

Mental Health Award: Accelerating scalable digital mental health interventions

This call will fund research to evaluate and further develop scalable digital interventions to advance early intervention in depression, anxiety and psychosis. Teams must have the research expertise required to drive the proposed research, an organisation which can take the intervention to scale (whether a company or not-for-profit) and lived experience experts. This call is open to interventions designed to lead to reductions in symptom(s) and/or functional impairments related to anxiety, depression or psychosis. We expect teams to already have a minimum viable product and feasibility data for their intervention.

Read more about our research priorities, eligibility, how to apply, what your research proposal must include and the research costs that can be covered.

Overview

This scheme is now closed

Administering organisation	Anywhere in the world (apart from mainland China) location:
Frequency:	One-off
Funding amount:	£3 to 7 million per project
Funding duration:	up to 5 years
Coapplicants:	Accepted

Upcoming application stage

Calculating next key date...

Application process timeline

Who can apply

This is a funding call for team awards. Applications must include a lead applicant and coapplicants.

Commented [ST1]: Not trial-specific call.

The team

The award will be held by a lead applicant from an eligible administering organisation, on behalf of a team of coapplicants. Wellcome cannot make awards to teams with co-lead applicants.

The team (lead and coapplicants) must include:

Commented [ST2]: INFORM D4: multidisciplinary team.

- The research expertise required to drive the proposed research, as lead and/or coapplicants.
- At least one individual from an organisation that can take the intervention to scale (company or not-for-profit) listed as an applicant (lead or coapplicant). The organisation must be able to demonstrate that they have the expertise and ability to take the intervention to scale. Indicators include but are not limited to:
 - previous track record of the organisation or of key personnel including successful fundraising appropriate to the aims, stage and size of the organisation (this does not need to be in the field of mental health) business plan (should include a sustainability plan for the product) demonstrated links to suitable development partners and
 -

relevant networks (for example, letters of support or evidence of previous collaborations)

- People with lived experience of mental health problems. This can be as lead applicants, coapplicants and/or team members. The overall team should also include the skills needed to effectively involve and collaborate with **lived**

Commented [ST3]: INFORM D2

experience experts.

- Justification for the inclusion of each applicant on the proposal.
- **The necessary expertise**, technical skills and organisational support to deliver the proposed research. This should be multidisciplinary where appropriate, for example, expertise in mental health, lived experience, data science, implementation science, ethics, social science or clinical trials.

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- **Coapplicants based in each country where the research will take place**. If the proposed research is planned to take place only in a low- or middle-income country, the lead applicant must be affiliated with an **eligible organisation**

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based in that country.

- An appropriate number of team members to deliver the proposal within the timeframe. This will depend on the proposed research. Teams must consist of at least two applicants (including the lead applicant) and will typically not exceed eight applicants (excluding collaborators). There is no limit to the size of overall team (for example, including staff, sub-contractors or collaborators).

The team (lead and coapplicants) can include multiple researchers as required for the proposed research. Researchers may be embedded in a company, not-for-profit or a separate entity such as a higher education institution.

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We encourage lead applicants to put together **diverse teams** that include

coapplicants at any stage of their career, including those who are new to the field of mental health science.

We do not require applications to include a UK or other high-income country partner and do not prioritise such applications over those that only include **low- or**

middle-income country (LMICs) partners.

 Lead applicant

The lead applicant must:

- Have experience in people and research management, as appropriate for their career stage.
- Have the experience needed to lead and drive a collaborative, large-scale research proposal and/or the necessary support structures in place to enable this.
- Have experience of, or demonstrate commitment to, effectively leading a team that embeds lived experience expertise, as relevant to the research proposal.
- Have a permanent, open-ended or long-term rolling contract (or the guarantee of one) for the duration of the award. The contract should not be conditional on receiving this award.
- Be able to contribute at least 20% of their research time over the course of the award. If the lead applicant does not have protected research time, they must be able to contribute 20% of their time to the award.

Commented [ST7]: INFORM D4 is about teams; i wonder on what basis Wellcome chose the 20% threshold.

- Be based at an **eligible organisation** (which can include a sole trader or self-employed person's business). If you are based at a higher education institution, research institute, non-academic healthcare organisation, not-forprofit and non-governmental research organisation, you must be able to sign up to our grant conditions.

The lead applicant's administering organisation is required under **Wellcome's grant**

conditions to own all the foreground intellectual property arising from the project

and to take the lead in any commercialisation activity. For guidance, applicants are advised to read **Wellcome's intellectual property policy**.

Read more about when lead applicants can request salary costs and what other costs can be covered by this award

Coapplicants

Coapplicants must:

- Be essential for the delivery of the proposal and make a significant contribution, for example, in designing the proposed research and leading a specific component of the proposal. The specific involvement of coapplicants should be justified in the application.
- Demonstrate the team's commitment to effectively embed lived experience expertise, as relevant to the proposed research.
- Have a guarantee of workspace from their administering organisation for the duration of their commitment to the proposal, but do not need to have a permanent, open-ended or long-term rolling contract.
- Be able to contribute at least 20% of their research time over the course of the award. If the coapplicant does not have protected research time, they must be able to contribute 20% of their time to the award.
- Be based at an **eligible organisation** such as a higher education institution, not-for-profit organisation or company (which can include a sole trader or selfemployed person's business).

