Reviewer's report

**Title:** Associations Between Provider Communication and Personal Recovery Outcomes

**Version:** 0  **Date:** 12 Nov 2018

**Reviewer:** Graham Meadows

**Reviewer's report:**

This study is interesting including for consideration of the relationship between patient centre
care and recovery/positive psychology. It examines associations between measures of experience
of care and recovery outcomes in a data set where primary care was very prominent and so
where many practitioners are much more likely to have been influenced by patient centred care
than the other constructs. Generally it is well written however there are some places where I
would suggest further detail and clarification would assist the reader:

**Introduction:**
The introduction is generally clear but I'd suggest the authors could improve the statement of
aims and hypotheses. This presently sits on page 5 and is not separately headed. Implicitly there
are hypotheses suggested in this section but they are not explicitly stated. I'd suggest - assuming
these were in some way articulated - that these would be better presented as a small number of
specified hypotheses especially since the analytic framework and reporting is suitable for
hypothesis testing. If the investigation is to be presented as fully hypothesis-free then this should
be justified.

**Methods:**
These are described clearly including questionnaire items which are not full usages of specific
questionnaires - but this is a commonly needed compromise in large surveys, so the description
makes it I believe clear enough.

**Analyses:**
To this reviewer the reader could benefit from more presentation of findings as associated with
provider types. At present we only have one small table of regression on outcome measures
representing a highly selective presentation of the regression analyses. This begs a considerable
number of questions and gives us no real indication of the size of differences between groups in
practical terms. So I would suggest in the way of additional tables, either for the main paper or
supplementary content:

Some key frequencies, at least of key outcomes broken down by the three provider type
classifications and the dichotomous divisions of respect and explanation. While the findings
where people have seen multiple providers cannot be associated with specific provider types they
are of interest and I do not see benefit in not presenting them to the reader. This will make for a
reasonably large table but still only essentially by my calculations a 6x5 structure with sub-
content in each cell so I would not think this unfeasible with some careful table design. Some
cells will be fairly small but then the underlying balance of the data set contributing to the regression will be clearer to the reader.

In regards to the regression, there could usefully be an account as to whether and how the critical assumptions for the regression model were examined and the findings of this. The regression from my reading included people who saw all provider types and so, as above, we could usefully therefore see these findings. An option might have been to exclude these from the analyses but they probably are more usefully part of the full picture and from my reading they were included - so I'd suggest the reader should see fuller information on the regression findings. The findings for instance for age and gender form important parts of the context to the findings associated with the key hypotheses so the reader will be able to make more sense of the paper for seeing these.

Discussion and conclusions:
This might have been assisted by some a-priori hypotheses as suggested above.
In places, eg p 11 'effects' and 'influential', the authors seem to succumb to the understandable temptation to ascribe causality even though the limitations section notes that this is not clearly allowable from this study design. This does not preclude possible causal attributions being discussed - perhaps more of these - but in tentative terms.
There might be more to explore in discussion with the fuller presentation of findings I have suggested.
There could usefully be an acknowledgement that a critical set of influences on differences between experiences of different care settings could arise from differences in nature and severity of the mental health problems under treatment.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

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If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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