

## PEER REVIEW HISTORY

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### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Stakeholders' views on volunteering in mental health – an international focus group study
<b>AUTHORS</b>	Pinto da Costa, Mariana; Conneely, Maev; Monteiro da Silva, Fábio; Toner, Sarah

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Valenti, Emanuele University of Bristol, Center for Ethics in Medicine
<b>REVIEW RETURNED</b>	26-Aug-2021

<b>GENERAL COMMENTS</b>	<p>The study represents a beneficial stakeholder consultation to understand the practice of volunteering in mental health from a cross-cultural perspective. The quality of research is undoubted, and the research team is a very competent group of researchers. The study represents a very innovative approach to develop interventions in social psychiatry and contribute to improving the quality of life of people with mental health. However, the paper requires additional work and more comprehensive data analysis, including all the data available in the study. In addition, the methodology requires general editing and a structural reorganization in order to improve the paper readability. Below, some suggestions to modify and improve the text for future publication.</p> <p>On page five, lines three to nine [5(3-9)], the authors generally referred to cultural values without providing information about which kind of values. In this way, the reader cannot understand really what the author is referring to. Therefore, it is crucial, especially for a clinical journal, to clarify what we are saying here.</p> <p>At 5(5-6), the argument provided to justify the inclusion of the cities involved in the study is not consistent for all of them: in the UK, the author mentioned religion and multiculturalism, in Portugal religion and Mediterranean culture and Belgium the European Institutions and multi-linguism. I suggest specifying this aspect better and formulating standard criteria familiar to all the countries, such as mental health service structure and psychiatry tradition or religion. For instance, if we consider a religious point of view UK and Belgium represent better Protestant tradition and Portugal the Catholic one. If the difference between the last country and the former is neat, the difference between the UK and Belgium is unclear because both are Protestant religious traditions and share a common tradition. I am sure there are several arguments available to support the choice.</p> <p>At 5(19), the adjective contrasting reflects the ambiguity of the previous paragraph, and although there is no doubt about their difference, we cannot say the same about the contrasting character between UK and Belgium. However, perhaps the metaphor of Northern, Central and Southern European country can be helpful to describe a difference between each country better.</p>
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	<p>At 4(36-37), there is a political framework reference: what does it exactly mean? For example, are the authors referring to the participants' political views or the existing political groups available in the cities?</p> <p>At 5(32-33), the entire subparagraph related to the study design is not focused on the description of the study typology, a qualitative study. Information about the nature and the tools used to develop the study are not provided. The text provided information helpful in understanding the procedure that does not clarify which kind of qualitative study has been implemented. The reference to the multi-lingual character of the study is redundant, provided that an international, cross-cultural and multisite FGs study implies a difference between the languages. This aspect would be better mentioned again in the procedure related to how data have been extracted. In the same way, the reference to the topic guide refinement can be allocated in the procedure section to enrich the description of the pilot study.</p> <p>At 5(51-52), it is better to use the expression first author or include the initials corresponding to the authors' names. The term candidate describes better an educational process of accreditation, i.e., master degree or PhD program, but is not recommended for publication.</p> <p>At 5(58-59), the role of the second researcher is not clear, not clear at all what does contributed detailed knowledge of the local culture which supported collection and interpretation of data. These lines require a more detailed explanation about what each one did precisely, or they can be omitted. The association between context specificity and sensitivity and the validity of the finding is not appropriate because the validity of findings depends on the rigour of the procedure. The second researcher may help to understand the context specificity of data and provide support for their interpretation. However, this aspect is not a reason to assure the validity of the finding but only a strategy to mitigate possible biases.</p> <p>At 7(18-25), the potential influence on interview conduct or analysis is a subjective point of view and is not a characteristic to better understand the research team's description. The table contents should provide objective information about each researcher and prove the research team is qualified and has an appropriate background. If required, possible influence on the analysis process can be mentioned as a limitation or a strength in the discussion.</p> <p>In sub-paragraph 2.1.3 Recruitment [8(18)-9(10)], a disproportionate number of sub-paragraphs can be confusing for the reader. For example, the distinction between pilot and the main study and the difference between mental health professionals and volunteers does not require a specific subparagraph. All this information can be organized in one subparagraph (2.1.3 Recruitment) and improve the paper readability. The same observation is due at 9 (18-38), where eligibility criteria can be resumed in a table or organized in a unique subparagraph.</p> <p>At 9(40), informed consent is mentioned, although this is part of the research procedure and represents a normative step that requires a detailed description, including information about REC and number approval according to the country's legislation. In the UK, the legislation requires the approval of a REC for these kinds of studies, although they do not involve patients. Therefore, if approval is available, the author must include all the information required in the publication.</p> <p>The entire section 1.1.1.3 Eligibility criteria at 9(15-48) can be organized in a unique subparagraph, and particularly the section 1.1.1.5 is redundant and prolix. A more detailed description of the exact number of participants and their background per FG is</p>