Commented [ST8]: Threshold question again: why 20%?

Each coapplicant can be: based in the same or in different

- organisations at any career stage
- in any discipline



Collaborators

Read about the different **applicant roles at Wellcome**.

If you've spent time away from research

Career breaks, parental leave, sick leave

You can apply for this award if you have spent time away from work (for example, for a career break, parental leave or long-term sick leave). We will take this into consideration during the review of your application.

Retirement

If you have retired, you must have a guarantee of workspace from your administering organisation and you must contact us before applying.

Working part-time

Lead and coapplicants can be employed part-time. There is no formal minimum, but part-time applicants should still be able to contribute at least 20% of their time to the proposed research and their part-time work should be compatible with delivering this successfully.

Who can't apply

- You should not apply for this call if:

Your team does not include the research expertise required and an individual from a company or not-for-profit in the applicant team (as lead or coapplicants).

Commented [ST9]: How is this judged?

- Your team does not include lived experience experts as lead applicant, coapplicants or team members.

You intend to carry out activities that involve **the transfer of funds into**

- mainland China.
- You cannot demonstrate that you can dedicate enough time and resources to the proposed research throughout the award.
- You are already an applicant on two applications to this funding call. You cannot be an applicant on more than two applications.
 - You can only be a lead applicant on one application. You could then be a coapplicant on a second application.
 - If you are not a lead applicant, you can be a coapplicant on two applications.
 - If you are an applicant on two applications, you must demonstrate that you have sufficient capacity for both awards if both are funded.
- You already have applied for, or hold, the maximum number of Wellcome awards for your career stage. Find out how many Wellcome awards you can apply for, or hold, at one time depending on your career stage.
- Your proposed research does not fit the aims of this award. Check what kinds of research aren't right for this call.

Is your organisation right for this call?

An administering organisation is an eligible organisation that formally submits the application to Wellcome and is responsible for administering funding if the proposal is awarded. This is the organisation where the lead applicant is based.

Where your administering organisation is based

The administering organisation can be based anywhere in the world **except**

mainland China and can be a:

- Higher education institution.
- Research institute.
- Non-academic healthcare organisation.
- Not-for-profit or non-governmental research organisation.
- Company or not-for-profit organisation. Organisations must be legally incorporated.

If your application is successful and your organisation has not previously received funding from Wellcome, a further financial assessment may be required.

Wellcome will not pay for working capital costs of commercial organisations.

When we fund companies, we may fund through a **Programme-Related**

Investment ²**PRI**². Funding may need to occur through a convertible loan or

revenue sharing agreement to ensure public benefit. Wellcome will communicate this to successful applicants.

We do not prioritise any type of organisation over another for our funding. We use the assessment criteria on this page to identify the most competitive proposals. **What the administering organisation must do**

The administering organisation is required under our **grant conditions** to own all

the foreground intellectual property ²**IP**² arising from the project and to take the lead in any commercialisation activity. Wellcome does not directly own or co-own IP arising from its research funding. For guidance, applicants are advised to read **Wellcome's intellectual property policy**.

The administering organisation must:

- Give the applicant the workspace and resources they'll need for the duration of the award.

- If based in the UK, meet the responsibilities required by the **Concordat to Support the Career Development of Researchers**. If based outside the UK, at a minimum the organisation must follow the principles of the Concordat.
- Give you, and any staff employed on the grant, ten days a year (pro-rata if part-time) to undertake training and **continuing professional development** in line with the Concordat to Support the Career Development of Researchers.
- Provide a system of onboarding, embedding and planning for when the applicant and team member(s) join the organisation and/or start the award.
- Provide you with the status and benefits of other staff of similar seniority.

Commented [ST10]: INFORM C3

Collaboration agreements

When entering a collaboration or partnership between multiple organisations, the partners must enter into a suitable collaboration agreement, including provisions that cover: confidentiality publication rights access to background intellectual property ownership

- of outputs arising from the award including foreground intellectual property
- arrangements for protecting, managing and exploiting outputs including foreground intellectual property
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Your research environment

What is a research environment?

Wellcome believes that involvement of a diversity of people and expertise leads to richer understanding and more impactful discoveries. Excellent research happens in environments where people from all backgrounds are treated with respect, supported and enabled to thrive.

Our definition of a research environment is not restricted to the quality of the infrastructure, but also considers the culture and behaviours that create excellent research practice. This includes research that is inclusive in design and practice, ethical and engaged with relevant community stakeholders as well as open and transparent.

Read more about research environment and culture.

Guidance and resources on ethical and equitable partnerships

Applicants should frame their approach to ethical and equitable partnerships as it applies to their research.

Resources on ethical and equitable partnerships:

- [The UKCDR & ESSENCE Equitable Partnerships Resource Hub](#) The TRUST
- Code:
 - [A Global Code of Conduct for Equitable Research Partnerships Learning Materials](#)
 - [A Global Code of Conduct for Equitable Research Partnerships Learning Materials](#)
- Morton B, Vercueil A, Masekela R, Heinz E, Reime, L, Saleh S, et al.
[2021](#). **Consensus statement on measures to promote equitable authorship in the publication of research from international partnerships.** *Anaesthesia*, 3777 264276.

