



Mental Health Award: Looking Backwards, Moving Forward

**Understanding how
interventions for anxiety,
depression, and psychosis work**

Responses to queries raised at
our webinar (held on 31 March 2022)

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Responses to queries raised at our webinar (held on 31 March 2022)

This document is being emailed to all those who registered to attend our webinar on 31 March 2022. A copy will also be posted on the 'useful documents' section of our funding page: <https://wellcome.org/grant-funding/schemes/mental-health-award-interventions-anxiety-depression-psychosis>.

We have grouped the queries raised into 56 questions, organised by theme, so your specific query should be answered by one or more of the responses below.

If you feel your query has not been addressed and you cannot find the answer on our funding page, please contact the mental health team at mentalhealth@wellcome.org and include the title of the call 'Looking Backwards, Moving Forward' in the subject line.

If you missed the webinar, you may also want to watch a recording of it, here: <https://youtu.be/KvHnDwNpWHg>.

General queries

How many projects would you be looking to fund?

We are looking to invest up to £50 million. The number of projects we end up funding will depend on the size of the projects put forward.

Will there be similar funding calls in the future?

Given Wellcome's new strategic focus on mental health, we will be launching many other collaborative and multidisciplinary funding calls, focused on improving understanding and/or intervention. However, the focus of these future calls will likely differ from this one. We are very open to new ideas for developing future calls.

Are there any other options besides checking Twitter or your website for announcements? What is the most effective way of staying informed?

There is a monthly Wellcome-wide research newsletter which you can sign-up to on our [mental health webpage](#), under 'research funding opportunities'. While the mental health page is the best way to stay informed, we do also share information on Twitter and LinkedIn.

Given the complexity of the call and composition of teams, 7 weeks, especially over the spring holiday period is quite short. Has the team considered the implications of this and other timelines?

Thank you for your feedback. We have provided applicants with 9 weeks (from Tuesday 22 March to Tuesday 24 May) to submit a preliminary application, which is longer than the standard timeframes typically used by Wellcome. At the full application stage, we have also given shortlisted applicants 11 weeks, which is more time than usual to submit full applications.

Crafting a "good" engagement strategy in the UK is much easier than in Peru or Guatemala because of different levels of organisation and cultures of engagement. Will these differences be accounted for?

Yes, we will be reviewing applications bearing in mind the context in which applicants are applying.

WHO recommends strengthening the generalist workforce to improve access to mental health care. Does Wellcome offer or fund appropriate training for individuals in this regard?

No. We are focused on research and research capacity rather than on wider workforce capacity.

Do you pay university overheads?

You can find information on what we do and do not offer on our [funding page, under 'what we offer'](#), including details on overheads.

Queries relating to the application process

Do you need all of our collaborators in place for the preliminary application or is there scope to add more for the full proposal?

In the preliminary application, you must provide information on your lead and co-applicants, and these cannot change between preliminary and full application stages. However, we can be more flexible with the list of collaborators.

The preliminary application was not clear on details regarding providing citations and references to justify the proposed approach. Is there an expected process for providing references?

References are not required in the 'Details of proposal' section of your preliminary application, but you may provide them if you wish. Citations embedded in the text will count towards your word limit (note: a list of references at the end will not count towards the word limit but please keep these to a minimum). Guidance on writing your preliminary application is included on our funding page, [under the 'how to apply' section](#) (stages 1 and 2).

Who will be reviewing the applications? Will this be within Wellcome or with external experts?

At the shortlisting stage, a committee comprised of subject matter experts and lived experience advisors will review the preliminary applications. If shortlisted and invited to submit a full application, we will then seek external experts to provide written reviews on the sections of your application covering the proposed research and lived experience involvement. We will also hold interviews with an external committee comprised of a diverse range of international experts and lived experience advisors. The membership of the external

committee will be published on our funding page in the autumn. Until then, you can find details of the whole application process on the [‘how to apply’ section of the funding page](#).

What will happen at the interview stage?

The external committee will interview shortlisted candidates. They will consider your proposal, expert peer review comments and interview responses against the published assessment criteria and will make funding recommendations to Wellcome. Further details on the structure of the interview and the external committee membership will be made available closer to the time of the interview. Until then, please see stage 7 of the [‘how to apply’ section on our funding page](#).

Queries relating to remit

Do we have to select one of the active ingredients studied by Wellcome’s earlier commissions, or can we select a new active ingredient?

You can choose to investigate one of our previously studied active ingredients or propose an entirely new ingredient.

