Reviewer’s report

Title: Assessing social recovery of vulnerable youth in global mental health settings: A pilot study of clinical research tools in Malaysia.

Version: 1 Date: 19 Dec 2018

Reviewer: Edo Jaya

Reviewer's report:

General: There have not been many studies on mental health in Malaysia, and more studies are needed to address the WHO mhGAP programme. The finding that I found most interesting is that asking "taboo" questions about mental health does not have any negative impact, but rather a positive impact. I know that many of my clinical psychologist peers here in Indonesia (another South East Asian country) regarded asking about these things have a negative impact on the client/patient.

However, I have the following concerns:

1. The authors mentioned that they gained ethical approval of the study from the University of Sussex, but conducted the study in Malaysia. Do they have local ethical approval?

2. In the third paragraph of the background, the authors criticized the Western models of psychiatry and clinical psychology by stating that it is largely untested. Please elaborate further.

To my knowledge, there are practicing psychiatrist and clinical psychologists in Malaysia who used Western models and are able to help patients. For example, there are psychiatrists who prescribed medications such as antipsychotics to people with psychosis and there are inpatient treatments for those people in hospitals. Another example is that in the Western models of psychiatry, homosexuality is not seen as a disorder. However, in many cultures (such as in many versions of Islam), it is seen as a disorder. How can this be a better alternative?

3. In the fourth paragraph of the background, the authors suggest the application of social recovery approach in Malaysia (e.g. Social Recovery Therapy). This is a Western model of psychiatry and clinical psychology too, right? The authors can either decide to use non-Western models or use Western models, but the authors should not criticize the current state of clinical psychology and psychiatry in Malaysia for being Western and suggest another Western model.
4. Sample characteristic: Please provide more detailed description. What does "vulnerable" mean? What does low-income mean? How many had a diagnosis of mental health problem? How many had physical health problem?

5. Please adjust the wordings of the tile and abstract to reflect the study better. This study is about the feasibility and acceptance of assessment tools conducted on nine vulnerable individuals possibly without a mental health diagnosis. The term social recovery approach made me think that this manuscript is about a feasibility trial of a therapy. The term at risk mental states for psychosis made me think that the sample consists of individuals with a diagnosis.

6. In the results section we can find that many of the results seem to be in line with the results of previous studies from the UK. The similarities of the findings from Malaysia and the UK, i.e. non-Western and Western context does not seem to be discussed and only fleetingly mentioned. This is an interesting similarity that can be discussed.

**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.

Unable to assess

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

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

**Quality of written English**
Please indicate the quality of language in the manuscript:

Acceptable
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