Department
of Health &
Social Care

Grand Challenges Canada - Global Mental Health Program Annual Report and Review - 2021/2022

NIHR Global Health Research Portfolio

Published [November 2022]

Contents

Annual reporting and review process

This activity has been supported by the UK aid budget (Official Development Assistance, ODA) as part of the Department of Health and Social Care (DHSC) Global Health Research (GHR) portfolio.

The Annual Reporting and Annual Review templates are part of a continuous process of monitoring, review and improvement within NIHR's Global Health Research portfolio. These are an opportunity for DHSC and partners responsible for delivering a funding scheme to reflect critically on the performance and ongoing relevance of awards.

The main sections of the template have been developed in accordance with cross-funder common reporting practice and will be used to provide accountability for the use of public money, meet Official Development Assistance transparency and compliance requirements. Within these common sections, sub-sections have been included to enable us to monitor progress against planned activities, test our portfolio Theory of Change using evidence collected on outputs and outcomes in accordance with the NIHR GHR portfolio results framework. There are also sections on value for money, risk management, financial reporting, monitoring, evaluation and learning updates.

The process for completing this template involves the following steps:
1. DHSC works with delivery partners to ensure that the relevant monitoring information is collected at the award level (as set out in the NIHR Global Health Research results framework). This information will be collected using existing reporting mechanisms wherever possible, before bespoke reporting is considered.

2. Delivery partners collate a synthesis of the award level monitoring information and present aggregated funding scheme level findings (and award level wherever specified) within this template.

3. This report is then shared with DHSC for comment and feedback.

4. DHSC will then use the annual report and additional information gathered through meetings, field visits and any other documentation to complete the annual review template - relevant sections are highlighted with green boxes. This will include an assessment of overall funding scheme performance over the last 12 months, identify lessons learnt, time-bound recommendations for action consistent with key findings and will be used as an evidence base for future funding decisions. Please write this summary with a public audience in mind, assuming no prior knowledge of the funding scheme.

5. Annual review signed off and published.

1. DSHC summary and overview

1.1 Brief description of funding scheme

Grand Challenges Canada's (GCC) Global Mental Health (GMH) Programme aims to seed and transition to scale funding for high impact innovations that improve treatments and/or expand access to care for people, especially youth, living with or are at risk of mental disorders. Grand Challenges Canada's programmes focus on funding innovators in low and middle income countries (LMICs), supporting bold ideas with big impact.

Re-launched in 2019 the GMH programme aims to build on previous success through two key funding schemes, (a) seeding innovation in youth mental health and (b) investing strategically at transition to scale. The Seed funding aims to source bold ideas for transforming youth mental health in LMICs and build a new pipeline of youth mental health initiatives. The Transition to Scale (TTS) scheme aims to increase the availability of quality, evidence-based mental health services by transitioning to scale the most promising mental health innovations that show evidence of impact in symptom severity, level of functioning, and/or mental wellbeing. More broadly the GMH Programme aims to establish GCC as a leader in the global mental health innovation ecosystem to ensure innovations have the partnerships and support needed to achieve sustainable impact at scale at the end of their funding period. Finally wrapping around each innovation is the aim to build a learning community to share best practices, strategies, and to disseminate knowledge.

1.2 Summary of funding scheme performance over the last 12 months (general progress on activities, early outputs, outcomes, impacts across all awards)

From a record breaking request for proposals to the seed funding call in 2020, the GCC Global Mental Health Program has progressed 16 initial DHSC-funded proof of concept projects to being well underway, all of which are fully contracted and started implementing this year. Of the TTS grants all five projects approved for funding in 2020 have now been fully contracted and are well underway with implementation.

Initial outputs and outcomes are beginning to be reported from across the Global Mental Health Program including: 194 lives improved, 8,478 people currently accessing mental health innovations, 1,661 individuals having undertaken professional mental health related training, 144 community engagement, outreach, and awareness campaigns over the last year reaching 316,494 beneficiaries and 181 sites/facilities are implementing innovative mental health services. It is both impressive and very useful to have such outputs in the second year of the programme to clearly illustrate value early on and it would be beneficial

for GCC to share lessons from their monitoring and evaluation processes with other programmes in the GHR portfolio.

In engaging with the global mental health ecosystem, driving engagement and uptake for the outputs and research produced GCC has built substantial momentum including membership of the International Alliance of Mental Health Research Funders (IAMHRF) Steering Committee, co-chairing the IAMHRF lived experience working group, membership of the IAMHRF Common Measures Board, hosting a Mental Health Track at the Grand Challenges Annual Meeting and being a panellist at United for Global Mental Health's webinar on Driving Forward Meaningful Youth Engagement.

On research capacity strengthening and professional development GCC through the Global Mental Health Learning Platform has supported grantees with expert-led webinars and coaching targeting priority challenges and opportunities focused on demonstrating impact at scale. The platform team has also supported TTS teams using case clinic methodology focused on elucidating and, through rapid consultation, developing plans to address project specific strategic challenges.

1.3   Performance of delivery partners

GCC has kept DHSC well informed of progress across the GMH program, with the quarterly narrative and financial reports offering timely and useful overview of activities. The quarterly cross-funder meetings with Global Affairs Canada (GAC) paused during a personnel change in GAC but resumed in Q4 of 2021 providing a useful forum to discuss program wide activities, potential risks and mitigation and increase areas of alignment.

GCC has been responsive in providing ad hoc details to requests for information such as examples to input into briefings and reports. The team has also flagged opportunities to collaborate with the GHR team including working on a joint announcement of the seed awards once they were contracted and in attendance of the Grand Challenges Annual meeting in which GCC hosted a mental health track.

Another instance where GCC has proven a responsive partner is in supporting a downstream grantee (Eurasian Union of Adolescents and Youth Teenergizer (EUAYT) who at the time had a delivery partner in Ukraine. With the news of the Russian Invasion of Ukraine, GCC reached out to the project team to offer their support and shared more regular updates with GHR. The project team has reported that they have left Ukraine and pivoted to holding mental-health education sessions to being held virtually and therefore are able to proceed and GCC is keeping GHR updated.

Alongside providing quarterly narrative and financial reports the GCC monitoring, and evaluation team has engaged in DHSC's cross portfolio workshop and learning activities on the process of annual reporting and reviews. The team provided valuable insights into

how impact is measured and rolled up across GCC and how they find the process of completing annual reports and reviews.

1.4   What are the key lessons identified over the past year for wider DHSC/NIHR global health research

Two key lessons have been identified from GCC GMH that will be considered across DHSC and NIHR Global Health Research:

Lesson 1: GCC has been responsive and helpful partner in offering feedback during the annual reporting and review, review including firstly engaging in a 1:1 informal interview with the GHR monitoring, evaluation and learning lead on how they find the process and points of improvement and then joining a cross portfolio workshop session to bring together learning. GCC has offered valuable feedback on how the process is useful and additional information that they can provide DHSC, highlighting that the annual review process needs to be adaptive to the programme and activities it is seeking to report on.