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	<p>recommended, with a table or a specific paragraph. This aspect is essential to assure the quality of the study and assess the structure of purposive sampling.</p> <p>The entire section [10(52)-13(27)] related to data collection and analysis can be organized as a unique subparagraph to improve the readability of the text.</p> <p>At 12(5-16), the explanation about the inductive and deductive thematic analysis approaches is confusing and unclear about the real difference between one procedure and another. In qualitative research, there is always an improvement of knowledge during research, influencing the data interpretation. However, the deductive thematic analysis requires that the existing conceptualization are included in the topic guide and explored during the discussion. That means asking about a conceptual framework in all the focus groups and collect specific feedback in each one. Consequently, the developed themes are extracted by the existing conceptualization and compared with the participants' views. This paper is unclear if the themes are extracted by an existing conceptual framework or built around the participants' perceptions.</p> <p>The presentation of data is excessively extended, and themes are not related adequately to sub-themes. Mainly, findings are grouped per city and mislead the reader understanding. The entire section requires a profound reorganization of all the contents, particularly a consistent reduction. For instance, in subparagraph 3.1.3.1, the author indicates the existence of a framework without providing a description of such framework and looking at [16(40)-17(24)] more than a framework, we can find helpful recommendations about volunteering. For instance, volunteering is a culture in London, is a structured normative system in Porto and an organizational value system in Brussels. These views cannot concur to define a framework. However, they highlight a crucial anthropological dimension in volunteering. At 17(13-20), nothing is said about decision-making related to training or about a structure around which building volunteering, which would be suitable with a framework. Instead, it reports that training may be relevant or not, depending on the participants' perspective. The theme is a framework in which organized volunteering cannot be extracted by the sub-themes elucidated in Table 4.</p> <p>Moreover, the association of data to different cities is misleading because data can represent only a few views expressed in one specific location. For example, the presentation of data through the narrative account at p 17(3-25) requires specific references to each quote. The author could create a coding system to identify all the quotes and report them in a specific table; in this way, the reader can be aware of the correspondence between actual data and narrative account. That solution permits mentioning the excerpts directly and embeds them in the text-only, the most significant, as in 17(48).</p> <p>Moreover, I suggest providing to each information quote the gender participant and reduce its extension. Again, the mention of the city does not add any valuable information to understand the context of the quotes. Due to the context of volunteering depicted in the paper, the reader knows it matters of a mental health setting and that a psychiatrist is a mental health professional. In the same way, it is possible avoiding the complete name of the location for every excerpt, using just the initial.</p> <p>At 19(7), please check if the number of the table is correct because the previous one is number 4, while it is reported to number 6. Again, the table does not provide a relationship between sub-themes</p>
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	<p>and themes, and there is no information related to the quote, i.e., number of FG, number of participants, qualification. A verbatim should support the sub-themes to show they represent what has been said in the discussion. Moreover, in some cases, sub-themes are not the same in each country; for example, at 19(40-41), practice social skills, provide competencies and helping patients have a very different meaning. This theme is an excellent representation of the aims of volunteering, more than a straightforward elucidation of the volunteer's role.</p> <p>Please check the 21(52-53) table number. At 22(3-47), the table has an entirely different format, and on the left side, the sub-themes appear as format and boundaries. That is how all the other results should be presented. The theme every relationship has a different character looks the most reliable and fits with the codes. What we need to know is the exact source of each verbatim. Because if all these verbatims have the same source, then the value of finding changes.</p> <p>Although all the excerpts come from different participants (except in London, where there are two related to the same participant number 3), the verbatim per city is unbalanced. For example, in Porto, four verbatim come from the FG1 and in Brussels, four come from the FG2.</p> <p>The results paragraph declared 24 FGs, 6 in the pilot stage, and 18 in the main study 12(33-51). Although the paragraph is confusing and includes typos at lines 49-51, I suggest including a table specifying the number of participants per FG and the number of FG per city, providing precise information about the pilot and main study. Findings are related only to 9 up to 24 FGs: 4 in London (n. 1,2,3,4), 3 in Porto (n. 1,2,3) and 2 in Brussels (n. 1,2). The 44% verbatim are extracted from the same source, the FG n.1 in Porto and the n. 2 in Brussels.</p> <p>This is a pretty significant limitation for the reliability of findings and a crucial argument for rejecting the current version of this paper.</p>
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<b>REVIEWER</b>	Pelto-Piri, Veikko Orebro universitet
<b>REVIEW RETURNED</b>	26-Aug-2021