Is your research right for this call?

Applications must:

- **evaluate and further develop new or improved digital mental health interventions** which are designed for large-scale implementation for early intervention in anxiety, depression or psychosis and

🔗 **create or further develop collaborative partnerships** between researchers, lived experience experts and organisations that can take the interventions to scale (whether a company or not-for-profit)

Interventions this funding will support

This funding call will support the evaluation and further development of software and/or artificial intelligence intended to be used for the treatment of symptoms of anxiety, depression or psychosis or for the reduction of functional impairment. This includes but is not limited to web-based programmes, mobile applications, applications of generative AI, chatbots, extended reality, wearable devices or video games.

In scope are interventions which:

Commented [ST11]: This could be more specific (in principle), along the lines of INFORM D1.

- Are designed to lead to reductions in symptom(s) and/or functional impairments.
- Can be new or improved. “Improved” examples include, but are not limited to, an intervention that has been adapted (for example, language or cultural) to improve reach or accessibility; can be better targeted (due to better understanding of mechanism or aetiology); is more sustainable; is more costeffective; and/or has fewer side effects.
- May range from provider-administered used with intermittent/regular practitioner guidance, self-guided with human support to self-guided and fully automated.
- Are standalone or integrated (blended) with other treatments (such as with psychological or pharmacological therapy).
- Have the individual with mental health problems as the end user.
- Are intended to be implemented in healthcare settings, workplaces, schools, homes or other settings.
- Are designed for large scale delivery.
- May be designed for children, adolescents and/or adults. Interventions may also target at-risk groups including but not limited to clinical-high-risk for psychosis or perinatal populations
- Offer a competitive advantage in relation to existing options or developments in the field.

We define “early intervention” as an intervention designed to be used as early as possible in the treatment of mental health problems, in a way that reflects the priorities and needs of those who experience these problems. We recognise that ‘as early as possible’ will be context specific. It may be at the first presentation of symptoms or, in some contexts, especially in **low- and middle-income countries**

LMICs), people may be at the earliest point of accessing care so there is no age cut-off.

Mental health conditions that proposals can address

This funding call is focused on proposals that target symptoms of anxiety, depression and psychotic disorders. This includes:

- all types of anxiety and depressive disorders (including obsessive-compulsive disorder and post-traumatic stress disorder)
- all forms of psychotic disorders (including schizophrenia, postpartum psychosis and bipolar disorder)

Commented [ST12]: Could be more specific oin principle (INFORM D1) although a very open call may be the point here.

We recognise that the current diagnostic categories are imperfect but removing all categories or creating new ones also presents difficulties. Whilst we do not specify any particular diagnostic or classification system, we expect applicants to use a framework and measurement approach that fits their research aim and to provide a clear rationale for doing so.

What your research proposal must include

Your research proposal must include:

1. Collaboration between researchers and a company or not-for-profit organisation

Proposals must comprise a team with the research expertise required to drive the proposed research, an organisation which can take the intervention to scale (whether a company or not-for-profit) and lived experience experts. This is to accelerate the development of scalable evidence-based digital mental health interventions, including in low-resource settings, with a focus on implementation from the start of the project. A researcher is someone with the expertise to develop and evaluate the intervention.

Commented [ST13]: INFORM D2 AND K2

The collaboration between researchers and the company or not-for-profit may be new or existing.

We are open to different collaboration models but expect:

- Researchers to serve as the analytical leads and have the necessary expertise to design and deliver robust evaluations of the interventions.

- Researchers may be embedded within the company or not-for-profit organisation they are collaborating with, or a separate entity such as a higher education institution, research institute, non-academic healthcare organisation, not-for-profit or non-governmental research organisation.
 - **Intellectual property** ownership and sharing plans to be agreed upon at the outset and be in line with the terms of the **grant conditions**.
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- The company or not-for-profit organisation to serve as the downstream or implementation lead, at least initially. If this is not the case, then clear plans for engaging with downstream or implementation partners should be outlined as part of the proposal.

Teams can propose to evaluate interventions which have been developed in any setting including a higher education institution, research institute, non-academic healthcare organisation, not-for-profit or non-governmental research organisation, or company.

2. Ability to scale and be sustainable

In this call, we refer to scalability as the potential or ability of an intervention, which has been shown to work on a small scale or under controlled conditions, to be expanded to reach a greater proportion of the eligible population while retaining effectiveness. This will be assessed relative to the stage of development the intervention is currently at.

Proposals should demonstrate or plan to advance the potential for the intervention to be delivered at scale by (as appropriate):

- Considering scalability factors and assessing implementation outcomes such as acceptability, adoption, affordability, costs, engagement, integration with existing infrastructure, feasibility and sustainability (even for pilot studies).

Commented [ST14]: INFORM C2 AND K2. Implementation questions such as these were suggested in the INFORM interviews.