Does evidence proving that the proposed active ingredient is effective need to come from the lead applicant’s prior research or from the larger literature?

The evidence demonstrating that the active ingredient(s) under investigation are effective in people with anxiety, depression and/or psychosis (as appropriate) can either come from the lead applicant’s previous research or from the larger literature, so long as the evidence is clearly presented within the proposal.

Can you explain more about the criteria that would define an effective intervention or active ingredient? Does my intervention have to be proven effective by an RCT?

Ideally, the active ingredient or the intervention of which the active ingredient is hypothesised to be a part, will have been shown to be effective in at least one peer-reviewed (and preferably pre-registered) randomised control trial (RCT). However, we recognise that mental health disciplines differ in terms of the methodologies typically used. Active ingredients or interventions that have been shown to be effective using other methods would also be in scope, if appropriate and clearly justified. It is up to the applicants to make the case and justify their choice based on the strength of evidence underpinning their proposed active ingredient.

Interventions with effectiveness data will typically not have effectiveness data on individual ingredients. Does it matter that there is unlikely to be such data for the individual ingredient?

Evidence of effectiveness can be provided at the level of the proposed active ingredient or the intervention of which the proposed active ingredient is hypothesised to be a part.

Can I clarify that effectiveness of the specific mechanism(s) underlying the effectiveness of interventions would not need to have been previously demonstrated?

Yes, that is correct. Investigating this would be the aim of your project. As part of your proposal, you must suggest a

potential mechanism (or mechanisms) of action for your chosen active ingredient(s) and use methodologies that will provide causal evidence to support or disprove your mechanistic hypothesis.

Can I focus on how context might impact how and why an intervention works?

Proposals may focus on investigating how different contexts impact on the efficacy and/or effectiveness of the active ingredient(s) under investigation. However, applications should link the study of context to underlying mechanisms – e.g., what can differing efficacy in different contexts tell us about how an intervention might be working, and/or why it may be effective in certain groups but not others?

Is Wellcome more interested in hypothesis-driven research looking at causal mechanisms across diagnoses, or would projects that investigate which active ingredients/mechanisms work for which condition also be in scope?

We are flexible as to your approach. You could, for example, look at why an intervention is effective for both anxiety and depression, why it is effective for one but not both, and/or focus instead on transdiagnostic targets across diagnoses. If focussing on the latter, we would ask that you use one or more of our recommended common measures for anxiety and depression, in addition to transdiagnostic measures.

Should my proposal focus on all three conditions (anxiety, depression, and psychosis) or on only one?

This is entirely up to you. You could focus your proposal on only one condition or on multiple conditions, so long as the focus is on those mental health problems that we have defined to be in scope for this award.

Can we look at symptoms of anxiety, depression, and psychosis in specific populations?

Yes, this is permitted.

Will projects towards discovery of new diagnostic tools be funded?

Identification and/or validation of markers or diagnostic tools that can predict whether an individual will respond to a specific active ingredient are in scope, so long as the main aim of the proposed project is to advance knowledge of the causal mechanisms underpinning effective interventions for anxiety, depression, and/or psychosis.

If I identify a mechanism early into my project, can I then expand into the development of a novel intervention?

Yes, this would be appropriate, and you could focus on developing a new intervention or refining an existing one.

If ‘psychosis’ is taken presuppositionally, how can we break out of conventional pathological interpretations of psychosis?

We recognise that the current diagnostic categories are imperfect but removing all categories or creating new ones also presents difficulties. Therefore, we propose to keep referring to anxiety, depression, and psychosis as broadly defined constellations of thoughts, feelings, and behaviours that have historically been classified as discrete conditions.

Is it realistic to restrict research to the clinic when our understandings of 'psychosis' are socially constructed?

We are not restricting research to the clinic. This call provides funding for teams of researchers working across any discipline of relevance to mental health science. We also encourage applicants to use the most appropriate methodologies to address their research question.

Would systems-level interventions be considered?

Yes, systems-level interventions are in scope.

Can the intervention be multi-component or complex, like the early intervention service delivery for psychosis, or should it be more narrowly defined?

Multi-component or complex interventions would only be in scope if you are focused on understanding the mechanisms underpinning discrete intervention elements or active ingredients that comprise these. You can focus on a single active ingredient or on the interaction between multiple active ingredients, so long as the focus of your proposal is on advancing understanding of how and why they work (i.e., what their causal mechanisms are, either in isolation or combination).

Are interventions delivered in field settings acceptable?

