

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Essential Components of Integrated Care for Youth with Mental Health and Addiction Needs: Protocol for a Scoping Review
AUTHORS	Settipani, Cara; Cleverley, Kristin; Hawke, Lisa; Rice, Maureen; Henderson, Joanna

VERSION 1 - REVIEW

REVIEWER	Debra Rickwood University of Canberra Australia
REVIEW RETURNED	17-Dec-2016

GENERAL COMMENTS	I see no value whatsoever in publishing a scoping study for a systematic review. This comprises an entirely redundant publication. the authors should get on with doing their systematic review. all this information will comprise the introduction and method for their systematic review. There is absolutely no need to publish protocols for systematic reviews - while it is relevant to publish protocols for major research trials, where the methodology is of considerable interest and the trials take considerable time to be undertaken, this is not the case for a systematic review. Systematic reviews are common and quick, and do not need their protocols published. This protocol looks entirely fine, but does not warrant publication. Most of it would need to be repeated in the review, and it would never be cited once the review was published. If the review is not undertaken or published, then this scoping study is of no value whatsoever.
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REVIEWER	David de Voursney SAMHSA, The United States of America
REVIEW RETURNED	22-Jan-2017

GENERAL COMMENTS	The authors discuss integrated care as if it is one unitary concept. There are a variety of integrated care models that have a variety of purposes. It might be helpful to discuss this in the eventual review and in the article, and it may be that the authors should consider separating or categorizing the models identified recognizing that the purpose of different integrated care models differs significantly. For example, models vary based on the severity of needs of the population being served. A primary care based integration model that focuses on managing moderate depression will be very different from one that is focused on children and youth with prodromal symptoms of psychosis. In the prior model, it may be that the focus is on consultation from specialists and additional training for primary care staff in evidence-based depression management protocols. In
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	<p>the later case, there will likely be a strong care coordination component and intensive specialty care in addition to other social supports. When discussing the components of integrated care, it wouldn't really be appropriate to group these together because of the great differences that would exist in settings and comprehensiveness of care. If the final goal is to "detail the essential components of integrated care" (p.10), that should come with the understanding that the essential components of an integrated care model will differ based on the population being served.</p> <p>Under research question 1, is it possible also to consider supporting infrastructure in addition to populations, settings, service providers, and interventions? It would be great if an additional bullet was added to table 1 in the second row along the lines of - Infrastructure, including methods of sharing of health records and care plans, population health registries, and systems for tracking outcomes.</p> <p>In the scoping review, it may be helpful to focus on how care is coordinated, do the models depend on a dedicated care manager, how does the care team coordinate care planning across providers, what is the role of data systems, etc.?</p> <p>On page 10, the authors write that they intend to determine the extent to which integrated care efforts have been co-located and whether the literature can speak to the need for co-location of integrated services. While co-location can be an important component of integrated care models, other factors are also important, such as efforts to change culture and practice, information sharing systems, team practices, measurement systems to track progress and service receipt, definition of roles, etc. It might be worth some consideration by the authors about why they focus solely on co-location. In addition, how do the authors intend to assess "whether the literature can speak to the need for co-location of integrated services?" This question might require a dedicated literature review and be beyond the scope of this study.</p> <p>Overall, this is an interesting effort and I look forward to seeing the results of the review. Regardless of whether the authors make edits based on my comments, I look forward to seeing the results of their work.</p>
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REVIEWER	Dr Nicola Evans Cardiff University, UK
REVIEW RETURNED	23-Jan-2017

GENERAL COMMENTS	<p>This is an important area of health provision and clinical practice, mental health of children and young people, that would benefit from the proposed scoping review to lever further change in this area. Might I suggest the following:</p> <ol style="list-style-type: none"> 1. There is no detail in the proposal of how the policy or agency protocols would be accessed and scoped for this review, I refer to the statement 'all research studies and non-research literature, such as policy documents and agency reports, will be included in the review.' What are the limits for tis part of the search, Ontario, Canada, international? It would not be feasible to review all agency reports on an international basis, for example. 2. I think some care needs to be taken with the language used. The title and abstract talk about 'youth' but within the review children and
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	<p>adolescents are the search terms. What are the definitions of youth for this review, in terms of age range?</p> <p>3. I am not clear if this review is looking at literature on integrated care for young people with co-occurring mental health and substance issues or with either/or. Perhaps this needs clarification in inclusion/exclusion criteria.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1

1. The reviewer raised concerns about the value of publishing a protocol for a review.

We appreciate the reviewer's concern about the need to avoid redundancy. However, we believe there is clear, unique value in publishing protocols for reviews. Publishing this scoping review protocol will enable others conducting work in this burgeoning area to become aware of questions being raised in the field. Disseminating this type of information in a timely matter is particularly important for areas that are the current subject of important policy discussions and in which rapid developments and transformative changes are underway. Additionally, publishing this protocol is an important knowledge translation effort that will enable others conducting work in this area to identify relevant unpublished work. Publication of this protocol may also prevent unnecessary duplication of efforts by other research groups focusing on integrated care models for youth with mental health and addiction challenges. The BMJ Open website notes similar benefits of publishing protocols and we believe the manuscript is consistent with the aims of the journal.

Furthermore, we recognize that there may have been a lack of clarity regarding the nature of our scoping review; we have identified the scoping review methodology as particularly well-suited to directly address our research questions. Scoping reviews are an appropriate method for examining the extent, range and nature of research activity in fields of study in which the available range of materials is unknown.¹ Given that there appears to be limited published work to draw from in the area of integrated care for youth with mental health needs and addiction, scoping review methodology will enable us to speak to what evidence is available, including unpublished work.