<b>GENERAL COMMENTS</b>	<p>Thanks for letting me peer review this manuscript, which focuses on an important topic about stakeholders' view on volunteering. My main impression of the manuscript is interesting but premature for publication.</p> <p>General impression It is a very long article, especially the Method section and the Strengths and Weaknesses section. Most things that need to be there are in place, but can be compressed. The results part is also very long, since it is a premature analysis, with many themes and extremely many sub-themes. This makes it difficult for readers to grasp the results of the analysis. The manuscript has too many heading and they have numbers, some without logic.</p> <p>The authors would benefit from using <a href="https://bmjopen.bmj.com/content/bmjopen/9/10/e028868.full.pdf">https://bmjopen.bmj.com/content/bmjopen/9/10/e028868.full.pdf</a> as an inspiration, although their article should be longer than this one. See also Figure 1 in this article which clearly presents the whole result of the analysis.</p> <p>Abstract</p>
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The abstract is badly written, for instance, the aim of the study is not the same in the abstract as it is in the main text. The journal accepts 300 words for abstract, why not use all of these words?

#### Introduction

The introduction is relatively short and does not end in a rationale for the study, except that no multi-country study has been done before. It is difficult from the Introduction to determine what results already exist and what this study is intended to contribute. The aim is unclear and not enough connected with the results and discussion.

#### Methods

There are too many headlines in Methods and the presentation is long and unstructured. The method part needs to be cleaned of unnecessary information and better structured with fewer headings. Table 1; should be included in Supplementary material and the content briefly in the main text.

The study is presented as “pilot stage” and “main study”, but later as one study. It is reasonable to present it as a study, even if there is a time aspect involved.

The text about recruitment is too long and with many headings. But it would be good to have more information about the settings of the participants' work/volunteering.

Page 9, line 30-36: “volunteer groups, not everyone had experience in volunteering” Why not? Should you give this group another name? Or, is it two groups?

Page 9: The topic guide should be attached as Supplementary material

- How did you develop the topic guide? From previous research? Please write some lines about this.

Page 10, line 19-20: How did you use the notes about the discussion in analysis? If they are less important you do not need mention it at all.

The research ethics (e.g. participant consent, ethics approval) needs to be addressed appropriately in one section. It can be done by replacing the heading 1.1.5 Patient and public involvement with an ethics section.

#### Results

Page 13-14. The data about socio-demographics in qualitative studies are not so interesting. They should be shortly presented in main text and the Table 1 (one more Table 1!) and 2 can be supplementary material.

Page 15: Table 3: The main Themes are more of categories than themes since the names only reflect the area to be presented rather than something about the content.

Table 4-9: These tables can be placed in supplementary material. The analysis is not complete. Normally, in thematic analysis you can present a table with all themes and subthemes, so these tables show that the authors have not completed the analysis. These tables can be added to supplementary material to show what the analysis looked like before the final themes and subthemes were created. If common themes are created for the three sites, you can first present what is similar in these countries and then go into the differences.

#### Discussion

What contribution does this study give to the field of practice and research? Have we learned something that we did not already know? The rationale and research question for the study are unclear and they have not become clearer in the discussion either.

	<p>The headings 4.1.3 and 4.1.5. can be integrated into a discussion section, highlighting the contribution of this study in relation to others work. Despite references in the discussion it is difficult to see the contribution of this study.</p> <p>4.1.4 Strengths and limitations is extremely long. It is sufficient to briefly provide information about the most important strengths and weaknesses of the study.</p>
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### VERSION 1 – AUTHOR RESPONSE

