Reviewer's report

Title: A randomised controlled trial of a community-based group-guided self-help intervention for low mood and stress: Study protocol.

Version: 1 Date: 9 May 2013

Reviewer: Judith L Gellatly

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Major Compulsory Revisions
It is stated that ‘participant safety and wellbeing is paramount’ however there are potential risk implications associated with asking participants to complete the eligibility measures by post. The participants are asked to complete the PHQ-9 on their own and return in the post to the researcher. Whilst any identified risk may be addressed at the point at which the questionnaires are returned if the risk is considered immediate then the time delay between participants completing the PHQ9 (question no9 regarding thoughts that they would be better off dead or hurting themselves in some way) may be too long. This is of particular importance for those participants who self-refer and are not separately seeking NHS help.

An adequate explanation of how this could be managed e.g. by completing the PHQ-9 on the telephone when completing the MINI is required.

The procedures for addressing risk issues throughout the trial should be detailed clearly in the protocol.

An explanation needs to be provided to explain why only ‘those who complete baseline measures but fail to attend classes or fail to return follow-up measures’ will be invited to take part in a qualitative interview. Whilst it is advantageous to understand why people fail to engage with the intervention it is also of benefit to invite those who did engage.

Minor Essential Revisions
In the participants section the sentence starting is either incomplete or the last word ‘using’ needs to be deleted.

The participant section is the first place that an interview is mentioned ‘We anticipate that most, if not all, participants will agree to the interview’ and as such it is unclear what this refers to. This is explained later in the protocol in the follow-up section. Some explanation earlier in the protocol is required.

It is unclear if a confirmation of diagnosis (using the M.I.N.I) is required for the participant to be included in the trial. If it is then this should be stated clearly and added to the inclusion criteria.

Discretionary Revisions
The population statistics provided (5th paragraph of CBT section) are useful in determining that a self-referral approach has been used successfully previously to obtain mental health samples but it would be useful to determine if this method engages service users who may not engage in mental health services via traditional NHS methods e.g. minority groups. It would be useful to include any relevant literature within this section.

The LLTTF Classes section briefly describes the sessions included within the intervention and states that a ninth session takes place 6 weeks after the final class but it is not clear within the protocol the reason why the ninth session is conducted at this time point. An explanation of this would be beneficial.

It is highlighted, prior to the aims section, that the primary end point for the current RCT is 6 months (rather than 12 weeks). A discussion about the impact that this may have upon the outcomes would be useful – participants during this time may have engaged with/accessed a number of different interventions or services during this time, although it is understood that these will be identified through administering the CISR at follow-up.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests