

1. Can non-UK organisations also apply for this commission?

Answer: Yes. However, it could impact your ability to carry out the research by, for example, not being able to access secure data that's based in the UK. Please read through the Call for Proposals and see how you would do the research, and whether you would be impacted by the fact that you wouldn't be based in the UK.

2. Will the commissioned organisation be prioritised for further commissioning to complete the research project(s) they'd design as part of this project?

Answer: Our intention is to take this in two stages. Any future research will be a new process. We typically commission using grants for this kind of work. That means the intellectual property stays with the organisation doing the work, however we would commission out the second phase from scratch. But, if you had been involved in the first phase, you would be in a strong position to go for the second phase. There's quite a lot of unknown elements so we don't want to commission too much upfront until we've got our heads round what we're learning from the first phase.

3. Is there an option to focus on one or two key drivers of the increase in mental health issues in the data analysis phase, as this may render the project more deliverable within the proposed timeframe and budget?

Answer: In the call for proposals, we have given the budget for this work and what the expected timeframe is and it's up to you to decide what you can do in that amount of time and put that in your proposal based on how many team members you've got and your skills etc. It is up to you what you propose in your application. The call for proposals explains that you can give multiple options for this work with your expected budget. Therefore, you could indicate the budget if you were to focus on two of the key drivers and describe what that would look like and then another looking at all the key drivers and what that budget would be with a clear breakdown of costs.

We feel that within the budget and timeframe it is possible to look at more than two drivers for the evidence review given the availability of evidence that exists. Again, it is up to you to think about what you would be able to do within this project and put that in your proposal.

4. In Section 2 "Project overview" in the data analysis bullet points. Why has the word "increase" been underlined?

"An investigation into the characteristic predictors (e.g. gender, age, ethnicity, disability, family background, geographic area etc) for those experiencing an increase in poor mental health."

Answer: To differentiate between a) investigating associations between poor mental health and various characteristics and b) investigating the association between *the increase in* poor mental health and various characteristics. As a crude example, if the data shows that females are more likely to have poor mental health overall but the increase in poor mental health was only for males, we want to investigate the latter and understand what is driving that.

The data analysis part ties into the whole evidence scoping but it's also to give us a good foundational understanding of what this increase is, who is it for, where is it coming from (is it coming from a new cohort of individuals or is something happening within this age group that would have impacted anyone had they experienced it during that time period at that age?).

So it's trying to uncover what we should be looking for in terms of drivers.

We want to use as much data as we've got available to get our heads around the causal aspects of the question. Looking at assumptions and theories that have been put forward and why some groups have been affected and not others. Some of that might be possible through data analysis, some of it might be possible through bringing together theories and work that other people have done already. We don't know how well we'll get a coherent story from the data or existing work but that's what we're trying to get with this project really.

5. You mention NHS data sets, does YFF have access to any NHS datasets that may not readily be in the public domain. And how would we get access to that data at the start of that project.

Answer: We don't have any data that we would be able to provide on this specific topic. Part of this project would be to work out what's available and it would be good to sign post to what datasets could shed light on this that is not possible to do within the time frame of this one. So do the best with what we can easily access and provide some guidance on what would be useful to explore in further detail.

6. I'd be interested in what emphasis you have put on trying to understand trends within different age bands within the 14 to 24 year old age group. How much do you see, from a policy perspective, understanding and disentangling that in different age bands relative to older age bands?

Answer: That is definitely something we would want to look into. There is a section in the Call for Proposals on the certain age groups that we're interested in. We note that the drivers of the poor mental health increase that we're seeing in the data might be different for those at the age of 14 to those at the age of 24 – they're in very different life stages. So we are aware that it is likely/necessary to look at the age groups within that age group separately. And it might be the case that you look at it more from what situations they are in (high school, college, university or work) depending on what the drivers are. For example if one of the drivers is precarious work and zero hour contracts then you can see how the situational differentiation might separate those age groups.

7. The question was more about whether the focus in your minds, for policy reasons, was more within the band or that age band relative to other age groups?

Answer: Ideally we would have wanted to do a bit more exploratory data analysis before the Call for Proposals to look at within that age group – whether we focus on 14 to 16 year olds or 20 to 24 years old, for example. So that's why the data analysis section of this research will be really important to uncover that.

We want to be a bit more expansive at this phase. The focus of this organisation is that ten year age range but there will be interesting trends before that and after that and unpicking the cross sectional and longitudinal aspects is all part of what we want to get to grips with so we want to try and dive as deeply as possible to what's there in the data to get a sense of what's beneath that headline trend and to emerge from that the best levers in terms of policy change particularly around our ultimate interests on employment and education. But we don't want to jump to that yet - we want to get an understanding of what's happening across the whole of mental health.

8. The quantitative analysis is quite broad, did you have in mind the type of quantitative analysis that you're expecting e.g. combining existing datasets using advanced statistical techniques or more descriptive analysis?

Answer: We are open to different and innovative methods to data analysis. The point of the data analysis is to try and understand as best as possible this increase in poor mental health and depicting it and bringing it all together with the research that's already out there. It's less about the technique, it's what you would propose would be the best way to answer the questions in the Call for Proposals and the main research question.

Part of the problem is that most datasets will shed partial light on it and finding one that's able to do the analysis across the piece is going to be difficult. Some type of imputation/linkage might be possible. It would be interesting to see if people have ideas for that within their proposals. However, because there's so much out there, it might be that bringing that all together and doing some initial exploratory analysis with as big a data set as possible to get underneath some headline figures, might be enough for the first stage and that will give us lots of interesting ideas to follow up for future projects as well. But we want to get as far as we can down that track as possible but appreciate that there is limited budget and limited timing so it's up to you to balance that as best as you think in your proposal.

