PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (see an example) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Missed Opportunities: Childhood Learning Disabilities as Early
	Indicators of Risk among Homeless Adults with Mental Illness in
	Vancouver, British Columbia
AUTHORS	Patterson, Michelle; Moniruzzaman, Akm; Frankish, Charles;
	Somers, Julian

VERSION 1 - REVIEW

REVIEWER	Ellen Bassuk, M.D. President National Center on Family Homelessness
	USA
REVIEW RETURNED	13-Jul-2012

THE STUDY	Although the authors have addressed this in the limitations section, LD is defined by self-report and by people telling the participant they had a learning problem or disability. They have no information about early trauma, family dysfunction or other possible causes of poor academic performance possibly caused by LD.
GENERAL COMMENTS	The primary cause of homelessness is a structural one related to lack of affordable housing units and poverty. the discussion of risk amplification really applies to the subgroups most at risk to these market forces. This might be added.

REVIEWER	Benjamin Henwood, PhD, LCSW Assistant Professor University of Southern California School of Social Work USA
REVIEW RETURNED	This reviewer has no competing interests. 14-Oct-2012

THE STUDY	This was a well-written paper. An identified implication was for early intervention of childhood LD. Yet if those in the sample have ongoing LD, shouldn't the authors also discuss whether and how adult LD could be addressed.
	Other points:
	P. 6, line 1, authors state "research suggests that LD often persist into adulthood". Why did the research, then, not also assess for adult LD given the outcome variables refer to adulthood?
	P 9, line 33, authors explain that only participants who responded

	affirmatively to both questions were included in the analysis. Why? What was the justification? It would be helpful to know how many people responded affirmatively to only 1 of the questions.
RESULTS & CONCLUSIONS	See comment above about how to intervene with current population.
	Also:
	p. 14, line 4, authors state that it appears that they [LD] persist over time. Where does this appearance manifest itself?
	p. 15, line 48-53. Authors may want to consider the following reference as it speaks directly to their point for this very same population:
	Padgett, D.K., Smith, B., Henwood, B., & Tiderington, E. (2012). Life
	Course Adversity in the Lives of Formerly Homeless Persons with
	Serious Mental Illness: Qualitative Analyses of Context and Meaning. Journal of Orthopsychiatry, 82(3), 421-30.

VERSION 1 – AUTHOR RESPONSE

- 1. Clarify primacy of structural factors as underlying causes of homelessness. In the Discussion, we have emphasized the importance of structural factors such as poverty, income disparity, and the lack of affordable housing as underlying causes of homelessness. We also suggest that the risk amplification model may apply to subgroups most affected by these underlying structural factors.
- 2. Clarify that learning problems are on-going and present among adult homeless populations. We added a sentence in the Discussion to clarify that learning disabilities and learning problems persist into adulthood and are present in the form of literacy problems, financial management difficulties, and challenges in maintaining housing and employment. We also clarified that LD was not assessed among our adult sample during the baseline assessment. We will be administering neuropsychological measures at a later follow-up period, so this will be the focus of future work.
- 3. Justify inclusion criteria for "learning disability or learning problem." We included participants who responded positively to both indicators of early learning problems (perceived problem and being told by someone else) because these questions were retrospective to childhood and, therefore, may be subject to bias. We have included this justification in the Variables of Interest section. In the first paragraph of the Results, we have included the number and percentage of participants who responded positively to each indicator (36% and 37% respectively).

Finally, we updated reference #31 from 'under review' to 'in press,' added the new reference (#33) brought to our attention by one of the reviewers, and changed the order of authors (inverted the 3rd and 4th authors so that J. Somers is the final author).