Request for Proposal (RFP) for landscaping to identify the most promising longitudinal datasets for depression, anxiety and psychosis research.

Summary

Wellcome is a politically and financially independent charitable foundation. We improve health for everyone by funding research, leading policy and advocacy campaigns, and building global partnerships. In 2020, Wellcome announced our new 30-year strategy to tackle three global health challenges: mental health, infectious disease and the impact of climate change on health. For mental health, the vision is a world where no one is held back by mental health problems. To advance this vision Wellcome is seeking to create a step change in early intervention in anxiety, depression, and psychosis.

Wellcome sees longitudinal datasets as a critical resource to help researchers advance to understanding how brain, body and environment interact in the trajectory and resolution of each of these conditions. Wellcome believes that such understanding is a vital step to finding new and improved ways to predict, identify and intervene as early as possible in these conditions, in ways that reflect the priorities and needs of those who experience them. Thus, we want to identify the most promising large-scale longitudinal datasets across the globe that can be used for research in this field.

Wellcome is inviting proposals to complete two objectives. These must be produced by the successful Supplier(s) in relation to **at least one of anxiety, depression or psychosis**:

1) Identification of top 10 longitudinal datasets globally either in existence or due to launch within the next three years (must be funded already) that can be best used to advance understanding how brain, body and environment interact in the trajectory and resolution of these conditions with a view to finding new and improved ways to predict, identify and intervene as early as possible in each of anxiety, depression and psychosis (if completing for all conditions we appreciate that lists may overlap).

2) Elaboration of opportunities to enrich these datasets to advance this understanding e.g. with additional data, increased sample size or diversity, greater frequency of data collection, new improved forms of governance or access and/or increased length of data collection.

The Supplier/s could be consultancy organisations or research groups, so long as they have the required expertise, partners, and track records to undertake the work outlined below.

This project will require close working with Wellcome throughout the life of the project. If separate Suppliers are engaged processes will be agreed to bring Suppliers together to share learning. Up to two months at the start of the project may be focussed on refining and finalising the delivery approach and assessment criteria the Supplier(s) will use to evaluate datasets for sign off by Wellcome. We will expect regular (at least fortnightly) meetings with the Supplier throughout the project, and for the output to be a report made to Wellcome at the end of the project.

1. RFP Background

Wellcome has set itself the strategic aim of seeking to drive a step change in early intervention in anxiety, depression, and psychosis (broadly defined, to include OCD, PTSD, Schizophrenia, Bipolar disorder). To achieve this aim it seeks to support the development of, and access to, longitudinal data by diverse mental health researchers to advance greater scientific understanding of how brain, body and environment interact in the trajectory and resolution of anxiety, depression and psychosis with a view to finding new and improved ways to predict, identify and intervene as early as possible, in ways that reflect the priorities and needs of those who experience them.

Wellcome recognises that mental health problems are a tangle of biological, psychological and social factors that cannot be resolved by pulling on any single thread and that such problems are dynamic, with symptoms changing substantially over varying timescales. There is also known to be great heterogeneity within existing and imperfect diagnostic categories. In order to gain real traction into our understanding of how brain, body and environment interact in the trajectory and resolution of anxiety, depression and psychosis, researchers must be able to follow relevant, diverse groups of people over relevant timescales and with a variety of data collected as frequently as possible.

Longitudinal, multimodal data collected with sufficient granularity and across relevant populations can provide a powerful existing resource to accelerate mental health research. Ideally these should include a mix of biological, psychological, social, and environmental measures of potential value for mental health research. Clearly this must be balanced with burden on participants.

While there are some efforts to collate information on existing longitudinal data this has been mainly focused on population cohort data[1] and has been primarily UK-based. Wellcome wants to understand the global landscape for longitudinal data that might best meet the aims above, including population cohorts but also including other forms of longitudinal data whether collected and held by commercial organisations, health services, schools, social care or academic settings.

Such datasets may be based on clinical or population samples and may have been collected for other purposes, but should already be accessible for research purposes. We currently do not have a co-ordinated picture of where these assets lie, their availability to the wider research community, the potential for enriching these studies for targeted mental health research or the involvement of people with lived experience in the design, data collection and governance of such datasets.

We recognise it is unlikely that there is one "perfect" longitudinal dataset out there. All datasets will have their strengths and limitations. Some will be limited in terms of diversity of population, others in terms of size or frequency of data collection or in terms of the types of data collected. Others will be limited in terms of retention rates, access to data by other researchers or ability to re-contact participants.