<p>Reviewer: 1 Dr. Emanuele Valenti, University of Bristol, Instituto de Etica Clinica Francisco Valles</p>	
<p>Comments to the Author: The study represents a beneficial stakeholder consultation to understand the practice of volunteering in mental health from a cross-cultural perspective. The quality of research is undoubted, and the research team is a very competent group of researchers. The study represents a very innovative approach to develop interventions in social psychiatry and contribute to improving the quality of life of people with mental health.</p>	<p>We thank Dr Emanuele Valenti for their kind message and for their reassurance with the quality of the research and the research team.</p>
<p>However, the paper requires additional work and more comprehensive data analysis, including all the data available in the study. In addition, the methodology requires general editing and a structural reorganization in order to improve the paper readability. Below, some suggestions to modify and improve the text for future publication.</p>	<p>We thank Dr Emanuele Valenti for their feedback. We have now substantially revised the article, which we hope is now suitable for publication.</p>
<p>On page five, lines three to nine [5(3-9)], the authors generally referred to cultural values without providing information about which kind of values. In this way, the reader cannot understand really what the author is referring to. Therefore, it is crucial, especially for a clinical journal, to clarify what we are saying here.</p>	<p>We thank Dr Emanuele Valenti for their comment. On page 3, lines 82 and thereafter we make reference that the <i>“Volunteers’ roles seem to vary and their individual characteristics may be linked to cultural, religious and social context.”</i> This is further specified on page 3 and 4, starting on page 3 line 95 by stating that <i>“In Belgium, the opportunities available seem to have close links with health care structures, whereas in Portugal volunteering in mental health barely exists. The existing differences may reflect wider societal diversity, and mental health services structure. The UK, an island lying off the North Western coast, is influenced by Anglican values and London is shaped by a multicultural ambience. Belgium, positioned in Central Europe is the heart of many European institutions, its nationals are multi-lingual, with most of the population speaking both French and Dutch, whereas Portugal, located in Southern Europe, holds Catholic and Mediterranean cultural roots. These socio-geographical diverse countries spanning the North, South and Central Europe were chosen for this international focus group study because of their dissimilar traditions of volunteering in mental health.”</i></p>
<p>At 5(5-6), the argument provided to justify the inclusion of the cities involved in the study is not consistent for all of them: in the UK, the author mentioned religion and multiculturalism, in Portugal</p>	<p>We thank Dr Emanuele Valenti for their comment. We have clarified that these countries were chosen due to their socio-geographical differences and due to their differences of traditions of volunteering in</p>

<p>religion and Mediterranean culture and Belgium the European Institutions and multi-linguism. I suggest specifying this aspect better and formulating standard criteria familiar to all the countries, such as mental health service structure and psychiatry tradition or religion. For instance, if we consider a religious point of view UK and Belgium represent better Protestant tradition and Portugal the Catholic one. If the difference between the last country and the former is neat, the difference between the UK and Belgium is unclear because both are Protestant religious traditions and share a common tradition. I am sure there are several arguments available to support the choice.</p>	<p>mental health. In page 4, lines 104 and after, it is now stated: <i>“These socio-geographical diverse countries spanning the North, Central and South Europe were chosen for this international focus group study because of their dissimilar traditions of volunteering in mental health.”</i></p>
<p>At 5(19), the adjective contrasting reflects the ambiguity of the previous paragraph, and although there is no doubt about their difference, we cannot say the same about the contrasting character between UK and Belgium. However, perhaps the metaphor of Northern, Central and Southern European country can be helpful to describe a difference between each country better.</p>	<p>We thank Dr Emanuele Valenti for their comment. We have now emphasised the geographical differences between each of the countries. On page 4, lines 104 and thereafter it can now be read <i>“These socio-geographical diverse countries, spanning the North, Central and South Europe”</i>.</p>
<p>At 4(36-37), there is a political framework reference: what does it exactly mean? For example, are the authors referring to the participants' political views or the existing political groups available in the cities?</p>	<p>We thank Dr Emanuele Valenti for their comment. This was now been removed.</p>
<p>At 5(32-33), the entire subparagraph related to the study design is not focused on the description of the study typology, a qualitative study. Information about the nature and the tools used to develop the study are not provided. The text provided information helpful in understanding the procedure that does not clarify which kind of qualitative study has been implemented. The reference to the multi-lingual character of the study is redundant, provided that an international, cross-cultural and multisite FGs study implies a difference between the languages. This aspect would be better mentioned again in the procedure related to how data have been extracted. In the same way, the reference to the topic guide refinement can be allocated in the procedure section to enrich the description of the pilot study.</p>	<p>We thank Dr Emanuele Valenti for their comment. On page 4 line 114 and after it is specified which kind of qualitative study was implemented: <i>“This was an international cross-cultural, multi-lingual focus group study”</i>. The details of the methodology of this international focus group study have been published and discussed elsewhere, a reference to that article has now been added. With relation to the languages we wish to point that international focus groups does not necessarily mean they are in the different languages. For example an international multi-country focus group study conduct in UK, Australia and USA, would likely entail focus groups in the same language: English. We have now rewritten the section on Procedures in page 8 and 9, including now reference on the topic guide refinements.</p>
<p>At 5(51-52), it is better to use the expression first author or include the initials corresponding to the authors' names. The term candidate describes better an educational process of accreditation, i.e., master degree or PhD program, but is not recommended for publication.</p>	<p>We thank Dr Emanuele Valenti for their comment. This has now been corrected.</p>
<p>At 5(58-59), the role of the second researcher is not clear, not clear at all what does contributed detailed knowledge of the local culture which supported collection and interpretation of data. These lines require a more detailed explanation about what each one did precisely, or they can be omitted. The association between context specificity and sensitivity and the validity of the finding is not appropriate because the validity of findings depends on the rigour of the procedure. The second researcher may help to understand the context</p>	<p>We thank Dr Emanuele Valenti for their comment. This has now been clarified. On page 4 lines 122 and thereafter it is stated that <i>“This second researcher also contributed to help understand the context specificity of data and provided support in the interpretation of data”</i>.</p>

