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)	International cross-sectional study examining the psychological and financial impact of travel restrictions on citizens and permanent residents stranded abroad during the COVID-19 pandemic
AUTHORS	McDermid, Pippa; Craig, Adam; Sheel, Meru; Blazek, Katrina; Talty, Siobhan; Seale, Holly

VERSION 1 – REVIEW

REVIEWER	Viravarn Luvira Mahidol University
REVIEW RETURNED	16-Jan-2022

GENERAL COMMENTS	General comments This article is very fascinating. The study is novel and had a good study design. The manuscript is well written. The high impact of psychological problems is worth reporting to raise awareness of people and policy-makers. Specific comments 1. The outbreak situation at the study time of the particular areas which had a high impact on the study is worth mentioning and discussing. It will provide the big picture of the correlation between the COVID-19 situation and the no. of stranded aboard and their stress. 2. The measures/policies of the most usual country of residence and the top country where stranded should be discussed instead of discussing Australia's situation and policy. 3. If possible, the treatment of DAS among participants should be described. Furthermore, if data is available, the no. of suicidal attempts should be mentioned. 4. The full name of COVID-19 in the abbreviation list is wrong. The full name is coronavirus disease of 2019

REVIEWER	Carmen Klinger LMU, Institut for Medical Information Processing, Biometry, and Epidemiology
REVIEW RETURNED	25-Jan-2022

GENERAL COMMENTS	1. Page 6, Line 57: please correct "5-point Likert scale" to "4-point Likert scale" 2. Page 6, Line 60 / Page 7, Line 3: please indicate the possible range of the final score for each of the three sub sections as well as respective ranges for the categorisation into normal, mild, moderate, severe and extremely severe 3. Page 7, Line 33: In your Results section you state that only 1054 people (instead of the envisioned 1200 persons) fully participated in

the survey - please elaborate on what this means for the interpretation of your results

4. Page 8, Line 7: Provide more information on the number of individuals at each stage of the study (e.g. how many opened the survey, how many started the survey, etc., - consider using a flow diagram) For which analyses were the answers of the 296 additionally included respondents used? In general, when reporting numbers and percentages in the Results section please add information on the underlying population (n=). This is still missing in some cases.

5. Page 8, Lines 21/22: please indicate here or in the Methods section the ranges for the categorization between 1 and 10 – what does "moderate", "low" "high" translate to? Otherwise, it seems confusing that a score of 6.64 indicates a moderate to high risk perception and a score of 5.10 a low to moderate risk perception, even though both numbers are not that far away from each other

6. Page 8, Line 53: Please check the data again, based on the first fraction the denominator of the second fraction should be 414 (1133-719), which would lead to a percentage of 65.7%?

7. Page 9, Line 10: Cannot find the respective data on financial distress (and also homelessness) in any table? Please also correct data/percentage of people experiencing a change in employment: 433/1127 = 38.4% - however, not sure where this number comes from, according to Table 3 there were 717 persons experiencing a change in employment and not 433? Please also correct respective text in Discussion section

8. Page 10, Line 53: please elaborate in more detail on how such an emergency accommodation program would look like

9. Page 11, Line 26-29: Before, you state that being over 30 would be a protective factor? Here, you are referring to the age under 50 being a risk factor? Also, being stranded for >5 months does not seem to be positively associated with moderate to high levels of depression, anxiety, or stress?

10. Page 11, Line 43: This only seems to be true for depression and stress, not for anxiety (according to table 4)

11. Page 12, Line 22: Penalties for whom? Please specify

12. Page 15: Potentially add "last accessed" dates to online references (if required by journal)

13. Page 21, Table 2: Experiences while trying to return - please adjust format of rows

14. Page 23, Table 4: p-value of perceived high risk of COVID-19 is missing – for all three categories (referred to on page 9, line 27/28); to me it looks like the p-value of the association between perceived high risk of COVID-19 infection and Anxiety should be higher than 0.05, please check again (referred to on page 9, line 34).

15. Page 25, Figure 1: Adapt the caption of Figure 1 to the following (comparable to information stated in line 43): "Self-reported depression, anxiety, and stress symptom severity scores of citizens (n=1133) stranded abroad during COVID-19, based on the DASS-21 tool" - or similar

16. Page 32: Please revise the page numbers for the STROBE Statement

VERSION 1 – AUTHOR RESPONSE

Reviewer 1

1.   The outbreak situation at the study time of the particular areas which had a high impact on the study is worth mentioning and discussing. It will provide the big picture of the correlation between the COVID-19 situation and the no. of stranded aboard and their stress.

