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

TITLE (PROVISIONAL)	Mobile therapeutic attention for treatment-resistant schizophrenia (m-RESIST): a prospective multicentre feasibility study protocol in patients and their caregivers.
AUTHORS	Alonso-Solís, Anna; Rubinstein, Katya; Corripio, Iluminada; Jaaskelainen, Erika; Seppälä, Annika; Vella, Vincenzo Alberto; Mendivelso, Johanna; Caspi, Asaf; Isohanni, Matti; Unoka, Zsolt; VanDerGraff, Shenja; Farkas, Kinga; Huerta-Ramos, Elena; Marcó- García, Silvia; Stevens, Matthias; Coenen, Tanguy; Hospedales, Margarita; Berdún, Jesús; m-RESIST group, m-RESIST group; Grasa, Eva

VERSION 1 – REVIEW

REVIEWER	Lawrence Mbuagbaw
	McMaster University, Canada
REVIEW RETURNED	05-Jan-2018
GENERAL COMMENTS	The investigators describe a feasibility study to investigate the use of an mhealth approach to managing treatment resistant schizophrenia. The manuscript reads much better than the previous submission. There are still some grammatical errors which should be corrected. I have the following comments. Abstract:
	40% of who? People with schizophrenia or people in the EU? Main text:
	The fist hypothesis should have more detail. What is an acceptable rate of willingness to enrol?
	I don't think willingness to enrol is a kind of attrition. Please consider using it seperately
	Same for the second hypothesis.
	The primary outcomes read much better with adequate thresholds for progression reported.
	Secondary outcomes: I don't think sociodemographic information fits as a clinical outcome.
	Data analysis:
	How will categorical differences be addressed?
	Measurement of group differences is mentioned under quantitative
	data even though there will be only one group.
	I still think a tabulated list of primary/secondary outcomes will be helpful, with a clear distinction between baseline data and outcome
	data.
	Careful editing for grammar will be beneficial.

VERSION 1 – AUTHOR RESPONSE

Response to reviewer comments: Abstract:

1) 40% of who? People with schizophrenia or people in the EU?

Response: This 40% is referred to people with schizophrenia. The paragraph in the abstract has been rewritten.

Main text:

2) The fist hypothesis should have more detail. What is an acceptable rate of willingness to enrol? I don't think willingness to enrol is a kind of attrition. Please consider using it seperately. Same for the second hypothesis.

Response: The first and second hypotheses have been reformulated with more detail. We have also specified the acceptable rate based on the literature. We have now considered attrition separately.

3) The primary outcomes read much better with adequate thresholds for progression reported. Response: Done

4) Secondary outcomes: I don't think sociodemographic information fits as a clinical outcome. Response: We agree with this comment. Sociodemographic outcomes have now been described separately from clinical outcomes.

Primary and secondaru outcomes section have been rewritten.

Data analysis:

5) How will categorical differences be addressed?

Response: We have included the procedure to measure the scores in Likert scale and the test to be used (Pearson and ANOVA's)

6) Measurement of group differences is mentioned under quantitative data even though there will be only one group.

Response: We agree with this comment, it was a wording mistake. No group differences but repeated measures in user experience will be calculated. The pertinent change in the text has been made. Data analysis section has been rewritten

7) I still think a tabulated list of primary/secondary outcomes will be helpful, with a clear distinction between baseline data and outcome data. response: We have added a new table accordingly

8) Careful editing for grammar will be beneficial. response: The grammar of the whole manuscript has now been reviewed by a native English speaker