<p>specificity of data and provide support for their interpretation. However, this aspect is not a reason to assure the validity of the finding but only a strategy to mitigate possible biases.</p>	
<p>At 7(18-25), the potential influence on interview conduct or analysis is a subjective point of view and is not a characteristic to better understand the research team's description. The table contents should provide objective information about each researcher and prove the research team is qualified and has an appropriate background. If required, possible influence on the analysis process can be mentioned as a limitation or a strength in the discussion.</p>	<p>We thank Dr Emanuel Valenti. We have now removed the line about "Potential influence on interview conduct or analysis" from the table. Information about the research team is also mentioned in the discussion session on page 32, where it is stated that "<i>The research team was multidisciplinary, with a background in psychiatry and psychology, and some without experience in volunteering in mental health</i>".</p>
<p>In sub-paragraph 2.1.3 Recruitment [8(18)-9(10)], a disproportionate number of sub-paragraphs can be confusing for the reader. For example, the distinction between pilot and the main study and the difference between mental health professionals and volunteers does not require a specific subparagraph. All this information can be organized in one subparagraph (2.1.3 Recruitment) and improve the paper readability. The same observation is due at 9 (18-38), where eligibility criteria can be resumed in a table or organized in a unique subparagraph.</p>	<p>We thank very much Dr Emanuel Valenti for their suggestion. The information about recruitment has been re-organised and condensed.</p>
<p>At 9(40), informed consent is mentioned, although this is part of the research procedure and represents a normative step that requires a detailed description, including information about REC and number approval according to the country's legislation. In the UK, the legislation requires the approval of a REC for these kinds of studies, although they do not involve patients. Therefore, if approval is available, the author must include all the information required in the publication.</p>	<p>We would like to point to Dr Emanuel Valenti that the information about the Ethics approval and the number approval is provided in page 36 at the end of the article, in line with the requirements of BMJ Open.</p>
<p>The entire section 1.1.1.3 Eligibility criteria at 9(15-48) can be organized in a unique subparagraph, and particularly the section 1.1.1.5 is redundant and prolix. A more detailed description of the exact number of participants and their background per FG is recommended, with a table or a specific paragraph. This aspect is essential to assure the quality of the study and assess the structure of purposive sampling.</p>	<p>We thank very much Dr Emanuel Valenti for their suggestion. The information concerning the eligibility criteria has been shortened.</p>

<p>The entire section [10(52)-13(27)] related to data collection and analysis can be organized as a unique subparagraph to improve the readability of the text. At 12(5-16), the explanation about the inductive and deductive thematic analysis approaches is confusing and unclear about the real difference between one procedure and another. In qualitative research, there is always an improvement of knowledge during research, influencing the data interpretation. However, the deductive thematic analysis requires that the existing conceptualization are included in the topic guide and explored during the discussion. That means asking about a conceptual framework in all the focus groups and collect specific feedback in each one. Consequently, the developed themes are extracted by the existing conceptualization and compared with the participants' views. This paper is unclear if the themes are extracted by an existing conceptual framework or built around the participants' perceptions.</p>	<p>The information about the data collection and analysis was rewritten, including the description of the thematic analysis approach. The themes were built around the participants' perceptions (and not by any particular conceptual framework).</p>
<p>The presentation of data is excessively extended, and themes are not related adequately to sub-themes. Mainly, findings are grouped per city and mislead the reader understanding. The entire section requires a profound reorganization of all the contents, particularly a consistent reduction. For instance, in subparagraph 3.1.3.1, the author indicates the existence of a framework without providing a description of such framework and looking at [16(40)-17(24)] more than a framework, we can find helpful recommendations about volunteering. For instance, volunteering is a culture in London, is a structured normative system in Porto and an organizational value system in Brussels. These views cannot concur to define a framework. However, they highlight a crucial anthropological dimension in volunteering. At 17(13-20), nothing is said about decision-making related to training or about a structure around which building volunteering, which would be suitable with a framework. Instead, it reports that training may be relevant or not, depending on the participants' perspective. The theme is a framework in which organized volunteering cannot be extracted by the sub-themes elucidated in Table 4.</p>	<p>The themes and sub-themes has been significantly revised as highlighted in yellow in the manuscript.</p>
<p>Moreover, the association of data to different cities is misleading because data can represent only a few views expressed in one specific location. For example, the presentation of data through the narrative account at p 17(3-25) requires specific references to each quote. The author could create a coding system to identify all the quotes and report them in a specific table; in this way, the reader can be aware of the correspondence between actual data and narrative account. That solution permits mentioning the excerpts directly and embeds them in</p>	<p>We would like to point to Dr Emanuel Valenti that we have submitted as an appendix a 10 page document with 160 quotes from different participants from the different focus groups, which can demonstrate that the described themes and sub-themes have been based in all the data, and not only from a sub-selection.</p> <p>We have followed the way that other international focus groups publications have reported some of the quotes of their participants (e.g. Valenti et al 2015)</p>

