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

VERSION 1 - REVIEW

REVIEWER	Ian Ring
	University of Wollongong Australia
REVIEW RETURNED	01-Sep-2018

GENERAL COMMENTS	1. p4 l 22 Indigenous Australians comprise ~3% of the population not <2%
	2. p9 l 1 Insert "Blood borne" before 'Infectious'
	3. p9 l 16 Were people who had been imprisoned included? Given high rates of imprisonment and frequent lack of appropriate services for those leaving prison, this would be a surprising omission but T2 p19 mentions imprisoned?
	4. p19 l 55 Should be a new heading eg Mental Illness above "less severe mental illness?
	5. p 21 puzzling that alcohol dependence does not appear in T3 given the findings in T2

REVIEWER	Angela Durey
	University of Western Australia, Perth, Australia
REVIEW RETURNED	03-Sep-2018

GENERAL COMMENTS	I commend the authors for producing a high quality paper that addresses a gap in pathways to homelessness for Indigenous and non-Indigenous peoples. This clear and well-constructed manuscript highlights the different pathways to homelessness for Indigenous compared to non-Indigenous peoples with mental illness in two Canadian cities. The authors argue, convincingly in my view, that appropriate systemic responses are required that recognise these differences and the unique experiences of First Nation peoples dispossessed of their land, culture and language in a country forcibly colonised by others that impact on their mental health and homelessness. This salient approach raises questions whether a one-size fits-all approach is inappropriate when diverse factors that inform these pathways are not acknowledged and addressed. The authors use evidence that speaks to the trauma of

loss and the ongoing transgenerational consequences of colonisation that manifest variously, not least in the context of mental health and homelessness. While not specifically emphasised, addressing social determinants of health can only go so far. The authors argue that acknowledging the importance of Indigenous cultural perspectives and experiences (that include links to land, water, language, spirituality etc) adds another layer to understanding some of the risk factors for homelessness and mental health for Indigenous peoples, and the appropriate inter-sectoral and inter-professional responses required to mitigate such factors.

Wide consultation with Indigenous stakeholders in the research process helped inform the design of the project through to the interpretation of findings with suggestions for potential solutions to help address this problem. As such, this paper provides evidence of the need for collaboration across sectors such as housing, health (primary health, mental health and substance use) and the Indigenous community that can inform policy and practice to ensure support services for Indigenous peoples are appropriate, integrated and effective. The findings also highlight the importance of prevention and early intervention as a strategy to respond to the issue.

I agree with the authors that being able to distinguish between Indigenous groups (in Limitations) would have been helpful in identifying the differences between them in relation to mental health and homelessness.

Minor suggestions for revision include

For the non-Canadian or US reader, please explain '60s scoop' (p12)

Check references for consistency around use of capitals eg in titles of journal articles and also following a semi-colon in titles.

REVIEWER	Igor Grabovac
	Department of Social and Preventive Medicine, Center for Public Health, Medical University of Vienna
REVIEW RETURNED	19-Dec-2018

GENERAL COMMENTS	The presented manuscript: "The Distinct Service Needs of Indigenous People Experiencing Homelessness and Mental Illness in Two Canadian Cities: Evidence to Support Culturally Informed Responses" deals with a very important and seldom researched topic. I am happy that the authors chose this topic and I am also very happy about the inclusion of NGOs not only as a source of participants but also for their inclusion in making sure the specificity of the investigated population is observed.
	There are however a few questions and comments I would like answered or commented on before this article proceeds further.
	Abstract: is clearly written and well structured.
	Introduction: p4, l40: mentions fragmentation between different parts of the health care systems. This is a bit vague, what sort of fragmentation, what is the problem.Is this due to overall less utilization of health care in this population or to other issues? Are these structural? What is the role of discrimination towards indigenous people but also mental illness stigma? A brief description would go a long way, especially as BMJ Open reaches a wide audience that is not necessarily familiar with the HC system

| | in Canada. You repeat this issue p5l34 with problematic responsiveness of primary care. p5l42: "In a review..." sentence seems long and unecessary, perhaps it is enough to state that a need for further research has been established and provide a reference? Please rephrase.
Overall comment on the Introduction section: provides enough information and a good background, however in my opinion could use a bit more critical editing to be more streamlined. Some topics seem to be repetitive. This would make the article more crisp as well, as it is a rather long article now anyway.

Methods: subheading Data Source and Sample: p6l42 am interested to know how people with mental illness gave informed consent. I presume this were people not currently experiencing grave symptoms? Subheading Variables of Interest: you mention several questionnaires but provide no background info on them. Item number, validation, scoring, etc. Some info would help the readers in my opinion.

In the Result section: p10l24 you provide information that is available in the table. This is redundant. Also you switch from text to table in choice of word: "White" to "Caucasian". Please chose one and provide consistency throughout the manuscript.