We have amended the manuscript to clarify that this is a protocol for a scoping review and to further explain the rationale for having chosen this methodology (p. 6).

Reviewer 2

1. Reviewer 2 noted that integrated care is not one unitary concept, but rather reflects a variety of models and purposes.

We thank the reviewer for bringing this point to our attention and agree that integrated care is a heterogeneous concept. Scoping reviews are intentionally iterative in nature, particularly the study selection phase, and refining the strategy is a critical step.² Since the time of the initial protocol submission we have refined our inclusion criteria in keeping with the methodology. In particular, based on discovering that articles retrieved by our search described a wide variety of integrated care models, we modified the study inclusion criteria such that the review now hones in on models of integrated care for youth with mental health and addiction needs in community-based settings with co-located services. We are interested in this particular model given the recent, rapid adoption of this model worldwide, notably in Canada, the United Kingdom, Australia, and Ireland. Despite the spread of this model, we do not yet have a firm understanding of the key components, which is why this scoping review is needed. We believe this refinement in our approach addresses the reviewer's concern about grouping together different types of integrated care models with great differences, and

we have modified the manuscript to reflect these changes (p. 6; p. 8).

2. Reviewer 2 also noted that integrated care models, as well as their purpose and essential components, will vary based on the severity of needs of the population served.

We agree with Reviewer 2 that models are likely to vary based on the severity of needs of the population being served. Our refined inclusion criteria will help reduce heterogeneity, enabling us to speak directly to the key components of a particular type of model of greatest interest for the purpose of this review. In addition, the extracted information includes a description of the population served, which will enable us to incorporate this variable into the results and discuss the findings in the context of the population characteristics. Our hypothesis is that this type of integrated care model will permit flexibility in diagnosis for the populations they serve and largely aim to intervene before youth manifest full diagnostic criteria for psychiatric disorders.

3. The suggestion was made to consider examining supporting infrastructure, including methods of sharing health records and care plans, population health registries, and systems for tracking outcomes as part of research question 1, and to add an additional bullet to this effect in the second row of the data extraction tool (Table 1).

We thank the reviewer for this helpful suggestion and strongly agree that it would be valuable to capture this information. Research question 1 (p. 7) and the data extraction tool (Table 1, p. 11) have been modified accordingly.

4. The reviewer also suggested examining care coordination.

We very much appreciate this suggestion and have incorporated it into our first research question (p. 7) and data extraction tool (Table 1, p. 11) as an element of integrated care that we will be specifically extracting from the literature.

5. Reviewer 2 suggested that other factors in addition to co-location are important to consider and questioned the focus on co-location in the discussion. He also noted that the question of whether the literature can speak to the need for co-location of integrated services may be beyond the scope of this review.

We agree that this question may be beyond the scope of this review. Co-location was highlighted in the discussion given that services are co-located within the model of integrated care that we seek to examine in this review. Our inclusion criteria now require services to be co-located given our specific interest in this type of model. We have modified the discussion to reflect this change (p. 12).

Reviewer 3

1. The reviewer asked for details of how the policy or agency protocols would be accessed and scoped for this review and referred to the statement in the protocol, "all research studies and non-research literature, such as policy documents and agency reports, will be included in the review" (p. 8). In particular, the reviewer asked about the geographical limits for this part of the search.

We thank the reviewer for this question. In the context of this protocol, the statement (particularly the word "all") regarding agency protocols refers to the study types included in this review. We will not exclude reports geographically or based on study type. This type of literature will be found through a grey literature search, the process for which is described in the methods section of this protocol (p. 9) and which will be detailed in the final report. We recognize that this search cannot be exhaustive so it will be focused on, but not limited to, English-speaking industrialized countries, particularly Canada,

the United States, Australia and the United Kingdom. The literature will be representative rather than comprehensive which we believe is appropriate for a scoping review. We will also reach out to stakeholders in the field to request relevant documents that were not picked up by the search. We will acknowledge this as a limitation of the review in the final report and have acknowledged it as a limitation on page 4 of the current manuscript.

2. Reviewer 3 requested clarification on the age range of youth for this review.

We appreciate the reviewer bringing to our attention that this is an area in need of clarification and have provided a definition of our age range on page 8. We also note in the manuscript that models are likely to vary substantially based on the ages of the population served and this will be examined in the data extraction phase.

3. The reviewer raised a point of clarification regarding whether literature on youth with co-occurring mental health and substance issues or youth with either/or would be included.

We thank the reviewer and acknowledge that it was an omission not to include this information in the inclusion/exclusion criteria. We have amended the manuscript to reflect that literature on youth with co-occurring mental health and substance issues as well as literature on youth with either/or will be included (p. 8).

References

1. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology* 2005;8(1):19-32 doi: 10.1080/1364557032000119616.
2. Levac D, Colquhoun H, O'Brien KK. Scoping studies: advancing the methodology. *Implement Sci* 2010;5(1):69 doi: 10.1186/1748-5908-5-69.

VERSION 2 – REVIEW

REVIEWER	Dr Nicola Evans Cardiff University, UK
REVIEW RETURNED	02-Mar-2017

GENERAL COMMENTS	This is a scoping review protocol in children's mental health and addiction, which is an area of international relevance, high on the political agenda in many countries. The focus of the proposed review is clear, the search strategy looks comprehensive and pertinent. The proposed outcomes are clear.
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