<p>the text-only, the most significant, as in 17(48). Moreover, I suggest providing to each information quote the gender participant and reduce its extension. Again, the mention of the city does not add any valuable information to understand the context of the quotes. Due to the context of volunteering depicted in the paper, the reader knows it matters of a mental health setting and that a psychiatrist is a mental health professional. In the same way, it is possible avoiding the complete name of the location for every excerpt, using just the initial.</p>	<p>and not all.</p>
<p>At 19(7), please check if the number of the table is correct because the previous one is number 4, while it is reported to number 6. Again, the table does not provide a relationship between sub-themes and themes, and there is no information related to the quote, i.e., number of FG, number of participants, qualification. A verbatim should support the sub-themes to show they represent what has been said in the discussion.</p> <p>Moreover, in some cases, sub-themes are not the same in each country; for example, at 19(40-41), practice social skills, provide competencies and helping patients have a very different meaning. This theme is an excellent representation of the aims of volunteering, more than a straightforward elucidation of the volunteer's role.</p>	<p>We thank Dr Emanuel Valenti for spotting this typo. We have now corrected the number of the table. The tables and sub-themes have been revised. However, as 6 different analysis were conducted, it is natural and possible that the sub/themes are not the same across countries.</p>
<p>Please check the 21(52-53) table number. At 22(3-47), the table has an entirely different format, and on the left side, the sub-themes appear as format and boundaries. That is how all the other results should be presented. The theme every relationship has a different character looks the most reliable and fits with the codes. What we need to know is the exact source of each verbatim. Because if all these verbatims have the same source, then the value of finding changes.</p>	<p>We have now added a column in the left of all the tables with the overarching themes. We would like to point to Dr Emanuel Valenti that we have submitted as an appendix a 10 page document with 160 quotes from different participants from the different focus groups, which points to the exact source of each verbatim and can demonstrate that the described themes and sub-themes have been based in all the data, and not only from a sub-selection.</p>
<p>Although all the excerpts come from different participants (except in London, where there are two related to the same participant number 3), the verbatim per city is unbalanced. For example, in Porto, four verbatim come from the FG1 and in Brussels, four come from the FG2.</p>	<p>We would like to point to Dr Emanuel Valenti that we have submitted as an appendix a 10 page document with 160 quotes from different participants from the different focus groups, which points to the exact source of each verbatim and can demonstrate that the described themes and sub-themes have been based in all the data, and not only from a sub-selection.</p>
<p>The results paragraph declared 24 FGs, 6 in the pilot stage, and 18 in the main study 12(33-51). Although the paragraph is confusing and includes typos at lines 49-51, I suggest including a table specifying the number of participants per FG and the number of FG per city, providing precise information about the pilot and main study. Findings are related only to 9 up to 24 FGs: 4 in London (n. 1,2,3,4), 3 in Porto (n. 1,2,3) and 2 in Brussels (n. 1,2). The 44% verbatim are extracted from the same source, the FG n.1 in Porto and the n. 2 in Brussels. This is a pretty significant limitation for the reliability</p>	<p>We would like to point to Dr Emanuel Valenti that we have submitted as an appendix a 10 page document with 160 quotes from different participants from the different focus groups, which points to the exact source of each verbatim and can demonstrate that the described themes and sub-themes have been based in all the data, and not only from a sub-selection.</p>