⇒ *Background updated to reflect situation at the time of writing.*

⇒ *"As of September 2021, every country globally has some level of travel restrictions (except those without data), with many countries still maintaining total border closures, while others had in place quarantine systems, screening measures and travel bans on high-risk regions (20)."*

2.   The measures/policies of the most usual country of residence and the top country where stranded should be discussed instead of discussing Australia's situation and policy.
   ⇒ *Majority of participants were stranded trying to return to Australia (most representative in the Oceania sample).*
   ⇒ *Discussion updated to include a statement to indicate this – "Due to impacts of ongoing border closures and individuals struggling to return home, as further highlighted in this study where the majority of participants were trying to return to,"*

3.   If possible, the treatment of DAS among participants should be described. Furthermore, if data is available, the no. of suicidal attempts should be mentioned.
   ⇒ *No data was collected on treatment or suicide attempts. This limitation has been added to the limitation section.*

4.   The full name of COVID-19 in the abbreviation list is wrong. The full name is coronavirus disease of 2019
   ⇒ *Abbreviations have been updated*

Reviewer 3
1. Page 6, Line 57: please correct "5-point Likert scale" to "4-point Likert scale"
   ⇒ *Line updated*

2. Page 6, Line 60 / Page 7, Line 3: please indicate the possible range of the final score for each of the three sub sections as well as respective ranges for the categorisation into normal, mild, moderate, severe and extremely severe
   ⇒ *Line updated to reflect corresponding symptom severity category and score*
   ⇒ *"Scores in each sub section are then multiplied by 2 to give a final score categorising the depression, anxiety, and stress into normal (Depression: 0-9; Anxiety: 0-7; Stress: 0-14), mild (Depression: 10-13; Anxiety: 8-9; Stress: 15-18), moderate (Depression: 14-20; Anxiety: 10-14; Stress: 19-25), severe (Depression: 21-27; Anxiety: 15-19; Stress: 26-33), or extremely severe (Depression: 28+; Anxiety: 20+; Stress: 34+)."*

3. Page 7, Line 33: In your Results section you state that only 1054 people (instead of the envisioned 1200 persons) fully participated in the survey - please elaborate on what this means for the interpretation of your results
   ⇒ *Line updated for clarity with an additional figure included*
   ⇒ *"A total of 1054 participants completed the full survey, while a further 296 participants completed over 50% of the questions and were included in the descriptive analysis but excluded from regression analysis. See figure 1 for a full breakdown on participant inclusions."*

4. Page 8, Line 7: Provide more information on the number of individuals at each stage of the study (e.g. how many opened the survey, how many started the survey, etc., - consider using a flow diagram) For which analyses were the answers of the 296 additionally included respondents used? In general, when reporting numbers and percentages in the Results section please add information on the underlying population (n=). This is still missing in some cases.
   ⇒ *A flow diagram has been created to expand on participant inclusions. Results have also been updated to reflect (n/N).*

5. Page 8, Lines 21/22: please indicate here or in the Methods section the ranges for the categorization between 1 and 10 – what does "moderate", "low" "high" translate to? Otherwise, it seems confusing that a score of 6.64 indicates a moderate to high-risk perception and a score of 5.10 a low to moderate risk perception, even though both numbers are not that far away from each other
   ⇒ *References to low-moderate and moderate-high have been removed and the line updated for clarity but explained further in regression analysis results.*

⇒ *"Participants' mean overall level of perceived risk of contracting COVID-19 while abroad (on a scale of 1 to 10, where 1 = no risk, and 10=high risk) was 6.64 (n=1182, SD=2.85), with 24.7% (300/1214) rating the perceived risk while abroad at high risk (10). Comparatively, the overall mean level of perceived risk of contracting COVID-19 in the country where participants had returned to was 4.11 (n=673, SD=2.81), with only 11.9% (54/673) rating the perceived risk at 'home' as high risk."*

6. Page 8, Line 53: Please check the data again, based on the first fraction the denominator of the second fraction should be 414 (1133-719), which would lead to a percentage of 65.7%?
   ⇒ *The n/N has been adjusted based on the data (the percentage was correct)*

7. Page 9, Line 10: Cannot find the respective data on financial distress (and also homelessness) in any table? Please also correct data/percentage of people experiencing a change in employment: 433/1127 = 38.4% - however, not sure where this number comes from, according to Table 3 there were 717 persons experiencing a change in employment and not 433? Please also correct respective text in Discussion section
   ⇒ *No data in tables needed for homelessness, financial distress and employment change as it was a simple yes/no question within the survey so was reported within the text.*
   ⇒ *Table has been updated for more clarity regarding n/N and %*