Yes, this would be acceptable.

Can we focus on interventions that seek to change what professionals do?

If the outcome measure(s) you were focusing on were on symptoms of anxiety, depression, and/or psychosis and the focus of your proposal was on mechanisms, then this would be in scope.

Will implementation/health service research projects be considered for this call? For example, a project exploring the mechanisms underpinning interventions to deinstitutionalise people with psychosis in LMICs?

No, this would be out of scope, as presumably it focuses on managing chronic mental health problems (which is out of scope) rather than intervening as early as possible, which is the focus of this funding call. For more details on what would be in and out of scope, please see the [section on our funding page on 'about your proposal'](#).

Can my call focus on adapting existing interventions to other contexts (e.g., LMICs)?

This would be out of scope if the main focus was only to compare efficacy in different contexts. The focus of your proposal must be on investigating the causal mechanisms underpinning effective interventions for anxiety, depression and/or psychosis. However, in doing so, you may want to explore how different contexts impact on the efficacy and/or effectiveness of the active ingredient(s) under investigation.

Queries relating to eligibility

Can the grant submission include an NGO concerned with mental health as a partner? Can think tanks apply?

Yes, this funding call is open to applicants based at a range of organisations, including research institutes, non-academic organisations, and not-for-profit organisations, like NGOs.

These organisations can be based anywhere in the world (apart from mainland China and [sanctioned territories](#)) but they must be able to sign up to [Wellcome's grant conditions](#) in order to apply.

I am based in Shanghai. Does this mean I would be ineligible to apply for this funding call?

Unfortunately, Wellcome does not provide any direct or indirect funding to institutions based in mainland China. It is, however, possible for new grants to involve collaborative or other grant activities in China, provided there is no sub-award or transfer of funds into mainland China.

Is there a limit to the number of preliminary applications that can be submitted per institution or per person?

We will not be limiting application numbers by institution, meaning that any given institution can submit as many preliminary applications as they would like. However, you can only be an applicant on a maximum of two applications and you can only be a lead applicant on one of these. For more details on eligibility, please see the ['who can apply' section of our funding call](#).

Will current Wellcome grant holders be able to apply as lead applicants to this Mental Health Award?

Yes, as described in the ['who can't apply' section of our funding page](#):

- An [early-career researcher](#) can be a lead applicant on one Wellcome award and a co-applicant on one other Wellcome award.
- A [mid-career researcher](#) can be a lead applicant on one Wellcome award and a co-applicant on two other Wellcome awards.
- An [established researcher](#) can be a lead applicant on two Wellcome awards, one as the sole applicant and one as lead applicant for a team, or both as the lead applicant for a team. They can also be a co-applicant on two other Wellcome awards.

The awards should be for different research projects, with no overlap in work packages. In addition, the researcher must be able to dedicate the required time to all projects, if funded.

Can recent graduates of global health who live in low resource countries apply to fund a mental health intervention/experimental programme in their context?

We welcome applications from anywhere in the world, including from low resources settings. The only exception is for applicants based in mainland China or a country that is the target of [international sanctions](#). In terms of the experimental programme, whether it would be in scope would depend on whether it is designed to answer questions about mechanism(s) of action. A straight intervention trial would not be in scope, but proposals that included mechanistic questions in their design would be. In terms of the applicants, this may not be an appropriate call for a recent graduate to apply to as a lead applicant. Due to the size and scale of the awards, lead applicants should already be leading a research programme. Early career researchers could, however, be named as co-applicants and lead on a particular work package of the proposed research.

Will multi country projects be prioritised over single country projects? Are multiple country projects allowed?

Multiple country projects are allowed. Projects will be assessed on several assessment criteria, which you can read in full on our [funding page](#).

Can someone with a non-paid university honorary contract apply? If so, can their time be compensated?

At the point of application, the lead applicant should have a permanent, open-ended, or long-term rolling contract, or the guarantee of one. Co-applicants do not need to have a permanent, open-ended, or long-term rolling contract.

- Lead applicants cannot usually ask for salary. However, they can ask for a contribution to their salary if they hold a permanent, open-ended, or long-term rolling contract that states that they have to get their salary from external grant funding.
- Co-applicants can ask us for a contribution to their salary in their application. The amount we pay will be proportionate to the time that co-applicants contribute to the award (for example, if they contribute 30% of their time to the award, we will fund 30% of their salary). However, they will have to contribute at least 10% of their research time to this programme. In addition, the co-applicant's host organisation must confirm that:
 - the co-applicant's employment contract states they must get salary recovery from external grant funding
 - they will underwrite the salary and post for the period of time that the person will be working on the grant.