Lesson 2: Similarly, the initial outputs and outcomes available as part of this annual review on lives improved, access to innovations, training, community engagement and implementation sites are a very useful and quick summary of the impact that the programme is already having. It would be beneficial for the GCC monitoring and evaluation team to further share lessons learned across their processes and methods of assessing and determining value through the life of a programme across the GHR portfolio.

DHSC to summarise key recommendations/actions for the year ahead, with ownership and timelines for action

Recommendation	Owner	Timeline
Continued engagement in the development of the GHR annual reporting and review processes	GCC	Across 2022
Shared learning on monitoring and evaluation processes	GCC	Autumn 2022

2. Summary of aims and activities

2.1   Overview of award/funding call aims

Grand Challenges Canada's Global Mental Health program funds grants at two levels, seed and Transition to Scale (TTS).

Seed funding: A Global Mental Health Grand Challenge: Mental health and wellbeing of young people. The highest burden of poor mental health occurs just as youth are establishing the social, cultural, emotional, educational, and economic resources on which they will depend to maintain health and wellbeing for the rest of their lives. COVID-19 poses new and unique mental health challenges while also highlighting existing gaps in mental health services, supports and understanding. The challenges statement is as follows, "We seek bold ideas to meet the mental health needs of the most vulnerable young people aged 10 to 24 years. We are specifically looking for innovative approaches to enhance mental health literacy and/or provide youth-friendly services while accounting for the complex social and environmental factors that contribute to young people's mental health and wellbeing. Approaches should be culturally sensitive and community driven."

The first round request for proposals launched May 2020, and 16 initial DHSC-funded projects totalling £2,313,229.70 are well underway, having fully contracted and started implementation in 2021. The second round funding request (funded by Global Affairs Canada) launched in October 2021, and contractual negotiations were initiated with 21 projects in April 2022.

Transition to Scale funding: Grand Challenges Canada's Global Mental Health Program supports bold ideas to transition to scale high impact innovations that support the mental health needs of individuals in low- and middle-income countries. The Transition to Scale program specifically looks to fund bold solutions that provide evidence-based, person-centred mental health services in community-based settings. Areas of particular focus include approaches that improve the integration of mental health care across a range of areas, meeting people where they are, including via: education, primary health, and social care settings. Innovations must be culturally sensitive, community driven, and, are required to demonstrate meaningful engagement with people with lived experiences and stakeholders from the outset. Applications are accepted by invitation only and reviewed by external experts for demonstrated mental health impact before being considered by our Investment Committee and approved by our Board of Advisors for funding. To date, 5 TTS projects, totalling £2,050,832.36 have been approved for funding with support from DHSC through NIHR and are well underway with implementation. An additional 3 TTS projects totalling $3.4M CAD have been approved for funding with support from the Government of Canada through Global Affairs Canada.

2.2   Delivery partner's assessment of progress against milestones/deliverables

Award	Agreed milestone dates	Current status of progress against milestones/deliverables	If the award is not on track to contribute to expected outcomes and impacts, why not? What are the potential impacts of this and how have plans been revised to accommodate this?
Round 1 seed projects funded; Round 2 RFP developed and launched	Year 2	16 DHSC-funded projects' grant agreements fully contracted in 2021 and implementation underway. Second seed funding round launched in October 2021 and negotiations currently underway for ~21 seed projects to be funded by Government of Canada. Total goal: 30 seed innovations funded in youth mental health over two 2 rounds.	
TTS projects recommended for funding at quarterly Investment Committee meetings; TTS projects receive initial tranches of funding, typically 1-2 quarters from quarterly board approval	Year 2	7 projects' grant agreements fully contracted (5 NIHR; 2 Government of Canada); 1 additional project in grant negotiations (Government of Canada). Two DHSC-funded TTS projects with 2022 end dates are currently being evaluated for reinvestment with Government of Canada funds in late 2022, while the remaining three projects with 2023 end dates are regularly monitored for potential	

Award	Agreed milestone dates	Current status of progress against milestones/deliverables	If the award is not on track to contribute to expected outcomes and impacts, why not? What are the potential impacts of this and how have plans been revised to accommodate this?
		reinvestment in 2023.[1] Total goal: 10 - 15 TTS projects dependent on phasing, half funded by DHSC, at least half funded by Government of Canada.	
Platform selected and funded; support activities begin	Year 2	Platform host selected and contract signed in March 2021. Program support activities to seed and TTS GMH innovators well underway.	
GMH representation at key ecosystem events	Year 2	GCC has built substantial momentum. Including: 1) Hosting a Mental Health Track at the GC Annual Meeting 2) Membership on the Common Measures Board at the International Alliance of Mental Health Research Funders (IAMHRF). 3) Co-chairs the IAMHRF Lived Experience Working Group 4) Panellist at United	

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[1] GCC has quarterly portfolio review meetings where each innovation's progress is assessed against a set of standardized criteria to evaluate the strength of the team and partnerships, the robustness of the evidence of mental health outcomes and the viability of scale and sustainability plans to evaluate reinvestment potential.

Award	Agreed milestone dates	Current status of progress against milestones/deliverables	If the award is not on track to contribute to expected outcomes and impacts, why not? What are the potential impacts of this and how have plans been revised to accommodate this?
		for Global Mental Health's webinar on *Driving Forward Meaningful Youth Engagement.* 5) Member of IAMHRF Steering Committee. Please see section 3.8 for further details.	

2.3   Delivery partner's assessment of how individuals/communities (including any relevant sub-groups) have been engaged and their needs reflected in identifying research priorities, design/planning, implementation, analysis, and reporting and dissemination

DHSC-funded mental health projects implemented 144 community engagement, outreach and awareness campaigns over the last year, reaching 316,494 beneficiaries. Community engagement activities spanned radio and television campaigns, distribution of printed information materials, in-person outreach events, online campaigns and telephone campaigns. A variety of underserved end-users were reached, including youth experiencing symptoms of anxiety and depression living in informal settlements, incarcerated youth, mothers and fathers with depression, pregnant women and youth living in other at-risk and adverse environments. For example, one seed project (Sembe World) conducted interviews with youth representatives from remote communities to learn about the mental health and psychosocial support dynamics in relevant communities where implementation activities will take place. Leaders of youth associations in Boko Haram affected communities in Northern Cameroon were actively involved in identifying sites for implementation to strengthen Sembe's efforts to increase the provision of youth-friendly mental health services. In the design state of the Slum and Rural Health Initiative (seed), the team engaged with young people in internally-displaced person (IDP) camps via focus

groups and interviews to better understand their mental health experiences following displacement. This formed the basis of the baseline data on prevalence of mental health disorders and mental health literacy amongst youth in IDP camps. Youth with lived experience of mental health disorders were also involved in testing the contents of the innovation's mobile app, which will be used by trained community members to deliver mental health programming.

Projects were changed and adapted as a result of community engagement efforts to respond to the changing needs of underserved and unserved groups, including leveraging digital technologies to reach youth where they are, and adjusting specific components of program implementation to adapt to the needs of target end-users. For example, The Syrian American Medical Society Foundation (seed project), based on their interactions with peer leaders, identified the need to find new ways of reaching youth in more contemporary ways, including creating TikTok videos introducing the Helping Hand program and its benefits to other youth who may be interested in participating to learn healthy coping strategies while also expanding their social support networks through peer connections. Waves for Change (TTS) noted that surf club children identified the need for a revised child-friendly mental health curriculum that addresses topics such as sexual and reproductive health as well as the needs to access products and knowledge about managing menstruation (a barrier for some girls to participating in surf therapy). The team is working on revising the surf club curriculum to address sexual and reproductive health topics. GCC facilitated an introduction to another Sub-Saharan Africa-based TTS innovation (funded under GCC's sexual and reproductive health and rights portfolio) that specializes in providing access to high-quality, affordable and quick-dry reusable menstrual products as well as menstrual health education tailored to adolescents to support the Waves for Change team in filling this gap through a potential partnership.

3. Outputs and outcomes

High quality policy/practice relevant research and innovation outputs

3.1   Aggregated number of outputs by output type.

The following table outlines progress against the agreed outputs as per Annexure 5 of the DHSC GMH Grant Agreement.

 GCC collects data on a range of indicators from each project's results management and accountability framework (RMAF). These results are aggregated and collectively speak to the Global Mental Health program's progress towards the ultimate outcomes of the NIHR award of improved mental health of persons, particularly youth, in low- and middle-income countries.
Projects are still in early stages. More information will be provided in future reports.

Indicator	Description	Achieved Results to Date by DHSC-funded Innovations
# of lives improved	Number of end-users experiencing a measurable improvement in mental health as a result of accessing DHSC-funded innovations	194 (100% of whom are adolescents aged 10-19). These results have been achieved by the Syrian American Medical Society Foundation.
# of end-users accessing mental health innovations	Number of end-users who have been reached through DHSC-funded mental health innovations	8,478 (87% of whom are young people aged 10-24). Innovations that have contributed to this overall achievement include Child's I Foundation, The Eurasian Union of Adolescents and Youth Teenergizer, Slum and Rural Health Initiative, Socios En Salud Sucursal de Peru and Waves for Change.

# of end-users receiving mental health education	Number of end-users who have engaged in mental health or psychosocial education or have received educational materials from DHSC-funded innovators	1,002

Summary of End-User Outcomes to date for DHSC Funded Innovations

All lives improved results have been achieved by the Syrian American Medical Society (SAMS) Foundation's Helping Hand (HH) program. HH is a freely downloadable, digital game that helps to foster adolescents' understanding of cognitive behavioural therapy (CBT). The SAMS Foundation is testing the effectiveness of the HH app as part of a blended learning program for adolescents living in informal settlements in the Beqaa Valley, Lebanon. To date, 270 adolescents have accessed the HH program, of which 194 adolescents have experienced a life improvement, measured using the WHO-5 Wellbeing Index.

A total of 8,478 end-users accessed DHSC-funded innovations during the reporting period, with Waves for Change and Teenergizer reporting the highest reach figures. 2,088 adolescents (ages 10-19 years) growing up in adverse environments in South Africa have accessed Waves for Change's surf therapy and Surf Club courses. Over the course of 17 weeks, adolescents enrolled in the surf therapy program attend sessions 5 days a week, and adolescents enrolled in the Surf Club attend once a week. The mental health curriculum is delivered by surf mentors (youth ages 18-25) and focuses on key skills such as emotional regulation and increased confidence. Additionally, 2,579 end-users accessed Teenergizer's online peer-counselling platform for the first time. 98% of these end-users are youth ages 10-24 years, and all are based in Ukraine, Kazakhstan, and Kyrgyzstan.

1,002 end-users have accessed mental health education through DHSC-funded innovations to date. Child's I Foundation in Uganda has made the largest contribution to this figure, with 532 end-users (of whom 98% are young people ages 10-24) having accessed mental health education through a trained peer network of well-being champions who provide non-judgemental support to youth. The program specifically focuses on supporting young people with lived experience of institutional care.

3.2 List of research and innovation outputs produced that are considered **by award holders** to be most significant in contributing towards high quality applied global health knowledge with strong potential to address the needs of people living in low and middle income countries.

No manuscripts or papers have been published over the last year. One seed project, Syrian American Medical Society Foundation (Jordan), was invited to contribute a book chapter on psychosocial support for refugee youth. The team used preliminary data from the first cycle of the program to complete the chapter, which will be published next year by Oxford University Press. The book will be called "Psychological Perspectives on Understanding and Addressing Violence against Children", edited by Laura Miller Graff (PhD) and Scott Moeschberger (PhD). GCC continues to support and track development of manuscripts and papers and will continue to update DHSC as funded innovators make progress toward this outcome.

3.3   Lead/senior authorship

As above.

Informing policy, practice and individual/community behaviour in LMICs

3.4   Delivery partner's summary of the most significant outcomes of any award level engagement and/or influence of policy makers, practitioners and individual/community behaviour

Grand Challenges Canada has reporting items in our results management framework that regularly requires grantees to report on various types of engagement with decision-makers and policymakers. Project teams engage a variety of stakeholders depending on the nature of the policy goals, and have engaged departments of health (national and district/county levels), mental health professionals, local leaders, mission-aligned NGOs, departments of education and institutions affiliated with justice systems, among others. As projects are still in early stages of implementation, we anticipate additional data and results from grantees funded under the Global Mental Health Program at the end of the funding period. However, a few examples of significant policy outcomes to date include:

Eurasian Union of Adolescents and Youth Teenergizer (seed project) has successfully influenced the signing of a memorandum to strengthen the mental health care system in Ukraine, through their efforts as a part of a coalition advocating for the development of legislative initiatives. As a result, on October 6, 2021 the Cabinet of Ministers approved the National Mental Health Action Plan for the development of mental health care in Ukraine.

The Banyan (TTS project) is leading the task-force to develop a comprehensive mental health policy for the State of Tamil Nadu – the first of its kind in India. This task force has been set up by the National Health Mission, Government of Tamil Nadu. The Government

of Andra Pradesh has agreed to support the full Home Again model including support for medications, housing and staff required to support 24 Home Again clients.

Socios en Salud Sucursal del Perú (Partners in Health) has had a number of strong signals of government demand for support from the Mental Health Learning Collaborative. Ministries of Health in Lesotho and Liberia requested that Partners In Health be their lead partner on developing and adapting local mental health policies. In Liberia, the MOH requested a workshop in November 2021 where Partners in Health facilitated training on the value chain model in service of national mental health policy planning. Partners in Health Liberia is also part of a technical working group on mental health policy established by the MOH where the Value Chain is also serving as a foundational framework with the potential for the model to have national scale. The technical Mental Health team at SES and the Centro de Salud Global (CSG, Center for Global Health in English) are developing the Integral Care Programme in Maternal Mental Health in coordination with the National School of Public Health and the Mental Health area of MINSA (Peru's Ministry of Health).

Transition To Scale projects tend to be further along in their engagement with policymakers than seed projects, which is typical and expected for later stage initiatives.

LMIC and UK researchers trained and increased support staff capacity

3.5   Aggregate level summary across awards of individual capacity strengthening supported by at least 25% NIHR award funding

Training level	Total number who are currently undertaking or have completed during the award period	% LMIC nationality	% female
BSc			
MSc			
MD			
Mphil			
PhD			
Postdoc			
Total Professional training for non-research support staff (e.g. research	1,661 – Individual capacity strengthening, including: community mental health	100%	73%

Training level	Total number who are currently undertaking or have completed during the award period	% LMIC nationality	% female
manager, finance, admin, community engagement practitioners etc)	worker training, clinical capacity building, psychosocial rehabilitation training and substance use disorder training. All training is for health care providers and community health workers as intermediaries delivering mental health interventions.		
Facility-based health workers (ex. physicians, nurses, etc)	332	100%	86%
Non-facility based health care workers (ex. community health workers)	613	100%	83%
Non-health service providers (ex. teachers)	409	100%	64%
Family Members & Caregivers	117	100%	70%
Other	190	100%	56%
	40 Mentors (Waves for Change)	100%	50%
	5 youth (Reinserta un Mexicano Asociacion Civil)	100%	40%
	45 community actors (Sembe)	100%	40%
	34 others (Socios en Salud)	100%	76%
	45 Peer Leaders (Syrian American Medical Society Foundation)	100%	60%
	20 UYNPA & Peer Facilitators (Uganda Network of Young People Living with HIV/AIDS Ltd)	100%	65%

LMIC institutional capacity strengthened

3.6   Delivery partner's summary of evidence of activities and outcomes from across awards demonstrating how NIHR funding has helped to strengthen LMIC institutional capacity to contribute to and lead high quality research and training within a national research ecosystem.

To date, 181 sites/facilities are implementing innovative mental health services. These facilities are often primary healthcare or community centres where a variety of intermediaries are trained to support youth accessing mental health supports. For example, The Liberia Center for Outcomes Research in Mental Health (TTS) works with government run health facilities across Montserrado County in Liberia to embed mental health care into antenatal care access points, while Slum and Rural Health Initiative (seed) has established Friendship Tents at two internally-displaced person camps where weekly mental health literacy and support sessions are delivered to youth.

3.7   Aggregated distribution of support staff (collected for the purposes of understanding how wider research support responsibilities are divided between LMIC and HIC institutions)

	Total number of FTE support staff (research managers, finance, admin, community engagement practitioners, other) in post during the last 12 months
Employed in LMICs	Total: 78 - for fully contracted awards only 19 The Banyan support staff (1 project lead, 1 data manager, 1 case manager, 2 program leads, 2 social workers, and 12 personal assistants (individuals trained and supervised to support end-user recovery and who are supported by weekly visits from case managers, nurses, and social workers or psychologists and who also create social interactions within the community that promote awareness and reduce community mental health stigma.) 24 Ishrat Husain Pakistan Institute of Living and Learning support staff (11 research assistants, 1 communication manager, 1 project administrator, 1 project manager, 1 deputy project manager, 1 data manager, 2 qualitative researcher, 1 finance manager, 5 co-investigators) 7 Green String Network support staff (7 general project staff) 1 Syrian American Medical Society Foundation support staff (1 project coordinator)

	Total number of FTE support staff (research managers, finance, admin, community engagement practitioners, other) in post during the last 12 months
	5 Sense International India support staff (2 psychologists, 1 lead researcher, 1 capacity building trainer, 1 sign language interpreter)

7 Schizophrenia Research Foundation support staff (1 program coordinator, 6 research assistants)

7 Slum and Rural Health Initiative support staff (1 data analyst, 1 researcher, 2 mental health researcher, 1 media personnel, 2 policy associates)

4 Uganda Network of Young People Living with HIV/AIDS support staff (1 project coordinator, 1 M&E officer, 1 program manager, 1 project officer)

4 Reinserta un Mexicano Asociación Civil (1 radio program coordinator, 1 radio program operational assistant, 1 head of M&E radio program, 1 economist) |
| Employed in HICs | 3 Grand Challenges Canada program staff (1 Program Officer, 1 Program Associate, 1 Program Analyst) additional support staff (management, legal, finance, knowledge management) who support the program part time |

Equitable research partnerships and thematic networks established/strengthened

3.8   Delivery partner's assessment of the extent to which this NIHR funding has contributed towards building or strengthening equitable research partnerships/collaborations and thematic networks (where applicable, including engagement with communities).

As projects have gotten underway, we have focused on launching our technical support platform, the Global Mental Health Learning Platform, which is providing tailored one-on-one support, mentorship, cohort coaching and learning opportunities to the portfolio of projects (see Lessons Learned in Section 7 for more detail on progress to date). The Learning Platform team, made up of experts from citiesRISE and Truepoint, is also providing partnership and research development support. This model is based on our successful Saving Brains Learning Platform led by Truepoint, which has served to not only catalyse the field and bring together other funders but has also proven to be critical to

grantee success, and has allowed innovators to collaborate and leverage each other's knowledge, skills, and networks. A key component of this work is the development of a learning community that allows grantees to engage with each other and learn from one another's work. Originally, we had planned for at least one in-person learning meeting a year to allow our grantees to come together in person to workshop different challenges and ideas as a group. Due to the COVID-19 pandemic in person workshops were not safe or feasible and continue to be virtual in the context of the ongoing pandemic. While virtual meetings provide for a less organic opportunity to engage than in-person events, they are more cost-effective and nimble, which allow the learning platform to be more responsive to the dynamic needs of innovators, engaging at more regular intervals than in-person events which require international travel may allow. In terms of technical outcomes of workshops (e.g. enhanced stakeholder planning and follow-up actions completed), in person and virtual convenings have produced the same results for individual participants. Missing from virtual convenings are the in person, informal networking opportunities where innovators often find new ways to collaborate, such as building advocacy coalitions with other innovators working in the same political context. In the future, we anticipate in person meetings to take place alongside conferences in the global mental health field allowing us to support our grantees to attend these global events, showcase their work and meet with other researchers in the field GCC regularly seeks feedback from grantees supported by the Learning Platform. Feedback to date has been very positive and it is clear that the platform is providing high quality technical support and development opportunities to innovators. An example of feedback from an innovator:

"The Global Mental Health Learning Platform has structured its virtual (zoom) sessions in an informative and comprehensive manner. The experience with the delegates and facilitator was enlightening. The team used their experiences through examples while delivering the Monitoring Evaluation Learning (MEL) section from "The Measurement for Change (Part 1)". In addition, the breakout room activities were fruitful in terms of understanding the other projects presented from across South Asia. Moreover, the platform helped us in guiding and providing insights to overcome the foreseen challenges. The discussions on designing MEL structures have been helpful in understanding how to develop MEL structures for our own project. Insight into collective challenges from the nations participating helps in strengthen the purpose of the project in determining and validating the need of conversations around mental health in general but particularly in the field of disability. The Global Mental Health Learning Platform is a great initiative for us as an organisation to build upon our networks with other organisation who are focusing on mental health. The platform allows us to strengthen our research and conceptualize our intervention in holistic manner. Sharing of ideas and discussion helps us to learn new concepts that could be implemented within our project. The virtual webinars are helpful in terms of gaining knowledge from expertise to take up the preventive measure and overcoming challenges." – Sense International India

Ecosystem engagement:

Grand Challenges Canada's Global Mental Health team has made great strides toward further engagement in the Global Mental Health Ecosystem. As a result of funding made possible by DHSC and the Government of Canada. The portfolio has developed a strong foundation of promising investments, a dedicated learning platform, and has garnered interest from other partners to derive and share lessons from the portfolio as well as to expand on the portfolio's successes. Most notably, these partnerships have been rooted in a common vision of enhancing locally led systems change in mental health and a strong commitment to leadership by and meaningful inclusion of, people with lived experience in mental ill health. This common thread among partnerships has created a united vision forward for long-term, goal oriented collaboration.

