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Title	Eleven top research questions asked by people with lived depression experience in Alberta: a survey
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Reviewer 1	Danielle Rice
Institution	Jewish General Hospital, Montréal, Que.
General comments (author response in bold)	<p>1. The interpretation section of the abstract does not reflect the findings of this study. It should be reworded to better reflect the findings of the study and be a bit more cautious in the definitiveness of the implications of these findings. They statement should also be geared towards Alberta more specifically. Thank you for this comment. The Interpretations section of the Abstract has been modified accordingly</p> <p>2. Within the introduction, line 131 it is reported that [...] "investment in treatment and research in this area remains low and, consequently, progress on the development of new, more effective treatments is slow." A sentence describing why more effective and new treatments are needed should be added, likely prior to the quoted sentence, with citations. Research often describes that effective treatment exists for depression, but that accessing these treatments is difficult. Due to the manuscript word count, the authors felt while this contextualization is important, it is beyond the scope of the paper's purpose.</p> <p>3. On line 136-137 the author report that "This has been the case of depression research in Canada" , referring to research topics being selected by researchers and patients opinions potentially being overlooked. A reference should be provided for this statement (referring to the quote on lines 136-137). Thank you for this comment. The statement in the manuscript has been softened by not using absolute language</p> <p>4. After reading the paper, I suggest that the authors alter their objectives statement to include plain language that more specifically describes what was done (i.e., something along the lines of aiming to have PWLE involvement in identifying the top questions about depression among Alberta residents). Further, adapting the wording of the objective to state that the paper aims to describe the "methods used by the DRPS" would be beneficial. Currently, it reads as though the DRPS is a specific method. Thank you for this comment. The objective of the paper has been better clarified.</p> <p>5. A paragraph should be added to the introduction that introduces and describes the UK's James Lind Alliance that is referred to / adapted for the study. This would allow readers to understand the methods in the context of their previous use, in other samples. See Item #6 of the Editor Feedback for how this comment has been addressed</p> <p>6. It would be helpful for the type of clinicians included in the steering committee to be listed for an understanding of who makes up this group. The steering committee is described, and refined, to include the perspectives that were brought to the table in directing the project</p> <p>7. The methods would be strengthened if the authors stated the timeline of each phase of the study more transparently in the methods section. For example, how long was recruitment for each stage of the study? This information has been added to Table 1, as per the six-step process</p> <p>8. The sampling size that was aimed for in each step is not reported. This should be described in the methods section, especially as the N's get significantly smaller and smaller at each phase of the study. See Item #8 of Editor Feedback for how this was addressed</p> <p>9. The appendices include important and valuable information that is necessary to adequately understand the results of the study. I recommend that the authors keep their appendices, but also include brief descriptions of each step within the methods. Without a greater understanding of how the study was conducted the results and interpretation of results cannot be easily understood. The authors have removed the detailed methods from the appendices into the Methods section. The text was edited to meet the Journal's word limit</p> <p>10. Throughout the manuscript, referring to the "adapted six-step DPRS process" should be edited. As stated above, this reads as though the DRPS is a specific method that has been previously applied. Instead, it seems as the DRPS applied an adapted version of the JLA. Thank you for this comment. Clarity has been provided to ensure clarity</p> <p>11. The authors should report results from each step. Currently, results from Step 1 is reported, followed by Step 3. See Item #2 of the Editor feedback for how this was addressed</p> <p>a. Without a more complete reporting of the methods within the methods section, the results section is quite difficult to interpret. See Item #3 of the Editor feedback for how this was addressed</p> <p>12. It is unclear throughout the manuscript why the participant numbers decreased so drastically between Steps/stages. This should be clarified throughout the manuscript. This has been made clearer in the Methods, as per James Lind Alliance Priority Setting Partnership guidelines.</p> <p>13. Within the abstract and the discussion it is unclear what is being referred to when the authors state that the study used "an explicit and transparent process of engaging people with lived experience" [...]. What this refers too should be clarified. This has been clarified by identifying it is the representation of people with lived experience that makes the research priorities identified meaningful to patients, researchers and the patient-engagement enterprise itself</p> <p>14. This may be reported in a different manuscript, but it would be interesting to understand how the research priorities will be addressed and if the group will first search literature to determine if answers already exist to these questions. If a statement</p>