You can find information on what we do and do not offer on our [funding page, under 'what we offer'](#), including details on staff.

When you say, "so long as they can contract with Wellcome", does that mean there is limited flexibility with regards to practical logistics. For example, in certain LMICs, it may be the case that funding is required for the work to occur rather than set payment schedules across all applicants.

At Wellcome, we try and be as flexible as we can with regards to practical logistics. Based on the example you provided, if the applying organisation(s) informs Wellcome that advanced funding is required, we can consider this on a case-by-case basis. At the full application stage, we would require said organisation(s) to submit a letter from their Finance Director (or equivalent) providing a justification for the advanced payment request.

Queries relating to team

Is there a limit on the number of team members and would a larger team be permitted (e.g., 10 people), so that more than one person with lived experience expertise could be named as an investigator?

Team size will depend on the proposed research. We envision team size to range from 2-8 applicants, including the lead applicant, but we can be flexible if larger teams are required and clearly justified in the application.

Can you have two co-lead applicants?

No, there can only be one lead applicant per application.

Can I change the lead applicant from the preliminary to the full application stage?

No, this is not permitted. Team composition, including who the lead applicant is, cannot change between the preliminary and full application stage, unless this has been agreed with Wellcome in advance.

Would the team be at a disadvantage if the PI was an early career researcher with fewer outputs (but with experience of managing a team) and with very experienced Co-Is?

Due to the size and scale of the awards, lead applicants must be able to drive and lead a collaborative, multi-stranded health-based research project. We will not be assessing the lead applicant on research outputs alone, but it also would not be sufficient for the lead applicant to only have experience managing a team. Lead applicants must have a PhD (or equivalent) with significant postdoctoral experience, and they should already be leading their own research programme. At the time of application, lead applicants should also have a permanent, open-ended, or long-term rolling contract, or the guarantee of one. If they have less than three years remaining on their contract (and their contract will finish before the proposed project end date), then they must have already secured their next position at an eligible organisation and provide a letter of support from them. Early career researchers who do not meet these criteria could be named as co-applicants and lead on a particular work package of the proposed research.

Can PhD students in their last year (i.e., close to submitting their thesis) be included as co-applicants?

Co-applicants can be at any career stage and based anywhere in the world (apart from mainland China and [sanctioned territories](#)) but they must have expertise that is essential for the delivery of the project, with their contribution to the project clearly justified.

Can applicants who fit the criteria have more senior academics on the team as 'advisors'?

Yes, this would be possible. Provided the lead applicant has experience [leading their own independent research programme](#), they are free to choose who to have as advisors, be those co-applicants or collaborators.

Queries relating to methodology

There seems to be an emphasis on experimental approaches that can provide causal evidence to support or disprove the mechanism(s) of action under investigation. Would other methods – observational and/or qualitative (e.g., ethnographic methods, participatory approaches, ecological momentary analyses) – be considered?

Yes, that is correct. The focus of this funding call is on investigating the causal mechanisms underpinning the active ingredients of effective interventions for anxiety, depression and/or psychosis. Therefore, the emphasis should be on methodological approaches that seek to establish causality. There are multiple approaches that could be used, including (but not limited to) experimental, computational modelling, and/or trials approaches, involving human and/or model

systems (e.g., animal, cellular) as appropriate. Other methods, such as the ones you have highlighted would be considered as additional methods, so long as their added value was clearly justified. For example, there is scope for projects to incorporate a social science element in helping to determine why their proposed active ingredient(s) might work (or not work) in some contexts over others.

Would you fund a purely qualitative project or is a mixed methods approach preferred?

You should use the most appropriate methodologies to address your research question, but you must endeavour to provide causal (rather than correlative) evidence to support/disprove the mechanism(s) of action under investigation. For this reason, mixed methods approaches would be preferred, given that a purely qualitative project would be unlikely to establish causality.

Can we bring technology tools into our research?

You should use the most appropriate methodologies for your proposed project. This may involve using technological tools, provided you explain their added value.

I didn't see cost-effectiveness analysis (as typically required by NIHR proposals) mentioned on your funding page. Are these required/treated as beneficial even though the main focus is on mechanisms?

