

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

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| TITLE (PROVISIONAL) | Occupational justice and social inclusion in mental illness and HIV: A scoping review protocol |
| AUTHORS | NHUNZVI, CLEMENT; Langhaug, Lisa; Mavindidze, Edwin; Harding, Richard; Galvaan, Roshan |

VERSION 1 – REVIEW

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| REVIEWER | Kristin Cleverley University of Toronto and Centre for Addiction and Mental Health, Canada |
| REVIEW RETURNED | 30-Jul-2018 |

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| GENERAL COMMENTS | <p>Thank you for the opportunity to review this protocol. It is a timely and important topic. Rationale for a scoping review is clearly articulated.</p> <p>I have a number of minor comments/questions.</p> <ol style="list-style-type: none">1. For the literature search, it is unclear how search engines were selected, unclear why Medline is not included, and there is not description of the grey and/or unpublished literature search, an important component of scoping reviews. Otherwise, would suggest adding to discussion/limitations why peer reviewed work was only searched and summarized.2. Line 72, clarify if “with 80% of DALYs in sub-Saharan Africa resulting from mental illness and HIV.” Is a prevalence estimate for comorbid MI/HIV. It isn’t clear.3. The research question: in highly stigmatized and chronic conditions such as mental illness and HIV? – but it appears the focus of the paper is on HIV/mental illness so I am unsure why the research question states ‘such as’ if the inclusion criteria is HIV/MI then the questions should be “in THE highly stigmatized and chronic conditions mental illness and HIV”.4. The term “mental illness” denotes a very large grouping of several different disorders, some with very little symptoms in common. Whereas HIV is a specific chronic health condition. Please describe the specificity of a physical health condition and the NON-specificity or focus on a chronic mental illness, such as schizophrenia.5. The terms mental health, mental illness, and mental health disorders are used interchangeably throughout. Please define and ensure consistency throughout. |
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| | <p>6. Please provide a preliminary search strategy for one of the databases. It is unclear how the search for mental disorders (which has numerous sub-categories) will be searched. Will ALL mental disorders be included? Including neurodevelopmental? Personality disorders? Again, HIV has only 1 MESH sub-heading, where mental disorder has 19 sub-MESH headings.</p> <p>7.1 Page 8, line 204: The review section, “any differences arise between the two independent reviews will be resolved with the aid of the fourth author.” Why not a third reviewer? Who is the third reviewer?</p> <p>7.2 It is unclear if there will be full text screening.</p> <p>7.3 How will agreement between raters be reported? i.e. Kappa?</p> <p>7.4 Will any programs (i.e. covidence) be used in the review, extraction or analysis of the articles and data?</p> <p>8. Describe why non-peer reviewed articles are being excluded as they are customarily included in scoping reviews. (see comment 1)</p> <p>9. Stage 5: Extracted characteristics and categories will be thematically analysed. There needs to be more detail included in this section. This is a complicated step of Arksey and O’Malley’s framework that requires more description for the reader.</p> <p>10. Line 245: grammar – “not being GIVEN THE attention it deserves”</p> <p>11. It isn’t clear why the Ethics and dissemination: section is only in the abstract. Suggest adding section directly in the protocol.</p> <p>12. I believe the potential review limitations merit more description – especially omission of grey literature, non-english studies, broad mental illness versus specificity in HIV.</p> |
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VERSION 1 – AUTHOR RESPONSE

| Original Manuscript and Reviewer Comments | | Revised Manuscript and Author Responses |
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| Comment 1 | <p>1. For the literature search, it is unclear how search engines were selected, unclear why Medline is not included, and there is not description of the grey and/or unpublished literature search, an important component of scoping reviews. Otherwise, would suggest adding to discussion/limitations why peer reviewed work was only searched and summarized.</p> | <p>Thank you for the review comments and suggested changes. These databases were selected to capture a comprehensive sample of literature from biomedical health sciences, allied health sciences, social sciences, and other disciplines.</p> |

| | Original Manuscript and Reviewer Comments | Revised Manuscript and Author Responses |
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| | | <p>To cater for Medline, we accessed this database via PubMed, which is a free platform for Medline. We also used Scopus, which includes content of Medline and EMBASE.</p> <p>Thank you for the comment regarding grey literature. To enhance comprehensiveness of our search and capture all relevant information, we have taken your suggestions. We will also search a variety of grey literature sources. We will search grey literature databases like Grey literature Report, Web of Science Conference Proceedings, and Open Grey.</p> <p>The review using the search strategy also yields relevant grey literature, given the included databases like PsychInfo, Web of Science, and Scopus include various types of grey literature along with publisher-controlled literature.</p> <p>However, we also noted the challenge was with our restrictive inclusion criterion, which we have since revised to include grey literature. Also reference lists of included articles, relevant literature reviews and key reports will be hand-searched to</p> |

