



Wellcome Trust Mental Health Priority Area Request for Proposals on Core Components: Response to queries raised in Expressions of Interest and Next Steps

This document is being emailed to all those who submitted an Expression of Interest (EOI). A copy will also be posted on our [website](#) alongside application guidance, key deadlines and evaluation criteria. All those who submitted an EOI are eligible to put in a full proposal.

Below we lay out:

- A) Response to queries raised
- B) Next steps

A) Response to queries raised

We have grouped the queries raised into 12 questions, so your specific query should be answered by one or more of the answers below. Please see 'Next steps' if you feel your query has not been addressed.

1) Can I submit more than one proposal?

You may be the named Lead on only one proposal but may collaborate on as many as you wish. Each project should have only one Lead (no co-Leads).

2) Can we include more than three people on the proposal?

Given the scope of the commission you are limited to three named applicants to keep the reviewing process manageable and focused. If a known early career researcher (e.g. PhD student, postdoc) will carry out the bulk of the work, we encourage them to be named on the proposal where possible, and as Lead where appropriate. This does not apply to cases where you plan to recruit a new staff member if successful (e.g. RA assistance). You may collaborate with colleagues who are not named on the proposal, and their time may be costed in a consulting capacity. Named applicants may change between the Expression of Interest and Full Proposal stages and may be drawn from different institutions and organisations.

3) What can be costed in the proposal?

You may include any justifiable expense towards the production of your review and supporting material as laid out in the Request for Proposals (RFP). Illustrative examples include researcher time (whether named on the proposal or to be recruited if successful), consultancy fees (e.g. for lived experience experts, medical writers or colleagues from collaborating organisations), summer research assistance, admin assistance, software costs, library access (where services are immediately available but require payment), supporting video production, and modest travel costs (e.g. for interviews or meetings with collaborators). Out of scope would be costs not directly related to the production of the review or supporting materials, e.g. service delivery, overheads.

4) Can we conduct primary research?

Primary research is out of scope for this commission. This means applicants should not plan to include new primary data analysis. All data included in the final submission should be published and/or publicly available (this could range from information posted on a personal webpage to any literature in the public domain). Meta-analysis is within scope, but the applicant would need to justify the necessity of the approach as well as the ability to supply the proposed analysis within the timeframe. Expert commentary may be sought via interviews, e.g. to include the voice of lived experience, but formal qualitative or quantitative analysis is out of scope. It is fine to use multiple



methods of review, and to use 'non-academic' source material such as social media posts, as long as these are not being used as primary research.

5) I am keen to include lived experience expertise: how can I do this?

We strongly encourage this and are flexible as to how this is achieved. For example, you could include excerpts from interviews with those with lived experience, include lived experience experts on your team as co-researchers, or include a Patient and Public Involvement (PPI) consultation in your review methodology. Lived experience experts may either be named on the proposal or employed as consultants. In either case they may be eligible for authorship on the final review. If such expertise is to be included, the financial plan should include appropriate remuneration. We recognise that lived experience expertise could come from a range of individuals, including young people, parents and practitioners.

6) If there are applications in similar research areas, is there scope to collaborate to provide richer insights and reduce replication?

As outlined in the RFP, successful projects will be offered the opportunity to network and collaborate. However, we are unable to facilitate collaborations at the pre-selection stage. If you know of a group who proposed a similar idea you are welcome to collaborate on the full proposal. However, the proposal would still need to include only three applicants, and the maximum budget would be capped at £45k (exclusive of VAT) as per the RFP document. Please note that we are prepared to fund multiple proposals on similar topics, as different applications may bring different emphases, methodology or scope. Therefore, you are not necessarily at a disadvantage if others submit proposals in the same area.

7) Can evidence from outside the 14-24 age range be included?

Yes, provided it supports the efficacy of the core component, and in turn the core component can be shown to help those within the 14-24 age group. For example, you may wish to cite evidence from children or older adults, or from animal models of anxiety and depression. Conversely you may cite evidence relating to the 14-24 age group but discuss implications for this age group in the longer term. A range of evidence may be included (observational, experimental, intervention, qualitative).