	<p>would be relevant to address this that may be interesting for readers to ensure that duplicate efforts aren't being made a research resources aren't being wasted.</p> <p>This is part of the forthcoming third and fourth papers which will describe the process undertaken to explore the 25 research questions using a specifically developed research protocol.</p> <p>A statement has been added to identify that this is the expectation of the forthcoming manuscripts</p> <p>15. Describing the DRPS as "validating" research questions could be misinterpreted by readers. Could a different term be used here? Psychometric properties are typically the realm in which 'validation' is referred to.</p> <p>The authors agree and have removed this terminology.</p> <p>16. An important limitation to be considered is how well this study reflects the priorities of PWLE in Alberta more broadly. Overall, the number of participants in the stages aside from stage 1, is quite low. It should be noted that the priority questions really reflect a very small minority of what would be ideal to determine the important questions for a whole province. The methods and inclusion of PWLE is impressive and important even with the acknowledgement that these numbers are quite small.</p> <p>Thank you for this comment – the authors have made reference to this in the manuscript limitations. It is also important to note that the ‘funneling’ of participants is within the guidelines of the James Lind Alliance Priority Setting Partnerships which has been addressed elsewhere in the manuscript (re: Methods, sample size)</p> <p>17. On page 14 line 340 the statement would benefit from being toned down. Specifically, "The Depression Research Priority Setting project has positively contributed to depression research in Canada by identifying the 25 research [...]". From the results of this paper, it is not clear that the impact of identifying these questions has positively contributed to the research as small numbers of participants were involved and concrete benefits have not yet been described (specifically from this study). Instead, in my understanding, this was a preliminary step to a much larger project and goal. The statement should reflect this reality and note that this was a fundamental and meaningful step in research that will positively influence depression research that is centred on addressing the questions of a team of stakeholders (a focus on future tense and accurately representing the findings of this study).</p> <p>The authors accept this reviewer feedback and agree that the ‘promise’ of the findings should be appropriately contextualized within the broader picture of the future steps for depression research in Alberta and Canada.</p>
Reviewer 2	Lennard Reifels
Institution	Centre for Mental Health, University of Melbourne, Parkville, Australia
General comments (author response in bold)	<p>The rationale for including health professionals as participants could be made clearer</p> <p>This has been made clearer with the addition of contextual information about the James Lind Alliance process</p> <p>Study design: should include a literature reference for the JLA method</p> <p>See Item #6 of the Editor Feedback for how this comment has been addressed</p> <p>Step 3 (survey): should include information on the breakdown of 49 participants (by: person living with depression, family member or caregiver, health care professional)</p> <p>This has been now more clearly addressed in the Results section</p> <p>Table 2: the meaning of the phrase ‘Experience with depression’ is not entirely clear. Does this always relate to a lived experience of depression on the part of the participant, or subsume various kinds of experiences in relation to depression (including as treating health professionals, or as a family members or caregivers for those with a lived experience)?</p> <p>“People with lived experience” is defined in the manuscript introduction and assumed the reader applies this throughout the manuscript, including tables. See Introduction, Page 5: Lines 158-160.</p> <p>A more systematic discussion of the gap between what is already known to science, and what is not yet known and therefore of interest to Albertans with a lived experience would be useful. In other words, to what extent did PWLE identified research questions reflect genuine research gaps (vis-à-vis the existing body of scientific knowledge), knowledge gaps among PWLE, or perhaps more of a change in emphasis compared to traditional research questions. Knowledge gaps among PWLE could point to a knowledge translation / dissemination issue that may be addressed through means other than primary research. It also appears that involved clinicians and researchers may have filtered out those questions for which a scientific evidence base was readily available, which is justifiable in terms of a prioritisation process, but doesn't necessarily answer valid questions that PWLE may be having.</p> <p>See Item #14 of Reviewer 1 Feedback to see how this item was addressed</p> <p>Along similar lines, one could argue that multiple participant responses provided in relation to the same research question in Step 1 (and treated as duplicates in Step 2) - not unlike 'theme counts', also provide a measure of PWLE relevance. However, the DRPS process removed this quantifiable measure of relevance in Step 2, and allowed only for unique responses to be entered into a separate prioritisation process, which was then rated by a much smaller group of individuals (n=49) in terms of its relevance.</p> <p>Thank you for this comment – the authors feel they used a systematic and valid approach to ensuring that the voice of PWLE was not lost across project steps. For example Lines 305-307 of the manuscript state that “the open-ended questions were reviewed and removed if the question was a duplicate and if two or more steering committee members were in agreement that the question did not meet the purpose of the project.” Furthermore, lines 307-311 state “The proposed research questions were reviewed by the entire steering committee to ensure that they were easy to understand, worded appropriately (i.e. no jargon, acronyms) and reflected the original intent of questions submitted by Albertans.”</p> <p>The purpose of this step was to make the content manageable for subsequent steps, however an emphasis was placed on using the patient lens so that nuances in language was not to be lost which we agree with the reviewer is critical when engaging with patients in health research.</p> <p>Existing limitations of the convenience sample and recruitment via social media, websites and networks could be acknowledged more explicitly.</p> <p>See Reviewer #1 Feedback for how this was addressed</p> <p>(p.14, line 335) minor typo: “In this project, this was part has been mitigated...”</p> <p>This line was removed with the other edits made</p>

Table 3: Q7 minor typo: "Can diet or exercise affect he development of depression"
Table 3 has since been removed from the manuscript.