

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Integrated collaborative care teams to enhance service delivery to youth with mental health and substance use challenges: Protocol for a pragmatic randomized-controlled trial
<b>AUTHORS</b>	Henderson, Joanna; Cheung, Amy; Cleverley, Kristin; Chaim, Gloria; Moretti, Myla; deOliveira, Claire; Hawke, Lisa; Willan, Andy; O'Brien, David; Heffernan, Olivia; Herzog, Tyson; Courey, Lynn; McDonald, Heather; Grant, Enid; Szatmari, Peter

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Erick Guerrero University of Southern California, USA
<b>REVIEW RETURNED</b>	28-Sep-2016

<b>GENERAL COMMENTS</b>	<p>Authors are commended for their efforts to develop a clear, thorough and well-written proposal with great public health impact. The paper relies on a randomized control trial to examine the role of integrated collaborative care teams to produce better mental health and substance use disorder service and cost outcomes for youth. Authors clearly describe critical information to evaluate the significance of the problem, the design, methods and limitations. There are just a few areas that require more information – such as adding evidence supporting each of the practices included in the ICCT and their differences. Below I suggest a few non-compulsory comments to clarify the contribution of this study to the field.</p> <p>Abstract Page: 4 Methods should describe study design and methods to evaluate change.</p> <p>Please note the public health impact in this section.</p> <p>Page: 6 Introductory sentence should specify the region where the 20% prevalence refers to - United States?</p> <p>Page: 8 Authors need to describe the evidence supporting each of the practices included in the ICCT. The goal should specify the two set of outcomes - intervention "effectiveness" and cost- "effectiveness".</p> <p>There is also a silent implementation goal here that authors may want to make explicit.</p> <p>Page: 10</p>
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	<p>Authors need to describe the randomization approach using clients and settings (e.g., how many individuals from each hospital?).</p> <p>Please provide details on the honorarium to clients, parents, and providers.</p> <p>Page: 12 The standardized interventions need to be further described, and include what set of activities each practitioner does what, as well as the sequence of intervention events.</p> <p>Is the study including evaluation of fidelity of each of the intensity levels?</p> <p>Please describe the set of community services included in the high intensity intervention levels. Please provide information on how the intensity will be measured – number of services, length of services, duration of services, engagement in services, etc.</p> <p>Page: 14 Authors need to describe earlier in the manuscript each of the therapeutic approaches included in the intervention (Solution focused, Dialectical, or Intense psychiatric response). Please highlight the key differences among them?</p> <p>Page: 28 Please consider adding to limitations section the difficulty to fully assess the collaboration, fidelity and sustainment approach in the intervention.</p>
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<b>REVIEWER</b>	Stefan Gutwinski Charité, Berlin, Germany Department of Psychiatry and Psychotherapy
<b>REVIEW RETURNED</b>	15-Nov-2016

<b>GENERAL COMMENTS</b>	<p>The manuscript "Integrated collaborative care teams to enhance service delivery to youth with mental health and substance use challenges: Protocol for a pragmatic randomized-controlled Trial" is a description of a randomized-controlled trial in adolsencent. The intervention comprises a basic psychotherapeutic strategy in adolescent and their parents.</p> <p>The manuscript is very well written. The methodology is clear and adequate for the study. The study is of high interest for psychiatrists and psychotherapists. The target group and intervention is of direct clinical relevance, beecause the intervention is simple and could be used for subgroups at risk.</p> <p>There are few aspects which should be revised: line 132: please state: DBT is a treatment for symptomes of borderline disorder, which has been used for other mental illnesses. line159/ 198: which age Groups are recruited 14-17 or 14-18? line 205: why did you exclude ungoing psychosis and inability to read?</p>
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## VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Abstract

Page: 4

Methods should describe study design and methods to evaluate change.

Please note the public health impact in this section.

- These points have been added to the abstract.

Page: 6

Introductory sentence should specify the region where the 20% prevalence refers to - United States?

- This has been added to the sentence.

Page: 8

Authors need to describe the evidence supporting each of the practices included in the ICCT.

The goal should specify the two set of outcomes - intervention "effectiveness" and cost-"effectiveness".

- We have expended the description of the evidence supporting the interventions and added the two sets of outcomes to the objectives.

There is also a silent implementation goal here that authors may want to make explicit.

- We have added our implementation goal to the objectives.

Page: 10

Authors need to describe the randomization approach using clients and settings (e.g., how many individuals from each hospital?).

- This is in the Randomization section on p. 21.

Please provide details on the honorarium to clients, parents, and providers.

- Honoraria information has been added to p. 11.

Page: 12

The standardized interventions need to be further described, and include what set of activities each practitioner does what, as well as the sequence of intervention events.

- The descriptions of the interventions have been further developed (p. 8, 13-14).

Is the study including evaluation of fidelity of each of the intensity levels?

- Since the study aims to evaluate the effectiveness of the pathway rather than the specific effectiveness of each individual intervention, intervention fidelity will be monitored at the level of delivery of intervention modules, components and sub-components; service providers will document the delivery of intervention modules, components and sub-components for each youth and/or family member using detailed self-report intervention logs and checklists. (p. 14)

Please describe the set of community services included in the high intensity intervention levels.

Please provide information on how the intensity will be measured – number of services, length of services, duration of services, engagement in services, etc.

- The descriptions of the interventions have been further developed (p. 8, 13-14)

Page: 14

Authors need to describe earlier in the manuscript each of the therapeutic approaches included in the

intervention (Solution focused, Dialectical, or Intense psychiatric response). Please highlight the key differences among them?

- The descriptions of the interventions have been further developed in the introduction (p. 8) and intervention section (p. 13-14).

Page: 28

Please consider adding to limitations section the difficulty to fully assess the collaboration, fidelity and sustainment approach in the intervention.

- These points have been added to the limitations.

Reviewer: 2

Line 132: please state: DBT is a treatment for symptoms of borderline disorder, which has been used for other mental illnesses.

- This has been adjusted.

Line 159/ 198: which age Groups are recruited 14-17 or 14-18?

- This has been adjusted to 14-18.

Line 205: why did you exclude ongoing psychosis and inability to read?

- Reading/writing abilities are required to complete the assessments. Active psychosis is only excluded if requiring immediate intervention. These are described on page 11.

#### VERSION 2 – REVIEW

<b>REVIEWER</b>	Erick Guerrero University of Southern California, USA
<b>REVIEW RETURNED</b>	06-Dec-2016

<b>GENERAL COMMENTS</b>	Authors addressed all the major concerns raised by this reviewer.
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<b>REVIEWER</b>	Stefan Gutwinski Department of Psychiatry and Psychotherapy, Charité, Berlin, Germany
<b>REVIEW RETURNED</b>	12-Dec-2016

<b>GENERAL COMMENTS</b>	The authors included all recommendation and comments. I have no further recommendations.
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