



## QUESTIONS AND ANSWERS

### Request for Proposal (RFP):

#### Exploring opportunities to advance the utility of digital sensors for mental health

#	Supplier Question	Wellcome response
1	How do you define mental health? Can you give us some examples of mental health conditions that you want to focus on?	Wellcome's mental health strategy is focussed on driving a step change in the ability to understand and intervene as early as possible in the course of <b>anxiety</b> , <b>depression</b> , and <b>psychosis</b> . In support of that, the work we're commissioning here should also focus on anxiety, depression, and psychosis (broadly defined, as we understand that diagnostic boundaries are imperfect).
2	Is the intersection of addiction and mental health an area of interest for this RFP?	Addiction is not in scope for Wellcome's mental health strategy, so addiction should not be in focus for this project. That said, we have asked for an investigation into how digital sensors are used in other fields of health research so that learnings can be applied in mental health research (see objective 3 in the RFP). Prospective suppliers are welcome to investigate how sensors have been used in addiction insofar as that investigation is useful for our strategic aims in other areas of mental health.
3	Please can you confirm which types of technology are within scope?	We are broadly interested in three categories of sensors: <ol style="list-style-type: none"><li>1. Wearables – any devices that can be worn to measure physiology/other health-relevant variables.</li><li>2. Mobile phones – any devices present within mobile phones that can measure human behaviour/environmental factors, including GPS trackers, keyboard use etc.</li><li>3. Internet-of-things sensors</li></ol> We do not want to limit the technology covered at this stage – if a device can sense human behaviour or measure relevant



		environmental variables, it is within scope. We are open to discussing what technologies will be in focus with our nominated supplier during the inception phase.
4	We understand from the RFP that you want to focus on sensors that are currently being used in mental health research and clinical practice. Are we correct in assuming that the audience is clinicians and researchers? Do you want any focus on the end-users/patients as well?	<p>For this work, our primary focus is on understanding the technical challenges faced when collecting and using sensor data from the point of view of researchers and clinicians. That said, we acknowledge that understanding the views of users – and people with lived experience of mental health problems – is vital when considering sensor use more generally.</p> <p>If suppliers feel that the end-user’s perspective will be useful in informing the technical challenges faced by researchers/clinicians using sensors, then we are happy for them to be included. Prospective suppliers should also note that there will be a Wellcome-organised workshop which considers the end-user’s point of view in more depth held early in 2024, and we will expect our supplier to attend this workshop and incorporate any relevant learnings into this RFP.</p> <p>Note also that we are not only interested in sensors that are currently used in mental health research/clinical practice, but also in sensors that could conceivably be of use for mental health (whether they are actually used or not).</p>
5	With respect to expert researchers, clinicians, lived experience experts, research software engineers, industry representatives, and any other relevant groups, are there existing partnerships or collaborations that need to be considered in the proposal?	There are no specific partnerships/collaborations that Wellcome would like included in the groups surveyed for this work. We would look to the supplier to suggest appropriate groups, and we may want to provide our own suggestions/amendments during the inception phase.
6	Are you focusing on specific age groups?	No, we are not limiting the scope of the work by age group. We are aware that some age groups may tend to be less digitally literate and



		so that may naturally skew the focus of the work. However, we would be interested in understanding whether there are any opportunities to better reach those groups with innovative technologies.
7	When forming the governance and evaluation structure, did you have in mind specific countries that you would like us to focus on? Developed countries, developing countries, LMICs, which countries?	<p>One of the aims of this work is to expand our understanding of the technical challenges surrounding sensor use to include the challenges faced in lower-income countries and how we might solve them. And so, we encourage prospective suppliers to include representation from both HICs and LMICs in their governance &amp; evaluation structure. We want a clear outline of the solutions that are possible in all settings.</p> <p>We are agnostic as to specifically which countries should be included in scope for the work and which researchers should be included in the governance structure.</p>
8	Which countries/markets should be the focus of the research study?	We are agnostic as to specifically which countries should be included in scope for the work and which researchers should be included in the governance structure. However, we encourage prospective suppliers to include both high- and low-income settings in their proposed work.
9	Can you please further define “high- and low-resource settings”?	<p>Please refer to Wellcome’s guidance on low- and middle-income countries, which can be found <a href="#">here</a> – this list of countries is compiled by the OECD and it is revised every three years.</p> <p>For this work, we are interested in understanding solutions to technical challenges faced in both high-income countries (i.e., countries not on the above list) and low-/middle-income countries (i.e., countries on that list). We anticipate that the challenges faced in these settings will be slightly different, and so approaches to developing solutions may also need to be different. We also recognise that within high income countries, there may be groups in lower resource</p>



		contexts that present different challenges and may require different solutions
10	What is the desired geographic scope of inclusion for different groups of people / locations?	We are agnostic as to specifically which countries should be included in scope for the work – see the above answers for more information on the distinction we are drawing between high- and low-income countries.
11	Is it possible for the lead organisation to be based in a low- or middle-income country? (For example, South Africa?)	<p>Yes – the lead organisation can be based anywhere in the world with the exception of mainland China and others due to sanctioning.</p> <p>We encourage prospective suppliers to include representation from both HICs and LMICs in their governance &amp; evaluation structure. We want a clear outline of the solutions that are possible in all settings.</p>
12	Where and when will the Wellcome-organised workshop to explore the ethical and public-interest issues surrounding sensor data collection be held? Will there be an opportunity to join in person and virtually?	The details of the workshop are to be determined, but it will be held in the first half of 2024, likely in the Wellcome offices in London. There will likely be opportunity to join in person and virtually, but again, this is to be determined. We will work with our nominated supplier to ensure that the arrangements work for all involved.
13	Would you like the presentation of findings to be in person?	Our preference would likely be for an in-person presentation, if possible, but we are open to virtual presentations if necessary.
14	How many companies will be shortlisted for supplier presentations?	There is no set number – this will depend on the quality and quantity of proposals received.
15	Do you have a specific budget template you would like us to populate?	We don't have a standard template, but generally prefer a breakdown of costs per deliverable or stage of your proposed methods.
16	Are there any existing initiatives or projects that you feel have successfully addressed similar technical challenges in sensor	We suggest that prospective suppliers familiarise themselves with the outputs of the UCLA workshop referenced in the RFP document. These can be found <a href="#">here</a> .



