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	Challenges in implementing collaborative mental health care research: a
Title	qualitative study
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Authors	MS
Reviewer 1	Martina Kelly
Institution	Department of Family Medicine, University of Calgary, Calgary, Alta.
General comments	Methods:
(author response in	The researchers might consider adding if an incentive was offered for participation.
bold)	We have added information regarding the incentive. (page 6)
	(page of
	Results: I was surprised that time wasn't mentioned as that to me, seems the most likely reason why I'd forget to recruit etc. The other thing I just wondered about was what the expectation was in relation to getting questionnaire results.  We completely agree regarding the importance of time (and perceptions of
	time) and we discuss this in the last paragraph of the results (page 8) and in the interpretation (page 9); we have added mention of "remembering in the moment" on page 7. We didn't explore participants' beliefs about
	expectations in relation to receiving questionnaire results.
	I had one question or reflection and that is to what extent family physicians were initially involved in the study design or part of the study team? Apart from
	leadership, having some insights from family doctors about the feasibility initially may have helped recruitment /work-flow issues. If that was the case, then this strengthens the teams' findings; if not, perhaps something to be considered in future research.
	We completely agree with this insight and have added the following: "These issues might have been anticipated had primary care providers initially been involved in the study design (e.g. as part of the study team)." (page 10)
	Minor comment: are references 4 and 12 formatting correctly? Wasn't sure if page number need for ref 27 and there is an asterisk in table 1 (type of practice; other
	group practice), I don't know what it meant.
	We confirmed references 4 and 12 are formatted correctly. No page number
	is required for reference 27. We deleted the stray asterisk, thank you for
	catching that.
Reviewer 2	Pauline Pariser
Institution	Medicine, University Health Network,
General comments	While this reviewer thought there was adequate description of current knowledge
(author response in	with respect to the impact of collaborative care models and the relevance in
bold)	understanding low uptake of the PARTNERs randomized control trial, what was
	missing was reference to the literature that describes the significance of primary
	care engagement in quality improvement and cross-sectoral integration.
	This is an excellent point and we appreciated the ideas and references that
	the reviewer brought forward. We have added the following: "More broadly,
	primary care physician engagement is crucial to quality improvement
	initiatives aiming to improve health system integration. (34) Successful
	health system transformation considers the adopter's perspective and gains
	their investment through meaningful engagement early in the change

process and true partnership in decision-making and co-design. (35,36)" (page 9)

Of the sample of 23 participants, only 7 were from the no and low-referral categories. This strikes this reviewer as a limitation of the study and should be explained. Though the authors reached out to 180/190 of the original sample, were there creative strategies that could have been employed to reach the least engaged groups of PCPs? A more substantive response to item 13 on the COREG check-list as to the difficulties reaching non-participants is requested.

We have added more information about our efforts to recruit low and non-referring providers. (page 6)

Thank you again for your consideration.