RFP Understanding the landscape of psychological and social interventions for anxiety, depression, and psychosis

Supplier Q&A

#	Question	Answer
1.	**Budget** Can Wellcome provide any insight into their budget expectations for this project? Is there a floor/ceiling to the cost for this project? What is the resource envelope available to Wellcome to undertake this work? Is there a range of financial resources for the RFP Does Wellcome have guidelines or a general sense of what it considers to be a reasonable hourly rate?	Wellcome will be guided by the supplier(s) as to hourly rates and what a reasonable budget for this activity is, as we do not want to limit ambition or innovation. Proposals are in part assessed on value for money and as such we would expect to see a detailed budget breakdown (for example on time and resources including day rates) to allow Wellcome to feedback as needed with the awarded supplier(s). Our priority is to ensure the package(s) of work are completed to a high standard within the time frame in a way that represents good value for money.
2.	Does Wellcome have expectations around staffing, for example, regarding total FTE staff capacity or hours over the 9-month timeline?	We will be guided by the supplier(s) on what is appropriate in order to ensure the package(s) of work are completed to a high standard within the time frame in a way that represents good value for money. Proposals are in part assessed on whether the delivery plan is appropriate, achievable and feasible.
3.	Would Wellcome view a faster project turnaround, for example, 5 months instead of 9, favourably in their assessment of a supplier proposal?	This is an ambitious project with a large scope, and our focus is on ensuring that the activities within each package of work are completed to a high standard within the time we have allotted. Proposals are in part assessed on whether the delivery plan is appropriate, achievable and feasible.

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4.	In the UK, we are a private company limited by guarantee. Our parent company is based in the US and employs the staff who would also be working on the project. Is that acceptable?	Yes, this should be fine. Please state clearly which legal institution we will be contracting with in the proposal and make clear if you want to list other legal institutions you will subcontract, so we can perform our own diligence checks.
5.	The communication plan requested as part of the proposal only asks suppliers to outline the approach to working closely with the MH team at Wellcome, but the evaluation criteria are further based on plans to communicate with community, people with lived experience and external stakeholders. Should suppliers include information about plans to communicate with these other groups in the same communication plan? • How often do you expect the supplier to be in contact with the Wellcome team during the project in between milestones, e.g. between the inception report at 6 weeks and the interim draft at 4.5 months? • Can Wellcome provide any more information about what is meant by community, and by external stakeholders? • Are there any guidelines (internal the Wellcome or external) available on how to conduct good communication with the community and those with lived experience?	We apologise that this is unclear. Whilst there will be more scope to evaluate potential suppliers against the criteria at interview stage, it would be good to include in your communication plan some detail on communicating with the community, external stakeholders and people with lived experience. By community, we mean the wider mental health science community. This could include academics, clinicians and industry partners, for example. Other external stakeholders could be policymakers and people with lived experience, for example. Once the contract is signed, we would expect the supplier(s) to arrange a weekly catch-up during the inception report phase. We expect the supplier(s) to be able to conduct the work independently, but with an aim to collaborate (particularly at the beginning of the project) so that we have the chance to course correct and ensure that the work meets our objectives. After the inception report, we do not prescribe the frequency and will be guided by how the project is progressing, but will expect to be in contact between milestones to check progress. There are no particular guidelines we would like suppliers to follow with regards to the communication plan, and leave it up to your expertise. In terms of lived experience, the following piece by two of Wellcome's lived experience advisors may be useful: https://www.nature.com/articles/s44220-023-00027-x.
6.	What is the audience for presentations throughout the project? Do you expect that any organizations/ individuals from outside Wellcome will join?	Presentations will typically be at internal Wellcome meetings only, primarily to the Mental Health team. On occasion and if relevant, we may ask the supplier(s) to present to other stakeholders.