| | Original Manuscript and Reviewer Comments | Revised Manuscript and Author Responses |
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| | | identify articles missed by the search strategy. |
| Comment 2 | 2. Line 72, clarify if “with 80% of DALYs in sub-Saharan Africa resulting from mental illness and HIV.” Is a prevalence estimate for comorbid MI/HIV. It isn’t clear. | Thank you for this comment. We have made it clear. We imply the combined effect of mental illness and HIV. <i>“with 80% of DALY in sub-Saharan Africa resulting from the combined effect of mental illness and HIV”</i> |
| Comment 3 | 3. The research question: in highly stigmatised and chronic conditions such as mental illness and HIV? – but it appears the focus of the paper is on HIV/mental illness so I am unsure why the research question states ‘such as’ if the inclusion criteria is HIV/MI then the questions should be “in THE highly stigmatized and chronic conditions mental illness and HIV”. | Thank you for the suggestion, we have accepted it. The question now reads: <i>“What is the extent of conceptualisation regarding the definitions, current utilisation, and relationships between occupational justice and social inclusion in the highly stigmatised and chronic conditions mental illness and HIV?”</i> |
| Comment 4 | 4. The term “mental illness” denotes a very large grouping of several different disorders, some with very little symptoms in common. Whereas HIV is a specific chronic health condition. Please describe the specificity of a physical health condition and the NON-specificity or focus on a chronic mental illness, such as schizophrenia. | A very important review comment, thank you. We targeted the mental illness grouping and the specific physical condition of HIV because there is evidence of a myriad of associations between different forms of mental illness and HIV, and we needed to accommodate for this. We also hypothesised that maybe the conceptualisations of social inclusion and occupational justice are influenced differently by different combinations of mental illnesses and HIV. Also, we |

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| | | <p>settled for often stigmatised and discriminated against conditions in our context, of which many forms of mental illness are there but HIV stands out as the specific chronic health condition affected.</p> <p>Since this is an index scoping review in this area, we acknowledge that it will be sound to be more specific in future.</p> |
| Comment 5 | 5. The terms mental health, mental illness, and mental health disorders are used interchangeably throughout. Please define and ensure consistency throughout. | Thank you. For consistency sake, we have added contextual definitions and tried to use mental illness as framed in our research question. |
| Comment 6 | 6. Please provide a preliminary search strategy for one of the databases. It is unclear how the search for mental disorders (which has numerous sub-categories) will be searched. Will ALL mental disorders be included? Including neurodevelopmental? Personality disorders? Again, HIV has only 1 MESH sub-heading, where mental disorder has 19 sub-MESH headings. | Thank you for this comment. We have added the preliminary search strategy for PubMed which will be adapted accordingly for other databases. |
| Comment 7.1 | 7.1 Page 8, line 204: The review section, “any differences arise between the two independent reviews will be resolved with the aid of the fourth author.” Why not a third reviewer? Who is the third reviewer? | Thank you for bringing this up. We have corrected this so that it now reads <i>“any differences between the two independent reviewers (CN & EM) will be resolved with the aid of a third reviewer (LL)”</i> . |
| Comment 7.2 | 7.2 It is unclear if there will be full text screening. | Thank you; we have clarified this <i>“In the third stage, the two independent</i> |

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| | | <i>reviewers will then each screen full-text articles to determine if they meet the inclusion/exclusion criteria. Any discordant full-text articles will be resolved through discussion with a third reviewer until full consensus is reached.”</i> |
| Comment 7.3 | 7.3 How will agreement between raters be reported? i.e. Kappa? | We will use Cohen’s κ statistic to determine inter-rater agreement. Inter-rater agreement will be calculated at both the title and abstract review stage and at the full article review stage. |
| Comment 7.4 | 7.4 Will any programs (i.e. covidence) be used in the review, extraction or analysis of the articles and data? | Thank you for bringing this method to our attention. However, we are using a research team developed tool and data extraction will be done manually by two independent reviewers. While our method may be more time consuming it should yield similar results. |
| Comment 8 | 8. Describe why non-peer reviewed articles are being excluded as they are customarily included in scoping reviews. (see comment 1) | This is a really important point and we have since reviewed our criteria to include non-peer reviewed articles |
| Comment 9 | 9. Stage 5: Extracted characteristics and categories will be thematically analysed. There needs to be more detail included in this section. This is a complicated step of Arksey and O'Malley’s framework that requires more description for the reader. | Thank you for raising this. We also consider this an important section of the review and hence have detailed the method to be used. <i>“In this review we will use two ways of presenting the narrative account of our findings. The first one will be a more numerical analysis of the bibliometric</i> |

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| | | <p><i>information. In this we will emphasise the extent, nature and distribution of the studies included in the review.</i></p> <p><i>Secondly, the findings will be organised thematically, using deductive thematic analysis according to different definitions and related concepts for occupational justice and social inclusion. Therefore, the concepts definitions will be our primary unit of analysis.”</i></p> |
| Comment 10 | 10. Line 245: grammar – “not being GIVEN THE attention it deserves” | Thank you, correction, effected. The manuscript now reads: <i>“Life beyond symptom management was not being given the attention it deserves and hence the need to conduct a scoping review in this area”</i> |
| Comment 11 | 11. It isn't clear why the Ethics and dissemination: section is only in the abstract. Suggest adding section directly in the protocol. | Thank you. An ethics and dissemination section has been added. |
| Comment 12 | 12. I believe the potential review limitations merit more description – especially omission of grey literature, non-english studies, broad mental illness versus specificity in HIV. | Thank you. We have added more description on the limitations of the review and also clarified areas of concern. Find attached main document with track changes. |

VERSION 2 – REVIEW

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| REVIEWER | Kristin Cleverley CAMH Chair in Mental Health Nursing Research and Assistant Professor, University of Toronto; Senior Scientist, Centre for Addiction and Mental Health, Toronto, Ontario, Canada |
| REVIEW RETURNED | 13-Nov-2018 |
| GENERAL COMMENTS | All comments and suggestions that I raised to the authors have been adequately addressed. Thank you. |