Reviewer’s report

Title: A randomized controlled trial of mental health interventions for survivors of systematic violence in Kurdistan, Northern Iraq

Version: 1 Date: 18 October 2014

Reviewer: KUOWEI TAY

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In summary, the manuscript under review reports a study examining the effectiveness of culturally adapted behavioural activation and cognitive reprocessing interventions with the aim of reducing depressive symptoms and disability in a randomized controlled trial of Kurdish torture survivors in Iraq.

This study adds to a growing body of evidence that psychotherapeutic interventions delivered by trained workers can yield a positive impact on the mental health of conflict-affected individuals in resource-constrained and often volatile settings. I commend the authors for their efforts in achieving this outcome with an expected attrition (28% dropout rate).

Suggestions for major compulsory revision:

The trial is adequately described according to the CONSORT guidelines. In the penultimate paragraph of the introduction (line 114), the authors noted changes in the trial design (due to linguistic and other differences across populations in the selected study areas) that became evident after the trial had commenced. This section may be better placed under the method section, changes to trial design.

The authors stated they applied locally adapted outcome measures for depression, disability, PTSD and grief with locally understood syndromes included in the measures. Depression and disability were selected as primary outcomes. I suggest the authors provide a brief account of the additional local syndromes in text and dispense with Table 1a & b.

Clarify “non-validated criterion for criterion validity” in line 186.

The authors stated that they subjected both interventions to extensive local adaptation at various stages according to the population characteristics (with reference to a paper elsewhere). I suggest the authors provide a brief account of the core components of CPT and how they had been adapted to match the literacy levels (and other characteristics) of participants.

Additional information is needed in relation to the lay treatment providers (which has been detailed elsewhere) – e.g., age, gender, education, how they were selected.

Inclusion criteria are reasonably well defined but more information is needed on
exclusion criteria (e.g., acute psychosis, social issues, etc).

The authors stated that those who scored 20 (including one of the core symptoms of depression) or above on the modified HSCL were eligible for the study. This needs clarification – what is considered as positive endorsement for each symptom?

The range of the number of months for follow up assessment seems quite wide from 1.6 to 15.5 months (a mean of 5.5 months with perhaps a few outliers) – does this impact on the trial?

The authors stated that according a post-hoc power calculation there was insufficient power to compare CPT and CPT-controls – how does this impact on the analysis?

The authors stated that clustering at the governorate level was adjusted for and because there was little difference between the adjusted (with the governorate level) and unadjusted model (without), the most parsimonious model was selected – is this selection based on the degree of clustering in each model (or ICC)?

The authors compared BADT and CPT to all controls in their initial analysis and then BADT to BADT matched controls and CPT to CPT-controls based on heterogeneity identified in the two treatment arms. The authors then did a third analysis using a permutation based method which essentially relaxes the homogeneity assumption in regression models. Could this method be applied to the initial analysis?

The authors included age, sex, marital status, and disability as covariates in their mixed effect models and stated that (line 343) "Additional variables that differed between treatment and control at baseline or predicted change in outcome were included as covariates (p<0.10)". Was education accounted for? This may be of concern given the widespread illiteracy amongst the study population.

Whether verbal and/or written consent was collected is unclear prior to intervention – this needs clarification.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'