of findings and a crucial argument for rejecting the current version of this paper.	
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<p>Reviewer: 2  Dr. Veikko Peltö-Piri, Orebro universitet  Comments to the Author:  Thanks for letting me peer review this manuscript, which focuses on an important topic about stakeholders' view on volunteering. My main impression of the manuscript is interesting but premature for publication.  General impression  It is a very long article, especially the Method section and the Strengths and Weaknesses section. Most things that need to be there are in place, but can be compressed. The results part is also very long, since it is a premature analysis, with many themes and extremely many sub-themes. This makes it difficult for readers to grasp the results of the analysis. The manuscript has too many heading and they have numbers, some without logic.  The authors would benefit from using <a href="https://bmjopen.bmj.com/content/bmjopen/9/10/e028868.full.pdf">https://bmjopen.bmj.com/content/bmjopen/9/10/e028868.full.pdf</a> as an inspiration, although their article should be longer than this one. See also Figure 1 in this article which clearly presents the whole result of the analysis.</p>	<p>We thank Dr Veikko for taking the time of reading this article and for the helpful feedback. We have now substantially revised the article, which we hope is now suitable for publication. We have now significantly shortened the Methods section and the Strengths and Limitations section, as recommended. Several heads have been removed, as well as the numbers.</p>
<p>Abstract  The abstract is badly written, for instance, the aim of the study is not the same in the abstract as it is in the main text. The journal accepts 300 words for abstract, why not use all of these words?</p>	<p>We thank Dr Veikko for their comment. The aim of this study as outlined in the abstract as well as in the body of this manuscript is to “explore the views of mental health professionals and volunteers from three European countries”.</p>
<p>Introduction  The introduction is relatively short and does not end in a rationale for the study, except that no multi-country study has been done before. It is difficult from the Introduction to determine what results already exist and what this study is intended to contribute. The aim is unclear and not enough connected with the results and discussion.</p>	<p>We thank Dr Veikko for their feedback. The need for this study is summarised in page 3 in lines 79 and thereafter, and emphasised on lines 90 and after “<i>There is a dearth of information regarding mental health professionals' and volunteers' views, which</i></p>

	<p><i>are valuable.</i>"</p> <p>The aim of the study is described in page 4 in lines 109 and thereafter "The objectives of this study were to explore the views of mental health professionals and volunteers from three European countries on: the purpose, benefits and challenges of volunteering in mental health."</p>
<p>Methods</p> <p>There are too many headlines in Methods and the presentation is long and unstructured. The method part needs to be cleaned of unnecessary information and better structured with fewer headings. Table 1; should be included in Supplementary material and the content briefly in the main text.</p> <p>The study is presented as "pilot stage" and "main study", but later as one study. It is reasonable to present it as a study, even if there is a time aspect involved.</p>	<p>We thank Dr Veikko for their feedback.</p> <p>The methods section has been significantly reduced, and several headings have been reduced.</p>
<p>The text about recruitment is too long and with many headings. But it would be good to have more information about the settings of the participants' work/volunteering.</p>	<p>We thank Dr Veikko for their feedback. The text about recruitment has been significantly reduced. Information about the settings where participants could work is outlined in the eligibility criteria in pages 7 and 8.</p>
<p>Page 9, line 30-36: "volunteer groups, not everyone had experience in volunteering" Why not? Should you give this group another name? Or, is it two groups?</p>	<p>We would like to point that the question was not about if volunteers had experience in volunteering, but if they particularly had experience in volunteering in mental health. As you can see, some volunteers had experience in volunteering in mental health, and others in other areas.</p>
<p>Page 9: The topic guide should be attached as Supplementary material</p> <p>- How did you develop the topic guide? From previous research? Please write some lines about this.</p>	<p>Information about the topic guide development is reported in pages 8 and 9 in the section entitled "Procedures".</p>
<p>Page 10, line 19-20: How did you use the notes about the discussion in analysis? If they are less important you do not need mention it at all.</p>	<p>We thank Dr Veikko for their comment.</p> <p>Information about the notes has now been removed.</p>
<p>The research ethics (e.g. participant consent, ethics approval) needs to addressed appropriately in one section. It can be done by replace the heading 1.1.5 Patient and public involvement with an ethics</p>	<p>We would like to point to Dr Veikko that we followed the</p>

<p>section.</p>	<p>requirements of the BMJ Open, and therefore have one section reporting Patient and public involvement, and in the end of the manuscript in page 36 the details about the Research Ethics approval.</p>
<p><b>Results</b>  Page 13-14. The data about socio-demographics in qualitative studies are not so interesting. They should be shortly presented in main text and the Table 1 (one more Table 1!) and 2 can be supplementary material.  Page 15: Table 3: The main Themes are more of categories than themes since the names only reflects the area to be presented rather than something about the content.  Table 4-9: These tables can be placed in supplementary material. The analysis is not complete. Normally, in thematic analyzes you can present a table with all themes and subthemes, so these tables shows that the authors are not completed the analysis. These tables can be added to supplementary material to show what the analysis looked like before the final themes and subthemes were created. If common themes are created for the three sites, you can first present what is similar in these countries and then go into the differences.</p>	<p>The information about the themes and sub-themes has been significantly revised. Table 4 reports all the main themes of this analysis. Tables 5 and 10 aim to visually show what is similar and different across the three sites, in a more simple way.</p>
<p><b>Discussion</b>  What contribution does this study give to the field of practice and research? Have we learned something than we did not already know? The rationale and research question for the study are unclear and they have not become clearer in the discussion either.  The headings 4.1.3 and 4.1.5. can be integrated into a discussion section, highlighting the contribution of this study in relation to others work. Despite references in the discussion it is difficult to see the contribution of this study.  4.1.4 Strengths and limitations is extremely long. It is sufficient to briefly provide information about the most important strengths and weaknesses of the study.</p>	<p>We thank Dr Veikko for their feedback. The discussion has now been significantly revised. The strengths and limitations section has been particularly shortened.</p>