A major priority in the last year has been engagement with Fondation Botnar to co-design a $60M CAD investment in Global Mental Health over a seven-year period. Grand Challenges Canada will work with multiple partners to deliver the Mental Health Initiative: a strategic approach to supporting the mental health of young people globally with a range of coordinated research and implementation mechanisms. In 2021, GCC joined the Common Measures Board at the International Alliance of Mental Health Research Funders (and participated as a panellist at the *Pathways to Common Measures* virtual meeting on February 16th, 2022. GCC also has membership on the IAMHRF Lived Experience Working Group which jointly issued an opinion piece on involving people with Lived Experience in Mental Health in research and funding decisions.

Additionally, GCC is frequently invited to participate on panels to share our learnings. Most recently, GCC participated on the panel at United for Global Mental Health's webinar on *Driving Forward Meaningful Youth Engagement.* A webinar attended by over 400 people globally. GCC also GCC hosted a Mental Health Track at the GC Annual Meeting on November 8th-9th, 2021.

3.9   *Please complete the annexed delivery chain map template (including lead institution and downstream partners) and committed amounts.*

Completed.

3.10   Aggregated HIC/LMIC spend across all awards

	Total committed amount (GBP) allocated to:	% of total committed amount to all institutions:
UK/HIC institutions	£144,935.36 GBP $249,999.00 CAD	5%

	Total committed amount (GBP) allocated to:	% of total committed amount to all institutions:
LMIC institutions	£2,737,269.41 GBP $4,721,516.00 CAD	95%
All institutions	£2,882,204.77 GBP $4,971,515.00 CAD	100%

3.11   Delivery partner's summary of any other noteworthy outcomes beyond those captured above (note that these may include unanticipated outcomes (both positive/negative), outcomes outside health, and any other secondary benefits to the UK or any other countries)

It's worth contextualizing the impact of some of the additional end-user indicators provided in section 3.1 that speak to the collective impact the mental health programme is having beyond outputs and mental health outcomes. Providing mental health and psychosocial educational outreach and materials is an important component of addressing mental health stigma in underserved communities, including creating awareness, demand and uptake of mental health services and contributing to improving social norms around care-seeking for mental illnesses and well-being.

4. Value for money

- Delivery partner's summary of evidence from across awards demonstrating activities during the past year to ensure value for money in how the research is being undertaken.

4.1   Economy - how are you (the delivery partner) ensuring that funding is being spent on the best value inputs?

As DHSC-funded projects were just getting underway in 2021, no spot check audits have been completed to date. Three are currently underway, and six more are planned for GCC's Fiscal Year 22-23 (March-April). We will provide an update in the next annual report on the result of the spot-check audits. As part of the audits, GCC's finance team verifies compliance against GCC's contracting and procurement policy by reviewing request for proposal documents and relevant backup documentation (quotes, evaluations to select vendor(s), contracts, invoices, proof of payment, etc) for any applicable expenses selected for review, to verify the best value for money was achieved in procuring the service/product. This would apply to any selected samples that meet the thresholds set out in our policy to competitively procure the service/product. Recommendations are shared with innovators in case of any deficiencies or discrepancies noted during our review. In outstanding situations, where risks are identified, GCC will inform the funder and ensure any risks are appropriately mitigated. Learnings on costing of programs are identified, where possible, and comparisons are made across the portfolio to ensure investments are made in a cost effective manner. Many innovations in the mental health program are working toward costing their programs at scale. When sufficient data is collected on this, GCC will share with funders and other stakeholders. GCC holds annual portfolio review workshops to explore challenges, opportunities and lessons learned across all portfolios of investment. With input from the GCC team, innovators, Investment Committee and Program Advisory Council members, comparisons are made within and across portfolios. The specific focus of these meetings changes on an annual basis depending on priority areas across portfolios (in the past, the focus has been public sector scaling).

 GCC has also signed on to the Common Measures Board with the IAMHRF. By doing so, we require common measures to be used across Mental Health investments (in conjunction with culturally relevant measures). This allows for comparison of impact across models not only funded by GCC but by key funders in the field. The value of showing impact in a comparative manner increases opportunity for future investment by funders focused on later stage innovation, beyond the scope of GCC funding.

4.2   Enhanced efficiency - how are you (the delivery partner) maximising the outputs (research and innovation outputs, knowledge exchange, strengthened researcher

and support staff capacity, strengthened partnerships/networks) for a given level of inputs?

In mid-2020, a competitive procurement process was undertaken to identify the most qualified vendor with the most reasonable fees to deliver the Global Mental Health Learning Platform and achieve the goals of the program. Six competitive bids were reviewed, and a contract was finalized in 2021 with CitiesRISE Inc. to deliver the GMH Learning Platform. The platform's objectives are to accelerate and track the impact of the Global Mental Health community of innovators. In addition to Grand Challenges Canada, the learning platform has visibility on all actively funded grantee activities and continues to support partnerships on an ongoing basis. One of the key objectives of the Learning Platform is to collect lessons and best practices arising from the Global Mental Health community of innovators. Key insights will be surfaced in forthcoming Impact and Learning reports. Additionally, final project-level reports from seed and TTS innovators may yield additional relevant implementation science and innovation outputs that respond to global health research priorities, creating opportunities for knowledge dissemination and exchange within the global mental health community of practice. See more information on effectiveness of platform to date in Section 7 (Monitoring, Learning and Evaluation).

4.3   Effectiveness - how are you (the delivery partner) assessing that the outputs deliver the intended outcomes?

Projects must include measures to target at least one of several priority outcomes for global mental health in their results management and accountability frameworks. This includes impact on mental health outcomes resulting from the innovation. These must be measurable and achievable by the end of the funding period. We require that results be backed with strong evidence with an appropriate methodology so that changes in health and well-being can be attributed to the innovation.

There is an indicator in our results management framework that specifically asks grantees to detail cost efficiencies achieved during the lifetime of the project. Data for this indicator is typically available at the end of projects when costing data has been analysed. We expect to see increased efficiencies in our Transition To Scale versus seed portfolio given the maturity of different scaling stages of projects. Including this indicator on cost efficiency and value for money has signalled to our grantees the importance of this element, and the learning platform is available to supporting these efforts where required.

Project teams are also required to leverage 1:1 grant funding for every $1 invested by GCC. This allows for additional support and buy-in from other funders to enhance the work of each project team.

4.4   Equity

- Please summarise any activities that have taken place to ensure everyone is treated fairly as part of the application process and within funded research teams, regardless of gender, gender identity, disability, ethnic origin, religion or belief, sexual orientation, marital status, transgender status, age and nationality.