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7.	How do you define “appropriate expertise” on psychological and/or social interventions for anxiety, depression, and psychosis? • Can you share any examples of past project(s) and supplier profiles that you'd scored highly on this criteria?	Some examples of appropriate expertise are having worked on relevant projects, working in the field of mental health clinically or academically, or having studied in this area. We are not specific about the particular qualifications or experience needed, as long as there is a clear plan to access the necessary expertise in psychological and/or social mental health interventions, and as such do not think it would be helpful to provide examples here.
8.	Will Wellcome support any connections to those with lived experiences?	We expect suppliers to outline their own plan to collaborate with people with lived experience of mental health problems and will be assessing proposals partly on this criterion. We cannot support any connections to those with lived experience.
9.	Do Wellcome commission teams of 10 or fewer?	We commission teams of all sizes. Please note that we do not expect that one individual could complete both packages of work in the allotted time.
10.	When evaluating skills and experience, is this evaluated at the team/ organizational level or specifically for individuals staffed on the project?	Skills, experience and expertise relevant to this project will be evaluated specifically for the individuals staffed on the project.
11.	Whether the contractor/ Wellcome has existing stakeholder contacts we could use or if we would need to identify potential stakeholders ourselves/via a recruitment company.	We would like to see a clear plan for suppliers to access the relevant stakeholders needed to complete this work to a high standard. We cannot commit to accessing our networks for these purposes.
12.	Please can you clarify Wellcome's expectation of involvement during the consultations with stakeholders - i.e. if we design online consultations, would you wish to be involved and included in this?	We will maintain oversight over the project and will input to ensure our objectives are met, but expect the supplier(s) to conduct the work independently. We would not expect to be directly involved in online consultations.
13.	Please can you clarify whether you wish for us to include costs associated with preparation of outputs for communication purposes? e.g. we could include costs for preparation of briefs (design, editing) and/or posters summarising the work, to be further disseminated to the stakeholders consulted.	All projected costs should be included in the cost proposal, including those for preparation of outputs. Final outputs will need to be formatted according to our guidelines (for example, according to our accessibility requirements here).
14.	Please can you advise if you will make public questions from all suppliers and answers regarding scope of work?	Yes, all questions are anonymised and placed on our website.

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15.	Does Wellcome wish to see a minimum or maximum number of countries covered by each work package?	We do not have a particular minimum (or maximum) number of countries in mind. However, we would like to see interventions developed/available in low-, middle- and high-income countries covered in this work. Activity 1 requires a broad look at the landscape as a whole. We would expect a reasonable spread of HICs and LMICs to be included, covering as a minimum the UK and at least one country each from Europe and Africa.
16.	What is the preferred format for the full RFP submission (Word document or PowerPoint pitch deck)?	If this refers to the proposal, we do not have a preference. Usually, we receive Word document or PDFs. If this refers to the final outputs by the appointed supplier(s), we prefer to receive both a Word document for edits/tracked changes and a PDF final version.
17.	Is Wellcome envisioning a human-centred design approach (regarding engaging people with lived experience)?	We welcome all approaches to this commission as long as the approach is grounded in mental health science and the perspectives of those with lived experience are meaningfully involved throughout the design and delivery of the activities.
18.	There is a lot of overlap between psychological and social interventions for mental illness. How does Wellcome distinguish between these two? How does Wellcome define social and psychological interventions, respectively? Should interventions described as psychosocial be excluded, or how should they be categorised?	We would like any non-pharmacological, non-digital interventions that otherwise fit the scope of this work to be included. There is sometimes overlap between psychological and social interventions, with some interventions coming under both. We would leave it up to the supplier(s) to propose how best to deal with this. If two different suppliers are appointed (one for psychological and one for social), we will work with the successful suppliers to decide how best to divide these up to avoid duplication of effort.
19.	The geographic scope is very broad, with the inclusion of high-, middle-, and low-income countries. Can we limit the scope (e.g. LMICs or Sub-Saharan Africa) for activities 1 and/or 2?	We appreciate that the scope of this work is broad and ambitious. We will work with the supplier(s) to refine the scope of the project before the inception report. Nevertheless, while we do not have a particular minimum number of countries in mind, we would like to see interventions developed/available in low-, middle- and high-income countries covered in this work, and Activity 1 requires a broad look at the landscape as a whole. The scope of Activity 2 may naturally be more limited, but we would still expect to see a range of interventions represented, including those developed in/for HICs and LMICs. Overall, we would expect a reasonable spread of HICs and LMICs to be included, covering as a minimum the UK, Europe and Africa.