9. I'm sort of confused about the different parts of the work. So the first part is to establish the drivers, the second part is the analysis? Because you've listed several drivers, where does the data analysis part of that come in? And where do you stop?

Answer: When the call for proposals was being written initially it was going to be in two parts; the first part was the scoping of the evidence and would include the literature review and the data analysis, and the second part is the design of research designs to fill evidence gaps. But in order to describe the data analysis section and the literature review it made sense to split them up a bit in the call for proposals. You can talk about them separately but they should be intertwined largely.

When we look at drivers we're asking more of a causal question (i.e. what's driving this change?) and we note that more 'simple' analysis that doesn't go into more evaluative/experimental methods (which is quite hard), will give us a good foundation of knowledge of what is going on to build up a picture. Maybe the data analysis findings will help confirm or disagree with some of the evidence that's

already out there and may help you design those research designs later on that have more of a causal element to them.

I don't think we would expect at this stage, given the time, that the causal element would be possible in the data analysis. So it would be more of a description of the situation and looking at the trends and the associations. Because if you look at the question that we're asking "what are the drivers of the increase in poor mental health?" you've got several questions in that. You've got "which time period is this increase? When did it start?", "What are the flows throughout time? Can we depict anything from that?" and then you've got the mental health element "How are they measuring this? Are some mental health conditions increasing more than others?". So it's really trying to fully understand what's happening so that when we look at the drivers, hopefully it starts to shape into a story and becomes a clearer picture and to focus the narrative of that literature review.

10. I think I misunderstood, I thought you were after more of a mediation analysis or something, but it's more about building a picture.

Answer: Yes, but if you feel like your organisation has the skills and the capacity to do that within the time frames and budget we are interested to see what your ideas are within the your proposals.

We would like to look at other causal work that has been done and then bringing that together as part of a narrative – so I think there will be an expansive phase and then a coming back together phase in the project to try and make sense of what we know already about what the drivers are.

11. Do you mind which order you do the data analysis and evidence review?

Answer: No. There's full flexibility.

12. In terms of the inclusion of international studies in the evidence review, do you have any thoughts as to what countries to include and exclude?

Answer: The call for proposals document mentions geographical coverage and it says we are open to literature that doesn't focus just on England – especially if some of the drivers are not well covered in England in the literature. However, it would be necessary to state how well it relates to the England context. So you might be looking at countries that are more like England in terms of their policy space in mental health. But I would definitely advise to look at any England based studies first and see what the evidence looks like there and go from there.

International comparisons may be interesting to look at causal drivers of mental health problems increase for young people and understanding what exist only in England and not anywhere else or vice versa. So we're not too precious about it at all. Ultimately, as an organisation, in terms of what we're trying to influence, that is only England but we are interested in evidence from anywhere as long as we can translate it into the English context.

13. Is there any flexibility in the schedule? Especially in terms of the first report by the general election.

Answer: We're realistic but it will be good to get out of this what we can as early as possible. If that is a very simple synthesis and review of what's out there and not digging too deeply then that's fine. So it's just trading off the depth and the timing. We do not expect a full understanding within a few months. But it would be good to use that date as a marker and to think what would be possible by then, rather than having really clear conclusions by then. Even just trying to set out some of the questions with a bit more specificity or trying to get underneath the headlines - anything is useful in terms of progressing or the understanding of this debate. What can you get by that cut off and then what after that.

There is also a fluidity in terms of influencing. There won't be exact specific dates where something has to be available – there's a sort of period of flux. It will be hard to get things noticed during the campaigning period and hard immediately after too for different reasons. So we're just trying to think of how to make this as interesting and useful as possible to a new government.

14. Are you expecting a systematic review or meta-analysis?

Answer: We did have a think about that and we didn't put it as a necessary method of doing the review because we didn't want to limit the choices there. There might be other pieces of evidence that wouldn't necessarily be picked up in a standard systematic review but we weren't sure either so we just kept that open. We're open to different options and are flexible.

It's one for you to think about and put your best foot forward in the proposal. I think meta-analysis would be tricky because there's so many different outcome measures and inconsistencies – but never say never.

15. How many projects are you expecting to fund?

Answer: Right now we are commissioning one project with a view that further research after this would be beneficial to fill evidence gaps. However, there's quite a lot of unknown elements so we don't want to commission too much upfront until we've got our heads round what we're learning from the first phase.

16. Can applicants be co-investigators on more than one bid?

Answer: Yes.

17. Do you expect the project to have a systematic review within it?

Answer: See question 14.

18. Are you expecting projects to have a named person to carry out the analysis?

Answer: Within your proposal you should include short biographies of all team members, their experience and role within the project. However, we understand that it isn't always possible to name all team members on a large and complex project ahead of time.

19. Do you expect projects to focus on one specific risk factor or mechanism or to look across the broad spectrum of potential drivers?

Answer: For the bulk of the work, it is the latter. However, for the research designs, there may be evidence gaps on a specific driver that would be useful to research individually. Or the evidence review may uncover a large potential driver but more in-depth research would be useful for a clearer understanding.

20. Will there be any follow-on funding for future projects, or similar calls in the same space?

Answer: We anticipate there will be benefits of funding future research projects to fill evidence gaps. The research designs component of this commission will help plan for that. However, we are not committing to any future funding at this stage.