8) At the conclusion of the contract, will it be possible to publish the outcome review in a scientific journal?

Yes, we are expecting submissions to be of publishable standard, and would strongly encourage submissions to be published. Submissions must be in written form in the format described in our guidance notes. However, you may also include supplementary material in alternative formats, e.g. video, audio. As outlined in the RFP, Wellcome will own the intellectual property created in this commission. Subject to us using the deliverables for our own purposes first, we're keen that it reaches as wide an audience as possible. We therefore expect any publication to be in line with Wellcome's [statement](#) on Open Access.

9) Could we compare two or more core components?

The purpose of the commission is to provide focus and so comparing two or more core components as a key aim would be out of scope. However, it is perfectly acceptable to bring in comparison where appropriate, e.g. 'previous best practice focused on X; however new evidence suggests Y'. It is also acceptable to discuss 'subcomponents' of a proposed core component.



10) Should I focus on specific diagnoses or take a more general approach?

It is up to you whether you focus in on anxiety or depression specifically or take a more transdiagnostic approach. Focusing on other related diagnoses such as PTSD is out of scope. However, you may wish to address why a specific core component may be particularly effective (or ineffective) in the presence of underlying trauma or co-occurring PTSD symptoms, for example.

11) Can I focus on a specific subgroup (e.g. university students or looked-after youth) or geographical area?

Yes, provided that the emphasis is still on the core component, and not on uniquely characterising a specific population. Discussing how a core component is relevant for a specific population is in scope as long as the population includes at least 10 million 14-24 year olds.

12) Should the RFP include referencing, and if so, will this be included in the word count?

Up to 50 references should be included, and references are not included in the word count.

B) Next steps

Response to further queries

We will publish one further round of responses to queries, so if you have any remaining queries, or if you feel your original query has not been fully addressed, please submit them to mentalhealth@wellcome.ac.uk by noon on Thursday 5 March and we will publish answers on Wednesday 11 March.

Approach to selection

We are looking to fund a wide range of high-quality proposals to reflect a diversity of approaches, foci and geography. We will be taking these factors into consideration when we make our funding decisions, choosing from all those who meet our quality standards as laid out in the RFP.



Request for Proposals on Core Components: Additional Responses to Queries

As mentioned in our last email, we have published a second round of responses to your queries (see below). We are now not in a position to answer any further queries at this point. Those who are shortlisted for interview will have the opportunity to ask any remaining questions at that point.

Queries relating to the research team

Is it possible to re-arrange teams to elect a different Lead for the Proposal than was listed on the Expression of Interest?

Yes, this is permitted; for example, you may change who is listed as Lead but keep the team otherwise the same. If you need to change the composition of the team more generally this is also permitted as long as the person who was originally named as Lead is still a member of the team.

Is the Lead applicant included in the 3 named applicants?

Yes.

I submitted more than one expression of interest as Lead: what are my options?

We know that several applicants submitted more than one Expression of Interest as Lead before we clarified that an applicant may lead on only one proposal. We would say that as long as you remain Lead on only one proposal, we are flexible as to how you manage the others. For example, you may decide to keep the team the same but change the designated Lead, or change the team members as appropriate.

Can I change the organisation specified from the Expression of Interest?

Yes you may, as long as the Lead on the proposal has an affiliation with the named organisation, and the organisation is able to provide a letter of support.

What happens if a team member leaves the organisation during the project?

A team should be as stable as possible, and the Lead applicant should ensure at the proposal stage that all team members have a reasonable expectation of completing the project. If this is not the case, please let us know how you plan to manage any changes to the team.

We would love to offer one of our young Activists the opportunity to be part of the team, as a lived experience expert. However, we would prefer to wait and see if our application is successful, before sharing this opportunity with them, please can you advise if this would be okay?

Core teams need to have three or fewer members, so it would be acceptable for a team of two to apply, with a plan to include a third if successful, as long as this decision is justified in the proposal. If your team already includes three members we would suggest including additional partners as collaborators, consultants or research assistants as appropriate to their role.



Queries relating to the scope of the commission

Can I change the focus of my application to a different topic or core component? Can I split my idea into two and submit two separate applications with different Leads?

