

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	A scoping review exploring vocational rehabilitation interventions for mental health service users with chronic mental illness in low-income to upper-middle-income countries
AUTHORS	Chimara, Munyaradzi; Van Niekerk, Lana; van Biljon, Hester

VERSION 1 – REVIEW

REVIEWER	Charlotte Paterson University of Stirling
REVIEW RETURNED	15-Dec-2021

GENERAL COMMENTS	<p>Introduction: Overall, I think the author needs to be more concise in the introduction about why this review is being done and really make that shine through. Is it because there are many definitions or categorisations of VR, but few (or none) which are relevant for the L-UMIC context? I think you need to make the argument stronger for why you are focusing on specifically institution-based VR earlier on and why you're focusing on chronic mental illness earlier on (e.g. data around people with chronic mental illness not in work and the burden of this, particularly in L-UMICs). This is an important area - just needs to be made more clear!</p> <p>Methods: I think the eligibility criteria could be expanded - what is the rationale for using the 2011 as a cut off? how are chronic mental illnesses defined using the three aspects? what is your definition for institution-based? What is the definition of occupational therapy? What is the definition of MHSU? Authors say at the start of the article that they limited included studies to those in English, however, this is not mentioned here.</p> <p>The search strategy could be expanded using *. For example, mental illness* could be used instead of mental illness to include additional terms such as mental illnesses. There is also no mention of which study designs were included/excluded.</p> <p>The numbers in the PRISMA flow diagram don't makes sense.</p> <p>I think there is a section about data synthesis that is missing from the methods section.</p> <p>Paragraph 2 gives good intro. A sentence at the end of paragraph 2 giving examples of countries that are considered L-UMIC would also be good.</p>
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	<p>Line 26-29, I think the authors are referring to common mental conditions in L-UMIC. Consider stating this clearly in this sentence.</p> <p>Line 29-30: Does this mean that mental illness was considered chronic is someone was diagnosed 2 years ago, even if they only felt certain symptoms for 1 month, for example, or did symptoms have to be consistent? I'm not 100% clear about how the authors have defined this criterion.</p> <p>Please see attached file for more comments.</p>
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REVIEWER	Lorenzo Pelizza Azienda USL di Parma, Department of mental Health and Pathological Addiction
REVIEW RETURNED	27-Dec-2021

GENERAL COMMENTS	<p>Thanks for the opportunity to review this interesting scoping review on vocational rehabilitation interventions for people with chronic mental disorders. This topic is important for clinical practice and for implementing strategies aimed to personal and functional recovery (all around the world, also in low and middle-income countries). The research was well-conducted ad was complete as scopig review. The Introduction section was complete and clear. Statistical analysis was well-performed and appropriate.</p> <p>In my opinion, this paper is ready for publication in the current form.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1 - Dr. Charlotte Paterson		
16	<p>Introduction:</p> <p>Overall, I think the author needs to be more concise in the introduction about why this review is being done and really make that shine through. Is it because there are many definitions or categorisations of VR, but few (or none) which are relevant for the L-UMIC context? I think you need to make the argument stronger for why you are focusing on specifically institution-based VR earlier on and why you're focusing on chronic mental illness earlier on (e.g. data around people with chronic mental illness not in work and the burden of this, particularly in L-UMICs). This is an important area - just needs to be made more clear!</p>	<p>Thank you for detailed feedback. This scoping review is the first phase of four phases for the primary author who is pursuing PhD studies. The aim of this scoping review was to summarize evidence on vocational rehabilitation (VR) in low-income and middle-income countries, contexts that are comparable to Namibia in terms of economy. We reviewed our justification for focusing institution-based VR in the introduction section, and we also explained why we focused on chronic mental illness.</p>
17	<p>Methods:</p> <p>I think the eligibility criteria could be expanded - what is the rationale for using the 2011 as a cut off? how are chronic mental illnesses defined using the three aspects? what is your definition for institution-based? What is the definition of occupational therapy? What is the definition of</p>	<p>The rationale for using the 2011 as cut off was added. Key definitions for 'chronic mental illness' and 'institution based' were presented under methods section, whereas definition for occupational therapy was presented in the introduction. A published scoping review protocol was</p>

	MHSU? Authors say at the start of the article that they limited included studies to those in English, however, this is not mentioned here.	submitted as a supplementary file.
18	The search strategy could be expanded using *. For example, mental illness* could be used instead of mental illness to include additional terms such as mental illnesses. There is also no mention of which study designs were included/excluded.	We have made some adjustments to this section. Also, we have attached the published scoping review protocol that we followed.
19	The numbers in the PRISMA flow diagram don't makes sense.	During data extraction, the authors agreed to exclude four articles that were initially included. We have now updated this in the Prisma flow diagram.
20	I think there is a section about data synthesis that is missing from the methods section.	We have attached the scoping review protocol as a supplementary file.
21	Paragraph 2 gives good intro. A sentence at the end of paragraph 2 giving examples of countries that are considered L-UMIC would also be good.	We have added a few examples of countries in each of the three groupings (low-income, lower middle-income and upper middle-income)
22	Line 26-29, I think the authors are referring to common mental conditions in L-UMIC. Consider stating this clearly in this sentence.	Here we mean common mental disorders according to DSM 5.
23	Line 29-30: Does this mean that mental illness was considered chronic is someone was diagnosed 2 years ago, even if they only felt certain symptoms for 1 month, for example, or did symptoms have to be consistent? I'm not 100% clear about how the authors have defined this criterion.	Chronic mental illness was based on three aspects, (i) diagnosis criteria, (ii) period of illness, and (iii) the disability criteria. In this review, chronic mental illness is non-organic and personality disorders; long history (2 years or more) of previous hospitalizations or outpatient treatment; and disability criterion including disturbing behavior, impairment in work and non-work activities and mild impairment in basic needs.
Reviewer 2 - Dr. Lorenzo Pelizza		
24	Thanks for the opportunity to review this interesting scoping review on vocational rehabilitation interventions for people with chronic mental disorders. This topic is important for clinical practice and for implementing strategies aimed to personal and functional recovery (all around the world, also in low and middle-income countries). The research was well-conducted ad was complete as scoping review. The Introduction section was complete and clear.	Thank for your time to review our paper. Feel free to go through the paper once again, as we have made a few changes.