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Title	Pre-consult Interactive Computer-assisted Client Assessment Survey (iCCAS) for common mental disorders in a community health center: a randomized controlled trial
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Reviewer 1	Dr. Mark Ferro BSc MSc PhD
Institution	University of Waterloo, School of Public Health and Health Systems, Waterloo, Ont.
General comments (author response in bold)	OVERALL -While I can appreciate the strict word counts imposed by journals, the authors use far too many abbreviations throughout the manuscript that affect it readability. In some cases (e.g., GLMM in the Abstract), abbreviations were not defined prior to their first use. **Thank you. We have reduced the use of abbreviations to improve readability.** METHODS -While the measures chosen by the authors have a track record of use, the psychometric properties of these measures in the target population is not presented. This is relevant to ensure that the measures are in fact valid and reliable for this specific vulnerable population. At the very least, internal consistency reliabilities from the study sample should be provided. **We now provide Cronbach alpha for the internal consistency of the used scales.** - What were the response and participation rates for the physicians and nurse practitioners? **The CHC employed four family physicians and five nurse practitioners at the time of study and all provided consent and participated. This is now stated clearly.** - It is unclear as to whether the primary outcome of patient mental health discussion needed to be initiated by the patient or the health professional. This is a key point in understanding the mechanism(s) in which the pre-consult assessment affects the outcome and has broader implications for improving the mental health of vulnerable populations. **The mental health discussion could have been initiated by patient or clinician. This is now stated clearly in the section Outcomes and Data Collection.** **We conducted post-trial qualitative interviews with the providers (conditionally accepted, BMC Health Services Research). These show that mental health discussions were initiated from either side.** -How was missing data handled in the study? Given that data was collected electronically it is assumed that missing item response data was kept to a minimum; however, some discussion is warranted. For example, does the one patient with incomplete data from Figure 1 represent completely missing data or a subset of missing data? **The reviewer is correct that we were able to keep missing item response data to a minimum. We have added relevant detail under the Statistical Analysis. This section also describes that one "patient felt unwell soon after consent and discontinued"; we have added a note in Figure 1 as well – the data was completely missing for this one patient.** -In a related vein, were there any sociodemographic differences between those who were randomized and those who declined participation? **We did not collect data from those who declined to participate and it is now acknowledged as a study limitation.** RESULTS -The authors examined the association between sociodemographic factors and the outcomes to determine which covariates should be included the models that examine the effect of the intervention. I think the authors should take less statistical approach to identifying potential confounders and instead include those variables that have a theoretical and empirical (from previous studies as well) rationale for model inclusion. In this regard, the variables in both models should be identical. Likewise, the unadjusted ORs of the treatment effect should be reported. **Thank you for the suggestions.** **We have now included the results from both the unadjusted and adjusted analyses in Table 3.** **For the adjusted analyses, the variables are identified based on clinical experience, literature review, and statistical evidence; this is now stated clearly in the Statistical Analysis section.** **In the revised version, both models have same covariates.** MINOR

	-Typo; page 13, line 5: "Table 4" should be "Table 3" **Thank you; corrected.**
Reviewer 2	Dr. Thomas Ungar MD MEd
Institution	North York General Hospital, Toronto, Ont.
General comments (author response in bold)	This is a helpful and useful trial for an the important and timely increase in use of technology for primary mental health screening and care. The investigators are to be commended for the effort and RCT used in the study. A few points to consider for elaboration, clarification or consideration that would strengthen the paper include the following. **Thank you.** 1. The effect of the workshop on CMD's for clinical staff-it is mentioned as a limitation and potential effect but does it not change usual care? The reviewer is absolutely correct and we have expanded the discussion on study limitations. **This effect is referred as "diminish the group difference in outcomes" because clinician behaviour after the workshop could improve for the usual care as well. To make it clear we have revised the related sentence.** 2. NNT is used in the interpretation for an intervention of an e-screening tool rather than a specific treatment. Please explain or justify if this is a fair and appropriate as statistical tool or can it mislead as a descriptor of impact? **We agree with the reviewer that NNT is not relevant for a screening study. Therefore, we have removed this from the discussion.** 3. The study did not "quite" reach statistical significance for detection by clinicians, yet in the conclusions it is claimed that the iCASS tool improves detection. This claim should be removed, modified, or justified. **We have revised the conclusion as suggested.** 4. The discussion mentions the increased MH rates in unemployed are due to the complex social determinants of health. Might it not be due to decreased functional outcomes amongst those with undetected untreated mental illness? Please explain. **We agree with the reviewer and this detail is now added in the discussion section.** 5. Please confirm re the conflict of interest statement if there is any ownership or intellectual property for the ? new iCASS tool used or created for the this study. **There is no conflict of interests for the ownership or intellectual property for the iCASS.**