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20.	Are pharmacological interventions included as psychological interventions?	Solely pharmacological interventions are not included. We would like any non-pharmacological, non-digital interventions that otherwise fit the scope of this work to be included.
21.	Is "appropriate expertise on psychological and/or social interventions" an eligibility requirement? Given this is a landscape assessment, implementation experience seems to be optional.	Experience accounts for 25% of the evaluation criteria. Appropriate expertise might mean having worked on relevant projects, working in the field of mental health clinically or academically, or having studied in this area. We are not specific about the particular qualifications or experience needed, as long as there is a clear plan to access the necessary expertise in psychological and/or social mental health interventions.
22.	If we bid for both packages, should we submit one coherent proposal across both packages, not separate bids?	If you propose to undertake both packages, please provide one coherent proposal for how you would complete both packages of work. There may be a situation in which a supplier who has proposed to undertake both packages is asked to only undertake one package, but this will be discussed at the interview stage.
23.	Can the work focus on children and young people, or are you expecting whole of life span review?	Whilst our mission is to drive a step change in the ability to intervene as early as possible, in this case early intervention refers to identifying and providing effective support for mental health problems as early as possible. We will work with the supplier(s) to refine the scope of the project before the inception report, but do not expect the work to only focus on children and young people.
24.	Can we lead and publish the work in an academic journal?	The outputs will be primarily aimed at Wellcome, however we will be happy to consider plans for further dissemination. We have not detailed any dissemination plans beyond Welcome internally, to allow flexibility for how both Wellcome and the supplier(s) would like to disseminate the findings of this work after all deliverables have been successfully met. We would stipulate that any publicly available form of the report is open access.
25.	What are the publishing/IP rights associated with the work? Would we be named on outputs associated with the work?	Wellcome typically grant a licence to make work publicly available. The supplier(s) would be named on published outputs. The exact terms are listed in the standard terms and conditions (Clause 9) so please review and outline any queries in relation to this at the time of submitting your proposal.
26.	What is the basis for forming categories while building the framework?	We would like the successful supplier(s) to propose their own framework/method for categorising interventions. The categories should provide groupings which aid the identification and analysis of gaps in the field.

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27.	Is it feasible to categorize based on conditions or economic classifications (HIC/LMIC) rather than grouping all conditions and regions together?	We would like the successful supplier(s) to propose their own framework/method for categorising interventions. The categories should provide groupings which aid the identification and analysis of gaps in the field. These features may form part of that.
28.	Regarding exclusion criteria, could you clarify the concept of interventions "already included in clinical pathways or treatment guidelines"? Could you provide examples?	One example is individual guided self-help, which is already included in the UK NICE treatment guidelines for depression and anxiety. Please note we are not only referring to UK pathways and guidelines here.
29.	Is it acceptable to incorporate grey literature in our mapping process?	Yes, this would be acceptable.
30.	Could you elaborate on the statement "Note that we are not looking for all interventions in the field to be individually catalogued"?	We are not looking for a simple list or description of all existing psychological and social interventions. We would like the supplier(s) to critically engage with this large landscape in order to complete the activities and outputs to a high standard.
31.	Does the second activity, "critical analysis," also restricted to desk research?	We have not specified the methods we would like suppliers to use and are happy to hear any suggestions you might have. Our priority is that the work packages are completed to a high standard within the time frame in a way that represents good value for money. We will work with the supplier(s) to refine the methodology of the project before the inception report.
32.	Are we meant to suggest up to 15 promising interventions for all 3 conditions or is it 15 per condition?	As part of Activity 1, we would like the successful supplier(s) to provide suggestions of up to 15 promising interventions for each package of work (15 psychological and 15 social). The final total will therefore be up to 30 interventions.
33.	Can we publish the project outcomes in a scientific journal at the end of the contract?	The outputs will be primarily aimed at Wellcome, however we will be happy to consider plans for further dissemination. We have not detailed any dissemination plans beyond Welcome internally, to allow flexibility for how both Wellcome and the supplier(s) would like to disseminate the findings of this work after all deliverables have been successfully met. We would stipulate that any publicly available form of the report is open access.
34.	For this commission, we have formed a team consisting of mental health researchers, persons with lived experience, psychologists, psychiatric social workers and a Professor (Head of Department) at	We commission teams of all sizes. We are not specific about the particular background needed, as long as there is a clear plan to access the necessary expertise in psychological and/or social mental health interventions.

