

## PEER REVIEW HISTORY

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### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Mapping mad maps and recovery tools developed by mental health service users and survivors of psychiatry: A scoping review
<b>AUTHORS</b>	Sampietro, Hernán; Carmona, Viviana; Rojo, J.; Gómez-Benito, J

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Roy Stewart Rijksuniversiteit Groningen, Department of Health Sciences, Community and Occupational Medicine, University Medical Center Groningen
<b>REVIEW RETURNED</b>	09-Mar-2022

<b>GENERAL COMMENTS</b>	<p>Journal: BMJ Open Manuscript ID: bmjopen-2022-061692 Manuscript title: Mapping mad maps and recovery tools developed by mental health service users and survivors of psychiatry: A scoping review</p> <p>Starting from a protocol for a scoping review, this manuscript adequately identifies instruments based on the experiences of users and survivors of psychiatry with their distinguishing features, and how these instruments were created, implemented and evaluated.</p> <p>Minor revisions:</p> <ol style="list-style-type: none"><li>1. As the abstract is one of the most read parts of an article, a part of the method (namely page 6 lines 40-48) should be reflected in the abstract, where the mentioning of a protocol is important.</li><li>2. It seems that Table 2 (page 16) is arranged alphabetically in the authors' column, but the author 'Cook et al. 2013 (58)' is further down the ranking.</li><li>3. For the following sentence at page 22 lines 55- 60 (Moreover, even though recovery-oriented resources are not aimed at clinical recovery (14)(15)(16), the predominant focus of these studies was symptom reduction; notably, the few studies that did incorporate the perspective of users and survivors were focused instead on attitudes and knowledge about recovery) it is not clear to which study mentioned under "few studies" this refers. Could the authors please clarify which 'few studies' are meant here?</li><li>4. Which 29 networks as mentioned on page 36 line 22 is meant when looking at Supplementary Table 1 (page 36)?</li><li>5. What is the meaning of the last column of Supplementary Table 3 (pages 45 - 47)?</li><li>6. On page 48 there are two lines (lines 9 and 10) which are not clear what they mean.</li><li>7. A continuous numbering as in Supplementary table 1 (page 36) or Supplementary table 2 (page 38) would be desirable.</li><li>8. In supplementary table 4 (page 49), when an mean is presented, a dispersion measure, such as standard deviation or confidence</li></ol>
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	interval should be added. 9. In supplementary table 4 (page 49): in the table, it can be rounded off to one decimal place.
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<b>REVIEWER</b>	Jennifer Chipps University of Western Cape, School of Nursing
<b>REVIEW RETURNED</b>	14-Mar-2022

<b>GENERAL COMMENTS</b>	<p>Dear Authors</p> <p>I commend that the process of this article reflected the underlying philosophy of recovery instrument development through the involvement of users.</p> <p>An interesting useful review</p> <p>I noted that there were no tools from Australia. I am aware of the ROSSAT tool (<a href="https://mhcc.org.au/resource/recovery-oriented-service-self-assessment-toolkit-rossat/">https://mhcc.org.au/resource/recovery-oriented-service-self-assessment-toolkit-rossat/</a>) which you may have considered or missed?</p> <p><b>Methodology</b></p> <ul style="list-style-type: none"> <li>- Justify why only the first 100 pages of Google scholar were examined</li> <li>- The methodology should include the process as per your flow diagramme. Findings like P8 L17 - a total of 181 potentially interesting abstracts were reviewed should be in the results and should only state relevant abstracts were reviewed in the methodology.</li> <li>- Similarly - the 6 Themes are results not methodology- Themes were identified.</li> </ul> <p><b>REsults</b></p> <p>Please report on all results of findings as per Figure 1. I would start with</p> <ul style="list-style-type: none"> <li>- Search findings (Describe Figure 1 from total number found to 62 retrieved</li> <li>- Descriptive analysis</li> </ul> <p>Table 1 - I would have find the psychometrics (if available) useful Themes - a table with Themes would be useful at start of discussion of themes</p> <p>Table 4 - I would have appreciated some outcomes or assessment of value of tools in this table</p> <p>Thank you for providing all the detail in the supplementary files of the search strategy and the detailed Table 4</p>
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### VERSION 1 – AUTHOR RESPONSE

<b>Dr Roy Stewart</b>	<b>Observations</b>	<b>Placement in the text</b>
<b>REVIEWER 1: Comments</b>		
Starting from a protocol for a scoping review, this manuscript adequately identifies instruments based on the experiences of users and survivors of psychiatry with their distinguishing features, and how these instruments were created, implemented and evaluated.	Thanks for your comment.	