	data use, either in mental health or other fields? If so, could you share these with us?	Much progress was made during the workshop on these topics, and we do not want the work completed for this project to be duplicative.
17	How will the success of the project be measured? Can you provide more details on the specific goals and outcomes you expect from this project?	<p>The intended objectives of this work are outlined in the RFP document (pages 2 &amp; 3), and the success of the work will be evaluated against how well the questions listed there have been answered.</p> <p>As for the evaluation process itself: we expect our nominated supplier to organise regular touchpoints with Wellcome so that we can feed into the work as it progresses and provide feedback on draft deliverables, etc.</p>
18	Do we understand correctly that a research lab within a public United States university is eligible to apply for funding?	Yes.
19	The RFP highlights “literature reviews, desk research, and interviews”. While we closely collaborate with mental health experts and lived experience experts, the nature of our proposed work is computer science research to advance sensing technologies that enable early intervention and prevention of mental health challenges. This work involves machine learning development and evaluation. Is this type of work of interest to Wellcome?	While this type of work is generally of interest to Wellcome, it may not be the ideal approach for the work outlined in this RFP. The primary output of the contracted work will be a report outlining the various opportunities that exist to solve the range of technical challenges facing mental health researchers who use sensors in their work. We believe that literature reviews, desk research, and interviews will be important methods for producing that report, but we are also happy to see proposals for other methods that will add value.
20	As a public university research lab our focus is on high-impact research. Research benefits from a level of flexibility. We are therefore interested in better understanding Wellcome’s expectations and practices around contracts. We have read the section on contracts vs. grants on your website, and we are wondering in practice how Wellcome decides to specify “certain level of quality and punctuality”. Is the contract written on a case-by-case basis or is there a contract specifying these things now	Project goals and scope are predefined in the RFP as advertised. However, these things are open to loose interpretation from suppliers in their proposals. The contract timelines and deliverables should be outlined in the proposal, and these will be agreed in collaboration with Wellcome during contract negotiation.



	that we can refer to. What we want to avoid is a misalignment in goals or project timeline. Concretely, how will Wellcome determine elements including the research agenda, timeline, deliverables, publication/open-sourcing, etc.?	As this is a contract and not a grant, we expect each deliverable to be delivered to Wellcome Trust and to an acceptable standard within the agreed and contracted timeframe.
21	Will suppliers need to have their own graphic designers or is that accounted for by Wellcome's branding team?	Suppliers will need to produce any graphics for the report themselves.
22	Will Wellcome provide comments on the draft report?	Yes, and we will expect regular touchpoints with the supplier to discuss progress on the work leading up to any drafts.
23	Within this request for proposals, does Wellcome plan on funding a single award or multiple?	We plan on contracting a single organisation to complete this work.
24	We anticipate producing an additional protocol as a supplementary deliverable to the report. Can you please confirm that this would be an acceptable additional output to this work?	Yes, although we will need to see more detail in the proposal before we can make a more concrete judgment.
25	We plan to include regulated medical devices in addition to technologies that are marketed directly to consumers. Is this approach acceptable?	Yes – we would like to see a broad range of sensor devices/technologies considered.
26	As we outline the current state of the art, we will want to reference our own previous work which has not yet been published. Is this acceptable even absent a scientific publication?	Yes, although we would appreciate it if as much information as possible is shared pre-publication.
27	Are sub-awards permissible under this grant? We anticipate having subawards with partners in other countries.	This project will be conducted through a contract as opposed to a grant, and so there would be no sub-awardees. Instead, partner organisations would be sub-contractors. Sub-contracting is possible, although Wellcome's consent is required for each sub-contractor.



		In practice, Wellcome would enter into a contract with the supplier, and the supplier would be responsible for entering into appropriate contracts with the other organisations and would be liable for their acts and omissions.
<b>28</b>	Can we allocate sub-awards to individuals and/or organisations with lived mental health experience?	See question 27.
<b>29</b>	We are planning to form a consortium with multiple other organisations. Are these other entities considered separate, thus having to apply individually, or can the resulting contract with Wellcome Trust only be formed with the leading applicant organisation?	The process here is the same as outlined in question 27: Wellcome would enter into a contract with the supplier, and the supplier would be responsible for entering into appropriate contracts with the other organisations and would be liable for their acts and omissions.
<b>30</b>	Is publishing deliverables (e.g., academic publications) from the proposed work permissible?	Yes.
<b>31</b>	Who owns the IP generated in the project?	Wellcome Trust will own IP rights to all outputs from this project.
<b>32</b>	Are data, technical findings, ideas, know-how and other results gained during the contract period considered IP owned by the contractor, co-owned, or otherwise shared between the applicants and/or Wellcome?	As above, Wellcome Trust will own IP rights to all outputs from this project.