GCC has a set of review guiding principles in place that help to ensure that applicants for both seed and TTS funding are treated fairly. Review guiding principles include:

Equitable - All applicants are given an equal opportunity to succeed. First name of project lead is hidden from the reviewers to avoid unconscious gender bias.
Transparent - Applicants understand the evaluation process and criteria and are provided feedback when not successful.
Rigorous - Process is thorough and systematic.
Inclusive - Reviewers have diverse backgrounds and perspectives, including people with lived experience and those from LMICs.
Independent - Decisions are made independent from innovators who stand to benefit and from GCC management.

Grand Challenges Canada is committed to supporting programs that are grounded in a human rights-based approach. Human rights principles of equality and non-discrimination, participation and inclusion, and transparency and accountability are integrated into our funding processes. Grants are scored against a human rights and inclusion rubric and a gender equality rubric. Applicants are rated on their approaches. Based on the applicant's score, our team develops and identifies different measures needed to help improve the project's incorporation of human rights and inclusion principles and/or gender equality. These measures are tailored to each individual project's needs and can be included as milestones in funding agreements. Out of the 21 executed DHSC-funded Global Mental Health projects to date, 14 projects have achieved a Human Rights and Inclusion Score of Grade A (significant integration of human rights and inclusion principles in the design of the innovation) and 7 projects have achieved a score of Grade B (limited integration of 'human rights and inclusion' principles in the design of the innovation). A and B Human Rights and Inclusion Scores are considered to be sufficient.

Grand Challenges Canada is committed to furthering principles of gender equality in the innovations it funds and across the organization, in line with the Government of Canada's Feminist International Assistance Policy. During our due diligence process, we apply a gender equality coding system to each project that we consider. Our goal is to help innovators increase contributions towards gender equality outcomes and advance their scores before the end of a project's funding period. Transition to Scale innovators are encouraged to conduct a gender equality analysis and strategy as well as provide a progress update on the implementation of the strategy, if applicable. As part of the gender analysis, innovators conduct an environmental scan and business model analysis to identify contextual gendered patterns and barriers that might hinder the innovator's ability

to advance gender equality objectives that can potentially be addressed in a gender strategy. Resources provided by GCC include a gender equality venture advisor who provides feedback on gender equality strategies, gender equality webinars, gender equality strategy toolkit, and an online portal with modules and case studies. 6 DHSC-funded projects received a 0 (no or minimal contribution to gender equality outcomes), 10 projects received a 1 (limited contribution to gender equality outcomes) and 3 project received a score of 2 (significant contribution to gender equality outcomes). All projects with a gender equality score of 2 are Transition To Scale, while all projects with a score of 0 are seed projects. This is in line with what GCC typically sees for projects of earlier stages that have not undertaken a comprehensive gender equality analysis or created a gender equality strategy to date. At the Transition to Scale level, GCC provides additional technical support to innovators with a gender equality score of 0 or 1 to conduct a gender equality analysis and create a gender equality strategy, with the goal of moving innovators up to the next score up by the end of the funding period. Two DHSC funded TTS projects have benefitted from this specialized technical assistance to date.

How are you (the delivery partner) ensuring that the funded research benefits vulnerable groups to improve health outcomes of those left behind? Through the seed funding program, GCC takes concrete steps to ensure that youth as a particularly vulnerable group are consulted with to determine focus areas and scope of youth seed requests for proposals, that youth are involved in shaping applications, and in the selection process for projects.

A number of youth in LMICs have been consulted to gain a better understanding of pressing mental health concerns from their vantage point. Youth were consulted on what they wish existed in their communities to address mental health, what aspects of traditional adult focused mental health approaches would and wouldn't work for youth, and what are some of the neglected areas of youth mental health that could bring about the greatest impact and change. Insights from these conversations were utilized to help share the focus areas and scope of the first seed funding call under the renewed GMH program.

We involved the Young Leaders from the Lancet Commission on Global Mental Health's Youth Campaign Team in the first stage of the selection process for the 1st youth Seed RFP in 2020. Each application was reviewed and scored by one Young Leader on relevance to the funding call and innovativeness of the proposed idea. For the 2nd youth Seed RFP that was launched in October 2021, we consulted with the Young Leaders from the Lancet Commission on Global Mental Health on the RFP application. They provided inputs on how the application questions and process could be streamlined and improved to make it more youth-friendly. Some output from this consultation include changes to the application itself, development of resources to explain common GCC terms (e.g. Integrated Innovation), and a webinar on proposal development specifically for youth-led organizations (delivered by the citiesRISE learning platform). For the 2nd youth Seed RFP

which closed recently, we are also engaging Youth Advisors and Youth Advocacy Fellows from Orygen in addition to the Lancet Young Leaders.

Youth are also involved in the final stage of the selection process of the seed RFPs where shortlisted applications from the Innovation Screen are reviewed by a panel which includes youth who are active in the mental health space, technical experts, and reviewers with expertise in business innovation.

Grand Challenges Canada is committed to saving and improving the lives of the most underserved people in low- and middle-income countries. In addition to conducting due diligence on the extent to which seed and TTS grants will have a positive impact on the lives of the most underserved end-users, each GCC-funded project is required to acknowledge GCC's Sharing and Access for Impact Strategy, which enables responsible sharing of any new knowledge and data generated by GCC-funded projects, in a manner that enables scale and sustainability, addresses (rather than perpetuates) inequities and power imbalances, and honours the diverse needs, priorities and values of self-determination of innovators and their communities.

4.5   List of any additional research awards secured **by LMIC partners** during the course of this NIHR funding - including value, funding source, lead institution and country, what % of additional funding allocated to LMIC partners, HRCS code. (leave blank if not applicable)

Award	Funding source	Amount (GBP)	Lead institution name and country	% of additional funding allocated to LMIC partners	HRCS code
TTS	World Childhood Foundation	£61,049.20	Waves for Change Surf Therapy South Africa	100%	

5. Risk

5.1   Delivery partner to summarise the five most significant risks (both in terms of potential impact and likelihood) across awards within the last year.

Risk	How is the risk being managed/mitigated?	Current status
COVID-19 potential disruptions	Programmatic delays as a result of COVID-19 may continue to impact program spend given potential delays, lockdowns or staff illness experienced by innovators. To continue to mitigate this risk, we have asked innovators to budget for appropriate PPE and where possible have built in extended timelines and milestone flexibility. GCC continues to consider each proposal brought forward for project-level award extensions and/or supplementary funding. We continue to actively seek projects that are COVID-19 resilient and address needs in light of the pandemic's mental health impacts, such as digital or hybrid approaches to delivering mental health services.	We will continue to monitor the situation, keeping DHSC updated, and will shift priorities and timelines as needed.
Program management: potential Grand Challenges Canada staff illness, team resilience	Grand Challenges Canada staff have been working from home since March 2020, conducting all activities virtually. Vaccination roll-out and uptake in Canada has been strong. Grand Challenges Canada will continue to operate virtually until management deems it safe to return to the office, and with a plan in place to ensure any necessary public health measures are in place. Should staff become ill, we will prioritize upcoming program needs and draw on other staff as needed. Grand Challenges Canada is mindful of the ongoing stress working during a pandemic can cause. Staff are encouraged to set working hours that align with their home schedule, staff are able to flex Friday afternoons should they like and additional wellness and burnout	Will continue to monitor staff wellness, and shift priorities as needed.