Wellcome are seeking a Supplier or Suppliers to create a shortlist of large-scale longitudinal datasets globally that provide best options for collecting data across scales of measurement from the genetic, biological to social and environmental across long time periods with as much frequency as possible and from diverse populations for each of the three conditions.

This is with a view to Wellcome working with those datasets to ensure maximum access to researchers from a range of disciplines and geographies and to potentially look to enrich these datasets to enhance their ability to address the key research question of: "understanding of how

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[1] https://www.closer.ac.uk/ and https://www.cataloguementalhealth.ac.uk/

brain, body and environment interact in the trajectory and resolution of anxiety, depression and psychosis with a view to finding new and improved ways to predict, identify and intervene as early as possible in ways that reflect the priorities and needs of those who experience them.

2. RFP Objectives & Specification

Wellcome invites proposals from Suppliers (who must include relevant subject matter expertise either as part of their core team or as advisers) to undertake a landscaping activity of the opportunities afforded by the most promising large scale longitudinal datasets globally - existing or planned within the next three years (must have funding already in place) - to **advance scientific understanding of how brain, body and environment interact in the trajectory and resolution of anxiety, depression and psychosis with a view to finding new and improved ways to predict, identify and intervene as early as possible** in ways that reflect the priorities and needs of those who experience them**.**

In particular, Wellcome is looking for datasets that can either currently, or with enrichment, support research undertaken by researchers from a range of disciplines and geographies (including low resource settings) into one or more of the following research questions in relation to **one or more of anxiety, depression or psychosis**:

1. Research that uncovers biological dynamics of mental health states relevant to understanding trajectory and resolution of anxiety, depression and psychosis.

2. Research that advances the understanding of interplay of different mechanisms (e.g. biological, psychological, and social) in the trajectory of these diseases.

3. Research that identifies markers (e.g. bio, social, psychological) for development of predictive, prognostic, or diagnostic tools for use in early intervention for anxiety, depression or psychosis.

2.1 Outputs

Wellcome is inviting proposals to provide two outputs for any/all of of anxiety, depression and psychosis:

1) Identification of top 10 longitudinal datasets globally either in existence or due to launch within the next three years (must be funded already) that can be best used to advance understanding of how brain, body and environment interact in the trajectory and resolution of these conditions with a view to finding new and improved ways to predict, identify and intervene as early as possible in each of anxiety, depression and psychosis.

2) Elaboration of opportunities to enrich these datasets to advance this understanding e.g. with additional data, increased sample size or diversity, greater frequency of data collection, new improved forms of governance or access, enhanced lived experience involvement, and/or increased length of data collection.

We would expect these outputs in the form of a final report to Wellcome, formatted professionally and to a publishable standard, and a presentation to Wellcome staff at the end of the project. We would also require an Excel spreadsheet version of the identified longitudinal datasets, with associated metadata collected on those datasets.

2.2 Criteria for inclusion

We are currently proposing that datasets must have the following features to be considered, but are keen to hear from Suppliers if they suggest other criteria are used and any criteria agreed can be refined during the first part of the project:

- Consist of at least 10,000 people

- Include, or have potential to include, data on participants at some point between the ages of 14 and 30 as this is the age when problems often are first identified

- Collect data on biological, social, and psychological aspects relevant to the research question of **understanding of how brain, body and environment interact in the trajectory and resolution of anxiety, depression and psychosis with a view to finding new and improved ways to predict, identify and intervene as early as possible** (see below for list of data types)

- Collect some data at least annually and/or have the ability to contact participants to invite more intense data collection

- Be representative of the underlying population of interest within the dataset (this includes consideration of attrition rates)

- Be collected (or potential to collect) for at least five years, with at least three waves of data collected (or funded to be collected) across that time period

- Be prepared to make the data accessible in timely way to mental health researchers either currently or within the next two years.

To note such datasets may exist in academia, in commercial settings, in schools, health or social care settings or elsewhere.

2.3 Features of the dataset to consider

For each selected dataset we want to know about the following features (again we are keen to hear from Suppliers their suggestions as to different or additional features and this can be worked up further at the outset of the project):

1. Types of data collected (see below).

2. Self-report measures used.

3. Size of sample in dataset.

4. Frequency of data collection.

5. Retention, engagement, dropout rates.

6. Diversity of population included in dataset.

7. Diversity of data collected (e.g., bio/psycho/social combinations).

8. Length of data collected.

9. Involvement of people with lived experience (as relevant to the data set) design, development and oversight of the data set, including the collection of and access to the data.

10. Integration with other data sources.

11. Data governance, access/data sharing policies - how they balance the needs of researchers and support cross-discipline collaboration, whilst also enabling those contributing their data to have participated in governance decisions (see Annex 2).