- Having evidence of or plans to assess the feasibility of scalability of the intervention based on costs, workforce requirements, time required and infrastructure requirements.
Interventions should be tested as close to routine operating conditions and resource constraints to the setting in which the intervention will be scaled up.
- Outlining the regulatory classification, regulatory status and path to approval for the context in which they intend to scale up (at least initially).
- Having already engaged, or a plan to engage, with key stakeholders such as policy makers, technical experts, service providers, national and commercial health providers/systems, school systems, clinicians, community organisations, patient or consumer advocacy groups and faith-based organisations.
- Outlining whether the intervention is consistent with national, state or regional policy directions.
- Outlining whether the intervention has the potential to be applicable and acceptable in settings beyond the context of the research.
- Considering the necessary technical resources or infrastructure (for example, compute power or cloud computing) required during the research, during scale up and during post-market surveillance.

Commented [ST15]: INFORM C4. Pointing to pragmatic approaches to design, could be more specific in principle.

Commented [ST16]: INFORM D4, D5

Proposals should demonstrate or plan to advance the potential for the intervention to be delivered sustainably by (as appropriate):

- demonstrating the competitive advantage of the intervention in relation to existing options or developments, particularly in the context in which the intervention is being tested
- outlining the subsequent development steps required before the technology could be submitted to regulatory bodies
- considering any known clinical, manufacturing, technical regulatory or marketing issues that may affect the ability to deliver the product to market
- developing a proposed implementation strategy, including delivery and market penetration, required partners and proposed financial commitment
- considering equitable access plans for the assets developed through this research

3. A minimum viable product and feasibility data

Proposals should propose to progress the development of the intervention to the next translational stage, such as: generating safety, efficacy, effectiveness or realworld evidence data, generating evidence for regulation, or adapting existing interventions (for example, language or cultural adaptation) for new settings or populations.

We expect teams to have both a minimum viable product and feasibility data before applying. The feasibility data should extend beyond data solely focused on how to optimise the digital tool

Commented [ST17]: INFORM C2

(for example, user experience testing). The feasibility data should be relevant to, and inform, how the proposed research will be undertaken. We expect the feasibility data to be from the intervention you plan to evaluate on the same condition, symptom(s) and population you are proposing as part of your research. For **low- and middle-income country (LMIC)** based

research we will accept feasibility data generated in a different setting (but must be from the same intervention, condition and symptoms).

Research feasibility data includes but is not limited to: exploring the feasibility and

- acceptability of the intervention feasibility and acceptability of the recruitment
- and retention process or randomisation of the intervention the suitability of the outcome measures and patients' experiences the calculation of appropriate
- sample sizes testing of the intervention in small sample sizes
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- If feasibility data are unpublished, they should be briefly outlined in the proposal.

If you are unclear about whether your feasibility data is sufficient or fits this award, please get in touch with us through the **scope check**.

4. Plans for evaluating the intervention

Proposals must plan rigorous evaluations of the interventions. The potential for the research to have a significant and measurable impact on early intervention for anxiety, depression or psychosis must be made clear.

You may employ a range of designs, including but not limited to:

clinical trials (for example, randomised controlled trials, pragmatic trials,

Commented [ST19]: INFORM D1 - K2. There could be a specific checklist for trials.

cluster randomised trials, stepped wedge designs, factorial trials, adaptive or just in time interventions) case control studies quasi-experimental designs real-world evidence

- generation studies hybrid effectiveness-implementation studies
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- We will fund proposals where the mechanism(s) of action has been identified or a plan to investigate this is proposed. These may be biological, social, psychological or other. The
- proposal must include the appropriate measures to assess changes in the mechanism(s) of action (for example, pre- and post-intervention).

- Proposals must consider appropriate comparators for the translational stage of the intervention and the study design employed. A clear justification for and description of the comparator arm should be provided, including in the cases where no comparator arm or a placebo arm is proposed. The justification should take into consideration the context in which the intervention will be implemented and the treatments available to end users within that context. Your proposed research is encouraged to include diverse and underrepresented populations and to employ a mixed-methods approach.

5. Involvement of people with lived experience

Commented [ST20]: INFORM D2

Proposals must involve lived experience expertise. We recognise that there is a range of ways that research teams can involve and collaborate with lived experience experts. This may include, but is not limited to: expert advisors coapplicants collaborators advisory group

- members
-
- We are open to any methods of involvement that teams choose, but we require that lived experience experts are involved in the most appropriate and ethical ways to inform multiple
- aspects and stages of the proposed research. Lived experience experts should be based out of or be familiar with the local context where the research is taking place.

Read about our approach and expectations in embedding lived experience expertise in mental health research.

Read our report on involving lived experience in the research and development of digital mental health interventions.

Lived experience experts are not research participants and their input should not be limited to user testing. Lived experience experts should be engaged as colleagues who use their personal knowledge and expertise to inform the strategic direction, governance, design and delivery of the research.

You should budget for and compensate people who provide lived experience expertise. The budget should reflect the scale and ambition of the proposed research.

6. Inclusive and safe interventions

Commented [ST21]: INFORM D4,D6, C2

We want to fund proposals testing user-centred, ethical and safe interventions where the benefits of the intervention outweigh any risks. The intervention and research design should address (as appropriate):

- Data privacy and confidentiality.
- Appropriate safeguards, with clear plans for how safety will be monitored and addressed, including how adverse events such as suicide risk and symptom increases will be identified, managed and reported. This applies to both the proposed research and once the tool is implemented at scale.
- Wherever possible, acknowledging in-built biases with respect to AI and detailing any mitigation strategies, including how they will be communicated to participants.
- Ethical considerations, such as accessibility of the intervention to different groups.
- Possible unintended consequences of the intervention.
- Plans for how engagement with the intervention will be measured and reported (for example, uptake, usage, adherence, completion and satisfaction). Plans for measuring challenges with sustained engagement should also be included, including an assessment of reasons for lack of engagement or dropout.

