you have a sense of 'priority terms' within the mental health research science field on which we might base this initial phase and refine, or is the preference to 'start from scratch'?	We have suggested a number of terms in the RfP. The supplier is welcome to stick to these terms, add more (up to 15 in total) or suggest others (again up to 15 in total). Please see question 10 response for further information.

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33.	Do you have expectations between the level of desk research vs stakeholder interviews?	We would expect this to mostly be a desk based project, with stakeholder workshop(s) to help set prioritization for that research.
34.	Do you have an impression of the geographical coverage this project should cover? Are you interested in looking at use of these universal research terms outside of the English language?	We want this to take a global perspective – indeed, there is a risk that such work could perpetuate pre-existing western biases, and we would expect a successful supplier to be mindful of this and consider ways to mitigate it.
35.	Do you have a more specific definition of the audience you would like the research to focus on and engage with – such as mental health science researchers? Or do you want the supplier to make recommendations as part of the proposal?	We have suggested potential stakeholders that could be engaged with. We are happy for a supplier to suggest additional stakeholders.
36.	Can you please confirm if this research is targeting specific clinical window(s)? i.e., where it states the priority is 'intervening as early as possible in anxiety, depression and psychosis' does this relate to diagnosis, between diagnosis and first major episode, etc.	We are not targeting specific clinical window(s), but Wellcome's mental health strategic programme is interested in the statement above. It is important to note that 'early intervention' can look different in different countries or cultural contexts depending on available resources etc. We would expect this project to consider these issues when thinking about definitions.
37.	Please clarify that this research focuses on adult psychology only, it does not include child psychology.	This research does not need to specifically focus on adults.
38.	Is the RFP strictly concerned with the language of mental health in countries where English is the official language, or also in countries where English is not the official language (and therefore	We want this to take a global perspective – indeed, there is a risk that such work could perpetuate pre-existing western biases, and we would expect a successful supplier to be mindful of this and consider ways to mitigate it.

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	practitioners are operating in English as their second/third language)?	
39.	Referencing Section 5 'suppliers are asked to respond to the following questions as part of their RFP response', can the supplier add additional sections in their response?	We will score your application based on your responses to the questions we ask.
40.	How does Wellcome anticipate the mobilisation of research participants to take place? i.e., should Wellcome's networks be leveraged or others'.	We are happy to advise, but stakeholder recruitment is primarily the responsibility of the supplier.
41.	Can you confirm that you are looking for common definitions for a total of 15 terms in this contract and not 15 terms in addition to the 11 terms listed on page 2 in the RFP?	Please see question 10 – we want no more than 15 terms, we are happy with there being fewer if the supplier believes this is appropriate.
42.	Who are the recommendations to be developed for Deliverable 6 targeted towards? Can you provide more details on the expectations for this deliverable?	This would be a document for Wellcome's Mental Health Strategic Programme team, and as such we would hope for a document that would provide recommendations of how Wellcome could best operate in this space. Are consensus definitions well defined enough that the community requires an online resource only, or is work required to develop procedures to come up with such definitions etc.