12. Any costs associated with access to data and maintenance of the data platform.

In terms of scoping how these datasets can best be enriched, we are proposing the following data types be considered in terms of their existing availability in the datasets or the feasibility of including them in future. This list is not definitive and can be added to following suggestions by Suppliers and other stakeholders at the start of the project (e.g. diverse researchers and lived experience experts).

2.4 Types of data to consider for possible enrichment of datasets

1. Demographics e.g. sex at birth, age, location, SES.

2. Measures of anxiety depression psychosis (including self-report).

3. Measures of mood or emotion e.g. ecological momentary assessment, self-report, video, journal, optimism.

4. Measures of activity passively collected e.g. sleep, steps, screen time.

5. Measures of life experience e.g. adverse life events.

6. Relationship data e.g. socio-metric data.

7. Biological data e.g. genetics, microbiome, virology, cortisol.

8. Neuroimaging e.g. EEG, fMRI.

9. Cognitive experimental data e.g. response to cognitive batteries.

10. Environmental data e.g. pollution, heat.

As part of this landscaping, we would expect the Supplier to talk directly with the data controllers to understand the feasibility, appetite, and cost for such an enrichment, including the acceptability to participants.

2.5 Supplier commentary

The Supplier must provide details on the shortlisted datasets including

- rationale for choice.

- full details of access and costs.

- analysis of any barriers to immediate use by a wide range of researchers.

- Details of potential to enrich.

- Assessment of feasibility of enrichment within a 1-2 year time period.

2.6 Supplier attributes

The Supplier could be a consultancy organisation or research group, so long as they have the required expertise, partners, and track records to undertake the work outlined below. We do not mandate any combination of expertise, but Suppliers must demonstrate how their approach would:

- Draw on relevant mental health and other expertise (including lived experience expertise) in relation to the questions outlined above.

- Project manage the delivery of the process, including all the steps required to deliver a final, publishable version of the report.

- Engage with multiple stakeholder groups, including (but not limited to) diverse mental health science expertise as relevant to the question at hand, owners of datasets, experts in longitudinal data collection and analyses, people with lived experience, mental health researchers using longitudinal research and Wellcome staff including Wellcome's lived experience advisers.

- Write up a report that provides the outputs, to publishable quality, including appropriate graphical content.

3. RFP Timetable

#	Activity	Responsibility	Date
1	RFP issue to Suppliers	WT	Tues 12 April
2	Submission of Supplier questions to Wellcome Contact via email, using format requested in Supplier Q&A section below. (Questions will be grouped and published on WT website in the form of an FAQ doc).	Supplier	17:30 BST Fri 6 May
3	FAQ doc published on WT website (questions will be anonymised and grouped for responses).	WT	Thurs 12 May
4	Submission of Expression Of Interest to RFP	Supplier	17.30 BST Thurs 19 May
5	Submission of Supplier Q&A to Wellcome Contact (by email, in same email as EOI using format requested in Supplier Q&A section below)	Supplier	17.30 BST Thurs 19 May
6	Indication to Suppliers whether they have been invited to submit full proposal. Notification of any update to RFP. Return of Q&A doc via email to shortlisted Suppliers (only answering questions asked by shortlisted Suppliers).	WT	Thurs 26 May
7	Submission of RFP response	Supplier	17.30 BST Thurs 16 June
8	RFP evaluation period	WT	Fri 17 - Fri 24 June
9	Notification of interview and presentation	WT	Mon 27 June
10	Supplier presentations	WT & Supplier	Mon 4, Tues 5, & Weds 6 July
11	RFP and interview evaluation and decision	WT	Thurs 7 July
12	Notification of contract award	WT	Fri 8 July
13	Contract signing and clarifications	WT & Supplier	Mon 11 July - Fri 12 August
14	Contract start date	WT & Supplier	August/September

4. Response Format

The following headers support the timetable by providing further detail of the key steps.

Expression Of Interest

Suppliers are asked to submit a short Expression Of Interest by e-mail to Donna James (RFP@wellcome.org) in accordance with the RFP timetable containing the following:

- Full company name and number and registered company address.

- Indicate if your proposal relates to anxiety, depression and/or psychosis.

- Summary of skills and expertise that make you best placed to deliver this work (200 words).

- Example of where you have done a similar piece of landscaping work (multiple stakeholder groups, global reach, delivering a report to publishable standard) (200 words).

- Outline how you would produce deliverables including engagement with relevant experts and stakeholder groups (including people with lived experience) (500 words).

- List any suggested amends to any of the criteria or other aspect of the specification. We encourage you to challenge us on the feasibility of any aspect and suggest amends accordingly (500 words).

