Reviewer's report

Title: A shared framework for the Common Mental Disorders and Non-Communicable Disease: implications for prevention and control

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Reviewer: Julian Eaton

Reviewer's report:

All discretionary revisions:

While the issue of the interaction between NCDs and mental disorders is not new, and many of the broad themes discussed here have been covered previously, this paper makes a strong contribution to the ongoing debate. Some of the more biological common pathways are described succinctly in a way that has not been a significant part of other reviews, something which makes the paper very interesting.

Herein though, lies one of the issues I saw with the paper, though I recognise it may be unintentional: The focus on genetic and biological mechanisms (DNA, inflammatory processes etc) is interesting as a source of some clues to shared pathways, but it would be unfortunate to give the impression that some of the implied medical treatment regimes mentioned are adequately researched, feasible, or desirable health intervention priorities. This would go against the whole ethos of identifying 4 lifestyle factors as key points for intervention in promoting behaviour change and in common service approaches.

The paper makes no claim to have used any systematic methodological approaches in its coverage of the subject (though they have references a number of systematic reviews related to some of the different points made in the paper). This would have been reassuring to the reader and made the paper stronger, particularly as there is inevitably a political/campaigning element to any papers in this field at present. It would have been easier to reference the paper as making independently derived points if there was this methodological underpinning.

I found the exclusion of severe mental disorders was a gap. There may be reasons to limit efforts to integrate MH and NCD prevention and management strategies and services to include only CMDs, but the reasons for doing this were not explained. In fact, there are many reasons to include SMDs, for example that they do tend to be more chronic, with less complete reduction of symptoms between episodes etc, so fitting criteria for NCDs better than CMHs. Overlap with NCDs in terms of metabolic disturbance is also very stark in psychotic disorders (in large part because of medication used) compared to CMDs. The paper would have been a more complete review if SMDs were included as well. Perhaps the scope was limited for practical reasons of space, but I think most readers would see the arguments as relating naturally to all mental disorders.
The paper is generally extremely well written and scientifically sound in its treatment of source material.
The aim of working from i) commonalities, through ii) shared approaches to iii) potential intervention models is satisfying and was well carried out. I am not sure that the title of ‘framework’ is justified though, as the review was not adequately comprehensive or systematic, or the recommendations sufficiently structured and overarching.

**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