Risk	How is the risk being managed/mitigated?	Current status
	resources and supports have been made available.	
Shifts in implementing the program: travel limitations and in-person events	Given the realities of the ongoing COVID-19 pandemic, a number of activities key to the over GMH program rollout will likely continue to be impacted. On-site spot check audits have been outsourced to trusted partners in-country where possible, and GCC is currently evaluating how best to conduct virtual project site visits. In-person events have been replaced with more frequent online meetings shorter in duration. For example, our Learning Platform has not been able to hold in-person community meetings over the last year and instead hosted 7 virtual learning events and two community convenings over the course of the last 12 months. The global and decentralized citiesRISE team also helps to mitigate this risk, as the core team members delivering the learning platform have recently begun travelling again and have in some instances visited project teams where activities intersect with core citiesRISE work.	Will monitor ongoing outbreaks in different countries/regions and continue to plan accordingly
Expansion of GMH portfolio and required personnel	With a number of new potential partnerships set to materialize over the next two months, GCC will need to rapidly expand the GMH program team to ensure the program is well-resourced to deliver on ambitious scale-up targets. GCC has a strong internal pipeline of talent and strong networks to source highly qualified candidates to join the GMH portfolio team.	GCC management to continue to forecast personnel needs required to deliver a high-quality GMH programme, and support program team with hiring highly qualified key personnel.
Sustainability of innovations and additional funding support	The GMH portfolio has been able to invest in two rounds of promising seed investments. With the support of the Learning Platform, we anticipate the majority of these investments to achieve proof of concept and be ready to transition to scale. With such a large pipeline, GCC will be in a position to provide further support and funding to	GCC's partnerships with other funders make it possible for GCC to make hand offs of promising seed projects to other organizations which specialize in funding later stage investments. The GMH team will facilitate

Risk	How is the risk being managed/mitigated?	Current status
	only the most promising seed innovations at transition to scale. Funding for many promising innovations will not be realised.	warm hand offs to other funders in cases where promising seed investments are not able to secure further funding from GCC, or are not the right fit for our TTS program.
Sustainability of global mental health innovations	Global mental health innovations are typically pursuing public sector scaling pathways, in countries with extremely limited fiscal space dedicated to addressing mental health. Risks include likelihood of government uptake and quality control after public sector handover.	GCC is working to support innovators in these areas and to collect and share lessons learned as the portfolio matures.

5.2   Fraud, corruption and bribery. Delivery partner to summarise:

- their approach to handling accusations of fraud, corruption and bribery (if not covered in previous reports)

- any changes in the last year to the anti-corruption strategy applied to managing NIHR funded awards

None

- Aggregated credible allegations

	Total number of credible allegations:
Made against any NIHR funded awards	None
Made against any NIHR funded awards and investigated by delivery partner	None
Made against NIHR funded awards and reported to NIHR/DHSC	None

5.3   Safeguarding

- Please detail and highlight any changes or improvements you (the delivery partner) have made in the past year to ensure safeguarding policies and processes are in place in your project and your downstream partners.

No changes made, will continue monitoring safeguarding policies of all grantees.

- Aggregate summary of safeguarding issues that have arisen during the reporting year

	Total number of safeguarding issues
Raised against any NIHR funded awards	None
Raised against any NIHR funded awards and investigated by delivery partner	None
Raised against NIHR funded awards and reported to NIHR/DHSC	None

5.4 Please summarise any activities that have taken place to minimise carbon emissions and impact on the environment across this funding call.

Similarly, to the approach on gender equality and human rights, Grand Challenges Canada screen all proposals for potential positive or negative environmental impacts. The purpose of the environmental screening of project proposals is to ensure that potential environmental impacts are addressed at the project application and approval phases and that the proper environmental requirement is requested from project teams. Environmental risks and benefits are established, and mitigation measures and reporting are discussed on a case by case basis. Applications are graded as category A - high environmental impacts, B - medium environmental impacts or C - low environmental impacts.

If an application is categorized as A, Grand Challenges Canada will request an Environmental Assessment Plan and will likely not move forward with funding. If a category B, an Environmental Management Plan must be completed by the grantee as an early milestone and reviewed and signed off by the Environmental Consultant.

Out of the 21 executed GMH projects for this reporting report, all projects have been assigned an environment score of C, indicating low environmental impacts and no activities related to physical works.

GCC does not collect project-level data on carbon emissions.

6. Delivery, commercial and financial performance

6.1 Performance of awards on delivery, commercial and financial issues

Included in the delivery chain map.

6.2 Transparency - this question applies to funding schemes which include transparency obligations within their contracts.

- Delivery partner to confirm whether or not International Aid Transparency Initiative (IATI) obligations have been met (please refer to https://iatistandard.org/en/iati-standard/).

- If these are not yet met, please outline the reasons why.

Yes - please see Grand Challenges Canada recent annual and financial report as examples:

Annual report:

https://www.grandchallenges.ca/wp-content/uploads/2021/11/Annual-Report-2020-2021.pdf

Financial statements: http://www.grandchallenges.ca/wp-content/uploads/2021/07/Financial-Statement-2020-%E2%80%93-2021.pdf

7.   Monitoring, evaluation and learning

7.1   Monitoring

- Monitoring activities throughout the review period and how these have informed programming decisions.

During the contractual negotiations process for seed and TTS projects throughout Year 2, GCC worked closely with innovators to establish expected results (targets) and determine milestones, which each innovator captures in a results management and accountability framework (RMAF). GCC reviews the project-level results reports of seed and TTS grants every 6 months. Initial reports from DHSC-funded seed grant projects were received in July 2021. The next set of results reports for seed projects are due to GCC on April 30, and will be reflected in the next annual report. GCC reviews and validates the results management and accountability frameworks submitted on a semi-annual basis for each project. The GCC team reviews the incoming results and compares them to expected results, M&E Plans, and progress reports.

Throughout the last year, the GMH Learning Platform has supported GMH innovators with expert-led webinars targeting priority challenges and opportunities with a focus on demonstrating impact at scale. A series of "Measurement for Change" webinars were delivered to innovators, including a focus on:
- Rigorous monitoring, evaluation, and learning frameworks and indicator selection.
- Rigorous data analysis
- Measuring return on investment to support uptake at scale.
- Communicating results for different audiences

Project teams have provided very positive feedback to GCC regarding the benefits of the measurement webinars and continue to benefit from the capacity-building and technical assistance provided via the GMH Learning Platform.

7.2   Evaluation plans and activities that have taken place across awards throughout the review period.

-No seed or TTS projects have undertaken independent evaluation activities at this time.