- Non-binding cost (single figure in GBP, excluding VAT) and time estimate.

- The requested currency of payment.

- Confirmation of your ability to sub-contract work to relevant expert advisers (confirm).

- Contract feedback, provided in the table format below.

- Suppliers should also add in any questions they want us to address (max 100 words, in the format requested in Supplier Q&A section below, separate from the rest of the EOI text).

Assessment Criteria	Weighting
Track record and expertise of the Supplier relevant to RFP	25%
Project plan to address outputs including re: strength of plans to engage relevant stakeholders and experts (including lived experience experts) in addressing the outputs.	40%
Value for money including speed of delivery of outputs.	15%
Clarity of understanding of the specification and of the challenges to meeting it and how to address these.	20%

Contract Feedback

This section allows Suppliers to provide specific feedback to the contractual agreement which will be used should their proposal be successful. Contract feedback is to be incorporated into your proposal as an annex and in the following format:

Clause #	Issue	Proposed Solution/Comment

Suppliers submitting proposals as a registered company should review this document. Individuals submitting proposals as a sole trader (not registered) should review this document. Individuals submitting proposals through their own Personal Services Company please highlight this to the Wellcome contact immediately (see point 7 below).

Supplier Q&A

Suppliers are provided two opportunities to submit any questions they have about the exercise. The first will be before the EOI deadline. The second will be for those invited to submit a full RFP response. All questions will be collated, anonymised, answered by the project team and shared by the date specified in the timeline above.

All questions are to be submitted to Donna James by e-mail (RFP@wellcome.org) in accordance with the RFP timetable and in the following format:

Question number	Question

RFP Proposal

Suppliers are required to submit proposals which respond to the following sections.

Information Governance

Suppliers are asked to complete the TPSRA2 assessment before the RFP submission deadline for Wellcome to assess how you handle data.

RFP Questions

The exact format required for the full proposal will be shared with the selected Suppliers. Below is what we anticipate may be included but we reserve the right to amend or adapt as relevant having reviewed the Expressions Of Interest.

For those Suppliers invited to make a full proposal your response is likely need to include the following:

#	Question	Max words
1	Indicate if your proposal relates to anxiety, depression and/or psychosis.	25 words
2	Provide a short proposal detailing how you would approach the work and the proposed methodology. This should include the proposed criteria you would use for scoping the datasets (please note these will not be binding and successful Suppliers will work with Wellcome to agree these before launch of the project) and should also include how you will work with Wellcome throughout this project. If planning to conduct surveys, please also include how you will approach data protection when handling any data you collect e.g. via survey or other means, and how the data will be managed and destroyed.	1000 words
3	Outline why you are best placed to deliver the work laid out in the RFP, which may include networks, previous experience of embedded or contracted experts etc (names of experts you will be working with can be provided as an annex).	250 words
4	Outline who you will work with to deliver this work, with a brief justification for each stakeholder group.	250 words
5	Outline how you would ensure that your report would cover the global landscape.	250 words
6	Outline any amends to suggested criteria for inclusion longitudinal datasets and the data types considered for enrichment.	500 words
7	Please specify which data types you would suggest should be prioritised for enhancing and enriching existing datasets and how would you go about sourcing this information.	250 words
8	Provide a clear cost proposal which details and justifies the proposed costs to meet all the requirements, and the requested currency of payment. Please include details such as expenses, management time, UK VAT and local tax considerations, staff roles and day rates etc.	250 words
9	Highlight any risks which you foresee with meeting the requirements and explain your approach to risk management.	250 words
10	Please detail how you will work with Wellcome closely throughout the project.	250 words

Assessment Criteria	Weighting
How well the proposal meets specification of requirements	60%
Track record and expertise	25%
Value for money, including speed of delivery of outputs	15%

5. About Wellcome

Wellcome supports science to solve the urgent health challenges facing everyone. We support discovery research into life, health, and wellbeing, and we're taking on three worldwide health challenges: mental health, global heating, and infectious diseases. Find out more about Wellcome and our work at: wellcome.org.

6. Non-Disclosure and Confidentiality

Prospective Suppliers should be aware that inappropriate publicity could have a serious effect upon Wellcome's business. The information contained within this document or subsequently made available to prospective Suppliers is deemed confidential and must not be disclosed without the prior written consent of Wellcome unless required by law.

7. Prospective Suppliers Personnel - IR35 and Off Payroll Working Rules

Before the RFP response deadline, Prospective Suppliers must make the Wellcome Contact aware if they are intending to submit a proposal where the services will be provided by any individuals who are engaged by the Prospective Supplier via an intermediary i.e.