We appreciate that thinking may change between the Expression of Interest and Full Proposal stages, especially in light of our responses to queries. We would rather that your full proposal contains your most up-to-date thinking rather than hold you to the exact topic used in your Expression of Interest. If you have decided that your previous topic was too broad you are welcome to present a narrower concept in your full proposal. You can also split your original topic into two proposals, provided you only lead on one.

Is it within remit to focus on an aetiological risk factor and not interventions for the review?

This is not within the scope of the current commission. There is already a wealth of review material available on aetiological factors and one of the aims of the present commission is to gather information from the field that is specifically focused on core components of interventions.

Would it be possible to identify core components of intervention within a specific intervention (e.g. psychotherapy, CBT), or should the research be more generic in nature?

It is fine to target a specific intervention and use the concept of core components to let us know why that intervention is effective. It is also fine to take a proposed core component and make the case that it underpins the efficacy of several different interventions. We are happy to learn from applicants' input here. We are less interested in very broad conceptions, e.g. 'intervention' or 'prevention'. We think of these as broad 'buckets' in which researchers may wish to situate their core component.

If the core component is applicable to both prevention and treatment, but in markedly different ways, do you recommend sticking to one, or including two strands to the insight analysis?

This decision would be up to the applicant.

We might like to use data that we have already collected, i.e. in previous studies/trials, but which may not all yet be published or publicly available. Is this permissible?

Presentation of primary data analysis is out of scope. We understand that some may wish to review or summarise data that is not currently published or publicly available; however, this would be out of scope for the current commission.

Will secondary data analysis proposals be accepted? I'm hoping to do a secondary analysis of longitudinal data.

This would be out of scope as it would involve new analysis, even if the data already exist.



What would you consider to be the difference between 'expert lived experience interviews' which you are permitting, and qualitative research which is out of scope?

Insights from lived experience can be included as a means of sharing the views of this group. However, this should not involve a research approach (e.g. grounded theory analysis). You may of course review existing qualitative analyses in your report.

Administrative and Finance queries

We understand that (for HEIs) overheads are ineligible. Can you please tell me whether Directly Allocated Investigator time is eligible for funding? I would like to ask if the Principle Investigator and Co-Investigator salary costs (directly incurred costs) will be fund from this call?

Due to the nature of the deliverables here, this commission will be a contract for services, and not a grant. The payment will be a fixed fee based on the quote you supply with your return. Therefore, you can include all costs which you deem necessary for you to undertake this work. This can include any institutional overheads. Please bear in mind that value for money is one of our selection criteria.

Would we be able to include a named applicant from an overseas institution? Are there contractual implications?

Where an application is successful, our intention is to enter into a single contract either with the Lead applicant themselves or the Lead applicant's institution. As stated in the Request for Proposals, we encourage applications from anywhere in the world, provided the applicant's institution can accept work that is contracted from the UK on the terms and conditions supplied with our request for proposals. Lead applicants should liaise with their host institution and any key third parties in advance of submitting the full proposal regarding the feasibility of the proposed financial and contractual arrangements (e.g. whether the host organisation is able to subcontract work to the particular overseas collaborators).

How many proposals will be selected to participate?

We are in a position to fund multiple proposals, as long as we receive sufficient proposals of the required standard.

Do you prefer we utilize the template boxes or are we able to submit appendices (for example, the methodology section)? Would it be appropriate to include a problem statement?

Please use the template provided, and do not submit additional appendices except those requested (CVs, Excel sheet of costs, and letter of institutional support). You are welcome to include a problem statement as long as it fits within the word count.

Please can you confirm what you are expecting in the letter of institutional support

We appreciate the administrative burden caused by these procedures. We would reassure applicants that these letters can be very brief and should simply state that the institution is aware of the proposed project and supports the Lead applicant to conduct the work. There is no need for these letters to provide a reference for the Lead applicant or their work.



Issued by the Mental Health Priority Area Team
11 March 2020

We understand that the Wellcome Trust would own the intellectual property created in the commission. Please can you advise if we would still be able to publish the report on our own website?

Yes this should be possible