7.3   Learning

GCC conducts impact modelling work on select TTS innovations (innovations that are at a later stage along the TTS pathway, with evidence of health impact at scale and robust scaling plans in place) which consists of additional due diligence on the pathways to scale

and impact, and has helped to ensure that targets (including expected results) and assumptions are grounded in evidence and logic. As the GMH portfolio matures, our ability to measure and articulate ultimate outcomes of innovations is fundamental to assessing our progress – and is also one of the most significant challenges that any innovation organization faces. This challenge is rooted primarily in the fact that the social impact of innovation is only fully realized in the future some innovations have impact in the short term (within 5 years), and some have impact in the medium or longer term (5 to 15+ years). All of these timelines to impact are beyond the lifetimes of the funding GCC provides to particular innovations.

Over the past year, we have made progress towards addressing this challenge through our impact modelling work, drawing on extensive consultations from experts in global health, development and economics. The models are developed using results from the innovation's proof of concept work; relevant health data and statistics; information on the target population, demand and ability to meet it; assumptions about success factors; and discounts for barriers to impact at scale, and likelihood of success. The results of the impact modelling were intended to provide senior leadership, the Investment Committee and GCC's Board of Directors with a concise summary of potential impact, to enhance their understanding of the innovation when making decisions about funding. The impact models have accomplished this aim, and have been very useful for the wider GCC team. More specifically, the impact modelling has supported GCC program officers in understanding the pathway to impact for the deals they are preparing for the Investment Committee and Board of Directors review, and the impact models prepare program officers and project teams to develop a measurement framework and approach for the project once it is approved. When looking at the current portfolio, there are a total of six modelled global mental health investments to date, two of which are DHSC-funded, with one additional model on track to be developed later this year for an DHSC-funded project. As the portfolio matures, additional models will be created to both guide follow-on investment decisions and project the impact of the portfolio to 2030.

- Key lessons

Focus on youth engagement is unique within the global mental health field. The seed community of projects is particularly unique. There is no analogous community in the global mental health field with an exclusive focus on supporting youth-led, youth-focused innovations testing novel ideas in order to meet the mental health needs of youth and promoting community-based mental health literacy. CitiesRISE's youth-centred transformation approach and commitment to facilitating cross-boundary collaboration between youth, communities, and professionals is proving useful in several ways, from providing support on youth engagement to innovators through webinars, to advising on changes to the results framework, to thinking about the overall theory of change for the

portfolio. There are opportunities to deepen work in this area moving forward, including developing more formal case studies emerging from this unique community of practice.

Continued impacts of COVID-19 pandemic. COVID-19 continued to have implications on project implementation throughout 2021-2022. In some cases, projects have experienced programmatic delays and have had to account for unanticipated costs to carry out programmatic activities in the context of COVID-19. This has not had a material impact on any of the DHSC-funded projects, but is something that GCC continues to monitor closely to best support project teams. In some instances, project teams successfully adapted to the dynamic context throughout the pandemic, including leveraging digital technology to deliver online training and ensure quality assurance of mental health services providers, though there were both challenges and opportunities associated with digital adaptations. For example, the Free Yezidi Foundation (seed) team shared that technology adaptations have helped to streamline and improve program processes such as data collection, but found that training social workers on the use of tablets to collect data was consuming considerable time in the social workers' daily activities, resulting in an initial delay in program implementation. However, training social workers on the use of tablets to streamline data collection also enabled Free Yezidi Foundation to review real-time information to inform program implementation. One outcome of this was that end-users were referred to a psychologist within a day or two of their WHO-5 assessment; in other words quicker than when WHO-5 hardcopy forms were previously completed, uploaded, and shared with the program manager.

Dedicated learning platform an effective tool to catalyse peer learning, collaboration and impact. Following a competitive process in 2020, in March 2021 the global mental health learning platform, delivered by citiesRISE was launched. citiesRISE was selected to deliver the platform due to the organization's strong expertise in youth mental health as well as a strong partnership with TruePoint (the learning platform provider for the Saving Brains initiative) who are providing strategic oversight and targeted support in delivering the platform. citiesRISE has developed deep expertise in diversifying innovation ecosystems, designing partnership structures towards scale-up, developing new methodologies to build the capacity of youth and social entrepreneurs, and research underpinning for rapid adaptation of best-practices. As the learning platform's host, citiesRISE's own work directly informs platform design and delivery. With city innovation hubs and dedicated senior and support staff and partners in Colombia, United States, Kenya and India, citiesRISE provides core expertise and on the ground adaptation and scaling experience that directly feed into the platform's offerings. citiesRISE's commitments to transdisciplinary approaches and facilitating cross-boundary collaboration between youth, communities, and professionals are flowing into the platform, building on citiesRISE's experience supporting global mental health innovators across a wide landscape of functional, technical, sectoral, and geographic areas. Over the last year, the platform conducted six webinars incorporating a range of peer and expert faculty, as well as innovator case studies. Topics included: Measurement for Change (Parts 1 and 2; 10

project teams attended), Storytelling for Leadership (Parts 1 and 2; 9 project teams attended), Ecosystem and Stakeholder Development (9 project teams attended), and Youth Engagement (14 project teams attended). Learning Platform faculty and facilitators engaged with three TTS innovator teams (Waves for Change; Socios en Salud; PILL) through a case clinic methodology, focused on elucidating and, through rapid consultation, developing plans to address key strategic challenges (primarily related to scaling). One follow up peer coaching session has been held thus far with this cohort of innovators.

Initial feedback from project teams on the value of the Learning Platform has been very positive to date. Additional lessons learned to date from the learning platform were included as an annex.

7.4   Key milestones/deliverables for the awards for the coming year

Award	Key milestones/deliverables for coming year
A Global Mental Health Grand Challenge: Mental health and wellbeing of young people	Continue to monitor progress of first round grants, including providing technical supports via the GMH Learning Platform. Second round request for proposals launched in October, 2021, 21 seed grants funded by the Government of Canada to be negotiated over the next six months.
Transition To Scale (TTS) Global Mental Health funding	First grants approved in June, 2020; 5 DHSC-funded projects ongoing; 2 Government of Canada projects ongoing and one in negotiations. Anticipate bringing 3 additional projects funded by the Government of Canada for approval this fiscal year.
GMH support platform deployed to support learning community of GMH innovators; innovators accessing technical assistance from GCC and GMH Learning Platform	GMH Learning Platform to continue delivering offerings on a regular basis to seed and TTS innovators. CitiesRISE will deepen the existing set of offerings in response to the dynamic needs of innovators; for example, by building out the set of tools associated with youth engagement and monitoring and evaluation that will be useful for the current and future cohorts while exploring thought leadership opportunities for GCC and the GMH Learning Platform to partner on.
GMH representation at key ecosystem events	GCC plans to host another Mental Health Track at the GC annual meeting in October, 2022. In addition, GCC plans to participate in several upcoming panels and round tables, including the Glasswing Mental Health in Latin America Annual Conference on April 27th. GCC also plans to host a GMH funders meeting this year, where funders can come together to share their funding agendas and find opportunities for collaboration.

7.5   Any other comments/feedback/issues to flag to NIHR/DHSC? This could include any suggestions on anything the delivery partner could do to improve its support for award holders, or on anything that DHSC could do to better support the delivery partner.

DHSC has been a supportive partner. Of value has been the high degree of availability and guidance from DHSC staff to work through any questions we have, and the flexibility when changes or delays have occurred. This has been of even greater importance during the ongoing COVID-19 pandemic.