We recognise that there is more mileage in looking at interventions that we know will be cost-effective and likely to be scalable across settings, including low-resource settings. However, key for us is the effectiveness and identification of putative mechanisms that can be understood through the methodology that is being proposed. Therefore, a cost-effectiveness analysis is not required, but if you see value in running this analysis as part of your project, then of course you can do so.

Queries relating to lived experience involvement

Is a lived experience person the same as a lived experience expert?

Yes, we use these terms interchangeably.

How were people with lived experience included in setting the terms of the funding project?

Internally, within Wellcome's mental health team, we work with a team of international lived experience experts who shape everything we do, including funding calls like this one. As part of this, there will be people with lived experience of anxiety, depression and psychosis on the shortlisting and interview panels for this funding call.

What is the best way to recruit lived experience experts? Should researchers consult organisations comprised of people with lived experience? Could you help us connect with such organisations (e.g., by providing us with a list)?

As stated in our [lived experience FAQs](#), we recognise that there are a range of different ways that research teams can involve and collaborate with people with lived experience. For example, this may include (but not be limited to) co-applicants, collaborators, expert advisors, or advisory group

members. We are open to any methods and roles teams choose and we encourage you to involve lived experience experts with the relevant expertise and experience to inform multiple aspects and stages of your project. Given applicants can come from any country, we cannot connect researchers with particular organisations, and it is up to teams to identify and work collaboratively with individuals and/or groups with the right experience and expertise for their project.

Can members of the research team identify as having lived experience themselves?

Yes, absolutely. We recognise that teams will have different methods of involving people with lived experience, depending on their project, and we are open to any method of involvement, so long as you justify this in your application. There are multiple methods of involvement including:

- As lead applicants or co-applicants/co-researchers embedded within the research team (but please check they meet the eligibility criteria as listed on the [funding page, under 'who can apply'](#)).
- As collaborators.
- As advisors or members of an advisory group (this could be a group specifically for lived experience experts or as part of a larger advisory group of experts).
- By collaborating through workshops or online discussions.

Would the umbrella of lived experience cover other neurodiverse presentations or mental health issues, like ADHD or bipolar disorder?

When we refer to 'lived experience experts' or 'people with lived experience' we are referring to people who identify as having experienced anxiety, depression and/or psychosis broadly defined, either in the past or currently. As specified in our funding page, we take anxiety, depression, and psychosis as broadly defined categorisations to include all types of anxiety and depressive disorders (including obsessive compulsive disorder and post-traumatic stress disorder) and all forms of psychotic disorders (including schizophrenia, postpartum psychosis, and bipolar disorder). Experts with lived experience of these conditions may also identify as having experience of other neurodiverse presentations or conditions. Please note that we encourage you to involve lived experience experts with the relevant expertise and experience to inform your research project.

Would traditional/local/herbal therapists be considered lived experience experts? What about young experts in mental health science?

We understand lived experience as a unique form of knowledge, insight, and expertise, that comes from having experience of mental health challenges. As part of this funding call, when we refer to 'lived experience experts' or 'people with lived experience' we are referring to people who identify as having experienced anxiety, depression and/or psychosis broadly defined, either in the past or currently, as relevant to your proposal. People with lived experience do not need to have been diagnosed by professionals or have accessed formal mental health services. You should collaborate with people who have the relevant knowledge, skills, and lived experience to inform your specific research question, but it is up to you to identify and work collaboratively with these individuals and/or groups.

Lived experience co-applicants also need to be based at an eligible organisation. This might exclude many from being a co-applicant. Is there any flexibility on this?

There are a broad range of organisations that we consider to be eligible for this call (e.g., higher education institutions, research institutes, non-academic organisations, not-for-profit organisations, companies). In addition, co-applicants do not need to have a permanent, open-ended, or long-term rolling contract, as long as their employing host organisation can guarantee space and salary support (if they cannot get it from other sources) for the period of time that the co-applicant is working on the grant. If the lived experience experts you plan on involving do not meet these criteria, they could always be named as collaborators.

What is a typical “lived experience” inclusion? 1 person, a small group of 3-5? If we focus on one disease, I guess they should have experience in that particular disease?

We are open to any method of involvement, so long as this is justified in your application. Key for us is that this is not tokenistic or a tick box exercise, and that the approaches and roles are appropriate for the research aims and stages of the project. For more information on different methods of involvement please see the [supplementary material](#) on the funding page. In terms of the lived experience experts that teams choose to work with, you should collaborate with people who have the relevant knowledge, skills, and lived experience to inform your specific research question. It is up to you to identify and work collaboratively with the individuals and/or groups most suitable for your project.

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

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