How to build trust between the end user and digital tool in a responsible and inclusive manner throughout the development and evaluation of the intervention.

7. One or more of our recommended common measures

Commented [ST22]: INFORM D3

Proposals must use, as a minimum, **one or more of our recommended common measures** in the collection of new data. You may also collect data using any other measure(s). This work must also comply with our **policy on research involving human participants**.

Kinds of research that are not right for this call

Research that is not right for this call includes proposals that:

Commented [ST23]: INFORM D1

- Have a primary focus on symptoms of neurodevelopmental conditions, neurodegenerative diseases, or mental health problems outside of the broad categories of anxiety, depression and/or psychosis (for example, eating disorders or substance abuse).
- Involve participants without mental health problems as the sole focus of the proposal.

- Lack a hypothesised mechanistic understanding/mechanism of action.
- Are not focused on reducing symptom severity and/or functional impairments.
- Involve teletherapy as the sole focus of the intervention.
- The sole focus of the intervention is on diagnosis, prognosis or monitoring of symptoms. These may be an additional focus where the primary focus of the intervention is treatment.
- Consist of one-way information-sharing interventions.
- Do not demonstrate the potential for scalability.
- Are intended for prevention whether universal/primary prevention.
- Are descriptive studies, including epidemiological.
- Involve health systems research around the distribution and uptake of interventions as the sole focus of the proposal.
- Focus on direct service provision or support for access to current services (for instance, the delivery of existing services rather than the generation of evidence).
- Are related to healthcare reorganisation.
- Have implementation science research as the sole focus of the proposal.
- Concentrate on exploratory or curiosity-driven mechanistic research that is not directly relevant to the scope of the call.
- Only include qualitative work.
- Do not comply with Wellcome's research environment principles of open science and relevant **diverse inputs**.
- Do not propose inclusive and safe interventions.

Read more about what we do and don't fund in mental health.

Why we are running this funding call

Research costs we'll cover

You can ask Wellcome to pay for:

staff

materials and consumables

access charges

equipment

animals

contract research organisation

clinical research costs

fieldwork expenses

travel and subsistence

overseas allowances

public engagement and patient involvement costs

lived experience involvement

overheads

continuing professional development

open access charges

inflation allowance

other costs

How to apply

1. Before you apply

Make sure you read everything on this page, **our guidance on involving lived**

- **experience experts** and attend or watch our funding webinar on 10 September 2024. **Register here for our funding webinar.** Ask questions for our team and upvote other questions ahead of the webinar on **Slido using the code #DigitalMentalHealth**. We will add the recording of the webinar to this page.
- You can contact us if you are unsure if your proposal is within the scope of this call through our **scope check**.
- You do not need to contact us before you write and submit your application.
- If this is the first time your organisation is applying for Wellcome funding, please contact us at least three days before the deadline to add your organisation to the system.

2. Submit your application to your administering organisation for approval

- Complete your application form on **Wellcome Funding**.
- Submit the application to your administering organisation for approval.
- Make sure you leave enough time for the approver to review and submit your application before the deadline. The approver may ask you to make changes to your application before submitting.

If this is your organisation's first time applying for Wellcome funding

- If this is your organisation's first time applying for Wellcome funding, they will need to contact us to request an organisation account. Email **fundingsupport@wellcome.org** with your organisation's:

- ---

 - name
 - address
 - country
 - team email address for the people who will approve and submit your application (this is usually a research management team)
- We will create the organisation account and provide access to the approvers. Review our **guidance for research offices**.
-

3. Administering organisation approves and submits it to Wellcome

- Your application must be submitted by 17:00 GMT on the deadline day 15 December 2024.

4. Shortlisting

- We will check your eligibility for the call and that your application fits the call scope. If your application is not eligible or is not within the funding call scope, we will withdraw your application and contact you to explain why.
- A committee will assess eligible and in remit applications against the assessment criteria outlined below, to make shortlisting recommendations to Wellcome.
- Committee membership will be comprised of a diverse range of international experts in digital mental health and will take into account Wellcome's **diversity**

and inclusion priorities.

- If your application is shortlisted, we will invite the lead applicant accompanied by up to three coapplicants for a virtual interview.

5. Interview

- The committee will interview shortlisted applicants online and make funding recommendations to Wellcome.

- Accessibility requirements will be accommodated.
- You will be asked to give a presentation at the start of your interview. Details of the requirements for this presentation, and the date when slides need to be submitted to Wellcome, will be shared in advance.
- We will provide further information on the structure of the interview, room layout and committee membership before the interview.

- The focus of the interview will be on questions and answers. The committee will assess the application against the full set of assessment criteria, rather than one specific aspect of the proposal.
- The committee will consider your application and interview responses when making funding recommendations to Wellcome.

6. Funding decision

- Final funding decisions will be made by Wellcome's Mental Health team.
- You will receive an email notification of the funding decision soon after the decision has been made in April 2025.
- The reasons for a decision will be provided to unsuccessful interview applicants in writing.