<p>1. As the abstract is one of the most read parts of an article, a part of the method (namely page 6 lines 40-48) should be reflected in the abstract, where the mentioning of a protocol is important.</p>	<p>The additional information has been added in the Abstract.</p>	<p>Abstract section (page 4, lines 15-29)</p>
<p>2. It seems that Table 2 (page 16) is arranged alphabetically in the authors' column, but the author 'Cook et al. 2013 (58)' is further down the ranking.</p>	<p>Table 2 is arranged alphabetically in the authors' column, with just one exception (Jonikas et al., 2013). because there are three studies carried out by the same research group with the same population but with different goals, and hence they were considered as a single contribution, and they appear together in Table 2. This exception is explained in Descriptive Analysis section.</p>	<p>Descriptive analysis section (page 11, lines 43-47)</p>
<p>3. For the following sentence at page 22 lines 55- 60 (Moreover, even though recovery-oriented resources are not aimed at clinical recovery (14)(15)(16), the predominant focus of these studies was symptom reduction; notably, the few studies that did incorporate the perspective of users and survivors were focused instead on attitudes and knowledge about recovery) it is not clear to which study mentioned under "few studies" this refers. Could the authors please clarify which 'few studies' are meant here?</p>	<p>The references have been included to clarify the mentioned studies.</p>	<p>Discussion section (page 24, lines 57-60)</p>
<p>4. Which 29 networks as mentioned on page 36 line 22 is meant when looking at Supplementary Table 1 (page 36)?</p>	<p>The International Organizations and Networks of Users and Survivors are the numbers 1 to 20 (they have answered the consultation) and 31 to 39 (they have not answered the consultation). This information has been added before Supplementary Table 1.</p>	<p>Supplementary Table 1 (page 38, lines 22-24)</p>
<p>5. What is the meaning of the last column of Supplementary Table 3 (pages 45 - 47)?</p>	<p>The last column corresponds to number of registers identified by each journal. We have added this information at the bottom of Supplementary table 3.</p>	<p>Supplementary table 3 (page 49, line 47).</p>
<p>6. On page 48 there are two lines (lines 9 and 10) which are not clear what they mean.</p>	<p>The meaning of these two lines is: New Documents and Repeated Documents. The letters N and R have been replaced for the concepts.</p>	<p>Supplemental material (page 50, lines 10-11)</p>
<p>7. A continuous numbering as in Supplementary table 1 (page 36) or Supplementary table 2 (page 38) would be desirable.</p>	<p>A continuous numbering has been added in Supplementary table 4.</p>	<p>Supplementary Table 4, (pages 51-66)</p>

8. In supplementary table 4 (page 49), when a mean is presented, a dispersion measure, such as standard deviation or confidence interval should be added.	The dispersion measures have been added.	Supplementary Table 4, (pages 51-66)
9. In supplementary table 4 (page 49): in the table, it can be rounded off to one decimal place.	The data has been rounded.	Supplementary Table 4, (pages 51-66)
<b>Dr Jennifer Chipps</b>	<b>Observations</b>	<b>Placement in the text</b>
<b>REVIEWER 2: Comments</b>		
Dear Authors  I commend that the process of this article reflected the underlying philosophy of recovery instrument development through the involvement of users.  An interesting useful review.	Thanks for your comments.	
1. I noted that there were no tools from Australia. I am aware of the ROSSAT tool ( <a href="https://mhcc.org.au/resource/recovery-oriented-service-self-assessment-toolkit-rossat/">https://mhcc.org.au/resource/recovery-oriented-service-self-assessment-toolkit-rossat/</a> ) which you may have considered or missed?	Thanks for your suggestion. The ROSSAT has not been considered in this review because, despite it is a tool that accomplish some of the inclusion criteria (for example, it is aimed at promoting self-determination and empowerment in the recovery process, it is based in the recovery model, and it was created by users and survivors), it doesn't accomplish with all of them. The ROSSAT is a tool oriented to assess the level of recovery-oriented service provision. In this sense, it is not a tool aimed at elaborate personalized strategy or plan of recovery.	Methods section, Stage 3 (page 9).
Methodology 2. Justify why only the first 100 pages of Google scholar were examined	We have chosen the first 100 search results (100 first registers, not pages) because at about the results number 80, the registers begin to be repeated or they correspond to citations of the previous search results. We have added this information in the main document.	Methods section, Stage 2 (page 8, lines 50-53).
3. The methodology should include the process as per your flow diagramme. Findings like P8 L17 - a total of 181 potentially interesting abstracts were reviewed should be in the results and should only state relevant abstracts were reviewed in the methodology.	This correction has been made at the methodology.	Methods section, Stage 3 (page 9, line 13).
4. Similarly - the 6 Themes are results not methodology- Themes were identified.	This sentence has been deleted here. Now it is only mentioned that at this step the topics were identified.	Methods section, Stage 5 (page 10, line 57)

Results 5. Please report on all results of findings as per Figure 1. I would start with: - Search findings (Describe Figure 1 from total number found to 62 retrieved.	We have included a paragraph at the beginning of the Results section, describing the search process described in Figure 1.	See Results section (page 11, lines 22-32)
6. Descriptive analysis Table 1 – I would have find the psychometrics (if available) useful.	Thanks for your suggestion. Table 1 include only the tools oriented to elaborate personalized plans of recovery. These tools are not psychometric instruments, and the studies of their implementations have not been included here.	Table 1 (pages 14-15)
7. Themes - a table with Themes would be useful at start of discussion of themes.	A Table 3 with Themes has been included at start of discussion of themes.	Table 3 (page 19, lines 24-40)
8. Table 4 - I would have appreciated some outcomes or assessment of value of tools in this table.	We have added a new Supplementary Table 5 to present the principal findings of every study included in the Scoping Review.	Supplementary Table 5 (pages 58-66)
9. Thank you for providing all the detail in the supplementary files of the search strategy and the detailed Table 4	Thank you.	

#### VERSION 2 – REVIEW

<b>REVIEWER</b>	Jennifer Chipps University of Western Cape, School of Nursing
<b>REVIEW RETURNED</b>	09-May-2022
<b>GENERAL COMMENTS</b>	Dear Authors Thank you for addressing all the comments in detail I think this is an important review which will be useful