Discussion: offers a lot of new topics that were not introduced in the introduction section. This creates a discrepancy between the two parts of the text and makes the overall article seem "bulky". The authors also go into a quite long discussion on the issues of colonialism. While I do appreciate this being an important issue, you did not set the scene for this in the Introduction. Also you seem to be using colonialism as a "be all-end all" and I would like to read a clearer reasoning from the authors, provide context and explanation. I understand the textual constraints but again one needs to consider a larger BMJ Open audience and use this opportunity not only to show data but also educate. There is again a question on primary care settings, p14l10 you claim that Indigenous people more often do not have a regular primary care physician, yet somehow in the introduction the fragmentation of primary care is problematic? These to claims seem to be contradictory and in my view the problem is probably more systemic than just bad connections between primary care and mental health care services? "60s scoop" (p12l29) should be explained in brackets as again I suspect people outside Canada will not be informed.

Overall comment: a very welcomed idea and article, that in my opinion could use some more editing to make it truly exceptional. |

Please state any competing interests or state 'None declared': None declared

Please leave your comments for the authors below

1. p4 l 22 Indigenous Australians comprise ~3% of the population not <2%

• This percentage was updated to be 3.3% on page 4

2. p9 l 1 Insert "Blood borne" before 'Infectious"

• Blood Borne has been added on page 9

3. p9 l 16 Were people who had been imprisoned included? Given high rates of imprisonment and frequent lack of appropriate services for those leaving prison, this would be a surprising omission but T2 p19 mentions imprisoned?

• Participants who reported they had been imprisoned in the past 6 months at baseline were included in this analysis. The item in Table 2 includes various forms of criminal justice system contact, including arrest, or time served in custody or community settings. We are not able to differentiate rates of imprisonment from this item. Analysis of administrative records for the Vancouver sample found that 14% had been in custody during the six months prior to study recruitment. This statement has been added to page 10.

4. p19 l 55 Should be a new heading eg Mental Illness above "less severe mental illness?

• Headings were added to indicate Mental illness, Chronic Disease and Service Access and Substance use in all tables.

5. p 21 puzzling that alcohol dependence does not appear in T3 given the findings in T2

• We have now included the findings of alcohol dependence in T3. As expected, the findings were significant in both univariable and multivariable setting (AOR: 2.64, 95% CI: 1.90, 3.68).

• Another note, variables in T3 were not consistent in terms of selection criteria (p value < .05). Many variables in T3 that had a p value over 0.05 in the univariate model was considered in the multivariable model. I have updated the sentence in the analytic section accordingly.

• "Statistical significance (variables that were significant at the p<0.05 level) as well as subjective assessment were considered to select outcome variables for the multivariable logistic regression analyses."

Reviewer: 2

Reviewer Name: Angela Durey

Institution and Country: University of Western Australia,

Perth,

Australia

Please state any competing interests or state 'None declared': None declared

Please leave your comments for the authors below

I commend the authors for producing a high quality paper that addresses a gap in pathways to homelessness for Indigenous and non-Indigenous peoples. This clear and well-constructed manuscript highlights the different pathways to homelessness for Indigenous compared to non-Indigenous peoples with mental illness in two Canadian cities. The authors argue, convincingly in my view, that appropriate systemic responses are required that recognise these differences and the unique experiences of First Nation peoples dispossessed of their land, culture and language in a country forcibly colonised by others that impact on their mental health and homelessness. This salient approach raises questions whether a one-size fits-all approach is inappropriate when diverse factors that inform these pathways are not acknowledged and addressed. The authors use evidence that speaks to the trauma of loss and the ongoing transgenerational consequences of colonisation that manifest variously, not least in the context of mental health and homelessness. While not specifically emphasised, addressing social determinants of health can only go so far. The authors argue that acknowledging the importance of Indigenous cultural perspectives and experiences (that include links to land, water, language, spirituality etc) adds another layer to understanding some of the risk factors for homelessness and mental health for Indigenous peoples, and the appropriate inter-sectoral and inter-professional responses required to mitigate such factors.

Wide consultation with Indigenous stakeholders in the research process helped inform the design of the project through to the interpretation of findings with suggestions for potential solutions to help address this problem. As such, this paper provides evidence of the need for collaboration across sectors such as housing, health (primary health, mental health and substance use) and the Indigenous community that can inform policy and practice to ensure support services for Indigenous peoples are appropriate, integrated and effective. The findings also highlight the importance of prevention and early intervention as a strategy to respond to the issue.

I agree with the authors that being able to distinguish between Indigenous groups (in Limitations) would have been helpful in identifying the differences between them in relation to mental health and homelessness.