### VERSION 2 – REVIEW

<b>REVIEWER</b>	Valenti, Emanuele University of Bristol, Center for Ethics in Medicine
<b>REVIEW RETURNED</b>	16-Nov-2021

<b>GENERAL COMMENTS</b>	<p>The paper showed a significant improvement concerning the consistency of data, quality of data set and text extension. Consequently, results have been depicted in detail through the Appendix and summarized correctly with tables embedded in the text. The comprehensive view of data has improved their readability and has highlighted that findings are consistent. Finally, the data set includes all the data available in the main study. The text extension has been reduced and main redundancies eliminated. The paper now includes the references of the ethics committees approval in the UK. If legislation in Portugal and Belgium do not require further assessment, significant ethical issues have been successfully faced. However, minor aspects require more attention to provide conclusive editing and get the paper published. Therefore, some suggestions will be shown below to help the authors.</p>
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	<p>The current structure of the abstract is fine, and the aims are clearly defined. However, there is a typo in line 33, “multi-country” or “multi country” rather than multicountry. It would be helpful to delete multi-cultural because it is a redundancy. Likewise, in line 46, it would be appropriate to omit “international” because we refer to the commonalities identified in the data of a multi-country study.</p> <p>In the abstract line 45 and further, the adjective “sociocultural” is used in the text, which is not inappropriate. Nevertheless, it would better make specific references to the cultural background and the health care services organization, which are the two factors of interest in the study. In the same way, the paragraph in lines 99-107 offers an authors’ interpretation that is reasonable and well justified but is not supported by the literature. That idea is already provided in lines 70-73, supported by the reference. Notably, the paper will be published in a medical journal, and such a kind of consideration have a more anthropological character that readers cannot immediately perceive with a clinical background.</p> <p>Some inaccuracies and typos were identified:</p> <p>On line 114, a point is missed after the word “study”. Line 123 can be better rephrased with “The second researcher provided support in the interpretation of data context specificity”.</p> <p>On lines 140-142, “take part” is repeated in two consecutive sentences.</p> <p>On line 150, it would be better to add the NGOs’ names and be consistent with the information provided for the other healthcare services.</p> <p>On line 169, it would be better to use “characteristics” because it is a better collocation of di adjective socio-demographic.</p> <p>On line 173, the expression “to be honest” can be omitted because it is a value judgement and perhaps less appropriate to describe the methodology. The sentence would be fine, just expressed as following “encourage participants to express their view freely and avoid group dynamics which could inhibit an open discussion.”</p> <p>On line 186, “several European countries” is a redundancy. Better “different countries.”</p> <p>On line 189, better to use the word “commonalities” rather than “details.”</p> <p>On the 201, the article “the” is missed before the word “session.”</p> <p>The section “Setting” generally focuses on describing the scenario where the research has been implemented and requires a specific reference to the details of institutions, health care services, and other places where data have been collected. That can help understand the context of the recruitment procedure and check if there is a possible bias. The authors gave a detailed description of the accuracy they had choosing the location, which is doable but less recommendable in this section. The setting might show that the recruitment has been done in the right place, e.g. mental health service, volunteering association et.</p> <p>On line 296, it would be appropriate to substitute table 4 with a graph where the relationship between themes and sub-themes is clear and logically consequent. A graph is a standard way to summarize qualitative research findings and a better solution to improve the paper readability.</p> <p>Results are balanced and involve the entire data set. That represents a significant improvement for the paper, which now refers to the entire study. However, it would be helpful to establish a correlation between the tables representing the codes in the text and the Appendix. This permit to the reader identify in the Appendix the code reported in the table. The table does not offer any information</p>
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	about the source, the location, the profession, all these aspects can be easily summarized and reported in the table with a short label.
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**VERSION 2 – AUTHOR RESPONSE**

We once again appreciate the positive feedback by the reviewers.  
We believe that the paper has improved following this substantial revisions and hope that the revised version is acceptable for publication in the BMJ Open.