Where to apply

Apply for this scheme on the Wellcome Funding platform. You can save your application and return to it at any time.

Download the application questions

Get some [tips to help you write your grant application](#)

[Start application](#)

How long it takes to apply

You must leave enough time to make sure:

you read everything on this page before applying you and your coapplicants have time to

- complete the application your administering organisation has time to review, offer
- feedback and for you to apply any amendments suggested • your administering organisation has time to approve and submit your application to Wellcome by 17:00 GMT on 5 December 2024.

Getting support with your application

We offer disability-related support for applicants. Read the **disability-related support guidance** if you:

- are disabled or have a long-term health condition and you need help applying for funding
- need help completing your proposal, for example costs for assistive technology.

If you need help with anything else, **contact our Funding Information Advisors**.

How applications are assessed

We will evaluate all applications using the same weighted assessment criteria.

Essential criteria and weightings

There are four weighted assessment criteria for applications:

- the proposed methodology, the potential for scalability and sustainable impact 40%
- suitability and expertise of the team 20%
- lived experience involvement 20%
- suitability of research location, research environment and research culture 20%

Commented [ST24]: Weightings could be discussed. In particular, what if methodology is poor. Can proposal still be funded because other aspects are excellent? Minimum score on methodology to progress?

- In making the final selection of awards we will consider diversity of projects to try and achieve a breadth of digital interventions and a range of interventions in high and in low-resource settings.

Wellcome seeks to fund impactful projects that will move the field forward and drive a step change in early intervention for anxiety, depression and psychosis. We are prepared to take risks with the research we fund. We fully anticipate some of the projects we fund will fail. If none do, we are not taking enough risks. We encourage applicants to be brave and be willing to take risks if they feel their research has the potential to be transformative.

You may provide up to three A4 pages of additional information to accompany your proposal. This must be uploaded under the 'Additional Information' question within the application form. Additional information can include Gantt charts, figures graphs or unpublished data. If the additional information exceeds the three A4 pages, we will return your application to you and ask that you reduce the amount of information.

The proposed methodology, the potential for scalability and sustainable impact [40%]

Commented [ST25]: How is the 40% split between methodology and scalability?

The potential for sustainable impact

The proposal must demonstrate the potential for the intervention to be delivered sustainably. To ensure projects have impact we will consider:

- the competitive advantage of the intervention in relation to existing options or developments, particularly in the context the intervention is being tested in
- the potential for the research to have a significant and measurable impact on early intervention for anxiety, depression or psychosis
- the subsequent development steps that would need to take place before the technology could be submitted to regulatory bodies and plans to follow the appropriate regulatory pathways (where relevant)
- any clinical, manufacturing, technical, regulatory or marketing issues known that may affect the ability to deliver the product to market

- the proposed implementation strategy, including delivery and market penetration, required partners and proposed financial commitment plans to ensure **equitable access to the assets developed through this**
- **research** an access plan to ensure that those participating in the research project can access the intervention post-research if found to be effective

The potential for scalability

Commented [ST26]: INFORM C2, K2

The proposal demonstrates the potential for the intervention to be delivered at scale. This is proven through:

- Evidence of (or plans to assess):
 - The potential for uptake and scalability of the intervention by assessing implementation outcomes.
 - The potential scalability of the intervention based on costs, workforce, time and infrastructure requirements. Where appropriate the intervention is being tested as close as possible to routine operating and resource constraints as in the setting in which it will be scaled up.
 - Engagement in participatory processes involving key stakeholders as appropriate.
- The research has the potential to be applicable and acceptable in settings beyond the specific context of the research, including in low resource settings. The intervention is consistent with national, state or regional policy directions.
- The proposal includes feedback mechanisms within the intervention to monitor the effects and safety of its implementation, both during the research phase and when used in real-world settings.

Commented [ST27]: INFORM D1 - D6

Strength of the methodology

Commented [ST28]: INFORM D1 - D6

The proposed methodological approach is appropriate, well-designed, feasible, and supported by relevant evidence or expertise. The proposal includes:

- A clear articulation of the need for the research, sample justification and location rationale. Evidence demonstrating mechanistic understanding of the intervention or, where that is lacking, plans to investigate the proposed mechanism(s) of action.
- Justification of the proposed research and detailed methodology plans, including:

◦ details on the intervention, research design (including trial design), target population and sample size
 ◦ measures of the symptom(s)/functional impairment being targeted as the primary outcome, using tools with demonstrated validity and reliability in the target sample and setting, or plans to establish these
 ◦ a clear description of and sound justification for the selected comparator and/or control arms or lack thereof
 ◦ plans for how engagement with the intervention will be measured and reported (for example uptake, usage, adherence, completion and satisfaction)
 ◦ plans for how side effects or harms (for example, adverse events, worsening of symptoms) of participating in the study or of using the intervention will be measured
 ◦ a clear timeline

- The key risks to delivering the proposal and risk-reducing steps to overcome these.
- Evidence of the feasibility or acceptability of the intervention and proposed research. If further feasibility work is planned as part of the proposal, the sample size estimates are calculated from effect sizes of comparable, appropriate, and relevant interventions and comparators tested in similar samples, where possible.
- If the proposal includes work on diverse or underrepresented populations, the study design includes a plan to mitigate biases that might disproportionately impact these populations (for example, through sampling approaches, study site selection, inclusion/exclusion criteria or sub-group analyses).