Minor suggestions for revision include

For the non-Canadian or US reader, please explain '60s scoop' (p12)

• An additional statement explaining the 60s scoop has been added to page 12.

Check references for consistency around use of capitals eg in titles of journal articles and also following a semi-colon in titles.

• All references have been checked for consistency around capitals and semicolons.

Reviewer: 3

Reviewer Name: Igor Grabovac

Institution and Country: Department of Social and Preventive Medicine, Center for Public Health, Medical University of Vienna

Please state any competing interests or state 'None declared': None

Please leave your comments for the authors below

The presented manuscript: "The Distinct Service Needs of Indigenous People Experiencing Homelessness and Mental Illness in Two Canadian Cities: Evidence to Support Culturally Informed Responses" deals with a very important and seldom researched topic. I am happy that the authors

chose this topic and I am also very happy about the inclusion of NGOs not only as a source of participants but also for their inclusion in making sure the specificity of the investigated population is observed.

There are however a few questions and comments I would like answered or commented on before this article proceeds further.

Abstract: is clearly written and well structured.

Introduction: p4, l40: mentions fragmentation between different parts of the health care systems. This is a bit vague, what sort of fragmentation, what is the problem. Is this due to overall less utilization of health care in this population or to other issues? Are these structural?

• Additional text has been added in this section to further explain system fragmentation on page 5.

What is the role of discrimination towards indigenous people but also mental illness stigma? A brief description would go a long way, especially as BMJ Open reaches a wide audience that is not necessarily familiar with the HC system in Canada. You repeat this issue p5l34 with problematic responsiveness of primary care. p5l42: "In a review..." sentence seems long and unnecessary, perhaps it is enough to state that a need for further research has been established and provide a reference? Please rephrase.

• An additional statement has been added on page 7 outlining the role of discrimination towards Indigenous people in the Canadian Health Care system.

Overall comment on the Introduction section: provides enough information and a good background, however in my opinion could use a bit more critical editing to be more streamlined. Some topics seem to be repetitive. This would make the article crisper as well, as it is a rather long article now anyway.

• The introduction section has been edited considerably to take this revision suggestion into account.

Methods: subheading Data Source and Sample: p6l42 am interested to know how people with mental illness gave informed consent. I presume this were people not currently experiencing grave symptoms?

• A statement has been added to this section to further describe how recruitment took place. As well as citing a detailed article where the recruitment and retention process for this study was described.

Subheading Variables of Interest: you mention several questionnaires but provide no background info on them. Item number, validation, scoring, etc. Some info would help the readers in my opinion.

• A more detailed description of the instruments was added to this section on page 10 as well as a citation for the study protocol Goering 2011 which describes each instrument in more detail.

In the Result section: p10l24 you provide information that is available in the table. This is redundant. Also you switch from text to table in choice of word: "White" to "Caucasian". Please chose one and provide consistency throughout the manuscript.

• The term "white" has been checked to be used consistently throughout the manuscript.

Discussion: offers a lot of new topics that were not introduced in the introduction section. This creates a discrepancy between the two parts of the text and makes the overall article seem "bulky". The authors also go into a quite long discussion on the issues of colonialism. While I do appreciate this being an important issue, you did not set the scene for this in the Introduction. Also you seem to be using colonialism as a "be all-end all" and I would like to read a clearer reasoning from the authors,

provide context and explanation. I understand the textual constraints but again one needs to consider a larger BMJ Open audience and use this opportunity not only to show data but also educate.

• Thank you for this thoughtful suggestion. The introduction and discussion have been edited considerably based on this recommendation.

There is again a question on primary care settings, p14l10 you claim that Indigenous people more often do not have a regular primary care physician, yet somehow in the introduction the fragmentation of primary care is problematic? These to claims seem to be contradictory and in my view the problem is probably more systemic than just bad connections between primary care and mental health care services?

• This section states the contrary to the editor's comment above, that in fact Indigenous participants were more likely to have a regular medical doctor however were also more likely to be taken to hospital in an ambulance. This point has been made more clear with edits to the introduction on the fragmentation of the health system.

"60s scoop" (p12l29) should be explained in brackets as again I suspect people outside Canada will not be informed.

• A statement explaining the 60's scoop has been added to page 12.

Overall comment: a very welcomed idea and article, that in my opinion could use some more editing to make it truly exceptional.

VERSION 2 – REVIEW

REVIEWER	Ian Ring
	University of Wollongong Australia
REVIEW RETURNED	07-Feb-2019

| GENERAL COMMENTS | This revised version adequately addresses the reviewers' concerns. |

REVIEWER	Igor Grabovac
	Department of Social and Preventive Medicine, Center for Public Health, Medical University of Vienna, Austria
REVIEW RETURNED	31-Jan-2019

| GENERAL COMMENTS | I thank the authors for the work invested in the revisions. No further comments. |