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	an academic institute. Our team members are working in India, Nigeria and the United Kingdom. Our proposed team consists of eight members. Is there any restriction on the number or background of the team members?	
35.	Should the scope of the analysis cover the national level or the most representative states?	This project focuses on the global landscape. We would like to see interventions developed/available in low-, middle- and high-income countries covered in this work, and Activity 1 requires a broad look at the landscape as a whole. We would expect a reasonable spread of HICs and LMICs to be included, covering as a minimum the UK, Europe and Africa.
36.	Is there a specific population size in each country?	We do not have a particular number of countries in mind, nor their population sizes. However, we would like to see interventions developed/available in low-, middle- and high-income countries covered in this work, and Activity 1 requires a broad look at the landscape as a whole. We would expect a reasonable spread of HICs and LMICs to be included, covering as a minimum the UK, Europe and Africa.
37.	Is the population scope pediatric and adult?	We will work with the supplier(s) to refine the scope of the project before the inception report, but Activity 1 requires a broad look at the landscape as a whole.
38.	**Psychological Interventions Package** Should the following therapies be excluded from the landscape assessment as they are typically included in clinical treatment guidelines for depression (These therapies have been included in American Psychological Association's Clinical Practice Guidelines for Depression in Adults.)? • Behavioural therapy • Cognitive or (mindfulness-based) cognitive-behavioural therapy (CBT/ MBCT) • Interpersonal psychotherapy (IPT) • Psychodynamic therapy, or • Supportive therapy	We would like to leave this up to suppliers and will work with the successful supplier(s) to refine the scope of the project before the inception report. As this landscape is very large, we have tried to narrow the scope already to exclude interventions already included in clinical pathways or treatment guidelines, but there may be some justifications for including particular interventions in spite of this, and we are open to being led by the successful supplier's expertise.

#	Question	Answer
	Can the above-mentioned therapies be included in our assessment as long as they are offered in a community setting, and not a clinical setting?	
39.	Wellcome Trust has highlighted that “Interventions focused on wellbeing, rather than mental health” should not be included, and that they “should be intended to be used for treatment’’. • Is Wellcome Trust open to including preventative interventions, given that mental health lies on a spectrum, and interventions may target struggling individuals at risk of developing depression, anxiety, or psychosis, even if they have not been diagnosed? • Can we include diagnostic interventions aimed at identifying at-risk individuals, as this then leads to their treatment?	We will work with the successful supplier(s) to refine the scope of the project before the inception report. We expect that diagnostic interventions aimed at identifying at-risk individuals will not be in scope. The focus for this work is on treatment, not prevention or diagnostic tools. This means that universal interventions are not in scope for this work. Interventions aimed at high-risk individuals may be included as part of the broad overview of interventions.
40.	If we are submitting a proposal for both Package 1 and Package 2, would we propose a methodology to categorize psychosocial interventions under both Packages? As they would be a mix of psychological and social interventions	There is sometimes overlap between psychological and social interventions, with some interventions coming under both. We would leave it up to the supplier(s) to propose how best to deal with this. We would like any non-pharmacological, non-digital interventions that otherwise fit the scope of this work to be included.
41.	It is outlined in the RFP that Wellcome Trust is keen to work with suppliers to refine the evaluation criteria listed to assess the interventions. Who are the Mental Health team members whom the supplier is expected to engage for this purpose?	The working group for this RFP includes colleagues from across the Mental Health team. We also collaborate with our Lived Experience advisors on all of our projects.
42.	The RFP has outlined that Wellcome Trust “would expect a reasonable spread of HICs and LMICs to be included, covering as a minimum the UK, Europe and Africa." • What do you mean by reasonable spread? • If we consider 10 countries for the project, across the following geographies: UK, Europe, Africa, Latin America, & Asia. Does meets your expectation.	We do not have a particular minimum (or maximum) number of countries in mind. However, we would like to see interventions developed/available in low-, middle- and high-income countries covered in this work, and Activity 1 requires a broad look at the landscape as a whole. We would expect a reasonable spread of HICs and LMICs to be included, covering as a minimum the UK, Europe and Africa. The spread of geographies specified here would be considered suitable.
43.	The RFP mentions that “The supplier should reach out to a range of stakeholders”	The supplier(s) should reach out to a range of stakeholders as part of their work on all outputs. We would not expect this to be done until the contract is signed.

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	• To what extent are we expected to reach out to and engage the various stakeholders mentioned in the RFP, at this stage of landscape and gap assessment?	
44.	Are we able to propose new project leads for each package, during or after proposal submission?	The team outlined in the proposal will be the contracted team. Leads for each package of work should be specified in the proposal and we would not expect this to change unless due to extenuating circumstances.
45.	In the case where suppliers are able to submit interim and final deliverables ahead of schedule, would they be able to schedule the presentations earlier and/or have more time for feedback?	Our priority is to ensure the package(s) of work are completed to a high standard within the time frame in a way that represents good value for money. In the case that deliverables are submitted ahead of schedule, this may allow for more time for feedback or amended presentation dates, depending on the availability of the Wellcome team.