Commented [ST29]: INFORM C2

Suitability and expertise of the team [20%]

The proposal features an integrated, collaborative plan of work that includes an organisation that can take the intervention to scale (whether a company or not-for-profit), researchers, and individuals with lived experience.

The lead applicant has (appropriate to their career stage):

Commented [ST30]: What if applicant has experience appropriate to their career stage, but not enough to lead an informative trial? Make special requirements of the rest of the team for mentoring etc?

- research experience relevant to the proposal, as shown through research outputs and/or preliminary data or if from a company/not-for-profit, the expertise to scale up the intervention
- the experience needed to lead and drive a collaborative, large-scale research proposal and/or the necessary support structures in place to enable this
- experience in people and research management

Coapplicant(s) have:

- the expertise needed to deliver the proposal, with their contribution to the proposal being significant and justified
- the appropriate time and necessary resources available to deliver the proposal

- **The team:**

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- Is composed of an appropriate combination of individuals and organisations with the capacity, expertise and technical skills to deliver the proposal and its intended outcomes.
- Demonstrates that their company/not-for-profit partners have the expertise and ability to develop and/or take interventions to scale. Indicators include but are not limited to:
 - previous track record of the company/not-for-profit, or of key personnel (this does not need to be in the field of mental health)
 - successful fundraising (appropriate to the aims, stage and size of company/not-for-profit)
 - business plan of the company/not-for-profit (including a sustainability plan for the product) with links to suitable development partners and relevant networks
- Includes lived experience experts and the team have the necessary skills to effectively involve and collaborate with people with lived experience of mental health problems in the proposed research.
- Consists of members who are all necessary to deliver the proposed research.

Has a plan to manage the collaboration between researchers and the company/not-for-profit, and management plans that describe how the collaboration will be equitably organised and managed day-to-day.
- Has contributed towards and is committed to fostering a positive and inclusive research environment, which demonstrates a commitment to **equity, diversity**

and inclusion.

Lived experience involvement 20%

Commented [ST32]: INFORM D2

- People with lived experience are meaningfully involved at multiple stages, including the conception, planning, design, delivery and dissemination of the proposal. There is a clear rationale for their inclusion (or exclusion) at each stage.
- Lived experience perspectives are represented across the proposal, including in the team's leadership and governance roles.
- Lived experience experts have relevant experience and expertise applicable to the research, including being representative of the research location.
- People with lived experience are compensated appropriately for their time and labour.

Access our [guidance on embedding lived experience expertise in your research](#).

Suitability of research location, research environment and research culture 20%

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Research location:

- The administering organisation is supportive of the proposal. For example, it aligns with the organisation’s strategy, and it provides in-kind or financial support including but not limited to administrative or technical support and training opportunities.
- The team have access to the necessary research infrastructure.

Research environment:

The proposal includes a detailed description of how the team will foster a positive and inclusive research culture. This could include, but is not limited to, information about:

- career development research practices leadership team composition and partnership
- appropriate safeguarding measures for team members and collaborators, including
- people with lived experience •evidence of a commitment to equity, diversity and
- inclusion (for example, the team's approach to recruiting a diverse team and how they
- will promote) inclusion of members in the research and outputs produced
-

Ethical, open, equitable and engaged research conduct:

The team:

- demonstrates commitment to developing inclusive and safe interventions by outlining appropriate plans to generate the relevant evidence and/or putting measures in place to mitigate identified risks, both in the conduct and oversight of the study and in the communication of its findings •demonstrates how they will ensure ethical and equitable partnerships between companies/not-for-profits and researchers, as well as between **low- or**

middle-income country (LMICs) partners and high-income country partners includes a

- plan with details about appropriate oversight, governance, monitoring, standard operating procedures and methods for course correction
- (as needed) •provides details about the relevant ethical, social and cultural implications of the proposed work and how the study team plans to manage these issues, both in the conduct and oversight of the study and in the communication of its findings

Output management plans:

The proposal:

- includes a detailed description of a suitable outputs management plan (for example, depositing, sharing and storing data and open access publishing) provides information about how the research outputs will be made available to those who need them (for example, policymakers, communities and industry) and in which formats •details how applicants will manage their research outputs in a way that will achieve the greatest health benefit outlines a data management plan to protect data integrity and reduce data loss provides details about the relevant ethical, social and cultural implications of the proposed work and how the study team plans to manage these issues, both in the conduct and oversight of the study and in the communication of its findings
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If you are funded

We plan to convene successful award holders ahead of the award start date in order to explore potential opportunities for collaboration and harmonisation across awards.

We plan to work with award holders to explore whether they can embed small methodological sub-studies in their awards to test strategies to improve recruitment and retention of participants in their evaluations to grow the evidence base (called Studies Within a Trial or SWaTs).

Events

Discussion and networking events on digital mental health 2 July to October 2024

We are hosting a series of thought-provoking events and discussions on digital mental health in partnership with **Zinc**. Attendees will gain insights from industry

and research leaders and connect with fellow researchers, companies and not-forprofits working in this dynamic field. These will be hybrid events. Attendees will have the option of joining in-person at Wellcome's offices or joining online through a live-stream. We will make the recordings available on this page after each event.