8. Page 10, Line 53: please elaborate in more detail on how such an emergency accommodation program would look like
   ⇒ *Line updated to include more detail*
   ⇒ *"Whether it be through financial assistance or an emergency accommodation program similar to those that the French and Spanish governments introduced, where citizens residing permanently abroad have the option of offering accommodation or a room to citizens who are stranded, governments have to prioritise a solution and effectively communicate this support package"*

9. Page 11, Line 26-29: Before, you state that being over 30 would be a protective factor? Here, you are referring to the age under 50 being a risk factor? Also, being stranded for >5 months does not seem to be positively associated with moderate to high levels of depression, anxiety, or stress?
   ⇒ *Apologies, it is statistically a protective not risk factor.*
   ⇒ *Being stranded abroad for >5months has an OR 1.281 for depression, and an OR of 1.062 for stress – discussion has been adjusted for clarity*

10. Page 11, Line 43: This only seems to be true for depression and stress, not for anxiety (according to table 4)
   ⇒ *Line has been adjusted for clarity*
   ⇒ *"A range of factors contributed to the psychological wellbeing of individuals in this study. Having financial stress, an employment change and having a high perceived risk of contracting COVID-19 were all associated with predicting moderate to extremely severe depression, anxiety, and stress. Additionally, the length of time stranded was also associated with higher severity of DASS, with >5months for depression and stress, and 3-5months for anxiety."*

11. Page 12, Line 22: Penalties for whom? Please specify
   ⇒ *Line updated for clarity*
   ⇒ *"The most frequently mentioned human rights breach was the Australian government imposing not only a complete ban on incoming flights from India, but potential criminal penalties to Australian citizens or permanent residents of up to five years imprisonment, and/or fines up to $66000 (AUD), for attempting to enter Australia from India through a third country."*

12. Page 15: Potentially add "last accessed" dates to online references (if required by journal)
   ⇒ *Online references have been updated to include cited date*

13. Page 21, Table 2: Experiences while trying to return - please adjust format of rows
   ⇒ *Row format is updated*

14. Page 23, Table 4: p-value of perceived high risk of COVID-19 is missing – for all three categories (referred to on page 9, line 27/28); to me it looks like the p-value of the association between perceived high risk of COVID-19 infection and Anxiety should be higher than 0.05, please check again (referred to on page 9, line 34).

⇒ *P-value of perceived risk is presented in the table (.026 for depression, .003 for anxiety, and .003 for stress)?*

⇒ *Analysis repeated to confirm figures are correct*

15. Page 25, Figure 1: Adapt the caption of Figure 1 to the following (comparable to information stated in line 43): "Self-reported depression, anxiety, and stress symptom severity categories of citizens (n=1133) stranded abroad during COVID-19, based on the DASS-21 tool" - or similar

⇒ *Figure caption has been adjusted*

16. Page 32: Please revise the page numbers for the STROBE Statement

⇒ *The Strobe checklist has been reviewed to ensure that all relevant items have been included in the report.*

VERSION 2 – REVIEW

REVIEWER	Carmen Klinger LMU, Institut for Medical Information Processing, Biometry, and Epidemiology
REVIEW RETURNED	21-Mar-2022

GENERAL COMMENTS	Thank you for precisely addressing all requests. Some additional minor comments: 1. Page 7, Line 34: please correct percentage: 54/673 = 8,02% 2. Page 7, Lines 39 - 46: please revise percentages: 854/1341 = 63,7%; 357/1245 = 28,7% 3. Page 8, Line 19: please correct percentage: 433/1127 = 38,42% 4. Page 9, Line 22: also correct percentage in employment changes here to 38,42% (if corrected above)

VERSION 2 – AUTHOR RESPONSE

Reviewer: 1

Dr. Carmen Klinger, LMU

Comments to the Author:

Thank you for precisely addressing all requests. Some additional minor comments:

1. Page 7, Line 34: please correct percentage: 54/673 = 8,02%
2. Page 7, Lines 39 - 46: please revise percentages: 854/1341 = 63,7%; 357/1245 = 28,7%
3. Page 8, Line 19: please correct percentage: 433/1127 = 38,42%
4. Page 9, Line 22: also correct percentage in employment changes here to 38,42% (if corrected above)

Response: We made these minor revisions