Author’s response to reviews

Title: Feasibility of a randomised controlled trial of remotely delivered problem-solving cognitive behaviour therapy versus usual care for young people with depression and repeat self-harm: lessons learnt (e-DASH)

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Author’s response to reviews:

Dear Dr. Mantere,

Thank you for providing us with the opportunity to revise this manuscript to enable its further consideration for publication. We would like to thank the reviewer for their positive comments and for noting the manuscript's strengths.

As outlined below, we have addressed the queries raised by the reviewer. This letter lists our point-by-point response to the concerns raised. We have addressed these points in the revised paper, using highlighted text, as fully as possible.

We are extremely grateful to you for considering this revised paper and look forward to hearing from you in due course.

Yours sincerely

Professor Kapil Sayal*

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Reviewer comments

We thank the reviewer for their positive comments and very helpful suggestions for improvements. As outlined below, we have endeavoured to address the points in the revised paper as fully as possible.

Reviewer #1:

“The strengths of this study are the mixed method methodology, and the clear definition of feasibility and acceptability. The strongest findings are from the qualitative results that identify the obstacles of reaching at risk adolescents and young adults with potentially effective evidence based treatment for depression and self-harm behaviors.”

1) "The study design is also problematic in that the authors attempted to do too much - conduct a RCT while testing the acceptability and feasibility of doing so. It is not clear why they proceeded with the study when the pilot study resulted in low feasibility and acceptability. Perhaps taking a first step of testing the feasibility and acceptability of just trying to offer the PSCBT intervention would be more productive."

Thank you for requesting further clarification around this. As outlined in the original submission (Page 16 (first paragraph of the Discussion) in the revised submission), this manuscript reports the findings from the internal pilot phase of the planned effectiveness RCT. We were only able to complete the pilot study and this is what we are reporting in the manuscript. As described in the first paragraph of the Discussion section, “During the internal pilot study, three out of four pre-set criteria for feasibility were not met; these were low recruitment, low retention in follow-up and low retention in the remotely delivered PSCBT intervention. In addition, three (14%) participants had to be withdrawn for safety reasons. Therefore the study was not continued. Three adult participants were recruited in the last month of recruitment through a third sector organisation indicating that recruitment of young people with depression and self-harm, more than 96 hours after the last self-harm episode, might be possible in the community.”

We did not test the intervention in a case series before conducting the RCT for two main reasons. First, we worked with, and recruited some participants from, a third sector organisation providing interventions and support to people who have self-harmed (as described on Page 7). This organisation was already providing remotely delivered CBT to people with a history of self-harm, many of whom also had depression. However, in contrast to this study, the intervention was offered when the participant felt ready to engage rather than shortly after the index self-harm presentation. Second, by carrying out the internal pilot in the way that we did and collecting as much information as we did, we have gained a much better idea of the barriers and facilitators to
conducing an RCT than a case series design (without attempts to recruit at scale and understanding the impact of randomisation) would have offered. This information has now been included in the Methodological Issues of the Discussion (Page 19, 3rd paragraph).

2) "Also, there is no mention of offering any type of incentive or compensation for participation, which could increase recruitment and retention and allow for a RCT to determine efficacy of the treatment."

Thank you for requesting this information. To compensate participants for their time they were given a shopping voucher following the completion of the baseline assessments. Participants who remained in the study until the end (6 months) received another voucher to thank them for taking part. Similarly, study participants completing the qualitative interview were offered a voucher as an inconvenience allowance for their participation. Travel expenses were offered for any visits incurred as a result of research participation. This information has now been included in the Methods section (Page 8).