- Partnering for Progress: Building Industry-Academic Partnerships in Digital Mental Health on Thursday 18 July 2024, 17:00 to 19:30 BST. **Watch the recording.**
- Spinning Out: Overcoming Challenges at the Intersection of Industry and Academia on Monday 16 September, 12:00 to 14:30 BST. **Watch the recording.**

- **Success in Scaling: Lessons from Leaders in Digital Mental Health** on Wednesday 2 October, 17:00 to 19:30 BST. **Watch the recording.**
- **Different Avenues for Funding Digital Mental Health Innovation** on Tuesday 29 October, 09:00 to 11:00 GMT. **Watch the recording.**

Matchmaking events for companies and researchers 2 September 2024

To discover potential collaborators for this funding call, you can take part in free matchmaking sessions hosted by **Neuromatch**. These sessions will connect

researchers and organisations (companies and not-for-profits). You will have the opportunity to engage in conversations with your matches one-on-one. **Learn**

more about Neuromatch.

Registration for matchmaking closes 12 September 2024.

Funding webinar 10 September, 15:30 to 16:30 BST 2024

Wellcome's Mental Health team will explain the rationale, objectives and eligibility for this funding call. Attendees will also have the opportunity to ask questions about the award and applying.

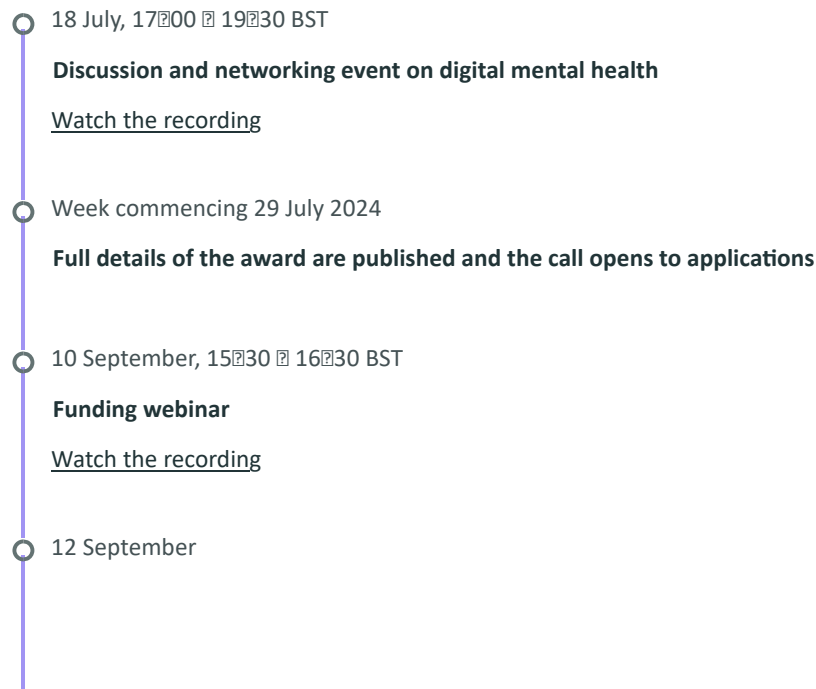
Watch the webinar recording.

Key dates

You must submit your application by 17:00 GMT on the deadline day. We don't accept late applications.

Application process timeline

Closed to applications



- Registration deadline for matchmaking and matches shared**
16 September, 12:00 - 14:30 BST
Discussion and networking event on digital mental health
[Watch the recording](#)
- 2 October, 17:00 - 19.30 GMT
Discussion and networking event on digital mental health
[Watch the recording](#)
- 29 October, 09:00 - 11:00 GMT
Discussion and networking event on digital mental health
[Watch the recording](#)
- 15 November 2024
Scope check deadline
- 5 December 2024
Full application deadline
- February 2025 **Shortlisting**
- 8-10 April 2025
Interviews
- April 2025
Funding decision

Downloads

Sample application form PDF 1.1 MB

Note on Wellcome’s Programme Related Investment (PRI) PDF 106.7 KB

Digital mental health landscaping in low- and middle-income countries

Catalytic environments to drive progress in digital mental health research

How lived experience expertise shapes research and development in digital mental health

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Contact us

Scope questions

If you are unclear about whether your proposal would be in scope for this call, you can send a very brief summary (no more than 200 words) by **Friday 15 November 2024**. Based on the information provided, we will aim to reply to your email within one week, with an 'in scope' or 'out of scope' response.

Email Wellcome’s Mental Health team including the title of the call in the subject line (Mental Health Award: Accelerating scalable digital mental health interventions).

Please note that completing a scope check is **not a requirement** and will not impact your likelihood of being funded. Any confirmation that a proposed idea is in scope does not constitute an active invitation to apply for the call.



We do not answer questions on the competitiveness of proposals.

mentalhealth@wellcome.org

Questions on eligibility, what we offer and applications

If you have a question about eligibility, what we offer or about completing the application form using Wellcome Funding, **send our funding information advisers a message.**

Send a message

044 00020 7611 5757