- Where the Prospective Supplier is an individual contracting through their own Personal Services Company; or
- The Prospective Supplier is providing individuals engaged through intermediaries, for the purposes of the IR35 off-payroll working rules.

8. Independent Proposal

By submission of a proposal, prospective Suppliers warrant that the prices in the proposal have been arrived at independently, without consultation, communication, agreement or understanding for the purpose of restricting competition, as to any matter relating to such prices, with any other potential Supplier or with any competitor.

9. Funding

For the avoidance of doubt, the output of this RFP exercise will be funded as a **Contract** and not as a Grant.

10. Costs Incurred by Prospective Suppliers

It should be noted that this document relates to a Request for Proposal only and not a firm commitment from Wellcome to enter into a contractual agreement. In addition, Wellcome will not be held responsible for any costs associated with the production of a response to this Request for Proposal.

11. Sustainability

Wellcome is committed to procuring sustainable, ethical, and responsibly sourced materials, goods, and services. This means Wellcome seeks to purchase goods and services that minimise negative and enhance positive impacts on the environment and society locally, regionally, and globally. To ensure Wellcome's business is conducted ethically and sustainably, we expect our Suppliers, and their supply chains, to adhere to these principles in a responsible manner.

12. Disability Confident

The Wellcome Trust is proud to be a Disability Confident Employer (DC Level 2) and we encourage all our Partners and Suppliers to do the same. More information about this can be found on the government website Disability Confident employer scheme and guidance - GOV.UK (www.gov.uk). Disability Confident is creating a movement of change, encouraging employers to think differently about disability and take action to improve how they recruit, retain, and develop disabled people.

13. Accessibility

Wellcome is committed to ensuring that our RFP exercises are accessible to everyone. If you have a disability or a chronic health condition, we can offer adjustments to the response format e.g. submitting your response in an alternate format. For support during the RFP exercise, contact the Wellcome Contact.

If, within the proposed outputs of this RFP exercise, specific adjustments are required by you or your team which incur additional cost then outline them clearly within your commercial response. Wellcome is committed to evaluating all proposals fairly and will ensure any proposed adjustment costs sit outside the commercial evaluation.

14. Diversity & Inclusion

Embracing diversity and inclusion is fundamental to delivering our mission to improve health, and we are committed to cultivating a fair and healthy environment for the people who work here and those we work with. As we learn more about barriers that disadvantage certain groups from progressing in our workplace, we will remove them.

Wellcome takes diversity and inclusion seriously, and we want to partner with Suppliers who share our commitment. We may ask you questions related to D&I as part of our RFP processes.

15. Wellcome Contact Details

The single point of contact within this RFP exercise for all communications is as indicated below.

Name: Donna James
Role: Procurement Officer
Email: RFP@wellcome.org

Annex 1 Existing repositories for information on longitudinal datasets.

Some of these represent 'snapshot' reports which are not updated. We would expect a Supplier to use these as a starting point, but to extend their search in order to consider other longitudinal datasets not currently captured in these lists. We also recognise that these resources have more detailed coverage of certain geographies, and would expect a Supplier to extend this into other regions:

- [Methodologies and Data mining techniques for the analysis of Big Data based on Longitudinal Population and Epidemiological Registers](#)

- [Summary of longitudinal surveys Research report- UK Department of Education](#)

- [Closer Discovery resource](#)

- [UKRI Cohort Directory](#)

- [Institute of Fiscal Studies- Low and Middle Income Longitudinal Population Study Directory](#)

- [International Hundred Thousand Cohorts Consortium](#)

- [Catalogue of Mental Health Measures](#)

- [Maelstrom Research resource](#)

Wellcome has also undertaken various scoping activities on related topics, and we will share these documents with a successful Supplier so they can build on, rather than duplicate, previous work.

Annex 2 Learning from the MindKind study

The Supplier will be encouraged to build on the approaches, insights and learnings of the MindKind Study, a two year feasibility study commissioned by the Wellcome Trust Mental Health team

Combining applied research using a prototype databank with a deliberative democracy approach, the project is developing empirical evidence to inform the challenges faced around collecting large scale, diverse data about research participants in a fair, sustainable and ethical manner. Specifically, the project is delivering insights that pertain to:

- The relative preference and acceptability of different data governance models which give research participants greater control or security over the data they provide.

- How to bring together different types of passive and active data in a form that is useful to researchers.

- How to embed lived experience expertise into global research.

- What technical, regulatory, ethical and cultural factors need to be accounted for to ensure data can be collected and accessed globally.